

APRIL 2023

ELDER ABUSE

Response Trial – Final evaluation summary



Eastern Community Legal Centre, Eastern Health and Oonah Health & Community Services Aboriginal Corporation acknowledge and thank all the staff, partners, colleagues, community members and clients who have engaged with and supported the ELSA and ROSE programs over the last four years.

The partnership particularly acknowledges the active engagement of the longstanding Eastern Elder Abuse Network (EEAN).

The trial programs benefited greatly from the support of the Elder Abuse Response Strategic Advisory Group, particularly:

- Dilnaz Billimoria, Community Advisor
- Edward Thomson, Community Advisor
- Lauren Adamson, Office of the Public Advocate
- Tracey Blythe, Inner East Primary Care Partnership
- Lyn Dundon, Seniors Rights Victoria
- Alasdair Gall, Victoria Police
- Suzy Goldsmith, Financial Counselling Victoria
- Gerard Mansour, Commissioner for Senior Victorians
- Maria Romanin, Oonah
- Elke Smirl, Mullum Mullum Indigenous Gathering Place
- Jessica Bishop & Wanling Zhang, Migrant Information Centre (Eastern Melbourne)

This summary report document is based on the *Final evaluation of ECLC's ROSE and ELSA service trials* undertaken by La Trobe University, RMIT University and the National Ageing Research Institute (NARI):

Associate Professor Chris Maylea
 Dr Christina David
 Paulene Mackell
 Helen Borland
 Penny Cearns
 Esther Le Couteur
 Dr Anastasia Kanjere
 Professor Briony Dow

The Elder Abuse Response Program has two Specialist Elder Abuse Response programs:

- **ELSA** (Engaging and Living Safely and Autonomously) is a 'health justice partnership' (HJP) with Eastern Health comprised of a partnership co-ordinator, community lawyer, elder abuse advocate, and financial counsellor. It provides a holistic response to older Eastern Health patients at risk of or experiencing elder abuse.
- **ROSE** (Rights of Seniors in the East) is comprised of a community lawyer, elder abuse advocate, and financial counsellor and provides a holistic response to older people experiencing or at risk of abuse. ROSE works in partnership with Oonah, an Aboriginal Community Controlled Health Organisation, and other community partners.

Both programs provide legal advice, psychosocial support and assistance, financial counselling, secondary consultations (ie. information and referrals), and education.

A Managing Lawyer provides strategic and operational oversight of the programs, a Partnerships Co-ordinator supports partnerships and education, and an Administration and Intake Officer works across both programs.

Eastern Community Legal Centre (ECLC) and partners acknowledge the funding support of the Australian Government through the Attorney-General's Department

Eastern Community Legal Centre (ECLC) and partners acknowledge the Wurundjeri Woiwurrung peoples of the Kulin Nation, the Traditional Owners of the land on which we live and work and pay deep respect to Elders past and present.

Introduction

This report shares key lessons and insights from a successful independent evaluation into an integrated, multidisciplinary elder abuse service operated for three years (2019 – 2023) by Eastern Community Legal Centre. The programs have recently received ongoing funding.

All people deserve to live a safe and dignified life regardless of their age. But sadly, that is not always the case. Elder abuse is a serious problem in Australia and across the globe. **One in six Australians over 65 years old experience abuse.**ⁱ

Elder abuse occurs when a person causes harm or distress to someone who is over 60 years old. Elder abuse can be psychological, financial, physical, sexual, or neglect. Adult children and family members (including intimate partners) most commonly perpetrate elder abuse.

In 2019 the Commonwealth Government funded the Elder Abuse Service Trials, being several services throughout Australia dedicated to supporting people experiencing elder abuse. The programs were initially funded for three years and funding was recently extended until 2026. The services are now known as Specialist Elder Abuse Services.

Eastern Community Legal Centre (ECLC) is one of the recipients of the funding. ECLC established two Elder Abuse Response Programs which both use an integrated practice model combining lawyers and other community service professionals including advocates (often social workers) and financial counsellors. Both programs are now ongoing.

ECLC and its partners commissioned an independent evaluation of the Elder Abuse Response programs which was conducted by RMIT and La Trobe Universities and the National Ageing Research Institute. The evaluation culminated in a mid-term report (2022) and a final report (2023), both available online.ⁱⁱ The Commonwealth Attorney General's Department also commissioned an independent evaluation into the Elder Abuse Service Trials which is available online.ⁱⁱⁱ

This summary aims to share key lessons for service providers that are interested in delivering integrated elder abuse services, advocate for the expansion of integrated elder abuse services, and draw attention to systemic gaps that must be addressed in order for elder abuse to be resolved.

Ultimately, the evaluation found that:

...both programs have achieved their goals to the highest level possible... The evaluation findings clearly support the adaptation of the ELSA and ROSE models to other geographical locations and their continuation and expansion...^{iv}



Vignette: Andrea



Background

Andrea is 72 and has been living as a single parent on a property in the Yarra Valley ever since her husband died shortly after her son, Don, was born. Her now adult son has always lived with her. He previously accessed mental health services around ten years ago, which he found somewhat helpful at the time, but stopped engaging with mental health services after having a negative experience in an inpatient unit. He does not agree that he is unwell and refuses any treatment or medication. He is not interested in receiving any further mental health support. He often uses drugs to feel better, including in Andrea's house, which she has asked him not to do. He has refused to move out and Andrea does not want him to be homeless.

Andrea feels intimidated at times by Don, and he is not contributing financially or around the property. She finds his behaviour threatening, and it is escalating. Don is frequently angry and will stand over Andrea, yelling at her. Andrea is intimidated by Don's friends, who are often at the property. They eat her food and do not clean up after themselves, no matter how many times she asks them. Sometimes they get drunk and swear at her or bang on her door.

Recently Andrea needed to have surgery on her knee, and while in hospital she mentioned her concern about Don's ability to cope in her absence. Hearing Andrea talk about how apprehensive she was about talking to Don or returning home, the hospital social worker referred her to ELSA.

Response

The ELSA advocate visited Andrea in the hospital, as Andrea said she felt safe there and preferred to meet face-to-face. When Andrea described Don's behaviour, the advocate explained how this could be considered elder abuse. Together, they set up a video call with the lawyer, who outlined Andrea's legal options. Andrea was worried that if she got an intervention order, Don would be homeless. She decided to write a short letter with the lawyer, explaining to Don that she had spoken to the ELSA service and outlining what she found difficult about living together. Andrea left this letter on the kitchen table for Don to see.

After reading it, Don's behaviour changed, and he calmed down and backed off. The advocate spoke to Andrea about her concerns about managing the property, and they made a phone call to set up a My Aged Care assessment together. Andrea would not have known how to do this if not supported by the advocate.

When the ELSA and ROSE intake worker called Andrea to do an exit survey, Andrea said that she now had someone coming to help with home and garden maintenance, like cleaning the gutters. After receiving the letter, Don was worried about what would happen if he stayed living with Andrea and so he moved out and shared a house with a friend. The relationship between mother and son has been much improved, although Andrea is concerned that the share house arrangement will not last and about what might happen in the future if Don needs to move back home.

Key findings and lessons

1. INTEGRATED, TRAUMA-INFORMED PRACTICE WORKS IN THE CONTEXT OF ELDER ABUSE

The evaluation demonstrates that integrated practice models in the context of elder abuse are successful and should be funded and expanded to ensure access to all people experiencing elder abuse.

ROSE and ELSA provide an integrated and trauma-informed service. They provide clients with free legal advice and casework, psychosocial support, safety planning, advocacy and financial counselling.

The model used by the programs was found to be successful in supporting clients. 92% of clients stating they felt supported, and the evaluation found that "the data clearly show that ELSA and ROSE are helping older people ... by increasing the options that are available to them, building their confidence and capacity to make informed decisions, and doing so in a way that is highly valued by their clients..."^v

The critical success factors included the programs' responsiveness, wrap-around services, appropriate caseloads (which allowed staff the time needed to build trust with clients), and trauma-informed and client centered approach. The programs' ongoing development and adaptability were also key to their success.^{vi}

Clients were consistently found to have appreciated the model, and in particular, the fact that the services were tailored and that they could receive support from multiple professionals at once, rather than having to wait for a referral and navigate the service system themselves.^{vii}

ROSE and ELSA clients provided the following feedback:

“

And oh my God, I can only use one word. It's fantastic. They were absolutely – my heart can cry for it, but I won't cry now because I learnt not to cry when it's – you know, happy emotions. But God, it's like – I call them all my angels. And I think if it wasn't for them, I don't even think I'd be here. I'd be maybe in a mental hospital, maybe committed suicide, maybe overdose myself. Maybe just ran away and just left everything^{viii}

It was really just to make me feel that there's someone there that's in my corner, there's someone there that understands what I'm going through. ... although you had never met, they were there to say, "Look, we are here. We understand. We understand what has happened. And we will do whatever is we can." So that was really moral support via phone. And I really appreciate that, yes.^{ix}

”

Key success factors:

1

Integrated, multidisciplinary teams providing free legal, financial, and psychosocial support by lawyers, financial counsellors and advocates/ social workers.

2

Trauma-informed and client-centred approach.

3

Appropriate caseloads.

2. SERVICE PROVIDERS AND FUNDERS SHOULD THINK CAREFULLY ABOUT HOW TO DEFINE SUCCESS AND CLIENT OUTCOMES

The evaluation demonstrates the importance of thinking deeply about what constitutes 'success' or an 'outcome' in a context as nuanced and complex as elder abuse service delivery. An important lesson is that it is necessary to revisit program logic, outcomes and goals regularly to ensure what was envisaged at the outset of a program is relevant in light of lived-experience of the clients and 'on-the-ground' experience of service providers.

A 'program logic' was developed at the outset of the Elder Abuse Service Trials which included outcomes and evaluation questions, including for example that 'older people are satisfied their issues have been resolved appropriately' and 'older people receive legal and non-legal remedies'.^x The evaluation found that these 'did not correlate well' with the data.^{xi} This was in part due to the fact that the program logic did not capture the nuance of people's lived experience of elder abuse - for example, older people are rarely 'satisfied' when they have had to take legal action against their own children.^{xii}



The evaluation found that older people experiencing elder abuse often face an 'impossible predicament', and this wasn't captured in the program logic. This impossible predicament, according to the evaluation, occurs when an older person feels that they cannot continue withstanding the abuse; and simultaneously feels that there is no viable option that they are able to pursue to address the abuse.

This can be due to a range of factors, for example:

Relationships. Older parents often do not want to take action against the person abusing them, who is often their child, as they feel that it could damage their child's wellbeing or their relationship with them. Older parents were found by the evaluation team as often being more concerned about their children than themselves, and by prioritising their child's wellbeing they were exercising some kind of agency, 'whilst simultaneously feeling very aware of the bind they were in.'^{xiii}

Shame. Clients felt unable to take action because doing so would result in their communities knowing they had been abused.

Safety. Clients noted that taking action may result in retaliation from the perpetrator, leading to them being even more unsafe.

Limited options. Due to gaps in the service system and limitations within the broader legal and policy environment, very few options are available to older people being abused, making it hard for them to find an option that feels appropriate and viable to pursue.

As explained by clients interviewed for the evaluation:

“ I thought what am I talking to a lawyer for. The social worker was coming too from point of view of getting an Intervention Order? I said, “I won't do that.” She said, “But why won't you?” I said, “Because if I do that, my son's work in the career he does would be over. That'd be finished, his career.”^{xiv}

Especially in a situation that's a bit complex. Because when you're dealing with a mentally unwell person, it's not just yourself you've got to be concerned about; it's the other person. More than if it was, say, you're living with an abusive husband and you just want to get out, and you just need help around that - it's fairly - more straightforward. I'm not simplifying anybody else's. I've been in that situation too. But it is more complex with somebody who is also dependent on you.^{xv}

”

The evaluation recommended the program logic and future evaluation tools should be revised to reflect the complex nature of the context in which the services are operating and to assess service performance based on providing access to options and building capacity to make informed decisions (Rec.13).

Importantly, the evaluation team observed that “[the programs] are performing exceptionally well to achieve any outcomes for people in such apparently irresolvable predicaments”,^{xvi} despite the complexity of many clients' experiences.



3. FLEXIBLE AND RESPONSIVE PROGRAM DESIGN AND DEVELOPMENT IS CRITICAL

The evaluation demonstrates the importance of being open to learning and implementing improvements in service delivery in order to ensure the success of programs and their ability to be responsive to client, community and stakeholder needs. ROSE and ELSA have continuously evolved and their responsiveness and flexibility were key to their success.^{xvii} Some key evolutions the programs went through during the trial period are described below.

Team structure – Changes were made to team structure to respond to client and community needs. ELSA didn't initially employ an advocate, but a role was created when the need was demonstrated.^{xviii} The programs went from two financial counsellors, down to one, and up to two again to meet demand. A Partnership Co-ordinator was initially dedicated to co-ordinate the Eastern Health partnership, but once that was established, the role was expanded to co-ordinate multiple partnerships across both programs. And now the programs have matured, it is looking to expand its impact by dedicating staffing to policy and systemic advocacy work.

Practice development – lessons were learnt over time in response to challenges presented by integrated practice. The evaluation found that key to the programs' maturity "is identifying the right staff. Professionals... needed to be able to work with other disciplines and be flexible..."^{xix} These lessons helped inform ECLC's approach to recruitment. In addition, practice development was continuous. For example, the advocate role continued to be honed and defined throughout the trial period. The evaluation found that "...the advocates have had to define their role as the trials progressed. This has allowed the advocates to respond to the needs of the person as individuals, rather than subscribing to a pre-defined model."^{xx}

Service delivery – The programs adapted their model of service delivery throughout the trial period. Both programs temporarily shifted online during Covid-19 lockdowns, but maintained face-to-face appointments wherever possible as they were found to be essential for clients. The programs were prevented from co-locating with their partner organisations due to Covid-19, although ELSA has now returned to Eastern Health hospital sites.^{xxi} Education sessions were moved online as necessary, and are now conducted either online or in-person. ELSA typically has lower referral numbers than ROSE, so when the ELSA team has capacity it has assisted ROSE clients. This constant adaptability and flexibility has enabled the programs to continue at full capacity despite challenges caused by being a new service and by the Covid-19 pandemic.

Key success factors:

1

Openness to change program design to respond to client and community need.

2

Time dedicated to reflecting on what works and what doesn't.

3

Continuous commitment to actively looking for service improvements and boldly implementing necessary changes.

4. STRONG PARTNERSHIPS ENABLE GREATER IMPACT

The evaluation demonstrates that effective partnerships are critical to the success of elder abuse response services. It found that "the success of ELSA and ROSE is based on the partnerships with community and health sectors... the feedback from external stakeholders was universally positive and highlighted the importance of collaboration and partnership..."^{xxiii}

From their inception, ELSA and ROSE were rooted in partnerships. ELSA is a HJP and its sole partnership is with Eastern Health, a major public health organisation with over 9 hospital sites. ROSE began with a partnership with Oonah Belonging Place, an Aboriginal Controlled Organisation, and over time diversified and developed relationships with other organisations in addition to Oonah.

ECLC also co-ordinates the Eastern Elder Abuse Network (EEAN) which brings together members from more than 50 organisations including from local government, community health, police, aged care, and more. Nearly all ELSA and ROSE's referrals come from EEAN members.

More recently, ELSA and ROSE have invested in developing strong relationships with private law firms that have provided significant pro bono assistance to clients.^{xxiv} These partnerships "while only recently developed, have already shown the potential to add a significant amount of value to ELSA and ROSE."^{xxv}

Some observations shared by program partners are outlined below.

“

Aboriginal organisations... it's very hard to earn their trust, but once you have it, I mean, you're in. And [ECLC has] a well-earned reputation as being people that they can count on. They're not there just to tick the boxes and count Aboriginal people just again put down purely as statistics. They care.^{xxvi}

They have been very informative and very helpful, even with secondary consultations they sometimes provide more information than I need ^{xxvii}

...I know that any time I've got an issue or if I hear of something or I have concerns or if I have questions, I can just get on the phone and I can talk to one of the girls down there and they'll help me. ^{xxviii}

”

Key success factors:

1

Carefully considering and co-designing partner involvement into program design at the outset.

2

Continuing to dedicate time to meaningfully invest in partnership development.

3

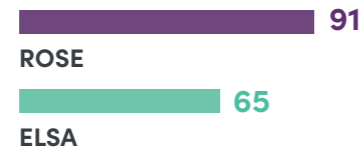
Providing helpful and tailored support and information for partners.

Snapshot

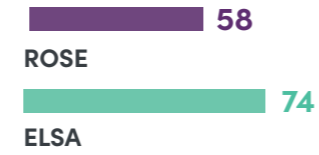
Total number of clients

156

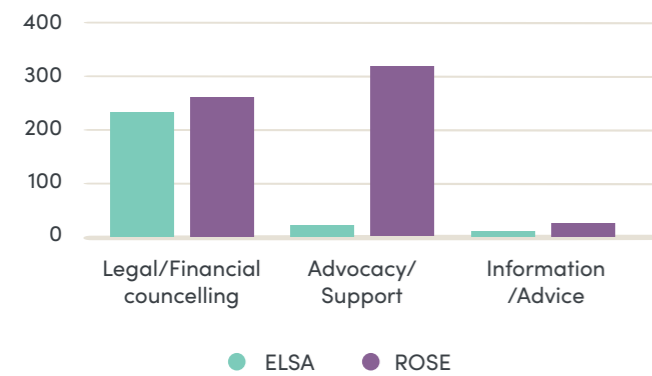
Number of clients



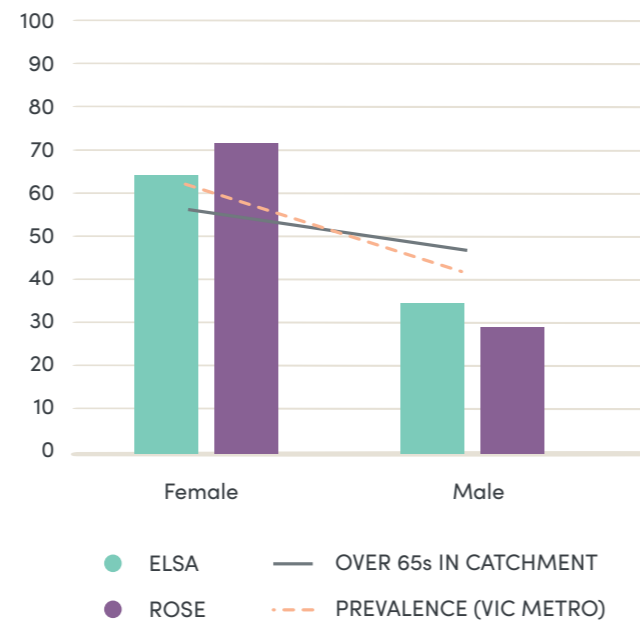
Number of education sessions



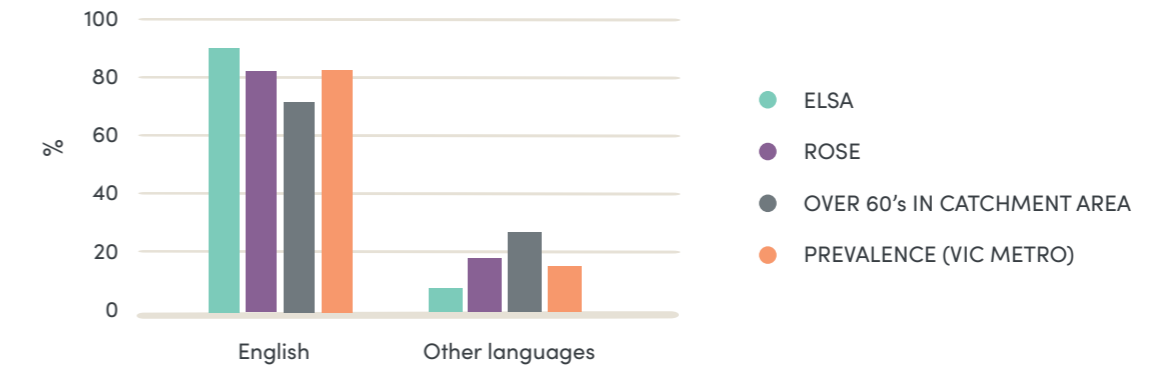
Sessions provided



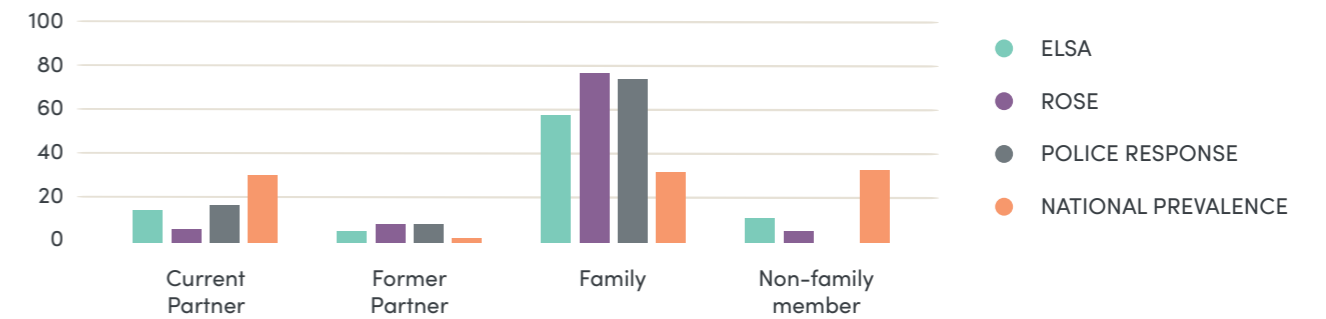
Clients by gender



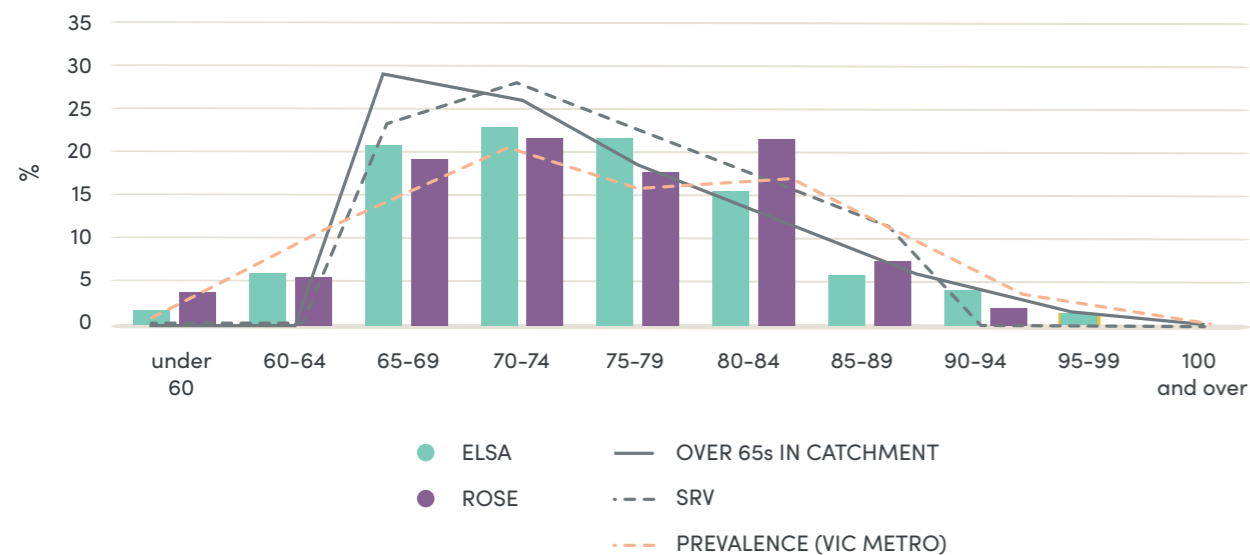
Language spoken at home



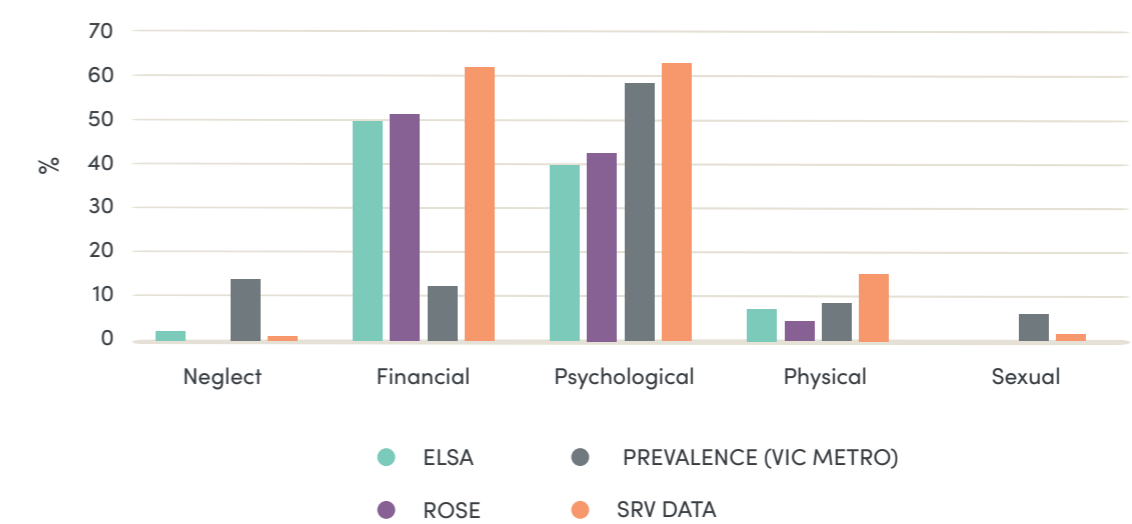
Primary abuser by relationship



Client by age



Abuse types experienced



5. EDUCATION IS A WORTHWHILE INVESTMENT

The evaluation demonstrates that delivering education sessions to community members and professionals is a worthwhile endeavour for elder abuse response services, as the education sessions were found to lead to increased (and more appropriate) referrals and an increased understanding and awareness of elder abuse and related issues.^{xxix}

Both ELSA and ROSE deliver education sessions to professionals and community members. ELSA delivers education to Eastern Health staff, whereas ROSE delivers education to a wide range of organisations and community groups.

The education sessions aim to increase awareness of elder abuse; help people identify and respond to elder abuse; increase knowledge of related topics, including powers of attorney and wills; and understand ELSA and ROSE services and how to refer to them.

The evaluation found that feedback obtained from people who attended the education sessions was “overwhelmingly positive, showing significant self-assessed changes in practice, knowledge and relevance, and pre/post improvements in understanding elder abuse”.^{xxx}

Key success factors:

1

Dedicating time to deliver education on topics of interest to both professionals and community members.

2

Including community education to each staff member’s position description and supporting staff to upskill and feel confident in delivering education sessions.

6. ACCESSIBILITY IS POSSIBLE

The evaluation demonstrates that elder abuse response services can be accessible to people from many different communities – particularly when they incorporate both health justice partnerships and programs with strong partnerships with multiple organisations.

Both programs were found to be “highly accessible to people seeking support for elder abuse,”^{xxxi} including being accessible for people with physical and psychosocial disabilities. In addition, ROSE was found to be accessible to people from culturally and linguistically diverse communities, which was noted as being an ‘impressive achievement’ given the under-representation of these communities in mainstream health and welfare services.^{xxxii}

The accessibility of the programs is due to several factors, including the programs’ commitment to supported decision-making, which enabled clients experiencing cognitive decline or other situations to receive support; the strong partnerships developed, including with organisations that work closely with culturally diverse communities; and the health justice partnership ELSA, which enabled access to people who were socially isolated and difficult to reach.

Despite the evaluation lauding the accessibility of the programs, it was identified that there is room for improvement for the programs to target people from certain communities, including LGBTI+ and First Nations people.

Key success factors:

1

Building strong connections with organisations who work with diverse communities

2

Being brave in implementing process changes to enable accessibility

3

Keeping accessibility a priority at all times.

7. SYSTEMIC FAILURES THAT MUST BE ADDRESSED – AND THERE’S ONLY SO MUCH ONE ORGANISATION CAN DO

The evaluation demonstrates that, in order for elder abuse to be prevented and responded to effectively, much more needs to be done to address systemic failures. Importantly, it also demonstrates that it is not feasible or appropriate for any one organisation (such as ECLC) to be responsible for fixing the system, but rather this responsibility should be assumed by Government. In light of this, the evaluation includes a number of recommendations that apply to government.^{xxxiii}

As explained by one external stakeholder:

“

... ELSA and ROSE have that very strong part to play, but they are only one ... piece of the puzzle. But they’re also an important piece of the puzzle. ...they are playing multiple roles in the absence – because there’s a vacuum around that. So until we fill that vacuum with other supports, other preventative measures, that’s where we see ECLC will probably just have to be the standalone...because there isn’t anyone else. I can’t think of anyone else undertaking elder abuse support or awareness...^{xxxiv}

”

Some systemic gaps identified by the evaluation include:

- Housing and mental health supports for clients and perpetrators.^{xxxv}
- Specialist mediation services for clients and perpetrators.^{xxxvi}
- Family group conferencing and family therapy for clients and perpetrators.^{xxxvii}
- Trauma counselling and other supports for survivors of abuse.^{xxxviii}
- Services targeted for older men experiencing abuse.^{xxxix}
- Legislation to safeguard older adults against abuse.^{xl}

The primary prevention of elder abuse and early intervention into elder abuse (which ECLC and partners are currently active in) were also identified by the evaluation as key areas of importance to address elder abuse.^{xli}

In summary, the evaluation found that:

“

until appropriate services and supports are available, both for older people and perpetrators, ELSA and ROSE will be limited in the outcomes they can achieve. Elder abuse will not be resolved without resourcing for services to fill the gaps identified above, acknowledging that as a legal service ECLC is limited in terms of the scope of its services and its policy advocacy.^{xlii}

”

Vignette: Linda

Background

Michael, 74, and Linda, 75, live in North Balwyn. Five years ago, they sold their farm in regional Victoria and moved into a small unit on the back of their daughter Samantha's property. This was a difficult decision, as the couple were strongly connected to their rural community. As Michael was experiencing chronic extreme back pain from an old injury and would eventually need surgery, the couple decided to move somewhere nearer to support, treatment and their grandchildren. As part of this move, Michael and Linda had provided Samantha with a house deposit, made up of most of their savings and the proceeds from selling the farm.

The family initially lived together peacefully, until two years ago when Samantha started dating Jesse. Jesse found it frustrating that Samantha spent so much time with her parents, supporting with shopping and maintaining the unit. When he moved in, tensions escalated. Over time, Jesse's arguments with the couple increased, until he started limiting their time spent with Samantha and her children. Eventually, he prevented them from accessing the main house, leading to Linda having to cook all the couple's meals on a camping stove in the unit. When Linda tried to enter the main house, Jesse would physically push her away.

After school one afternoon, when Linda attempted to enter the main house to see the children, Jesse called the police. When the police arrived, Linda was extremely distraught. The police placed an intervention order preventing her from going near Jesse, Samantha or the children. Linda was heartbroken, and a trusted member of her church community suggested she call ROSE.

Response

Linda rang ROSE and organised to meet with the lawyer and advocate. The lawyer offered to provide help representing Linda in her upcoming intervention order hearing. With this support, Linda was able to have the intervention order overturned. The lawyer offered to help her place an intervention order against Jesse. Still, Linda refused as she was concerned about the impact this would have on her ability to visit her grandchildren.

When Linda described the limited food and amenities at home, the advocate provided phone numbers for emergency accommodation and housing support. Linda said that she only wanted to do this if she could go with Michael and that she would have to speak to him.

When Linda spoke with Michael, he was firm that with his worsening health and upcoming surgery he wanted to stay where he was. Seeking to repair the couple's relationship with Samantha and Jesse, he spoke to Samantha about Linda seeing ROSE. In response, Samantha said that Michael should move into the main house, where she could better support him through his upcoming surgery. Michael did not want to leave Linda but thought that maybe this could provide an opportunity to recover and mend things with the family. Jesse and Samantha came into the unit and removed many of Michael and Linda's shared possessions. When Linda protested, Jesse pushed her aside and she fell.

Linda called the ROSE advocate, who made a referral for emergency accommodation. From there, Linda moved into her son Henry's house in Keilor, where she is sleeping on the couch. She feels safer but is worried that this is not a long-term solution as the house is crowded, and Michael is unsafe. She deeply misses Michael and her grandchildren and is too far away to regularly attend her church.

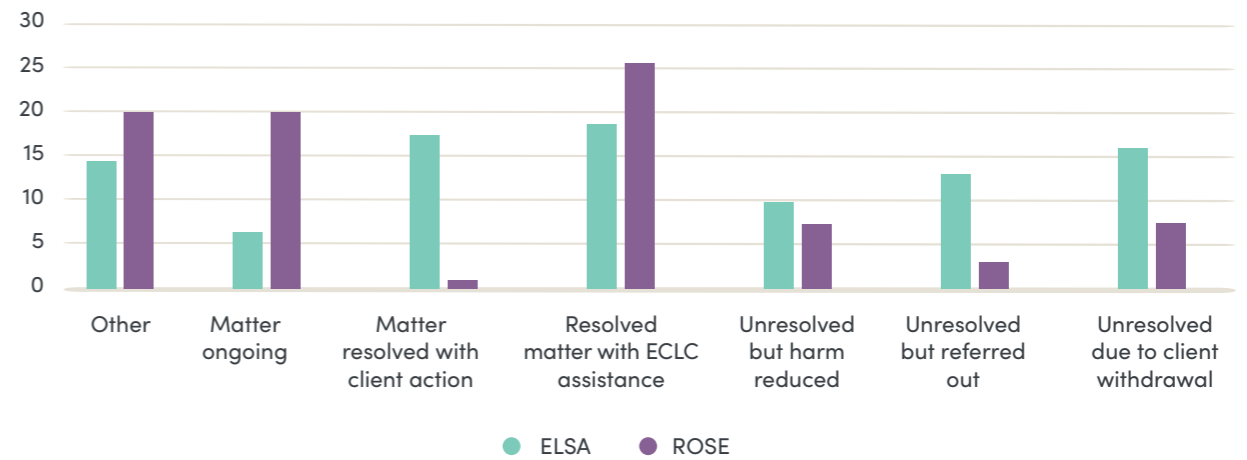
Michael sometimes calls Linda late at night when the household are asleep. He describes feeling stressed but does not want to speak to ROSE or move out, as he feels this will only make things worse. Jesse and Samantha have organised for the couple to be separated with Centrelink, so that Michael can have a higher pension payment which they use for their own bills and groceries. They have been encouraging him to formally separate from Linda.

Snapshot

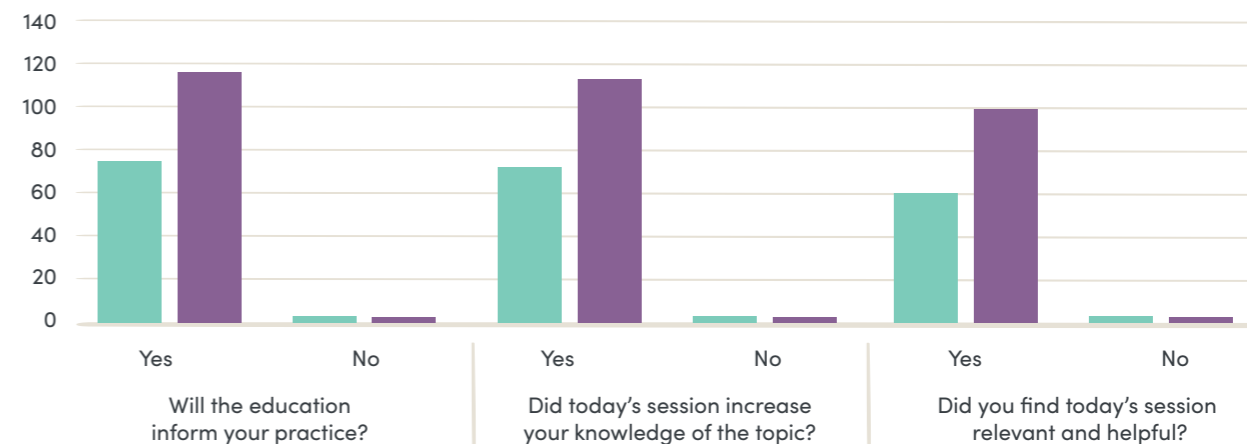
Client satisfaction



Client outcomes



Education outcomes



BOX HILL OFFICE

Suite 3, Town Hall Hub
27 Bank Street
Box Hill VIC 3128

Inner East: serving the
communities of Boroondara,
Manningham and Whitehorse

HEALESVILLE OFFICE

Healesville Community Link
110 River Street
(PO Box 79)
Healesville VIC 3777

Yarra Ranges: serving the
communities of the Yarra Ranges

BORONIA OFFICE

Suite B, 6 Floriston Road
(PO Box 747)
Boronia VIC 3155

Outer East: serving the
communities of Knox and
Maroondah

*ECLC acknowledges the Wurundjeri people of the Kulin Nation,
the traditional custodians of the land across ECLC's region.
We pay our deep respects to the Elders, both past and present.*

1300 32 52 00 * ECLC@ECLC.ORG.AU * WWW.ECLC.ORG.AU

Endnotes

- i Qu et al., National Elder Abuse Prevalence Study: Final Report (2021), available at: https://aifs.gov.au/sites/default/files/publication/documents/2021national_elder_abuseprevalence_study_finalreport.pdf
- ii www.eclc.org.au/elderabuse
- iii <https://www.ag.gov.au/rights-and-protections/publications/final-evaluation-elder-abuse-service-trials-final-report>
- iv Maylea, C et al, Final Evaluation of ECLC's ROSE and ELSA service trials, Melbourne, La Trobe University (2023), p. 8
- v Page 29
- vi Page 13
- vii (pp 13-14)
- viii (p 29)
- ix Page 30
- x Page 13 and Program Logic
- xi Page 47
- xii Page 13
- xiii Page 35
- xiv Page 37
- xv Page 35
- xvi (p 35)
- xvii Page 13
- xviii Page 10
- xix Page 13
- xx Page 15
- xxi Page 11
- xxii Page 23
- xxiii Page 16
- xxiv Page 19
- xxv Page 19
- xxvi Page 17
- xxvii Page 16
- xxviii Page 20
- xxix Page 21
- xxx Page 20
- xxxi Page 24
- xxxii Pages 25 – 27
- xxxiii Page 7
- xxxiv Page 37
- xxxv Page 36
- xxxvi Page 36
- xxxvii Page 36
- xxxviii Page 38
- xxxvix Page 36
- xl Page 38
- xli Page 38
- xlii Page 37