Title: The Impact of Adult Protective Services on Client Outcomes: Findings from a Multi-State Study

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Summary of Research:

Despite the ubiquity of APS programs and their important role in meeting the needs of older adults and adults with disabilities who face maltreatment, there is limited research examining the impact of APS programs on client outcomes. This is due in part to the decentralized nature of APS, wide variation in APS program design and implementation, lack of consensus in the APS field about what constitutes APS client outcomes, and limited national data on APS. To help address this gap, the U.S. Administration for Community Living (ACL) Office for Elder Justice and Adult Protective Services (OEJAPS) funded the design and implementation of the APS Client Outcomes Study. The purpose of the APS Client Outcome Study was to examine if and how APS programs make a difference in the lives of clients with regard to their satisfaction, safety/risk, and well-being.

The study followed a mixed-methods approach, including: (1) survey data collection with APS workers and clients, (2) semi-structured interviews and focus groups with APS leaders, workers, and clients, and (3) secondary analysis of the National Adult Maltreatment Reporting System (NAMRS) dataset. Each of these three methods is described below, along with key findings:

Surveys: Primary survey data were collected in 27 counties, from across 9 states. These states and counties were selected through a multistage, stratified random sampling procedure. All APS clients in participating counties who received at least an APS investigation, and whose case closed between March 1 and September 30, 2021, were eligible to participate in the study. Data collection occurred from March 1 through September 30, 2021. During this time, APS workers completed the Client Data Form (CDF) and distributed the Client Questionnaire (CQ) to all eligible clients. The CQ, a one-page self-administered survey completed by the client or their proxy, captured client opinions about their experience with APS and the impact APS had on their life using a five-point Likert scale. The CDF, a one-page survey completed by the APS worker, captured additional information about the APS client and their case (e.g., demographics, maltreatment type and disposition, case status, engagement level). The study also collected and incorporated data on COVID-related changes to APS services in these counties during this time.

During the data collection period, APS workers completed and submitted a total of 2,669 CDF responses and APS clients or proxies submitted a total of 299 CQ responses, for an overall response rate of about 11.2%. About 71.1% of all clients who responded indicated that they were satisfied with the help they received from APS, 56.1% indicated they felt safer because of the help they received from APS, and 56.9% reported that their life was better because of the help they received from APS. Results from multivariate analyses indicated that, across the models, four key factors independently predicted positive client outcomes: (1) the client agreeing that they received all the services they needed, (2) the client agreeing they needed help from APS when they first met the worker, (3) the client agreeing they helped decide what type of assistance they received from APS, and (4) the client agreeing the worker respected their wishes.

Interviews and Focus Groups: While survey data collection for the APS Client Outcomes Study was conducted in 27 counties, across 9 states, interviews and focus groups were conducted in a subset of

four states (12 counties). These states were selected purposively to capture a diverse representation of APS programs. The research team conducted four interviews with APS state leaders, 11 interviews with APS county leaders, 12 focus groups with a total of 36 APS workers, and 10 interviews with APS clients. All data collection was conducted following semi-structured interview and focus group guides, covering topics such as APS program design, client population, case initiation, APS services, organizational partnerships, client self-determination, client outcomes, program policies, and recommended program changes.

Nearly all APS client interviewees reported positive views of APS. They often cited APS worker professionalism and kindness, resolution of their safety issues, and arranging help (e.g., legal support, health insurance, support services) as reasons for their positive views. Similarly, APS stakeholders (i.e., APS leaders and workers) overwhelmingly reported that APS makes a positive difference in the lives of clients. They explained that their main focus is to work with clients to improve safety by creating plans and taking actions to remove/reduce risk of maltreatment. When clients aren't ready to address safety issues, or other barriers get in the way, the APS worker often shifts to focus on client well-being, in order to leave the client's situation a little better than before so that the client may be willing to contact APS in the future when they need help. APS stakeholders tended to describe satisfaction as the least important of the three outcomes, or not an appropriate outcome at all for APS. Importantly, findings from the interviews and focus groups support that achieving positive client outcomes hinges on the client's readiness and willingness to participate in APS. Additionally, APS workers emphasized that large caseload sizes were a key barrier to their ability to effectively engage and develop strong rapport with clients.

NAMRS: The purpose of the NAMRS analysis was to identify predictors of recurrence, which occurs when clients return to APS for investigation/services after their cases have been closed. The analysis combined multiple years of data from NAMRS and others sources. The sample included data on 1,211,360 APS episodes that closed between Fiscal Year (FY) 2016 and FY 2019 from across 19 states. These episodes contained information on 946,477 unique APS clients and 100,119 unique perpetrators. The main multivariate analyses used Bayesian logistic regression to predict 12-month recurrence in a multi-state model and in separate single-state models. Overall, about one in five of all clients in this analysis experienced at least one episode of recurrence. Nearly all clients (99%) had 5 or fewer episodes over the four-year period. Results from the multivariate models indicate that no client demographics consistently predicted recurrence, except for gender (female clients were more likely to experience recurrence than male clients). The presence of any substantiated maltreatment, and most maltreatment types, increased the chance of recurrence. In particular, self-neglect was associated with the greatest risk of recurrence across maltreatment types. Additionally, clients with longer episodes of involvement with APS were less likely to experience recurrence. One of the most powerful findings from the multivariate models was the association between case closure reason and recurrence. Clients who declined APS were more likely to recur, perhaps due to unaddressed safety issues. Clients whose APS investigation and protective services case was completed were also more likely to recur, perhaps due to complex needs of the client requiring longer-term help. The finding highlights that recurrence can occur for different reasons and for clients that have different levels of engagement with APS.

Practice & Policy Implications

Each of the study methods provided different evidence about APS client outcomes. However, some common themes emerged from across methods:

- Most APS clients that participated in the study were satisfied with APS and feel like they're safer and/or their life is better because of the help they received from APS;
- Positive APS client outcomes were driven primarily by client's recognizing they need help, a strong client-worker relationship, and client's receiving all the services they need;
- Self-neglect poses unique challenges to achieving positive client outcomes; and
- Recurrence can occur for different reasons and is not necessarily a bad thing.

The findings emphasize the importance of services, client readiness to participate in APS, client self-determination and involvement in the APS process, and the role of the client-worker relationship in achieving successful client outcomes. Based on these key findings, future efforts to improve APS client outcomes should focus on addressing these four factors, including strategies for increasing client readiness to participate in APS and supporting workers in building strong relationships with their clients. Additionally, the findings highlight the ambiguity surrounding the concept of recurrence in the APS field and the need for further research to determine the circumstances in which recurrence may be considered a negative or a positive outcome for APS systems and clients.

Further Reading

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