

# Preserving Dignity, Overcoming Conflict

**Adelaide's Eldercaring Coordination Project**

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## **Abstract**

This pilot study set out to assess the feasibility of implementing eldercaring coordination to address the harm caused to older persons in South Australia by high levels of family conflict.

## **Keywords:**

Eldercaring coordination; elder mediation; elder abuse; family conflict

*“Eldercaring coordination is a dispute resolution process during which an EC assists elders, legally authorized decision makers, and others who participate by court order or invitation to resolve disputes with high conflict levels that impact the elder’s autonomy and safety.”<sup>1</sup>*

*“If a dispute cannot be addressed through mediation, a new dispute resolution process called eldercaring coordination may be useful in resolving the increasingly common high-conflict ‘family feud’ situations. According to the Association for Conflict Resolution, eldercaring coordination is a ‘dispute resolution option specifically for high-conflict cases involving the care, needs, and safety of elders.’<sup>2</sup>*

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<sup>1</sup> Linda Fieldstone, Sue Bronson & Michelle Morley, ‘Association for Conflict Resolution Guidelines for Eldercaring Coordinators’ (2015) 53 *Family Court Review* 545, 547.

<sup>2</sup> American Bar Association Commission on Law and Aging, *Guardianship and the Right to Visitation, Communication, and Interaction: A Legislative Fact Sheet* (2018)  
[https://www.americanbar.org/content/dam/aba/administrative/law\\_aging/2018-05-24-visitation-legislative-factsheet.pdf](https://www.americanbar.org/content/dam/aba/administrative/law_aging/2018-05-24-visitation-legislative-factsheet.pdf)

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## EXECUTIVE SUMMARY

There is no doubt that conflict within families can have devastating effects on older persons, particularly when an older person relies on family members to fulfil care needs.<sup>3</sup> The conflict can affect care provision and an older person's ability to exercise agency and autonomy. Family conflict can be directly detrimental to an older person's well-being,<sup>4</sup> and can lead to isolation and loneliness that compound this harm.<sup>5</sup> It may also have a deleterious effect on the health and well-being of other family members, further eroding intra-familial relationships and the care given to the older person.<sup>6</sup> The presence of unresolved conflict in families can also reverberate through later generations.<sup>7</sup>

Eldercaring coordination is a specialised alternative dispute resolution process developed in the United States for high-conflict family disputes involving older adults.<sup>8</sup> Adapted from parenting coordination models,<sup>9</sup> the process was formally established through collaborative efforts beginning in 2012, culminating in the adoption of formal guidelines in 2015.<sup>10</sup> Eldercaring coordination involves court-appointed trained professionals who facilitate communication, develop eldercaring plans, coordinate services, provide education, make recommendations, and serve as mandated reporters, with appointments typically lasting up

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<sup>3</sup> Donna M Wilson, Frederick Anafi, Sophia J Roh & Begona Errasti-Ibarrondo, 'A Scoping Research Literature Review to Identify Contemporary Evidence on the Incidence, Causes, and Impacts of End-of-Life Intra-Family Conflict' (2020) 36 *Health Communication* 1616. <https://doi.org/10.1080/10410236.2020.1775448>; Janice K Kiecolt-Glaser & Tamara L Newton, 'Marriage and Health: His and Hers' (2011) 127 *Psychological Bulletin* 472. <https://doi.org/10.1037/0033-2909.127.4.472>

<sup>4</sup> Shira Offer, 'They Drive Me Crazy: Difficult Social Ties and Subjective Wellbeing' (2020) 61 *Journal of Health and Social Behavior* 418. <https://doi.org/10.1177/0022146520952767>

<sup>5</sup> Julianne Holt-Lunstad, 'The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors' (2017) 27 *Public Policy and Aging Report* 127 (2017) <https://doi.org/10.1093/ppar/prx030>; Carla M Perissinotto, Irena Stijacic Censer & Kenneth E Covinsky, 'Loneliness in Older Persons: A Predictor of Functional Decline and Death' (2012) 172 *Archives of Internal Medicine* 1078. DOI: 10.1001/archinternmed.2012.1993

<sup>6</sup> Amanda E Barnett, 'Adult Child Caregiver Health Trajectories and the Impact of Multiple Roles over Time' (2015) 37 *Research on Aging* 227. doi: 10.1177/0164027514527834.

<sup>7</sup> W Andrew Rothenberg, Jessica M Solis, Andrea M Hussong & Laurie Chassin, 'Profiling Families in Conflict: Multigenerational Continuity in Conflict Predicts Deleterious Adolescent and Adult Outcomes' (2017) 31 *Journal of Family Psychology* 616.

<sup>8</sup> See, generally: Fran L Tetunic, 'Eldercaring Coordination: The New Dispute Resolution Process to Address the Age-Old Problem of Old-Age' (2024) 24 *Pepperdine Dispute Resolution Law Journal* 269.

<sup>9</sup> Linda Fieldstone, *White Paper: The Concept of Eldercaring Coordination: Applying Parenting Coordination to High Conflict Cases Regarding Elders*, distributed by the Association for Conflict Resolution and Florida Chapter of the Association of Family and Conciliation Courts (2012); Pamela B Teaster & Megan L Dolbin-MacNab, 'The Use of Eldercaring Coordination for Resolving Cases Involving Older Adults and High-Conflict Family Dynamics' (2019) 3 *Innovation in Aging* S576 <https://doi.org/10.1093/geroni/igz038.2134>; Amanda Singleton, *Eldercaring Coordination Helps Put an End to Caregiving Legal Battles* (AARP, 25 October 2021) <https://www.aarp.org/caregiving/home-care/info-2021/eldercaring-coordination-legal-disputes.html>

<sup>10</sup> Linda Fieldstone & Sue Bronson, 'Association for Conflict Resolution Guidelines for Eldercaring Coordination: From Conflict to Collaboration Toward the Care and Safety of Elders' (2015) 32 *Conflict Resolution Quarterly* 413. <http://doi:10.1002/crq.21124>

to two years.<sup>11</sup> Florida's legislative framework (s.44.407) provides the most comprehensive statutory model, establishing formal qualification requirements, safeguards for vulnerable elders, and court oversight mechanisms.<sup>12</sup> Research from Teaster and Dolbin-MacNab indicates positive outcomes including prioritisation of older adults' needs and improved family relationships, though coordinators identify needs for enhanced authority and party cooperation.<sup>13</sup>

Eldercaring coordination differs fundamentally from elder mediation: mediation is voluntary, relatively short-term, and focused on facilitating dialogue without recommendations, whereas eldercaring coordination is more intensive, long-term, and includes monitoring, recommendations, and structured planning.<sup>14</sup> Eldercaring coordination complements supported decision-making (SDM), which has been incorporated into Australian legislation, including the *Aged Care Act 2025* (Cth).<sup>15</sup> SDM focuses on individual decision-making support in low-conflict situations, while eldercaring coordination addresses systemic family conflicts through intensive, professionally supervised intervention.

Significant differences exist between the US and Australian legal landscapes, affecting the operation of eldercaring coordination in each country. In the US, eldercaring coordination operates through court orders that mandate participation in adversarial litigation systems. By contrast, Australia's tribunal-based system operates through specialised tribunals rather than courts, providing more efficient, cost-effective, and less adversarial processes, with greater flexibility to craft creative solutions. Currently, Australia has no court-mandated eldercaring coordination equivalent, and tribunals typically provide minimal post-order follow-up once guardianship or administration orders are made. This creates a critical gap: families often continue experiencing conflict that undermines effective guardianship yet receive no ongoing support to manage these dynamics. Eldercaring coordination could directly address this limitation by providing sustained post-appointment monitoring and support to ensure guardianship arrangements function effectively, while maintaining accountability and reducing the risk of abuse. The flexibility of Australian tribunals presents

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<sup>11</sup> Karl Pillemer, David Burnes, Catherine Riffin and Mark S Lachs, 'Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies' (2016) 56 *Gerontologist* S194; Michelle Morley, Linda Fieldstone & Sue Bronson, 'Eldercaring Coordination: Addressing the Storm of Contentious Family Relationships Jeopardizing the Welfare of Aging Loved Ones' (2022) 39 *GPSolo* 35, 37.

<sup>12</sup> See Appendix 1.

<sup>13</sup> Pamela B Teaster & Megan L Dolbin-MacNab, 'The Use of Eldercaring Coordination for Resolving Cases Involving Older Adults and High-Conflict Family Dynamics' (2019) 3 *Innovation in Aging* S576 <https://doi.org/10.1093/geroni/igz038.2134>

<sup>14</sup> Eldercaring coordinators and elder mediators are required to adhere to the Elder Mediation International Network's (EMIN's) *Code of Ethics for Elder Mediators* - <https://elder-mediation-international.net/code-professional-conduct/>

<sup>15</sup> Eileen O'Brien, Ben Livings & Dale Bagshaw, 'Exploring Eldercaring Coordination as a Way to Safeguard the Rights of Older People: A Case Study from South Australia' (2026) *Family Court Review* (forthcoming).

an opportunity to integrate eldercaring coordination as a complementary mechanism, rather than seeking to replicate the more rigid US court model.

The Adelaide pilot program demonstrated clear applicability within South Australia and, it is suggested, other Australian jurisdictions. The project reveals potential for three primary integration points: pre-tribunal referral before formal proceedings commence, concurrent tribunal integration alongside guardianship orders, and post-appointment support for appointed guardians. Furthermore, beyond tribunals, eldercaring coordination can function within the Adult Safeguarding Unit (ASU) and the Office of the Public Advocate (OPA) as a preventive intervention tool, and through community-based pathways, including community legal centres, aged care providers, and general practitioners, creating early - intervention opportunities before crises emerge.

Successful implementation will benefit from multiple strategic partnerships, including the South Australian Civil and Administrative Tribunal (SACAT), Relationships Australia South Australia (RASA), SA Health, ASU, OPA, and broader national partners such as Relationships Australia's network, superannuation funds, health insurance providers, and the civil and administrative tribunals of other Australian jurisdictions. Structural adaptations include appointment mechanisms aligned with tribunal authority, professional credentialing that builds on elder mediation qualifications, and public funding mechanisms through aged care provisions or tribunal services. Public awareness campaigns promoting eldercaring coordination as a proactive service are essential, with multiple entry points that ensure families can self-refer, professionals can refer when identifying concerning dynamics, or tribunals can mandate participation.

Eldercaring coordination addresses Australia's guardianship system limitations -including over-utilisation,<sup>16</sup> inadequate oversight, and binary capacity approaches - by providing pre-tribunal conflict resolution, preserving autonomy, and enhancing guardian monitoring.<sup>17</sup> Rather than replacing existing structures, it would complement tribunal processes, SDM frameworks, and mediation services, creating a graduated response system. The Adelaide pilot provides valuable evidence to inform the development of sustainable implementation models that honour both U.S. innovation and Australia's distinctive legal and service-delivery context.

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<sup>16</sup> South Australian Law Reform Institute, *The Need for New Solutions? Establishing Legal Frameworks for Supported Decision-Making in South Australia* (Report, 2025), xviii.  
<https://law.adelaide.edu.au/ua/media/3462/salri-sdm-report.pdf>

<sup>17</sup> Robyn Olive Carroll & Anita Smith, 'Mediation in Guardianship Proceedings for the Elderly: An Australian Perspective' (2010) 28 *Windsor Yearbook of Access to Justice* 53.

## INTRODUCTION

Familial disputes can produce profoundly damaging consequences for older adults, especially those depending on relatives for their care requirements.<sup>18</sup> Such disputes may compromise the quality of care delivered and diminish an older adult's capacity to maintain autonomy and self-determination. Intrafamilial discord directly undermines the well-being of older adults,<sup>19</sup> and frequently results in social isolation and loneliness that intensify these adverse outcomes.<sup>20</sup> Additionally, such conflict may adversely impact the health and welfare of other family members, further weakening family bonds and the standard of care provided to the older adult.<sup>21</sup> When family conflicts remain unresolved, their effects can extend across subsequent generations.<sup>22</sup>

In the United States, family disputes involving older adults - concerning matters such as guardianship arrangements, care placements, healthcare decision-making, financial management, and family access - frequently escalate into protracted court battles characterised by adversarial proceedings, substantial costs, emotional distress, and outcomes that can be detrimental to the older person's wellbeing. Eldercaring coordination was developed to address these challenges by providing an alternative dispute resolution process in which a trained, impartial coordinator works with the older person, family members, and legally authorised decision-makers to resolve high-conflict disputes regarding the older person's care and safety through facilitated communication, collaborative planning, education about eldercare resources, and decision-making that prioritises the older person's autonomy and preferences. Pilot programs across multiple US states have demonstrated positive outcomes, including reduced court filings, improved

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<sup>18</sup> Donna M Wilson, Frederick Anafi, Sophia J Roh & Begona Errasti-Ibarrondo, 'A Scoping Research Literature Review to Identify Contemporary Evidence on the Incidence, Causes, and Impacts of End-of-Life Intra-Family Conflict' (2020) 36 *Health Communication* 1616.

<https://doi.org/10.1080/10410236.2020.1775448>; Janice K Kiecolt-Glaser & Tamara L Newton, *Marriage and Health: His and Hers* (2011) 127 *Psychological Bulletin* 472. <https://doi.org/10.1037/0033-2909.127.4.472>

<sup>19</sup> Shira Offer, 'They Drive Me Crazy: Difficult Social Ties and Subjective Wellbeing' (2020) 61 *Journal of Health and Social Behavior* 418. <https://doi.org/10.1177/0022146520952767>

<sup>20</sup> Carla M Perissinotto, Irena Stijacic Censer & Kenneth E Covinsky, 'Loneliness in Older Persons: A Predictor of Functional Decline and Death' (2012) 172 *Archives of Internal Medicine* 1078. DOI: 10.1001/archinternmed.2012.1993

<sup>21</sup> Amanda E Barnett, 'Adult Child Caregiver Health Trajectories and the Impact of Multiple Roles over Time' (2015) 37 *Research on Aging* 227. doi: 10.1177/0164027514527834.

<sup>22</sup> W Andrew Rothenberg, Jessica M Solis, Andrea M Hussong & Laurie Chassin, 'Profiling Families in Conflict: Multigenerational Continuity in Conflict Predicts Deleterious Adolescent and Adult Outcomes' (2017) 31 *Journal of Family Psychology* 616.

family communication, better protection of older adults from conflict-related harm, and preservation of family relationships.<sup>23</sup>

To date, eldercaring coordination has not been implemented in Australia, and doing so must take account of the differences in legal systems and institutional structures. Australia's guardianship and administration framework utilises tribunal-based processes that are generally more efficient and cost-effective than the court-based litigation model prevalent in the United States. Furthermore, eldercaring coordination in the US operates through court orders.<sup>24</sup> In contrast, in Australia, such matters are determined by tribunals rather than courts, meaning the court-referral mechanism is not directly applicable. Nevertheless, eldercaring coordination presents compelling features that suggest it could be a valuable intervention if appropriately adapted to Australian conditions and integrated within existing tribunal and service delivery frameworks. This report documents a project that examined eldercaring coordination in an Australian context through a 19-month pilot program in Adelaide, South Australia.

The document comprises four parts. Part one examines eldercaring coordination itself: its development, goals, and purposes. It presents a case study illustrating how eldercaring coordination typically operates in the US.

Part Two outlines key features of the Australian context in which the South Australian pilot study took place. It begins by distinguishing eldercaring coordination from elder mediation, an alternative dispute resolution mechanism that already operates in Australia. It then moves to an overview of the Australian legal landscape and explores how eldercaring coordination could be adapted and integrated within this framework—particularly in light of recent reforms promoting supported decision-making and the implementation of the *Aged Care Act 2024* (Cth).

Part Three discusses the pilot program, which represented a partnership between researchers at the University of South Australia (UniSA) and practitioners at Relationships Australia South Australia (RASA), and evaluates its outcomes.

Part Four examines the path forwards, drawing on both the US research into eldercaring coordination and the findings of the Adelaide pilot study. It explores partnership and integration strategies across multiple sectors, considers how eldercaring coordination can

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<sup>23</sup> Pamela B Teaster & Megan L Dolbin-MacNab, 'The Use of ElderCaring Coordination for Resolving Cases Involving Older Adults and High-Conflict Family Dynamics' (2019) 3 *Innovation in Aging* S576. <https://doi.org/10.1093/geroni/igz038.2134>

<sup>24</sup> See Appendix 1 for the legislative model that operates in Florida.

be integrated with the prevailing supported decision-making framework, and proposes adaptations to Australian conditions, including tribunal-specific limitations, safeguarding systems, and community-based service delivery models that maximise accessibility while ensuring appropriate oversight and protection for older adults.

## **PART ONE – ELDERCARE COORDINATION**

### **What is eldercare coordination?**

Eldercare coordination emerged in the United States as an innovative conflict-resolution process explicitly designed for high-conflict family disputes involving older adults. Adapted from the successful parenting coordination model used in family courts,<sup>25</sup> eldercare coordination was developed through collaborative efforts between American and Canadian organisations beginning in 2012. The Association of Conflict Resolution Task Force and the Florida Chapter of the Association of Family and Conciliation Courts worked together to establish comprehensive guidelines and standardised training protocols, which were formally approved in 2014. Pilot programs launched in five states in 2015 demonstrated that the process could reduce court filings, improve family communication, better protect older people from the negative impacts of family conflict, and help preserve family relationships.<sup>26</sup> The intervention was subsequently recognised by the United Nations in 2018 as an ‘Awareness to Action Model for the Welfare of Ageing Persons’.<sup>27</sup>

The eldercare coordination process involves trained eldercare coordinators (ECs) who assist older adults and their families in navigating intense conflict and complex care needs while safeguarding the older person’s autonomy and dignity. ECs are appointed by courts, typically for terms of up to two years. They must possess qualifying professional credentials in fields such as mental health, law, medicine, or mediation, along with specialised training in elder mediation and eldercare coordination. The EC's role is multifaceted: they facilitate communication among family members, help develop an eldercare plan that centres on the older person's preferences and needs, coordinate services, provide education about eldercare resources, make recommendations for dispute resolution, and make limited decisions within the scope of court orders. Critically, ECs function as mandated reporters of abuse, neglect, and exploitation, maintaining vigilance for risk factors while working within clearly defined professional boundaries. The eldercare plan itself is a dynamic, non-legally enforceable document that is continually reassessed and updated to reflect the older person's evolving circumstances and wishes. Eldercare coordination successfully addresses various disputes, including visitation barriers, communication

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<sup>25</sup> Linda Fieldstone & Sue Bronson, ‘Eldercare Coordination in Your Community or Your Law Practice: New Approaches to Dealing with High-Conflict Families’ (2018) 14 NAELA Journal 27.

<sup>26</sup> Linda Fieldstone & Sue Bronson, ‘Eldercare Coordination in Your Community or Your Law Practice: New Approaches to Dealing with High-Conflict Families’ (2018) 14 NAELA Journal 27.

<sup>27</sup> Linda Fieldstone, Sue Bronson and Michelle Morley, ‘From the Guest Editors’ (2020) 20 ACResolution 4, 5.

breakdowns, care facility disagreements, healthcare decision conflicts, legal authority disputes, and medical treatment disagreements—all while shifting the family's focus from entrenched conflict to collaborative problem-solving centred on the older person's well-being.

Florida has taken the most progressive legislative approach with section 44.407 of the Florida Statutes (2025), which establishes a formal framework for eldercaring coordination as an alternative dispute resolution method. The legislation emphasises that even older people facing diminishing capacity retain the dignity of having their voice heard in decisions affecting them, and that non-adversarial processes focused on the older person's preferences, wants, needs, and autonomy can benefit both older people and their families when resolving disputes. The statute carefully defines key terms, establishes rigorous qualification requirements for coordinators, provides important safeguards for vulnerable elders (including protections in cases involving domestic violence or exploitation), and creates a comprehensive framework for confidentiality, emergency reporting, and liability protection. Florida's approach recognises eldercaring coordination as complementary to—rather than a replacement for—other essential services such as legal representation, financial advice, and therapy. The statute establishes clear parameters for the process, including provisions for court oversight, quality assurance mechanisms, fee allocation based on the parties' financial circumstances, and specific grounds for the removal of a coordinator that protect the coordinator's independence while providing recourse for genuine misconduct. This legislative framework provides a model for formalising eldercaring coordination within a legal system, offering courts an additional tool to protect vulnerable adults while supporting family caregiving relationships.

## **Findings relevant to eldercaring coordination in the United States**

Given the relatively recent development of eldercaring coordination, empirical research assessing its effectiveness remains limited. However, Teaster and Dolbin-MacNab have provided preliminary insights.<sup>28</sup> Their research highlights feedback gathered through post-test evaluations involving 23 judges and court administrators. The findings indicated that eldercaring coordination notably prioritised the needs of older adults and contributed positively to improving family relationships. These findings align closely with observations by Gross in relation to California, although Gross did highlight possible barriers in the court

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<sup>28</sup> Pamela B Teaster & Megan L Dolbin-MacNab, 'The Use of Eldercaring Coordination for Resolving Cases Involving Older Adults and High-Conflict Family Dynamics' (2019) 3 *Innovation in Aging* S576 <https://doi.org/10.1093/geroni/igz038.2134>

system, such as residual resistance from the legal profession, rotation of judges, and the imposition of fees and affordability.<sup>29</sup>

Despite these benefits, Teaster and Dolbin-MacNab also identified areas requiring attention based on a separate survey of 17 ECs. These ECs acknowledged several positive outcomes for older adults and their families. Still, they simultaneously expressed the necessity for enhanced authority in their role, increased support from attorneys, and improved cooperation from the participating parties.<sup>30</sup>

The variance in perceptions between the courts and ECs likely stems from their differing vantage points within the eldercaring coordination process. Courts, positioned at an oversight level, typically focus on broader outcomes, such as resolving conflicts and improving family relationships. Conversely, ECs, who engage directly and consistently with families, experience firsthand the operational and interpersonal complexities involved in coordination activities. As a result, ECs are more attuned to practical challenges—including issues of authority, cooperation, and communication—which might be less visible to the courts.

The future development of eldercaring coordination in the United States continues to evolve as the nation experiences unprecedented growth in its ageing population. This is also something faced by nations like Australia.<sup>31</sup> As awareness of elder abuse and exploitation increases, eldercaring coordination provides courts with an additional tool to protect vulnerable adults while supporting family caregiving relationships. Professional organisations continue to refine best practices and training standards for ECs, while researchers study outcomes to improve effectiveness. The expansion of this approach represents a significant shift in addressing disputes relating to the care of older people, moving from adversarial legal proceedings towards collaborative problem-solving that prioritises the older person's preferences, needs, and quality of life while acknowledging the importance of family relationships in providing care and support.

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<sup>29</sup> Sarah Gross, 'Eldercaring Coordination: A Dispute Resolution Option for High Conflict Elder Disputes in California' (2020) 29 Southern California Interdisciplinary Law Journal 293, 310.

<sup>30</sup> Pamela B Teaster & Megan L Dolbin-MacNab, 'The Use of Eldercaring Coordination for Resolving Cases Involving Older Adults and High-Conflict Family Dynamics' (2019) 3 Innovation in Aging S576 <https://doi.org/10.1093/geroni/igz038.2134>

<sup>31</sup> Lixia Qu, Rae Kaspiew, Rachel Carson, Dinika Roopani, John De Maio, Jacqui Harvey & Briony Horsfall, *National Elder Abuse Prevalence Study: Final Report* (Australian Institute of Family Studies, 2021), 2; Karl Pillemer, David Burnes, Catherine Riffin and Mark S Lachs, 'Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies' (2016) 56 Gerontologist S194.

## **Eldercaring coordination in practice**

While the preceding section addressed the fundamental principles of eldercaring coordination with reference to Florida's statutory provisions, attention now turns to a practical illustration of its implementation through a US-based case study.

### **Case study - Harold**

The fictionalised case of Harold presents a typical case that is suitable for eldercaring coordination and documents the process that would be followed under Florida's legislative regime. It is reproduced here to illustrate how eldercaring coordination is used to address conflict and to serve as a reference point for the progress and outcomes of the pilot study carried out in South Australia.

Harold Williamson, 87, is retired and has been living alone in his family home since his wife's death three years ago. Recently, Harold has been experiencing significant cognitive decline with periods of confusion, and his primary care physician has diagnosed him with mid-stage Alzheimer's disease. He has four adult children:

- Eleanor, 61, the oldest daughter, who lives in the same suburb and has been managing Harold's finances and medical appointments.
- Thomas, 58, who lives two hours away and visits monthly.
- Patricia, 55, who lives in another state but calls weekly.
- Robert, 52, the youngest, who lives nearby but has been estranged from Eleanor for over a decade.

### **The Escalating Conflict**

The family situation deteriorated rapidly when Eleanor petitioned for guardianship of Harold without informing her siblings. A capacity assessment revealed significantly diminished decision-making capacity and a finding that the guardianship process should proceed. When Thomas discovered this during a routine visit, he immediately filed a counter-petition, claiming Eleanor had been mismanaging their father's finances and isolating him from other family members.

Patricia and Robert quickly became involved, with Patricia supporting Eleanor and Robert siding with Thomas, deepening pre-existing family fractures. The siblings began communicating exclusively through increasingly hostile legal filings:

- Thomas accused Eleanor of elder financial exploitation and filed a motion for emergency guardianship. He made mention of the alleged financial exploitation in the emergency motion.
- Eleanor sought a restraining order against Thomas, on behalf of Harold, claiming he was agitating their father during visits
- Patricia filed to have a neutral professional guardian appointed
- Robert filed affidavits supporting Thomas's position

Within six months, the Williamson family had appeared in court several times, filed numerous motions, and generated significant legal fees. The probate judge, seeing that the legal battles were depleting Harold's assets and causing him distress, ordered the family to participate in eldercaring coordination before proceeding with further litigation.

### **The Court's Intervention**

The judge, who had experience with high-conflict family cases, identified that the family was spending more time fighting each other than addressing Harold's deteriorating condition. His order included:

1. A stay on all non-emergency motions for 90 days.
2. The appointment of an eldercaring coordinator (EC) for a term of up to 2 years to address non-legal matters about Harold's care and safety.
3. A requirement that all siblings attend eldercaring coordination sessions, either in person or virtually; parties can address the court to terminate the process.
4. A directive that Harold be included in the process to the extent his cognitive abilities allowed.

The order specified that while the court would ultimately decide legal issues regarding guardianship, the family needed to address their communication breakdown and develop an eldercare plan, including doable action steps they could take collaboratively to ensure the care, safety, and well-being of Harold.

### **The Eldercaring Coordination Process**

The eldercaring coordinator began with individual meetings with Harold and each sibling:

- Harold expressed confusion about the conflict but clearly stated his wish to remain in his home
- Eleanor felt overwhelmed as the primary caregiver and feared her siblings would place Harold in a facility against his wishes
- Thomas revealed concerns about Eleanor's tight control and suspected financial impropriety
- Patricia expressed guilt about her distance and frustration at being excluded from decisions
- Robert acknowledged his alignment with Thomas stemmed partly from his ongoing conflict with Eleanor over inheritance issues from a family business

The intake, including screening for participation and safety, and orientation session revealed that none of the siblings fully understood Harold's medical condition or care needs, and all the siblings were driven by their personal agendas, operating on assumptions about each other's motives rather than facts. Despite their differences, all the siblings told the Eldercaring Coordinator that they wished Harold could live out his life as healthy as possible, with happier moments spent visiting friends and family.

## **Family Sessions**

The EC structured the family meetings carefully to address family concerns and helped them develop their support network, incorporating experts to assist:

1. **Education Component:** A geriatric specialist provided information about Alzheimer's progression and care requirements
2. **Safety Assessment:** A comprehensive evaluation of Harold's home and care needs was conducted by an occupational therapist
3. **Financial Transparency:** A forensic accountant reviewed Harold's finances in front of all siblings
4. **Communication Protocol:** Rules were established by the EC and family for how siblings would communicate throughout the eldercaring coordination process about Harold's care and well-being
5. **Decision-Making Framework:** A process was created for how the family could enhance informed decision-making going forward

The initial sessions were tense, with siblings frequently resorting to accusations and bringing up past grievances. The EC consistently redirected focus to Harold's needs rather than sibling dynamics.

## **Crisis Point and Breakthrough**

A turning point came when Harold was hospitalised after a fall. The hospital would not discharge him without a clear care plan, forcing the siblings to work together under the EC's guidance. This crisis created the first opportunity for collaboration:

- Thomas and Eleanor worked together to evaluate in-home care options.
- Patricia researched technology solutions for monitoring and safety.
- Robert arranged for home modifications to reduce fall risks.

This experience of functional cooperation, though initially forced by circumstances, demonstrated to the family that collaboration was possible.

## **Resolution Through Court-Ordered Eldercaring Coordination**

After four months of eldercaring coordination, the family began to apply what they had been learning in the eldercaring coordination process, with a focus on promoting their father's quality of life:

### **1. Shared Responsibility Eldercaring Plan:**

- Eleanor would continue managing day-to-day care with professional in-home caregivers.
- Thomas would oversee financial matters with transparent monthly reporting to all siblings.
- Patricia would coordinate medical appointments and treatment decisions remotely.
- Robert would handle home maintenance and transportation needs.
- The two attorneys, one representing each of the sibling alliances, drafted and submitted an agreed order to the court, based upon the contents of the eldercaring plan.

### **2. Financial Arrangement:**

- Siblings will consider funding care needs, proportionate to their financial means, beyond what Harold is able to provide.
- An independent accountant would audit Harold's accounts quarterly.

### **3. Communication Structure:**

- Weekly update emails about Harold's condition.
- Monthly eldercaring coordination video conferences to update the eldercaring plan according to Harold's current needs and ongoing care
- A shared digital calendar for appointments and visits.

#### **4. Legal Resolution:**

- The siblings agreed to a limited co-guardianship between Eleanor (for person) and Thomas (for property), submitted to the court by their attorneys.
- Regular court review of the guardianship arrangement.
- Status conference every six months, if needed, to support the eldercaring coordination process.

The judge approved the agreement and dismissed the competing petitions, while maintaining court oversight through quarterly status reports from the guardians.

### **Outcomes and Impact on Court Proceedings**

Six months after the EC was appointed:

#### **1. Reduced Court Involvement:**

- Court appearances decreased from monthly to quarterly.
- Emergency filings stopped completely.
- The judge reported saving approximately 40 hours of court time.

#### **2. Resource Efficiency:**

- Legal fees decreased by 85%.
- Harold's estate preserved more assets for his care.
- Court administrative burden has been reduced significantly.

#### **3. Elder Wellbeing:**

- Harold's condition stabilised with consistent care.
- His anxiety levels decreased as family conflict subsided.
- He was able to remain in his home as he wished.

#### **4. Family Functioning:**

- While not fully reconciled, siblings developed a functional working relationship.
- Communication became more factual and less emotionally charged.
- All siblings reported feeling their input was valued.
- All siblings and their families were able to have ongoing and unobstructed time with Harold.

As the EC is appointed for a term, usually up to 2 years, they remain on hand as required. Therefore, if non-legal issues arise the parties can just contact the EC without the necessity to return to court.

## Systemic Benefits Observed

The court administrator noted several systemic benefits from this case:

1. **Judicial Efficiency:** The reduction in emergency hearings and contentious proceedings freed court resources for other cases.
2. **Precedent Setting:** The judge began referring similar high-conflict families to eldercaring coordination.
3. **Professional Education:** The case was used as a training example for attorneys in the probate division.
4. **Community Resource Development:** The court developed a roster of qualified eldercaring coordinators and a sliding fee scale to ensure access for families of varying financial means.

## Challenges Identified

Despite the success, several challenges were noted that aligned with the research findings:

1. **Initial Resistance:** The siblings were initially skeptical and resistant to eldercaring coordination.
2. **Professional Understanding:** The siblings' attorneys had little understanding of eldercaring coordination and initially advised against meaningful participation.
3. **Ongoing Sustainability:** The EC monitored the family's progress, scheduling meetings according to Harold's needs; the family was able to contact the EC for appointments, receiving quick attention and avoiding adversarial court processes.
4. **Financial Burden:** Even with the sliding scale, the cost of eldercaring coordination was high initially; however, the costs substantially decreased once the family began to implement the new skills taught throughout the process.

## Lessons Learned

This case exemplified several key findings, particularly:

1. **Court Integration:** Eldercaring coordination works most effectively when strongly supported by the court system.
2. **Safety Focus:** Prioritising the elder's safety and wellbeing provided common ground even for deeply divided families.
3. **Professional Training:** ECs with dispute resolution, legal, or mental health backgrounds can each be effective in court-referred cases.

4. **Clear Expectations:** Setting concrete expectations about the process improved family buy-in.
5. **Crisis Opportunity:** Acute situations sometimes provide the best opportunity for demonstrating the value of collaboration.

## **PART TWO - ELDERCARE COORDINATION AND THE AUSTRALIAN CONTEXT**

The preceding part detailed the existing operation of eldercaring coordination in some US states, notably Florida. Before moving to consider the operation of the pilot study in South Australia, it is important to set the scene by describing salient aspects of the Australian context.

### **Eldercaring Coordination and Elder Mediation**

Elder mediation is available in both the US and Australia. Although they share some commonalities, eldercaring coordination and elder mediation are two distinct approaches for addressing conflicts and issues related to older adults. Elder mediation and eldercaring coordination are both person-centred and strengths-oriented, ensuring that older persons' rights are upheld and their wishes, needs, and preferences are heard (directly or indirectly), understood, and respected, whether or not they have capacity.<sup>32</sup> While both eldercaring coordination and elder mediation aim to address conflicts involving older people, there are key differences between the two approaches. Eldercaring coordination is typically a more intensive, long-term process, involving a designated EC who, in some US jurisdictions, may be mandated by the courts to work with the family over an extended period. The Eldercaring Coordinator (EC) assists the family in shifting their focus from individual interests and entrenched family conflict to developing and adhering to an eldercare plan that respects and upholds the older person's needs, preferences, and wishes.

In contrast, elder mediation is a relatively short-term voluntary process that focuses on resolving, managing, or transforming conflicts or disputes. It involves the intervention of an impartial third party who facilitates difficult conversations and/or helps to resolve conflicts or disputes among family members, service providers, and/or other persons related to an older person. The elder mediator (EM) does not give advice, make recommendations, or make decisions, but models and encourages respectful communication to help participants have difficult conversations, increase their mutual understanding, identify issues to be resolved, explore possible solutions, and reach mutually acceptable agreements. EMs promote open dialogue, understanding, and consensus-building among the participants.

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<sup>32</sup> Eldercaring coordinators and elder mediators are required to adhere to the Elder Mediation International Network's (EMIN's) *Code of Ethics for Elder Mediators* - <https://elder-mediation-international.net/code-professional-conduct/>

Elder mediation and eldercaring coordination are both processes aimed at addressing the needs, will, and preferences of older adults. Both processes are confidential and involve facilitation by a trained person who acts impartially, but they are structured differently and serve different purposes, as indicated in Table 1.

**TABLE 1 – Comparing key aspects of elder mediation and eldercaring coordination**

	<b>Elder mediation</b>	<b>Eldercaring coordination</b>
Purpose	Aims to facilitate difficult conversations and/or resolve, manage, or transform conflicts or disputes that may arise among family members, caregivers, service providers, or other parties regarding the care, safety, living arrangements, financial, or other matters related to an older adult.	It is a more structured, practical approach that aims to support older adults and their families in managing complex caregiving situations where there are ongoing disputes or high levels of conflict that are not amenable to mediation.
Process	A voluntary, confidential process in which an impartial, trained elder mediator facilitates respectful discussions between the participants, assists them in communicating effectively, identifying issues, developing options, and reaching mutual agreements. The mediator guides the participants to find mutually acceptable solutions, whilst ensuring that the voice of the older person (with or without capacity) is heard (directly or indirectly), understood, and respected. Elder mediation often involves a wide range of participants, including the older person, supportive decision makers, advocates, extended family, service	Trained eldercaring coordinators work with all participants involved to assess the needs of the older adult, facilitate respectful communication, create a comprehensive Eldercaring Plan for the older adult and coordinate activities between various caregivers and family members, often incorporating aspects of mediation but with a broader scope of support. ECs monitor the implementation of the plan, address any emerging issues, and offer recommendations to support more informed decisions,

	<p>providers, and significant others involved with the older person or the issue.</p> <p>In Australia, the parties to a conflict cannot be mandated to participate.</p>	<p>including those related to the eldercaring coordination process.</p> <p>The term of an EC is usually up to two years to provide support and avoid the escalation of family conflict throughout the ageing person's transition.</p>
Focus	<p>The focus of elder mediation is on facilitating open and respectful dialogue and ensuring that the older adult's autonomy, rights, safety, needs, will, and preferences are upheld, and their voice is heard, understood, and respected (including when they lack capacity) when decisions are being made that affect them.</p>	<p>The focus is on supporting older adults' autonomy and safety and developing and monitoring a plan that ensures they receive the care they want and need.</p>

In conclusion, elder mediation is primarily about facilitating difficult conversations and resolving differences, conflicts, or disputes involving older people, ensuring that the older person's autonomy, rights, preferences, and wishes are respected. Where mediation is not appropriate and the existence of conflict in the family is undermining the older person's care, safety, health, wellbeing and eroding their autonomy and ability to make decisions about their own life, eldercaring coordination is primarily about ensuring the older adult's voice and needs are at the centre of the conversation and they are involved in making the decisions and receiving the actions they want.

Generally speaking, both approaches are confidential, promote respectful communication, are strengths-oriented and person-centred, and ensure that the safety of the older person is paramount, the voice of the older person is heard, and their rights, needs, will, and preferences are respected when decisions are being made that affect them.

## **The Australian Guardianship and Administration System and Eldercaring Coordination**

Understanding Australia's tribunal-based guardianship system is essential when considering where eldercaring coordination might fit within existing structures. Unlike US court-based litigation, Australia employs specialised tribunals that prioritise efficiency and cost-effectiveness through less adversarial processes. However, this streamlined approach—while reducing financial burdens and procedural complexity—creates obstacles to sustained therapeutic interventions, such as eldercaring coordination.

The emphasis on rapid resolution inherently favours immediate protective measures (guardianship or administration orders) over extended processes. While this delivers swift protection for vulnerable older people, it can serve as a temporary fix, rather than addressing the underlying family dysfunction and communication failures that created the vulnerability. These fundamental relational problems often persist or re-emerge, necessitating repeated involvement with the tribunal.

In contrast, eldercaring coordination requires prolonged engagement—sometimes spanning years—to systematically restructure dysfunctional family systems and establish enduring communication frameworks. The tribunal model's structural focus on expeditious outcomes inherently resists such extended interventions, despite their potential for more comprehensive, lasting protection of the autonomy and well-being of older people.

### **The Substitute Decision-Making Framework**

Australia's guardianship framework operates under disability-focused legislation that encompasses older populations.<sup>33</sup> A key distinguishing feature is the bifurcation of personal and financial decision-making authority (guardianship and administration, respectively), acknowledging that individuals may require varying levels of support across domains.

Since the 1980s, specialist tribunals have administered these orders, with applications increasing substantially, particularly concerning dementia and age-related conditions.<sup>34</sup> A considerable proportion of these applications involves familial elder abuse.<sup>35</sup> The

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<sup>33</sup> Robyn Olive Carroll & Anita Smith, 'Mediation in Guardianship Proceedings for the Elderly: An Australian Perspective' (2010) 28 *Windsor Yearbook of Access to Justice* 53.

<sup>34</sup> Australian Law Reform Commission, *Elder Abuse: A National Legal Response* (Report No 131, 2017). <https://www.alrc.gov.au/publication/elder-abuse-a-national-legal-response-alrc-report-131/>

<sup>35</sup> Anne Britton, *Elder abuse through the lens of the Guardianship Division of NCAT* (Conference Paper, Blue Mountains Law Society Succession Conference, 2022), 1. <https://ncat.nsw.gov.au/documents/speeches/20220910-speech-britton-elder-abuse.pdf>; Lois Bedson,

framework seeks to balance protective jurisdiction with the rights of individuals with decision-making impairments.<sup>36</sup> These tribunals supervise private appointees and maintain authority to modify or terminate appointments as needed. They facilitate meaningful participation through advocates and interpreters.<sup>37</sup> Unlike traditional adversarial court proceedings, tribunal processes are inquisitorial, prioritising best interests over adversarial positions.<sup>38</sup> This creates a more informal, flexible, and economical system where legal representation is uncommon.<sup>39</sup>

Foundational principles encompass least restrictive intervention, best interests assessment, and honouring expressed wishes and preferences. The system prioritises supported decision-making while recognising that intensive intervention becomes necessary when safety concerns escalate.<sup>40</sup>

## System Limitations and Critique

While Australia's guardianship model provides crucial safeguards in cases involving severe cognitive impairment or abuse, its restrictive character necessitates prioritising less intrusive alternatives. The streamlined tribunal processes minimise the pitfalls of lengthy court proceedings, yet may inadvertently encourage over-utilisation of guardianship, as advocates have cautioned.<sup>41</sup> South Australia's Office of the Public Advocate experienced a doubling of guardianship clients between 2018-19 and 2023-24,<sup>42</sup> and the South Australian

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John Chesterman & Michael Woods, 'The Prevalence of Elder Abuse Among Adult Guardianship Clients' (2018) 18 *Macquarie Law Journal* 15.

<sup>36</sup> Office of the Public Advocate Victoria, *Reflections on guardianship: The law and practice in Victoria* (2023) <https://www.publicadvocate.vic.gov.au/opa-s-work/research/580-reflections-on-guardianship-the-law-and-practice-in-victoria>

<sup>37</sup> Australian Guardianship and Administration Council, *Maximising the participation of the person in guardianship proceedings: Guidelines for Australian tribunals* (2019) <https://www.agac.org.au/assets/documents/Guidelines/AGAC-Best-Practice-Guidelines-2019.pdf>

<sup>38</sup> Robyn Olive Carroll & Anita Smith, 'Mediation in Guardianship Proceedings for the Elderly: An Australian Perspective' (2010) 28 *Windsor Yearbook of Access to Justice* 53, 57.

<sup>39</sup> Linda Pearson, 'The Vision Splendid: Australian Tribunals in the 21st Century' in Anthony J Connolly & Daniel Stewart (eds), *Public Law in the Age Of Statutes: Essays in Honour of Dennis Pearce* (The Federation Press, 2015); Bertus De Villiers, 'Accessibility to Law: Adjusting Court Proceedings to the Modern Era – Novel Practices and Procedures from Down Under' (2016) 14 *New Zealand Journal of Public International Law* 229.

<sup>40</sup> Christine Bigby, Terry Carney, Shih-Ning Then, Ilan Wiesel, Craig Sinclair, Jacinta Douglas & Julia Duffy, *Diversity, Dignity, Equity and Best Practice: A Framework for Supported Decision-Making* (LaTrobe, 2023) [4.1] <https://doi.org/10.26181/21965183.v2>

<sup>41</sup> Cameron Stewart, 'Capacity, Participation and Values in Australian Guardianship Laws' in Camillia Kong, John Coggon, Penny Cooper, Michael Dunne & Alex Ruck Keene, *Capacity, Participation and Values in Comparative Legal Perspective* (Bristol University Press, 2023). <https://doi.org/10.51952/9781529224474.ch008>

<sup>42</sup> Office of the Public Advocate South Australia, *Public Advocate Annual Report 2023-2024* (Report, 2024), 23 [https://www.opa.sa.gov.au/\\_\\_data/assets/pdf\\_file/0011/1091891/OPA-Annual-Report-2023-24.pdf](https://www.opa.sa.gov.au/__data/assets/pdf_file/0011/1091891/OPA-Annual-Report-2023-24.pdf)

Law Reform Institute recently questioned whether guardianship orders have become a ‘first resort’ rather than the intended ‘last resort’.<sup>43</sup>

There is a broad consensus that substitute decision-making must be strictly limited to last-resort circumstances,<sup>44</sup> requiring robust safeguards and continued emphasis on preserving individual autonomy wherever feasible. Traditional guardianship frameworks have demonstrated substantial shortcomings in this respect. The system remains fundamentally paternalistic, frequently removing essential rights based on medical evaluations that may inadequately reflect the capacity for context-specific decision-making. Oversight mechanisms often prove insufficient, enabling potential abuse by guardians who may prioritise efficiency or convenience over genuine interests and preferences. The binary capacity model—full capacity or complete substitution—fails to acknowledge that many individuals retain capacity for specific decisions while requiring targeted support. This dichotomous approach imposes unnecessary, disproportionate restrictions on autonomy that undermine the dignity and self-determination the system ostensibly protects.

### **Limited Mediation Integration**

Guardianship applications in Australia rarely incorporate mediation due to complex capacity issues and protective jurisdiction requirements.<sup>45</sup> Individuals may lack the cognitive capacity for meaningful participation or agreement comprehension, while privacy legislation restricts essential medical information disclosure. Mediators must ensure agreements serve individuals’ best interests rather than merely resolving family disputes, requiring specialised training in relevant legal frameworks and ethical considerations<sup>46</sup>

Despite these challenges, mediation could be utilised more extensively during pre-application and post-appointment phases to reduce family conflict and foster collaborative decision-making. However, given that individuals with decision-making disabilities may struggle with traditional mediation processes, this approach functions more effectively as a

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<sup>43</sup> South Australian Law Reform Institute, *The Need for New Solutions? Establishing Legal Frameworks for Supported Decision-Making in South Australia* (Report, 2025), xviii.  
<https://law.adelaide.edu.au/ua/media/3462/salri-sdm-report.pdf>

<sup>44</sup> Australian Law Reform Commission, *Elder Abuse: A National Legal Response* (Report No 131, 2017).<https://www.alrc.gov.au/publication/elder-abuse-a-national-legal-response-alrc-report-131/>; South Australian Law Reform Institute, *The Need for New Solutions? Establishing Legal Frameworks for Supported Decision-Making in South Australia* (Report, 2025).  
<https://law.adelaide.edu.au/ua/media/3462/salri-sdm-report.pdf>

<sup>45</sup> Robyn Olive Carroll & Anita Smith, ‘Mediation in Guardianship Proceedings for the Elderly: An Australian Perspective’ (2010) 28 *Windsor Yearbook of Access to Justice* 53, 57.

<sup>46</sup> Dale Bagshaw, Valerie Adams, Lana Zannettino & Sarah Wendt, ‘Elder Mediation and the Financial Abuse of Older People by a Family Member’ (2015) 32 *Conflict Resolution Quarterly* 443.

preliminary family dispute mechanism or follow-up intervention rather than the primary resolution pathway.

## **Supported Decision-Making: Framework and Implementation Challenges**

SDM emerged as a direct response to limitations in guardianship, preserving legal capacity while providing decision-making assistance. Supporters help interpret information, communicate preferences, and implement choices, with decisions emanating from the individual's will and preferences rather than external best-interest assessments.<sup>47</sup>

The South Australian Law Reform Institute has noted widespread recognition that current legislation and practices inadequately embed supported decision-making principles, and has identified strong policy and human rights justifications for reform.<sup>48</sup> Supported decision-making represents a paradigm shift grounded in the Convention on the Rights of Persons with Disabilities (CRPD), with Article 12 emphasising equal legal recognition and appropriate support for capacity-exercise rather than capacity removal through substitution.<sup>49</sup> Unlike traditional guardianship, which appoints surrogate decision-makers, SDM enables individuals to retain legal capacity while receiving assistance with understanding, considering, and communicating decisions.

## **Australian SDM Adoption**

Following CRPD ratification, Australia issued an interpretive declaration maintaining guardianship as a final measure while actively participating in reform through pilot initiatives<sup>50</sup> and government and law reform inquiries.<sup>51</sup> Victoria and Queensland have implemented moderate guardianship amendments incorporating SDM alternatives for

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<sup>47</sup> Christine Bigby, Terry Carney, Shih-Ning Then, Ilan Wiesel, Craig Sinclair, Jacinta Douglas & Julia Duffy, *Diversity, Dignity, Equity and Best Practice: A Framework for Supported Decision-Making* (LaTrobe, 2023) <https://doi.org/10.26181/21965183.v2> ; Shih-Ning Then & Christine Bigby, 'Supported Decision-Making and the Disability Royal Commission' (2024) 11 *Research and Practice in Intellectual and Developmental Disabilities* 86.

<sup>48</sup> South Australian Law Reform Institute, Adelaide, *The Need for New Solutions? Establishing Legal Frameworks for Supported Decision-Making in South Australia* (Report, 2025), xviii. <https://law.adelaide.edu.au/ua/media/3462/salri-sdm-report.pdf>

<sup>49</sup> Christine Bigby, Terry Carney, Shih-Ning Then, Ilan Wiesel, Craig Sinclair, Jacinta Douglas & Julia Duffy, *Diversity, Dignity, Equity and Best Practice: A Framework for Supported Decision-Making* (La Trobe, 2023) <https://doi.org/10.26181/21965183.v2>

<sup>50</sup> Christine Bigby, Jacinta Douglas, Terry Carney, Shih-Ning Then, Ilan Wiesel, Elizabeth Smith, 'Delivering Decision-Making Support to People with Cognitive Disability – What Has Been Learned from Pilot Programs in Australia from 2010-2015' (2017) 52 *Australian Journal of Social Issues* 222.

<sup>51</sup> New South Wales Law Reform Commission, *Review of the Guardianship Act 1987* (Report, 2018). <https://lawreform.nsw.gov.au/completed-projects/recent/guardianship/report-145.html>; Australian Law Reform Commission, *Equality, Capacity and Disability in Commonwealth Laws* (Report 124, 2014). <https://www.alrc.gov.au/publication/equality-capacity-and-disability-in-commonwealth-laws-alrc-report-124/>; Victorian Law Reform Commission, *Guardianship* (Final Report 24, 2012).

tribunal determinations and delegate guardian decision-making.<sup>52</sup> Nevertheless, the Disability Royal Commission emphasised the need for nationally consistent frameworks with comprehensive safeguards and robust oversight to ensure SDM arrangements remain free from conflicts of interest and subject to regular independent review.

### **SDM in the Aged Care Act 2025 (Cth)**

The new *Aged Care Act 2024* (Cth) incorporates two appointment categories that draw on supported decision-making principles: supporters who assist with consent and representatives who exercise discretion when consent cannot be obtained. Both roles emphasise individual will and preferences, though practical implementation remains to be observed. Indeed, Carney, Then and Sinclair identify significant concerns regarding administrative delegate appointments rather than specialist tribunal appointments, creating a process ‘greatly inferior to that available at state/territory level’.<sup>53</sup>

### **SDM Applicability to Older Adults**

Supported decision-making offers promise for elderly populations by promoting autonomy through capacity preservation with appropriate support rather than rights removal via guardianship. This approach reduces dependence on the guardianship system while safeguarding against elder abuse by ensuring that decisions reflect individual will and preferences. When integrated with broader social supports, SDM enables older adults to access healthcare, financial resources, and housing while maintaining decisional control.<sup>54</sup>

However, SDM faces distinct ageing-related challenges that differ from those in disability applications. Progressive cognitive decline, particularly dementia, complicates SDM agreement implementation and maintenance over time, while social isolation undermines models dependent on robust support networks.<sup>55</sup> Healthcare and legal systems often default to surrogate decision-making due to resource constraints, bypassing SDM opportunities.

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<sup>52</sup> Office of the Public Advocate Victoria, *Reflections on Guardianship: The Law and Practice in Victoria* (Report, 2023) <https://www.publicadvocate.vic.gov.au/opa-s-work/research/580-reflections-on-guardianship-the-law-and-practice-in-victoria>; Office of the Public Guardian Queensland, *Structured Decision Making Framework Overview* (2024) [https://www.publicguardian.qld.gov.au/\\_\\_data/assets/pdf\\_file/0005/663431/structured-decision-making-framework-overview.pdf](https://www.publicguardian.qld.gov.au/__data/assets/pdf_file/0005/663431/structured-decision-making-framework-overview.pdf)

<sup>53</sup> Terry Carney, Shih-Ning Then & Craig Sinclair, ‘A New Aged Care Act: Progress in Implementing a Supported Decision-Making Approach in Australia’s Federation?’ (2024) *University of New South Wales Journal Forum* 1,10.

<sup>54</sup> Morgan K Whitlatch & Rebekah Diller, ‘Supported Decision-making: Potential and Challenges for Older People’ (2022) 72 *Syracuse Law Review* 165; Kim Torres, Dale Bagshaw, Joan Braun & Robert Anderson, ‘Detecting and Addressing Elder Abuse Within the Family: An Effective Response Through Eldercaring Coordination’ (2020) 20 *ACResolution* 30.

<sup>55</sup> Meredith Blake, Cameron Stewart, Pia Castelli-Arnold & Craig Sinclair, ‘Supported Decision-Making for People Living with Dementia: An Examination of Four Australian Guardianship Laws’ (2021) 28 *Journal of Law and Medicine* 389.

SDM appears better suited to disability contexts given stronger advocacy movements, stable support networks, and models focused on capacity development rather than reactive responses to age-related functional decline. Enhanced effectiveness requires targeted reforms including ageing-specific research, advance planning integration before cognitive decline, and professional support roles for isolated individuals lacking networks.

### **Distinguishing SDM from Eldercaring Coordination**

While both SDM and eldercaring coordination aim to preserve autonomy and prevent formal legal intervention, they operate through fundamentally distinct mechanisms that address different situational types. Subject to previous observations regarding the *Aged Care Act 2024* (Cth), SDM has primarily focused on individuals with disabilities, providing personalised assistance to understand options, consider consequences, and communicate decisions. The framework centres individual will and preferences as paramount, with supporters functioning as facilitators rather than decision-makers.

Conversely, eldercaring coordination adopts a systemic, family-focused methodology that explicitly engages multiple generational members to address complex interpersonal dynamics. This recognises ageing as influenced by various ecological factors beyond biology. An ecosystems perspective recognises that older adults exist within broader environmental contexts, offering eldercaring coordinators a holistic assessment framework. The emphasis extends beyond individuals to encompass interaction and interdependence within systems, including intergenerational family structures and broader social, political, economic, and cultural contexts.<sup>56</sup>

Rather than focusing solely on individual decision-making capacity, eldercaring coordination acknowledges that disputes relating to the care of older people typically involve broader familial relationship conflicts unresolvable through supporting one person's decision-making in isolation. In the U.S., court-appointed eldercaring coordinators provide structured intervention and ongoing oversight for managing high-conflict family situations.

The temporal and structural distinctions between these processes are equally significant. SDM operates as an ongoing individual-supporter relationship with minimal external oversight unless safeguarding concerns emerge. Eldercaring coordination functions as an extended-duration, professionally supervised intervention with formal safety reporting

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<sup>56</sup> Kristin W Bolton, J Christopher Hall & Peter Lehmann (eds), *Theoretical Perspectives for Direct Social Work Practice. A Generalist-Eclectic Approach* (Springer, 4<sup>th</sup> ed, 2021).

protocols and tribunal oversight. While SDM relies primarily on informal supporter integrity and community accountability, eldercaring coordination provides robust external monitoring through professional practitioners offering continuous support throughout the process.

Furthermore, these approaches address different points on the conflict spectrum. SDM functions effectively in relatively low-conflict situations, such as elder mediation, where trusted supporters can assist without competing family pressures undermining the process. Eldercaring coordination specifically targets high-conflict scenarios in which family dynamics have escalated beyond the capacity of individual support and relationship management, requiring more intensive intervention to prevent the need for substitute decision-making through guardianship proceedings. Beyond SDM processes, eldercaring coordination provides valuable post-appointment support once guardianship or administration orders are in place. Coordinators ensure guardians receive comprehensive situational information and help maintain appropriate professional boundaries by preventing emotional entanglement in family conflicts.

When guardians demonstrate bias, make decisions based on personal convenience rather than elderly individuals' best interests, or fail to fulfill legal obligations, ECs provide independent oversight and corrective guidance. Family conflicts often create significant barriers to guardianship, delaying urgent care or medical treatment decisions. ECs facilitate communication between family members and guardians, helping resolve conflicts that would otherwise impede guardians' ability to act in the best interests of older people. This approach ensures that guardianship arrangements function effectively while maintaining accountability and reducing the risk of abuse within formal substitute decision-making frameworks.

Rather than representing competing approaches, SDM and eldercaring coordination constitute complementary and sometimes concurrent tools within a graduated response system that preserves the autonomy of an older person while providing appropriate levels of protection and oversight based on the situation's complexity and risk.

## **PART THREE – THE PILOT STUDY**

### **Overview**

Having examined the origins and operation of eldercaring coordination in the United States, explored its practical application through Harold's case study, distinguished it from elder mediation, and analysed its relationship to Australia's guardianship and supported decision-making frameworks, attention now turns to empirical assessment of this intervention within the Australian context. Part three presents findings from the pilot study conducted in Adelaide, South Australia, which evaluated the feasibility and effectiveness of eldercaring coordination when adapted to operate within South Australia's existing legal and social service structures. This empirical investigation provides insights into whether eldercaring coordination can successfully address high-conflict disputes in a tribunal-based guardianship system, and identifies both opportunities and challenges encountered during implementation. These findings form the foundation for Part Four's examination of potential pathways for broader implementation of eldercaring coordination across South Australia and beyond.

This part of the report sets out the rationale and implementation details of the pilot study. It then moves on to report and discuss the results, before concluding with suggestions for next steps.

### **Study Design**

The pilot study aimed to assess the appropriateness and effectiveness of eldercaring coordination in South Australia. It was evaluative insofar as it considered the effectiveness of the intervention, but also exploratory, as it sought to examine where eldercaring coordination would sit within service provision in South Australia and the potential pathways into the service.

The pilot study was a collaborative project involving a research team at the University of South Australia (UniSA) and the industry partner and service provider, Relationships Australia South Australia (RASA). RASA describes itself as 'a not-for-profit, secular organisation that is committed to individual, family and community wellbeing by supporting people to improve the quality of their relationships', with programs that 'are designed to enhance relationship health, assist recovery from adverse experiences and

strengthen social cohesion, cultural respect, and community resilience – so that people can thrive'.<sup>57</sup>

The UniSA team was responsible for devising the methodology. As described below, two members of the UniSA research team undertook the eldercaring coordination training and were thus qualified as auditors. This gave them valuable knowledge regarding the aims and processes involved in service delivery. At the conclusion of the pilot, the UniSA team was responsible for collating, analysing, and interrogating the data, and putting together this report.

The RASA team was responsible for the practical implementation of the pilot, such as processing eldercaring coordination referrals, liaising with clients, completing intakes, making referrals to more appropriate services, and managing an eldercaring coordination caseload.

Publicising the pilot was a joint effort. Regular meetings took place between the UniSA and RASA teams; these meetings also often involved a broader cohort of stakeholders, including representatives from the Relationships Australia National Office and two of the U.S.-based originators of eldercaring coordination (who also provided the training). At the conclusion of the pilot, face-to-face meetings between the UniSA research assistant and the ECs also facilitated information sharing.

## **Ethical Considerations**

Ethical approval was sought from and granted by the University of South Australia (UniSA) Ethics Committee. Eldercaring coordination participants were given a consent form to complete, and all data were de-identified. Safety concerns were considered at the outset of each case; where appropriate, cases were screened for elder abuse using established tools, as deemed appropriate by the RASA staff's expertise and experience.

## **Training in Eldercaring Coordination**

Before the service could be delivered, those involved needed to undertake the relevant training. This pilot study marks the first use of eldercaring coordination in Australia, and it was therefore a new process to all involved. This meant that neither RASA as an organisation nor the individual staff members involved in the project had any experience of eldercaring coordination. However, through its Elder Relationship Services, RASA provides counselling and mediation to support families facing complex issues related to ageing. As

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<sup>57</sup> <https://www.rasa.org.au>

an organisation, therefore, RASA is involved in service delivery aimed at ameliorating similar concerns to those addressed in eldercaring coordination. On an individual level, the three RASA staff members identified for service delivery were eligible, based on their qualifications and experience, to act as eldercaring coordinators (ECs) after participating in the eldercaring coordination training.

Training was delivered in an online, intensive format. It took place over three full days in June 2022. The training was delivered to 11 students, including five participants in this pilot project. This included the three RASA employees who were to provide the service in the pilot and two members of the UniSA research team. The latter were not to be accredited as ECs (a lack of the requisite qualifications and experience meant this was not possible for one), but successful completion of the training gave them a working knowledge and understanding of eldercaring coordination and qualified them as ‘auditors’.

### **Timing and duration of the pilot**

The timing and duration of the pilot was subject to negotiation between the UniSA research team and the RASA service providers, and required careful consideration of the environment in which the pilot would run. The study was testing the feasibility and efficacy of eldercaring coordination with limited ability to alter the existing infrastructure to make space for the operation of the pilot study. It was not possible to recreate the conditions under which eldercaring coordination operates in the United States, particularly under the Florida system described above, where it is an integral part of the institutional response to high conflict and where a court can and will mandate attendance and participation in cases where appropriate. In effect, the Florida model comprises a ‘top-down’ approach, whereas the conditions in South Australia necessitated a ‘bottom-up’ approach to recruiting cases for the pilot study.

With these limitations in mind, a key consideration for the team was whether to establish referral pathways before offering the service or to do so concurrently with the pilot; the latter option was chosen (see below for more details). The pilot was subject to a soft launch in November 2022 and set to run until the end of June 2024 (the end of that financial year). Although this gave it an ostensible duration of 19 months, it was anticipated that the referrals would arrive slowly at first – experience confirmed this. As a result, none of the cases received the maximum recommended duration of 24 months, and most received significantly less.

## Recruitment of Participants

In the absence of legislation facilitating a court order for mandatory engagement in eldercaring coordination, it was up to the researchers to identify potential referral pathways. In order to maximise engagement, potential participants were recruited through various means, including the RASA webpage dedicated to the pilot project, the eldercaring coordination pilot project brochure (see Appendix 3), specific information on the Office of the Public Advocate (SA) website, networking opportunities with existing contacts, and word-of-mouth with professionals or agencies known to both RASA and UniSA research teams. It therefore relied on raising awareness of the service's availability, which was publicised simultaneously to the public and to service providers working in cognate areas.

It was anticipated that referrals would come from either older people affected by family conflict, or their family members or friends, or as an internal referral of existing RASA clients, or from the following professional services:

- Office of the Public Advocate
- Aged Rights Advocacy Service
- Public Trustees
- Adult Safeguarding Unit
- General Practitioners
- Hospital-based social workers
- Aged care facilities
- Family law practitioners

Because of the nature of the project, it was not always clear from where a referral had emanated. Table 2 sets out the sources of referrals where known.

**TABLE 2 – Sources of referrals**

Source of referral	Number
Tribunal (South Australian Civil and Administrative Tribunal)	1
Lawyer	1
Medical practitioner/nurse	1
Office of the Public Advocate (SA)	2
Adult Safeguarding Unit	1
Aged Rights Advocacy Service	2

Social worker	2
Aged care or residential care provider	2
Self-referral	5
TOTAL	16

## Data Collection Methods

The principal form of data collection was surveys compiled from an existing set of questions sourced from US projects and honed for the South Australian context. In addition, de-identified case notes and regular communications with the service providers were used to explore each case in detail.

Table 2 sets out the stages and data collection methods. Stage 1 was an enquiry. Minimal information was recorded on the RASA system, aside from whether a referral was made, and, if so, by whom. ECs made efforts to contact every person who enquired about eldercaring coordination, which may have yielded further information, but this was not always successful. No further action was taken.

Stage 2 indicates that at least one intake was completed with one of the parties. ECs supplied the party with an information sheet and consent form as well as the relevant pre-survey (see Appendix 4). Verbal consent was given prior to commencing the intake. Two different pre-surveys were developed – one for the older person, and one for ‘other’ participants such as a spouse, sibling of the older person, adult child, friend, or professional. As intakes were often completed over the phone, the relevant survey (Word format) was emailed to the party upon completion of the intake. They were asked to complete and return both forms to the EC when convenient or email them to the project’s research assistant. On receipt of the signed consent form, the EC or research assistant would sign and date it. The EC also completed a pre-eldercaring coordination survey for the case (see Appendix 4) and emailed it to the project’s research assistant. Any other parties who had an intake were also sent the information sheet, consent form, and relevant pre-survey. When cases did not progress to the next stage, ECs were asked to complete the *"Did NOT proceed" survey (see Appendix 4) and either give or email the eldercaring coordination brochure for their future reference.*

Stage 3 indicates that eldercaring coordination had been agreed to and was progressing.

Stage 4 would have indicated that eldercaring coordination had been completed. Unsurprisingly, none of the cases reached this point. If they had, the procedure was for

those parties to complete their own post-eldercaring coordination survey (see Appendix 4), and for the EC to complete a post-survey. They were also to receive the eldercaring coordination brochure for future reference.

ECs also provided de-identified case notes for each stage 2 and 3 case, whereby stage 3 case notes included details of eldercaring coordination meetings.

**TABLE 3 – Data collected at each stage**

Stage	Descriptor of stage	Data collection methods
1	Enquiry only, no intake completed	Enquiry recorded
2	At least one intake completed	<ul style="list-style-type: none"> <li>○ EC pre-eldercaring coordination survey</li> <li>○ Older person pre-eldercaring coordination survey, pre-eldercaring coordination survey/s completed by other participant/s</li> <li>○ De-identified case notes</li> <li>○ EC Did not proceed survey</li> </ul>
3	At least one meeting attended with EC	Additional pre-surveys by either older person or other participants after their intake
4	Eldercaring Coordination intervention completed	In addition to the pre-surveys and de-identified case notes <ul style="list-style-type: none"> <li>○ EC post-eldercaring coordination survey</li> <li>○ Older person post-eldercaring coordination survey</li> <li>○ Post-eldercaring coordination survey/s completed by other participant/s</li> </ul>

### **Data Analysis Methods**

Data were gathered in various forms (as set out in Table 2) and were amenable to both qualitative and quantitative analysis. It is important to note that the items listed under the ‘data collection methods’ column in Table 2 represent a ‘best case’ that was seldom achieved. It was originally anticipated that the surveys given to and completed by the various participants would constitute the principal dataset on which the pilot would be assessed. However, it was always anticipated that this was subject to their completion. As noted at several points in this report, key features and limitations of the study lie in the lack

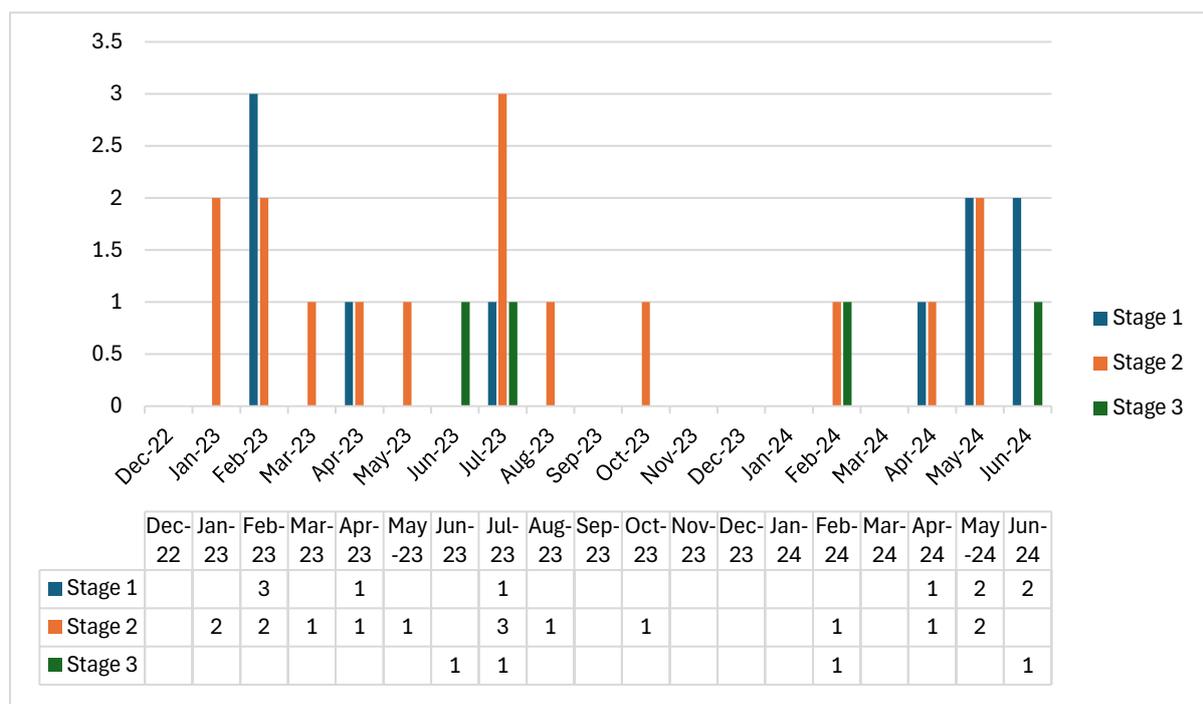
of court referral (and particularly referrals leading to mandatory participation) in this iteration of eldercaring coordination, and the need to work to the protocols and ethical and operational requirements of RASA, the service provider. These constraints made it impossible to enforce the completion of surveys by participants. Attempting to do so may well have led to a greater drop-out rate from the program. The only survey we were confident would be completed was the one completed by the EC at the beginning of each case (the ‘EC pre-eldercaring coordination survey’).

The relatively low volume of cases meant there was no need to use software to interrogate the data; the documentation for each case could be read in full to understand what had happened.

### Progress of referrals over time

As noted above, the pilot underwent a soft launch in November 2022 before referral pathways had been fully interrogated and established. It was therefore expected that there would be a slow start in receiving appropriate referrals. This proved to be true; there were no referrals during the first two months of the pilot, with the first being received in January 2023. It was also expected that referrals would increase in number as the pilot progressed, but as Table 4 shows, this was not the case.

**TABLE 4 – Timeline of enquiries/referrals and stage that each reached**



At first glance, there is little pattern to the volume of referrals over time, but this does not tell the whole story. None of the cases that were initiated in the first six months of the pilot progressed beyond Stage 2, and half of the cases that progressed to Stage 3 were referred in the final five months of the pilot. This is likely to be due to two things: a more honed referral process with those referring having a better understanding of eldercaring coordination, and greater experience and understanding of the process by the ECs and other staff at RASA. These conclusions were confirmed anecdotally in meetings with the ECs. There is also evidence that the ECs became better at recognising appropriate cases, even where those cases did not proceed to eldercaring coordination (see below for more on this).

### **The progress of the cases**

As Table 5 shows, there were 30 enquiries or referrals in total. Of these, 10 were deemed Stage 1, with no intake completed. Little is known about most of these cases, since no questionnaires were completed by either the ECs or the participants, and no meetings took place. A further 16 were deemed Stage 2, meaning that an intake was completed with at least one family member. Those who reached Stage 1 or Stage 2 but did not progress to eldercaring coordination (Stage 3) were either referred to a more appropriate service (such as elder mediation, legal advice, counselling) or discontinued due to the problem(s) being resolved or disengagement by the parties. A further four cases were deemed Stage 3 - intake(s) completed and ECs engaged with family members. None of the cases reached completion (Stage 4), meaning that the file was closed on the case. Each of those who reached Stage 3 was discontinued as an eldercaring coordination case at the completion of the pilot, when the pilot study ceased, and was subsequently accommodated as appropriate into the standard RASA service provision.

**TABLE 5 – Stage reached by cases**

<b>Stage</b>	<b>Descriptor of stage</b>	<b>Number</b>
1	Enquiry only, no intake completed	10
2	At least one intake completed	16
3	At least one meeting attended with EC	4
4	Service completed	0
	TOTAL	30

## **Outcome where cases did not proceed to eldercaring coordination**

Only four of the 30 enquiries progressed to eldercaring coordination, but much can be gleaned from closer examination of the 26 cases that reached Stage 1 or Stage 2 (Table 6 shows what happened to these 26 cases).

**TABLE 6 – Reasons enquiries did not progress to eldercaring coordination cases**

<b>Reasons case did not progress to eldercaring coordination</b>	<b>Number</b>
Intake provided enough information to enable the parties to resolve their issue(s) [i.e. Stage 2 only]	2
Unable to contact the parties after receiving their initial enquiry	5
Referral(s) were made to a more appropriate service(s) [see Table 6]	13
There were safety concerns for the elder or others	0
The initiator believed that eldercaring coordination would not help the situation or may worsen the situation	0
The elder or other(s) would not attend voluntarily	6
<b>TOTAL</b>	<b>26</b>

No cases were discontinued because of safety concerns for the elder or others, or because the initiator believed that eldercaring coordination would not help the situation, or may worsen the situation. However, this does not imply that no safety concerns were raised, as indicated by some of the services to which referrals were made (see Table 7).

## **Reasons for discontinuation**

### **Issues resolved through the intake process**

In two cases, the intake process facilitated conversations between the parties leading to a resolution of the presenting issue or problem. The first case (#174147) was of a 79-year-old man who was in hospital following a hip fracture. The hospital would not discharge him because his wife and two adult children disagreed on where he might live. All three parties had guardianship and could make decisions about where he resided. The man wanted to return home; his children wanted him to; but his wife did not. She wanted him to move to a residential aged care facility. Through the intake process, the man's wife and adult children agreed to have him home, but the initiator (one of the adult children) stated that

they would be interested in returning to the eldercaring coordination process if the situation deteriorated again.

In the other case, resolved through the intake process (#173491), commencing admission to eldercaring coordination facilitated difficult conversations between the older person and his adult children about his reluctance to consider residential aged care. This enabled the older person to understand his family's inability to provide the level of care he needed to remain at home safely.

In both instances, the older person's circumstances improved because the EC directed attention during intake toward the older person's needs rather than the family dispute. Both cases would have been good candidates for eldercaring coordination in the future if conflict resurfaced.

### **Unable to contact the parties after receiving their initial enquiry**

Five cases did not proceed beyond intake because the EC was unable to contact the putative participants. The reasons for discontinuing these cases are not known, but there is some evidence that the underlying conflict was often the reason. For instance, in one case, the would-be participant cited a belief that her family would be unwilling to participate as a reason for discontinuation. The ECs reported that this was also a reason that other cases did not proceed. If this were the case, then making the eldercaring coordination process mandatory may have assisted these families.

### **The elder or other(s) would not attend voluntarily**

Eight of the 26 cases (30%) did not proceed to eldercaring coordination or did not complete because one or more of the parties would not attend voluntarily, or the initiator believed they would not attend voluntarily. Again, the outcome for these families would have been very different if the process had been mandated.

### **Referral(s) were made to a more appropriate service(s)**

Fifteen (58%) of the Stage 1 and Stage 2 cases resulted in a referral to what was considered to be a more appropriate service, as indicated in Table 7.

**TABLE 7 – Referrals to other services**

<b>Agency or service</b>	<b>Number</b>
Counselling for elder or others	5
Financial advice	1
Legal advice	4
Elder Mediation	2
Family Dispute Resolution	1
TOTAL	13

Where these referrals were made, the eldercaring coordination process effectively performed a triage function for families of elders in conflict seeking support. Some cases were referred laterally to: counselling (5); financial advice (1); elder mediation (2); or family dispute resolution (1). Four cases were referred for legal advice. One of these four cases needed advice on appointing attorneys (i.e., an Enduring Power of Attorney) and drawing up wills. Of greater concern, two were referred for legal advice regarding suspicions of abuse of an existing Power of Attorney and potential financial abuse. How many of the referred cases would have found their way to these services anyway is not known.

### **Safety concerns**

For each case that reached Stage 2 or beyond (i.e. 20 of 30 cases), pre-surveys provided some information on safety concerns.

**TABLE 8 – Safety concerns and stages**

<b>Safety concern categories</b>	<b>Stage 2 cases</b>	<b>Stage 3 cases</b>
Neglect or social isolation	4	2
Theft of money, property, or possessions	3	2
Threats made (e.g., cause harm, loss of liberty)	0	1
Intimate partner abuse	1	0
Coercion	3	0
Deception	1	0
Exploitation	1	0

Other	1 (vulnerability due to dementia)	0
None or unclear	8	2

For each of these safety concerns, the extent of the concern was not captured in the pre-surveys. For example, the categories in the above table are as they appeared in the pre-survey, but many of the returned pre-surveys were incomplete. The pre-survey of one Stage 3 case indicated both ‘neglect or social isolation’ and ‘theft of money, property or possessions’, but later in the survey, it was noted that there was a fear that ‘conflict may trigger abuse from carer towards elder’. This suggests the potential for intimate partner abuse, but it was not sufficiently clear to be coded as such.

It is also interesting that in half of these cases, it was either stated that there were no safety concerns for the elder, or it was unclear as to whether there were any safety concerns. The category ‘none or unclear’ might suggest parties were uncomfortable providing information on safety concerns such as coercion, deception, or exploitation – terms frequently used in mediation/conflict discourse – and were therefore inclined to declare that they were ‘unsure’ in relation to safety concerns. This is potentially substantiated by the fact that no perpetrators were identified in any pre-survey. Conversely, it is also possible that, in some instances, the data overstated the level or type of abuse occurring. This aligns with the benefit of the extended term of eldercaring coordination, which gives the EC the opportunity to conduct ongoing screenings to identify relationship patterns that indicate abuse/exploitation.

Whatever information was captured in the pre-surveys, it is important to note that there were no confirmed instances of abuse, no perpetrators identified, and no court or police involvement.<sup>58</sup> As noted above, the conflicts were such that it was common for there to be overlapping and counteraccusations of abuse from warring siblings. In several cases, parties were clearly operating in the dark, holding suspicions and making accusations. A common complaint was that one party, either a partner of the elder or an adult child, was effectively sequestering the elder and preventing contact with the other party, acting as a gatekeeper.

### **Stage 3 cases**

Four cases progressed to Stage 3. Details of these cases are provided in Table 9.

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<sup>58</sup> One case was referred to the Adult Safeguarding Unit and one case was referred to the Uniting Communities Elder Abuse Unit.

**TABLE 9 – Stage 3 cases**

Case #	Source	Safety concerns	Length of conflict	Conflict	Conflict involves	Participants in ECC
CASE A 180801	Self-referred	yes	'many years'	Elder's care arrangements	Partner/carers Son Daughter	Partner/carers Son Daughter
CASE B 181948	ARAS	yes	Over 3 years	Property dispute	Elder Daughter	Elder
CASE C 191877	Self-referred	no	Since husband's stroke in 2020	Elder's care arrangements	Elder Husband Three children	Elder Husband Three children
CASE D 199297	Self-referred	no	Four months	Elder's future care needs	Elder Husband Brother Children	Elder Husband Brother Children

Three of the four cases referred themselves to eldercaring coordination via the Relationships Australia (SA) webpage for the service, and one was referred by the Aged Rights Advocacy Service (ARAS). In all cases but one, elders were active participants. Case A was the exception as the elder had advanced dementia and no capacity to be involved.

### Case A

Case A was the first case in the pilot to progress to eldercaring coordination. It involved complex family dynamics between an 86-year-old woman (the older person), her long-term 70-year-old partner of 40 years, and her two biological children (a son and a daughter) from a previous relationship. The older person was diagnosed with Alzheimer's Disease in 2015, and her partner had been her full-time carer for many years. The couple lived in a house owned and financed by the older person; her partner had a life tenancy in the home. The partner, son, and daughter each held a Power of Attorney, jointly and severally, but her partner had total control over the older person's finances, care, and property. Her children were both executors of her Will and beneficiaries of her estate. The son lived in another state.

The case was initiated by the daughter following an enquiry made through the RASA website in June 2023. The older person was considered not to have capacity and did not participate in any meetings. The older person's partner was a reluctant participant. The

conflict was described as lasting ‘many years’, with previous attempts to resolve it through mediators and the older person’s medical practitioner. However, the current conflict has been ongoing for around three years.

The children reported that their mother’s partner did not communicate with them about their mother’s health, even when she was hospitalised. Previous attempts to organise additional support for their mother and respite for her partner were refused, with the response that ‘she is fine’ and ‘they don’t need anything else’. The relationship between the partner and the children was characterised by entrenched conflict, where he said, ‘the children should focus on their mother and not themselves’, and the son said, ‘he needs ongoing psychiatric help for his narcissism and oedipal complex’.

Concerns expressed were about the older person's care, with references to a lack of stimulation, poor hygiene, and a recent fall. Concerns were also raised regarding perceived ‘gatekeeping’ by her partner, with the children effectively prevented from visiting or calling their mother. More specific concerns related to the partner using the older person’s finances to upgrade the property according to his own wishes, and to his having removed family photos from the home. Safety concerns related to ‘neglect or social isolation’ and ‘theft of money, property or possessions’. It was also noted that the ‘conflict may trigger abuse from carer towards elder’. There were no court orders in place, and authorities were not contacted regarding the safety concerns. Screening was conducted for the participants using the RASA standard abuse screening tool, FL-DOORS.<sup>59</sup>

Intakes were completed with the older person’s partner and both children. The participants agreed to attend a meeting in August 2023 via Telehealth/Phone in shuttle (separate interviews with the coordinator, who took messages between the participants). An eldercaring plan was developed, which consisted of: an agreement that the children would phone their mother’s partner before visiting her, make an appointment for an Occupational Therapy assessment of the home, maintain communication ethics, organise a welfare check with the partner should something happen to him, and that the partner would communicate with the children in cases of injury to their mother. There was no agreement to have a third party visit the older person regularly to assist with showering and stimulation.

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<sup>59</sup> Jennifer E McIntosh & Claire Ralfs, *The FL-DOORS Detection of Overall Risk Screen Framework* (Attorney-General’s Department, 2012); Jennifer E McIntosh, Yvonne Wells & Jamie Lee, (2016). Development and Validation of the Family Law DOORS’ (2016) 28 *Psychological Assessment* 1516; Yvonne Wells, Jamie Lee, Xia Li, Evelyn S Tan & Jennifer E McIntosh, ‘Re-examination of the Family Law Detection of Overall Risk Screen (FL-DOORS): Establishing Fitness for Purpose’ (2018) 30 *Psychological Assessment* 1121. doi: 10.1037/pas0000581.

Follow-up phone calls were made with each party separately in September-October 2023, when all agreed that the eldercaring plan was working well. However, both children continued to voice their concerns for the low level of stimulating activities for their mother and potential abuse of her finances by her partner.

The EC phoned the older person's partner again in March 2024 and May 2024, when he reported that the older person's daughter had come to the property before Christmas 2023, unannounced, and removed a folder containing financial information relating to her mother. She had been asking for that information, but the partner refused to share it. He was considering getting legal advice on the removal of financial information without his consent.

He reported that the animosity between him and his partner's children was causing him so much anger that, at times, he took it out on his partner and was frustrated with her, since these were her children. He felt violated by the children and just wanted them to go away and leave him alone. The eldercaring coordination ended due to a lack of engagement; the parties in conflict refused to speak to each other.

On reflection, the EC believed that this case was appropriate for eldercaring coordination and would have continued to bring benefits if attendance were mandatory (see below for more on this). As it was, neither party would talk to the other, and therefore, the older person was vulnerable.

## **Case B**

Case B was the second to reach stage 3 and thus to enter eldercaring coordination. The case concerned a 78-year-old woman who had been living in an aged care facility for three years and was in a property dispute with the younger of her two daughters and the daughter's husband. Her other daughter was not involved in the dispute and kept out of it.

The case was referred by the Relationships Australia SA (RASA) Supporting Emotional Wellbeing (SEW) team, associated with the aged care facility, and by the Aged Rights Advocacy Service (ARAS). While the property dispute was described as having endured for 'over three years', there had been a longstanding conflict for much longer than that. The older person alleged financial abuse by her daughter and son-in-law.

There is some confusion about the exact facts in this case and the timelines. During the intake with the older person, she stated that her younger daughter had, at some point, asked her and her husband to put their home up as security for the daughter and son-in-law's new

business. The older person's husband (the daughter's father) did not want to do that, but the daughter begged them, and the older person wanted to help. So, the property was put up as security for the business. Unfortunately, the business failed. It was not clear whether the property had been sold since.

The older person, now widowed, says that she hates living in the residential aged care facility and is very distressed about it. She said that she wanted to live in a unit but has no money to do so. She does not understand what legally happened to the property and why she has no legal right to the house. She wants the house sold so she can buy a unit, as she worked hard on that property and does not understand what is going on.

During the intake with the younger daughter, she alleged that her mother (the older person) was a narcissist and that she and her sister suffered greatly growing up. She also said that she was much better off since not speaking to her mother for the past 12 months. The conflict had started when her father passed away (approximately two years before). Before that, they lived for a while in her parents' home and bought food and paid for living expenses to show their appreciation, but her mother seemed to have forgotten. She also believed that her mother would no longer be able to live independently.

Twenty-five years ago, the daughter and her husband were added to the title of her parents' property as security for their business and to obtain a business loan. Both parents would have had to sign the paperwork to alter the title document, but her mother does not recall signing any papers about the title. According to her, they paid her parents \$10,000 in appreciation for being on the title. If the property was sold, she is unsure what percentage they would receive, but she believed it would be 50% to her mother and 50% to themselves. Lawyers were involved in the dispute, including a Greek lawyer to make sure that her mother understood the matter.

The house was put on the market. They had a builder willing to buy the property for \$500k (at the time), but the elder was not willing to accept this amount, believing she could get \$1 million for the property and would not have to share the proceeds.

Unfortunately, no eldercaring coordination meeting was undertaken. The daughter was not willing to attend a meeting as she would not be in the same room as her mother or speak to her. The EC interviewed them separately by phone, however, and offered to facilitate communication between them, which they accepted. The daughter was hoping that her mother would sign the paperwork to sell the property. There was a court hearing set for 22 May 2025, around the ownership of the property and what should happen to it. The older

person was being supported by the Aged Rights Advocacy Service and Legal Aid for the property dispute. As the aged care facility met the elder's care needs, further support through elder mediation was deemed more appropriate once there was an outcome from the court hearing.

This case illustrates the division of labour between the courts for resolving legal disputes and the eldercaring coordination process, which was symbiotic and mutually beneficial. Eldercaring coordination can help streamline the court process while ensuring the older person's safety and well-being. It could not progress here because the eldercaring coordination process was not linked to the court processes.

### **Case C and Case D**

Cases C and D are different from the two cases described above, in that they involved little or no hostility. Instead, the conflict amounted to deficiencies in communication or confusion about what steps to take regarding the welfare of the respective older people.

**Case C** involved the older person, her husband, and two of their three biological children (one son and one daughter). The daughter initiated the referral for eldercaring coordination over concern for her 82-year-old mother's health and welfare as carer for her 83-year-old husband, who had had a stroke several years earlier. There was a Level IV Community Aged Care Package in place,<sup>60</sup> but the children did not talk with each other and their conflict was upsetting to their parents. The EC's pre-survey noted concern about this lack of cooperation amongst the adult children and that what was required was for 'everyone involved to attend meetings and be open to cooperate and support their parents'. No safety concerns were identified. Two eldercaring coordination meetings were held, via phone, where the family developed a crisis plan for each parent if either of them had an adverse event in the future. With this agreement in place between the parents and their children, they were subsequently referred to elder mediation.

**Case D** concerned a 72-year-old woman with Parkinson's Disease and increasing care needs. She was in receipt of a Level III Community Aged Care package,<sup>61</sup> which the family felt was inadequate for her needs. Her principal carer was her 79-year-old husband, who was getting to the point of not being able to provide all the support she needed.

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<sup>60</sup> This is the highest level of government-funded support in Australia and provides extensive in-home services.

<sup>61</sup> This is designed for older people with intermediate care needs.

The participants were the elder, the elder's husband, the elder's brother and the elder's daughter and son-in-law. The elder's brother, daughter and son-in-law all wanted to contribute to care of the elder but also had other responsibilities.

The pre-survey completed by the EC describes them as a 'happy family' who 'just need a plan'. It explicitly states that there is 'no conflict', although this is slightly undercut by later specifying that the conflict had been ongoing for 'four months'. This ambiguity is best explained by a lack of animosity between the parties. The conflict arose from a need for guidance as to what to do. The problem to be addressed was framed as follows: 'Elder requires much support, usually provided by her husband, who is getting to the stage (age) where he cannot do it all, and everyone needs to work together for a new plan'.

### **The cases that might have been**

There were several referrals that were possibly appropriate cases for eldercaring coordination, but did not make it to Stage 3. The majority of these cases (five) reached Stage 2; two reached only Stage 1.

By definition, Stage 1 cases involved limited receipt of information, and there is therefore relatively little to say about the two cases that reached Stage 1. In the documentation relating to one of these cases, there is no indication of why the EC believed this would have been a suitable case for eldercaring coordination. In the other, it is stated that the elder's daughter distrusted RASA as an institution, and that the elder did not persist because she did not want to upset her daughter. It is worth noting that both cases were referred in the final few months of the pilot, which perhaps points to the ECs' growing familiarity with eldercaring coordination and its suitability for different types of cases, and therefore to increased confidence and ability to identify those cases for which it is appropriate.

The cases that reached Stage 2, but which were deemed to have been good candidates for eldercaring coordination and thus for proceeding to Stage 3, warrant further exploration. These cases often involved multiple instances of contact between the ECs and the parties to the conflict. The reasons given for the discontinuation are various, but there is a degree of commonality and some emergent themes that serve to inform the conclusions arising from the pilot study, as illustrated in the following:

**#173195** This case was initiated by the elder's daughter and came to RASA by email contact because of concern for her older mother and father's living situation. The father (husband) was described as stubborn and controlling. The parents lived together with their autistic adult son. Their daughter wanted to assist her mother

and to help care for her. The case did not proceed to eldercaring coordination because the husband refused to engage. The case was referred to a counselling service and to the Uniting Communities Elder Abuse Unit. It is worth noting that this case was early in the pilot study (January 2023) and was the first case to reach Stage 2.

**#177437** This case was referred by the Office for the Public Advocate. The conflict concerned the two adult children (a son and a daughter) of the 75-year-old older person and her partner of 35 years, who had become her carer since she developed Alzheimer's in 2018. There was some conflict in relation to financial issues, but primarily the conflict was around the children's access to their mother and disputes over everyday care arrangements. Although the case did not proceed to eldercaring coordination, there was some promise in the early interactions between the parties and the EC. The partner/carer, in particular, was happy to progress with meetings, as long as they were held on neutral territory. The son of the elder was happy to engage by telephone, but the daughter was unwilling to participate.

**#178456** This case was self-referred through the RASA website and initiated by the older person's daughter. The older person and his second wife (the daughter's stepmother) were hospitalised at the same time. During their hospitalisation, a decision was made by the older person's wife's children (the older person's stepchildren) to place the older person's wife into a residential aged care facility. There were allegations that the older person had been committing financial abuse against his wife, though it was unclear what they related to. The case did not proceed to eldercaring coordination because the older person's daughter did not believe that her step-siblings would agree to take part.

**#182771** The case was referred to RASA by the Office of the Public Advocate. The conflict was between the older person's husband/carer, her siblings and their partners. The context was that, after over 50 years of marriage (no children), the older person had a stroke that left her non-verbal. The husband became the older person's carer and held a Power of Attorney for her. While the older person was in respite care, the husband fell and broke his hip. While he was hospitalised, the Power of Attorney was transferred to the older person's sister, without the husband's knowledge, and allegations of elder abuse were levelled at him.

There was some promise in the early engagement with the EC, with the older person's husband/carer keen to involve longstanding supportive neighbours in the

process. However, progress stalled and the case did not proceed to eldercaring coordination. After receiving legal advice and consulting with his GP, the older person decided that he wanted nothing to do with his family and withheld consent for the EC to contact the older person's sister. He was being supported by the Royal District Nursing Service. It is unclear whether he had reconciled with his wife, or whether the situation regarding the Power of Attorney had been resolved.

**#197637** This case was referred by the Aged Rights Advocacy Service. It involved a dispute between the older person and her two adult daughters, who wanted her to move into residential aged care. For various logistical reasons, the older person did not want this to happen. She said she preferred to continue to live in her own house, while acknowledging that she needed some assistance to do this. The older person also acknowledged the utility of involving a third party in order to help resolve the conflict. As in some of the other cases discussed here, there was some promise in the early stage of the process. The EC noted that in the first call to the eldest daughter she 'became quite emotional and distressed for most of the call, however seemed to feel better by the end of the call after being able to share her story.' However, this willingness dissipated, neither daughter would talk with the EC about their mother's care and the case did not proceed to eldercaring coordination. As in all the other cases, we do not know what happened after this, but, from what is written in the notes, it is difficult to see how the situation would have improved without a third-party intervention.

## **Discussion**

The first thing to note about the cases referred to the South Australian pilot, and particularly those that proceeded to Stages 2 and 3, is the confusion in the participants' accounts.

With a relatively small sample size, it is difficult to provide definitive answers on whether the practice of eldercaring coordination was successful in SA, but the signs are promising, and much of what has been achieved in other jurisdictions also appears pertinent to the South Australian context. Tetunic describes the typical derivation and nature of an Eldercaring Coordination case in the US as follows:

A typical eldercaring coordination case is a court-referred guardianship matter with contentious parties filing numerous, emotionally charged pleadings, often regarding nonlegal issues. The eldercaring coordination process is helpful not only where spite,

intimidation, or vengeance are at play, but also when tempers flare over whether mom should get ice cream or dad should stay up late. The parties are often conflict-driven rather than content-driven, focusing extensively on their problems and disagreements with each other rather than the elder's care and safety.<sup>62</sup>

Here, Tetunic describes the eldercaring coordination procedure and the substantive issues it is designed to deal with. From a procedural point of view, the description does not align with our findings in the South Australian pilot study, which relied on a different source of referrals and therefore often a different type – or stage – of case and level of engagement for participants. The fundamentally different referral system meant that there was no way of mandating participation or ensuring that the parties remained as participants in the process in spite of the service being free.

However, the description of the conflict-driven problems that Tetunic offers is in keeping with the cases that were referred to eldercaring coordination during the pilot. This can be seen most clearly in two of the Stage 3 cases (A and B), but it is also evident in many of the cases that did not proceed, and especially in those cases that reached Stage 2 and were identified by the ECs as well suited to eldercaring coordination.

There were a range of reasons for not proceeding, but it is not difficult to imagine that the problems that first brought the referral could have increased or recurred. That is potentially also true of those cases that either appeared to resolve themselves or were referred to other services. Although it is often stated – and indeed definitional – that eldercaring coordination deals with relational issues, it might also be said that it deals with ‘pre-legal’ issues, since the natural development or rapid escalation of the sorts of issues that are suitable for eldercaring coordination are likely to need to be resolved by tribunals or courts in some way. Eldercaring coordination is a means of keeping these issues away from legal processes where appropriate.

The drop-off in engagement in some cases does not demonstrate that eldercaring coordination would not be useful. Rather, it demonstrates the difficult and sometimes intractable nature of the high-level conflicts that eldercaring coordination is designed to ameliorate and remediate. It would be interesting and potentially very productive to have a mechanism that compels the parties to participate.

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<sup>62</sup> Fran L Tetunic, ‘Eldercaring Coordination: The New Dispute Resolution Process to Address the Age-Old Problem of Old-Age’ (2024) 24 *Pepperdine Dispute Resolution Law Journal* 269, 275.

## **Limitations of the pilot study**

Importantly, the barriers to the implementation of eldercaring coordination in South Australia, and Australia more broadly, go beyond the factors canvassed in this study. For example, the pilot involved provision at no cost to the participants. This was a result of the generosity of RASA and its employees in offering their services to the pilot free of charge.

The most obvious limitation to this study is something that is alluded to at various points in this report: the different institutional and legislative environments of the provision of eldercaring coordination services. In particular, the reliance on voluntary participation probably led to disengagement of parties in some of the cases that would have most benefited from mandatory intervention. This limitation becomes especially apparent when compared to mandatory models in other contexts. The mandatory provision of mediation in parenting disputes in Australia, for example, has been successful in diverting cases from the courts, with evidence showing a 25% reduction in court filings.<sup>63</sup>

Another limitation stems from the provision's novelty. Although eldercaring coordination shares similarities with elder mediation, which is widely accepted and practised in Australia, it remains relatively unknown and is a new approach to dispute resolution. Despite the generous guidance from trainers based in the US, the early stages of the pilot meant that researchers and service providers were still learning about the process and how to implement it in South Australia.

One of the key challenges during the implementation of the service was publicising the resource to relevant professional bodies, agencies, and practitioners. We could not predict how many cases would be referred, so we took a deliberately expansive approach to recruiting cases. It was also impossible to determine the source of a referral because of RASA's intake process. Knowing the sources of referrals would have been helpful in understanding how this 'bottom-up' approach was working and how it might be improved. It is likely that some established organisations working in the space were either unaware of the service or reluctant to publicise or refer to an unknown process with no track record in Australia.

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<sup>63</sup> Rae Kaspiew, Matthew Gray, Ruth Weston, Lawrie Moloney, Kelly Hand, Lixia Qu and the Family Law Evaluation Team, *Evaluation of the 2006 Family Law Reforms* (Australian Institute of Family Studies, 2009).

Working with RASA meant we had to adopt their working practices. The RASA staff received training, but they were not dedicated solely to this project, and any clients taken on as part of the pilot had to be fitted into their existing workloads and schedules.

Eldercaring coordination is often a long and involved process, given the intractability of some of the problems that it is designed to address. The training manuals we worked from recommend an engagement of up to two years for success. The pilot was only able to run for 19 months, and the slow establishment of referral pathways and creation of an educated population meant that no cases were able to take full advantage of the time available for the project. The first case came in January 2023, two months after the pilot was introduced, and the final Stage 3 case was commenced just two months before the pilot concluded. This was long enough to establish a need, but not enough time for a fully rigorous testing of the suitability of eldercaring coordination as a means of addressing high-conflict situations.

## **PART FOUR – WHAT NEXT FOR ELDERCARE COORDINATION IN AUSTRALIA?**

### **Looking forward**

The Adelaide pilot program demonstrated that eldercare coordination has clear applicability within South Australia and potentially across similar Australian jurisdictions. Despite its small size, the pilot provided a useful springboard to larger-scale implementation. It provided insights into process integration and optimal positioning within existing service-provision frameworks. Moving forward, engagement with trained service providers and an informed public will facilitate smoother referral processes and build greater trust among potential partners. Key partnership opportunities exist at both state and national levels.

### **Potential development of strategic partnerships**

Within South Australia, strategic partnerships could include the South Australian Civil and Administrative Tribunal (SACAT), which could integrate eldercare coordination referrals into guardianship proceedings; Relationships Australia South Australia (RASA), which possesses established elder mediation expertise and community connections; SA Health, which encounters family conflict through hospital discharge planning and aged care transitions; the Adult Safeguarding Unit (ASU), which manages elder abuse cases where family conflict is a contributing factor; and the Office of the Public Advocate (OPA), which could utilise eldercare coordination both as a diversion from guardianship and as post-appointment support for complex cases.

Broader national partnerships offer expansion opportunities through Relationships Australia's national network, which could deliver consistent eldercare coordination training and services across jurisdictions; superannuation funds, which increasingly recognise the importance of supporting members navigating aged care decisions and family conflicts that affect retirement planning; and health insurance providers, which could include eldercare coordination as a preventive health service reducing costly family-conflict-related hospitalisations and premature residential care placements.

These partnerships would create multiple referral pathways operating across different intervention points, from early community-based conflict resolution through formal tribunal proceedings to post-guardianship support. This multi-layered approach maximises

the accessibility of eldercaring coordination while ensuring appropriate integration within Australia's distinctive legal and service-delivery landscape.

From an academic perspective, future development could involve an Australian Research Council Linkage grant, partnering with established organisations to expand and formalise eldercaring coordination services across multiple delivery channels.

### **Integration Points Within Tribunal Frameworks**

Australia's tribunal-based system presents both challenges and opportunities for the implementation of eldercaring coordination. Unlike the U.S. court-referral model, Australian tribunals could integrate eldercaring coordination at multiple intervention points throughout the guardianship process.

**Pre-tribunal referral** represents the most promising integration point. When preliminary applications are filed, tribunals could identify high-conflict family situations and refer parties to eldercaring coordination before formal proceedings commence. This would address the tribunal system's tendency towards 'quick-fix' solutions by providing families an opportunity to resolve underlying dysfunction before resorting to substitute decision-making.

**Concurrent tribunal integration** offers another adaptation pathway. Tribunals could appoint eldercaring coordinators alongside guardianship orders, particularly when family conflict appears central to the older person's vulnerability. The coordinator would work with the family throughout the tribunal process.

**Post-appointment support** addresses a critical gap in current Australian practice. Once guardianship orders are made, families often continue experiencing conflict that undermines effective guardianship. Eldercaring coordinators could provide ongoing support to appointed guardians, whether family members or public officials.

### **Integration with the Adult Safeguarding Unit**

Eldercaring coordination offers significant potential within South Australia's adult safeguarding framework, enabling early intervention before matters escalate to tribunal proceedings. The Adult Safeguarding Unit (ASU) regularly receives reports of elder abuse or vulnerability where family conflict is a primary contributing factor. Eldercaring coordination could be a useful addition to the ASU's 'toolbox' as a preventive intervention tool.

This safeguarding integration provides several advantages. It addresses a root cause of vulnerability (family dysfunction and communication breakdown) rather than merely imposing external authority. It conserves tribunal resources by diverting appropriate cases before formal applications are filed. It maintains the older person's autonomy and decision-making capacity while still providing robust protection through the ongoing supportive relationship.

Furthermore, the ASU could develop referral protocols to identify cases suitable for eldercaring coordination: situations involving family conflict without immediate safety risks, cases where the older person retains substantial capacity but faces competing family pressures, and scenarios where relationship repair might enable family-based support rather than formal guardianship. The coordinator's oversight ensures that if abuse or exploitation escalates during the process, appropriate protective action can be taken swiftly.

### **Community-Based Alternative Dispute Resolution**

Eldercaring coordination could also function as a community-accessible alternative dispute resolution service, available through referral pathways outside formal legal proceedings. Community legal centres, family relationships centres, aged care service providers, general practitioners, and community organisations regularly encounter families experiencing conflict about elder care before situations deteriorate to crisis level requiring tribunal intervention. Making eldercaring coordination available through these would create early intervention opportunities.

Community legal centres are particularly well-positioned to offer eldercaring coordination referrals. These centres frequently assist families navigating aged care systems, estate planning, and family disputes, often identifying high-conflict dynamics before they escalate to legal proceedings. A client might present seeking information about guardianship options, revealing underlying family discord about care decisions. Rather than immediately pursuing formal legal remedies, the legal centre could refer the family to an eldercaring coordinator while providing parallel legal advice about rights and options.

Public awareness campaigns would be essential for this community-based model. Just as mediation is now widely understood as an alternative to litigation, eldercaring coordination could be promoted as a specialised service for families experiencing elder care conflicts. Promotional materials through aged care facilities, GP clinics, pharmacies, seniors' organisations, and community centres would educate families about this option. The messaging would emphasise that seeking eldercaring coordination is a proactive,

responsible step—not an admission of failure—when families face difficult care decisions amid conflict.

Funding mechanisms for community-based eldercaring coordination could include aged care service packages (where elder care coordination could be categorised as a support service), Medicare-funded health professional consultations (where coordinators with appropriate qualifications provide care planning and family conferencing), philanthropic funding for pilot programs through community organisations, and sliding-scale private fees based on capacity to pay. The State governments could establish grants programs supporting eldercaring coordination services through existing community legal centres and family relationship centres, recognising the preventive value and cost savings compared to tribunal proceedings.

This community-based model would operate alongside tribunal-integrated eldercaring coordination, creating multiple entry points: families could self-refer before conflicts escalate, professionals could refer when they identify concerning dynamics, or tribunals could mandate participation when families reach formal proceedings. This graduated system ensures eldercaring coordination is available at the appropriate intervention level for each family's circumstances.

### **Complementary Integration with Supported Decision-Making**

Eldercaring coordination could enhance SDM effectiveness in Australia by addressing the systemic family conflicts that often undermine individual support relationships. The *Aged Care Act 2025* (Cth) establishes supporter and representative roles emphasising individual will and preferences. However, when family conflict is high, even well-intentioned supporters may face competing family pressures that compromise their effectiveness.

### **Structural Adaptations for Australian Context**

Several adaptations would maximise eldercaring coordination effectiveness within Australia's distinctive legal landscape. First, appointment mechanisms must align with tribunal authority rather than court orders. Tribunals could incorporate eldercaring coordination referrals into their standard practice directions, with legislative amendments authorising tribunals to order party participation in eldercaring coordination as a condition of proceedings or as part of guardianship orders.

Second, the professional credentialing framework requires careful development. Australia's established elder mediation sector, particularly through organisations such as

Relationships Australia, provides a solid foundation. Eldercaring coordinator training could build upon elder mediation qualifications while adding elements specific to tribunal processes, guardianship law, aged care systems, and the coordinator's extended role including monitoring and recommendations. This creates a distinctive professional pathway without requiring entirely new infrastructure.

Third, funding models need careful consideration given Australia's fee structures differ from those in U.S. litigation. Tribunals operate on a low-cost model where parties often lack legal representation. Eldercaring coordination services would require public funding mechanisms, potentially through aged care service provisions, tribunal support services, or public advocate offices. Sliding fee scales could supplement public funding for families with financial capacity. For example, SACAT could establish a panel of accredited eldercaring coordinators funded through a combination of Medicare rebates for health professional coordinators, legal aid for low-income families, and private fees on a means-tested sliding scale.

Fourth, integration with existing services maximises efficiency. Australia's aged care assessment teams, community care providers, and carer support services could collaborate with eldercaring coordinators to provide comprehensive support. The coordinator functions as a central organising professional who marshals existing resources rather than duplicating services.

### **Addressing Tribunal System Limitations**

Eldercaring coordination directly addresses several criticisms of Australia's guardianship system. The concern about over-utilisation and 'first-resort' guardianship could be mitigated by robust pre-tribunal eldercaring coordination that enables high-conflict families to function, thereby removing the need for formal proceedings, or at least minimising their extent. The paternalistic tendency and binary capacity model could be countered through eldercaring coordination's emphasis on preserving autonomy and developing graduated support structures. The oversight of appointed guardians could be improved by involving ECs.

## CONCLUDING REMARKS

Eldercaring coordination adapted for Australia's tribunal framework represents a valuable addition to existing dispute resolution and decision-making support mechanisms. By integrating eldercaring coordination at multiple intervention points -pre-tribunal, concurrent with proceedings, and post-appointment - Australia could address high-conflict family dynamics that currently drive unnecessary guardianship applications, undermine effective care arrangements, and compromise older adults' wellbeing and autonomy. Rather than replacing existing structures, eldercaring coordination would complement tribunal processes, SDM frameworks, mediation services, and guardianship oversight, creating a graduated response system that matches intervention intensity to conflict complexity. The Adelaide pilot program provides valuable empirical evidence for developing sustainable implementation models that honour both the U.S. innovation and Australia's distinctive legal and service delivery context.

Furthermore, eldercaring coordination has broader primary prevention potential beyond its immediate application to elder abuse cases. Research demonstrates that circumstances addressed by eldercaring coordination frequently co-occur with other forms of family violence, including child maltreatment and gender-based violence,<sup>64</sup> reflecting systemic patterns of conflict and control within families. By intervening in these intergenerational conflictual dynamics, eldercaring coordination could potentially disrupt cycles of violence affecting multiple family members across age groups, contributing to primary prevention efforts more broadly.

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<sup>64</sup> Lixia Qu, Rae Kaspiew, Rachel Carson, Dinika Roopani, John De Maio, Jacqui Harvey & Briony Horsfall, *National Elder Abuse Prevalence Study: Final Report* (Australian Institute of Family Studies, 2021); Ben Mathews, Rosana Pacella, James G Scott, David Finkelhor, Franziska Meinck, Daryl J Higgins, Holly E Erskine, Hannah J Thomas, David M Lawrence, Divna M Haslam, Eva Malacova & Michael P Dunne, 'The Prevalence of Child Maltreatment in Australia: Findings from a National Survey' (2023) 218 *Medical Journal of Australia* S13. DOI: 10.5694/mja2.51873

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## APPENDICES

### **Appendix 1 – Implementing Eldercaring Coordination through statute - Florida's Elder-focused Dispute Resolution Process (Section 44.407)**

Despite growing interest in eldercaring coordination in the United States,<sup>65</sup> including instances of judicial approval,<sup>66</sup> such legislation has not been widely adopted.<sup>67</sup> Florida has taken the most progressive approach with section 44.407 of the Florida Statutes (2025), which introduces an elder-focused dispute resolution process that can be implemented through court order. This section sets out how the legislative framework operates.

The Florida statute establishes a formal framework for eldercaring coordination as an alternative dispute resolution method specifically designed to address conflicts in elder care situations. This approach helps families navigate complex caregiving disagreements while prioritising the dignity and well-being of older adults. Other states have shown interest in this model, but comprehensive legislative adoption remains limited nationwide.

### **The Legislative Intent behind the Implementation of Eldercaring Coordination**

As noted above, section 44.407 of the Florida Statutes establishes an elder-focused dispute resolution process. The legislation stresses the importance of the older person's voice in any decisions made about them:

Denying an elder a voice in decisions regarding himself or herself may negatively affect the elder's health and well-being, as well as deprive the elder of his or her legal rights. Even if an elder is losing capacity to make major decisions for himself or herself, the elder is still entitled to the dignity of having his or her voice heard.<sup>68</sup>

In passing the provision, the Legislature recognised elders' rights to maintain their voices in decisions affecting them, even as their capacity diminishes. The acknowledgment reflects a significant shift toward preserving autonomy and dignity for older adults throughout the ageing process, regardless of cognitive changes. It is also acknowledged that a non-adversarial process focused on the elder's preferences, wants, needs, and autonomy can benefit elders and their families when resolving disputes.<sup>69</sup> It is suggested that this approach represents a significant improvement over traditional adversarial legal

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<sup>65</sup> Eldercaring Coordination, Programs Eldercaring Coordination, <<https://www.eldercaringcoordination.com/programs-1>

<sup>66</sup> Florida Statute § 44.407 <[http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App\\_mode=Display\\_Statute&Search\\_String=44.407&URL=0000-0099/0044/Sections/0044.407.html](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=44.407&URL=0000-0099/0044/Sections/0044.407.html)> See too: Florida Dispute Resolution Center Eldercaring Coordinator's Almanac March 2024. <<https://www.flcourts.gov/content/download/849126/file/eldercaring-coordinators-almanac-september-2022.pdf>>

<sup>67</sup> Fran L Tetunic, 'Eldercaring Coordination: The New Dispute Resolution Process to Address the Age-Old Problem of Old-Age' (2024) 24 Pepperdine Dispute Resolution Law Journal 269.

<sup>68</sup> 44.407 (1)(a).

<sup>69</sup> 44.407 (1)(b).

proceedings that often increase family tensions and rarely address the underlying emotional dynamics at play.<sup>70</sup> Finally, it was made clear that the process was designed to complement, not replace, other services such as legal representation, financial advice, and therapy.<sup>71</sup> This complementary approach recognises the multifaceted nature of elder care challenges, which frequently require coordination across multiple professional disciplines to achieve truly comprehensive solutions.

## **Scope and Application**

Florida's eldercaring coordination process applies to specific "actions" involving elder care and safety.<sup>72</sup> "Action" is defined broadly and includes matters such as capacity determinations. However, this is where the distinction between the court's and the EC's roles comes into full relief. Legal issues that require court adjudication are out of scope of the ECs authority. Therefore, eldercaring coordination could be ordered to mitigate conflict within the family so they can continue to meet the older adult's needs and protect the older adult from family feuds while the legal process continues.

## **Core definitions and parameters**

The legislation offers a number of definitions relating to the process. The following are the most relevant to this paper:

- **Elder**

The term "elder" is used to mean 'a person 60 years of age or older who is alleged to be suffering from the infirmities of aging as manifested by a physical, a mental, or an emotional dysfunction to the extent that the elder's ability to provide adequately for the protection or care of his or her own person or property is impaired'.<sup>73</sup> The term 'elder' is not used in this report, which instead refers to 'older persons' or 'older adults', due to the cultural connotations and potential for confusion in the Australian context.

An "elder" is defined under S44.407 as a person 60 years or older who shows signs of age-related impairments affecting their ability to adequately care for themselves or their property.<sup>74</sup>

- **Care and safety**

"Care and safety" refers to the older person's overall physical, mental, emotional, psychological, and social well-being. It excludes court capacity determinations under s. 744.331(5) and (6) and generally excludes estate planning, agent designations under

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<sup>70</sup> 44.407 (1)(c).

<sup>71</sup> 44.407 (1)(c).

<sup>72</sup> S 44.407(2)(a)(9).

<sup>73</sup> S44.407(2)(c).

<sup>74</sup> S44.407(2)(c).

chapter 709, surrogate designations under chapter 765, trusts, and similar financial matters unless the parties agree otherwise.<sup>75</sup>

### **Process definition and structure**

Pursuant to S44.407(d), "Eldercaring coordination" is described as an elder-focused dispute resolution process where a coordinator assists an elder, legally authorised decision makers, and other participants to resolve disputes regarding the elder's care and safety by:

1. Facilitating effective communication, negotiation, and problem-solving
2. Providing education about eldercare resources
3. Facilitating creation and implementation of an eldercaring plan
4. Making recommendations for dispute resolution
5. Making limited decisions within the court's referral order with prior approval

### **Operational Framework**

Definitions in Ss44.407(e),(f) and (g) establish the fundamental communication, personnel, and planning framework that enables the eldercaring coordination process to function effectively. Therefore, "Eldercaring coordination communication" includes oral, written, or nonverbal communications made during or before coordination activities, excluding statements involving criminal activity or abuse of vulnerable persons.<sup>76</sup> "Eldercaring coordinator" is an impartial third person appointed by the court or designated by parties who meets subsection (5) requirements and assists parties while respecting the elder's autonomy and safety needs.<sup>77</sup> Finally, an "Eldercaring plan" is a continually reassessed, non-legally enforceable document outlining items, tasks, or responsibilities for the elder's care that considers the elder's preferences.<sup>78</sup>

### **Key Participants in the Eldercaring Coordination Process**

The statute carefully defines the various individuals who may be involved in eldercaring coordination, establishing clear roles and relationships:

- **Presiding officer**

"Legally authorised decisionmaker" is an individual designated by the elder or court under chapters 709, 744, 747, or 765 with authority to make specific decisions for the elder. These individuals carry formal legal authority to act on the elder's behalf in specified domains,

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<sup>75</sup> S 44.407(2)(b).

<sup>76</sup> S 44.407(e).

<sup>77</sup> S 44.407(f).

<sup>78</sup> S 44.407(g).

whether through advance directives, guardianship appointments, or other legal mechanisms.<sup>79</sup>

- **Process participants**

"Participant" is a non-party individual who joins coordination by invitation or with the coordinator's consent without having filed pleadings in the action. This category creates flexibility to include important stakeholders—such as family members, caregivers, or professionals—who can contribute valuable perspectives to the process without being formal parties to the legal action.<sup>80</sup>

- **Party**

"Party" includes the elder subject to the action and any individual over whom the court has jurisdiction in the current case. This definition establishes the core individuals who have formal standing in the proceedings, with the elder appropriately positioned as the central focus of the process.<sup>81</sup>

Together, these definitions create a comprehensive framework that recognises the complex web of relationships surrounding elder care decisions while maintaining clarity about who has what type of voice in the process.

## **The Eldercaring Coordination Process**

Eldercaring coordination is recognised in statute as a specialised dispute resolution process that focuses on the elder's care and safety (2)(d). The court may refer parties to this process upon agreement of the parties, the court's own motion, or a party's motion (3)(a).

The process involves an impartial third person (the eldercaring coordinator) who assists elders, legally authorised decision-makers, and other participants in resolving disputes by:

- Facilitating effective communication and problem-solving (2)(d)(1)
- Providing education about eldercare resources (2)(d)(2)
- Creating and implementing eldercaring plans (2)(d)(3)
- Making recommendations for dispute resolution (2)(d)(4)
- Making limited decisions within the court order's scope (2)(d)(5)

The resulting "eldercaring plan" is a continually reassessed document that addresses the elder's care needs and takes into account the elder's preferences, but is not legally enforceable. The eldercaring plan is a dynamic document that serves as a record of small doable tasks that family members will address between meetings, serves as an agenda for each meeting, and as a record of progress. However, it is not a contract or document to be

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<sup>79</sup> S44.407(i).

<sup>80</sup> S44.407(j).

<sup>81</sup> S44.407(k).

submitted to the court. It is updated at each meeting according to the preferences and needs of the older adult.

### **Protections for Vulnerable Elders**

The statute includes important safeguards for those involved. The court cannot refer parties with a history of domestic violence or elder exploitation to eldercaring coordination without consent from all parties.<sup>82</sup> Before accepting such consent, the court must offer each party an opportunity to consult with an attorney or domestic violence advocate, and must consider whether any party has committed acts of exploitation, domestic violence, or shown controlling behaviours.<sup>83</sup> If proceeding with eldercaring coordination despite a history of violence or exploitation, the court must order appropriate safety measures.

### **Eldercaring Coordination and Financial Abuse**

Financial abuse concerns are carefully addressed within the eldercaring coordination process, though with important professional boundaries. The eldercaring coordinator (EC) never assumes an investigative role, as this would create an inappropriate dual relationship. Instead, ECs function as mandated reporters of abuse, neglect, and exploitation.

When allegations of financial exploitation arise, the EC follows a structured approach:

- (1) The coordinator attempts to facilitate transparency through appropriate documentation. For example, suppose an adult child is accused of misappropriating an elder's funds for a personal purchase like a car. In that case, the EC might request bank statements that could clarify how those funds were actually used.
- (2) If transparency cannot be achieved through documentation, the EC fulfills their mandated reporting obligation by notifying the appropriate investigative authority, such as Adult Protective Services.
- (3) Throughout any investigation, the eldercaring coordination process continues. This ongoing facilitation serves two critical purposes: preventing conflict escalation and maintaining the family's focus on the elder's care needs while the investigation proceeds independently.

The EC's involvement with financial matters remains strictly limited to issues directly connected to the older person's immediate care and safety requirements. This might include addressing funds needed for essentials such as nutrition, transportation, or home safety modifications—always maintaining a clear distinction between these practical needs and broader financial disputes.

Where a guardian is suspected of abuse, investigation can proceed through court monitoring of guardian activities or through complaints filed by individuals or agencies.

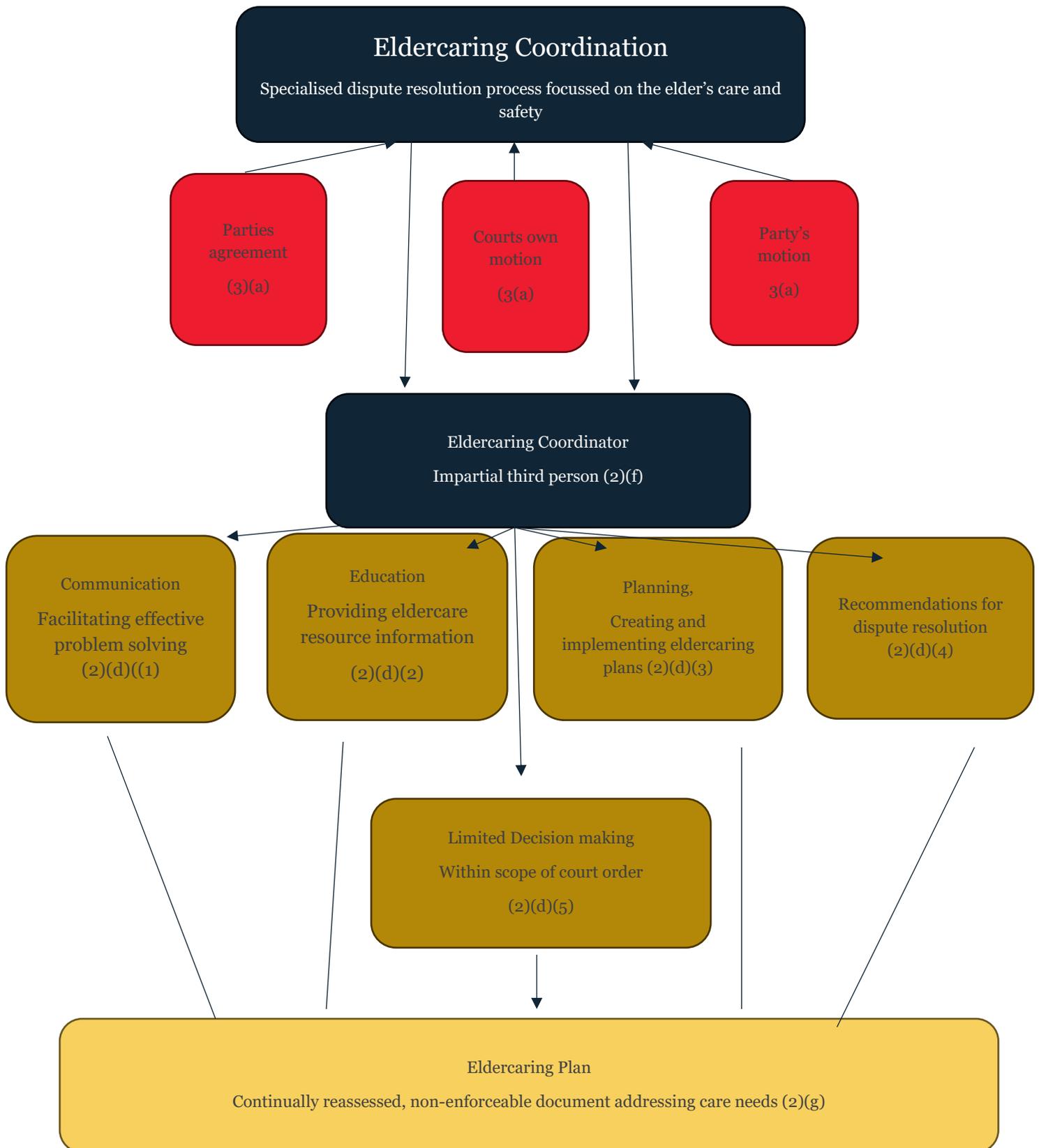
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<sup>82</sup> S 44.407(3)(b).

<sup>83</sup> S44.407(3)(b)(1).

Courts possess several remedial options, including asset freezing, investigator appointment, mandating financial accountings, or ordering restitution for misappropriated assets. In instances where the guardians themselves face abuse allegations, they may be required to demonstrate proper financial management of the incapacitated person's resources. Additionally, courts may appoint a guardian ad litem or specialised investigative entity to examine the allegations thoroughly.

**Schema of the Florida elder focused dispute resolution process**



## **Role and Qualifications of Eldercaring Coordinators**

- **Appointment and Term**

Court appointments of eldercaring coordinators last up to 2 years, with intermittent review hearings.<sup>84</sup> The court's order defines the scope of the coordinator's authority.<sup>85</sup> Parties may move to terminate the appointment at any time, and the court must consider the coordination progress, elder's preference, and the elder's best interest when deciding such motions.<sup>86</sup> The EC may also request to be discharged if unable or unwilling to complete their term; and include if recommending that another EC be designated.

- **Qualifications**

Eldercaring coordinators must meet rigorous professional requirements, including:

- Qualifying professional licensure or certification (mental health professional, psychologist, physician, nurse, mediator, attorney, or professional guardian)<sup>87</sup>
- Three years of post-licensure or post-certification practice<sup>88</sup>
- Completion of family mediation training<sup>89</sup>
- Completion of specialised eldercaring coordinator training (comprised of 16 hours of elder mediation and 28 hours of EC training)<sup>90</sup>
- Passing a Level 2 background screening, which is a comprehensive, fingerprint-based criminal history check required for individuals working in positions of trust or responsibility, particularly those involving vulnerable populations like children, the elderly, and individuals with disabilities. It involves checks of both state and national criminal records.<sup>91</sup>
- No history of being a respondent in protection injunctions<sup>92</sup>

- **Quality assurance and accountability**

The Florida statute establishes a careful balance between coordinator stability and accountability through Ss 44.407(h), which defines 'good cause' for removing an eldercaring coordinator. This definition includes five specific grounds that focus on professional misconduct rather than mere dissatisfaction with outcomes:

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<sup>84</sup> S 44.407(4)(a).

<sup>85</sup> S 44.407(4)(b).

<sup>86</sup> S 44.407(4)(c).

<sup>87</sup> S 44.407(5)(a)(1).

<sup>88</sup> S 44.407(5)(a)(2)(a).

<sup>89</sup> S 44.407(5)(a)(2)(b).

<sup>90</sup> S 44.407(5)(a)(2)(c).

<sup>91</sup> S 44.407(5)(a)(3).

<sup>92</sup> S 44.407(5)(a)(4).

1. Not fulfilling duties and obligations – addressing fundamental performance failures.
2. Failing to comply with court orders – ensuring judicial authority remains respected.
3. Having conflicting interests affecting impartiality – preserving neutrality is essential to the process.
4. Engaging in actions compromising coordination integrity – maintaining professional boundaries.
5. Experiencing a disqualifying event – accommodating significant changes in coordinator circumstances.

Importantly, the statute explicitly excludes disagreements with the coordinator's methods or procedures from constituting 'good cause', which prevents parties from removing coordinators simply because they dislike their approach or decisions. This limitation reflects the legislature's intent to protect the independence of coordinators while still providing recourse when genuine misconduct occurs.

- **Disqualification and Succession**

Coordinators must resign if they no longer meet qualifications or if disqualifying circumstances occur.<sup>93</sup> The court shall remove coordinators upon resignation, disqualification, or good cause<sup>94</sup> and may suspend them pending a removal hearing.<sup>95</sup> If a coordinator resigns, is removed, or suspended, the court may appoint a successor agreed to by the parties or another qualified coordinator.<sup>96</sup>

- **Financial Aspects**

Eldercaring coordination fees are typically divided equally among the parties, though the court may determine unequal allocation based on financial circumstances.<sup>97</sup> Parties claiming inability to pay must complete a financial affidavit.<sup>98</sup> The court cannot order indigent parties to participate unless funds are available through other sources, such as from non-indigent parties who consent, insurance coverage, or pro bono services.<sup>99</sup>

- **Confidentiality and Privilege**

Eldercaring coordination communications are generally confidential and privileged,<sup>100</sup> with specific exceptions including:

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<sup>93</sup> S 44.407(6)(a).

<sup>94</sup> S 44.407(6)(b)

<sup>95</sup> S 44.407(6)(c).

<sup>96</sup> S 44.407(7).

<sup>97</sup> S44.407(8).

<sup>98</sup> S44.407((8)(a).

<sup>99</sup> S44.407(8)(b).

<sup>100</sup> S44.407(9)(a-b).

- Signed agreements<sup>101</sup>
- Information needed for court resolution<sup>102</sup>
- Information about compliance with court orders<sup>103</sup>
- Mandatory abuse/neglect reports<sup>104</sup>
- Information necessary to protect persons from harm<sup>105</sup>
- Professional misconduct investigations<sup>106</sup>
- Criminal activity<sup>107</sup>

Violations of confidentiality may result in remedies including equitable relief, damages, and attorney fees.<sup>108</sup>

- Emergency Reporting and Liability Protection

ECs must immediately inform the court if they make mandatory abuse reports or if a party threatens to kidnap or wrongfully remove an elder from the jurisdiction.<sup>109</sup> They must also report if a party becomes subject to a protection order or is arrested for domestic violence or elder exploitation.<sup>110</sup> Coordinators appointed by the court have liability protection for actions within their duties unless acting in bad faith or with malicious purpose.<sup>111</sup>

- **Oversight and Standards**

The Florida Supreme Court establishes minimum standards for qualification, ethics, discipline, training, and education of eldercaring coordinators.<sup>112</sup> The court may appoint personnel to assist with implementing this section.

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<sup>101</sup> S44.407(9)(c)(1).

<sup>102</sup> S44.407(9)(c)(2).

<sup>103</sup> S44.407(9)(c)(3).

<sup>104</sup> S44.407(9)(c)(7).

<sup>105</sup> S44.407(9)(c)(8).

<sup>106</sup> S44.407(9)(c)(9).

<sup>107</sup> S44.407(9)(c)(11).

<sup>108</sup> S44.407(9)(g).

<sup>109</sup> S44.407(10)(a).

<sup>110</sup> S44.407(10)(b).

<sup>111</sup> S44.407(11)(b).

<sup>112</sup> S44.407(12).

## **Appendix 2 – The 2024 Florida Statutes (Including 2025 Special Session C)**

### Title V

#### JUDICIAL BRANCH

#### Chapter 44

#### MEDIATION ALTERNATIVES TO JUDICIAL ACTION

#### 44.407 Elder-focused dispute resolution process.—

##### (1) LEGISLATIVE FINDINGS.—The Legislature finds that:

(a) Denying an elder a voice in decisions regarding himself or herself may negatively affect the elder’s health and well-being, as well as deprive the elder of his or her legal rights. Even if an elder is losing capacity to make major decisions for himself or herself, the elder is still entitled to the dignity of having his or her voice heard.

(b) In conjunction with proceedings in court, it is in the best interest of an elder, his or her family members, and legally recognised decisionmakers to have access to a non-adversarial process to resolve disputes relating to the elder which focuses on the elder’s wants, needs, and best interests. Such a process will protect and preserve the elder’s exercisable rights.

(c) By recognising that every elder, including those whose capacity is being questioned, has unique needs, interests, and differing abilities, the Legislature intends for this section to promote the public welfare by establishing a unique dispute resolution option to complement and enhance, not replace, other services, such as the provision of legal information or legal representation; financial advice; individual or family therapy; medical, psychological, or psychiatric evaluation; or mediation, specifically for issues related to the care and needs of elders. The Legislature intends that this section be liberally construed to accomplish these goals.

##### (2) DEFINITIONS.—As used in this section, the term:

(a) “Action,” for purposes of using eldercaring coordination solely to address disputes regarding the care and safety of the elder, means a proceeding in which a party sought or seeks a judgment or order from the court to:

1. Determine if someone is or is not incapacitated pursuant to s. 744.331.
2. Appoint or remove a guardian or guardian advocate.
3. Review any actions of a guardian.
4. Execute an investigation pursuant to s. 415.104.

5. Review an agent's actions pursuant to s. 709.2116.
6. Review a proxy's decision pursuant to s. 765.105.
7. Enter an injunction for the protection of an elder under s. 825.1035.
8. Follow up on a complaint made to the Office of Public and Professional Guardians pursuant to s. 744.2004.
9. At the discretion of the presiding judge, address any other matters pending before the court which involve the care and safety of an elder.

The term does not include any action brought under chapters 732, 733, and 736.

(b) "Care and safety" means the condition of the elder's general physical, mental, emotional, psychological, and social well-being. The term does not include a determination of capacity by the court under s. 744.331(5) and (6). Unless the parties agree otherwise, the term does not include matters relating to the elder's estate planning; the elder's agent designations under chapter 709; the elder's surrogate designations under chapter 765; trusts in which the elder is a grantor, fiduciary, or beneficiary; or other similar financially focused matters.

(c) "Elder" means a person 60 years of age or older who is alleged to be suffering from the infirmities of aging as manifested by a physical, a mental, or an emotional dysfunction to the extent that the elder's ability to provide adequately for the protection or care of his or her own person or property is impaired.

(d) "Eldercaring coordination" means an elder-focused dispute resolution process during which an eldercaring coordinator assists an elder, legally authorised decisionmakers, and others who participate by court order or by invitation of the eldercaring coordinator in resolving disputes regarding the care and safety of an elder by:

1. Facilitating more effective communication and negotiation and the development of problem-solving skills.
2. Providing education about eldercare resources.
3. Facilitating the creation, modification, or implementation of an eldercaring plan and reassessing it as necessary to reach a resolution of ongoing disputes concerning the care and safety of the elder.
4. Making recommendations for the resolution of disputes concerning the care and safety of the elder.
5. With the prior approval of the parties to an action or of the court, making limited decisions within the scope of the court's order of referral.

(e) “Eldercaring coordination communication” means an oral or written statement, or nonverbal conduct intended to make an assertion, by, between, or among the parties, participants, or eldercaring coordinator made during the course of eldercaring coordination activity, or before an eldercaring coordination activity if made in furtherance of eldercaring coordination. The term does not include statements made during eldercaring coordination which involve the commission of a crime; the intent to commit a crime; or ongoing abuse, exploitation, or neglect of a child or vulnerable adult.

(f) “Eldercaring coordinator” means an impartial third person who is appointed by the court or designated by the parties and who meets the requirements of subsection (5). The role of the eldercaring coordinator is to assist parties through eldercaring coordination in a manner that respects the elder’s need for autonomy and safety.

(g) “Eldercaring plan” means a continually reassessed plan for the items, tasks, or responsibilities needed to provide for the care and safety of an elder which is modified throughout eldercaring coordination to meet the changing needs of the elder and which takes into consideration the preferences and wishes of the elder. The plan is not a legally enforceable document, but is meant for use by the parties and participants.

(h) “Good cause” means a finding that the eldercaring coordinator:

1. Is not fulfilling the duties and obligations of the position;
2. Has failed to comply with any order of the court, unless the order has been superseded on appeal;
3. Has conflicting or adverse interests that affect his or her impartiality;
4. Has engaged in circumstances that compromise the integrity of eldercaring coordination;  
or
5. Has had a disqualifying event occur.

The term does not include a party’s disagreement with the eldercaring coordinator’s methods or procedures.

(i) “Legally authorised decisionmaker” means an individual designated, either by the elder or by the court, pursuant to chapter 709, chapter 744, chapter 747, or chapter 765 who has the authority to make specific decisions on behalf of the elder who is the subject of an action.

(j) “Participant” means an individual who is not a party who joins eldercaring coordination by invitation of or with the consent of the eldercaring coordinator but who has not filed a pleading in the action from which the case was referred to eldercaring coordination.

(k) “Party” includes the elder who is the subject of an action and any other individual over whom the court has jurisdiction in the current case.

(3) REFERRAL.—

(a) Upon agreement of the parties to the action, the court's own motion, or the motion of a party to the action, the court may appoint an eldercaring coordinator and refer the parties to eldercaring coordination to assist in the resolution of disputes concerning the care and safety of the elder who is the subject of an action.

(b) The court may not refer a party who has a history of domestic violence or exploitation of an elderly person to eldercaring coordination unless the elder and other parties in the action consent to such referral.

1. The court shall offer each party an opportunity to consult with an attorney or a domestic violence advocate before accepting consent to such referral. The court shall determine whether each party has given his or her consent freely and voluntarily.

2. The court shall consider whether a party has committed an act of exploitation as defined in s. 415.102, exploitation of an elderly person or disabled adult as defined in s. 825.103(1), or domestic violence as defined in s. 741.28 against another party or any member of another party's family; engaged in a pattern of behaviors that exert power and control over another party and that may compromise another party's ability to negotiate a fair result; or engaged in behavior that leads another party to have reasonable cause to believe that he or she is in imminent danger of becoming a victim of domestic violence. The court shall consider and evaluate all relevant factors, including, but not limited to, the factors specified in s. 741.30(6)(b).

3. If a party has a history of domestic violence or exploitation of an elderly person, the court must order safeguards to protect the safety of the participants and the elder and the elder's property, including, but not limited to, adherence to all provisions of an injunction for protection or conditions of bail, probation, or a sentence arising from criminal proceedings.

(4) COURT APPOINTMENT.—

(a) A court appointment of an eldercaring coordinator is for a term of up to 2 years, and the court shall conduct review hearings intermittently to determine whether the term should be concluded or extended. Appointments conclude upon expiration of the term or upon discharge by the court, whichever occurs earlier.

(b) The order of appointment by the court shall define the scope of the eldercaring coordinator's authority under the appointment in the action, consistent with this section.

(c) The order shall specify that, notwithstanding the intermittent review hearings under paragraph (a), a party may move the court at any time during the period of appointment for termination of the appointment. Upon the filing of such a motion, the court shall timely conduct a hearing to determine whether to terminate the appointment. Until the court has ruled on the motion, the eldercaring coordination process shall continue. In making the determination, the court shall consider at a minimum:

1. The efforts and progress of eldercaring coordination in the action to date;
2. The preference of the elder, if ascertainable; and
3. Whether continuation of the appointment is in the best interest of the elder.

(5) QUALIFICATIONS FOR ELDERCARING COORDINATORS.—

(a) The court shall appoint qualified eldercaring coordinators who:

1. Meet one of the following professional requirements:

a. Are licensed as a mental health professional under chapter 491 and hold at least a master's degree in the professional field of practice;

b. Are licensed as a psychologist under chapter 490;

c. Are licensed as a physician under chapter 458 or chapter 459;

d. Are licensed as a nurse under chapter 464 and hold at least a master's degree;

e. Are certified by the Florida Supreme Court as a family mediator and hold at least a master's degree;

f. Are a member in good standing of The Florida Bar; or

g. Are a professional guardian as defined in s. 744.102(17) and hold at least a master's degree.

2. Have completed all of the following:

a. Three years of postlicensure or postcertification practice;

b. A family mediation training program certified by the Florida Supreme Court; and

c. An eldercaring coordinator training program certified by the Florida Supreme Court. The training must total at least 44 hours and must include advanced tactics for dispute resolution of issues related to aging, illness, incapacity, or other vulnerabilities associated with elders, as well as elder, guardianship, and incapacity law and procedures and less restrictive alternatives to guardianship; phases of eldercaring coordination and the role and functions of an eldercaring coordinator; the elder's role within eldercaring coordination; family dynamics related to eldercaring coordination; eldercaring coordination skills and techniques; multicultural competence and its use in eldercaring coordination; at least 6 hours of the implications of elder abuse, neglect, and exploitation and other safety issues pertinent to the training; at least 4 hours of ethical considerations pertaining to the training; use of technology within eldercaring coordination; and court-specific eldercaring coordination procedures. Pending certification of a training program by the Florida

Supreme Court, the eldercaring coordinator must document completion of training that satisfies the hours and the elements prescribed in this sub-subparagraph.

3. Have successfully passed a Level 2 background screening as provided in s. 435.04(2) and (3) or are exempt from disqualification under s. 435.07. The prospective eldercaring coordinator must submit a full set of fingerprints to the court or to a vendor, entity, or agency authorized by s. 943.053(13). The court, vendor, entity, or agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing. The prospective eldercaring coordinator shall pay the fees for state and federal fingerprint processing. The state cost for fingerprint processing shall be as provided in s. 943.053(3)(e) for records provided to persons or entities other than those specified as exceptions therein.

4. Have not been a respondent in a final order granting an injunction for protection against domestic, dating, sexual, or repeat violence or stalking or exploitation of an elder or a disabled person.

5. Have met any additional qualifications the court may require to address issues specific to the parties.

(b) A qualified eldercaring coordinator must be in good standing or in clear and active status with all professional licensing authorities or certification boards to which the eldercaring coordinator is subject.

#### (6) DISQUALIFICATIONS AND REMOVAL OF ELDERCARING COORDINATORS.—

(a) An eldercaring coordinator must resign and immediately report to the court if he or she no longer meets the minimum qualifications or if any of the disqualifying circumstances occurs.

(b) The court shall remove an eldercaring coordinator upon the eldercaring coordinator's resignation or disqualification or upon a finding of good cause shown based on the court's own motion or a party's motion.

(c) Upon the court's own motion or upon a party's motion, the court may suspend the authority of an eldercaring coordinator pending a hearing on the motion for removal. Notice of hearing on removal must be timely served on the eldercaring coordinator and all parties.

(d) If a motion was made in bad faith, a court may, in addition to any other remedy authorized by law, award reasonable attorney fees and costs to a party or an eldercaring coordinator who successfully challenges a motion for removal.

(7) SUCCESSOR ELDERCARING COORDINATORS.—If an eldercaring coordinator resigns, is removed, or is suspended from an appointment, the court shall appoint a successor qualified eldercaring coordinator who is agreed to by all parties or, if the parties

do not reach agreement on a successor, another qualified eldercaring coordinator to serve for the remainder of the original term.

(8) FEES AND COSTS.—The eldercaring coordinator’s fees shall be paid in equal portions by each party referred to the eldercaring coordination process by the court. The order of referral shall specify which parties are ordered to the process and the percentage of the eldercaring coordinator’s fees that each shall pay. The court may determine the allocation among the parties of fees and costs for eldercaring coordination and may make an unequal allocation based on the financial circumstances of each party, including the elder.

(a) A party who is asserting that he or she is unable to pay the eldercaring coordination fees and costs must complete a financial affidavit form approved by the presiding court. The court shall consider the party’s financial circumstances, including income; assets; liabilities; financial obligations; and resources, including, but not limited to, whether the party can receive or is receiving trust benefits, whether the party is represented by and paying a lawyer, and whether paying the fees and costs of eldercaring coordination would create a substantial hardship.

(b) If a court finds that a party is indigent based upon the criteria prescribed in s. 57.082, the court may not order the party to eldercaring coordination unless funds are available to pay the indigent party’s allocated portion of the eldercaring coordination fees and costs, which may include funds provided for that purpose by one or more nonindigent parties who consent to paying such fees and costs, or unless insurance coverage or reduced or pro bono services are available to pay all or a portion of such fees and costs. If financial assistance, such as health insurance or eldercaring coordination grants, is available, such assistance must be taken into consideration by the court in determining the financial abilities of the parties.

(9) CONFIDENTIALITY; PRIVILEGE; EXCEPTIONS.—

(a) Except as provided in this subsection, all eldercaring coordination communications are confidential. An eldercaring coordination party, participant, or eldercaring coordinator may not disclose an eldercaring coordination communication to a person other than another eldercaring coordination party, participant, or eldercaring coordinator, or a party’s or participant’s counsel. A violation of this subsection may be remedied as provided in paragraph (g). If the eldercaring coordination is court ordered, a violation of this subsection may also subject the eldercaring coordination participant to sanctions by the court, including, but not limited to, costs, attorney fees and costs, and eldercaring coordinator’s fees and costs.

(b) An eldercaring coordination party, participant, or eldercaring coordinator has a privilege to refuse to testify and to prevent any other person from testifying in a subsequent proceeding regarding eldercaring coordination communications.

(c) Notwithstanding paragraphs (a) and (b), there is no confidentiality or privilege attached to any signed written agreement reached during eldercaring coordination, unless the parties agree otherwise, or to any eldercaring coordination communication:

1. Necessary to identify, authenticate, confirm, or deny a written and signed agreement entered into by the parties during eldercaring coordination.
  2. Necessary to identify an issue for resolution by the court, including to support a motion to terminate eldercaring coordination, without otherwise disclosing communications made by any party, participant, or the eldercaring coordinator.
  3. Limited to the subject of a party's compliance with the order of referral to eldercaring coordination, orders for psychological evaluation, court orders or health care provider recommendations for counselling, or court orders for substance abuse testing or treatment.
  4. Necessary to determine the qualifications of an eldercaring coordinator or to determine the immunity and liability of an eldercaring coordinator who has acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard for the rights, safety, or property of the parties pursuant to subsection (11).
  5. The parties agree may be disclosed or for which privilege against disclosure has been waived by all parties.
  6. Made in the event the eldercaring coordinator needs to contact persons outside of the eldercaring coordination process to give or obtain information that furthers the eldercaring coordination process.
  7. That requires a mandatory report pursuant to chapter 39 or chapter 415 solely for the purpose of making the mandatory report to the entity requiring the report.
  8. Necessary to protect any person from future acts that would constitute domestic violence under chapter 741; child abuse, neglect, or abandonment under chapter 39; or abuse, neglect, or exploitation of an elderly or disabled adult under chapter 415 or chapter 825, or are necessary in an investigation conducted under s. 744.2004 or a review conducted under s. 744.368(5).
  9. Offered to report, prove, or disprove professional misconduct alleged to have occurred during eldercaring coordination, solely for the internal use of the body conducting the investigation of such misconduct.
  10. Offered to report, prove, or disprove professional malpractice alleged to have occurred during eldercaring coordination solely for the professional malpractice proceeding.
  11. Wilfully used to plan a crime, commit or attempt to commit a crime, conceal ongoing criminal activity, or threaten violence.
- (d) An eldercaring coordination communication disclosed under any provision of subparagraph (c)1., subparagraph (c)2., subparagraph (c)5., subparagraph (c)8., or subparagraph (c)9. is confidential and is not discoverable or admissible for any other purpose, unless otherwise permitted by this section.

(e) Information that is otherwise admissible or discoverable does not become inadmissible or protected from discovery by reason of its disclosure or use in eldercaring coordination.

(f) A party that discloses or makes a representation about a privileged eldercaring coordination communication waives that privilege, but only to the extent necessary for the other party or parties to respond to the disclosure or representation.

(g)1. An eldercaring coordination party or participant who knowingly and willfully discloses an eldercaring coordination communication in violation of this subsection, upon application by any party to a court of competent jurisdiction, is subject to remedies, including:

a. Equitable relief.

b. Compensatory damages.

c. Contribution to the other party's or parties' attorney fees and costs, the other party's or parties' portion of the eldercaring coordinator fees, and the other party's or parties' portion of the costs incurred in the eldercaring coordination process.

d. Reasonable attorney fees and costs incurred in the application for remedies under this subsection.

2. Notwithstanding any other law, an application for relief filed under this paragraph may not be commenced later than 2 years after the date on which the party had a reasonable opportunity to discover the breach of confidentiality, but in no case more than 4 years after the breach.

3. An eldercaring coordination party or participant is not subject to a civil action under this paragraph for lawful compliance with s. 119.07.

(10) EMERGENCY REPORTING TO THE COURT.—

(a) An eldercaring coordinator must immediately inform the court by affidavit or verified report, without notice to the parties, if:

1. The eldercaring coordinator has made or will make a report pursuant to chapter 39 or chapter 415; or

2. A party, including someone acting on a party's behalf, is threatening or is believed to be planning to commit the offense of kidnapping, as defined in s. 787.01(1), upon an elder, or wrongfully removes or is removing the elder from the jurisdiction of the court without prior court approval or compliance with the requirements of s. 744.1098. If the eldercaring coordinator suspects that a party or family member has relocated an elder within this state to protect the elder from a domestic violence situation, the eldercaring coordinator may not disclose the location of the elder unless required by court order.

(b) An eldercaring coordinator shall immediately inform the court by affidavit or verified report and serve a copy of such affidavit or report on each party upon learning that a party is the subject of a final order or injunction of protection against domestic violence or exploitation of an elderly person or has been arrested for an act of domestic violence or exploitation of an elderly person.

(11) IMMUNITY FROM AND LIMITATION OF LIABILITY.—

(a) A person who is appointed or employed to assist the body designated to perform duties relating to disciplinary proceedings involving eldercaring coordinators has absolute immunity from liability arising from the performance of his or her duties while acting within the scope of his or her appointed functions or duties of employment.

(b) An eldercaring coordinator who is appointed by the court is not liable for civil damages for any act or omission within the scope of his or her duties under an order of referral unless such person acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard for the rights, safety, or property of the parties.

(12) MINIMUM STANDARDS AND PROCEDURES.—The Florida Supreme Court shall establish minimum standards and procedures for the qualification, ethical conduct, discipline, and training and education of eldercaring coordinators who serve under this section. Pending establishment of minimum standards and procedures for the discipline of eldercaring coordinators, the order of referral by the court may address procedures governing complaints against the appointed eldercaring coordinator consistent with this section. The Florida Supreme Court may appoint or employ such personnel as are necessary to assist the court in exercising its powers and performing its duties under this section.

## Appendix 3 – Eldercaring coordination publicity and information leaflet

### Picture a compassionate response to family conflict related to the care and safety of an ageing loved one...

Eldercaring Coordination reduces conflict among family members so they can work together more productively and focus on the ageing person's care.

#### Anyone can refer a case for Eldercaring Coordination when there are:

- concerns about an ageing person's care and safety
- imbalances of power
- frequent disputes about unsubstantiated issues
- possessive or controlling behaviors toward the ageing person.

Eldercaring Coordination maintains the focus of the family on the ageing person rather than their disputes.

#### Eldercaring Coordinators can help:

- manage high conflict family dynamics
- support the ageing person's self-determination for as long as possible
- promote safety by monitoring at-risk situations
- develop a support system for the ageing person and family.

### How is Eldercaring Coordination initiated?

Eldercaring coordination begins with a referral to:  
**Eldercaringcoordination@rasa.org.au** or by phoning: (08) 8419 2000

Once the EC and family members make contact, the EC conducts an intake to plan for the process and help the participants feel safe and comfortable.

#### Contact us

**Email:** Eldercaringcoordination@rasa.org.au  
**Phone:** (08) 8419 2000

Please leave your name and contact number for someone to call you back.

#### For more information on ECC [www.eldercaringcoordination.com](http://www.eldercaringcoordination.com)

The Eldercaring Coordination Pilot is a partnership between Relationships Australia SA and University of South Australia. It is serviced by Adelaide and Northern Family Relationship Centres in South Australia.

## Eldercaring Coordination

A dispute resolution option for high conflict families that need decisions regarding the care and safety of ageing persons.



*Relationships Australia.*  
SOUTH AUSTRALIA

### What is Eldercaring Coordination?

Eldercaring Coordination is a process for ageing persons and their families that helps resolve disputes regarding ageing persons' autonomy and safety.

#### What does an Eldercaring Coordinator (EC) do?

- Enables more effective communication, negotiation and problem-solving skills
- Offers education about care resources
- Facilitates the creation and implementation of an ageing person's care plan
- Recommends how to resolve non-legal conflict

#### How often do participants in the Eldercaring Coordination process meet with the EC?

Sessions are scheduled according to the unique needs of each family to help resolve non-legal issues. Session frequency decreases when family members can productively communicate to develop and implement an ageing person's care plan. The EC remains available so that the family can address non-legal issues as needed.

#### Who pays for the service?

This is currently a free pilot project offered by Relationships Australia SA.

### Why shouldn't these families just go to mediation?

While many families can resolve their issues through mediation, high conflict families are unable to concentrate on the issues at hand. These are the cases appropriate for Eldercaring Coordination, where specially trained Eldercaring Coordinators (ECs) help families manage conflict, reduce tension, and overcome entrenched hostilities. Families may use mediation after participating in eldercaring coordination when they are better able to focus on the issues impacting their ageing loved one.



### Should parties have a lawyer during the Eldercaring Coordination process?

While participants in eldercaring coordination may have a lawyer, lawyers are not required. Eldercaring Coordination is intended to be a confidential process, meaning that what is discussed during sessions is not to be offered as evidence in any court or tribunal. Lawyers may be invited by the EC to attend sessions, with the understanding that their approach will be collaborative.

#### Then what happens?

After the intake, the EC helps family members reduce conflict and focus on the needs, wishes, care, and safety of the ageing person. The EC helps the family develop and implement a care plan that is flexible enough to change with the needs of the ageing person and family members. Solutions focus on family strengths to provide for the ageing person's needs. Once family members begin to collaborate, they are better able to work with other resources to care for their ageing loved one. Through the process of Eldercaring Coordination, families can save time and money, preserve their privacy, elevate the ageing person's dignity, and pass on a legacy of peace to future generations.

## Appendix 4 – Surveys

### PRE-SURVEY FOR ECs



#### INSTRUCTIONS

Thank you for participating in and contributing to this project.

This pre-survey is expected to be completed by ECs **within one week of commencing** the Eldercaring Coordination (ECC) process. If you have any questions or concerns regarding this survey, please contact Dr Pen Roe, research assistant, via email – [pen.roe@unisa.edu.au](mailto:pen.roe@unisa.edu.au) – or phone – 0409 673 489. This survey will take approximately 15 minutes to complete.

Some questions have checkboxes (please insert ticks where appropriate) while others have space for you to write responses in your own words. Use as much space as you deem necessary.

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#### 1. ABOUT YOU

Eldercaring Coordinator's initials (e.g., PR):

Client Case & Number (e.g., A1 or 1A):

#### 2. ISSUES TO BE ADDRESS

2.1 What previous attempts have been made to address conflict?

(Please check all that apply)

- Court or Tribunal (SACAT)
- Mediator
- Lawyer
- Family member
- Friend
- Medical practitioner
- Nurse
- Nonrelated carer

- Social Worker
- Psychologist or counsellor
- Other mental health professional
- Clergy
- Community Elder
- Police
- Other (*please specify*).

2.2 What is the current conflict about?

Please describe the issue(s) that brought the case to this process.

2.3 Who is involved in the conflict?

2.4 How long has the conflict been going on?

Please specify in days, months, or years. \_\_\_\_\_

2.5 What issue(s) does the elder and/or other participants want to address through ECC?

(Please check all that apply)

- Family conflict in general
- The elder's exposure to conflict
- The elder's safety
- The elder's place of residence
- Who can spend time with the elder
- The elder's financial and/or legal affairs
- Who makes decisions for the elder
- The elder's material possessions
- Who provides care for the elder
- The elder's medical practitioner(s) or health care options
- Responding to the elder's memory loss
- Responding to the elder's decline in physical health
- Supporting the elder's mental health
- The elder's social activities
- Caring for the elder's pet(s)
- I don't know yet
- Other issues (*please specify*)

### 3. EXPECTATIONS of Eldercaring Coordination

#### 3.1 Who referred the parties to ECC?

- Court
- Tribunal (SACAT)
- Lawyer
- Guardian
- Mediator
- Medical practitioner
- Nonrelated carer
- Office of the Public Advocate
- Aged Rights Advocacy Service (ARAS)
- Social Worker
- Psychologist or counsellor
- Other mental health provider
- Palliative care practitioner or service
- Aged care or residential care provider
- Clergy
- Community Elder
- Friend
- Family member
- Other (*please specify*)

#### 3.2 Who was invited to participate in ECC?

(Please check all that apply)

- The elder
- Elder's current spouse or partner [with legal rights]
- Elder's partner or significant other [without legal rights]
- Elder's previous spouse(s), partner(s) or significant other(s)
- Elder's biological child(ren)
- Spouse(s), partner(s) or significant other(s) of their biological child(ren)
- Elder's stepchild(ren)
- Spouse(s), partner(s) or significant other(s) of their stepchild(ren)
- Elder's sibling(s)
- Elder's stepsibling(s)
- Extended family member(s) (e.g., grandchild(ren))

- Friend(s) or neighbour(s) of the elder
- Non-related carer(s)
- I'm not sure
- Professional(s) (*please specify*)
- Other(s) (*please specify*)

3.3 How was the elder's capacity to participate assessed?

- Appeared lucid and therefore assumed they had capacity to participate
- Capacity questioned by other participants
- No capacity to participate

3.4 How was the capacity of other participants determined?

- Appeared lucid and therefore assumed they had capacity to participate.
- Capacity questioned by other participants.

3.5 Who do you think may be HELPFUL to the ECC process?

(Please check all that apply)

- Elder's sibling(s)
- Elder's stepsibling(s)
- Elder's current spouse, partner, or significant other
- Elder's previous spouse(s), partner(s) or significant other(s)
- Elder's child(ren)
- Elder's stepchild(ren)
- Spouse(s), partner(s) or significant other(s) of the elder's child(ren)
- Spouse(s), partner(s) or significant other(s) of the elder's stepchild(ren)
- Extended family member(s) of the elder
- Friend(s) of the elder
- Non-related carers for the elder
- I don't know yet
- Professional(s) (*please specify*)
- Someone else (*please specify*)

3.6 Who do you think might IMPEDE the ECC process?

(Please check all that apply)

- Elder's sibling(s)
- Elder's stepsibling(s)
- Elder's current spouse, partner, or significant other

- Elder's previous spouse, partner or significant other
- Elder's child(ren)
- Elder's step-child(ren)
- Spouse(s), partner(s) or significant other(s) of the elder's child(ren)
- Spouse(s), partner(s) or significant other(s) of the elder's stepchild(ren)
- I don't know yet
- Professional(s) (*please specify*)
- Someone else (*please specify*)

3.7 What logistical factors might positively or negatively influence the ECC process in this case?

*Please explain:*

3.8 What would it take or need to happen to address the issue(s) in this case?

*Please describe:*

#### 4. SAFETY CONCERNS

4.1 What safety concern(s) have there been for the elder in the past?

(Please check all that apply)

- Neglect or social isolation
- Theft of money, property, or possessions
- Threats made (e.g., cause harm, loss of liberty)
- Verbal and/or emotional abuse
- Domestic violence
- Intimate partner abuse
- Coercion
- Deception
- Exploitation
- Extortion or blackmail
- Stalking
- Pet(s) neglected, threatened, taken, or abused
- Other (*please specify*)

Please detail the perpetrator for each safety concern identified.

#1 -

#2 -

#3 -

4.2 Were authorities contacted?

- Yes
- No
- Not sure

If YES, what service(s) was notified? (Please check all that apply):

- Police
- Medical practitioner or health care provider
- Adult Safeguarding Unit
- A Court or Tribunal
- Other (*please specify*)

4.3 Is there an Intervention Order of Court Order in place?

- Yes
- No
- Not sure

If YES, what type of court order?

4.4 Are there ongoing concerns about the safety of the elder and/or any others participating in this process?

- Yes
- No
- I don't know yet

If YES, what are your concerns? (*Please specify*)

4.5 Was a screening tool and process used with the elder to check safety concerns?

- Yes

If YES, which tool was used?

How did the elder complete it?

- By themselves, without assistance.
- With assistance. *Please specify* who assisted them.
- No

If NO, *please explain* why not.

4.6 Were any or all other participants screened for safety concerns?

Yes

No

If YES, which tool was used?

**THANK YOU FOR YOUR PARTICIPATION IN THIS IMPORTANT STUDY**

## PRE-SURVEY FOR ELDERS



Thank you for agreeing to participate in this pilot Australian research project on an Eldercaring Coordination service, a process that has been successful in assisting older people and their families in conflict in the United States of America. This project is being conducted by the University of South Australia (UniSA) in partnership with Relationships Australia South Australia (RASA).

To enable researchers from UniSA to assess how helpful Eldercaring Coordination can be for older South Australians, their family members and/or significant others, we are inviting you to complete two surveys – the first one after your first meeting with an Eldercaring Coordinator and a second after the Eldercaring Coordination process has ended.

Completing these surveys is voluntary. Your responses are strictly confidential. Your name and other identifiable data will not be recorded anywhere. Responses to questions in the two surveys will enable us to assess the effectiveness of this approach and develop ways to improve the process for others who may need this service in the future.

We value your participation and feedback. However, you are free to withdraw your consent to participate in this research at any time without fear or prejudice. If you have any concerns or questions regarding this survey, please contact your Eldercaring Coordinator directly, or the UniSA research assistant, Pen Roe, via email – [pen.roe@unisa.edu.au](mailto:pen.roe@unisa.edu.au) or phone – 0409673489.

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### INSTRUCTIONS

This survey will take you approximately 15 minutes to complete. You will be asked a series of questions about your personal demographics (such as your age, gender etc.), your perceptions of the Eldercaring Coordination process, and events or issues you would like to address during this process.

Some questions use a series of checkboxes, while others allow you to record your response in your own words.

You can complete the surveys yourself or with assistance from the University of South Australia's research assistant, Pen Roe. If you have any questions or are having trouble filling in the survey, please let your Eldercaring Coordinator know. Pen Roe is available to help as needed.

## 1. ABOUT YOU

Case & Number

(e.g.,

A1

or

1A)

---

### 1.1 What is your age?

(Please check the appropriate box)

- 50-59 years.
- 60-64 years.
- 65-69 years.
- 70-74 years.
- 75-79 years.
- 80-84 years.
- 85-89 years.
- 90 years or older.
- Prefer not to say.

### 1.2 Where were you born – what country?

---

### 1.3 What is your gender?

- Woman.
- Man.
- Non-binary.
- Other.
- I prefer not to say.

### 1.4 What language do you speak at home?

- English.
  - Other (please specify).
- 

### 1.5 What is your race and ethnicity?

- Aboriginal.
  - Torrens Strait Islander.
  - Prefer not to say.
  - Other (please specify).
-

1.6 What is your current relationship status?

- Married.
  - Have a partner or significant other.
  - Separated.
  - Divorced.
  - Widowed.
  - Single, never married.
  - Other (please specify).
- 

1.7 How many children do you have?

(biological and/or adopted)

- None.
- One.
- Two.
- Three.
- Four or more.

1.8 How many stepchildren do you have?

- None.
- One.
- Two.
- Three.
- Four or more.

1.9 What are your current living arrangements?

- I live by myself
  - With my spouse or partner
  - With my sibling(s)
  - With my child
  - With my parent(s)
  - With a friend
  - With others in a facility
  - Other (please specify)
- 

1.10 Where do you live?

- In the city

- In a rural or regional area
  - In my own home, unit, or flat
  - In someone else's home, unit, or flat
  - In a rental property
  - In a care facility
  - Other (please \_\_\_\_\_ specify)
- 

**1.11 Which legal documents or Powers do you have in place?**

(Please check all that apply)

- Will
  - Family Trust
  - Advance Care Directive
  - Advocate or lawyer
  - Power of Attorney
  - Enduring Power of Attorney
  - Guardian
  - Not sure
  - Other (Please \_\_\_\_\_ specify)
- 

**1.12 Are you starting the Eldercaring Coordination process by your own free will?**

- Yes
- No
- Not sure

**2. ISSUES TO BE ADDRESSED**

**2.1 Who have you talked with or consulted to address conflict in the past?**

(Please check all that apply)

- Court or Tribunal (SACAT)
- Mediator
- Lawyer
- Family member
- Friend
- Medical practitioner

- Nurse
- Nonrelated carer
- Social Worker
- Psychologist or counsellor
- Other mental health professional
- Clergy
- Community Elder
- Police
- Other \_\_\_\_\_ (please \_\_\_\_\_ specify)

2.2 What is the current conflict about?

Please describe the issue(s) that brought you to this process.

---

2.3 Who is involved in this conflict?

---

2.4 How long has this conflict been going on?

Please specify how long in days, months, or years. \_\_\_\_\_

2.5 What issue(s) do you want to address through the Eldercaring Coordination process?

(Please check all that apply)

- Family conflict in general
- My exposure to conflict
- My safety
- My place of residence (i.e., where I will live)
- Who can spend time with me
- My finances
- Who makes decisions for me when I can't
- My material possessions
- Who cares for me
- My medical practitioner(s) or health care options
- Responses to my memory loss
- Responses to my decline in physical health
- Support for my mental health

- My social activities
  - Caring for my pet(s)
  - I don't know
  - Other \_\_\_\_\_ issues \_\_\_\_\_ (please \_\_\_\_\_ specify).
- 

2.6 Are you comfortable starting this process?

- Yes.
- No.
- Unsure.

If no or unsure, what might help improve your level of comfort with the process?

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3. EXPECTATIONS of Eldercaring Coordination

3.1 What word(s) best describes how you feel about starting the Eldercaring Coordination process?

(Please check all that apply)

- Uncomfortable
  - Hopeful
  - Worried
  - Satisfied
  - Empowered
  - Pressured to participate
  - Confused
  - Scared
  - Conflicted
  - Don't know
  - Other \_\_\_\_\_ (please \_\_\_\_\_ specify).
- 

3.2 Who referred you to Eldercaring Coordination?

- Court
- Tribunal (SACAT)
- Lawyer
- Guardian

- Mediator
- Medical practitioner
- Nonrelated carer
- Office of the Public Advocate
- Aged Rights Advocacy Service (ARAS)
- Social Worker
- Psychologist or counsellor
- Other mental health provider
- Palliative care practitioner or service
- Aged care or residential care provider
- Clergy
- Community Elder
- Friend
- Family member
- Other (please specify). \_\_\_\_\_

3.3 Who do you think might be HELPFUL to include in the Eldercaring Coordination process?

(Please check all that apply)

- My sibling(s)
- My stepsibling(s)
- My current spouse, partner, or significant other
- My previous spouse, partner or significant other
- My child(ren)
- My stepchild(ren)
- Spouse(s), partner(s) or significant other(s) of my child(ren)
- Spouse(s), partner(s) or significant other(s) of my stepchild(ren)
- My extended family
- My friend(s)
- My non-related carer(s)
- I don't know yet
- Professional(s)
- Someone else

3.4 Who do you think might IMPEDE the Eldercaring Coordination process?

(Please check all that apply)

- My sibling(s)

- My stepsibling(s)
- My current spouse, partner, or significant other
- My previous spouse, partner, or significant other
- My child(ren)
- My stepchild(ren)
- Spouse(s), partner(s) or significant other(s) of my child(ren)
- Spouse(s), partner(s) or significant other(s) of my stepchild(ren)
- My extended family members (e.g., grandchild(ren))
- My friend(s)
- My non-related formal carers)
- I'm not sure yet
- Professional(s)
- Someone else

#### 4. SAFETY CONCERNS

##### 4.1 What safety concerns have YOU experienced in the past?

(Please check all that apply)

- Being neglected, ignored, or isolated
- My money, property, or possessions were used or taken without my permission
- I felt threatened
- I was yelled at or verbally abused
- I was physically abused or threatened
- I was touched in a way that I didn't like
- I felt coerced to do or say things I didn't want to do or say
- I was lied to or deceived
- I was exploited or taken advantage of
- I was blackmailed
- I was stalked
- I felt powerless
- My pets were neglected, threatened, taken, or abused
- Other \_\_\_\_\_ (please \_\_\_\_\_ specify)

##### 4.2 Were authorities contacted?

- Yes
- No
- Not sure

If YES, who was notified? (Please check all that apply)

- Police
- Medical practitioner or health care provider
- Adult Safeguarding Unit
- A Court or Tribunal
- Other (please specify)

---

4.3 Is there an Intervention Order or Court Order in place?

- Yes
- No
- Not sure

If YES, what type of court order?

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4.4 Do YOU feel safe as you begin this process?

- Yes
- No
- Not sure

If NO, what might help you feel safe? (Please explain)

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4.5 Do you have any concerns about the safety of OTHERS participating in the Eldercaring Coordination process?

- Yes
- No
- Not sure

If YES, please describe your concern(s)

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**THANK YOU FOR YOUR PARTICIPATION IN THIS IMPORTANT STUDY**

## PRE-SURVEY FOR OTHERS



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To enable researchers from UniSA to assess how helpful Eldercaring Coordination (EC) can be for older South Australians, their family members and/or significant others, we are inviting you to complete two surveys – the first one after your EC session with an Eldercaring Coordinator and a second after the Eldercaring Coordination process has ended.

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We value your participation and feedback. However, you are free to withdraw your consent to participate in this research at any time without fear or prejudice. If you have any concerns or questions regarding this survey, please contact your Eldercaring Coordinator directly, or the UniSA research assistant, Pen Roe, via email – [pen.roe@unisa.edu.au](mailto:pen.roe@unisa.edu.au) - or phone – 0409673489.

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Some questions use a series of checkboxes, while others allow you to record your response in your own words.

You can complete the surveys yourself or with assistance from Pen Roe. If you have any questions or are having trouble filling in the survey, please let your Eldercaring Coordinator know. We can adapt the survey to suit your individual needs. Our research assistant Pen Roe is here to help as needed.

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## 1. ABOUT YOU

### Case & Number

(e.g., B2 or 2B)

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#### 1.1 What is your age?

(Please check the appropriate box)

- Under 30 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70-79 years
- 80 years plus
- Prefer not to say

1.2 Where were you born – what country?

---

#### 1.3 What is your gender?

- Woman
- Man
- Non-binary
- Other
- I prefer not to say

#### 1.4 What language do you speak at home?

- English
  - Another language (please specify)
- 

#### 1.5 What is your race and ethnicity?

- Aboriginal
  - Torrens Strait Islander
  - I prefer not to say
  - Other (please specify)
- 

#### 1.6 What is your relationship to the elder?

- Adult child
- Spouse, partner, or significant other of the elder's child
- Adult stepchild
- Spouse, partner, or significant other of the elder's stepchild

- Current spouse or partner
  - Previous spouse or partner
  - Sibling
  - Stepsibling
  - Extended family member
  - Friend
  - Non-related carer
  - Lawyer
  - Guardian
  - Clergy
  - Medical practitioner
  - Nurse
  - Financial advisor or Accountant
  - Advocate
  - Guardian
  - Power of Attorney
  - Enduring Power of Attorney
  - Aged Care provider
  - Social Worker
  - Psychologist or counsellor
  - Other mental health provider
  - Geriatric care manager
  - Funeral Director
  - Business partner
  - Mediator
  - Real Estate broker
  - Palliative care practitioner or service
  - Aged care or residential care provider
  - Other (please specify)
- 

1.7 How long have you known the elder?

Please specify in days, months, or years)

1.8 How often have you visited, talked with in-person, or phoned the elder over this past year? (e.g. daily, weekly, monthly, often, rarely)

1.9 What tasks do you regularly undertake for, or with, the elder?

(Please check all that apply)

- Transport (e.g., take them to appointments, shopping, social activities)
- Cleaning
- Maintenance (e.g., household repairs)
- Garden care
- Run errands or do their grocery shopping

- Grooming (e.g., cut /set their hair or trim their beard)
- Social activities in the elder's home (e.g., play cards or games, watch TV, crafts, or hobbies)
- Invite the elder to your home
- Prepare meals for them
- Feed the elder
- Bathe or provide other personal care daily
- Provide medical care (e.g., medical service, supervise medication, wound care)
- Coordinate health care or social services
- Manage finances (e.g., pay bills, prepare tax return)
- Visit family members with them
- No tasks
- Other \_\_\_\_\_ (please \_\_\_\_\_ specify)

1.10 Do you have decision-making authority for the elder?

- Yes
- No

If YES, what areas do you have decision-making authority for the elder?

(Please \_\_\_\_\_ specify)

1.11 Who gave you this decision-making authority?

- The elder
- Court or Tribunal
- Other \_\_\_\_\_ (please \_\_\_\_\_ specify)

## 2. ISSUES TO BE ADDRESSED.

2.1 Who has been involved to help resolve the conflict or issues in the past?

(Please check all that apply)

- Court or Tribunal (SACAT)
- Mediator
- Lawyer
- Family member
- Friend
- Medical practitioner
- Nurse
- Nonrelated carer
- Social Worker
- Psychologist or counsellor
- Other mental health professional
- Clergy

- Community Elder
  - Police
  - I don't know
  - Other \_\_\_\_\_ (please \_\_\_\_\_ specify).
- 

2.2 What is the current conflict about?

Please describe the issue(s) that brought you to this process.

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2.3 Who is involved in this conflict?

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2.4 How long has the conflict been going on?

Please specify how long in days, months, or years.

2.5 In your opinion, what would it take to focus everyone on the care and safety of the elder, rather than on the conflict?

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2.6 Are you comfortable starting this process?

- Yes
- No
- Not sure

If no or unsure, what might help improve your level of comfort with the process?

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3. EXPECTATIONS of Eldercaring Coordination

3.1 What word(s) best describes how you feel about starting the Eldercaring Coordination process?

(Please check all that apply)

- Uncomfortable
- Hopeful
- Worried
- Satisfied
- Empowered
- Pressured to participate
- Confused
- Scared

- Conflicted
  - Don't know
  - Other (please \_\_\_\_\_ specify)
- 

3.2 Who referred you to Eldercaring Coordination?

- The elder
  - Court
  - Tribunal (SACAT)
  - Lawyer
  - Guardian
  - Mediator
  - Medical practitioner
  - Nonrelated carer
  - Office of the Public Advocate
  - Aged Rights Advocacy Service (ARAS)
  - Social Worker
  - Psychologist or counsellor
  - Other mental health provider
  - Palliative care practitioner or service
  - Aged care or residential care provider
  - Clergy
  - Community Elder
  - Friend
  - Family Member
  - Other (please \_\_\_\_\_ specify)
- 

3.3 Who else do you think might be HELPFUL to invite to the Eldercaring Coordination process?

(Please check all that apply)

- The elder's sibling(s)
- The elder's stepsibling(s)
- The elder's current spouse, partner, or significant other
- The elder's previous spouse, partner or significant other
- The elder's child(ren)
- The elder's stepchild(ren)
- Spouse(s), partner(s) or significant other(s) of the elder's child(ren)
- Spouse(s), partner(s) or significant other(s) of the elder's stepchild(ren)
- Extended family members (e.g., grandchild(ren))
- Friend(s) of the elder
- Non-related carers of the elder
- I don't know yet
- Professionals (please specify) \_\_\_\_\_
- Someone else (please specify) \_\_\_\_\_

3.4 Who do you think might IMPEDE the Eldercaring Coordination process?

(Please check all that apply)

- The elder's sibling(s)
- The elder's stepsibling(s)
- The elder's current spouse, partner, or significant other
- The elder's previous spouse, partner, or significant other
- The elder's child(ren)
- The elder's stepchild(ren)
- Spouse(s), partner(s) or significant other(s) of the elder's child(ren)
- Spouse(s), partner(s) or significant other(s) of the elder's stepchild(ren)
- Extended family members (e.g., grandchild(ren))
- Friend(s) of the elder
- Non-related carer(s) of the elder
- I don't know yet
- Professionals (please specify)

---

- Someone else (please specify)

---

4. SAFETY CONCERNS

4.1 What safety concerns for the elder have been an issue in the past?

(Please check all that apply)

- Being neglected, ignored, or isolated
- Their money, property, or possessions were used or taken without permission
- They felt threatened
- They were yelled at or verbally abused
- They were physically abused or threatened
- They were touched inappropriately
- They were coerced to do or say things they didn't want to do or say
- They were lied to or deceived
- They were exploited or taken advantage of
- They were blackmailed
- They were stalked
- Their pet(s) were neglected, threatened, taken, or abused
- Not sure
- Other (please specify)

---

4.2 Were authorities contacted?

- Yes

- No
- Not sure
- Don't know

If YES, who was notified? (Please check all that apply)

- Police
- Adult Safeguarding Unit
- Court
- SA Civil and Administrative Tribunal (SACAT)
- Other \_\_\_\_\_ (please \_\_\_\_\_ specify).

4.3 Is there an Intervention Order or Court Order in place?

- Yes
- No
- Not sure

If YES, what type of court order?

4.4 Do YOU feel safe as you begin this process?

- Yes
- No
- Not sure

If NO what might help you feel safe? (Please explain)

4.5 Do you have any concerns about the safety of the elder or any others participating in the Eldercaring Coordination process?

- Yes
- No
- Not sure

If YES, please describe your concern(s)

4.6 Did you share your safety concerns with the Eldercaring Coordinator?

- Yes
- No

If NO, please specify your reason(s) for not sharing your concerns with the Eldercaring Coordinator.

***THANK YOU FOR YOUR PARTICIPATION IN THIS IMPORTANT STUDY***

## POST-SURVEY FOR ECs



### INSTRUCTIONS

Thank you for your participation and contribution to this research project.

This post-survey is expected to be completed by ECs within one week of completing the Eldercaring Coordination (ECC) process. If you have any questions or concerns regarding this survey, please contact Dr Pen Roe, research assistant, via email – [pen.roe@unisa.edu.au](mailto:pen.roe@unisa.edu.au) – or phone – 0409 673 489. This survey will take approximately 15 minutes to complete.

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#### 1. ABOUT YOU

Eldercaring Coordinator's initials (e.g., PR)

Client Case & Number (e.g., A1 or 1A)

#### 2. OUTCOMES

2.1 Has there been any change in circumstances for the elder since starting the ECC process?

- Yes
- No
- Not sure

2.2 How is the elder's physical health since starting ECC?

- Improved
- Worse
- About the same

2.3 How is the elder's mental health since starting ECC?

- Improved
- Worse
- About the same

2.4 How is the elder's social situation since starting ECC?

- Improved
- Worse
- About the same

2.5 Has the elder's need for care changed since ECC started?

- Yes, they need LESS care now
- No, the amount of care they need has not changed
- Yes, they need MORE assistance now

2.6 Who cares for the elder now?

- It's provided by the same person(s) as before ECC
- It's provided by different person(s) than when ECC started
- The responsibility for their care is shared more now

2.7 What additional assistance does the elder receive NOW due to ECC?

(Please check all that apply)

- Transport
- Preparing meals
- Shopping
- Cleaning
- Maintenance (e.g., household repairs)
- Garden care
- Finances (e.g., banking and paying bills)
- Feeding
- Bathing and/or other types of personal care
- In-home health care (e.g., medication supervision, rehabilitation)
- Coordination of health care or social care
- Pet(s) care
- Other (*please specify*)

2.8 Do you contribute any change(s) of circumstances for the elder to ECC?

- Yes
- No
- Not sure

If YES, which change(s) specifically?

(Please check all that apply)

- Where they live and/or with whom
- The amount of care they receive now
- Improved personal safety
- How they spend their time
- How their pet(s) is cared for
- Other changes (please specify)

2.9 Are you satisfied with the level and type of care the elder receives now?

- Yes
- No
- Not sure

If NO, please explain:

2.10 How was the level of conflict at the end of the ECC process?

- Increased
- Decreased
- About the same

2.11 Who was the conflict between?

(Please check all that apply)

- The elder
- The elder's current spouse or partner [with legal rights]
- The elder's partner or significant other [without legal rights]
- The elder's previous spouse(s), partner(s) or significant other(s)
- The elder's biological child(ren)
- Elder's stepchild(ren)
- Spouse(s), partner(s) or significant other(s) of their child(ren)
- Spouse(s), partner(s) or significant other(s) of their stepchild(ren)
- The elder's sibling(s)
- The elder's stepsibling(s)
- Extended family member(s) (e.g., grandchild(ren))
- Friend(s) or neighbour(s)
- Non-related carer(s)
- I don't know
- Professional(s) (*please specify*):
- Other(s) (*please specify*)

2.12 Is the conflict still continuing?

- Yes
- No
- Not sure

If YES, who continues to be involved in the conflict?

2.13 What issues were addressed through ECC?

(Please check all that apply)

- Family conflict in general
- Elder's exposure to conflict
- Elder's safety
- Elder's place of residence
- Who can spend time with the elder (e.g., social isolation)
- Neglect – failing to provide or refusing others to provide
- Elder's financial and /or legal affairs
- Who makes decisions for the elder
- Elder's material possessions
- Who provides care for the elder
- Elder's medical practitioner(s) or health care options
- Managing the elder's memory loss
- Managing the elder's decline in physical health
- Supporting the elder's mental health
- Caring for the elder's pet(s)
- I don't know
- Other (*please specify*)

2.14 Now that you have completed ECC, do you think it was successful?

- Yes
- No
- Not sure

2.15 How are relationships between the elder and other participants now?

- Better
- About the same
- Worse
- Not sure

2.16 How are relationships between the other participants in general?

- Better
- About the same
- Worse
- Not sure

2.17 Do you think ECC improved the elder's and other participants' ability to address issues together, without assistance?

- Yes
- No
- Not sure

2.18 Do you have any ongoing concerns regarding the safety of the elder or other participants?

- Yes
- No
- Not sure

If yes, please explain who your concerns relate to and why:

2.19 Would there be value in having a follow-up meeting, within six months, with the elder or others to evaluate the outcome(s)?

- Yes
- No
- Not sure

2.20 Overall, are you satisfied with the outcome(s) of this case?

- Yes
- No
- Not sure

### 3. ECC PROCESS

3.1 Which activities did you provide during the ECC process?

(Please check all that apply)

- Facilitated the creation of an Eldercaring plan
- Modified an existing Eldercaring plan
- Assisted in the implementation of an Eldercaring plan
- Referred the participants to services or resources
- Other (please specify)

3.2 Did you facilitate referrals for the elder or any of the other participants?

- Yes

- No

If yes, what service(s) or resource(s) was identified?

(Please check all that apply).

- Non-related carers
- Lawyer or legal service
- Guardianship Board
- Clergy
- Medical practitioner or health care provider
- Financial advisor
- Office of the Public Advocate
- Aged Rights Advocacy Service
- Another advocate
- Social Worker
- Psychologist, counsellor, or family therapist
- Other mental health provider
- Funeral Director
- Accountant
- Business advisor
- Nurse or nursing service
- Mediator
- Guardian
- Aged care provider or service
- Palliative care practitioner or service
- Other (*please specify*)

3.3 What decisions needed to be made in this case?

- Who will make certain decisions about the elder's care and safety
- Procedure(s) to follow when making decisions about the elder's care and safety
- What resources to use to help the parties make decisions about the elder's care
- Other (please specify)

3.4 Do you think that everyone involved in the conflict actively participated in the process?

- Yes
- No
- Not sure

If NO, who should have been involved, and why? Please explain.

3.5 Why did ECC end?

- Conflict(s) was successfully addressed or managed. I ended the process
- Conflict(s) could not be addressed or managed. I ended the process
- I was asked by the elder or other participant(s) to end the process
- Another reason(s) (*please describe*)

3.6 Was this case suitable for ECC compared to other interventions for elder abuse?

- Yes
- No

*Please explain* your response:

3.7 Do you wish you had more specific knowledge and/or skills that might have improved the process for this case?

- Yes
- No
- Not sure

If yes, what additional training might have been helpful?

3.8 Is there anything else you would like to share – something that surprised you or distressed you about the process in this case?

***THANK YOU COMPLETING THIS SURVEY. WE REALLY APPRECIATE IT.***

## POST-SURVEY FOR ELDERS



You have now completed your Eldercaring Coordination experience and we thank you for agreeing to participate in this first Australian research on an Eldercaring Coordination service. We now invite you to complete this survey, the post-survey for elders. Completing the survey is voluntary and your responses are strictly confidential. That is, your name and other identifiable data will not be recorded. Please complete this survey **within one week of ending your Eldercaring Coordination service**.

Your responses will enable us to assess the effectiveness of this approach and develop ways to improve the process for others who may need this service. We value your participation and feedback, however, please be aware that you are free to withdraw your consent to participate in the research at any time without fear or prejudice.

If you have any concerns or questions regarding this survey, please contact your Eldercaring Coordinator directly, or the UniSA research assistant, Pen Roe, via email: [pen.roe@unisa.edu.au](mailto:pen.roe@unisa.edu.au) or phone – 0409 673 489.

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## INSTRUCTIONS

This survey will take you approximately 20 minutes to complete. You will be asked a series of questions about your personal demographics (such as your age, gender etc.), your perceptions of the Eldercaring Coordination process, and events or issues you addressed during this process. Some questions use a series of checkboxes, while others allow you to record your response in your own words.

You can complete this survey yourself or with assistance from the University of South Australia's research assistant, Pen Roe. If you have any questions or are having trouble completing the survey, please let your Eldercaring Coordinator know. Pen Roe is available to assist you.

## ABOUT YOU

*Case & Number (if known).*

(e.g., A1 or 1A) \_\_\_\_\_

1.1 How long was your Eldercaring Coordination service?

(Please select one)

- Less than one month.
- 1 to 3 months.
- 4 to 6 months.
- 7 to 12 months.

1.2 Why did Eldercaring Coordination end?

- The agreed time allocated for the process ended.
- The Eldercaring Coordinator ended the process.
- I asked the Eldercaring Coordinator to end the process.
- Somebody else asked the Eldercaring Coordinator to end the process.
- Another reason (please specify). \_\_\_\_\_

OUTCOMES

2.1 Has there been any change in circumstances for you since starting the Eldercaring Coordination process?

- Yes.
- No.
- Not sure.

2.2 How is your physical health since starting the Eldercaring Coordination (ECC) process?

- Improved.
- Worse.
- About the same.

2.3 How is your mental health since starting the ECC process?

- Improved.
- Worse.
- About the same.

2.4 How is your social situation since starting the ECC process?

- Improved.
- Worse.
- About the same.

2.5 Has your need for care changed since Eldercaring Coordination started?

- Yes, I need LESS care now.
- No, the amount of care I need has not changed.
- Yes, I need MORE assistance now.

2.6 Who cares for you now?

- It's provided by the same person(s) as before Eldercaring Coordination.
- It's provided by different person(s) than before Eldercaring Coordination.
- The responsibility for my care is shared more now.

2.7 What additional assistance do you receive now due to Eldercaring Coordination?

(Please check all that apply)

- Transport.
- Preparing meals.
- Shopping.
- Cleaning.
- Maintenance (e.g., household repairs).
- Garden care.
- Finances (e.g., banking and paying bills).
- Feeding me.
- Bathing and/or other types of personal care.
- In-home health care (e.g., overseeing my medication, physiotherapy).
- Coordination of my health care or social care.
- Caring for my pet(s).

Other (please specify). \_\_\_\_\_

2.8 Do you attribute any change(s) of circumstances to the Eldercaring Coordination process?

- Yes.
- No.
- Not sure.

If YES, which change(s) specifically?

(Please check all that apply)

- Change in where I live and/or with whom I live.
  - Change in the amount of care I receive now.
  - Change in how I spend my time.
  - Change in how my pet(s) are cared for.
  - Other changes (please specify).
- 

2.9 Are you satisfied with the level and type of care you receive now?

- Yes.
- No.
- Not sure.

If NO, please explain.

\_\_\_\_\_

2.10 How has the level of conflict been since starting Eldercaring Coordination?

- Increased.
- Decreased.
- About the same.

2.11 Who was involved in the conflict?

(Please check all that apply)

- Me.

- My current spouse or partner [with legal rights].
- My partner or significant other [without legal rights].
- My previous spouse(s), partner(s), or significant other(s).
- My biological child(ren).
- My stepchild(ren).
- Spouse(s), partner(s) or significant other(s) of my child(ren).
- Spouse(s), partner(s) or significant other(s) of my stepchild(ren).
- My sibling(s).
- My stepsibling(s).
- Extended family member(s).
- Friend(s) or neighbour(s).
- Non-related informal carer(s).
- I don't know.
- Professional(s) (please specify). \_\_\_\_\_
- Other(s) (please specify). \_\_\_\_\_

2.12 Is the conflict still continuing?

- Yes.
- No.
- Not sure.

If YES, who continues to be involved in the conflict? Please specify.

---

—

2.13 What issues were addressed through Eldercaring Coordination?

(Please check all that apply)

- Family conflict in general.
- My exposure to conflict.
- My safety.
- My place of residence (i.e., where I lived).

Who could spend time with me.

My finances.

Who makes decisions for me when I can't.

My material possessions.

Who provides care for me.

My medical practitioner(s) or health care options.

Managing my memory loss.

Managing my decline in physical health.

Managing my mental health.

Caring for my pet(s).

I don't know.

Other (please specify). \_\_\_\_\_

2.14 Now that you have completed the Eldercaring Coordination process, do you think it was successful?

Yes.

No.

Not sure.

2.15 How are relationships between you and the other participants?

Better.

About the same.

Worse.

Not sure.

2.16 How are relationships between the other participants in general?

Better.

About the same.

Worse.

Not sure.

2.17 Are you and the other participants better able to talk with each other and respect each other's opinions?

- Yes.
- No.
- Not sure.

2.18 Do you now have a supportive group of family members or others that you can call for assistance?

- Not relevant.
- Yes.
- No.

2.19 Do you now have professionals and services that you can call for assistance?

- Not relevant.
- Yes.
- No.
- Not sure.

2.20 What words best describe how you felt during the Eldercaring Coordination process now that it is over?

- Uncomfortable.
- Hopeful.
- Worried.
- Satisfied.
- Empowered.
- Pressured to participate.
- Confused.
- Scared.
- Conflicted.
- Don't know.
- Other (please specify). \_\_\_\_\_

2.21 Would it be helpful to have a follow-up meeting in a few months with the Eldercaring Coordinator to evaluate the outcomes and discuss any issues?

- Yes.
- No.
- Not sure.

2.22 Overall, were you satisfied with the Eldercaring Coordination process?

- Yes.
- No.
- Not sure.

### 3 THE ELDERCARING COORDINATOR

3.1 What did the Eldercaring Coordinator do to address the issues or conflict? (Please check all that apply)

- Helped to create an Eldercaring plan.
- Helped to modify an existing Eldercaring plan.
- Helped to implement an Eldercaring plan.
- Referred us to relevant services or resources.
- Other (please specify). \_\_\_\_\_.

3.2 Which service(s) or resource(s) did the Eldercaring Coordinator refer YOU to?

(Please check all that apply)

- Non-related carers.
- Lawyer or legal service.
- Guardianship Board.
- Clergy.
- Medical practitioner or health provider.
- Financial advisor.
- Office of the Public Advocate.
- Aged Rights Advocacy Service.
- Another advocate.
- Social Worker.
- Psychologist, counsellor, or family therapist.
- Other mental health provider.
- Funeral Director.
- Accountant.

- Business advisor.
- Nurse or nursing service.
- Mediator.
- Guardian.
- Aged Care provider or service.
- Palliative care practitioner or service.
- Other (please specify).
- \_\_\_\_\_

3.3 What decisions did the Eldercaring Coordinator help YOU make during this process?

(Please check all that apply)

- Who will take on tasks to provide for my care and/or safety.
- Procedure(s) to follow when making decisions about my care and/or safety.
- Resource(s) to assist me when making decisions about my care and/or safety.
- Other (please specify).

—

3.4 Which issues did the Eldercaring Coordinator make decisions about?

(Please check all that apply)

- Who will make certain decisions about my care and/or safety.
- Procedure(s) to follow to make well-informed decisions.
- What resources to use when making decisions about my care and/or safety.
- Other (please specify).

—

3.5 Which activities did you find most helpful?

(Please check all that apply)

- Meetings with the other participants and the Eldercaring Coordinator.
- Calling on the Eldercaring Coordinator for support.
- Learning how to communicate with the other participants better.

- Formulating a plan to address issues.
  - Bringing in professionals during meetings to assist.
  - Referrals to community providers and resources.
  - Other (please specify).
- 

3.6 Is there anything else that you wish your Eldercaring Coordinator had known or done that might have improved the process?

Yes. If YES, please explain: \_\_\_\_\_

No.

Not sure.

3.7 Are there any changes or additions you would make to improve the process?

(Please explain).

---

#### 4 SAFETY CONCERNS

4.1 Did the Eldercaring Coordinator ask you questions screening for abuse, neglect, and/or exploitation?

- Yes, once, at the beginning of the process.
- Yes, several times throughout the process.
- No, never.
- Not sure.

4.2 Did you feel comfortable answering openly and honestly?

- Yes.
- No.
- Not sure.

If NO, please explain why not. \_\_\_\_\_

4.3 Were there any safety concerns revealed during the Eldercaring Coordination process?

- Yes.
- No.
- Not sure.

If YES, what safety issues for YOU were revealed during the Eldercaring Coordination process?

(Please check all that apply)

- I was neglected, ignored, or isolated.
  - My money, property, or possessions were used or taken without my permission.
  - I felt threatened.
  - I was yelled at or verbally abused.
  - I was physically abused or threatened.
  - I was touched in a way I didn't like.
  - I felt coerced to do or say things I didn't want to do or say.
  - I was lied to or deceived.
  - I was exploited or taken advantage of.
  - I was blackmailed.
  - I was stalked.
  - I felt powerless.
  - My pets were neglected, threatened, taken, or abused.
  - Other (please specify).
- 

4.4 Were authorities contacted during the process?

- Yes.
- No.
- Not sure.

If YES, who was notified? (Please check all that apply).

- Police.
- Medical practitioner or health care provider.
- Adult Safeguarding Unit.
- Court or tribunal.
- Other (please specify).

---

4.5 Is there now an Intervention Order or court order in place?

- Yes.
- No.
- Not sure.

If YES, what type of court order? \_\_\_\_\_

4.6 Do you have any concerns regarding YOUR safety now that the Eldercaring Coordination process is over?

- Yes.
- No.
- Not sure.

If YES, please explain: \_\_\_\_\_

4.7 Do you have any concerns about the safety of any OTHERS now that the Eldercaring Coordination process is over?

- Yes.
- No.
- Not sure.

If YES, please explain: \_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION IN THIS IMPORTANT STUDY**

## POST-SURVEY FOR OTHERS



Thank you for participating in this pilot Australian research project on an Eldercaring Coordination service, a process that has been successful in assisting older people and their families in conflict in the United States of America. This project is being conducted by the University of South Australia (UniSA) in partnership with Relationships Australia South Australia (RASA).

To enable researchers from UniSA to assess how helpful Eldercaring Coordination can be for older South Australians, their family members and/or significant others, we asked you to complete one survey after your first meeting with an Eldercaring Coordinator and a second, this survey, after the Eldercaring Coordination process has ended.

Completing this survey is voluntary. Your responses are strictly confidential and your name and other identifiable data will not be recorded. Responses to these questions in this survey will enable us to assess the effectiveness of this approach and develop ways to improve the process for others who may need this service in the future.

We value your participation and feedback. However, you are free to withdraw your consent to participate in this research at any time without fear or prejudice. If you have any concerns or questions regarding this survey, please contact your Eldercaring Coordinator directly, or the UniSA research assistant, Dr Pen Roe, via email – [pen.roe@unisa.edu.au](mailto:pen.roe@unisa.edu.au)- or phone – 0409673489.

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### INSTRUCTIONS

This survey will take you approximately 15-20 minutes to complete.

Some questions use a series of checkboxes, while others allow you to record your response in your own words.

You can complete the survey yourself or with assistance. If you have any questions or are having trouble filling in the survey, please let your Eldercaring Coordinator know as we can adapt the survey to suit your individual needs. Our research assistant Dr Pen Roe is here to help as needed.

#### 1 ABOUT YOU

*Case & Number (if known).*

(e.g., A2 or 2A) \_\_\_\_\_

1.1 What is your relationship with the elder?

- The elder's sibling (half-sibling or full sibling).
- The elder's stepsibling.
- The elder's current spouse or legally recognised partner.
- The elder's partner or significant other, without legal recognition.
- The elder's previous spouse, partner, or significant other.
- The elder's child (biological or adopted).
- The elder's stepchild.
- The spouse, partner, or significant other of the elder's child.
- The spouse, partner, or significant other of the elder's stepchild.  An extended family member (e.g., grandchild).
- A friend.
- Non-related carer.
- Professional (please specify). \_\_\_\_\_
- Other (please specify). \_\_\_\_\_

1.2 How often do you see or are you in contact with the elder now?

(Please explain) \_\_\_\_\_

1.3 Are you the elder's carer (professional or non-professional)?

- Yes.
- No.

1.4 If you are a carer, what tasks do you provide for the elder on a regular basis? (Please check all that apply)  Transport.

- Cleaning.
- Garden care.
- Maintenance (e.g., household repairs).
- Manage their finances (e.g., paying bills, prepare tax return).
- Run errands or do their grocery shopping.
- Go to the movies or social outings with the elder.
- Activities in the elder's home (e.g., play cards or games, watch TV together).

- Preparing their meals.
- Feeding them.
- Grooming (e.g., cut/set their hair or trim their beard).
- Bathing and/or providing other daily personal care.
- Invite the elder to your home.
- Providing medical or health care.
- Coordinating health care or social services.
- Pet care.
- Other tasks (please specify).

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1.5 Has your caring role changed since the start of the Eldercaring Coordination process?

- Yes, I spend LESS time providing care now.
- Yes, because the responsibility for providing care is shared more now.
- Yes, I spend MORE time providing care now.
- No, I spend the same amount of time providing care for the elder.

1.6 How long was your involvement in the Eldercaring Coordination service?

(Please select one)

- Less than one month.
- 1 to 3 months.
- 4 to 6 months.
- 7 to 12 months.

1.7 Describe your level of participation in the Eldercaring Coordination process.

- Active and verbal in all meetings.
- Active and verbal in some meetings.
- Physically present but not very verbal in all meetings.
- Physically present but not very verbal in some meetings.
- Not physically present in most or any of the meetings.
- I couldn't make it to the meetings so attended by telephone/ video conferencing.
- Other (please explain).

---

1.8 Why did the Eldercaring Coordination service end?

- The agreed time allocated for the process ended.

- The Eldercaring Coordinator ended the process.
  - I asked the Eldercaring Coordinator to end the process.
  - Somebody else asked the Eldercaring Coordinator to end the process.
  - Another reason (please specify).
- 

## 2 OUTCOMES

2.1 Has there been any change in circumstances for the elder since starting the Eldercaring Coordination process?

- Yes.
- No.
- Not sure.

2.2 How is the elder's physical health since starting the Eldercaring Coordination (ECC) process?

- Improved.
- Worse.
- About the same.

2.3 How is the elder's mental health since starting the ECC process?

- Improved.
- Worse.
- About the same.

2.4 How is the elder's social situation since starting the ECC process?

- Improved.
- Worse.
- About the same.

2.5 Has the elder's need for care changed since Eldercaring Coordination started?

- Yes, they need LESS care now.
- No, the amount of care they need has not changed.
- Yes, they need MORE assistance now.

2.6 Who cares for the elder now?

- It's provided by the same person(s) as before Eldercaring Coordination.
- It's provided by different person(s) than when Eldercaring Coordination started.
- The responsibility for their care is shared more now.

2.7 What additional assistance does the elder receive now due to Eldercaring Coordination?

(Please check all that apply)

- Transport.
- Preparing meals.
- Shopping.
- Cleaning.
- Maintenance (e.g., household repairs).
- Garden care.
- Finances (e.g., banking and paying bills).
- Feeding them.
- Bathing and/or other types of personal care.
- In-home health care (e.g., overseeing their medication, physiotherapy).
- Coordination of health care or social care.
- Pet care.
- Other (please specify).

---

2.8 Do you attribute any change(s) of circumstances for the elder to the Eldercaring Coordination process?

- Yes.
- No.
- Not sure.

If YES, which change(s) specifically?

(Please check all that apply)

- Change in where they live and/or with whom.
- Change in the amount of care they receive now.
- Improved personal safety.
- Change in how they spend their time.
- Change in how their pet(s) are cared for.
- Other changes (please specify).

---

2.9 Are you satisfied with the level and type of care the elder receives now?

Yes.

No.

Not sure.

If NO, please explain.

---

2.10 How has the level of conflict been since starting Eldercaring Coordination?

Increased.

Decreased.

About the same.

2.11 Who was involved in the conflict?

(Please check all that apply)  The elder.

The elder's current spouse or partner [with legal rights].

The elder's partner or significant other [without legal rights].

The elder's previous spouse(s), partner(s), or significant other(s).

The elder's biological child(ren).

The elder's stepchild(ren).

Spouse(s), partner(s) or significant other(s) of their child(ren).

Spouse(s), partner(s) or significant other(s) of their stepchild(ren).

The elder's sibling(s).

The elder's stepsibling(s).

Extended family member(s).

Friend(s) or neighbour(s).

Non-related informal carer(s).

I don't know.

Professional(s) (please specify). \_\_\_\_\_

Other(s) (please specify). \_\_\_\_\_

2.12 Is the conflict still continuing?

Yes.

No.

Not sure.

If yes, who continues to be involved in the conflict? Please specify.

---

2.13 What issues were addressed through Eldercaring coordination?

(Please check all that apply).

- Family conflict in general.
- Elder's exposure to conflict.
- Elder's safety.
- Elder's place of residence.
- Who can spend time with the elder.
- Elder's finances.
- Who makes decisions for the elder.
- Elder's material possessions.
- Who provides care for the elder.
- Elder's medical practitioners or health care options.
- Managing the elder's memory loss.
- Managing the elder's decline in physical health.
- Managing the elder's mental health.
- Caring for the elder's pet(s).
- I don't know.
- Other (please specify). \_\_\_\_\_

2.14 Now that you have completed the Eldercaring Coordination process, do you think it was successful?

- Yes.
- No.
- Not sure.

2.15 How are relationships between the elder and the other participants?

- Better.
- About the same.
- Worse.
- Not sure.

2.16 How are relationships between you and the other participants?

- Better.
- About the same.
- Worse.
- Not sure.

2.17 How are relationships among the other participants in general?

- Better.
- About the same.
- Worse.
- Not sure.

2.18 Are the elder and other participants better able to talk with each other and respect each other's opinions?

- Yes.
- No.
- Not sure.

2.19 Do you now have a support group of family members or others you can call for assistance?

- Not relevant.
- Yes.
- No.

2.20 Do you now have professionals and services you can call for assistance?

- Not relevant.
- Yes.
- No.

2.21 Do you think that the ECC process has helped the elder, you and other participants address issues together without assistance?

- Not relevant.
- Yes.
- No.
- Not sure.

2.22 What words best describe how you felt during the Eldercaring Coordination process now that it is over?

- Uncomfortable.
- Hopeful.

- Worried.
- Satisfied.
- Empowered.
- Pressured to participate.
- Confused.
- Scared.
- Conflicted.
- Don't know.
- Other (please specify). \_\_\_\_\_

2.23 Would it be helpful to have a follow-up meeting in a few months with the Eldercaring Coordinator to evaluate the outcomes and discuss any issues?

- Yes.
- No.
- Not sure.

2.24 Overall, were you satisfied with the Eldercaring Coordination process?

- Yes.
- No.
- Not sure.

### 3 THE ELDERCARING COORDINATOR

3.1 What did the Eldercaring Coordinator do to address the issues or conflict?

(Please check all that apply).

- Helped to create an Eldercaring plan.
- Helped to modify an Eldercaring plan.
- Helped to implement an Eldercaring plan.
- Referred the participants to services or resources.
- Other (please specify). \_\_\_\_\_

3.2 The Eldercaring Coordinator referred the elder or participants to which of the following services or resources?

(Please check all that apply)

- Non-related carers.

- Lawyer or legal service.
- Guardianship Board.
- Clergy.
- Medical practitioner or health provider.
- Financial advisor.
- Office of the Public Advocate.
- Aged Rights Advocacy Service.
- Another advocate.
- Social Worker.
- Psychologist, counsellor, or family therapist.
- Other mental health provider.
- Funeral Director.
- Accountant.
- Business adviser.
- Nurse or nursing service.
- Mediator.
- Guardian.
- Aged Care provider or service.
- Palliative care practitioner or service.
- Other (please specify). \_\_\_\_\_

3.3 The Eldercaring Coordinator helped you make decisions regarding which of the following issues?

(Please check all that apply)

- Who will make certain decisions about the elder's care and safety.
- Procedure(s) to follow when making decisions about the elder's care and safety.  
     What resources to use to help make decisions about the elder's care.
- Other (please specify).

3.4 The Eldercaring Coordinator made decisions regarding which of the following issues?

(Please check all that apply)

- Who will make certain decisions about the elder's care and safety.

- Procedure(s) to follow when making decisions about the elder's care and safety.
  - What resources to use to help make decisions about the elder's care.
  - Other (please specify).
- 

3.5 What activities did you find most helpful?

(Please check all that apply)

- Meetings with the other participants and the Eldercaring Coordinator.
  - Calling on the Eldercaring Coordinator for support.
  - Learning how to communicate with the other participants better.
  - Formulating a plan to address issues.
  - Bringing in professionals during meetings to assist.
  - Referrals to community resources and service providers.
  - Other (please specify).
- 

3.6 Is there anything else that you wish your Eldercaring Coordinator had known or done that could have been helpful?

- Yes. If Yes, please explain: \_\_\_\_\_
- No.
- Not sure.

3.7 Are there any changes or additions you would make to improve this process?

(Please explain).

---

4 SAFETY CONCERNS

4.1 Did the Eldercaring Coordinator ask you questions to screen for elder abuse, neglect, and/or exploitation?

- Once, at the beginning of the process.
- Several times throughout the process.
- Never.

4.2 Did you feel comfortable answering openly and honestly?

- Yes.

No.

Not sure.

*If NO, please explain why not.* \_\_\_\_\_

4.3 Were there any safety concerns revealed regarding the elder during the Eldercaring Coordination process?

Yes.

No.

Not sure.

If YES, what safety concerns were revealed during the Eldercaring Coordination process?

(Please check all that apply)

Elder abuse.

Elder neglect.

Domestic violence or intimate partner violence.

Family violence.

Coercion.

Deception.

Exploitation or taking advantage of the elder.

Extortion or blackmail.

Fraud.

Kidnapping.

Theft.

Stalking.

Substance use.

Pet abuse or neglect.

Other (please specify).

\_\_\_\_\_

4.4 Were safety concerns revealed regarding another party, other than the elder, that was involved in the process?

Yes.

No.

I don't know.

4.5 Were authorities contacted during the process regarding any safety issue?

Yes.

No.

Not sure.

If YES, who of the following were notified?

Police.

Medical practitioner or health care provider.

Adult Safeguarding Unit.

Court or Tribunal.

Other (please specify).

---

4.6 Was there an Intervention Order or other court order in place?

Yes.

No.

Not sure.

If YES, what type of court order? \_\_\_\_\_

4.7 Do you have any concerns regarding the safety of the elder now that the Eldercaring coordination process is over?

Yes.

No.

Not sure.

If YES, please explain: \_\_\_\_\_

4.8 Do you have any concerns regarding the safety of any of the participants now that the Eldercaring Coordination process is over?

Yes.

No.

Not sure.

If YES, please explain: \_\_\_\_\_

4.9 Is there anything else you would like us to know?



## DID NOT PROCEED – SURVEY

*Eldercaring Coordinators* please answer a couple of questions on why this case did not proceed to *Eldercaring Coordination* (ECC). Evidence for arguing for legislative change.

### 1. Who initiated the case?

- The elder
- A son or daughter of the elder
- A spouse or partner of the elder
- Someone else (please specify) \_\_\_\_\_

### 2. Who referred this case to *Eldercaring Coordination*?

- A service (please specify) \_\_\_\_\_
- Friend or neighbour
- The elder
- Someone else (please specify) \_\_\_\_\_

### 3. Reason(s) why the case did not proceed to ECC (please check all that apply).

- Intake provided enough information to enable the parties to resolve their issue(s).
- Unable to contact the parties after receiving their initial enquiry.
- Referral(s) were made to a more appropriate service(s) (please check all that apply).
  - Legal or financial advice.
  - Counselling service.
  - Elder mediation.
  - Office for Public Advocate.
  - Adult Safeguarding Unit.
  - Family Dispute Resolution (FDR).
  - Other \_\_\_\_\_ (please \_\_\_\_\_ specify).
- There were safety concerns for the elder.
- There were safety concerns for others who would need to attend meetings.
- The initiator believed that *Eldercaring Coordination* would not help the situation or may worsen the situation.
- The elder would not attend voluntarily (please explain why not). \_\_\_\_\_
- The initiator or elder believed that the others would not attend voluntarily (please explain why not). \_\_\_\_\_
- Other reason(s), please specify. \_\_\_\_\_

THANK YOU

**Acknowledgments**

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**Conflicts of Interest**

There are no conflicts of interest to report.