

Section 2: Tools

Organizational Assessment

The Wildflower OA is divided into four areas of assessment for implementation of TVI principles based on the conditions necessary to achieve a safe and supportive environment for older women who are GBV survivors. The questions are intended to stimulate reflection and dialogue. There are no right or wrong answers.

Sections of Inquiry

1. Organizational policies, procedures, culture and environments are supportive and equity-oriented
2. Service providers possess core competencies in equity and GBV relevant to their professional roles
 - a. Training and integration
 - b. Support via supervision, informed debriefing, and staff/volunteer wellbeing resources
 - c. Access to ongoing resources and expertise
3. Older women accessing services feel safe, comfortable, welcomed and supported when interacting with the organization
 - a. How do older women learn about your organization?
 - b. Is it easy for them to access your organization and services?
 - c. Do you foster a welcoming and safe environment?
 - d. How are they treated during the intake process?
4. Older women accessing services have the opportunity to provide input and feedback on the organizational policies, procedures and programs safely and anonymously.

Each section includes background information on the criteria, examples of how criteria have been applied and a series of assessment questions that will help identify

priorities for action at the organizational level. Document the answers using the following rating system:

- Y Yes, we have addressed this issue
- R We have recognized this issue and are starting to work on it
- N No, we have not yet addressed this issue
- NR This issue is not relevant or applicable to our work

For each question, there is a comments section for you to reflect on the contextual factors that your organization will need to consider to be able to address the given issue.

Complete the assessment form individually and then discuss your ratings and comments as a group to determine an average rating for your organization. Together you can identify priorities for action.

Organizational Assessment Tool

1. Organizational policies, procedures, culture and environments are supportive and inclusive

Organizational change on any issue requires institutional support, often expressed through a statement of organizational values or a formal policy. If your organization does not have a policy or values statement that specifically mentions a commitment to addressing age discrimination, look for statements that address age and the provision of services that are free of discrimination. Staff and clients should be made aware of such policies and should understand the mechanisms available to them for reporting instances of discrimination. Organizational assessment should be part of the ongoing quality improvement process.

Key Policy Components:

1. **Equal opportunity:** Commitment to fair treatment in hiring, promotions, and training.
2. **Inclusion and respect:** Ensuring all age groups are respected and valued.

3. **Lifelong learning:** Offering continuous learning opportunities for employees of all ages.
4. **Service delivery:** Addressing ageism in client services or program delivery.

EXAMPLE

"We are committed to fostering an inclusive and diverse workplace where individuals of all ages are valued. Our organization recognizes the importance of age diversity in promoting innovation, collaboration, and shared learning. We do not tolerate discrimination based on age and are dedicated to ensuring equitable treatment across all life stages. This includes providing equal opportunities for hiring, training, and career advancement, regardless of age. Our policies support lifelong learning and the continued professional development of both younger and older employees. We also work to eliminate ageism in our service delivery by creating environments where people of all generations are treated with dignity and respect."

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N: No, we have not yet addressed this issue | NA: This issue is not applicable to our work.

Questions	Rating Y R N NA	Comments
1. Does your organization have a formal commitment to equity by becoming trauma -and violence- informed as an employer and a service provider (i.e. a values or policy statement?)		
2. Does your organization have a formal commitment to address any form of discrimination?		
3. If yes, is age discrimination explicitly named?		
4. Has there been a review of existing policies for implicit or explicit age bias		

that may exist in language or procedures?		
5. Are specific age groups favoured in any way? (e.g., assumptions about older workers' capacity to learn or preference for younger employees for digital tasks)		
6. Does your organization support these policies through regular reviews of policy implementation?		
7. Does your organization have a safe and effective feedback mechanism for staff who have experienced discrimination?		
8. Does your organization have a safe and effective feedback mechanism for clients who have experienced discrimination?		
9. Are staff and clients made aware of the feedback mechanism and encouraged to use it?		
10. Do leaders reinforce the organization's commitment and implementation of these policies (via staff meetings, communications materials, day-to-day interactions)?		

2. Service providers possess the core competencies relevant to their professional roles

Core competencies reflect the knowledge, skills, attitudes and behaviours that service providers need to provide the best possible services and to support older women who have experienced GBV in achieving self-identified health and well-being goals.

An ongoing commitment by senior leaders with regular investments in staff training and providing access to resources and expertise is essential to creating an organizational culture that is able to learn and adapt in a swiftly changing world.

a) Training and Integration

All staff should receive regular GBV training, ideally alongside safe integration discussions and opportunities to practice skills with other staff and supervisors. Integration means GBV training isn't just knowledge, it becomes embedded in daily practice. When staff actively apply what they've learned, they build muscle memory for equity-centered responses, ensuring that support for survivors isn't just theoretical, it's lived.

EXAMPLE How to integrate training?

After staff complete GBV training, supervisors and teams regularly discuss real or anonymized cases in a structured, facilitated way. This can be in team meetings, supervision or reflective practice groups.

Example: A frontline staff member encounters a client showing signs of coercive control in an older adult relationship. In a supervision session or team meeting, the staff member describes the situation (without breaking confidentiality).

The team discusses:

- ✓ *What signs of GBV were present?*
- ✓ *What barriers might the survivor face?*
- ✓ *How could the staff member respond in a trauma-informed way*
- ✓ *What system-level gaps might need to be addressed?*

Training content should be tailored to staff professional roles to enable them to recognize and respond to warning signs of violence and abuse and refer to GBV

experts when appropriate. Supervisors need additional training to build consistent supervisory practices, including reflective exercises, across the organization.

Equally important, service providers should be aware of how their own attitudes, values and beliefs impact the physical and emotional safety of older women, the provision of care, and how these factors directly impact service outcomes.

Questions	Rating Y R N NA	Comments
1. Do all staff and volunteers receive training and integration on trauma -and violence- informed care through application of TVI principles?		
2. Do all staff and volunteers receive GBV training and integration?		
3. Does the training and integration include content on the unique experiences of older women?		
4. Does the training and integration use a gendered lens and include content that takes an intersectional approach?		
5. Do leaders and HR receive additional training and integration to support consistent supervision of staff?		
6. Do all staff and volunteers receive training and integration on the factors that result in older women being stigmatized and discriminated		

against (including individual, relational, community and societal factors)?		
7. Do all staff receive training and integration on the organization's policy and value statements on equity?		

b) Support via supervision, informal debriefing, and staff/volunteer wellbeing resources

Providing direct service as a staff member or volunteer in a health or social service setting can be challenging. For example, you may experience vicarious trauma because of repeated exposure to your clients' experiences, and/or moral distress because it is difficult to find ways to help them, both within or outside your organization.

Staff and volunteers need to feel supported within the organization and must be provided with avenues to raise questions, concerns, and experiences openly with their supervisors and colleagues, without fear of repercussions.

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N: No, we have not yet addressed this issue | NA: This issue is not relevant to our work.

Questions	Rating Y R N NA	Comments
1. Do staff and volunteers feel they have easy access to personal and professional support, including time, to stay well while helping others?		
2. If yes, does the organization have these supports visibly available within the organization and online?		

3. Do staff and volunteers feel they work in an environment that supports open discussion about issues related to stigma and age discrimination?		
4. Are management, staff and volunteers trained to provide compassionate care, and to recognize the signs of moral / structural distress, vicarious trauma and burnout in themselves and their co-workers?		

c) Access to ongoing resources and expertise

How prepared are staff to refer to other organizations when clients need access to specialized services or expertise? For example, an older woman who is thinking about leaving her abusive partner. She may have questions about her safety, housing and income that a GBV agency is better situated to answer, or she wants to connect with other women survivors in a peer support group. For such cases, having pre-established relationships with agencies or groups dealing with these issues allows providers to consult with them for advice or to make appropriate warm referrals.

A caution: Referrals should not be made routinely, only after it is clear that your organization cannot meet the request or need. The referral process should be more than giving out a phone number. A warm referral provides direct support to help make contact with someone in the referral organization.

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Questions	Rating Y R N NA	Comments
1. Has your organization developed relationships with other organizations in the community that offer GBV and/or specialized services (both clinical and non-clinical) and/or deal with issues frequently faced by older women as a diverse group?		
2. How do staff learn about other organizations and programs to refer to?		
3. Does your organization have a designated person to establish and maintain these relationships with other organizations, and carry out partnered work? If not, are there explicit protocols for all staff to do so well?		
4. What is the referral process? Are clients directly supported in making contact with the referral agency?		
5. Does your organization have an internal GBV specialist who may participate at GBV community coordinating committee?		

3. Women over 55 who are accessing services feel safe, comfortable, welcomed and supported when interacting with the organization

Following every interaction with your organization, clients will form strong and lasting impressions about how they will be received in the future and whether their concerns will be taken seriously.

Reflect on the following questions:

- How do older women learn about your organization?
- Is it easy for them to access your organization and its services?
- Do you foster a welcoming and safe environment for clients of all ages?
- How are people treated during the intake process?

How do people learn about your organization?

Often people learn about your organization through ads, posters or pamphlets, or through your organization's website. What image is presented in these materials? Does the 'public face' of your organization reflect the population groups you serve (e.g., people of different socio-cultural groups, sexual orientations, ages, abilities, religions and genders)?

Some people do not have access to commonly used media, so communicating with them will require outreach and different forms of communications. Examples include working with outreach workers/volunteers who regularly engage with older individuals who are marginalized, or developing formal partnerships with organizations and groups that work with specific population groups such as elder abuse networks. Websites and other on- and- offline media should meet the highest standards for accessibility, readability, literacy / numeracy etc.

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Questions	Rating Y R N NA	Comments
1. Do the images and language used in your organization's communications (e.g., ads, posters, pamphlets, and websites) include positive images of older people?		
2. Does your organization promote inclusivity, and is it a visually safe environment for older women?		
3. Does your organization promote inclusivity, and is it a visually safe environment for older 2SLGBTQI+ individuals?		
4. Within your health promotion messaging, do you refrain from the use of fear-based campaigns that stigmatize specific behaviours or groups of people?		
5. Do you review your website and other communications on a consistent basis to ensure no outdated or stigmatizing language is used?		
6. Does your organization have specific strategies to reach diverse groups of older women in your community?		
7. Do your on- and- offline materials meet the highest standards for		

accessibility, readability, literacy/numeracy, etc.? This includes alternative text and audio options, large font options, etc.		
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b) Is it easy for older women to access your organization and its services?

Older women who are from marginalized communities, experience more challenges than others in accessing services. For example, your location and its proximity to public transit, accessibility for people with disabilities or your hours of operation can be barriers.

EXAMPLE

A day program for precariously housed women recognized that many of the women attending the program did not have regular access to health care. The organization developed a partnership with a community clinic so that a nurse practitioner was available to provide primary care and prevention services on-site two days a week. This addition increased the women's access to essential health services and fostered an ongoing relationship with a health care provider.

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Questions	Rating Y R N NA	Comments
1. Does your organization provide virtual and in-person services at hours and locations that are convenient for older women, particularly women from marginalized communities?		
2. Does your organization provide after-hours assistance?		

3. Does your organization provide other assistance to address accessibility issues (e.g., mobility, translation, assistance with transportation)?		
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c) Do you foster a welcoming and safe environment for women over 55?

Consider what it is like to come through the front door of your organization. What impression is created for older women seeking your services? This includes the first encounter with a staff person or volunteer. Is there privacy for sharing information? Look at the posters or artwork on the walls and magazines in the reception area or waiting room. How are people greeted when they call on the phone?

See: How to do an [Equity Walk-Through](#)

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Questions	Rating Y R N NA	Comments
1. Have staff and volunteers received training on age discrimination as well as anti-racism and cultural safety?		
2. Does your organization recruit volunteers and staff from different population groups to reflect the diversity of your community?		
3. Is your organization's public space (reception area, waiting rooms) welcoming of seniors from different population groups?		

4. Do posters, pamphlets, signage, artwork and magazines depict different types of relationships, sexual orientations, gender identities, ethno-cultural groups in a positive way?		
5. Is there signage in the public spaces that conveys positive messaging (e.g., “This is a welcoming, non-judgmental space.”)		

d) How are people treated during the intake process?

The intake process is one of the first indicators that a person can feel safe within an organization. The process may involve conversations with reception staff or clinicians completing intake forms. If done sensitively, this process can help build a trusting relationship. A negative experience may feel disrespectful or threatening. Consider the availability of space for private conversations, the language used in intake forms and the approach used for data collection, including when certain questions are asked. Organizations should also be sensitive to a client’s desire to be accompanied by a support person or family member during the intake process.

EXAMPLE

An older woman who is a victim-survivor comes to your organization. Instead of immediately launching into formal questions, the intake person gently explains the purpose of the intake, affirming that the woman is in control of what she shares and that her experiences will be respected. They use warm, non-judgmental language, saying, “I want to make sure this process feels safe for you. You don’t have to share anything you’re not ready to, and you are welcome to take breaks or stop at any time.”

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Questions	Rating Y R N NA	Comments
1. Do the intake forms use language that is clear and inclusive (e.g., using gender-neutral terminology and person-first language)?		
2. Does your organization adopt each client's definition of family, which may include but not be limited to relatives by blood, caregivers, same-sex partners or friends?		
3. Are confidentiality and privacy respected through the intake process (e.g., a safe, private space for completing the intake process)?		
4. Are staff trained to listen for warning signs and risk indicators for GBV during intake?		
5. If yes, do they know what to do with the information when GBV concerns arise?		
6. Are staff encouraged to use their judgement to alter intake processes to ensure women feel safe?		

4. Older women accessing services have the opportunity to provide input and feedback on the organizational policies, procedures and programs safely and anonymously.

By “tailoring” rather than “targeting” programs, there is a better chance of avoiding stigma and the more subtle ways that programs can isolate, rather than integrate, older women. To be effective, community / client engagement and partnership needs to be respectful and authentic. Involving women 55+ as prospective clients, especially those from marginalized groups, in the tailoring process offers your organization three valuable resources:

- Insight into how they perceive your organization, which is a good way to address potential “blind spots” around stigma within your organization.
- The benefit of experience and expertise, as well as their energy to help your organization develop or review initiatives.
- Potential commitment that follows belief in what your organization is doing. They could become “ambassadors” for you within the community.

Engagement and partnership with older women with lived and living experience is essential to the success of any organization. Those who use drugs to cope with trauma are experts in substance use health, and this reality should be reflected in service delivery models. If your organization does not have a relationship with people who experience marginalization in your community, develop a partnership with a group or organization that does (e.g., groups working with the 2SLGBTQI+ community, people with HIV, or newcomers to Canada).

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N: No, we have not yet addressed this issue | NA: This issue is not relevant to our work.

Questions	Rating Y R N NA	Comments
1. Does your organization solicit input from older women in different population groups (especially		

marginalized groups) when designing programs?		
2. Are older women who are clients invited to provide feedback on the services they access?		
3. Do they feel included in decisions being made, in a collaboration with staff?		
4. Does your organization intentionally recruit members of different population groups in your community as staff and volunteers?		
5. For this assessment, did your organization get input from groups or organizations working with older women in different population groups?		
6. Does your organization work/consult with older women?		
7. When older women are asked to consult, do they receive payment for sharing their expertise?		

Developing the improvement plan

As part of the assessment process, priority issues need to be identified, and action taken in a timely manner. Organizations have multiple issues and demands to address at any one time, so planning is paramount. Identify clear priorities for action and what resources are available so a reasonable improvement plan can be developed.

Active Implementation Frameworks

Active implementation originates from the field of implementation science, which is a research-based discipline that studies methods and strategies to effectively put evidence-based practices, policies and programs into practical use.³ AIF is a highly effective model for busy organizations with competing priorities because it provides a structured, step-by-step approach that allows for focused, efficient action while managing multiple demands⁴.

Steps to Active Implementation

Phase 1: Exploration

1. Create an implementation team comprised of staff from different parts of the organization that will meet regularly to hold the focus on the implementation process. Who has the knowledge, experience and understanding of the priority issues to develop the plan? A senior manager should lead the team to demonstrate commitment of the organization to implementation, ensure access to resources for the team and consistency with organizational policies and direction with regular updates to senior leaders.
2. Consider including an older woman as a client representative and/or an outside group or organization to gain additional perspectives or expertise on the team (e.g., an organization already working closely with older people who experience marginalization).
3. Clarify the problem/issue you are trying to address and why you are doing this work now (what pressures or accountabilities are driving the initiative?). Consider the comments captured during the organizational assessment and group discussion process. Do you need additional information to better understand the issue? You might want to get the perspective of older clients, which could involve conducting a survey, key informant interviews or a focus group.

³ Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network

⁴ National Implementation Research Network (NIRN)
Fixsen, D.L., Blase, K.A., Naoom, S.F., & Wallace, F. (2009). *Core Implementation Components*

Phase 2: Installation

4. Pick your priorities for action. It is better to focus on a few important areas and act rather than to scatter your efforts. What were the priority issues identified through the organizational assessment? What are potential interventions? Are some of the issues more urgent than others? Where is the energy and resources to start improvements?
5. Identify potential solutions to address the issue(s). Consider potential solutions. How have other organizations approached this issue(s)? Is there an opportunity to build on other initiatives that are already happening in your organization or community? What are the challenges in moving forward, and how could they be addressed? What are the resource implications of different potential solutions?
6. Develop your implementation plan. The plan should identify the issue you are going to address, the outcome you are hoping to achieve. Create detailed action plans that include roles, timelines, and strategies to address challenges.
7. Get approval from management. This will ensure that the necessary permissions and resources are in place.

Phase 3: Initial Implementation

8. Circulate the improvement plan. Relevant staff, volunteers and management need to stay informed. The people who completed the organizational assessment need to see how their comments are addressed. It might not be possible to address all comments at once, but people who were involved in the assessment process need to know they were heard.
9. Begin with small-scale testing. Implement the program or practice on a limited basis to test its feasibility and to identify early challenges. Provide training, coaching and supervision to ensure staff are adequately prepared.
10. Monitor progress, collect data and feedback to assess how well the implementation is going and to make any adjustments.

Phase 4: Full Implementation

11. Scale-up, expand the program or practice once initial testing shows it is effective. Ensure the program or practice is being implemented as intended. Provide continuous support to maintain high quality implementation.

Phase 5: Sustainability

12. Build capacity. Develop the skills, resources, and systems needed to maintain the program or practice over time and to institutionalize the intervention by embedding it into the routine operations of the organization, including policies, funding and ongoing training.
13. Check-in and evaluate progress. Continuously evaluate the program's effectiveness and make adjustments as needed to respond to changing circumstances or challenges.

Phase 6: Continuous Improvement

14. Set accountability measures. Establish metrics and regular reviews to monitor progress towards age inclusion goals. Publicly report on these efforts to foster transparency and accountability.
15. Ensure leadership is held accountable for promoting an inclusive culture that challenges stereotypes and addresses any instances of ageism promptly and effectively
16. Establish regular opportunities for feedback from staff, community partners and clients to create feedback loops that can help improve the implementation process. Adapt and refine based on data and input.
17. Celebrate your achievements! Recognize the work that went into addressing the identified issue(s) as well as the people who contributed. Celebrating accomplishments will help to develop a positive organizational culture committed to safe and inclusive services.

By following these steps, organizations can move from exploration to full implementation in a structured and thoughtful way, ensuring the program or policy is delivered as effectively as possible and sustained in the long term.

Improvement Plan

Sample Template

What issue(s) are you trying to address? Why? What is the motivation?

What outcome(s) are you hoping to achieve? What does 'success' look like?

Action Item	Timeline	Resources required	Lead Role	Progress

Active Implementation Framework

Sample Template

Phase	Activity Details	Timeline
Exploration Convene implementation team, clarify the problem / issues		

Installation Select priorities and identify solutions / develop plan / get approval		
Initial Implementation Share plan / small-scale testing and refinement, monitor, collect data		
Full implementation Scale up, expand based on effectiveness / provide ongoing support		
Sustainability Develop skills, resources, systems needed to embed and maintain		
Continuous Improvement Set accountability measures. Act on situations. Celebrate successes		

Resources:

EQUIP Equity Action Kit: <https://equiphealthcare.ca/equity-action-kit/>

Equipping for Equity Modules:

<https://equiphealthcare.ca/resources/equipping-for-equity-online-modules/>