

Organization Name: _____

Date: _____

Organizational Self-Assessment

Domain A: Shared Understanding of Age and Ability Inclusion

Age and ability inclusion is about organizing social worlds and physical spaces in such a way that people of all ages and all physical and cognitive abilities feel valued. *Age and ability inclusion* in senior living applies to residents/tenants receiving care and services, the staff who provide care and services, and family members.

The core principles of age and ability inclusion are:

- Proactively counteracting ageism and ableism inside your organization
- Proactively counteracting ageism and ableism outside your organization
- Taking an adaptive and transformational approach that changes people’s priorities, beliefs, habits, and loyalties with regard to ageist and ableist beliefs, thinking, and behaviors

The questions in this section are designed to help you gauge the current level of understanding within your organization about *age and ability inclusion*. This is important because you will need to have a shared understanding and language to address *age and ability inclusion* within your organization.

Each question is preceded by a short definition of the concepts that together make up *age and ability inclusion*. You can also find definitions of these italicized terms in the Toolkit Glossary.

Ageism is a widespread cultural phenomenon involving making both positive and negative generalizations (stereotypes) about older people. The underlying belief that drives ageism is that it is bad to be old, and good to be young. Ageist beliefs can influence our thinking, even if we do not act on them. However, ageist thinking and beliefs often do lead us to act in ways that reinforce these beliefs. Some common examples of ageism include:

- birthday cards, songs and jokes that make fun of people for being “old”
- calling older people “young man” or “young woman”
- advertisements for anti-aging products that encourage people to “fight” aging
- senior living marketing or advertising materials that show only “youthful” looking elders

A1. People in our organization (including residents, family members and staff) understand what *ageism* is and how it manifests in our society at large.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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Ableism is a widespread cultural phenomenon involving making negative generalizations (stereotypes) about people who have physical and/or cognitive disabilities or frailties, including memory loss. The underlying belief that drives ableism is that it is bad to have a body and/or mind that is atypical, and good to have a body and mind that functions “normally”. Ableist beliefs can influence our thinking, even if we do not act on them. However, ableist thinking and beliefs often do lead us to act in ways that reinforce these beliefs. Some common examples of ableism include:

- assuming that all older people are weak and/or frail either physically or cognitively
- over helping older people with physical and/or cognitive frailties
- segregating individuals in senior living environments based on how much care they need
- not allowing people of varying physical and/or cognitive abilities to use all the spaces within a senior living community
- marketing or advertising materials that show only physically active and fit older people

A2. People in our organization (including residents, family members, and staff) understand what *ableism* is and how it manifests in our society at large.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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Person-directed care is about realizing that each person is an individual, whose unique life journey has contributed to their current identity, and that good quality care takes this into account. For person-directed care to be a reality, rather than an aspiration, it is critical to collect information about each individual’s life story and how they want to live today.

This information must be incorporated into care plans that are specific to each individual and that reflect each individual’s values, preferences, and choices for living a purposeful, self-directed life. Person-directed care can only be made real by supporting the many, small decisions that make up one’s journey through a day and night, including choices about self-care, eating, socializing, being active, being reflective, and sleeping, as well as larger goals that support a sense of identity, meaning and purpose like community service, volunteerism, and individual pursuits.

A3. People in our organization (including residents, family members and staff) understand what *person-directed care* is and their contribution to making it happen.

Fully met	Partially met	Not met	Don’t know	Not Applicable

Notes:

Good things we can build on:
Things we can improve:

Subtotals for Domain A: Shared Understanding of Age and Ability Inclusion
 Instructions: Add up number of occurrences for each category

# Fully Met	# Partially Met	# Not Met	# Don’t Know	# Not Applicable

Domain B: Governance and Leadership

Leaders play a key role in creating an organizational culture and organizational practices that support the inclusion of people of all ages and all cognitive and physical abilities. This requires leaders to have knowledge and awareness of what makes an organization age and ability inclusive and what the barriers to age and ability inclusion may be. While leaders alone cannot make the changes needed to ensure an organization is fully inclusive, they are key to starting and maintaining the conversations and decision making that results in progress towards this goal.

B1. At least one board member of our organization has expertise in *ageism*, *ableism* and the *intersectionality* of identities.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:
Things we can improve:

B2. Our organization's vision and mission reflect the core principles of *age and ability inclusion* and states our commitment to:

- Proactively counteracting *ageism* and *ableism* inside our organization
- Proactively counteracting *ageism* and *ableism* outside our organization
- Taking an adaptive and transformational approach that changes people's priorities, beliefs, habits, and loyalties

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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B3. Our organizations strategic plan reflects the core principles of *age and ability inclusion* and states our commitment to:

- Proactively counteracting *ageism* and *ableism* inside our organization
- Proactively counteracting *ageism* and *ableism* outside our organization
- Taking an adaptive and transformational approach that changes people’s priorities, beliefs, habits, and loyalties

Fully met	Partially met	Not met	Don’t know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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B4. Our organization’s leaders discuss *age and ability inclusion* in internal meetings and guide change efforts for addressing *ageism* and *ableism* within the organization, including convening teams, projects, and committees to lead changes.

Fully met	Partially met	Not met	Don’t know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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B5. Our organization’s leaders discuss *age and ability inclusion* in external meetings and public forums and guide change efforts for addressing ageism and ableism outside the organization, including convening cross-organizational teams, projects, and committees to lead changes.

Fully met	Partially met	Not met	Don’t know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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B6. Our organization’s leaders actively engage all stakeholders (including residents, family members, and staff) concerning how *age and ability inclusion* is reflected in policies and practices. Examples include:

- Residents, family members, and staff are included in decision-making processes
- Residents, family members, and/or staff serve on board of directors or other governing bodies
- Our organization has established a set of community norms that is shared with staff members, residents/tenants, and family members. These norms describe acceptable and unacceptable behaviors with regard to age and ability inclusion

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

B7. Our organization reviews its policies, procedures, and practices regularly to identify potential barriers to *age and ability inclusion*.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

B8. Our organization makes and records changes to its policies, procedures, and practices as a result of its regular reviews of *age and ability inclusion*.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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B9. Our organization’s leaders/managers/department heads are working to reduce the segregation of residents based on their physical and/or cognitive abilities.

Fully met	Partially met	Not met	Don’t know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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Subtotals for Domain B: Governance and Leadership

Instructions: Add up number of occurrences for each category

# Fully Met	# Partially Met	# Not Met	# Don’t Know	# Not Applicable

Domain C: Resident Engagement

Powerful, cultural norms of *ageism* and *ableism* in our society have been absorbed unknowingly by many people, including older individuals themselves. This means that sometimes older people hold negative views of their own aging and/or of other older people. It is therefore critical to involve older people in your organization's journey towards age and ability inclusion.

C1. Residents are educated about *ageism* and *ableism*.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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C2. Residents have been actively engaged in developing a vision for an age and ability inclusive environment.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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C3. Residents are educated about dementia and how they can support friends and neighbors living with dementia.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

C4. There are norms of inclusion for residents of all physical and cognitive abilities. Some examples include:

- All residents/tenants are welcome throughout the community – regardless of physical or cognitive ability
- People living with dementia are welcome throughout the community
- Friendships across levels of living (when relevant) are supported and encouraged (i.e. residents can dine in any dining room)

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

C5. Residents living with frailty or using assistive devices like walkers and wheelchairs are honored and accepted by their peers. For example, residents using assistive devices are invited to participate in dining and other activities by their peers.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

C6. Residents from different settings of living regularly interact and come together for dining, programs, and informal gatherings.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

Subtotals for Domain C: Resident Engagement

Instructions: Add up number of occurrences for each category

# Fully Met	# Partially Met	# Not Met	# Don't Know	# Not Applicable

Domain D: Family Engagement

Powerful, cultural norms of ageism and ableism in our society have been absorbed unknowingly by many people, including family members of older adults. This means that sometimes family members hold negative views of their own aging and/or aging in general. Family members may include those who are related to the resident by birth or marriage, as well as “family members of choice” who form a key part of an individual’s social support network. It is critical to involve family members in your organization’s journey towards *age and ability inclusion* so that they can support the autonomy of older adults and contribute to a person-directed approach to care for residents/tenants.

D1. Family members are educated about ageism and ableism.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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D2. Family members have been actively engaged in developing a vision for a pro-aging and ability inclusive environment.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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D3. Family members are educated about dementia and how they can support friends and neighbors living with dementia.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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D4. Residents living with dementia, or with physical and/or cognitive frailty, are respected and accepted by visiting family members. For example, residents using assistive devices are invited to participate in dining and other activities by family members.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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D5. Residents/tenants are central to decisions that concern them, including care planning and giving informed consent for medical or healthcare interventions.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

Subtotals for Domain D: Family Engagement
 Instructions: Add up number of occurrences for each category

# Fully Met	# Partially Met	# Not Met	# Don't Know	# Not Applicable

Domain E: Community Engagement

Marketing creates the first impression most people will have of the community. The way a community is advertised and marketed provides a strong message about what the community believes and what prospective residents and family members can expect life in that community to be like. It is therefore critical that the marketing messages align with the actual values, intentions, and ideals of the organization with regard to *age and ability inclusion*. Anyone who visits the community for a tour should come away changed as a result of how marketing staff speak about age and differing abilities as valuable, honorable, and natural aspects of living.

E1. Our sales and marketing team is educated about ageism and ableism.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:
Things we can improve:

E2. Our sales and marketing team has been included in visioning for an age and ability inclusive culture.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

E3. Our sales and marketing materials, including our websites and brochures, reflect our commitment to a culture and environment free of ageism and ableism. This includes reviewing our marketing materials to identify and eliminate messaging that perpetuates ageism and ableism. For example:

- Images in sales and marketing materials depict people of varying ages and abilities.
- Marketing materials include images of people using a range of assistive devices like glasses, hearing aids, canes, walkers, and wheelchairs.
- Font size is large and easily read by individuals with low vision.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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E4. Sales and marketing practices support the inclusion of residents of different abilities and with different care needs. For example, sales and marketing staff tour prospective residents of the whole community, rather than avoiding areas or individuals with greater levels of frailty.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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E5. Marketing practices include educating prospects and their family members about ageism and ableism and the community's commitment to an inclusive environment.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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E6. Discussions with prospects include questions about what passions and gifts the prospect may bring to the community and how they would like to continue growing.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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E7. New resident move-in orientations include education about *ageism* and *ableism*. For example, this includes making it clear that residents of all ages and cognitive and/or physical abilities are honored and accepted.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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Subtotals for Domain E: Community Engagement

Instructions: Add up number of occurrences for each category

# Fully Met	# Partially Met	# Not Met	# Don't Know	# Not Applicable

Domain F: Human Resource Management

Organizations are made up of humans, who are the most unique and precious assets any organization has. The management and development of these “human resources” with *age and ability inclusion* at the top of mind is vital to creating an organizational culture that respects and includes all people of all ages and physical and cognitive abilities. This includes the process of human resource management and development from end-to-end, in other words from recruiting staff and board members, to training and developing them on an on-going basis.

F1. Our organization assesses attitudes to aging among all candidates for jobs as staff members or board members.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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F2. Our organization recruits individuals with diverse lived experience (based on age, ability, intersectional identities).

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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F3. Our organization provides onboarding training in *ageism* and *ableism* to all new staff members and board members.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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F4. Our organization ensures that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping, transportation, and maintenance) receive in-service training on *ageism* and *ableism* across the organization and across personnel functions.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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F5. Staff members receive individual supervision from a supervisor who is trained in *ageism*, *ableism*, and the *intersectionality* of identity.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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F6. Part of supervision at the organization is used to help staff members understand internalized *ageism* and *ableism*, including ways to develop personal and professional attitudes.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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Subtotals for Domain F: Human Resource Management

Instructions: Add up number of occurrences for each category

# Fully Met	# Partially Met	# Not Met	# Don't Know	# Not Applicable

Domain G: Quality Assurance

All successful organizations have systems in place to monitor their progress towards the goals they set for themselves and to ensure that they are delivering quality services. This also applies to an organization's journey to achieve *age and ability inclusion*.

G1. There is a system in place to measure our organization's performance over time in its journey to *age and ability inclusion*.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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G2. Our organization uses strategies and processes to evaluate whether staff members with diverse lived experiences (based on age, ability, intersectional identities) feel valued at the organization.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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G3. Our organization has a mechanism for individuals to report if they have experience age and/or ability discrimination.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:
Things we can improve:

G4. Our organization has a mechanism for responding to individuals who have reported that they have experienced age and/or ability discrimination.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:
Things we can improve:

G5. Residents/tenants and family members are given opportunities to evaluate our services and offer their suggestions for improvement in anonymous and/or confidential ways (e.g. suggestion boxes, regular satisfaction surveys, etc.).

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

G6. People with diverse lived experience (based on age, ability and intersectional identities) are invited to share their thoughts, ideas, and experiences with our organization.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

Things we can improve:

Subtotals for Domain G: Quality Assurance
 Instructions: Add up number of occurrences for each category

# Fully Met	# Partially Met	# Not Met	# Don't Know	# Not Applicable

Domain H: Physical Environment

All human beings are significantly influenced by the physical environments in which they live and work. It is important to remember that everything in the physical environment of a senior living community is built the way it is because someone designed it that way. In an organization's journey towards *age and ability inclusion* it is important to critically assess how the design and use of spaces can either create barriers to including all people or encourage their inclusion in everyday ways. This includes ensuring that both indoor and outdoor communal spaces and personal spaces reflect the way that the individuals living in a community wish to use them. One of the most challenging issues in senior living is the segregation of spaces, often by levels of care. While there may appear to be compelling arguments for this kind of segregation, it can also be argued that this creates unnecessary divisions and even unintentionally stigmatizes individuals who live with physical and/or cognitive frailty.

H1. Common areas are designed and furnished to accommodate the needs of people of all physical and cognitive abilities.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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H2. Residents are consulted in the design and furnishing of common areas and spaces. These discussions involve honest discussions about the potential tensions between security and autonomy and creative ways to avoid a culture of "surplus safety". For example:

- Residents/tenants are encouraged to participate in discussions about design and redesign of the common areas of their communities
- Questions are asked of residents/tenants about how they use and would like to use common areas
- Residents/tenants are asked their opinions about any areas where access may be limited, including indoor and outdoor spaces

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:
Things we can improve:

H3. Design and furnishing choices (including artwork) in our common areas reflect the diverse opinions, tastes and desires of residents.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:
Things we can improve:

H4. Residents are able to find their way around and have easy access to neighbors throughout the community.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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H5. Residents are able to access outdoor and indoor spaces throughout the community as they wish.

Fully met	Partially met	Not met	Don't know	Not Applicable

Notes:

Good things we can build on:

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Things we can improve:

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Subtotals for Domain H: Physical Environment

Instructions: Add up number of occurrences for each category

# Fully Met	# Partially Met	# Not Met	# Don't Know	# Not Applicable

Organizational Self-Assessment Grand Total

Instructions: To calculate your organization's overall implementation percentage, first enter the number of practices for each domain that are fully met, partially met, not met, don't know and not applicable from the table of subtotals at the end of each section of the Organizational Self-Assessment. Enter these numbers in the Grand Totals line of the table below. Then divide each of these numbers by 46 (the total number of items in the Assessment) and multiply by 100 to get the percentage figure.

Organizational Domain	# Fully met	# Partially Met	# Not Met	# Don't Know	# Not Applicable
Domain A: Shared Understanding of Ageism and Ableism					
Domain B: Governance and Leadership					
Domain C: Resident Engagement					
Domain D: Family Engagement					
Domain E: Community Engagement					
Domain F: Human Resource Management					
Domain G: Quality Assurance					
Domain H: Physical Environment					
Grand Totals (# in each column)					
Percentages (divide column grand totals by 46 and multiply by 100)					

Today's Date: _____