



# Final Evaluation of the Elder Abuse Service Trials

## Final report

A report prepared by Inside Policy for  
the Attorney-General's Department

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## Executive Summary

In June 2021, the Attorney-General's Department (the Department) engaged Inside Policy to undertake an independent final evaluation of the Elder Abuse Service Trials (the service trials).

The purpose of the evaluation was to assess the extent to which the service trials have achieved their ultimate intended outcomes, namely older people feel supported and services meet their needs.

Through building on the findings of the mid-point evaluation, this evaluation provides additional insights into:

- How the service trials have been implemented and whether the service trials have been implemented as intended.
- The extent to which the service trials outcomes have been achieved.
- The extent to which each service trial type contributed to its immediate and intermediate outcomes.

The final evaluation provides insights into the implementation of the program and how achievements and lessons have been built on to date, along with implications for the future delivery of elder abuse services. This report is intended to be read alongside the Mid-Point Evaluation of the Elder Abuse Service Trials Final Report.

The evaluation included process and outcome components and used a mixed method qualitative and quantitative approach focusing on the outputs and immediate, intermediate and ultimate outcomes identified in the program logic. It was completed using data from 1 July 2020 to 31 March 2021.

<b>Process</b>	How have the service trials been implemented?
	What features of the service trials are of most benefit to primary clients?
	Since the mid-point evaluation, how have achievements been built on and lessons learnt been applied?
<b>Outcome</b>	To what extent have the service trial outcomes been achieved?
	To what extent did each service trial type achieve immediate and intermediate outcomes?
	How well did each trial type meet the needs of older people at risk of elder abuse?

The findings and implications should be read in conjunction with the mid-point evaluation.

## Findings

Between 1 July 2020 and 31 March 2021 service providers supported 863 clients, compared to 237 during the first reporting period of the service trials (1 July 2019 - 30 June 2020). Clients were most likely to be female, aged between 65 and 84 and have a disability. Analysis indicates the most common types of abuse experienced by clients were psychological and financial with perpetrators most often the client's child/children.

Since the mid-point evaluation, providers have focused on growing services, adapting service models and modes of delivery to improve effectiveness, and building on relationships developed with other services. Providers have built on achievements and applied lessons learned by refining and targeting services to address the significant variation in clients' experiences of elder abuse, needs and vulnerabilities; delivering services in ways

that are client-centred and client-led; and consolidating partnerships with other services to co-case manage clients. Providers recognise that the process of receiving advice and support is beneficial for clients, although tangible outcomes are not always pursued.

Primary clients ranked legal advice, provision of combined legal and social supports, and connection to services, as service features of most benefit to them. Clients consistently identified having someone to talk to who was knowledgeable, supportive and validated their experience of elder abuse; being made aware of their options, particularly legal options, to address elder abuse and being empowered to pursue action if they chose; and practical support through casework, as key beneficial features.

Overall, the service trials' outcomes have been achieved to a significant extent. Older people feel supported, and services meet their needs. Older people are satisfied with the services they receive and that their issues are being resolved appropriately. Older people are offered and are pursuing remedies to enable them to achieve justice and legal restitution.

Each of the service trial types has made a strong contribution towards achieving its intended outcomes. While the extent of outcomes achieved varies, findings indicate that clients feel able to take legal action if they choose, clients feel better able to deal with their issues and clients are referred to services and supports that can help them. Overall, the evaluation suggests all service trial types are appropriate in meeting the needs of their clients.

## Implications

The growth in client numbers since the mid-point evaluation clearly indicates that there is a need for specialist services for older people experiencing or at risk of elder abuse. This cohort requires combined legal and social worker support, including co-case management, which is not otherwise provided by the existing service ecosystem.

Services addressing elder abuse need to be client centred and client-led and acknowledge the significant variability in the nature and drivers of elder abuse and client circumstances. For many clients, the 'process' outcomes of being listened to, acknowledged, validated and empowered were as valuable as the ability to action tangible outcomes. These elements also act as protective factors for those experiencing abuse who do not wish to sever their relationship with the perpetrator/s, given they are most commonly their child/children.

The evaluation findings suggest the following implications for the Department:

- Specialist elder abuse services should continue to be funded by the Commonwealth Government.
- Services should:
  - Be client-centred and client-led, enabling flexibility in the mode and point in time at which supports are provided.
  - Address legal needs in ways that recognise that legal and social needs are interconnected for people at risk of or experiencing elder abuse.
  - Be based on a therapeutic model with specific service features (e.g. legal and financial supports) able to be provided as required.
  - Provide case management or at minimum ongoing support beyond initial advice and referral, including through partnerships within and across services.

Further to support future evaluation and research on elder abuse, the evaluation suggests:

- Providers continue to collect client surveys and case studies as valuable sources of qualitative data on the nature of elder abuse and effective service responses.
- Minimum dataset data (in addition to data collected through DeX) be collected through an online tool, such as Survey Monkey or Qualtrics, to improve consistency and support future data analysis.

- The program logic model be reviewed in light of the evaluation findings to reconsider design of outcomes, and the evaluation framework be adapted accordingly.

## Introduction

In June 2021, the Attorney-General’s Department (the Department) engaged Inside Policy to undertake an independent final evaluation of the Elder Abuse Service Trials (the service trials). The final evaluation builds on the findings of the mid-point evaluation, completed by Inside Policy in September 2020.

The purpose of the evaluation was to assess the extent to which the service trials have achieved their ultimate outcomes, namely older people feel supported and services meet their needs.

Through building on the findings of the mid-point evaluation, this evaluation provides additional insights into:

- How the service trials have been implemented and whether the service trials have been implemented as intended.
- The extent to which the service trials outcomes have been achieved.
- The extent to which each service trial type contributed to its immediate and intermediate outcomes.

The evaluation included process and outcome components and used a mixed method qualitative and quantitative approach focusing on the outputs and immediate, intermediate and ultimate outcomes identified in the program logic.

This report documents the findings of the evaluation and their implications. It is intended that this report will provide insights into the implementation of the service trials and how achievements and lessons have been built on to date along with implications for the future delivery of elder abuse services. This report is intended to be read alongside the Mid-Point Evaluation of the Elder Abuse Service Trials Final Report.

## Structure of this report

The remainder of this document is structured accordingly:

Section	Contents
Background	Overview of the service trials and the mid-point evaluation
Methodology	Overview of the methodology used in the final evaluation
Summary of key findings	Overview of the evaluation’s key findings
Findings	Evaluation findings, by evaluation question
Implications	Evaluation implications
Appendices	Appendix A: Final evaluation questions Appendix B: Program Logic Appendix C: Data collection activities

## Background

The service trials are part of the “More Choices for a Longer Life – Protecting Older Australians” package announced in the 2018-19 Federal Budget. A total of \$17.2 million over four years from 2018 – 2022 has been distributed to selected service providers to provide three different models of service provision (Specialist Elder Abuse Units, Health-Justice Partnerships and Case Management and Mediation Services) in a mix of urban, regional and remote locations across Australia.

Three types of services have been trialled:

Service Trial Type	Description	Service Providers
Specialist Elder Abuse Units	Lawyers, social workers and other specialist and support staff, work side by side with clients to develop a case plan and respond to the individual's needs	Eastern Community Legal Centre (VIC) Kimberley Community Legal Services (WA) Uniting Communities (SA) Legal Aid Commission of NSW Legal Aid Commission of Tasmania
Health-Justice Partnerships	Older people in the health care system who are identified by health care workers and social workers as being at risk or potentially subjected to elder abuse, can access specialised legal support services. These work in partnership with the health system and related referral agencies, such as community aged care services	Eastern Community Legal Centre (VIC) Caxton Legal Centre (QLD) Justice Connect (NSW)
Case Management and Mediation Services	Case Management and Mediation Services work with the older person and their family, to find solutions to the underlying problems driving abuse	Relationships Australia Northern Territory Relationships Australia Queensland Relationships Australia Western Australia Relationships Australia Canberra and Region (ACT and Regional NSW)

The service trials are a mix of new services and an expansion of existing services and include Legal Aid Commissions, community legal centres, and counselling and mediation services.

Eleven organisations are delivering 12 service trials across Australia, with at least one trial in each state. These are dispersed over regional, remote and urban areas with a number of the service trials containing a significant Indigenous or Culturally and Linguistically Diverse (CALD) client group. For the purposes of the service trials, primary clients are Australians

aged 65 and older or aged over 50 for Indigenous Australian clients who are at risk of or experiencing elder abuse. Service providers have some flexibility to provide services to up to 5% of total clients who do not meet the age eligibility criteria but may have other vulnerabilities and would otherwise meet the eligibility requirements.

Implementation of the service trials commenced across all service types in 2019 and will continue to 30 June 2022.

## Mid-point evaluation

In April 2019, Inside Policy was engaged by the Department to support preparatory activities in relation to the evaluation of the service trials. Inside Policy identified data collection priorities, developed an indicative Evaluation Framework and data collection tools to support evaluation. This Framework was refined prior to commencing the mid-point evaluation.

### Mid-point evaluation questions

A mid-point evaluation was conducted by Inside Policy in early-mid 2020. The mid-point evaluation included process, outcome, and economic components. The evaluation set out to answer the following questions for each component:

<b>Process</b>	How are the service trials implemented?
	To what extent are the service trials reaching the desired cohort?
	What are the barriers or challenges to implementing the service trials?
	How are barriers to implementing the service trials being addressed?
	What features of the service trials are of most benefit to primary clients?
<b>Outcome</b>	To what extent have the service trial outcomes been achieved?
	To what extent did each service trial type achieve immediate and intermediate outcomes?
	How well did each trial type meet the needs of older people at risk of elder abuse?
	What (if any) were unintended outcomes resulting from the service trials?
	What were the lessons learnt?
<b>Economic</b>	To what extent did the service trials provide value for money?
	Are the service trials the best use of resources?

### Mid-point key findings

The mid-point evaluation found that the service trials were broadly being implemented as intended. There was strong evidence of governance, referral pathways, networks, relationships and program documentation supporting implementation and service delivery.

Clients were mostly aged between 65–84, female, likely to have a disability and be experiencing financial and or psychological abuse, that was highly likely to be perpetrated by a family member.

Services contributed to clients' feelings supported to deal with elder abuse. Client survey results indicated that services were largely meeting client needs and helping clients to address their issues. Overall, the findings indicated that the service trials were contributing

to the achievement of their intended immediate and intermediate outcomes and broadly meeting the needs of older people at risk of experiencing elder abuse.

Social Return on Investment (SROI) modelling undertaken estimated that the service trials return around \$3.69 of value for every \$1.00 invested.

### **Mid-point implications**

At the mid-point evaluation, implications were that the Department:

- Consider enhancements to some elements of program design to ensure services are best configured to meet the needs of older people.
- Apply lessons learnt from comparisons and patterns between service trial type, location, investment required and outcomes to future implementation and expansion of the service trials.
- Apply lessons learnt from challenges in service establishment to implementation and future expansion of the service trials, particularly for regional/remote locations.
- Simplify and enhance data collection and reporting requirements.

## Methodology

The final evaluation assessed, for the timeframe of 1 July 2020 to 31 March 2021:

- How the service trials have been implemented and whether the service trials have been implemented as intended.
- The extent to which the service trials achieved their immediate outcomes.
- The extent to which each service trial type contributed to immediate and intermediate outcomes.

## Evaluation questions

The final evaluation included a process and outcome component. The evaluation questions applied in the final evaluation are outlined in the table below.

Process	How have the service trials been implemented?
	What features of the service trials are of most benefit to primary clients?
	Since the mid-point evaluation, how have achievements been built on and lessons learnt been applied? <sup>1</sup>
Outcome	To what extent have the service trial outcomes been achieved?
	To what extent did each service trial type achieve immediate and intermediate outcomes?
	How well did each trial type meet the needs of older people at risk of elder abuse?

To deliver this evaluation Inside Policy built on the mid-point evaluation of the service trials. Acknowledging the short timeframe between the mid-point and final evaluations and the restricted timeframe for undertaking this evaluation, mid-point evaluation questions, measures and data sources were reviewed and some questions added to the final evaluation to compliment mid-point findings and insights.

A table outlining all the questions addressed by the mid-point and final evaluations is included in **Appendix A**. The evaluation framework is included in the mid-point evaluation report. The program logic is included in **Appendix B**.

## Evaluation activities

Inside Policy collected data for the evaluation through the following activities:

- Review of minimum dataset data (including data collected by service providers through the Attorney-General's Department (AGD) spreadsheet and the Department of Social Services Data Exchange (DeX))
- 16 interviews (videoconference and telephone) with service providers and peak bodies
- Review of client survey results
- Review of case studies
- Review of updated program documentation since the mid-point evaluation.

Ethics approval was not required as consent has been obtained by service providers at the point of data collection for client surveys and case studies.

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<sup>1</sup> This question was investigated through two qualitative interview questions: 'Since the mid-point evaluation, how have achievements been built on to date?' and 'Since the mid-point evaluation, how have lessons learnt been applied?'. Given similarities and synergies in the data, the findings for these two questions are reported together.

An overview of each of the data collection activities is provided in **Appendix C**.

## Limitations

The following limitations affected this evaluation.

- Due to the timing of this evaluation, nine months of service provider data was considered (July 2020 - March 2021), building on the mid-point evaluation which considered data from July 2019 – June 2020. This evaluation does not consider data or findings from April 2021 until the anticipated conclusion of the service trials in mid 2022.
- The evaluation was conducted in two months with data collection conducted over approximately 10 days, meaning that not all questions or measures could be addressed within the timeframe. The evaluation did not address questions or measures where it was expected findings would not have changed substantively since the mid-point evaluation.
- Minimum dataset data was collected by service providers in DeX, and in spreadsheets designed to capture data relevant to the evaluation that was not recorded in DeX. In data analysis it emerged there was significant variation in the way provider spreadsheets were completed meaning quantitative data recorded in spreadsheets was unreliable and some analysis could not be undertaken using spreadsheet data. This did not have a significant impact as data was collected from multiple sources for each question, meaning that other data sources could be used to supplement spreadsheet data.

## Summary of key findings

- Between 1 July 2020 and 31 March 2021 service providers supported 863 clients, compared to 237 in the first reporting period of the service trials (1 July 2019 - 30 June 2020).
- Clients were most likely to be female, aged between 65 and 84 and have a disability.
- Analysis indicates the most common types of abuse experienced by clients were psychological and financial with perpetrators most often the client's child/children.
- Provider implementation since the mid-point evaluation has focused on growing services, adapting service models and modes of delivery to improve effectiveness and building on relationships developed with other services.
- All providers adapted service delivery in light of the Covid-19 pandemic.
- The service features ranked most beneficial by primary clients were legal advice, provision of combined legal and social supports, and connection to services that could help them.
- Key elements of service delivery consistently identified as valuable by clients were:
  - Having someone to talk to who was knowledgeable, supportive and validated their experience of elder abuse.
  - Being made aware of their options, particularly legal options, to address elder abuse and being empowered to pursue action if they chose.
  - Practical support through casework, which for some clients was extensive.
- Providers have built on achievements and applied lessons learned through:
  - Refining and targeting services to address the significant variation in client experience of elder abuse and the needs and vulnerabilities of this cohort.
  - Delivering services in ways that are client-centred and client-led, recognising that the process of receiving advice and support is beneficial for clients although tangible outcomes are not always pursued.
  - Consolidating partnerships with other services to co-case manage clients to ensure they receive holistic support.
- Overall the service trials outcomes have been achieved to a significant extent, notably:
  - Older people feel supported and services meet their needs.
  - Older people are satisfied with the services they receive and that their issues are being resolved appropriately.
  - Older people are offered and are pursuing remedies to enable them to achieve justice and legal restitution.
- Each of the service trial types has made a strong contribution towards achieving its intended outcomes. While the extent of outcomes achieved varies, findings indicate that:
  - Clients feel able to take legal action if they choose.
  - Clients feel better able to deal with their issues.
  - clients are referred to services and supports that can help them.
- Overall, the findings suggest all service trial types are appropriate in meeting the needs of their clients.

## Findings

### How have the service trials been implemented?

This question considers key aspects of how the three service trial types have been implemented from 1 July 2020 to 31 March 2021. It provides an overview of service implementation and client profile as well as outcomes by service type.

Qualitative data for this question was drawn from semi-structured interviews and review of program documentation. Quantitative data for this question was drawn from data collected through DeX and service provider spreadsheets.

#### Overview of service implementation

Between 1 July 2020 and 31 March 2021 service providers supported 863 clients, compared to 237 in the first reporting period of the service trials.

During this period providers focused on growing services, consolidating their achievements from the first phase of service implementation, and refining and better targeting their service models to efficiently deliver outcomes for clients. Large, networked organisations and those with diverse service offerings leveraged internal resources to achieve economies of scale and scope. Other providers have added services to meet demand or adapted the point at which particular services are provided to better meet client needs.

Across the different provider types, Health-Justice Partnerships have expanded the reach of their services. Specialist Elder Abuse Units have responded to growing demands to diversify their service offerings to include, for example support with guardianship and power of attorney. Case Management and Mediation Services have expanded to additional regional and remote locations, and to better service Indigenous populations.

Providers emphasised that relationships are key to service effectiveness and meeting client needs. Providers highlighted that service delivery is underpinned by diversity and breadth of internal and external partnerships, from co-case working relationships to building communities of practice to share knowledge. Relationships and partners that are important for implementation include peak bodies, health workers, GPs and Indigenous community partners. Peak bodies have played a role in developing relationships by supporting or coordinating communities of practice.

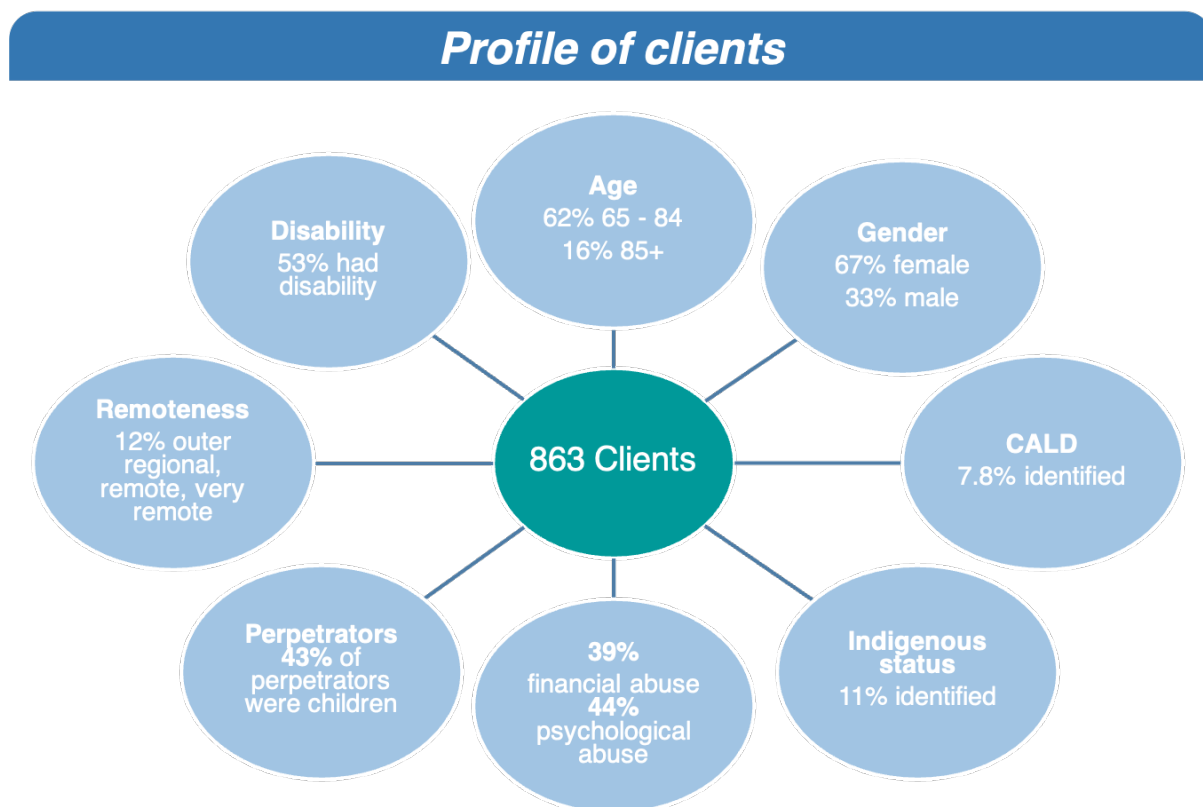
Providers have built on relationships developed during initial implementation through awareness-raising and educational activities, which has translated into increased referrals. Awareness-raising has occurred with a variety of partners, including police, hospitals, legal community services, financial support services, social workers and refuges. Mechanisms for awareness-raising include attending a broad range of events, joining cross-agency groups and education. Education has included both providing information and practical skills, such as methods for effectively questioning older people and how to identify signs and risks of elder abuse. When allied organisations have seen positive outcomes for clients they have referred, this increases confidence to make further referrals.

Providers identified that educational activities have been most beneficial in building skills in partner organisations with less experience in elder abuse, and in identifying and addressing more complex areas of elder abuse. Education has also been beneficial to develop a “common language” in identifying and responding to elder abuse.

Providers have also adapted to maintain service delivery throughout the COVID-19 health pandemic. All providers pivoted to working remotely and virtual service delivery.

## Profile of clients across all service types <sup>2</sup>

DeX data indicates services were provided to 863 clients between 1 July 2020 and 31 March 2021. As shown in the image below, clients are most likely to be female, aged between 65-84 and have a disability, with 11% of clients identifying as Indigenous. Analysis indicates the most common types of abuse were psychological and financial and the most common perpetrator type was the client's child/children.



## Health-Justice Partnerships

### Nature of abuse experienced by clients

Data on the type of abuse experienced by clients was collected by all Health-Justice Partnerships providers. The most common types of abuse were: Financial (44%), Psychological (28%); and Physical (12%).

Data on the sub-type of abuse was collected by all Health-Justice Partnerships providers. The most common subtypes of abuse were reported as:

- Psychological - intimidation (16% of all clients)
- Financial - deprivation of right to or ownership of property (14%)
- Financial – undue influence (11%)
- Financial – theft (11%).

Perpetrator details were collected by all Health-Justice Partnerships providers. Consistent with the trend across all service types, the perpetrator was most likely to be a child (40%) or a spouse (8%).

### Number of services provided

<sup>2</sup> Analysis is based on DeX data except for the proportion of type/s of abuse and perpetrators, which are drawn from analysis of provider spreadsheet data. Due to limitations of provider spreadsheet data (see Limitations) these proportions should be taken as indicative.

- 252 clients were assisted by providers.
- 1,470 sessions were provided.
- 674 health care workers were trained to identify and refer older people to services.

## Specialist Elder Abuse Units

### Nature of abuse experienced by clients

Data on the type of abuse experienced by clients was collected by all Specialist Elder Abuse Units providers. The most common types of abuse were: Financial (56%), Psychological (51%); and Physical (15%).

Data on the sub-type of abuse was collected by all Specialist Elder Abuse Units providers. The most common subtypes of abuse were reported as:

- Psychological – intimidation (30% of all clients)
- Financial – deprivation of right to or ownership of property (21%)
- Financial – abuse of power of attorney (14%)
- Psychological – humiliation (13%).

The details of the perpetrator were collected by all five of the Specialist Elder Abuse Units providers. Consistent with the trend across all service types, the perpetrator was most likely to be the client's child (52%).

### Number of services provided

- 406 clients were assisted by providers
- 2,852 sessions were provided
- 104 older people were referred to other services.

## Case Management and Mediation Services

### Nature of abuse experienced by clients

Data on the type of abuse experienced by clients was collected by all Case Management and Mediation Services providers. The data shows most clients experienced either financial or psychological abuse (76% of clients experienced psychological abuse and 48% experienced financial abuse). The most common types of abuse were: Psychological (64%), Financial (41%) and Physical (16%).

Data on the sub-type of abuse was collected by all Case Management and Mediation Services<sup>3</sup>. The most common subtypes of abuse were reported as:

- Psychological – intimidation (24% of all clients)
- Financial – undue influence (14% of all clients)
- Psychological – denial of access to family (12% of all clients).

The details of the perpetrator were collected by all the four Case Management and Mediation Services providers. Consistent with the trend across all service types, the perpetrator was most likely to be a client's child (55%), other<sup>4</sup> (22%) or spouse (17%).

### Number of services provided

- 316 clients were assisted by providers
- 2,589 sessions were provided
- 104 older people were referred to other services.

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<sup>3</sup> Abuse Sub Type data could not be analysed for one CMMS provider due to limitations of provider spreadsheet data (see Limitations)

<sup>4</sup> Analysis of the Other perpetrator category could not be undertaken due to limitations of provider spreadsheet data (see Limitations)

## What features are of most benefit to primary clients?

This question considers what elements of the service trials were considered most beneficial to clients. Data was drawn from client survey responses for the 1 July 2020 to 31 March 2021 timeframe.

### Client perception of most beneficial features of service trials

The client survey assessed client perception of the most beneficial features of the service trials and included space for free text responses.

Survey respondents (N = 188) most frequently identified legal advice (70%), legal and social supports (46%) and connection to services (43%) as beneficial features. Clients were less likely to identify counselling (38%), financial support (18%) and mediation (15%) as beneficial. These findings are summarised below.



In free text responses, clients commonly identified combined legal and social assistance (legal advice plus support from a social worker) and therapeutic elements of service delivery (listening, reflecting, validating, empowering) as most beneficial. Free text responses also indicate that while clients value information and advice from services, action is not always pursued for a range of reasons. The types of remedies offered to, and pursued by clients are discussed in response to the question: To what extent have the service trials outcomes been achieved?

Service features valued by clients are illustrated by the quotes below.

*“You listened. You took the angst away.”*

*“They helped me. The information they gave me I never knew. They were very supportive. They knew what they were talking about. I felt comfortable and supported by them. There were things I learnt along the way that I didn’t know before.”*

*“I think you were the right people (to talk to) but my children were not willing to do the right thing. I have not been able to talk to my wife.”*

*“They helped me to stop the grandchildren from attacking me and stealing my items. Also helped in the court to get a DVO. Found me a fridge and washing machine. Helped at Centrelink to get my money and stop false accounts. Got Housing to repair my roof. Helped with my sisters so they know what happened.”*

## Since the mid-point evaluation how have achievements been built on and lessons learned been applied?

This question considers how service providers have built on achievements and applied lessons learnt since the midpoint evaluation. Data was drawn from interviews with service providers and peak bodies considering the timeframe of July 2020 to March 2021.

In summary, key themes from interviews indicated service providers have built on achievements and responded to lessons learned by:

- Refining and better targeting services to address the significant variation in client experience of elder abuse and the differing needs and vulnerabilities of this cohort.
- Being client-centred and client-led, recognising that the process is beneficial although tangible outcomes are not always pursued.
- Consolidating partnerships and opportunities for collaboration.

### Refining and targeting services to meet client needs

Providers encountered significant variation in client needs, circumstances and the type of abuse experienced. They identified that a “one-size-fits-all” approach is not effective or appropriate for older people experiencing elder abuse and learned that flexibility and innovation in service design and delivery was essential.

Providers identified significant variations in the type and intensity of elder abuse, as well as the capacity and propensity of clients to take action. Providers learned that different types of abuse have different drivers and require different responses.

Financial abuse and psychological intimidation were the most common forms of abuse. Drivers of these types of abuse include “inheritance impatience”, often fuelled by socioeconomic factors experienced by the perpetrator such as housing stress and financial pressures associated with drug and alcohol use. Remedies offered by service providers ranged from supporting the client to take protective legal action (e.g. through applications for apprehended violence orders) to engaging the client, perpetrator/s and other family members in a therapeutic way (e.g. by Case Management and Mediation Services in the context of mediation).

There was significant variation in service delivery location. Some services were provided by Health-Justice Partnerships at the hospital bedside. Services were also provided in clients’ homes. Notably, the emergence of the COVID-19 pandemic meant providers had to rely more heavily on virtual engagement.

Perpetrators were often the client’s family members, most commonly adult children, with whom the client typically wanted to maintain or restore a relationship rather than seeking to end it. This meant providers had to deliver services in ways that preserved relationships while keeping the client’s needs at the centre. The importance of services being client-centred and client-led was highlighted in interviews with peak bodies.

Providers identified that the complexity of clients’ circumstances and compounding vulnerabilities meant that staff doing intake and assessment had to invest significant time in understanding how to respond to their needs. Some clients were uncertain about what action they wanted to take and needed help thinking through their options. Clients sometimes wanted a particular support or action but had a deeper need that they had difficulty articulating, which potentially complicated the action that could be taken. For example, a client’s decision to revoke an adult child perpetrator’s power of attorney could be complicated by the deeper desire to resolve family conflict with that perpetrator and restore the relationship. This meant that service interventions had to be carefully timed and graduated to ensure they remained in control of the response.

## Being client-centred and client led

The way in which services have been delivered reflects provider understanding that the process of receiving support was as important as achieving tangible outcomes for many clients, delivering benefits in and of itself even where a client chose not to take remedial action. Such benefits included a feeling of being informed and empowered to act, or the creation of a safe and supportive framework to talk with family members and improve or repair relationships.

Lawyers and social workers in Health-Justice Partnerships and Specialist Elder Abuse Units worked together to assess client needs and priorities and guide them in accessing the appropriate remedies, which they could exercise at the time or at a later date if this was more appropriate. The value of providing complementary supports that address both legal and social needs was highlighted in interviews with peak bodies.

Case Management and Mediation Services providers found that the lengthy mediation process with its involvement of the perpetrator and family members yielded relationship and communication benefits in itself, functioning effectively as a form of family therapy.

## Consolidating partnerships and collaboration

In the first year of operation, establishing and developing relationships with organisations in the broader service ecosystem was critical to service providers' effectiveness. This comprises organisations in primary health care, hospitals and allied health; legal and financial support services; police services; community support, social work and advocacy; emergency housing and refuge services; and church networks.

Providers were initially surprised by the breadth and diversity of relationships they needed to build and access to effectively deliver services to at-risk older people. In the second year, providers sought to strengthen existing relationships and to establish additional ones. This has further increased awareness in the broader service ecosystem that specialist elder abuse support is available, which in turn has driven an increase in inbound referrals of older people experiencing or at risk of abuse. The strengthening of relationships with external agencies to improve awareness and referrals was observed by peak bodies as a benefit of ongoing implementation.

Providers have also sought more and deeper relationships with other service providers so they can be agile in accessing appropriate supports for older people as soon as they are needed. Providers across all service types regularly encountered clients with needs the provider itself could not fully meet. In these situations clients were frequently co-case-managed or co-case-worked to ensure they received holistic supports and could effectively engage with these supports over time.

Providers also learned that relationships can be deepened by deliberately targeting a particular role within organisations (e.g. practice managers rather than GPs; or Indigenous elders within Indigenous communities or corporations) and by developing specific practice tools (e.g. the GP Screening Tool). In some cases, relationships were strengthened by formalising them with governance documents (e.g. partnership agreements).

## Responding to COVID-19

Providers made changes to their delivery model to maintain service provision in response to the COVID-19 pandemic. Providers utilised technology to engage virtually with both partners and clients. Some providers felt that virtual delivery was more effective after a service relationship had been established using in-person contact, while others felt it was possible to initiate and develop new relationships using online and phone interaction. Different modes of service delivery and the virtual engagement capability of partner organisations may have affected these experiences. However, as all providers were able to maintain and grow their service provision, it is evident that virtual engagement strategies were effective..

## To what extent have the service trials outcomes been achieved?

This question provides additional insight to the mid-point evaluation findings in understanding the extent to which the outcomes in the program logic have been achieved, namely:

- Older people feel supported and services meet their needs
- Older people receive justice and legal restitution
- Older people are satisfied that their issues have been resolved appropriately
- Older people respect and trust services.

Data from this question was drawn from client survey responses, SCORE data collected through DeX and case studies.

### Older people feel supported and services meet their needs

Survey data and SCORE responses indicate that ultimately clients are feeling supported to address their experiences of elder abuse and that services are meeting their needs. Data indicates that clients are improving their ability to address their experiences of elder abuse over the course of their engagement.

The SCORE goals domain assesses a clients' change to knowledge and access to information, skills, behaviours, empowerment, choice and control to make their own decisions and engage with relevant support services. A client SCORE assessment is recorded at least twice – towards the beginning of the client's service delivery and again towards the end of service delivery.

During the final evaluation period, 213 of all service trials clients were fully assessed against the goals domains. Of those assessed, 88.1% had an overall positive goal and there was an average shift of +1.27 in SCORE goals outcomes, indicating that on average clients had 1.27 times more positive outcomes over time against the goals domains.

Service Trial Type	Number of clients with paired Goal domains <sup>5</sup>	Clients with an overall positive outcome	Clients with an overall neutral outcome	Clients with an overall negative outcome	Average SCORE shift from earliest to latest
<b>All service types</b>	213	88.1%	7.3%	4.6%	+1.27
<b>Health-Justice Partnerships</b>	68	95.7%	1.7%	2.6%	+1.52
<b>Specialist Elder Abuse Units</b>	118	86.5%	7.7%	5.8%	+1.17
<b>Case Management and Mediation</b>	71	86.4%	10%	3.6%	+1.17

From survey data collected during the 1 July 2020 to 31 March 2021 evaluation period:

- 92% of respondents across all survey types agreed or strongly agreed with the statement “I feel supported to deal with my situation” (N = 79)
- 91% of respondents across all service types agreed or strongly agreed with the statement “The service met my needs” (N = 78)

<sup>5</sup> Data as at 30/06/2021. Discrepancies in data reflect discrepancies in the DeX data.

- 88% of respondents across all service types agreed or strongly agreed with the statement “I got the help I wanted to address my issues” (N = 77).

### Older people receive justice and legal restitution

Client survey free text responses to the questions ‘What options did you pursue?’ and case studies indicated that clients were mostly offered and accepted the following remedies:

- Legal advice and assistance
- Referral to other community services
- Police involvement
- Financial counselling
- Counselling
- Mediation.

Survey data suggests the legal remedies most frequently offered to clients were:

- Support with an apprehended violence order
- Support with guardianship or power of attorney
- Referral to Legal Aid or a private lawyer for more complex advice or representation.

Often legal remedies were provided in conjunction with social supports/case work.

Clients could provide free text responses as to why they did/did not pursue remedies offered. These are illustrated by the quotes below.

*“To help my wellbeing. It is about my health and wellbeing. The main thing is about me helping me and getting better mentally and physically.”*

*“I did pursue them because they were what I wanted and needed to do to make sure I was protected and my affairs were in order.”*

*“Because it was explained to me clearly about what it all meant so I felt comfortable to do them.”*

*“My son knows now that I’ve taken a stance and got legal advice and I will go to the police so he backs down.”*

*“I don’t want the police involved. I don’t want my family member getting into trouble.”*

### Older people are satisfied their issues have been resolved appropriately

SCORE and survey data indicates that clients have a high level of satisfaction with the services. In total 142 clients were partially or fully assessed against the satisfaction domains. Of those assessed, 93.8% had an overall positive outcome. The percentage of clients with a positive outcome was 96.5% for Health-Justice Partnerships, 93.7% for Specialist Elder Abuse Units and 92.1% for Case Management and Mediation Services respondents.

Service Trial Type	Number of clients assessed	Clients with an overall positive outcome	Clients with an overall neutral outcome	Clients with an overall negative outcome
All	142	93.8%	2.8%	3.5%
Health-Justice Partnerships	60	96.5%	0.9%	2.7%
Specialist Elder Abuse Units	81	93.7%	3.8%	2.5%
Case Management and Mediation	20	92.1%	0%	7.9%

For the 1 July 2020 to 31 March 2021 evaluation period, 90% of survey respondents across all service types strongly agreed or agreed with the statement “I am satisfied with how my issues have been resolved” (N = 79).

The percentage of survey respondents that strongly agreed or agreed with this statement was:

- CMMS clients: 93% (N = 15)
- SEAU clients: 93% (N = 43)
- HJP clients: 80% (N = 21).

### Older people respect and trust services

For the 1 July 2020 to 31 March 2021 reporting period, 96% of survey respondents across all service types strongly agreed or agreed with the statement “I trust and respect services that can help me deal with my situation” (N = 79).

## To what extent did each service trial type contribute to its immediate and intermediate outcomes?

This question provides additional insight to the mid-point evaluation findings in understanding the extent to which each service trial type contributed to its specific intended outcomes. Analysis considers measures used to assess each service type reflecting the relevant immediate and intermediate outcomes in the program logic.

Data for this question was drawn from interviews with service providers, client surveys, minimum dataset (Dex) and case studies. Summary case studies are provided for each service type.

### Health-Justice Partnerships

#### Outcomes for health care and social workers<sup>6</sup>

Analysis of interview data indicates Health-Justice Partnerships have increased the confidence of health care and social workers to identify elder abuse and make appropriate referrals. Interviews indicate workers are confident that there is a broader support system that is able to assist clients experiencing elder abuse.

Health care and social workers' skills to identify and refer clients experiencing elder abuse, have also increased although data suggests this is dependent on the skill set and knowledge of the individual. Likewise, the extent to which health care and social workers refer to legal services varies according to service, site and individual health care and social workers.

#### Outcomes for clients<sup>7</sup>

The client survey indicates that Health-Justice Partnerships clients feel empowered to take legal action to a reasonable extent. In total 65% of Health-Justice Partnerships clients strongly agreed or agreed with the statement 'I feel like I could take legal action if I choose' (N = 20).

### Case study: Denise

Denise is a 63 year old widow with three sons. She has chronic illness including cancer.

Denise disclosed to a social worker while in hospital that she had been convinced by her son to sell her home and to transfer over \$800,000 into his account, with promises to return the funds.

The money was not returned and Denise was unable to house herself, among other financial issues.

The son and another child held joint power of attorney at the time.

Drivers of abuse included:

- A sense of entitlement from the son toward his mother's money
- The trust extended to the son by the vulnerable client
- Indications of a history of control by the son toward Denise.

Denise was referred to the Health-Justice Partnership. The Partnership Coordinator arranged for Denise to meet with the Financial Counsellor and Community Lawyer to:

- Create a new will and power of attorney that excluded the son
- Seek the return of the money
- Better understand her rights in relation to property and belongings

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<sup>6</sup> Measures: Extent to which health care and social workers have confidence to identify and refer; older people; Extent to which health care and social workers have skills to identify and refer older people; and Extent to which health care and social workers refer to legal services.

<sup>7</sup> Measure: Extent to which older people are empowered to take legal action if they choose.

- Help Denise negotiate with Centrelink about possible historical overpayment.

In virtual and face to face meetings the Health Justice Partnership was able to help Denise:

- Validate her experience and feelings
- Feel empowered to stop the abuse, hold her son to account and seek the return of her money
- Access a private lawyer by her own choice, having set the groundwork for a successful court proceeding.

The service was provided over 12 sessions, totaling close to 7 hours contact.

Denise describes being empowered to act on and talk about the abuse in ways that have engaged the rest of her family and rearranged her affairs to protect her rights and property.

### **Case study: Steve**

Steve went to hospital after a suspected stroke, which turned out to be a stress related collapse

He disclosed to the social worker that he and his wife had been experiencing verbal, emotional and physical abuse by their son, who lived at the same property. The son is unemployed, has alcohol dependency and mental health issues.

Steve tried to take action by asking his son to leave and offered to pay for alternative accommodation. This exacerbated his son's abusive behaviour. Steve and his wife often acted in ways that reduced the likelihood of the abuse escalating.

Drivers of abuse include:

- Long standing family conflict
- The son blaming Steve's parental shortcomings for his circumstances
- The son's alcohol and mental health condition.

Steve and his wife met with the Financial Counsellor and Community Lawyer virtually while in hospital to discuss their rights, work through their differences on how to respond and develop a plan for their son to leave the house.

The Health Justice Partnership was able to:

- Validate Steve and his wife's experiences
- Help Steve and his wife understand the options for intervention orders
- Provide a letter for the couple to give their son at a time they choose
- Refer Steve and his wife for counselling.

The couple received 5 sessions totaling 4 hours and 15 minutes of contact, over a 6-month period.

The couple have not delivered the letter to their son, however Steve and his wife say they draw comfort from being able to do so at any time. The son remains in the house and his physical abuse has ceased, although he continues to be verbally and emotionally abusive.

### **Specialist elder abuse units**

#### **Outcomes for clients<sup>8</sup>**

The client survey indicates that Specialist Elder Abuse Units clients feel empowered to take legal action to a high extent. In total 86.5% of clients agreed or strongly agreed with the statement 'I feel like I could take legal action if I choose' (N = 38).

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<sup>8</sup> Measures: Extent to which older people are empowered to take legal action if they choose;  
Extent to which older people have the support, tools and resilience to continue to deal with issues

Similarly, the client survey indicates that Specialist Elder Abuse Units clients have the support, tools and resilience to deal with their issues to a high extent. Of the Specialist Elder Abuse Units respondents to the client survey:

- 88% of clients agreed or strongly agreed with the statement 'I feel like I have what I need to deal with my issues' (N = 43)
- 71% of clients agreed or strongly agreed with the statement 'I feel better able to deal with my issues' (N = 42)
- 93% of clients agreed or strongly agreed with the statement 'I feel supported to deal with my situation' (N = 43).

### **Case study: Mario**

Mario is an elderly man who lives with his wife. Their daughter and her two children moved in with them 18 years ago and was later joined by the daughter's partner.

The daughter had promised to move many years ago but subsequently refused based on her parent's care needs and cognitive decline, despite them declaring they did not need her to be present.

The daughter and her family members (all adults) did not pay for rent or utilities.

The key driver of the abuse appeared to be the daughter's reluctance to provide for herself.

The couple was referred to the Specialist Elder Abuse Unit by the police as part of their response to an incident where the daughter had assaulted Mario.

Mario's immediate needs included legal advice about:

- Wills and power of attorney, to safeguard their finances
- Eviction of his daughter from their family home.

Over the following six weeks the Specialist Elder Abuse Unit was able to provide:

- A letter of eviction and letter to demand for money to be repaid
- Liaison with police, including about laying charges
- Referral and advocacy with local geriatric evaluation, home care and other services
- Psycho-social assessment and counselling.

Mario viewed the assault as the culmination of years of abuse and was keen to pursue his and his wife's rights using all available means to reclaim their independence.

### **Case study: Julie**

Julie is an Aboriginal woman who co-owns her house with her daughter.

They both live at the property with the daughter's three children and Julie's ex-partner who is diagnosed with Parkinson's and schizophrenia. Julie also cares for her two elderly parents.

The daughter has mental health and AOD issues and owed sums of money to multiple extended family members.

The daughter used emotional and verbal abuse to have Julie sign an online loan application for \$17,000 that used their shared property as surety. This was not explained to Julie by her daughter or the lender.

The daughter did not make the promised payments and the debt blew out to \$75,000, placing the family home at risk.

The main driver of the abuse was the daughter's mental health and AOD issues.

Julie was referred to Legal Aid by a financial counsellor, who went on to refer to the Specialist Elder Abuse Unit, while providing legal advice to the team. Julie initially sought

financial advice, but once trust was established invited assistance with historical family conflict, personal safety, mental health and self-care.

The Specialist Elder Abuse Unit:

- Negotiated with the lender, including initiating legal action against the lender and reporting to ASIC
- Set up counselling sessions for Julie and her daughter to establish boundaries
- Build Julie's empowerment and self-advocacy skills
- Make referrals to support the family, including Julie's ex-partner
- Provide Julie with counselling, support and referral.

The team was successful in negotiating the reduction of the debt to \$13,000 with achievable repayments. Julie continues to care for her ex-partner and elderly parents, along with her daughter's three children. Julie is still struggling financially but takes pride in her stoicism and personal strength.

## Case Management and Mediation Services

### Outcomes for clients<sup>9</sup>

Survey responses and case studies highlight that mediation was taken up to an extent, but for a number of reasons was not always the preferred or feasible option for older people and their networks. In some cases, mediation was undertaken with some, but not all members of their network. Interviews with Case Management and Mediation Services providers indicate that mediation is the service least often taken up. Reasons for this included that clients can be wary of involving outsiders in family relationships. Other parties to the mediation might also be wary and elect not to participate, in which case the mediation cannot occur. However, the findings indicate mediation is a viable and valuable option where it is undertaken.

Provider interviewees and case studies indicated mediation was leading to drivers of abuse being identified to some extent, and support was provided to older people and their networks to target these drivers.

The client survey indicates that Case Management and Mediation Services clients are satisfied to a high extent with the supports they receive to pursue solutions.

- 93% of clients agreed or strongly agreed with the statement 'I got the help I wanted to address my issues.' (N = 15)
- 93% of clients agreed or strongly agreed with the statement 'I feel supported to deal with my situation.' (N = 15).

The client survey also indicates that Case Management and Mediation Services clients engage to a high extent with services to implement solutions.

- 93% of respondents strongly agreed or agreed with the statement 'I am now more aware that there are services and supports that can help me' (N = 15)
- 95% of respondents strongly agreed or agreed with the statement 'I have been referred to services that can help me' (N = 12)
- 100% of respondents strongly agreed or agreed with the statement 'I am using the services I have been referred to' (N = 10).

The client survey indicates that older people and their networks are satisfied to a high extent, with these pathways to resolution:

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<sup>9</sup> Measures: Extent to which older people and their network engage in mediation; Extent to which possible solutions to drivers of abuse are identified; Extent to which older people are satisfied with the support provided to pursue solutions; Extent to which older people engage with services to implement solutions; Extent to which older people and their networks are satisfied with these pathways to resolution

- 93% of clients agreed or strongly agreed with the statement – ‘I am satisfied with how my issues have been resolved’ (N = 15)
- 92% of clients strongly agreed with the statement ‘I am satisfied with the options provided to resolve my issues’ (N = 13).

### **Case study: Martina**

Martina lives alone in a small village. She does not have wide social connections and is mostly visited by her daughter, and occasionally by her 3 sons.

The initial referral came through one of Martina’s sons, who was concerned about his mother’s wellbeing and the relationship with her daughter.

The daughter was the sole carer for Martina, doing her shopping, banking, organising medical and other appointments and dealing with any emergencies.

Martina was concerned that her daughter was taking away her independence and making decisions without consulting her. The daughter was frustrated with Martina. As trust was eroded and the relationship deteriorated there was verbal conflict between the two.

Martina was seeking:

- More independence and for the daughter’s role in her care reduced
- Input into decisions that affect her
- Reassurance that she will not be placed in a residential facility.

The Case Management and Mediation Service was able to provide:

- Information, intake and assessment, and preparation sessions with each family member
- A 3.5 hour family meeting to develop agreements
- Follow up with family members
- An internal referral for counselling
- A written summary of family agreements.

Martina considered the family meeting the best option and said it was a safe place for her to express her concerns and needs. She accepted the counselling referral and says she is grateful for the way the Case Management and Mediation Service worked with her family to achieve her aims. She is happy with the outcome and feels more safe and comfortable in her home as a result.

### **Case study: Annette**

Annette presented to the Case Management and Mediation Service with a request for mediation between herself, and her son and daughter.

Annette’s son has mental health issues and lives in her home with his partner and grandchild. Her home is a long-term social housing property and is considered the ‘family home’ by Annette and her adult children. Annette has moved out of her home and into a bedsit as she felt this was ‘easier’ than making her son find other accommodation.

Annette regularly attends the family home to do chores and she often gives her son money when he runs out.

Annette was estranged from her daughter and rarely saw her grandchildren. The daughter suffers from depression and anxiety and described being sick of the way Annette’s son treated her, so withdrew.

Annette and both her children had experienced considerable family violence. Annette saw repair to the relationship with her daughter as a protective factor.

The Case Management and Mediation Service undertook pre-mediation sessions with both daughter and son. The son was determined as not having the capacity to engage in mediation due to his poor mental health.

The Case Management and Mediation Service:

- Undertook 11 sessions with Annette, three of them including her daughter
- Referred the daughter for counselling
- Offered individual counselling to Annette (she has not yet completed any counselling)
- Is exploring providing further mediation sessions involving the son.

This case remains open but Annette has expressed her gratitude that the relationship with her daughter has improved considerably and even led to positive family gatherings with both her children present. She thinks those improved relationships will increase her safety and her son's approach to their relationship.

## How well did each service trial type meet the needs of older people at risk of experiencing elder abuse?

Building on the findings of the mid-point evaluation, this question provides additional insights into how well each service trial type met the needs of clients based on client self-assessment. Data for this question was drawn from the client survey, minimum dataset (Dex) and case studies.

In summary, the client data indicates that overall, all three service types were appropriate in meeting the needs of their clients. The majority of clients assessed the service trial type they accessed as relevant and appropriate to their needs and were satisfied with the service provided.

The free text component of the client survey indicate that clients assess services as being appropriate to their needs when the services provided someone to talk to who provided support and validate their experience of elder abuse, when they were made aware of the options to prevent, minimise or stop abuse and/or they received practical support.

For the small minority of clients who provided negative responses in assessing the services as not being appropriate to their needs, the free text component of the survey indicated that not feeling supported emotionally, not receiving the practical information they needed to address their issue, not feeling empowered and not being able to get their desired outcome was driving their response.

For issues that involved a legal response, unwillingness to take legal action against family members primarily affected client willingness to take up a legal remedy. However, these factors did not influence if a client assess a service as appropriate to their needs.

The factors affecting client self-assessment of how appropriate the service is to their needs correlate with the features nominated as of most benefit to clients, discussed in that section.

## Implications

Overall the evaluation has found the service trials are achieving their intended outcomes, namely that older people feel supported and services meet their needs.

Providers across all service types – Health-Justice Partnerships, Specialist Elder Abuse Units and Case Management and Mediation Services - are delivering services, adapting services to meet client needs and receiving positive feedback from clients, suggesting that the combination of services and service providers is effective. Each service type provides benefits to clients and taken together, represents a holistic system response to elder abuse. The complementary legal, social and therapeutic elements of the service trials were supported by service providers and peak bodies.

Significant growth in client numbers since the mid-point evaluation indicates there is clearly a need for specialist services for older people experiencing or at risk of elder abuse. If these services did not continue it is highly likely this need would not be met by the existing service ecosystem. Without these services, given the high degree of legal need amongst the client population this would likely result in increased demand on Legal Aid and community legal services. However these services are not designed or resourced to provide the other element of service provision identified as most beneficial by clients, namely combined legal and social support, including co-case management.

The evaluation has found that services addressing elder abuse need to be client centred and client-led and acknowledge the significant variability in the nature and drivers of elder abuse and client circumstances. Further, it has found that ‘process’ outcomes – being listened to, acknowledged, validated and empowered – were as valuable for many clients as the ability to action tangible outcomes. These elements also serve as protective factors for those experiencing abuse who do not wish to sever their relationship with the perpetrator/s given they are most commonly their child/children.

The evaluation findings suggest the following implications for the Department:

- Specialist elder abuse services should continue to be funded by the Commonwealth Government.
- Services should:
  - Be client-centred and client-led, enabling flexibility in the mode and point in time at which supports are provided.
  - Address legal needs in ways that recognise that legal and social needs are interconnected for people at risk of or experiencing elder abuse.
  - Be based on a therapeutic model with specific service features (e.g. legal and financial supports) able to be provided as required.
  - Provide case management or at minimum ongoing support beyond initial advice and referral, including through partnerships within and across services.

Further to support future evaluation and research on elder abuse, the evaluation suggests:

- Providers continue to collect client surveys and case studies as valuable sources of qualitative data on the nature of elder abuse and effective service responses.
- Minimum dataset data (in addition to data collected through DeX) be collected through an online tool, such as Survey Monkey or Qualtrics, to improve consistency and support future data analysis.
- The program logic model be reviewed in light of the evaluation findings to reconsider design of outcomes, and the evaluation framework be adapted accordingly.

## Appendix A: Final evaluation questions

The following table outlines all the questions posed by the mid-point and final evaluations.

For the final evaluation Inside Policy did not collect additional data for questions or for measures marked in **red** below.

Data for questions and measures marked in **orange** was collected to build on findings from the mid-point evaluation.

Questions and measures in **blue** were added to inform the final evaluation.

Process		
Question	Measure	Data source
How are the service trials implemented?	<b>Nature of implementation (including service delivery model)</b>	<b>Interviews with service providers and partners</b>
<ul style="list-style-type: none"> <li>How are the Health-Justice Partnerships implemented?</li> <li>How are the Specialist Elder Abuse Units implemented?</li> <li>How are the Case Management and Mediation Services implemented?</li> </ul>	<b>Profile of clients assisted, including nature of abuse</b> <b>Number of health care and social workers trained to identify and refer older people to appropriate services</b> <b>Number of older people receiving specialised legal support services (clients)</b> <b>Number of specialised legal support services provided (sessions)</b>	<b>Service observations</b> Minimum dataset (DeX and data collection by providers) Case studies Activity Work Plans
<b>To what extent are the service trials reaching the desired cohort?</b>	<b>NA</b>	<b>NA</b>
<b>What are the barriers or challenges to implementing the service trials?</b>	<b>NA</b>	<b>NA</b>
<b>How are barriers to implementing the service trials being addressed?</b>	<b>NA</b>	<b>NA</b>
What are the features of the service trials that are of most benefit to primary clients?	<b>Client perception of most beneficial features of service trials</b> <b>Service provider perception of most beneficial features of each type of service trial</b> <b>Key stakeholder perception of most beneficial features of service trials</b>	<b>Interviews with service providers, referral organisations and advocacy organisations</b> Client survey

Since the mid-point evaluation, how have achievements been built on to date?	Service provider and peak perceptions of additional achievements since the mid-point evaluation	Interviews with service providers and peak bodies
Since the mid-point evaluation, how have lessons learnt been applied?	Service provider and peak perceptions of how lessons learnt have been applied to improve services since the mid-point evaluation	Interviews with service providers and peak bodies

### Outcome

Question	Measure	Data source
<p>To what extent have the service trials outcomes been achieved?</p> <ul style="list-style-type: none"> <li>Older people feel supported and services meet their needs</li> <li>Older people receive legal and non-legal remedies</li> <li>Older people are satisfied their issues have been resolved appropriately</li> <li>Older people respect and trust services</li> </ul>	<p>Self-assessed changes to client feelings of support to deal with elder abuse</p> <p>Self-assessed changes to client feelings that services meet their needs</p> <p>Number and nature of remedy/ies offered</p> <p>Number and nature of remedy/ies accepted</p> <p>Level of client's satisfaction with resolution of their issues</p> <p>Level of client reporting feeling of respect and trust of services</p>	<p>Interviews with service providers</p> <p>Client survey</p> <p>Minimum dataset (DeX)</p> <p>Case studies</p>
<p>To what extent did each service trial type achieve its immediate and intermediate outcomes?</p>	<p><u>Health-Justice Partnerships</u></p> <p>Immediate</p> <p>Extent to which health care and social workers have confidence to identify and refer</p> <p>Extent to which health care and social workers have skills to identify and refer older people</p> <p>Extent to which older people are empowered to take legal action if they choose</p> <p>Intermediate</p> <p>Extent to which health care and social workers refer to legal services</p> <p><u>Specialist elder abuse units</u></p> <p>Immediate</p>	<p>Interviews with service providers</p> <p>Client survey</p> <p>Minimum dataset (DeX)</p> <p>Case studies</p>

Extent to which older people are empowered to take legal action if they choose

Extent to which older people have the support, tools and resilience to continue to deal with issues

Case Management and Mediation Services

Immediate

Extent to which older people and their network engage in mediation

Extent to which possible solutions to drivers of abuse are identified

Intermediate

Extent to which older people are satisfied with the support provided to pursue solutions

Extent to which older people engage with services to implement solutions

Extent to which older people and their networks are satisfied with these pathways to resolution

<p>How well did each service trial type meet the needs of older people at risk of experiencing elder abuse? Including:</p> <ul style="list-style-type: none"> <li>• older people from CALD backgrounds</li> <li>• older Aboriginal and Torres Strait Islander people</li> <li>• older people experiencing cognitive decline</li> <li>• older people experiencing social isolation</li> </ul>	<p>Nature of needs of clients accessing each service trial type</p> <p>Can update percentages of client 'types' (I.e. with disability, Indigenous) per service</p> <p>Client self-assessment of relevance and appropriateness of each service trial type to their needs</p> <p>Factors affecting client self-assessment of how appropriate the service is to their needs</p>	<p>Client survey</p> <p>Minimum dataset (DeX)</p> <p>Case studies</p>
<p>What (if any) were unintended outcomes resulting from the service trials?</p>	<p>NA</p>	<p>NA</p>
<p>What were the lessons learnt?</p>	<p>NA</p>	<p>NA</p>
<p><b>Economic</b></p>		
<p><b>Question</b></p>	<p><b>Measure</b></p>	<p><b>Data source</b></p>

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To what extent did the service trials provide value for money?	NA	NA
Are the service trials the best use of resources?	NA	NA

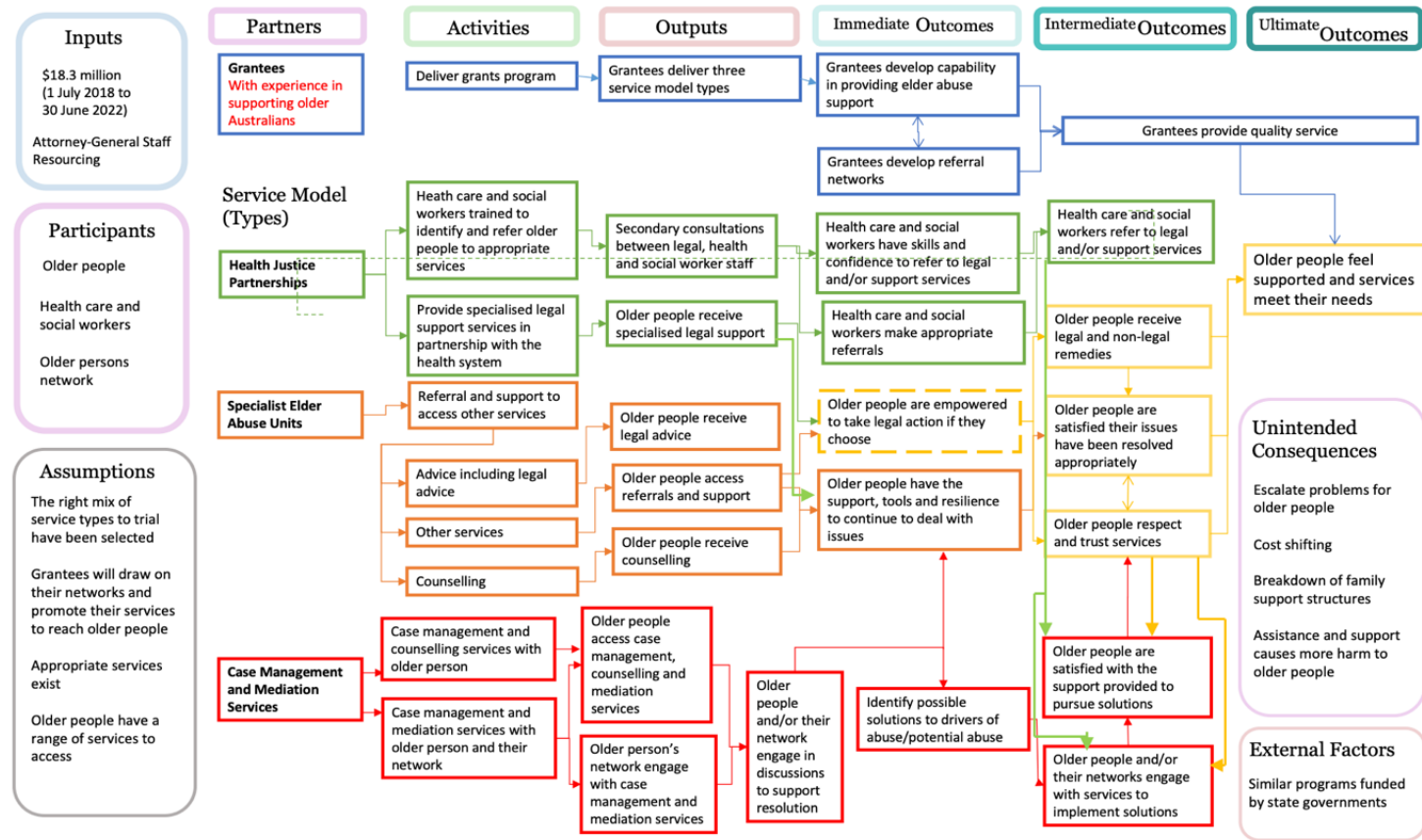
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# Appendix B: Program Logic

## Expand and Evaluate Elder Abuse Service Trials Program Logic



<b>Program need</b>	Older people experiencing or at risk of elder abuse lack support from high-quality services
<b>Overarching program objectives</b>	To trial, develop and promote a 'service system' to address elder abuse
<b>Grant objective</b>	To trial three service models to understand strengths of each model and the conditions in which they are successful



## Appendix C: Data collection activities

### Review of updated program documentation

Inside Policy reviewed all updated program and governance documentation created after the mid-point evaluation, including updated Activity Work Plans.

### Review of minimum dataset data

The Department provided Inside Policy with the DeX minimum dataset for the 9-month period between 1 July 2020 to 31 March 2021. This was complimented by non-DeX (spreadsheet) data collected by service providers for the same 9-month period.

### Interviews

Interviews provided insight into what has changed since the mid-point evaluation, how learnings have been incorporated since the mid-point evaluation, and outcomes achieved.

A total of 16 semi-structured interviews were conducted over the phone or via videoconference with program managers, peak representatives and/or other relevant staff members. Interview participants received a copy of the questions in advance. The interviews ran for between 45 minutes and one hour and were recorded to capture detail.

Interview participants were drawn from:

- Caxton Legal Centre
- Eastern Community Legal Centre
- Justice Connect
- Kimberley Community Legal Services
- Legal Aid Commission of New South Wales
- Legal Aid Commissions of Tasmania
- Uniting Communities
- Relationships Australia – Northern Territory
- Relationships Australia – Queensland
- Relationships Australia – Western Australia
- Relationships Australia – Canberra and Regions
- CLC Australia
- Relationships Australia (National)
- Elder Abuse Action Australia
- Senior Rights Service

### Review of client survey results

Inside Policy was provided with client survey data from 1 July 2020 to 31 March 2021. Client survey results provided insights into client circumstances, feelings, attitudes and behaviours, and their response to the services provided to them.

### Review of case studies

Inside Policy was provided with 67 case studies collected by service providers between 1 July 2020 and 31 March 2021. Case studies provided detailed insights into how the service trials have been implemented and outcomes for individual clients.