Research Digest
NDA Project Design and Main Findings
Detecting and Preventing Financial Abuse of Older Adults

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With
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Working Paper 10

Series Title
NDA Project:
Detecting and Preventing Financial Abuse of Older Adults
The New Dynamics of Ageing Programme is a seven year multidisciplinary research initiative with the ultimate aim of improving quality of life of older people. The programme is a unique collaboration between five UK Research Councils - ESRC, EPSRC, BBSRC, MRC and AHRC - and is the largest and most ambitious research programme on ageing ever mounted in the UK.

The programme aims to develop practical policy and implementation guidance and novel scientific, technological and design responses to help older people enjoy better quality lives as they age. This requires integrating understandings of the changing meanings, representations and experiences of ageing and the key factors shaping them (including behavioural, biological, clinical, cultural, historical, social, economic and technological), through direct engagement with older people and user organisations. The programme will harness inputs from a wide range of disciplines to reveal the dynamic interplay between ageing individuals and their changing technological, cultural, social and physical environments - local, national and global - and to develop methods and means for overcoming the consequent constraints on the quality of life of older people.

Project Title: Detecting and Preventing Financial Abuse of Older Adults: An Examination of Decision-Making by Managers and Professionals

ESRC Ref : RES-352-25-0026

Project Dates: September 15, 2008-March 30, 2011

Working Paper Series Editor: Prof Mary Gilhooly

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The views expressed in this Working Paper are those of the authors and do not necessarily represent the views of the ESRC or the New Dynamics of Ageing Programme and its Director, Professor Alan Walker.
NDA PROJECT TITLE

Detecting and Preventing Financial Abuse of Older Adults:
An Examination of Decision-Making by Managers and Professionals

ESRC REFERENCE

RES-352-25-0026

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Please references as

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Research Digest:
NDA Project Design and Main Findings:
Detecting and Preventing Financial Abuse of Older Adults

Abstract

Aims and Objectives
The aim of this study was to examine decision-making by health, social care and banking professionals in relation to the detection of financial elder 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.

Methods
The study reported here is about a three phase project on real world judgment and decision making by social care, health and banking professionals in detecting financial elder abuse. The three phases correspond to three data collection methods:

Phase I involved in-depth interviews using the critical incident technique to generate an understanding of factors likely to influence decision making about suspected cases of financial abuse.

Phase II involved experiments using case vignettes (factorial surveys) to test hypotheses about the factors most important in decision making about financial abuse.

Phase III involved a review of policy documents concerning financial elder abuse. Documents from both voluntary and professional agencies were analysed to assess how much they said about how decisions should be made.

Findings and Conclusions
Although elder abuse is commonly discussed in the academic literature, no empirical research has been conducted before now of how health, social care and banking professionals make decisions when confronting cases of suspected elder financial abuse.

Of the many factors that could be used in decision making, only a few appear to persuade professionals that financial abuse is taking place. Likewise, only a handful of factors influence decision making in relation to actions taken. The cues that exert the greatest influence are the mental capacity of the older person, the nature of the financial problem and, in the case of those in banking, who is in charge of the money.

The characteristics of the decision making professionals appeared to have little influence on the decisions they made. Age, years of experience, gender, etc did not influence certainty of identifying financial abuse or the likelihood they would take action.

The policy analysis revealed little comparative evaluation of the efficiency of safeguarding procedures in different authorities and no evidence base underpinning the effectiveness of decision making in cases of suspected financial abuse.

While the cues reported in this study show a family resemblance to those listed in advice documents, this study is unique in its focus on real world cases and its placement of the study within the field of judgement and decision making research.

The case scenarios developed for this project have potential for training health, social care and banking professionals in consistent and competent decision making in relation to elder financial abuse.
PART ONE: INTRODUCTION

Background and purpose of this report

Financial abuse of older people is gaining increased attention from both policy makers and researchers around the world. A key factor which has resulted in this increasing interest has been proposed estimates of the increasing proportion of older people in the population and risks of abuse taking place (O’Keefe, et al. 2007). Furthermore, the higher relative wealth of older people, coupled with their vulnerability to physical and mental health problems, are believed to be contributing factors to the increased risk of financial elder abuse (Kemp and Mosqueda, 2005).

The Department of Health (DoH) and Home Office defined financial abuse in No Secrets (2000) as: “financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.”

In 2008, a New Dynamics of Ageing funded project was undertaken, to examine decision-making in relation to the detection of financial abuse of older people. This report represents the culmination of two years of work carried out by Brunel University.

Key aims of this study were to:

- Increase our knowledge in the area of financial elder abuse
- Add to our knowledge in the field of decision making
- Provide a picture of institutional policies and responses to the growing concern about financial elder abuse.

This research was important to better understand the decision making process in suspected cases of financial elder abuse, as this has implications for accurate detection and intervention.

Partnership

This project was fully supported by the Project Management Board team which consisted of professionals with varying expertise from public bodies, businesses and charities. The following people and their organisations deserve recognition for their valuable input throughout the project:

- Prof David Stanley, Northumbria University
- Mr Gary Fitzgerald, Action on Elder Abuse
- Ms Mary Walsh, HSBC
- Mr Neil Shadbolt, HSBC
- Mr Mark Attfield, HSBC
- Ms Alison Tombs, North Tyneside Council
- Dr Tony Gilbert, Plymouth University
- Ms Bridget Penhale, University of Sheffield
- Ms Ruth Cartwright, British Association of Social Workers
- Ms Mary Cox, Age UK
- Prof Catherine Hennessy, Plymouth University
- Ms Theresa Le Fort, Older Peoples Reference Group
- Dr Gillian Dalley, Relatives and Residents Association
- Ms Gill Fairhurst, Peninsula Care Sector Group Professor
- Prof John Campbell, Peninsula Primary Care Research Network
- DC Mike Hirst, Metropolitan Police

Additional thanks must be given to Mr James O’Sullivan from the Banking Society Association (BSA) and Mr Colin Angel from the UK Homecare Association Ltd (UKHCA) who provided support in the recruitment of participants for Phase I and Phase II of the study.
PART TWO: PROJECT OUTLINE

Background

The abuse of older people has been of concern for some time (Penhale, 1993). Mervyn Eastman (1984) produced a book, commissioned by Age Concern England, more than 20 years ago called Old Age Abuse. Although the book was primarily about physical abuse, and abuse within the family setting, Eastman defined old age abuse as “the systematic maltreatment, physical, emotional or financial, of an elderly person by a care-giving relative”. Research over the intervening period has provided information on factors associated with those known to have been abused or suspected of having been abused (Shugarman et al 2003); factors associated with abusers (Reay and Browne 2001) and; the nature and prevalence of elder abuse (Pillemer and Finklehor, 1988; Ogg, 1993; O’Keefe et al., 2007). For example, statistics from the 2007 Prevalence Survey Report by King’s College, London and National Centre for Social Research on behalf of Comic Relief and the Department of Health, reported that approximately 57,000 people aged 66 and over had experienced financial abuse in the past year; making it the second most prevalent type of abuse after neglect in the UK (O’Keefe et al., 2007). In addition, numerous policy papers have been published (DH, 1992; DH 2000), guidelines prepared (Salveson and Jeffreys 1999) and training courses offered. Not long ago the House of Commons Health Committee produced a major report on elder abuse (House of Commons Health Committee 2004: Secretary of State for Health 2004) and Help the Aged produced a review of financial elder abuse literature (Crosby et al., 2008) and identified legislation that could be drawn upon in response to cases of abuse. Nevertheless, it is still possible to agree with Filinsson (1989) who noted that “research on elder abuse is sparse, methodologically weak and theoretically insubstantial”.

Even though there are many papers about factors thought to be associated with elder abuse, there has been remarkably little empirical research on how professionals actually go about making decisions in relation to the detection and reporting of elder abuse generally, or whether they say they take into consideration when making decisions bears any relationship to what, when faced with a real case, they actually base judgements upon. In addition, what research exists on detecting elder abuse has largely been carried out with health and social care professionals. Few studies were found on how decisions are made by staff in banks or others involved in asset management in relation to suspected financial abuse.

Banks often play an important role in assisting older people and relatives who manage their assets (Harris 2005). Banks have in recent years come to recognise that they may be exposed to liability if, for example, personnel carry out transactions in which is it suspected that an adult child might be exploiting a parent financially. However, personnel in banks are in a difficult position when they suspect financial abuse because they may be seen as interfering in a private matter if they act on their suspicions. How bank personnel or others involved in asset management manage these complexities and make decisions has yet to be researched.

Although policies and guidelines might indicate what should be done once financial abuse is identified, as well as indicate who is responsible for acting after identification, the identification of financial elder abuse itself involves using complex judgments as part of the decision making process.

Decision making and judgment have to some extent been looked at as distinct research areas despite the association between the processes both in terms of lay understanding and research driven definitions. Goldstein and Hogarth (1997) describe judgments to be how people integrate information and the extent to which the judgment corresponds to the information available, whereas decision making focuses more on the outcome in terms of a person’s actions or choices, and how these could be improved. Although the judgment analysis approach has been applied extensively to investigate professional decision making, this approach has not been used to investigate the identification of financial elder abuse.

Furthermore, there is limited research into financial elder abuse from a professional perspective, and hence only a limited evidence base with which to inform professional training. Understanding the factors used by health, social care and banking professionals to identify financial elder abuse will allow the sharing of
practice experience. This may in turn help to make services more effective, which would ultimately assist in ensuring financially abused people are properly protected.

Aim
The aim of this project was to examine decision-making in relation to the detection of financial abuse of older people.

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. While it is recognised that defining financial abuse is problematic (Langan and Means, 1996), for the purposes of this study, financial abuse has been conceptualised as occurring when an elderly dependant’s finances were exploited or appropriated for personal gain.

Design and Methods
The study reported here is part of a three phase project on real world judgment and decision making by social work, health and banking professionals in detecting elder financial abuse. The three phases correspond to three data collection methods:

Phase I - In-depth interviews using critical incident technique (CIT). The purpose of Phase I is to identify the case features (decision cues) used in judging whether or not a case represents financial abuse. These cues will then be used to develop case scenarios for the next phase.

Phase II - Experiments using case vignettes (factorial surveys) to test hypotheses about the factors that account for the greatest variance in judgment and decision making about financial abuse.

Phase III- Analysis of policy documents and guidelines with the aim of comparing recommendations with actual practice. The first phase is needed to design the second phase, while analysis of policy documents runs in parallel with the interviews and the experiments. Because it cannot be completed until Phase I and II are completed, the policy analysis is labelled as Phase III.

The first and second phases ran consecutively, while analysis of policy documents ran in parallel with the surveys and the experiments. Because it could not be completed until Phase I and II were completed it was labelled as Phase III.

No extant data sets were located which would have enabled the research questions posed for this project to be answered. This study, therefore, required collecting new data using a mixed methods approach. The detailed research questions and methods for each of these three phases are outlined below:

Phase I – In depth Interviews
In-depth interviews were conducted with health, social care and banking professionals. The objective of this phase of the study was to elicit the factors relevant to decisions about suspected cases of financial abuse.

Research Questions
As in other decision-making domains, in this phase of the study the following questions guided analysis of stories generated using critical incident technique:

1. What are the cues or patterns that are perceived as raising suspicions of financial abuse?
2. What kinds of decisions are made or have to be made?
3. What are the features that make decisions difficult?

Phase II - Experiments using case vignettes
The main objective of this phase of the study was to quantify the relative importance of factors involved in key decisions around suspected financial abuse. Case scenarios (vignettes) were constructed using the factorial
survey method. Respondents were asked to make judgements concerning, for example, level of certainty that financial abuse was occurring, likelihood of intervention and type of intervention.

Research Questions
1. Which case features explain the greatest variance (i.e. are the most salient and important) in decision-making?
2. Which characteristics of the decision-maker help explain decision-making? (For example, is the decision-maker’s gender, ethnicity, age or experience of special relevance in decision making?)

Phase III - Analysis of policy documents and guidelines
The main objective of this phase of the study was to make comparisons between what is deemed to be good practice in relation to detecting and intervening in situations of financial abuse, and what actually happens. The policy analysis team reviewed two key categories of document:

1. Reports and guidance which supported the development of policy and practice guidelines relating to adult abuse and,
2. Safeguarding documents from local authorities, health trusts and banks.

Research Questions
1. Are there commonalities in policies and guidelines as to what cues or patterns should raise suspicions of financial elder abuse and what should then happen in terms of intervention?
2. To what extent do current policies and guidelines on detecting and intervening in cases of suspected financial elder abuse match what actually happens in situations of real world decision making?

PART THREE: SUMMARY OF FINDINGS

Phase I - In depth interviews
Investigating decision making in the context of financial elder abuse requires a phased approach to research, needing to firstly identify the different contexts in which financial abuse might occur as well as the key cues as described by social care, health and banking professionals. Data was collected via semi-structured interviews applying the critical incident technique to investigate professionals’ experiences. This was the first phase of a three-phase project, aiming to investigate the experience of decision making in the context of financial elder abuse using a mixed methods approach. Only those who had experience of dealing with older people and at least one experience of suspected financial elder abuse were included in this phase.

Procedure
In the main, interviews took place in the participants’ place of work (n = 50). Eleven interviews took place on the telephone and two were carried out in a public social area. For all interviews, arrangements were made by telephone and a letter was then sent out confirming the agreed date, time and place of the interview. Contact details were provided to give participants the opportunity to ask any questions prior to the interview or to cancel/change the appointment.

Participants were required to give informed consent, and were provided with an information sheet highlighting that any case examples would be referred to anonymously in reporting. At the end of each interview participants were also asked to complete a demographic information sheet. For interviews carried out over the telephone, participants were sent a copy of the consent form prior to the interview and on receiving the signed form, an interview date was arranged. The interviews lasted approximately 35 minutes. Thank you gift vouchers of £10 were provided for involvement.
Each interview was transcribed verbatim; the N*Vivo software package was utilised to organise the qualitative data. To ensure an accurate representation of the interview content (Braun & Clarke, 2006), the transcripts were cross-referenced against the taped recording, providing an opportunity for initial familiarisation with the data for the researchers.

**Participant Sample**

**Social care professional participants**
The purposive sample consisted of 23 social care professionals (21 females, 2 males) who ranged in age from 27 to 66 years old, with 11 recruited from South West London, 2 from North West London and 10 from Kent. Participants’ length of service in their role ranged from 1 to 21 years. Participants’ ethnic origins were White (n = 19), Indian (n = 1) and Black-Caribbean (n = 3). Job roles also varied across participants including care home managers, social workers, support workers and adult protection co-ordinators. It must be noted that there was regional variation in the titles applied. For example, Safeguarding Vulnerable Adults Co-ordinator was identified as comparable to Adult Protection Co-ordinator.

**Health professional participants**
The 20 health professionals (18 females, 2 males) ranged in age from 27 to 58 years old, with 2 recruited from South West London, 8 from North West London, 4 from Berkshire, 2 from West Kent, 1 from Devon, 1 from Coventry, 1 from Forth Valley and 1 from Lanarkshire. Participants’ length of service in their job role ranged from 2 to 28 years. Participants’ ethnic origins were White (n = 19) and Black-Other (n = 1). Job roles also varied across participants including Occupation Therapists, General Practitioners, District Nurses, and a Service Manager.

**Banking professional groups**
The 20 banking professionals (15 females, 5 males) ranged in age from 20 to 60 years old, with 5 recruited from North West London, 1 from South West London, 6 from Berkshire, 4 from Kent, 1 from Newcastle, 1 from the West Midlands, 1 from West Yorkshire and 1 from Central London. Participants’ length of service in their job role ranged from 9 months to 25 years. Participants’ ethnic origin was White (n = 20). Job roles also varied across participants including Branch Managers, Cashiers, Team Managers, Call Centre Agents, Financial Crime Staff, a Senior Case Reviewer, an Investment Administration Manager and a Customer’s Advisor.

Across the interviews, 112 critical incidents of financial abuse were identified (35 from social care, 42 from health and 35 from banking professionals).

**Research Questions**

Q1. What are the cues or patterns that are perceived as raising suspicions of financial abuse?

In the field of judgment analysis and decision making the term cue is used to refer to any piece of information an individual could potentially draw upon when making a judgment (Cooksey, 1996). Thus, when making a judgment concerning financial abuse, a cue could be any case feature that led to abuse being suspected.

Only three principle cues were identified that raised social care professionals’ suspicions of elder financial abuse: (1) the person who identified the abuse (‘the identifier’); (2) the ‘financial problem suspected’ and (3) the ‘mental capacity of the older person’. The same three cues were reported by health professionals along with a fourth cue: (4) the ‘physical capacity of the older person’.

For banking professionals, three principle cues were identified that raised suspicions of financial elder abuse: (1) the person who reported the abuse (the ‘identifier’), (2) the ‘financial problem suspected’ and (3) ‘who is in charge of the older person’s money’.

Each cue will now be considered in turn, with quotes used where appropriate to explain the link with the identification of financial elder abuse.
1. **Identifier of Abuse**

   The route or path through which the case emerged was found to be the first key decision cue when identifying financial abuse. Although all three professional groups described critical incidents where they directly observed signs of abuse (n = 42); in the main, a larger number of cases were reported to them by other people (n = 70). Those who reported cases included family members, friends, other professionals and the older person at the centre of the abuse:

   "...one of my clients mentioned that his friend had taken some money out of his coat pocket without his consent..."  
   (Assistant Care Manager)

   Of the three professional groups, social care professionals were more reliant on reported cases of financial abuse. The higher number of reported (n = 31) rather than directly observed cases (n = 4) may be reflective of the formal processes by which adult protection cases are dealt with. It is also unsurprising that there were more reported cases or referrals than directly observed as social care professionals’ work with a range of cases, not just those who are at risk of abuse.

   In contrast, health professionals directly observed a similar number of cases (n=18) as those reported to them by someone else (n = 24):

   "Well I had gone to visit this lady and the minute I walked into her house it was just...very cold. It was winter and the heating wasn’t on...When I asked her about it she said she couldn’t afford to put the heating on. I asked her if she was alright financially and she said that her nephew took care of everything. That raised immediate concern with me because I thought well why is this lady sitting in a cold room and why does she have no food in the cupboards? How well is he taking care of her?" (Occupational Therapist)

   Health professionals are not only in a position to witness cases of potential abuse (e.g. General Practitioners or District Nurses visiting patients at home) but they are also likely to be informed about cases of abuse; as patients are seen to hold them in a position of trust where sensitive information can be disclosed to them under the confines of patient confidentiality.

   Banking professionals directly observed slightly more cases of abuse (n = 20) than those reported to them by someone else (n = 15). The higher number of directly observed cases is unsurprising given that these professionals work within the financial sector, deal with monetary issues and work very closely with customers on a day-to-day basis. These professionals are also trained, as part of their role, to identify any unusual financial behaviors or transactions made by a customer:

   "I started noticing that she came into the branch almost every single day and was making large case withdrawals from her account" (Customer Advisor)

   The inclusion of ‘identifier of abuse’ as a cue category highlights the important position that social care, health and banking professionals are in to identify and address cases of financial elder abuse. Furthermore, it emphasises the reliance on being informed about suspected abuse by third parties. Although health and banking professionals identified a similar number of cases as those reported to them, these findings still highlight that reported suspicions are a key way in which financial abuse is initially brought to their attention; it is therefore important that different professionals work together to identify and address financial abuse effectively.

2. **Financial Problem Suspected**

   The financial problem suspected (critical incidents) was found to be the second key decision cue when identifying financial elder abuse (See Appendix 1 for examples of quotes for each financial problem suspected). The critical incidents reported by all three professional groups highlight the complex and diverse nature of financial abuse of older adults:
• **Anomalies between finances and living conditions**: where standards were thought to be poor given what was known about the individual’s financial situation, as well as where quality of living had suddenly changed.

• **Stealing from the home or person**: where items were suspected of having been taken from an older person’s property or from them directly, such as money from a coat pocket.

• **Unknown befrienders or rogue traders**: where strangers developed a “friendship” with particularly vulnerable older adults to gradually gain access to their finances and where builders charged for work without doing anything at all. (Abuse by befrienders and rogue traders were categorised together because both involved a more calculated intentional abuse, and were usually committed by someone previously unknown to the older person).

• **Financial anomalies in accounts or bills**: where there was an unexpected overdraft, or unpaid care fees even though the person had sufficient finance to pay.

• **Withdrawing unusually large sums of money**: where unusually large sums of money had been withdrawn from an older customers account.

• **Well recognised scams (e.g. winning the lottery abroad)**: where the older customer paid money to a fraudster in anticipation of receiving something of greater value.

• **Suspicious third parties**: where the third party attempted to take control of an older customer’s account.

• **Family trying to protect inheritance**: where family members were more interested in protecting their inheritance than making sure that their ageing relative was receiving the very best care.

• **Misuse of Power of Attorney**: where a lasting power of attorney managing an older customer’s finances had taken advantage of their position of trust.

• **Exerting undue influence to change wills or receive gifts**: where there was perceived pressure or coercion from a third party to receive gifts from the older person or for them to change their will. (Abuse of wills and gifting have been grouped together as a cue as both the content of a will, and the choice to give a present should be at the discretion of the older person).

The cue category ‘financial problem suspected’ highlights how professionals identify cases based on perceptions of what constitutes financial elder abuse. Examples of specific financial problems have been used in policy documents and research papers to suggest indicators of abuse that social care and banking professionals should look for or pay attention to. Some of the categories of financial problems that participants in this study identified draw parallels with suggestions provided in previous reports. For instance, in Ireland the Working Group on Elder Abuse (2002) identified “disparity between living conditions and assets” (page 73) as one indicator of potential financial abuse, although no evidence is provided as to how this cue was identified. Our findings provide some comment on why specific financial scenarios appear to raise suspicions of abuse. In the case of the cue ‘anomalies between finances and living conditions’, it seems that where an older adult is known to a professional, there is a reasonable level of awareness of the financial situation. This may then have a bearing on cues identified when they visit that older person.

Also, in 2010 the British Banking Association produced an advice document on safeguarding vulnerable customers and highlighted the types of fraud and scams that banking staff should look out for. These include ‘lottery schemes’ where victims receive unsolicited emails or letters promising huge winnings, invariably from an overseas lottery; ‘rogue tradesmen’ who perhaps asks for payment before beginning a job and never return and; ‘advance fee schemes’ where the victim pays money to a fraudster in anticipation of receiving something of greater value (for example a loan, contract, investment or gift), and then receives little or nothing in return.

Overall it seems that the use of ‘financial problem suspected’ as a cue suggests potential training opportunities for professionals to discuss and learn about different case experiences to help them identify similar cases.
3. **Mental Capacity**

Mental capacity was identified as the third key decision cue and was reported in 45 of the 77 critical incidents reported by health and social care professionals (20 critical incidents reported by social care and 25 from health professionals). Mental capacity was discussed in the context of ageing and specific conditions such as dementia. Where an older person was identified as lacking capacity to make decisions about finances, suspicion was raised for the potential of abuse as the older person was seen to be at greater risk. Interestingly, the analysis identified differences in opinion as to how capacity impacted upon professionals’ experiences of identifying and addressing financial abuse. In some cases, making decisions when older people lacked capacity was seen to be difficult:

"The problems come when we have the people who lack capacity, that's a complete nightmare." (Team Manager)

"knowing whether it's true or not, particularly working in mental health, working with people with Dementia or problems of cognitive impairment, they don't always tell the truth or they get muddled up with things...and quite a lot of people become quite paranoid and lose things but think that somebody's stolen from them; we get that quite a lot. It's difficult to know what's real and what's not" (Occupational Therapist)

In addition, if capacity was lacking and abuse was suspected, it was often harder to determine the details of what had actually happened:

"I think people find it very difficult if somebody's got severe cognitive impairment and they say 'I have £500 in that cupboard and it's disappeared and 2 of my cups have been stolen as well and 6 eggs'..." (Team Manager)

Conversely, some professionals indicated that decision making was easier when an older person was assessed as lacking capacity:

"...somebody who is severely demented and they own a property and they've no family or friends. That's easy because you know, we've assessed that they don't have capacity to manage their finances and they certainly don't have capacity to manage a property and therefore we apply for deputyship and that's very plain sailing..." (Social Worker)

Professionals also indicated that decision making was just as problematic when the older person had full mental capacity:

"...it was decided that he did have capacity, that he knew that she was taking the money and he was actively allowing her back in even though he knew she may take more money, which meant we couldn’t override him, he'd already said he didn't want it reported to the police even the ex-wife had spoken to the police, he then refused to report it and refused to pursue it, he felt that this lady was a friend; you know she'd been helping him and it was just a misunderstanding, she behaved badly but it was a misunderstanding." (Service Manager)

In addition to the implications of capacity assessment on the formal steps of decision making, professionals also have to establish the likely wishes of the older person. The following quote highlights that as a cue, a lack of capacity does not necessarily mean a situation is abusive:

"...if they had capacity and would be happy to give their son or daughter money, why would that change just because they don't have capacity?" (Team Manager)

In England and Wales, the Mental Capacity Act (2005) addresses the role of professionals in decision making when an individual does not have capacity to make a particular decision; and professionals are likely to have an awareness of their responsibilities in relation to this Act as a result of training. This may explain why particular attention is paid to individuals where capacity is questioned.

Overall it seems that this is an important cue to consider given the complex relationship between capacity and decision making.
4. **Physical Capacity**

The physical capacity of the victim of abuse emerged as the fourth key decision cue when identifying financial abuse for health professionals. Physical capacity was considered a key cue in 14 of the 42 critical incidents reported by health professionals. General practitioners (GPs), for example, provide primary and continuing medical care for patients’ and are usually the first contact for patients needing medical services. Some health professionals reported seeing a number of older patients on a daily occurrence and reported that with increasing physical health problems their ability to act independently was reduced, resulting in the dependency of others:

"the lady had a heart attack and her health had deteriorated somewhat. She was very dependent on others. She had poor mobility" (Occupational Therapist)

This may explain why health professionals pay attention to individuals where physical capacity is questioned.

5. **Who is in charge of the money**

The final key decision cue identified was ‘Who is in charge of the money’ by banking professionals. While only a few examples of this were reported as a cue for financial abuse (n = 3), this was added following discussion with various experts in the banking and social care field. This was considered an important way of identifying potential abuse particularly when the older person managed their own money or where someone else had some or full control of their finances.

On a few occasions banking professionals reported their initial concerns when the older person was in charge of their own money particularly in instances where they were transferring large sums of money to claim a cash prize or withdrawing unusually large sums of money to pay for building work. This was of particular concern if the older person appeared to particularly vulnerable.

A problem faced by older adults managing their own money is that industries are making it more difficult for them to do so safely through: bank closures; chip-and-pin; electronic management of accounts (Age Concern, 2006) and equity release schemes; particularly reversion schemes, which often offer poor value for the older person (Crosby et al., 2007). Furthermore, older vulnerable adults in charge of their own money are often at increased risk from being financially abused by such schemes (Coulter, 2006) or by someone that they know (e.g. friend, relative, care worker) (O’Keefe et al., 2007).

Banking professionals also reported concern when the older person had a third party with some or full control of their finances and they appeared to be taking advantage of their position of trust. However, this type of abuse was often considered difficult to identify because there is no direct supervision or accountability of attorneys. According to Action on Elder Abuse (2007), there is a problem with the ease at which perpetrators can gain control of an older person’s finances. For example, many high street banks require little or no paperwork to give control of someone’s bank accounts to a third party. Furthermore, formal systems such as Powers of Attorney and Enduring Power of Attorney have been characterised by their lack of regulation. For example, up until recently there was no standardised version of a Power of Attorney and it could be purchased from many high street stores (Action on Elder Abuse, 2007). However, improvements have been made as a result of the Mental Capacity Act (2005) whereby the Public Guardian registers authority for Lasting Powers of Attorney (LPA). These are similar to the current Enduring Power of Attorney, but allow people to choose someone (deputy) they trust to make health and welfare decisions, at a time in the future when they may not be able to do so for themselves. Nonetheless, as reported earlier in this report, it is not uncommon for LPA’s to abuse their position of trust at the expense of the older adult.

The next research question in Phase I aimed to identify the kinds of decision that were made by professionals when financial elder abuse was suspected.
Q2. What kinds of decisions are made or have to be made?  
Decision trees were created from Phase I analysis for each of the professional groups detailing the decisions they made when they suspected a case of financial abuse (See Figures 1, 2, 3).

Social Care Professionals
While the he social care professionals interviewed ranged in their job roles (e.g. social workers, adult protection staff, support workers), they each reported decisions that they made when financial elder abuse was suspected. The decision tree (see Figure 1) highlights the main decisions that emerged from the interviews.

Figure 1. Decision tree - Decisions that are made or have to be made by social care professionals
Step by Step Explanation of the Social Care Professional Decision Tree

Financial Elder Abuse Suspected
When a potential incident of financial elder abuse was raised, either as a result of being directly observed by the social care professional interviewed or by someone else (e.g. a family member, friend, carer), the first step often involved ‘ensuring the safety of the older person’:

"... once we’ve got the alert, the first thing we have to do is make sure a person’s safe...." (Safeguarding Adults Manager)

Does the older person have capacity to make financial decisions?
The next logical step for social care professionals involved assessing the mental capacity of the older person. Social care professionals are likely to have an awareness of their responsibilities in relation to the Mental Capacity Act (2005) and this may explain why a capacity assessment was considered important before further decisions were made around the suspected abuse:

"...when you’re talking about decision making, it’s all the stuff that’s becoming more and more integrated into practice now around the mental capacity act...and about that person making the decisions for themselves." (Safeguarding Vulnerable Adults Co-ordinator)

"... I wanted to assess his mental capacity, and he was very physically unwell but mentally had full mental capacity." (Adult Protection Co-ordinator)

Full Mental Capacity
If the older person had full mental capacity, and gave consent for the case to be investigated, the next step often involved preparing for action. This often involved documenting any evidence of abuse and discussing the case with relevant agencies:

"...only when we’ve got all the information together will we actually have a proper case conference and we will make a decision as to what we do." (Assistant Team Manager)

Lacking mental capacity
For older adults who lacked mental capacity, the next step often involved finding out if the individual had someone managing their finances:

"If they haven’t got capacity to make a decision then obviously i’d find...we would have to find out who had appointeeship over them, if it’s a family member, if it’s the council that had the decision making responsibility..." (Supporting People Manager)

Social care professionals reported that determining whether or not someone was acting on behalf of the older person in relation to their property, affairs and/or personal welfare; often enabled them to make the appropriate next steps in the decision making process.

Is Safeguarding Required?
Having established the mental capacity of the older person, the next step involved determining whether safeguarding was required:

"... we would talk to the service user, victim, get some information from them and then we collate information from all people that know that individual...we pull that together...and discuss whether a safeguarding process is appropriate...“ (Safeguarding Adults Manager)

If safeguarding was not required then the case was generally monitored and then closed if there was no cause for further concern:
"...we’re going to close it, what we may do is put it on review and actually just review and see how he’s doing." (Social Worker)

**Call Strategy Meeting**

If safeguarding was required, a strategy meeting was arranged which involved deciding on what action to take and who should be involved e.g. the court of protection and/or the police:

"...the strategy meeting would then decide who’s going to do what and when, whose going to be involved, who do we need to involve?" (Team Manager)

"If there is something in any situation that you come across where you think that something illegal may have occurred, that’s when you contact the police." (Safeguarding Vulnerable Adults Co-coordinator)

"...the current situation is that we wrote to the court of protection to say that we had concerns about the way he was carrying out his duties or not, and that he was placing her security at the home at risk therefore these are the actions we’ve taken." (Team Manager)

**Identify Lead Agency**

The next step involved identifying who would lead the investigation:

"...if it had been reported to the police then obviously there’s a limit to what we can do then. It is the police, their decision, as to whether they’re going to be the lead agency or we’re going to be the lead agency." (Team Manager)

**Has abuse taken place?**

Once the above steps had been carried out, social care professionals, along with any other professional groups involved, had to make a decision as to whether or not abuse had taken place, based on all of the evidence:

"...the investigating officer would meet...would look at the evidence and carry out all the actions and make a decision on the balance of probabilities, whether the abuse has occurred, not occurred, partly occurred or is inconclusive." (Safeguarding Adults Manager)

**Immediate/short-term action**

If financial abuse had taken place a number of options were available. For example, participants referred to taking ‘immediate and/or short term action’ to ensure the safety of the older person and also to protect their finances. Possible options included: ‘informing the police/special department (e.g. specialist investigation department)’; ‘removing the possible abuser’; and ‘moving the older person to respite while the case of financial abuse was being investigated’:

"...if it was an older person, sheltered accommodation, we could put them in respite for a little while, while it’s investigated or alternatively ... find another shelter scheme for them." (Supporting People Manager)

**Long-term action**

In addition to ‘immediate/short term action’, social care professionals talked in terms of more ‘long term action’ being put in place which included: ‘working with banks to agree on withdrawing limits for the older person’; ‘developing good working relations with family’ and; ‘provide advice about money security’ (e.g. social services holding cheque books/cards):

"We do now hold her cheque book and cheque card in the safe and we then collect money for her once a month as she needs it, we’ve put everything possible on direct debits." (Team Manager)
"... they were told what was happening and that social services will be taking over the finances if the daughter didn’t want to have any input, and she was quite happy to do that, let social services take over the finances." (Domiciliary Care Manager)

**Social services action**
Finally, social care professionals often talked about ways in which to improve their ability to identify and deal with future cases of financial abuse. Three main decisions emerged including: 'staff training'; ‘working with various agencies’ and ‘changes to money management (e.g. audit trail of how money is being used)’:

"... we’ve had [the safeguarding Adults Manager] and her assistant ... give safeguarding training, and as a result of that there’s been a few more incidents that have emerged..." (Supporting People Manager)

"I discussed with the bank if he came into the bank with ID, and they know him quite well ...would he be able to withdraw money? ‘Fine no problem’, he goes to the bank and pays all his bills over the counter and if anything changes the bank has to contact our team." (Team Support Officer)

"...rather it being open and transparent and an audit trail of everything that happened, there wasn’t. So as a result of all of this, one good thing came out of it in as much as procedures are now in place to prevent it happening again." (Supporting People Manager)

**Monitor/Review/Case closed**
Having carried out the appropriate actions, social care professionals reported that they would continue to monitor or review a case until they were satisfied that the older person was safe, and they could then close the case:

"...I kind of put recommendations in after the review and I said to the care workers if there’s still any problems then give us, either myself or the team, a call and we can take it forward." (Social Worker)

The social care decision tree reported here was based purely on the main findings from Phase I analysis and does not necessarily reflect what is reported in policy documents and guidance and what is deemed to be good practice.

**Health Professionals**
While the health professionals interviewed ranged in their job roles (General Practitioners, Occupational Therapists, district Nurses), they each reported similar types of decisions that they made when financial elder abuse was suspected. The decision tree (see Figure 2) highlights the main decisions that emerged from the interviews.

**Step by Step Explanation of the Health Professional Decision Tree**

**Financial Elder Abuse Suspected**
When a potential incident of financial elder abuse was raised, either as a result of being directly observed by the health professionals interviewed or by someone else (e.g. a family member, friend, carer), the first step often involved ‘talking to the patient’:

"I made it clear that I too wasn’t happy with the situation and would she like me to report it to the police." (District Nurse)

Speaking with the patient often determined the next steps in the decision making process. For some health professionals they made the decision to either ‘Do nothing/Respect the patient’s wishes’ or arrange for an ‘Assessment of the patient’s mental capacity’.
Do nothing/Respect the patient's wishes

In a few instances health professionals reported 'doing nothing' when they suspected financial abuse and this was mainly interlinked around issues of respecting the patient’s wishes and patient confidentiality:

"Interviewer: So you didn’t raise the concern with any colleagues or…?

Respondent: No because that would be breaching patient confidentiality…that’s how I saw the situation. I mean I did speak
to a fellow colleague who is a good friend of mine but I didn’t report it as a concern. Whether that was the right decision I made, I don’t know but that’s what I did.” (District Nurse)

Patient confidentiality was often raised as a reason for not taking a suspected case of financial abuse further:

"I informed her [older patient] about me discussing it (financial abuse) with my practice manager and speaking to someone such as social services but I was unsure about how much to say to her [practice manager] because I believe strongly about patient confidentiality... basically what patients tell you stays in the room ..." (General Practitioner)

Assessment of patient’s mental capacity
If health professionals were concerned about a patient’s mental capacity they reported that they would arrange for an assessment to be carried out before further decisions were made:

"I would write or contact the local mental health of older people team, and ask for an assessment of capacity to be made. They would come and provide me with a written report “ (Senior GP Partner)

Patient has full mental capacity
If the patient was deemed to have full mental capacity, and gave consent for the case to be investigated, health professionals often took advice first before reporting the case either internally (e.g. to the practice manager) or externally (e.g. to social services). However, if the older patient did not wish for the case of abuse to be pursued, health professionals often felt limited in their ability to take further action:

"I don’t think we did anything about it. The difficult thing really is when someone’s mentally with it - it’s difficult really..." (GP Partner)

Take advice
On a few occasions health professionals reported contacting the General Medical Council or a safeguarding manager known to them to discuss a potential case of financial elder abuse:

"...when I’ve had concerns is I know I can ring up the manager of the safeguarding team, just have a conversation with him and get some advice over the phone about whether the case needs to be referred directly to them or..." (Occupational Therapist)

The advice received, often determined whether any further action was taken.

Patient capacity to make decisions is questioned
In situations where the mental capacity of the patient was questioned, the next decision often evolved around which professionals (internally and/or externally) should be involved in the case:

“if the person wasn’t mentally able then I would possibly get the involvement of the mental health care team, the psychiatrist obviously definitely social workers in both cases" (GP Partner)

Report situation internally
Health professionals described various individuals, within their practice, who they informed about a case of suspected financial abuse:

"...discuss it with the other partners here, discuss it, so in the practice meeting, discuss it with...the district nurses...." (GP Partner)

"...the first thing I did was speak to my practice manager to see if they had any protocols of what to do in this situation" (General Practitioner)
**Report situation externally**

On only a few occasions health professionals stated that they reported the case externally:

"We would report to the social services department because they’ve got a register for...you know under the safeguarding policy which has just come out, you know we have to report any abuse that we think is going on and ... get that person registered ...under the safeguarding adults’ register so ... then obviously there would be investigations in practice" (Occupational Therapist)

"...if I’ve had suspicions about something I get in touch with social services." (Community Matron)

In some instances, other professionals were also involved:

"...generally I think I would probably start with social services to be honest, unless there was something that was quite clearly fraudulent...and then I might persuade them that they should speak to the police." (General Practitioner)

With the patients consent family members were also, on occasion, informed about the suspected financial abuse:

"if I could, if there were any other family member’s present, try to encourage the patient to let me discuss it with other family members, but I’d have to be able to do that only if I had their consent" (GP Partner)

**Document Process**

Once the suspected abuse had been reported, a few health professionals described documenting the whole process and taking more formal action:

"...the consultant has been really clear about ... giving the daughter our recommendations and advised very strongly what we recommend and the risks if she doesn’t take up our recommendations. So that’s been set out clearly and documented very clearly in... sort of the Care Programme Approach documentation...for us it’s very important that it is all documented, so every time that we speak to the daughter we...obviously you know, make records of it " (Occupational Therapist)

**Take action**

Finally, various types of action were described by health professionals including: ‘give patient advice’; ‘arrange patient volunteer visits’; ‘keep situation and or mental capacity under review’ and; ‘refuse to witness patient’s will’:

"I give them sensible, practical advice about money." (Senior GP Partner)

"...we might need to review capacity at intervals. Because obviously if they find that he’s less safe or to be clear of what he’s doing then they might I mean we could actually put other safeguards in place." (Service Manager)

"...we have a system at the surgery whereby some of our patients voluntarily help other patients which is obviously free. So I got the social workers involved to try and go through all the free options that were available, like increasing day care attendance, which is what they done and perhaps increasing sort of other carer input which they done." (GP Partner)

As with the social care professionals, the health professionals decision tree reported here was based purely on the findings from Phase I analysis and does not necessarily reflect what is deemed to be good practice.
Banking Professionals
The banking decision tree was developed from the banking analysis to portray the decisions most often made when dealing with cases of suspected abuse (See Figure 3). While banking professionals interviewed ranged in their job roles (e.g. cashiers, branch managers), they each reported similar types of decisions when they suspected a case if financial elder abuse in the work place.

Step by Step Explanation of the Banking Professionals Decision Tree

Financial Elder Abuse Suspected
Banking professionals decisions were divided into ‘informal’ and ‘formal decisions’.

Informal Decisions
To begin, banking professionals often talked about making informal decisions when a potential incident of financial elder abuse was raised, either as a result of being directly observed by the participant or by someone else (e.g. a family member, friend, social worker). The first step often involved ‘speaking with the older customer’ to further query their concerns:

"what we do in these particular instances, we try and make discrete enquiries in conversation just to establish the purpose of the transaction you know, why the cash or the cheque is needed" (Assistant Secretary)

"I took her to one side because the cashier had flagged it up to find out more, why do you want the cash? We’d be really concerned with you carrying that sort of money around…” (Branch Manager)

In addition to speaking with the older customer, informal enquiries were also made by banking professionals to find out more about the customer and/or check their accounts for any unusual transactions:

"...we’d probably in the first instance make enquiries through local knowledge, to establish if there was any knowledge about that customer that was known, whether the customer was confused, whether the customer has been known to be ill." (Branch Manager)

"We’d also check back on the accounts to see what would normally happen on most types of accounts if the customer suddenly starts making large numbers of cash withdrawals, that’s one of the most difficult ones to try and quantify anything from, because you’ve got no audit trail from cash, all you can say is well the customer hasn’t previously withdrawn cash and now is." (Assistant Secretary)

If informal enquiries produced inadequate evidence to substantiate the suspected case of financial abuse, the case was closed. However, if the informal enquiries produced further evidence to support the case of suspected abuse, the next step involved making more formal decisions.
Formal Decisions

Monitor Account

All banking professionals reported monitoring the older person’s bank account over a period of time, if they still had concerns, and liaising with other financial institutions:
"I checked this lady's account for a month and checked to make sure that everything was ok and they reordered her a highline card because...as soon as you order a highline card it cancels out the existing plan number...but she was so concerned in case payments were coming out by direct debit, so we just checked her account every single day for a month" (Branch Manager)

"a lot of it is monitoring and seeing kind of where the money is going to speaking to other financial institutions seeing if they're going into an account in the account holders name or whether they're going to a third party" (Financial Crime Investigator)

**Inform Superior**

Alongside monitoring the customer’s account, all banking professionals reported that they informed their superior when they suspected a case of financial elder abuse. This was the case irrelevant of the banking professional's position:

"...staff are always told if they feel that anything is wrong whether a customer paying in a lot of cash and we're not sure where it's from or anything that they think needs investigating they'll bring it to my attention...so I'm the first point of contact and it's down to me to decide whether I want to do anything about it, what I should do about it, and I would seek guidance if I felt appropriate from my line manager" (Branch Manager)

"I think the most important decisions would probably be for me, having to go to my line manager to say look we can't let this woman access the account" (Contacts Centre Agent)

**Gather Evidence**

In addition to informing their superior, banking professionals also gathered evidence to support their suspicions:

"...we would maybe check the signatures on withdrawal slips...we'd look to make sure that the customer had been present. If there was CCTV available for the withdrawals we'd look at maybe the pay and cheques that had been drawn, and if it was the customer then we would be reasonably happy, if it's a third party then we might take that further and we might actually get copies of the cheques to find out where they'd been paid to..." (Financial Crime Manager)

"We had the bank statements to prove the money had been withdrawn. We also had the camera at the cash machine outside showing the neighbour withdrawing the money on one occasion. So we have pretty solid evidence" (Cashier)

If there was limited evidence that financial abuse had taken place, the case was often closed. However, if there was still concern that financial abuse had/was taking place, then necessary action was taken. Three types of action were identified from the analysis: ‘protect customer finances’; ‘internal process if abuse by staff’; and ‘contact others’:

**Protect customer finances**

Protecting the customer’s finances was one the main concerns for banking professionals and a number of options were available to do this including: ‘changing the older persons pin number’; ‘refusing request to withdraw money’ and; ‘stopping/freezing the older persons account’:

"I think stopping any more financial transactions...we have to make sure the customers finances are safe first and foremost and then decide how to deal with the situation. How do we get the money back or who do we report it to" (Cashier)

"we're there to protect the customer's money, so if at any point we don't feel right about it happening we will just refuse the withdrawal" (Financial Crime Investigator)

**Internal process if abuse by staff**

If the perpetrator was a member of staff, internal processes were carried out within the branch, which often involved suspending the member of staff while further investigations were carried out:
"we took appropriate action and suspended the member of staff" (Financial Crime Officer)

Contact others
The third action that participants described was ‘contacting others’ and this often included: trading standards; social services; other banks; legal departments and the police:

"...social services got involved then and they got a court of protection and because they actually deemed them unable to deal with their own finances, so they got a court of protection in which they would deal with all their finances from then on. And we worked alongside them obviously and arranged for all the money to be transferred into one account whereby somebody from social services could operate it" (Financial Crime Officer)

"...we immediately called the police because they were clear indications that there was some fraudulent activity" (Assistant Secretary)

Working with other professionals in cases of financial elder abuse was deemed to be the most effective way of dealing with such cases and resolving the issue.

Each Decision tree generated a greater understanding of the decision making process made by social care, health and banking professionals when financial abuse is suspected and contributed to the development of case scenarios for Phase II of the study. The Decision trees were also compared with Phase III of the research which analysed policy documents and guidelines with the aim of comparing recommendations with actual practice.

The final research question in Phase I aimed to identify the difficulties faced by professionals in dealing with cases of financial elder abuse.

Q3. What are the features that make decisions difficult?
Social care, health and banking professionals each reported a number of difficulties in the decision making process when dealing with a case of financial elder abuse. Difficulties reported included:

- Identifying financial elder abuse
- Issues surrounding policy
- Legislation
- Consequences of raising the alarm
- Restricted as to what you can do
- Lack of experience
- Dealing directly with older person
- When it’s family committing the abuse
- Working with other agencies (e.g. social work working with banks)
- Work Environment
- Older persons mental capacity

The most frequently mentioned difficulty reported by all three professional groups was identifying financial elder abuse:

"...we’re GPs, we’re medical doctors, we’re not sort of financial advisors and you know a person’s finances are not really any of our business. However, you know, if someone’s being abused; physically, mentally, psychologically, financially, there’s someone who’s taking advantage of somebody else, then you know we do have a duty of care, but it is a very very difficult thing to pick up” (GP Partner)

As previously mentioned, financial abuse can take many forms and without a universally accepted definition there is uncertainty over recognising it and therefore reporting it (Wilber et al., 1996; Rabiner et al., 2004).
Issues surrounding policy and legislation were also mentioned by all three professional groups. For example, social care and health professionals reported a general lack of legislation with regards to financial elder abuse and limited knowledge of knowing exactly what financial abuse was and what to do in such circumstances:

"I think it would have been easier had we had a policy that would deal with these kind of issues so it would give you indicators of a.) what is financial elder abuse and b.) what would you do in that situation, who do you report it to and what are your responsibilities there" (District Nurse)

Social care professionals also reported that procedures currently in place to deal with cases of financial elder abuse often did not take into consideration issues involving the mental capacity of the older person and therefore a positive outcome on prosecuting the perpetrator/s of the abuse was often unlikely:

"...generally vulnerable people, particularly people who lack capacity don’t make good witnesses so the chance of them going through a criminal prosecution is very low..." (Safeguarding Adults Manager)

No Secrets (Department of Health & Home Office, 2000) does provide recommendations to local authorities as to how they should deal with elder abuse, but as a guidance document (under Section 7 of the Local Authority Social Services Act 1970), these do not have to be adopted if significant argument can be given as to why they should not be. This therefore leads to inconsistency in the response to cases of elder abuse.

Banking professionals highlighted the restrictions they faced particularly as a result of the Data Protection Act (1998) and the inability to report their suspicions for fear of consequences:

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

However, there was generally an inability to explain what the Data Protection Act (1998) stipulated to prevent them from reporting a case of suspected abuse. According to the British Banking Association (2010) only the refusal of the customer’s consent will prevent a case from being reported. If a bank suspects financial abuse but the customer either does not or is not prepared to admit they may be a victim this is a difficult area for banks in terms of the customer mandate. There is only one reporting route which is via the Suspicious Activity Reports (SARs) regime to the Serious Organised Crime Agency (SOCA) under the Proceeds of Crime Act (2002). Contacting any other organisation or person, whether it be the customer themselves, law enforcement, social services or the victim’s family, before a SAR has been made to SOCA, constitutes an offence for which the bank is criminally liable.

Lack of experience in identifying and dealing with cases of financial abuse as well as knowing how to appropriately deal with the victim of abuse and potential abusers (particularly family members), were also reported as difficulties faced by social care, health and banking professionals and each group reported a need for guidance and training tools to be developed to enable them to improve their ability to accurately identify financial elder abuse and to make the appropriate decisions:

"...if there was something set in stone, that says this is what you need to do, and this is what you can do within your own powers kind of thing" (Team Manager)

"...it would be helpful to have some guidance I think ... because that vulnerable population will be coming into contact with us more" (Occupational Therapist)

"...those of us in the banking industry would really appreciate some form of signposts to find us some more direction as to you know, what we should do what we shouldn’t do” (Senior case reviewer)
These findings reinforce the call for decision training support systems by the professional bodies as well as the banking sector and therefore their production is timely (Edmonds & Noble 2008, Harding, Taylor & Shaw-Stuart 2009).

Another difficulty faced by professionals was that working practices varied in dealing with cases of financial abuse and there lacked consistency on following set procedures. For example, some social care professionals reported that other professional groups did not always attend meetings on cases of financial abuse, thus, they were not following Safeguarding procedures accordingly:

"...it depends sometimes who you have on the phone and they would say ‘well you have to come to our police office and make a statement’ and you think actually no this is why we have a community safety unit and this is why we have a safeguarding adult procedure in place and I don’t need to come to your office to make a written statement you know, you are meant to come then and join the meeting.” (Social Worker)

The No Secrets consultation (DoH/Home Office/Criminal Justice System, 2009) also highlighted that organisations fail to attend safeguarding strategy meetings. A problem with this is that there is missed opportunity for safeguarding matters to be brought to their attention. Thus, where partnership working is ineffective, or lacks cohesion, there is a danger that decisions may be made without the involvement of all safeguarding partners.

A further difficulty faced by professionals was working with other agencies. Cases of financial elder abuse rarely had a positive outcome often due to a lack of evidence to prosecute the perpetrator. Part of the problem involved working with various agencies who were unable to share information to support a case:

"...we tried to make some enquiries via the bank very tentatively, and obviously even though she’d sort of said ‘right this is my social worker and things put her on the line there’s been some irregularity here I don’t understand what’s happened’, they obviously wouldn’t really tell us anything... “ (Team Manager)

All professional groups reported the need for more collaborative interagency working when detecting and preventing elder financial abuse to address this difficulty.

Conclusion

Although elder abuse is commonly reported in the literature (Crosby et al., 2008) and the ‘signs’ of financial abuse are listed on many organisation web pages and leaflets, as indicators of what to look out for (Action on Elder Abuse, 2009); no empirical research has been found of case loads which identified cues that raise suspicions amongst health, social care, and banking professionals, either in the UK or elsewhere.

While the cues reported in this study show a family resemblance to those often listed in advice documents, this study is unique in its focus on real world cases and its placement of the study within the field of judgment and decision making research. The findings suggest that there are only a limited number of cues used in making a judgment and that some cues may be weighted more heavily than others. These cues were used to develop a series of case scenarios of potential financial elder abuse for Phase II of the study.

While the decision tree for social care professionals was comprehensive, concerns were raised by the Project Management Board (PMB). For example, there was no mention of the timescale within which a case of potential abuse had to be reported. However, the policy steps produced by the North Tyneside Council Adult Social Care in 2010 have a timescale for the stages, aims and actions to ensure the safety of a person at risk. For example, an alert of abuse must be reported immediately/within 1 hour, a referral (e.g. to the care manager) must be made within the same working day and a safeguarding assessment strategy must be reported within 72 hours from the alert unless there are exceptional circumstances, and so on.

A further concern raised was ‘putting the older person into respite’ as an option for ‘Immediate/short-term action’. It was considered inappropriate by the PMB to remove an older person from their home as this could potentially be a cause for further stress.
The decision making process reported by most health professionals indicated a clear lack of any policies and procedures in dealing with cases of suspected financial abuse. In the main, health professionals were reliant on social services to deal with any cases of abuse that raised their suspicions. One of the main concerns raised by the PMB when reviewing the health professionals decision tree was the response by some health professionals who stated that they would ‘do nothing’ if they suspected that an older adult was being financially abused. While this response was rare, it remains that cases of abuse went unreported because of patient confidentiality issues or due to a lack of guidance on what to do in such situations. According to the General Medical Council (GMC) (see http://www.gmc-uk.org/guidance/ethical_guidance/7342.asp) patients should be encouraged to provide consent to disclose information when it is considered necessary for their protection, and doctors should warn them of the risks of refusing to do so. Doctors should abide by a competent adult patient’s refusal to consent. However, disclosure without consent may be justified if they lack mental capacity.

The decisions made by banking professionals were considered the most comprehensive of all the professional groups interviewed, despite a clear lack of policy and guidance in dealing with cases of suspected financial elder abuse. Banking professionals operate within a general policy of ensuring high levels of financial diligence towards all clients’ accounts as well as a duty of care as set out in the Banking Conduct Business Sourcebook and Payment Services Regulations (2009). As one banking professional noted, protecting a customer’s finances is a priority in any bank, and similar decisions are made when concerns are raised about a customer’s account, regardless of their age or level of vulnerability. It is perhaps for this reason that their decision tree was considered the most inclusive.

In terms of the factors that made the decision making process difficult for each of the professional groups; these alone highlight the need for a training tool to be developed to guide social care, health and banking professionals to accurately identify financial elder abuse. Such a training tool would potentially give these professionals the fundamental skills to deal with a potential case of financial elder abuse, to act accordingly and to liaise with the appropriate professional groups in a timely manner to safeguard an older adult from being financially abused.

Phase II – Experiments using case vignettes

Experimentally constructed vignettes (case scenarios) were created based on the information produced from the in-depth interviews and use of critical decision methodology (Taylor, 2005; Rossi & Nock, 1982). The cues derived from the findings in Phase I were varied in the case scenarios to determine which factors were more influential in decision-making in relation to detection of financial elder abuse and the likelihood of intervention. These case scenarios were designed to be read by participants online.

Procedure

An email, containing the link to the online task for Phase II, was sent to potential participants via email on receipt of the research fellow (DC) receiving an email asking to participate in the task. Participants were then instructed to open the link to the website where the task would begin.

The research team worked in collaboration with a web designer (CT) from Imperial College to develop a novel method of collecting data by creating a web page for the project. The website began by introducing participants to the website and informed them about the financial elder abuse project (See Figure 4). Participants were given instructions on how to take part in the study (See Figure 5) and were then asked to provide some general demographic information, namely: age; gender; job role; employer (e.g. Primary Care Trust, Council, Bank); number of years in current job role; number of years in this type of work; ethnicity; email address (in order to send a thank you voucher to participants for their time) and finally; a tick box confirming that the results could be used for research.

Each participant was provided with the same two case scenarios to begin the task in order to familiarise themselves with the task at hand. Participants were then informed that the real case scenarios
were about to start. In addition, participants were informed that the case scenarios were very similar but did vary slightly and that they should make judgements as best they could.

Your Details

Results will be stored by Brunel University and used to research detection and prevention of financial abuse of older people. All personal data and results will be stored anonymously. Overall demographic information will be used to consider if factors such as age show a relationship with decision making. No individual or organisation will be identifiable in any subsequent publication of the results. If you have any questions please do not hesitate to contact the project Research Fellow, deborah.cairns@brunel.ac.uk

Participation is entirely voluntary and if you decide not to participate this will in no way be detrimental to you personally or professionally.

Continue

Figure 4

Website – front page introducing participants to the website and informing them about the financial elder abuse project

Instructions

The case scenarios in this set represent instances you may encounter as part of your work with older people. We would like you to read the scenario information and consider how much risk you think the older person is at. We appreciate that if this was a real case you may wish to collect more information in order to make a fully informed judgement. However, in these cases we are interested in your initial impressions. We would like you to go with your first instincts and not spend too long on each scenario.

On the scenarios, at the bottom of each page, there are scales to mark your judgements. Each scale ranges from low to high. Please use the mouse to move the cursor to the point on the scale that best indicates what you think about the question asked. You may use the whole scale.

Please judge each scenario as if it were a real case and answer the questions as you would when making decisions at work.

The first two scenarios are just for you to get used to the task and after the first two scenarios the main set will be presented to you.

Continue

Figure 4.5 Instructions for participants on how to take part in the study

Phase II Vignettes

The exact number of vignettes required for professionals to assess depended upon the number of key factors (cues) identified in Phase I (see Table 1 and Table 2), as these had to be systematically varied across the presented vignettes (see Figure 6 for example of vignette for health and social care professionals). The order of presentation of the case scenarios was randomized for each participant; case order effect had no effect on any ratings.

Only three principle cues were identified that raised social care professionals’ suspicions of elder financial abuse: (1) the person who identified the abuse (‘the identifier’); (2) the ‘financial problem suspected’ and (3) the ‘mental capacity of the older person’. The same three cues were reported by health professionals along with a fourth cue: (4) the ‘physical capacity of the older person’.

For banking professionals three principle cues were identified that raised banking professionals’ suspicions of financial elder abuse: (1) the person who reported the abuse (the ‘identifier’), (2) the
problem suspected and (3) who is in charge of the older person’s money. Because of this slight difference in the cues identified, different vignettes (case scenarios) were created.

For health, social care and banking professionals, in addition to the cues identified above being used to create the vignettes, ‘age’ and ‘gender’ were also added as cues in each of the vignettes to determine whether or not they had any impact on the decision making process. The cue ‘living circumstances’ was also added as a cue for the health and social care vignettes, on the recommendations of the programme management board.

For the cue ‘Financial Problem Suspected’ an additional two categories (‘power of attorney’ and ‘wills or gifting’) were added following discussion with experts in the Project Management Board (PMB). ‘Physical Capacity’ was also considered by the PMB as an important cue to include for social care professionals in the vignettes for Phase II. For health and social care professionals a total of 60 vignettes (case scenarios) were created in total (45 original and 15 repeats).

For banking professionals two cues (‘physical capacity’ and ‘mental capacity’) were added following discussion with the various experts in the field. A total of 46 vignettes were created in total (35 original and 11 repeats).

Table 1. Cues identified from Phase I analysis (Health and Social care professionals) for Phase II case scenarios

<table>
<thead>
<tr>
<th>Cue 1 (years)</th>
<th>Cue 2</th>
<th>Cue 3</th>
<th>Cue 4</th>
<th>Cue 5</th>
<th>Cue 6</th>
<th>Cue 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>Male</td>
<td>You</td>
<td>Stealing observed: ‘noticed that no change had been given after their shopping had been done for them’</td>
<td>no physical health problems</td>
<td>fully mentally aware</td>
<td>own home</td>
</tr>
<tr>
<td>76</td>
<td>Older person</td>
<td>Anomalies between finances and living conditions: ‘noticed that they had very little money available for day-to-day necessities and the basics in the cupboards were the cheapest of the cheap’</td>
<td>minor physical health problems</td>
<td>Slightly confused</td>
<td>with family</td>
<td></td>
</tr>
<tr>
<td>86</td>
<td>Female</td>
<td>Family</td>
<td>Unknown befriends/Rogue traders: ‘that building work has recently been paid for and hasn’t been carried out’</td>
<td>Financial anomalies in accounts/bills: notice there has been a letter from the bank which shows an overdrawn account and others showing bills that haven’t been paid.</td>
<td>Slightly confused</td>
<td>In own home</td>
</tr>
<tr>
<td>96</td>
<td>Professional</td>
<td>Friend</td>
<td>Wills/gifting: ‘notice that recently a change to their will has been made, leaving all possessions to the cleaner’</td>
<td>Power of Attorney: ‘notice that a Lasting Power of Attorney is now managing their finances’</td>
<td>major physical health problems</td>
<td>Extremely confused and forgetful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nursing home</td>
</tr>
</tbody>
</table>
After reading the case scenarios (vignettes), participants were then asked to judge whether or not they suspected financial elder abuse was taking place, if they would intervene, and in what way. Participants were asked to move a slider on the visual analogue scale, displayed below the case scenario, to rate their certainty that abuse was occurring and the likelihood that they would intervene (See Figure 6). At the bottom of each case scenario, participants were provided with a number of options that they could tick to highlight how they would intervene, if they were likely to do so. These options were created from the analysis of Phase I interviews where participants were asked what decisions they made when dealing with cases of financial abuse.

<table>
<thead>
<tr>
<th>This scenario is about a 66 year old male. Another professional tells you that recently a change to his 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having read the above scenario please move the sliders on the scales to indicate your judgement on this case:</td>
</tr>
<tr>
<td>Certain abuse is not occurring</td>
</tr>
<tr>
<td>Certain abuse is occurring</td>
</tr>
<tr>
<td>Unlikely to take action</td>
</tr>
<tr>
<td>Likely to take action</td>
</tr>
<tr>
<td>If you were likely to take action, please tick those which you would choose. You can tick as many as you wish.</td>
</tr>
<tr>
<td>Monitor situation</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

Figure 6. Example of health and social care case scenario created from cues (highlighted) systemically varied across the case scenarios

**Participant Sample**

**Social care professional participants**
The purposive sample consisted of 70 social care professionals (53 females, 17 males) who ranged in age from 21 to 63 years old. Participants’ length of service in their job role ranged from 1 to 17 years. Participants’ ethnic origins were White (n = 62), other white (n = 2), Black British (n = 1) Caribbean (n = 1), other ethnic (n = 3) and missing data (n = 1). One participant did not provide their ethnic origin. Job roles also varied across participants including care home managers, social workers, adult protection co-ordinators and homecare co-ordinators.

**Health professional participants**
The 82 health professionals (65 females, 17 males) ranged in age from 22 to 68 years old. Participants’ length of service in their job role ranged from 1 to 30 years. Participants’ ethnic origins were White (n = 66), White Irish (n = 2), Other mixed (n = 1), Asian British (n = 1), Indian (n = 2), Pakistani (n = 1), Chinese (n = 2), Black British (n = 3) and other (n = 4). Job roles also varied across participants including Occupation Therapists, General Practitioners, District Nurses, and Practice Managers.

**Banking professional groups**
The 70 banking professionals (50 females, 20 males) ranged in age from 22 to 57 years old. Participants’ length of service in their job role ranged from 9 months to 25 years. Participants ethnic origin were White (n = 35), other mix (n = 1). The data recorded 34 participants as missing data. This was due to an error on the website. Job roles also varied across participants including Branch Managers, Cashiers, Team Managers, Financial Crime Managers, and trainee branch managers.

**Research Questions**

Q1. Which case features explain the greatest variance (i.e. are the most salient and important) in decision-making?

**Social care and health professionals:**

Amongst social care and health professionals only two factors had a significant influence on certainty of abuse (See Figure 7):

1. The older person’s mental capacity - In cases where the older person was more confused and forgetful, this increased suspicion that financial abuse was taking place.
2. The nature of the financial problem - Financial problems where building work had been paid for but had not been carried out were seen as the strongest indicator of abuse. Cases where there was very little money for day-to-day necessities were given the lowest certainty of abuse.

![Figure 7. Cues which had the greatest influence on decision making for social care and health professionals](image)

**Banking and finance professionals:**

Amongst banking and finance professionals’ three factors significantly influenced certainty of financial abuse (see Figure 8):

1. The nature of the financial problem - Certainty of abuse was highest when the financial problem involved a customer asking to transfer money overseas to claim a cash prize. Cases where the bank account was unexpectedly overdrawn were rated the lowest certainty of abuse.
2. The older person’s mental capacity - In cases where the older person was more confused and forgetful, there was increased suspicion that financial abuse was taking place.

3. Person in charge of the money - Banking and financial professionals were less certain if financial abuse was occurring if the older person was in charge of his or her own finances.

![Bar chart showing variance explained for different factors with 80% explained for mental capacity, 20% explained for physical capacity, 10% explained for gender, 5% for age, and 0% for financial professional.]

**Figure 8. Cues which had the greatest influence on decision making for banking professionals**

**Q. What is the relationship between certainty that financial abuse is taking place and likelihood of taking action?**

For health, social care and banking professionals, there was a strong association between certainty that abuse had occurred and likelihood of action being taken, but professionals’ likelihood of taking action outweighed their degree of certainty about abuse.

This suggests that some professionals decide to take action even when uncertain that abuse is taking place.

**Q. Is there consistency in responses to the case vignettes/scenarios? Is one group (health, social care and banking) more or less consistent than others?**

All three professional groups showed a high level of consistency in their decision making, measured by comparing how they judged repeated scenarios. This is one indicator of the strength of their judgement policy.

Cluster analysis was used to group participants according to their certainty and likelihood judgements. Results showed that for all three participant groups, people who were more confident in their judgements were also more consistent in their decision making.
Q2. Which characteristics of the decision-maker help explain decision-making? For example, is the decision maker’s gender, ethnicity, age or experience of special relevance in decision making?

The characteristics of the decision making professionals appeared to have little influence on the decisions they made. Age, years of experience, gender, etc did not influence certainty of identifying financial abuse or the likelihood they would take action.

Phase III - Analysis of policy documents and guidelines

The main objective of this phase of the study was to make comparisons between what is deemed to be good practice in relation to detecting and intervening in situations of financial abuse, and what actually happens.

Research questions

1. Are there commonalities in policies and guidelines as to which cues should raise suspicions of elder financial abuse and what should then happen in terms of intervention?
2. To what extent do current policies and guidelines on detecting and intervening in cases of suspected elder financial abuse match what actually happens in situations of real world decision making?

Procedures

Within an overarching emphasis on elder financial abuse, the policy analysis team reviewed two key categories of document: these were, firstly, reports and guidance which supported the development of policy and practice guidelines relating to adult abuse and, secondly, safeguarding documents from local authorities, health trusts and banks. The findings from the policy analysis were reported to meetings of the Project Management Board where, through a series of iterative discussions and written exchanges, the findings were refined.

Framework for analysis

Using a straightforward content analysis approach looking for emergent themes and frequency counts, both quantitative and qualitative data were culled from the documents to provide an account of the policy and guidance environment. Findings are presented using a framework of context, mechanism and outcomes which allows for safeguarding processes [mechanisms] to be influenced by context [policy, law, shifts in the significance of financial abuse, advent of personalisation] to provide different outcomes [intended and unintended] in different circumstances.

Q1. Are there commonalities in policies and guidelines as to which cues should raise suspicions of elder financial abuse and what should then happen in terms of intervention?

Little guidance specifically exists relating to elder financial abuse and how this should be dealt with or prevented. Current policies for health and social care professionals are very similar, based on a common template. They are usually stated to be ‘joint documents’ shared across a number of different agencies in an area. It was unclear if they were jointly produced or written by single agency and then copied or shared.

The overarching procedural mechanism for detecting and preventing Elder Financial Abuse is provided by the Multi-Agency Adult Safeguarding procedures initiated by the Department of Health guidance ‘No Secrets’.

Within banking, detailed guidance has, for security reasons, restricted circulation. Elder financial abuse does not appear to be explicitly addressed in banking policies to which we had access.

Financial abuse, something that was considered peripheral in 2000 when ‘No Secrets’ was published, has shifted to becoming a central concern only four years later when the Select Committee (2004) estimated that financial abuse was probably the second most frequent form of abuse.
There was relative invisibility of the abused and the abuser in both the guidance and individual area policies. There is reference to providing support to the victim and the perpetrator, but little by way of elaboration.

There is little comparative evaluation of the efficiency of safeguarding procedures in different authorities and no evidence base underpinning the effectiveness of decision making in cases of suspected abuse. A major gap in policy exists in understanding the long-term effects of financial abuse on victims.

Defining abuse in the context of trust and human rights has the effect of creating a number of options in terms of courses of action:
- abuse can be unethical but not necessarily illegal;
- thresholds for an organisation to act in relation to abuse might not reach those needed for prosecution as a criminal offence;
- a criminal offence might be committed but proving such in a court of law might be difficult;
- professional interpretations of financial abuse may not match interpretations among, e.g. relatives, carers.

Due to the change in Government, decisions following a review of safeguarding policy have yet to be published.

Q2. To what extent do current policies and guidelines on detecting and intervening in cases of suspected financial elder abuse match what actually happens in situations of real world decision making?

It was apparent from our review that the multiagency procedures, even those revised after this time, have only limited focus on financial abuse with the consequence that it features as secondary in importance to other forms of abuse. For this reason it was difficult to compare policies with what happens in practice.

PART FOUR: FINDINGS AND CONCLUSIONS

Although elder abuse is commonly discussed in the academic literature, no empirical research has been conducted before now of how health, social care and banking professionals make decisions when confronting cases of suspected elder financial abuse.

Of the many factors that could be used in decision making, only a few appear to persuade professionals that financial abuse is taking place. Likewise, only a handful of factors influence decision making in relation to actions taken. The cues that exert the greatest influence are the mental capacity of the older person, the nature of the financial problem and, in the case of those in banking, who is in charge of the money.

The characteristics of the decision making professionals appeared to have little influence on the decisions they made. Age, years of experience, gender, etc did not influence certainty of identifying financial abuse or the likelihood they would take action.

The policy analysis revealed little comparative evaluation of the efficiency of safeguarding procedures in different authorities and no evidence base underpinning the effectiveness of decision making in cases of suspected financial abuse.

While the cues reported in this study show a family resemblance to those listed in advice documents, this study is unique in its focus on real world cases and its placement of the study within the field of judgement and decision making research.

The case scenarios developed for this project have potential for training health, social care and banking professionals in consistent and competent decision making in relation to elder financial abuse.
APPENDIX

Examples of Financial Problems Suspected

- **Stealing from the home or person**
  “...what happened...was that that particular individual was caught literally with their hand in somebody’s handbag.” (Safeguarding Vulnerable Adults Co-ordinator)

- **Anomalies between finances and living conditions**
  “I asked her if she was alright financially and she said that her nephew took care of everything. That raised immediate concern with me because I thought well why is this lady sitting in a cold room and why does she have no food in the cupboards? How well is he taking care of her?” (District Nurse)

- **Unknown befrienders or rogue traders**
  “...on the second week he told me he [had] got an adopted daughter. When I actually did the referral I noted he only had a brother and a sister, he didn’t have any children of his own ... he said ‘yes could you put her down as being my next of kin?’ This brought alarm bells to me ...” (Social Worker)

- **Financial anomalies in accounts or bills**
  “She’d run up, I think it was about £46,000 in unpaid [residential home] fees.” (Team Manager)

- **Misuse of Power of Attorney**
  “...she got enduring power of attorney which means she has access to her bank accounts. Then what the sister did behind her back was close her bank accounts and there was £20,000 in 3 bank accounts and she closed them.” (Team Manager)

- **Exerting undue influence to change wills or receive gifts**
  “Then I received a phone call from our co-ordinator at the day centers to say that he had changed his will and the girl that he met at the hospital...was going to be the main beneficiary of the will...” (Client Service Manager)

- **Withdrawing unusually large sums of money**
  “that immediately triggered concern because it was such a large sum of money...Well around 6k and to me that didn’t add up, as in why would she want such a large sum of money?” (Branch Manager)

- **Well recognised scams (e.g. winning the lottery abroad)**
  “...they got into the conversation, it seemed that she’s been promised three million pounds from America, a gentleman in America that knows who she is, but she doesn’t know who him personally” (Financial Crime Investigator)

- **Suspicious third parties**
  “she feels more and more reliant on advice from third parties ...so she’s relying on the care home to cash cheques and she’s recently contacted me to say that cash in her bank account is running low”(Investment Manager)

- **Family trying to protect inheritance**
  “She wanted to hide potential inheritance...to me I felt she was trying to protect her inheritance rather than putting her mother first so to speak...so...because I have heard that so many times...it immediately raised a question mark in my head and to me this was suspected financial abuse” (Financial Advisor)
This working paper provides an overview of the three Phases of research of the NDA grant on ‘Detecting and Preventing Financial Abuse of Older Adults’. Phase I - In-depth interviews using critical incident technique (CIT). The purpose of Phase I is to identify the case features (decision cues) used in judging whether or not a case represents financial abuse. These cues will then be used to develop case scenarios for the next phase.

Phase II - Experiments using case vignettes (factorial surveys) to test hypotheses about the factors that account for the greatest variance in judgment and decision making about financial abuse.

Phase III- Analysis of policy documents and guidelines with the aim of comparing recommendations with actual practice. The first phase is needed to design the second phase, while analysis of policy documents runs in parallel with the interviews and the experiments. Because it cannot be completed until Phase I and II are completed, the policy analysis is labelled as Phase III.

The first and second phases ran consecutively, while analysis of policy documents ran in parallel with the surveys and the experiments. Because it could not be completed until Phase I and II were completed it was labelled as Phase III.