Detecting and Preventing Financial Abuse of Older Adults
Decision making by health, social care and banking professionals

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Kent and Medway Safeguarding Vulnerable Adults Network Meeting
nda Financial Elder Abuse Project

Grant Holders

Prof Mary Gilhooly  Brunel University
Dr Priscilla Harries  Brunel University
Prof Ken Gilhooly  Hertfordshire University
Prof Catherine Hennessy  Plymouth University
Dr Tony Gilbert  Plymouth University
Prof David Stanley  Northumbria University
Ms Bridget Penhale  University of Sheffield
Project Partners

Action on Elder Abuse
British Association of Social Workers
Age UK
HSBC
North Tyneside Council
Relatives and Residents Association
Peninsula Care Sector Group
Peninsula Primary Care Research Network

Gary Fitzgerald
Ms Ruth Cartwright
Mary Cox
Mary Walsh/Neil Shadbolt
Alison Tombs
Dr Gillian Dalley
Ms Gill Fairhurst
Prof John Campbell
Aim

The aim was to investigate how different professional groups make decisions when they suspect financial elder abuse.
Why study elder financial abuse?

- Financial abuse was chosen as the subject of this study because it is often said to be one of the most prevalent forms of abuse,
- and yet has been one of the least studied.

- Financial abuse of people with dementia or declining cognitive and physical functioning is of growing concern.

- It is equally important to protect professionals and carers from unfair allegations of financial abuse, as it
  is to safeguard the assets of vulnerable older people.
Why study decision making?

- The methods of decision science would bring methodological rigour to an area of research (elder abuse) often characterized poor methodology and lack of theoretical underpinning.

- Decision making research offers considerable potential for training.

- The main grant holders had had a long standing interest in a particular area of research, namely bystander intervention.
  - Provided theoretical underpinning
Research on Bystander Intervention
Catherine Genovese

Murdered 1964

38 people saw this happen
no one reported the murder (said the New York Times)
James Bulger
Age 2
Murdered 1993

Being led away from the shopping centre by Thompson and Venables.

These two boys were 10 years old.

38 people noticed James Bulger
Peter Connelly was a 17 month old boy who died after suffering more than 50 injuries over an 8 month period.

During this time he was repeatedly seen by Haringey Children’s services and NHS health professionals.
Bystander intervention - 5 stage model

1. Need to notice the event
2. Interpret - as an emergency
3. Assume personal responsibility
4. Feel competent/able to help
5. Help

A break in any one of these steps would lead to a failure to intervene.
These cases were, of course, emergencies.

We have gone some way to understanding why decision making goes so terribly wrong in cases of murder.

But what happens in cases – such as financial elder abuse - where it might less clear that something suspicious is happening?
Project Design
PHASE I
Semi-structured interviews

PHASE II
Experiments on Decision Making

PHASE III
Policy analysis

Detecting Financial Elder Abuse
PLAN TODAY

Overview of the methods

Report some of the key findings
PHASE I

Semi-structured interviews
1. What are the cues that trigger suspicions of financial abuse?

2. What decisions are made or have to be made?

3. What are the features that make decisions difficult?
“Any numerical, verbal, graphical, pictorial, or other sensory information which is available to a judge for potential use in forming a judgment for a specific case and/or which is available in the ecology for making predictions about the value of a distal criterion”
Data collection

- Semi-structured interviews applying the Critical Incident Technique (to learn about real world cases of financial elder abuse).
- 112 critical incidents of financial abuse were identified (35 from social care, 42 from health and 35 from banking professionals).
Research Questions:

1. What are the cues that trigger suspicions of financial abuse?
Cues that trigger suspicions of financial abuse

- Large number of different cues

Cue categories developed

<table>
<thead>
<tr>
<th>Social care and Health cues</th>
<th>Banking cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifier of abuse</td>
<td>1. Identifier of abuse</td>
</tr>
<tr>
<td>3. Physical capacity</td>
<td>3. Who is in charge of the money?</td>
</tr>
<tr>
<td>4. Mental capacity</td>
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</tbody>
</table>
### Cues that trigger suspicions of financial abuse

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<td></td>
</tr>
<tr>
<td>Cue 1 – Identifier of abuse</td>
<td>Quote</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>• Directly observed</td>
<td>e.g. Older person</td>
</tr>
<tr>
<td>• Another member of staff</td>
<td>&quot;on this occasion she said that her carer had</td>
</tr>
<tr>
<td>• Another professional</td>
<td>come in to her house on that morning and</td>
</tr>
<tr>
<td>• Family</td>
<td>had taken money from her purse”</td>
</tr>
<tr>
<td>• Friend</td>
<td>(Occupational Therapist)</td>
</tr>
<tr>
<td>• Older Person</td>
<td></td>
</tr>
</tbody>
</table>
### Cues that trigger suspicions of financial abuse

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<tr>
<td>1. Identifier of abuse</td>
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<tr>
<td>2. <strong>Financial problem suspected</strong></td>
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</tr>
<tr>
<td>3. Physical capacity</td>
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</table>
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<table>
<thead>
<tr>
<th><strong>Cue 2 – Financial problem suspected</strong></th>
<th><strong>Quote</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rogue trader</td>
<td>e.g. Stealing</td>
</tr>
<tr>
<td>• Anomalies between finances and living conditions</td>
<td>&quot;...[the carer] went to the machine with the grandson who was supposed to get out £50, he got out £100; he gave the carer £50 and he went ‘she’ll never know’. The carer immediately reported it to me…” (Social Worker)</td>
</tr>
<tr>
<td>• Unknown befrienders</td>
<td></td>
</tr>
<tr>
<td>• Inheritance concerns</td>
<td></td>
</tr>
<tr>
<td>• Change to Will</td>
<td></td>
</tr>
<tr>
<td>• Well recognised scams</td>
<td></td>
</tr>
<tr>
<td>• Stealing</td>
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</tr>
<tr>
<td>Cue 3 – Physical capacity</td>
<td>Quote</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>• Minor physical health problems</td>
<td>e.g. Major physical health problem &quot;...the lady was restricted physically and this made her dependent on others to get her shopping, pay bills etc.&quot;</td>
</tr>
<tr>
<td>• Major physical health problems</td>
<td>(District Nurse)</td>
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Cues that trigger suspicions of financial abuse

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<table>
<thead>
<tr>
<th>Cues 4 – Mental capacity</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Slightly confused</td>
<td>e.g. Extremely confused and forgetful</td>
</tr>
<tr>
<td>• Extremely confused and forgetful</td>
<td>&quot;...a gentleman who was extremely confused told me that he had amended his will to include the cleaner.&quot;</td>
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<tr>
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<td>(Occupational therapist)</td>
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# Cues that trigger suspicions of financial abuse

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- **Social care and Health cues**
  - Identifier of abuse
  - Financial problem suspected
  - Physical capacity
  - Mental capacity

- **Banking cues**
  - Identifier of abuse
  - Financial problem suspected
  - Who is in charge of the money?
<table>
<thead>
<tr>
<th>Cue 3 – Who is in charge of the money? (Banking)</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Independently manages their own money</td>
<td>e.g. has a third party signatory</td>
</tr>
<tr>
<td>• Has a lasting power of attorney</td>
<td>&quot;her son had put a third party mandate on her account which means that he’s got certain controls over her finances...it just didn’t seem right”</td>
</tr>
<tr>
<td>• Has a third party signatory</td>
<td>(Cashier)</td>
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Research Questions:

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Research Questions:

3. What are the features that make decisions difficult?
Features that make decisions difficult:

Health professionals

• Lack of training
  “I’ve never been on any formal training to deal with financial abuse of an older person..”
  (General Practitioner)

• Consequences of raising alarm
  “…you may stop the older person being financially abused but what if the abuser was a family member? What if that was their only means of social contact? Isn’t that loss of contact worse than being financially abused?” (General Practitioner)
Social care professionals

- **Consequences of raising alarm**
  
  “…we have to be very careful…if one member of staff witnesses something against another often there could be bullying afterwards…”

  (Adult protection coordinator)

- **Working with other agencies**

  "It’s always difficult, they (banks) won’t discuss anything with us because of data protection you know, you’ve got to have the client up there or the client’s permission." (Senior support worker)
Banking professionals

- **Policies restricting**
  "well the problem we have is data protection. Now we are very concerned you know, if we breach that...it’s all very well and good if it turns out to be a genuine case but if we’ve misread the signs then we’re in breach of data protection. So, you know, we’re a bit unsure of what exact procedures we can take"  
  (Branch Manager)

- **No single policy guidance**
  “I don’t think there is anything that deals with that particular issue”  
  (Cashier)
The need for Guidelines and Training

“It would be helpful if there was a list of things to look out for and identify what financial abuse is. How to spot the signs” (Cashier)

"Physically, yes the system helps you to monitor the culprits but the financial one is difficult to detect. Unless somebody gives you some information about what to look for you have no idea” (Social Worker)

"I’ve not been trained to pick up on signs of financial abuse, so I don’t go into a situation looking for it - I go in to treat the patient. I suppose we need to be better informed as to what to look for and how to deal with abuse in order for us to be more confident to come forward and say that we suspect it" (General Practitioner)
1. Wide range of cues used
2. Some cues appear more important than others
3. Bankers use slightly different cues compared to health and social care professionals
4. Barriers to taking action were identified
PHASE II
Case scenario judgement task
Phase III - Key questions to answer today

1. Which cues had the greatest influence on decision making?

2. What actions did people select in response to suspected abuse?
## Phase II - Participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>n</th>
<th>Job-roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health professionals</td>
<td>82</td>
<td>GP’s, OT’s, District nurses</td>
</tr>
<tr>
<td>Social care professionals</td>
<td>70</td>
<td>Social workers, Care managers, Adult protection staff</td>
</tr>
<tr>
<td>Banking professionals</td>
<td>70</td>
<td>Cashiers, branch managers, financial advisors</td>
</tr>
</tbody>
</table>
“This scenario is about a 66 year old male. Another professional tells you that recently a change to this older person’s will has been made, leaving all possessions to the cleaner. This older person has major physical health problems. He is extremely confused and forgetful and lives in his own home with a care package.”
This scenario is about a 66 year old male. Another professional tells you that recently a change to this older person’s will has been made, leaving all possessions to the cleaner. This older person has major physical health problems. He is extremely confused and forgetful and lives in his own home with a care package.
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The health and social care professionals accessed the case scenarios via the World Wide Web.

They had 65 case scenarios to judge. Fifteen of the scenarios were repeats in order to check for consistency.

The banking professionals judged 46 case scenarios, which included 11 repetitions.
Dependent Variables (Judgements):

(1) Certainty of abuse
(2) Likelihood of taking action
(3) Choice of action
Overview of the Phase II task

Professionals were asked to judge a series of case scenarios. This scenario is about a 66 year old male. Another professional tells you that recently a change to this older person's will has been made, leaving all possessions to the cleaner. This older person has major physical health problems. He is extremely confused and forgetful and lives in his own home.

Move the sliders on the scales to indicate your judgement on this case.

certain abuse is not occurring  
certain abuse is occurring

unlikely to take action  
likely to take action

If you were likely to take action, please tick those which you would choose. You can tick as many as you wish.

Monitor Situation  
Gather further information  
Consult internally with colleagues/managers  
Call strategy/team meeting  
Consult with outside organisations  
Implement Safeguarding procedures

Confirm
Framework for analysis

(1) Regression techniques to identify the importance of each of the factors in respondents’ decision making

(2) Cluster analysis to group participants according to their judgments about the certainty that financial abuse is occurring and likelihood of taking action
Social care and health professionals
Q. Which cues had the greatest influence on decision making?

Social care and health professionals

<table>
<thead>
<tr>
<th>Cues</th>
<th>Social Care</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental capacity</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Financial problem</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Identifier</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Physical capacity</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Living circs</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Age</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*** P = < . 001
Q. What actions did people select in response to suspected abuse?

Mean % each action was selected by social care and health professionals

<table>
<thead>
<tr>
<th>Group</th>
<th>Monitor</th>
<th>Gather info</th>
<th>Consult internally</th>
<th>Strategy meeting</th>
<th>Consult outside</th>
<th>Implement safeguarding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>53</td>
<td>71</td>
<td>49</td>
<td>24</td>
<td>34</td>
<td>21</td>
</tr>
<tr>
<td>Social care</td>
<td>54</td>
<td>75</td>
<td>53</td>
<td>29</td>
<td>39</td>
<td>25</td>
</tr>
<tr>
<td>Health</td>
<td>52</td>
<td>67</td>
<td>46</td>
<td>19</td>
<td>29</td>
<td>18</td>
</tr>
</tbody>
</table>

Independent sample t-tests identified that the difference between action scores for social care and health professionals was significant.
Banking professionals
Q. Which cues had the greatest influence on decision making?

Banking professionals

- Financial problem ***
- Mental capacity ***
- In charge of the money? ***
- Identifier
- Age
- Gender
- Physical capacity

Variance explained

*** P = < .001
Financial problem suspected and certainty of abuse

- Overseas cash prize
- Third party manipulation
- Relative inheritance
- Out of ordinary cash withdrawal
- Overdrawn account

Certainty (%)
Who is in charge of the money, and certainty of abuse

- A third party signatory
- Lasting power of attorney
- In charge of their own money

Certainty (%)

0 10 20 30 40 50 60 70 80 90 100

Banking
Q. What actions did people select in response to suspected abuse?

Mean % each action was selected by banking professionals

<table>
<thead>
<tr>
<th>Informal enquiries</th>
<th>Monitor</th>
<th>Gather info</th>
<th>Consult internally</th>
<th>Consult externally</th>
<th>Protect customers finances</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>48</td>
<td>62</td>
<td>38</td>
<td>15</td>
<td>35</td>
</tr>
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</table>
Q. Which characteristics of the decision maker help explain decision making?

**Overall**
The characteristics of the decision makers had little influence on the decisions they made.

*Years of experience, gender, etc did not influence certainty of identifying financial abuse or the likelihood of taking action.*

**However**
For the social care and health professionals, age was found to have a significant impact on judgements.

*Those in the young age band (21-33 years) and those aged 47-59 years tended to be more certain in their judgements of financial abuse and were more likely to take action.*

*Age/years of experience did not influence the judgements made by those in banking.*
Phase II - Summary

1. Which cues had the greatest influence on decision making?
   - Social care and health professionals: Financial problem suspected, and the individuals mental capacity.
   - Banking professionals: Financial problem suspected, the individuals mental capacity and ‘who was in charge of the money?’.
2. What actions did people select in response to suspected abuse?

- Social care professionals more likely than health professionals to take actions at the ‘stronger’ end of the scale, such as consulting externally.

- Banking professionals: Most commonly ‘Gather information’, ‘Consult externally’ was least common.
Interpretation of Findings
Bystander intervention - 5 stage model

Decision making is complex

1. Need to notice the event (the cues of abuse)
2. Interpret - as an emergency (financial abuse)
3. Assume personal responsibility
4. Feel competent/able to help (job allows action)
5. Help (decide what action to take)

A break in any one of these steps would lead to a failure to intervene.
Bystander intervention
5 stage model

1. Need to notice ‘something’ (the cues)
   - Rare for a health, social care or banking professional to actually witness financial elder abuse (to obtain the cues directly)
   - Reliance on others reporting a ‘problem’
   - Do we need better systems of reporting to ensure that the ‘cues’ are brought to the attention of safeguarding professionals?
   - Would mandatory reporting be helpful?
Bystander intervention
5 stage model

1. Need to notice the event

2. Interpret - as financial abuse
   • If the person reporting the abuse is the abused person and there are doubts about that person’s mental capacity, certainty that abuse has taken place is harder to achieve.
   • How risky is it to act when there is uncertainty?
5 stage model

1. Need to notice the event
2. Interpret - as an emergency
3. **Assume personal responsibility**
   - Difficult to research
   - People are reluctant to reveal that they knew abuse was occurring but chose not to take responsibility.
   - Some felt conflict between need to respect patients’ wishes and confidentiality
   - The ‘identifier’ of the abuse might also not take responsibility for reporting the abuse to a professional
   - How could systems for encouraging more people to take personal responsibility be developed?
5 stage model

1. Need to notice the event
2. Interpret - as an emergency
3. Assume personal responsibility
4. **Feel competent/able to help**
   - Job requirements may prevent intervention
   - Social norms sometimes prevent people (including family members) taking action
     - UK norms of non-intervention seem especially strong
   - Would a public awareness raising campaign help?
   - Would a campaign aimed at older people be useful?
5 stage model

1. Need to notice the event (the cues)
2. Interpret - as an emergency (financial abuse)
3. Assume personal responsibility (?)
4. Feel competent to help (job allows action)
5. Help
   • For junior staff decision making is easy because what is involved is reporting to someone else.
   • Group versus individual decision making
   • Is group decision making more or less risky?
Small exploratory study

Detecting Elder Financial Abuse

More questions than answers
Key findings and Questions

- Many cues available – Why so few used?

- Mental capacity as a cue – Problematic?

- Some reluctance to act – Would mandatory reporting help or hinder?
Thank you

Any questions? Any answers?

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