

Decision making in detecting and preventing financial abuse of older adults **A study of managers and professionals in health, social care, and banking**

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In Brief

- With substantial and increasing numbers of frail and cognitively impaired older people living in the community, there are growing challenges associated with money handling.
- Financial abuse of people with dementia or declining cognitive and physical functioning is of growing concern.
- It is equally important to protect professionals and carers from unfair allegations of financial abuse, as it is to safeguard the assets of vulnerable older people.
- The aim of this project was to examine real world judgment and decision making in relation to professional detection of elder financial abuse.
- The focus of the study was on professionals in social care, health and banking. Study participants took part in interviews, as well as judging case scenarios.
- Policy documents were analysed to explore how suspected abuse was defined and managed within local authority, NHS, and banking procedures.

Background

Although there are many reports 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 what 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 done with health and social care professionals. We could find few studies on how decisions are made by staff in banks or others involved in asset management in relation to suspected financial abuse.

Decision making in relation to detecting and preventing elder financial abuse is more complex than is often realised. As in other areas of 'bystander intervention' a number of stages have to be negotiated:

1. The professional must notice, or be told, that something unusual is happening.
2. The situation has to be interpreted as suspicious or problematic in some way.
3. The decision maker must decide what kind of assistance or intervention can be provided.
4. The decision maker has to decide what, if anything, he or she can or should personally do.
5. The decision maker has to consider the rewards and costs of intervening and not intervening.

The presence or involvement of other people in the care of the older person will influence decision making at each of these points. Organisational constraints from policy and procedural documents may also play a part in determining what interventions may be possible or likely to occur.



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.

Study Design

The study reported here was 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. The purpose of Phase I was to identify the “cues” (case features) used in judging whether or not a case represents financial abuse. These cues were then used to develop case scenarios for the next phase.

Phase II – Experiments using case scenarios (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 procedures with practice.

The first phase was needed to design the second phase, while the analysis of policy documents ran in parallel with the interviews and the case vignette experiments. Because it could not be completed until Phase I and II were completed, the policy analysis was labelled as Phase III.

Phase I – Interviews Methods

Research questions:

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

Sample

In-depth interviews were conducted with 23 social care and 20 health professionals and 20 staff in banking and financial services that deal with financial assets.

Procedures

'Critical incident methodology' was used in the interviews to determine the cues and patterns that raise suspicions of elder financial abuse and trigger intervention. Critical incident methodology involves asking interviewees to describe a real-world case in which they were personally involved. We asked study participants to describe an incident where they had suspected elder financial abuse. It was stressed that the most interesting or difficult should not be chosen, but the most recent.

Framework for analysis

The data was analysed qualitatively using content and thematic analysis.

Phase I – Interviews


Main Findings

Q. What are the cues that are perceived as triggering suspicions of financial abuse?

- Of the many factors that could be taken into consideration when deciding if elder financial abuse is occurring, only a few appear to be used.
- The concerns of health and social care professionals were similar and focused on safeguarding.
- The main concern of people in banking was protecting the assets of the older person and preventing bank fraud.

Four cue categories were identified by health and social care professionals:


1. Identifier of abuse (e.g. professional, family, friend, older person)
2. Financial problem (e.g. anomalies in finances, stealing, unknown befrienders and rogue traders, misuses of power of attorney)
3. Mental capacity
4. Physical capacity



"Well I had gone to visit this lady and the minute I walked into her house it was just... very cold... she said she couldn't afford to put the heating on... and she said that her nephew took care of everything (financially). That raised immediate concern with me...." (District Nurse)

Three cue categories were identified by study participants in banking:

1. Identifier of abuse (e.g. professional, family, friend, older person)
2. Financial problem (e.g. Large cash withdrawals, well recognised scam, suspicious third party, financial anomalies in accounts/bills, protecting inheritance)
3. Who is in charge of the elder's money? (e.g., third party signatory, lasting power of attorney, older person)



"She wanted to hide potential inheritance... to me I felt she was trying to protect her inheritance rather than putting her mother first..." (Financial Advisor)

Q. What do health and social care professionals do when financial abuse is suspected?

- Once it has been decided that financial abuse is or has occurred, health, social care and banking professionals must decide if they are responsible for acting, and if so, what action they should take.
- Participants in this study reported actions ranging from doing nothing to contacting the police, implementing safeguarding procedures and, in the case of banking, initiating procedures to protect the customer's finances.
- There were slight differences in the actions that health and social care participants reported and those reported by people in banking
- Health and social care professionals reported that they would take the following actions:
 - ✓ Monitor the situation
 - ✓ Gather further information
 - ✓ Consult internally with colleagues and managers
 - ✓ Call a strategy or team meeting
 - ✓ Consult with outside organisations (e.g. the police)
 - ✓ Implement safeguarding procedures
- People in banking reported that they would:
 - ✓ Monitor the situation
 - ✓ Make informal enquiries
 - ✓ Gather evidence
 - ✓ Consult internally with colleagues and managers
 - ✓ Consult with outside organisations (e.g. the police)
 - ✓ Act to protect customer's finances

Q. What makes decision making difficult?

- Decision making was not always straightforward. Study participants reported a number of problems in relation to decision making and knowing the best course of action when elder financial abuse was suspected.
 - ▶ problems surrounding policies and legislation
 - ▶ the consequences of raising an alarm
 - ▶ restrictions on actions in relation to job
 - ▶ lack of experience
 - ▶ dealing with the family member suspected of the abuse
 - ▶ working with other agencies

Phase II – Case Vignettes Methods

Research questions:

1. Which case features are most influential in decision making?
2. Which characteristics of the decision maker are most influential in decision making?

Sample

The sample consisted of 82 health, 70 social care and 70 banking professionals.

Procedures

Case scenarios (example below) were created for social care and health professionals with seven factors that varied:

Age	Gender
Identifier of abuse	Nature of financial problem
Physical capacity	Mental capacity
Living arrangements	

Study participants made judgements about case scenarios in terms of:

- Certainty that financial abuse was taking place,
- Likelihood of taking action,
- Action to be taken

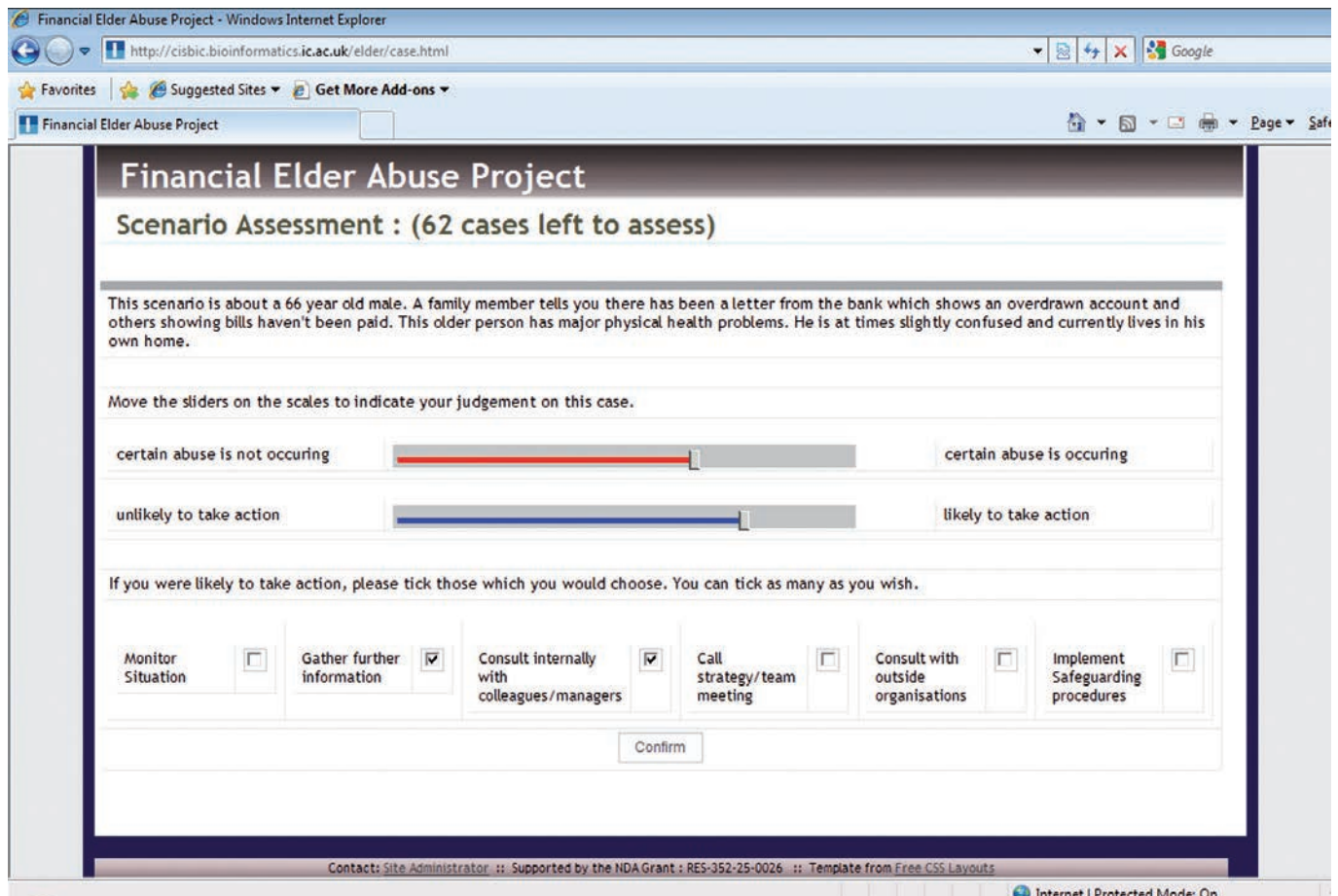
The health and social care professionals accessed the case scenarios via the Internet. They had 65 case scenarios to judge. Fifteen of the scenarios were repeats in order to check for consistency.

Banking professionals viewed a different set of case scenarios, because they encountered different sorts of financial problems and used a separate cue of who was in charge of the individual's money. Banking professionals also accessed the case scenarios via the Internet but did so in their spare time due to restricted access within the workplace for security reasons. The banking professionals judged 46 case scenarios, which included 11 repetitions.

Framework for analysis

Data was analysed quantitatively using two methods:

- i. regression techniques to identify the importance of each of the factors in respondents' decision making and
- ii. cluster analysis to group participants according to their judgments about the certainty that financial abuse is occurring and likelihood of taking action



Phase II – Case Vignettes

Main Findings

Q. Which case features are most influential 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.

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.

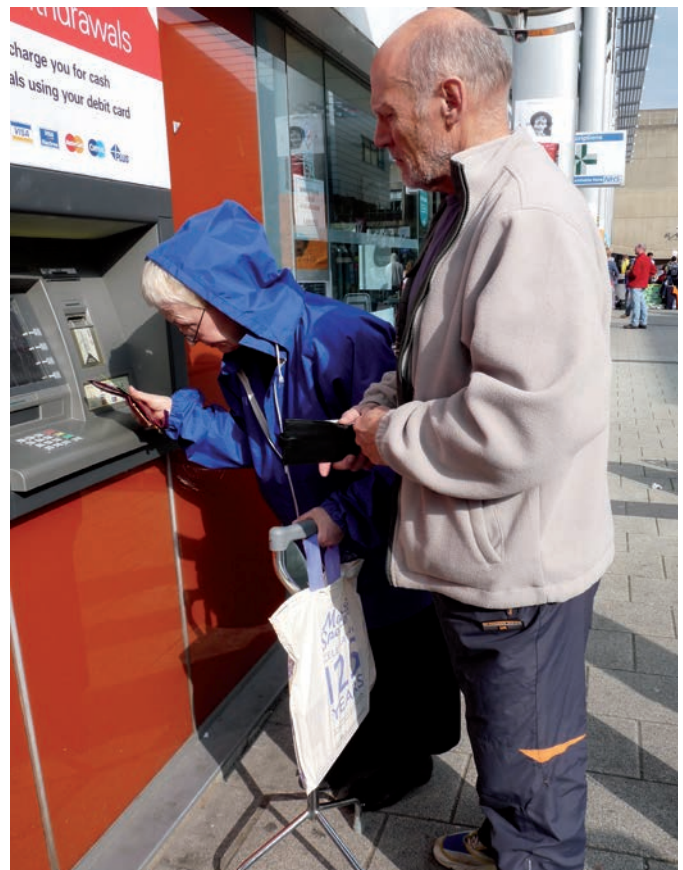
Banking and finance professionals:

Amongst banking and finance professionals three case features significantly influenced certainty of financial abuse.

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.

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
- However, 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?

- 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.

Q. Which characteristics of the decision maker help explain decision making?

- The characteristics of the decision making professionals appeared to have little influence on the decisions they made. Years of experience, gender, etc did not influence certainty of identifying financial abuse or the likelihood of taking action.
- For the social care and health professionals, age was found to have a significant impact on judgements. Those in the young age band (21–33 years) and those aged 47–59 years tended to be more certain in their judgements of financial abuse and were more likely to take action.
- Age did not influence the judgements made by those in banking.

Phase III – Policy Analysis

Methods

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

With an overarching emphasis on elder financial abuse, 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.

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.

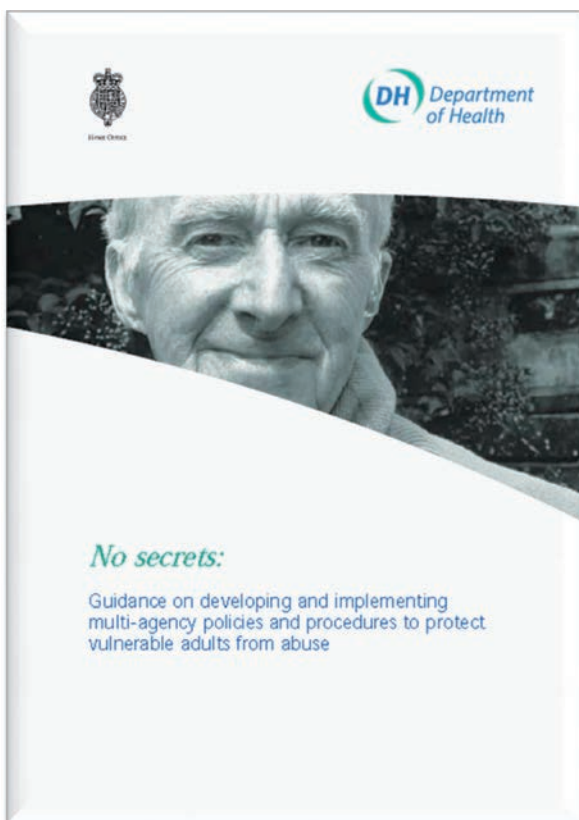


Phase III – Policy Analysis

Main Findings

Q. 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.

Q. 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?

- It was apparent from our review that the multi-agency 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.

Key Points

- 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 deciding whether elder financial abuse is taking place, 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 decision making in relation to elder financial abuse.



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