



# Piloting the older adult financial exploitation measure in adult safeguarding services

A. Phelan\*, G. Fealy, C. Downes

National Centre for the Protection of Older People, School of Nursing, Midwifery & Health Systems, University College Dublin, Dublin, Ireland



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## ABSTRACT

Financial abuse is arguably the most complex form of elder abuse as it may occur remote to the older person and it is impacted by issues such as cultural values, perpetrator intent and family expectations. Financial abuse may not be recognised by either the older person or the perpetrator, thus, its prevention, early identification and amelioration are important. The (Irish) National Centre for the Protection of Older People undertook a study to determine the appropriateness of the Older Adult Financial Exploitation Measure for use by the national safeguarding older person services. Findings from a small pilot study involving 16 safeguarding staff's use of the Older Adult Financial Exploitation Measure with 52 community dwelling older people referred to their service demonstrate a higher suspicion of financial abuse as well as identifying multiple instances of possible financial exploitation in a single individual. Thus, the Older Adult Financial Exploitation Measure is considered appropriate to assist safeguarding personnel's assessment of older people related to a suspicion of financial abuse.

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## 1. Introduction

Elder abuse is a significant issue impacting older people. Within its manifestations, financial abuse (FA) is one of the most common types. Financial abuse can be defined as 'theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions; or the misuse or misappropriation of property, possessions or benefits' (HSE, 2014a; HSE, 2014b). In a national prevalence study in Ireland (Naughton et al., 2010), FA was identified as the most common form of abuse among community dwelling older people. This concurs with other global prevalence studies, in which FA has been ranked first (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009; Amstader et al., 2011; Naughton et al., 2010; Lifespan of Greater Rochester Inc., Weill Medical School, Cornell University, & New York City Department of Aging, 2011) or second (O'Keefe et al., 2007) in terms of prevalence. As a significant issue for older people, this form of elder abuse has engendered particular consideration in a recent White House conference on ageing priorities (Pillemer, Connolly, Brekman, Spreng, & Lacks, 2015). The general prevalence of FA of older people varies, with Hannigan, Cyphers, and Aravanis, 1998 suggesting a figure of 1 in 5, while Malks, Buckmaster, and Cunningham (2003)

estimate it to be 1 in 100; however formal prevalence figures are recognised as underestimations (Phelan & McCarthy, 2016). As most older people reside in their own homes, the volume of FA is higher in that setting, but studies have also noted FA occurring in residential care settings (Drennan et al., 2012; Harris & Benson 1998).

Since elder financial abuse tends to be the most prevalent form of abuse, academic researchers have begun to examine this type of abuse as a distinct social phenomenon (Adams, Bagshaw, Wedt, & Zannettino, 2014; Conrad et al., 2011; Darzins, Lowndes, Wainer, Owada, & Mihaljicic, 2009) and, accordingly, efforts to develop screening tools have been reported. The Older Adult Financial Exploitation Measure (Conrad, Iris, Ridings, Langley, & Wilber, 2010) is one such tool, and is aimed at assisting health and social care professionals and other practitioners who work with older people to identify risk of financial exploitation.

As the proportion of older people in the populations of developed countries increases and the fact that older people tend to have accrued assets, the potential for FA is likely to increase, with Kirchheimer (2013) suggesting that a figure of up to \$22 trillion could be taken from older people in 2016. Financial abuse is distinct from other forms of elder abuse as it can be perpetrated physically remote from the older person and without their knowledge. For example, FA can be perpetrated by strangers through forgery and scams via non-personal postal or telephone services as well as phishing (via email) and smishing (via text).

\* Corresponding author.

E-mail address: [amanda.phelan@ucd.ie](mailto:amanda.phelan@ucd.ie) (A. Phelan).

Additionally, there is evidence of an increased vulnerability to financial deception; [Castle et al. \(2012\)](#) point to specific changes in the ageing brain, which can lead to a reduced sensitivity to cues to untrustworthy characters. Another important issue to consider is the fact that older people tend to have accrued funds and assets during their lifetime, making them appropriate targets for would-be perpetrators of financial abuse. Yet, older people may not formally report FA, even though it constitutes a crime ([SCIE, 2011](#)).

Financial abuse is challenging to identify due to issues such as blurring of boundaries in relation to ownership of property and a culture of presumed family entitlement to the older person's assets ([Darzins et al., 2009](#); [O'Donnell et al., 2012](#)). [Phelan and McCarthy \(2016\)](#) identified gender, ageing process, race and culture as issues related to the vulnerability of the older person to FA. Contributing factors in FA have been identified as: vulnerability of the older person; quality of the older person-perpetrator relationship; and how the relationship is rendered exploitative ([Kemp & Mosqueda, 2005](#); [Rabiner et al., 2005](#); [Wilbur & Reynolds, 1996](#)).

Responses to FA vary globally. One area of focus has been preventative in relation to cognitive decline of the older person's higher order executive functioning, which impacts on financial capacity. [James, Boyle, and Bennett \(2014\)](#) demonstrated that the older old and older people experiencing poor health, financial literacy challenges, low levels of psychological wellbeing or lower levels of cognitive functioning are vulnerable to financial scams. Moreover, in a Chicago based study, [Dong, Simon, Rajan, and Evans \(2011\)](#) demonstrated that cognitive decline is associated with an increased risk of FA. In this regard, integrating a financial capacity assessment into an older person's routine health assessment has been advocated ([Marson et al., 2009](#); [Martin et al., 2008](#)), which can highlight the need to have appropriate safeguarding to protect finances (Enduring Power of Attorney, for example). An examination of financial capacity encompasses many domains, including a) basic monetary skills, b) financial conceptual knowledge, c) cash transactions, d) cheque book management, e) bank statement management, f) financial judgment, g) bill payment, h) knowledge of personal assets/estate arrangements, and i) overall decision making ([Martin et al., 2008](#)). Further intervention service and legislative developments have occurred in the United States, such as mandatory reporting of FA and the development of rapid response teams known as Financial Abuse Specialist Teams (FAST).

An important element in response systems is the ability to identify the possible occurrence of FA. Since detecting FA can be challenging, the use of a specific screening tool to enable relevant areas of FA manifestation to be identified can assist a practitioner's judgment with regard to the need for further in-depth investigation.

There is some debate on the use of elder abuse screening tools due to the complexity of the phenomenon ([Lachs & Pillemer, 2004](#)) and the [United States Task Force on the Prevention of Violence \(2004\)](#) has indicated that there is insufficient evidence to support their universal application. However, since the Irish national prevalence study identified that FA was the most common form of elder abuse ([Naughton et al., 2010](#)), a review of validated elder abuse screening tools ([Phelan & Treacy, 2012](#)) recommended the piloting of the Older Adult Financial Exploitation Measure (OAFEM) ([Conrad et al., 2010](#)), which, to our knowledge, is the only validated financial abuse screening tool. Following a review of the literature and contributions from an expert panel, [Conrad et al. \(2010\)](#) used [Trochim's \(1989\)](#) concept mapping approach and initially identified common FA indicators, which were ranked according to importance. This produced an 82-item measure, which were divided into six clusters: thefts and scams, financial victimisation, financial entitlement, coercion, signs of possible financial exploitation, and money management. For each item there were four possible responses which related to the older

person's experiences over the previous 12 months: positive (FA had occurred), negative, suspected or not-applicable. [Conrad et al. \(2010\)](#) reported positive psychometric properties of the instrument and used a Rasch model standard for item fit and unidimensionality. The reliability of the 82-item tool was demonstrated through a score of 0.94 with a Cronbach's alpha of 0.97. The 82-item OAFEM was piloted with 227 older people with substantiated abuse by 22 adult protective workers in the Chicago area. Findings demonstrated that 72% had some suspicion of FA. Subsequent testing of the fit of the items led to a further reduction to a 79-item test. The 79-item OAFEM demonstrated a robust principal measurement dimension (44.3%), while further reductions to a 54-item OAFEM demonstrated 42.3% and for a later iteration, the 30-item OAFEM yielded a principal measurement result of 45.2%.

Safeguarding older people from abuse, including FA, is a priority area for Irish health policy and this includes efforts to establish a reliable tool to identify older people who may be at risk of financial exploitation. This paper presents the findings from a pilot study which examined the appropriateness of the OAFEM tool for use among health and social care professionals the Republic of Ireland. The pilot was conducted on the principle that appropriate care delivery is associated with increasing service effectiveness, positive effects and a net benefit to the patient ([Lavis & Anderson, 1996](#); [Sanmartin et al., 2008](#)), in other words, that the benefits of a care intervention provide a margin of improvement for patients ([Barnato & Garber, 2003](#); [Fitch et al., 2001](#)). In this study, appropriateness was constructed as being related to a) the accessibility of the language used in the OAFEM, b) the scope of the OAFEM in addressing a suspicion of forms of FA and c) the ability of the OAFEM to enhance safeguarding staff's suspicion of FA. In the 25-item version of OAFEM used in the present study, the Rasch person reliability was 0.74, alpha 0.91, while the dimensionality results on the principal components indicated a 46% variance explained by the measures relative to 8.6% explained by the first contrast, a ratio of 5.4 to 1. Thus, the 25-item tool demonstrates strong evidence of unidimensionality ([Conrad and Iris 2016, personal communication](#)).

### 1.1. Aim

The aim was to examine the appropriateness of the OAFEM for use as a screening instrument in Ireland.

## 2. Method

The study was undertaken as part of a programme of research funded by the Health Service Executive and conducted by the National Centre for the Protection of Older People. Full ethical approval was granted by the first author's institutional review board (LS-12-30-Phelan).

There were three phases to the study: assessment of the face validity of the OAFEM for the Irish population; piloting the tools with Senior Caseworkers for the Protection of Older People (SCWPOP) or social worker (SW) with an older adult protection remit; and evaluation of the tools use with SCWPOPs and SWs. In discussions with the OAFEM lead author, the OAFEM was further reduced to a 25-item screening instrument with continuing positive psychometric results. The 25-item version of the OAFEM was used in this pilot study.

### 2.1. Face validity

Prior to administering the OAFEM among older people, we subjected the tool to review by all of the SCWPOP and SW participants who would be administering the instrument, in order

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