

# The Older Adult Financial Exploitation Measure: A Pilot Study to Test its Appropriateness in an Irish Context

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**NCPOP Board of Programme Directors**

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This study was funded by the Health Service Executive as part of the work of the National Centre for the Protection of Older People (NCPOP) at University College Dublin.

**This report should be cited as:**

Phelan, A., Fealy, G., Downes, C., & Donnelly, N. (2014) *The Older Adult Financial Exploitation Measure: A Pilot Study to Test its Appropriateness in an Irish Context*. NCPOP, University College Dublin.

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The authors are grateful to all the participating Senior Case Workers and Social Workers for their efforts in piloting the OAFEM tool in practice. Without their participation, it would not have been possible to generate the data for this study.

The authors also gratefully acknowledge the following:

- The Health Service Executive (HSE) which funds the National Centre for the Protection of Older People (NCPOP) and the programme of research, of which this study is a part.
- The HSE management and steering committees and the NCPOP user group for their guidance and advice throughout the study.
- Professor Ken Conrad and Professor Madelyn Iris, advisors to the study, for providing guidance and reviewing the draft report.
- Dr Gillian Paul, for her support during the study planning process.
- Ricardo Segurado, Tim Grant and Bahman Honari, CSTAR, for advice on statistical design and analysis.
- The NCPOP International Advisory Committee, comprising Professor Simon Biggs, University of Melbourne, Australia and Professor Karl Pillemer, Cornell Institute for Translational Research on Aging, Cornell University.
- Ms Sandra McCarthy, NCPOP Research Administrator, for her assistance with preparing the report for publication.

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## Introduction

Financial abuse ranks as the highest or second highest form of elder abuse perpetration in numerous prevalence studies (Acerino *et al.* 2009, O' Keeffe *et al.* 2007, Amstader *et al.* 2011). Estimates of the prevalence of financial abuse vary widely as do estimates of the reporting of financial abuse, with one study suggesting that only 1:5 cases come to formal services' attention (Hannigan *et al.* 1998), while another study estimated that as little as 1:100 cases are reported (Malks *et al.* 2003a).

In Ireland, financial abuse is defined by the Health Service Executive (HSE) 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 2011:3). A 2010 prevalence study of elder abuse among community-dwelling people aged 65 and over in Ireland identified financial abuse as the most common form of elder abuse experienced. Of the 2,021 respondents in the study, 1.3% percent of cases reported an experience of financial abuse (Naughton *et al.* 2010). HSE referral records show that referrals relating to financial abuse concerns are rising year-on-year, accounting for 16% of referrals in 2008 and 21% of referrals in 2012. Moreover, financial abuse has been the second highest concern in cases referred to Senior Case Workers and also represented the second highest case substantiation rate in both 2011 and 2012 (HSE 2013).

The risk of financial abuse is perhaps greatest in later life due to the substantial assets that some older people may amass over time. Some research has shown that cognitive decline associated with increasing age may also expose older people to great vulnerability with regard to their finances (Castle *et al.* 2012). The identification and amelioration of financial abuse is problematic due to issues of family expectations, blurred financial responsibilities and particular vulnerabilities that older people may experience, such as reliance on a perpetrator for caregiving which was highlighted in O'Donnell *et al.*'s (2012) study with Senior Case Workers in Ireland.

One of the fundamental areas of responding to the financial abuse of older people is the development of formal identification systems and responses within which multi-agency professionals can develop expertise in addressing financial abuse comprehensively.

Screening for financial abuse may be one way of improving its identification as well as providing a method of standardising practitioner assessment for elder abuse, improving the efficiency of assessment and triaging cases to improve service responses (Anetzberger, 2001; Conrad *et al.* 2010). In a review of elder abuse screening instruments (Phelan & Treacy 2012), the Older Adult Financial Abuse Measure (OAFEM) (Conrad *et al.* 2010) was identified as having potential in the Irish environment to assist in the identification of financial abuse. The OAFEM is a 25-item tool and is the only validated financial abuse screening tool in the literature.

## Aims of the study

In 2002, Ireland's policy document on elder abuse specifically identified the imperative for multi-agencies 'to develop the skills needed to recognise, address and minimise financial abuse against older people' (WGEA 2002:21). This report contributes to the establishment of new response systems to financial abuse of older people. The objectives of the study were:

- To engage in refining the OAFEM for use in the Irish setting.
- To develop Irish protocols and related documents for use of the OAFEM.
- To provide training for Senior Case Workers for the Protection of Older People (SCWs) and Social Workers (SWs) in using the OAFEM.
- To pilot the OAFEM with participating SCW/SWs.
- To make amendments to the OAFEM protocols as required.

## Research methods

The study design involved three phases. The first phase was concerned with refining and developing the OAFEM tool to ensure its suitability in an Irish context in terms of comprehension and cultural appropriateness. This involved assessing the face validity of the OAFEM tool with its users and making amendments to the tool as appropriate. A study protocol and training materials were developed to provide guidance to users on how to administer the tool to older people.

The second stage involved piloting the OAFEM tool to establish its appropriateness in the Irish context. The OAFEM tool was piloted with SCW/SWs in the HSE in the Republic of Ireland. The rationale for choosing SCW/SWs was that the OAFEM allows discrete questioning on the older person's finances and the SCW/SW client population is comprised of those who have a suspected or confirmed case of elder abuse. In total, 36 SCW/SWs were identified as potential data collectors and 16 elected to undertake data collection. The OAFEM tool was offered to all older people with mental capacity who were current cases or newly referred to the SCW/SW for any reason, including financial abuse, between 1st November 2012 and 31st August 2013.

The third stage comprised an online survey evaluation with SCW/SWs in order to ascertain their experience of using the OAFEM, its practical use and if any positive screens demonstrated assistance in determining a positive case of financial abuse. The evaluation sought to examine barriers to OAFEM completion as well as to ascertain whether the tool was deemed user-friendly and acceptable, and how readily social workers would incorporate the OAFEM tool into their screening and assessment practices.

## Findings

### Sample

In total, 72 older clients on SCW/SW's caseloads were recorded as being approached by SCW/SWs to participate in the study and 62 of these consented to participate in the study. Following assessment of cognitive capacity, 55 eligible participants remained, but three of these withdrew their consent to participate during the study, thus the final sample consisted of 52 older people. The majority of the final sample was female (58.8%). The age composition of the sample was nearly evenly split between those aged 65-79 (51%) and those aged 80 and over (49%).

### OAFEM results

Financial exploitation was indicated for two fifths of the sample (40.4%, n=21). Over a quarter (26.9%, n=14) of participants reported an experience of not having been paid back money that was borrowed from them. This was the highest source of financial exploitation experienced by participants. This was followed by an experience that someone had felt entitled to use their money for him/herself (19.2%, n=10), that someone had demanded money from them (19.2%, n=10) and the use of their money by someone without it benefiting them (17.3%, n=9). The multi-faceted nature of financial abuse can be seen from the fact that just a quarter of those who responded 'yes' on the OAFEM scored positive on just one OAFEM item (n=5) while over half indicated five or more manifestations of financial abuse (n=10).

### Evaluation survey results

Twenty two responses were received from the evaluation survey. Over two thirds of respondents (68.2%, n=15) completed at least one OAFEM. Seven respondents did not complete an OAFEM and their reasons for this varied from client refusal or ineligibility to participate to personal incapacity to participate in the study due to workload. For those who completed at least one OAFEM (n=15), seven respondents reported that it took between 0-30 minutes to administer with the remaining respondents requiring over half an hour to administer the tool to clients. Four respondents commented that the tool was 'easy' or 'very easy' to administer while four reported finding the tool 'difficult' or 'very difficult' to administer. Six respondents reported that the tool did not aid identification of potential financial abuse while eight reported that the tool was slightly or somewhat useful in this regard. Just one person reported finding the tool very useful for this purpose. With regard to whether respondents would use the tool if it was introduced into everyday practice, there was a very mixed response, with three respondents stating that they would never use it, five responding that they would seldom use it and four respondents reporting that they would use it frequently (in selected cases). Several challenges and barriers to administering the tool were identified through open-ended data. In this context, the lengthy and complicated nature of the tool, client's negative reactions to the tool and limited capacity among SCW/SWs to engage in the study were cited.

## Conclusions

This research represents the first Irish study to examine an intervention which measures financial abuse of older people referred to the SCW/SW. The results highlight the most common types of financial exploitation perpetrated against older people in Ireland. These are: money not being paid back to the older person; money being demanded from the older person and money being used without it benefiting the older person. These three perpetrations highlight a strong presence in the sample and perhaps more broadly in Irish society, of the role that underlying cultural or ageist assumptions as well as historical family norms and expectations may play in the perpetration of financial abuse. In this context, a sense of entitlement may prevail in relation to an older family member's money and an older person's need for resources and the value of them retaining resources in later life may be dismissed.

The results indicated that there are a wide range of manifestations of financial abuse among older people. Three quarters of the sample identified more than one potentially abusive experience of financial abuse, with twenty five percent having nine or more positive responses. Thus, the OAFEM has the potential to discretely identify multiple aspects and the gravity of financial abuse for the individual older person. In highlighting the types of financial abuse (or multiple types), the OAFEM also has the capacity to identify priorities for the subsequent investigation and to direct any immediate activities to prevent further financial loss and possible recuperation of funds.

The evaluation component of this pilot study highlighted barriers and challenges to the routine screening of older people in Ireland by SCW/SWs using the OAFEM. The length of the tool emerged as a particular challenge due to the increasing number of complex caseloads among SCW/SWs, which may reduce the time available with individual clients. Where the prerequisites of a research study are absent, such as, conducting the cognitive assessment and obtaining consent, the time for administration may be reduced. Thus, the OAFEM may be more feasible in the context of being part of professional practice assessment. However, the results of the evaluation together with the SCW/SW's comments about the lengthy nature of the tool indicates that shortening the OAFEM would enhance its utility. In Conrad et al's (2010) study, the process of development employed Trochim's (1989) concept mapping, which allowed the most relevant questions to be placed in the

first six items. If these six items are scored negatively, the remaining 19 questions may be subsequently eliminated (Conrad 2014). This reduction is supported by the statistical analysis undertaken in this study, though the finding is tentative due to the small sample size. The results of the OAFEM together with the experiences of the SCW/SWs suggests that the standard assessment is still a very important element of comprehensive assessment and that the OAFEM, with refinement, may provide an important support to enhance such assessment.

## Recommendations

- It is recommended that the OAFEM shortened version of 1- 6 questions is used as a screening tool to assist in preliminary assessment for financial abuse.
- The full OAFEM tool should be completed if questions 1-6 trigger a 'Yes/Unsure' response.
- The use of the OAFEM should be incorporated in Continuous Professional Development for SCW/SWs.
- The use of the OAFEM as a screening tool may be extended to other healthcare professionals, who suspect financial abuse of older clients. This may be a precursor to referral to the elder abuse services and support such referrals.
- Further evaluation research on the OAFEM is recommended to enhance its use and applicability in the Irish context.
- Further psychometric testing is recommended to investigate whether the number of items on the tool could be reduced further.

### 1.1 Background

Elder abuse is an issue which has received public scrutiny in recent years. As the population of older people rises, global societies have focused on how to address the multiple manifestations of elder abuse, namely physical abuse, psychological abuse, financial/material abuse, sexual abuse, neglect and ageism. A recent prevalence study in Ireland identified financial abuse of older people as the most common form of elder abuse experienced by older people (Naughton *et al.* 2010). This compares with many other studies which rank the financial abuse of older people as being the most frequent or second most frequent perpetration of abuse (Acerino *et al.* 2009, O'Keeffe *et al.* 2007, Amstader *et al.* 2011). Despite high prevalence levels, the identification and amelioration of financial abuse remains challenging due to issues of family expectations, blurred financial responsibilities and particular vulnerabilities that older people may experience.

In a review of elder abuse screening instruments (Phelan & Treacy 2012), the Older Adult Financial Abuse Measure (OAFEM) (Conrad *et al.* 2010) was identified as having potential in the Irish environment to assist in the identification of financial abuse. This report presents the findings of a pilot study which examined the appropriateness of the OAFEM in the Irish environment.

### 1.2 Aims of the Study

In 2002, Ireland's policy document on elder abuse specifically identified the imperative for multi-agencies 'to develop the skills needed to recognise, address and minimise financial abuse against older people' (WGEA 2002:21). The gravity of this statement is reinforced by financial abuse being the most common form of elder abuse in Ireland's prevalence study (Naughton *et al.* 2010) and it is the second highest concern in cases referred to the Senior Case Workers for the Protection of Older People within the Health Service Executive (HSE) (HSE 2012, 2013). This report contributes to the establishment of new response systems to financial abuse of older people.

The aims of the study were:

- To engage in refining the OAFEM for use in the Irish setting.
- To develop Irish protocols and related documents for use of the OAFEM.
- To provide training for Senior Case Workers for the Protection of Older People (SCWs) and Social Workers (SWs) in using the OAFEM.
- To pilot the OAFEM with participating SCW/SWs.
- To make amendments to the OAFEM protocols as required.

### 1.3 Report Structure

This report is presented in five chapters. Chapter 1 describes the background and aims of the study. Chapter 2 examines the challenge of financial abuse of older people and contextualizes international literature related to understandings, prevalence and the application of screening for financial abuse of older people. Chapter 3 describes the research design for this study and delineates the three phases of the research process. Phase one focused on establishing the cultural transferability of the OAFEM (Conrad *et al.* 2010; 2011). Phase two encompassed piloting the tool with SCW/SWs. Phase three involved undertaking an evaluation of the experience of using the tool by SCW/SWs in their daily practice within the data collection period. Chapter 4 presents the findings from the study while Chapter 5 interprets the findings and contextualizes these within international literature. Chapter 5 also articulates the main conclusions from this study and makes recommendations based on the study findings.

## 2.1 Introduction

Financial abuse of older people is an important challenge for contemporary societies, yet, the issue lacks consensus and is under-reported, under-recognised, under-researched and under-prosecuted (MetLife Mature Market Institute 2011; Fealy *et al.* 2012). Until recent years, financial abuse of older people tended to be subsumed in studies on elder abuse in general (Crosby *et al.* 2008), which restricted any in-depth examination in relation to this specific area and made valid and reliable conclusions difficult to make (Davies *et al.* 2011). The potential for financial abuse is evident when the volume of assets held by older people is examined. Older people often have savings, properties and investments which are accrued over a lifetime, which can place them at a particular risk of financial abuse. For example, by 2016, it is estimated that older people will have financial assets of approximately \$22 trillion in the United States (Kirchheimer 2013). In addition, recent research in the United States has argued that the older brain demonstrates deterioration in the anterior insula in the brain which controls perception (Castle *et al.* 2012). This deterioration is attributed to older people having a reduced 'gut' response towards untrustworthy characters, particularly in relation to fraud and scams.

## 2.2 Understanding Financial Abuse of Older People

Financial abuse is described using a variety of terms, such as financial exploitation (Fitzwater & Puchta 2010), fiduciary abuse (Aziz 2000), social vulnerability (Pinsker & McFarland 2010) and financial mismanagement (Laumann *et al.* 2008). There are numerous formal definitions of financial abuse in the literature (Fealy *et al.* 2012); however, many describe similar conceptual elements. In Ireland, financial abuse is defined by the HSE (2011:3) 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'. Similarly, financial abuse is described by the World Health Organisation (WHO) (2002:127) as 'the illegal or improper exploitation or use of funds or other resources of the older person'. However, despite a growing awareness and research base in the area of financial abuse, an operational definition remains challenging due to issues of culture and family norms (Darzins *et al.* 2009). The issue of norms was highlighted in an Irish study (O'Donnell *et al.* 2012),

where Senior Case Workers (SCWs) commented that financial abuse could be historical, making recognition difficult within commonplace taken-for-granted experiences and relationships.

Financial abuse may also be described in terms of perpetrators who may be in a position of trust, for example, family or paid caregivers. Alternatively, the perpetrator may be a stranger, typically using methods of deception through scams or fraud. Equally, financial abuse of older people can occur in diverse environmental settings, but is most commonly observed in the home and residential care environments (HSE 2013).

Recognising financial abuse of older people is particularly difficult as there may not be obvious signs and the older person may not even be aware of the abuse. As the most common perpetrator is a family member (Naughton *et al.* 2010; Amstader *et al.* 2011; HSE 2013), a major obstacle to recognition is the culture of kinship entitlement to an older person's assets, which can obscure any understanding or identification of acts constituting financial abuse (King *et al.* 2011; O'Brien *et al.* 2011; Conrad *et al.* 2011; Mihaljcic & Lowndes 2013). This may be a particular issue in the context of securing the older person's finances to deter obligations resultant from the Nursing Home Support Scheme Act (Government of Ireland 2009), wherein assets are taken into account for contribution to the cost of care. In addition to the lack of recognition of financial abuse, the secrecy of the transactions and the older person's perception of the perpetrator's possible withdrawal of emotional or physical support can contribute to a lack of ameliorative actions. Older people also have low self-reporting rates (Gunther 2011). In one American study, proxy reporters identified a marginally higher rate of financial abuse in older people than the correlated older person's self-reports (Acerino *et al.* 2009), which suggests that independent advice on older people's financial transactions could be beneficial (Mukherjee 2013). This is also supported by a study in the United Kingdom (Arksey *et al.* 2006) which demonstrated that there is a need for clarity and guidance in relation to the management of finances of older people by third parties.

In an attempt to understand the complexity of financial abuse of older people, three general factors have been identified (Wilbur & Reynolds 1996; Rabiner *et al.* 2004). These are: a) vulnerability of the older person, b) the quality of the older person-perpetrator relationship and c) how the relationship is rendered exploitative.

Vulnerability, for example, can be due to gender (Darzins *et al.* 2009; Naughton *et al.* 2010), poor family support (Naughton *et al.* 2010), health status deterioration or poor health status (Choi *et al.* 1999; Wainer *et al.* 2010; Naughton *et al.* 2010) and race and culture (Lee & Eaton 2009). Central to the relationship are issues of power and control over the older person's finances leading to status inequality (Kemp & Mosqueda 2005; Conrad *et al.* 2011). The characteristics of the relationship are also important in terms of, for example, observing a recently renewed relationship, a new 'best friend' or 'sweetheart', or a relationship that has recently deteriorated (Gibson & Greene 2013). In addition, financial dependence of the perpetrator on the older person can contribute to financial abuse (MetLife Mature Market Institute 2009), as can a perpetrator having mental health problems, or substance abuse (Rabiner *et al.* 2004). Reasons pertaining to how the relationship in financial abuse of older people is rendered exploitative are complex. Financial abuse may encompass a lack of a business ethic in managing finances (Kemp & Mosqueda 2005), blurred lines in financial expenditure and a failure to see the action as abusive due to the idea of kinship entitlements to finances (Davies *et al.* 2013; Adams *et al.* 2013). In one study, this blurring was described as family members thinking the older person's assets were almost synonymous with their own assets (Mukherjee 2013). These contexts are further compounded when the older person views the expenditure as a way to sustain the relationship.

Financial abuse may also occur through fraud and scams, where there is no 'relationship' *per se*. Fraud is obtaining money by deception, whereas scams involve true, but misleading information being imparted intentionally. Rogue traders and 'hard-sell' salesmen may be included in this category. Findings in one German study demonstrated that older people could be targeted via phone scams, larceny by trick, fraudulent business transactions, unfair business practices and financial offences perpetrated in the context of legal guardianship or by family members/persons in a position of trust (Goergen 2013). In relation to scams, increasing age has been correlated to increased vulnerability to financial abuse and one estimate proposes that the over 65 age group constitutes 80 percent of total scam victims (Federal Trade Commission (FTC) (2000).

Within new legislation in the United States, the gravity of financial abuse is underpinned by its description as an act of violence (Price *et al.* 2011). Although financial abuse is a breach of criminal law, such cases often do not enter into the criminal justice system, which may be attributed to the issue not being considered or acted upon as a crime in itself and the diversity of legal definitions in statutes (Payne & Strasser 2012; Gibson & Greene 2013). However, increasing the potential for detection will generate the need for more robust and comprehensive ameliorative systems which should include legislative reform and multi-sector focused response systems. One particular area of importance in prosecuting financial abuse of older people is that the legal system itself (judiciary, including jurors) understands the distinct factors in such abuse and Gibson & Greene (2013) support the use of expert social framework testimony to enhance understandings in legal suits.

The consequences of financial abuse are significant and can be devastating for the older person. For instance, older people may experience depression, stress and anxiety as well as a compromised independence (MetLife Mature Market Institute 2011). Furthermore, in comparison to younger generations, older people do not have the same potential to generate substitute incomes or engage in employment-related activities to recoup the funds/assets. From a societal point of view, the financial abuse of older people can also increase dependency on government welfare systems (Otto *et al.* 2003).

In terms of financial costs, it is estimated that \$2.9 billion was taken from older people in the United States in 2010 (MetLife Mature Market Institute 2011), while in 2007/2008, it is estimated that approximately A\$ 1.8-5.8 billion was taken from older Australians (Jackson 2009). The Elder Abuse Prevention Unit (EAPU 2013), based in Queensland Australia, reported that their helpline recorded that \$39 million was misappropriated in 89 elder abuse cases in the 2012-2013 financial year. In a recent study in Utah, 57 cases of substantiated financial abuse reported to Adult Protective Services were reviewed (Gunther 2011). It is estimated that losses in these cases amount to \$5,150,610, which included losses to the older person and financial institutions as well as the potential loss to Medicaid. In this study, the average loss per older person was \$90,362. Such figures for financial costs are predominantly based on reported cases to health and social care services. Consequently, taking into account cases which may go unreported, it is likely the impact is much greater and, as such, represents a more significant negative impact on older people's lives.

## 2.3 Prevalence

The most prominent setting for financial abuse of older people is in the home environment (Centre for Policy on Ageing 2010; Wainer *et al.* 2010; Mukherjee 2013; Milhaljic & Lowndes 2013) with the main perpetrator being a family member, usually an adult child (Choi *et al.* 1999; Naughton *et al.* 2010). This is unsurprising as, globally, most older people reside at home. Estimates of the reporting of financial abuse can vary. For example, Hannigan *et al.* (1998) suggest that only 1:5 cases come to formal services attention, while Wasik (2000) estimates under-reporting at 1:25 cases. Other estimations suggest higher rates. A New York study (Lifespan of Greater Rochester Inc *et al.* 2011) estimates a reporting figure of 1:44 while Malks *et al.* (2003a) estimate a more impoverished reporting figure of only 1:100. However, due to its complex and relatively unexamined status, financial abuse prevalence figures remain tentative. Within possible manifestations of elder abuse, financial abuse can account for as much as 26-38 percent of total reported cases (Malks *et al.* 2003a & b; Tilse *et al.* 2005).

Formal prevalence studies have demonstrated that financial exploitation is one of the main forms of elder abuse in older people. These studies have, however, mainly focused on financial abuse of older people in the home and older people with mental capacity. Prevalence rates vary and are dependent on issues such as the definition of financial abuse used, age cut-offs and sampling method (Cooper *et al.* 2008). In Ireland, financial abuse was identified as being the highest abuse perpetration, occurring in 1.3 percent of cases reported in a study of 2,021 community-dwelling older people (Naughton *et al.* 2010). Higher figures are reported elsewhere. For instance, an early study in Finland (Kivela *et al.* 1992), reported a financial abuse figure of 8.5 percent while more recent figures from the United States demonstrate a nationwide figure of 5.2 percent (Acerino *et al.* 2009), while a prevalence study based in South Carolina identified a financial abuse figure of 6.6 percent (Amstader *et al.* 2011).

Prevalence studies in settings other than the home environment are scant. A 2007 Israeli hospital-based study reported that 8.9 percent of the sample experienced financial abuse by family members (Cohen *et al.* 2007). Prevalence studies in nursing homes can demonstrate a large prevalence range of financial abuse perpetration. For example, a study from 1998 (Harris & Benson 1998) suggests that twenty percent of nursing

home residents experience financial abuse per year. Yet, in a more recent study, Drennan *et al.* (2012) reported a figure of 0.9 percent of nursing home care staff observing a colleague perpetrating financial abuse, while only 0.3 percent reported themselves as financial abuse perpetrators. Moreover, perpetration type can also be viewed differently, as Payne and Strasser (2012) suggest that financial abuse in nursing homes can also be constructed as an occupational crime, where perpetrations tend to be insidious and committed against multiple residents. Additional work needs to be undertaken in this area, particularly related to the financial management of funds by families when an older person is in residential care. This is particularly important in the context of cognitive impairment as this group constitutes an increasing population within nursing homes and a group which frequently requires assistance in financial management (Marson *et al.* 2009).

In conclusion to this section, financial abuse of older people is an intricate, multi-faceted phenomenon. Despite its reported high perpetration rates in many elder abuse prevalence studies (O' Keeffe *et al.* 2007; Naughton *et al.* 2010; Amstader *et al.* 2011), its identification can be challenging and response systems ill-equipped to address its complexity. One of the main challenges is the lack of recognition of financial abuse situations by older people and perpetrators, thus rendering such abuse tolerated or justified. In such circumstances, one of the fundamental areas of responding to the financial abuse of older people is the development of formal identification systems and responses within which multi-agency professionals can develop expertise in addressing financial abuse comprehensively.

## 2.4 Formal Responses to Financial Abuse of Older People

Many countries have developed services to respond to financial abuse of older people, however, such services tend to be within the context of adult safeguarding. In the United States, various states have legislation, policy and services within Adult Protective Services as the point of referral and investigation. Financial abuse has been specifically identified within the 2010 Elder Justice Act in the United States and some states have established Financial Abuse Specialist Teams (FAST) which enhance assessment and target case intervention as well as increasing criminal prosecution (Navarro *et al.* 2013). Yet,

Gibson and Greene (2013) observe that the standardisation of understandings in legislation is marred by differing legal definitions of financial abuse, with inconsistent reporting, response and prosecuting systems.

In the United Kingdom, safeguarding older people is delivered under the remit of vulnerable adults, and social workers and social services underpin the identification and amelioration of financial abuse cases. Ireland is somewhat unusual as services are specific to protecting older people and responding to referrals of suspected elder abuse. Set up in 2007, the 32 SCWs posts are located in HSE local health areas and investigate allegations of any form of elder mistreatment in any setting.

Despite the development of elder abuse services, an issue compounding the lack of recognition of financial abuse is the historical absence of attention by health and social care services as well as legal and policing services to this area. This can be in the context of asking the correct, focused questions or even considering financial abuse as being a prominent activity within families or society in general. This is demonstrated in a New York study (Lifespan of Greater Rochester Inc *et al.* 2011), where financial abuse was only detected in 0.96 per 1000 documented case studies from services (N=292 agencies) specifically for victims of elder abuse and older victims of domestic violence, as opposed to 42.1 per 1000 as reported by older people themselves (N=4156). Such studies point to the imperative of improving professionals' preventative approaches as well as enhancing early identification and comprehensive management systems within an interdisciplinary context.

Studies have also demonstrated social workers' problems in discerning protective and abusive financial behaviours of caregivers towards older people (Mukherjee 2013; Gilhooly *et al.* 2013). The challenge extends to social workers' reliance on a number of limited cues and weighting ascribed to such cues within the context of professional assessment (Davies *et al.* 2011). Broader issues have also impacted on the investigation of financial abuse. For example, Wilson *et al.* (2009) observe that the public scrutiny of private family assets can be a taboo area. Thus, either asking such specific questions on finances or responding may be experienced as irrelevant or even impertinent. In a review of how Senior Case Workers manage cases in Ireland (O'Donnell *et al.* 2012), financial abuse was often complicated by the caregiver being both a relative and perpetrator, which led to a

careful weighting of the risk of abuse with the reliance of the older person on the perpetrator. This was seen as the older person rationalising the financial loss against the benefits the caregiver provided.

### 2.4.1 Health Service Executive: Open Your Eyes

Since the establishment of the elder abuse service in 2007 under the remit of the HSE, an annual report has been published. In 2012, the HSE received 2,460 referrals, representing a 30 percent increase from 2008-2012 (HSE 2013). Suspected financial abuse concerns represented 21 percent of cases' 'reason for referral' rising from 16 percent in 2008. Moreover, financial abuse represented the second highest case substantiation rate (n=118) in 2012. The majority of elder abuse occurred in the older person's own home (79%) and most alleged perpetrators were family members (83%) (HSE 2013).

Of the 2,460 older people referred to the elder abuse services in the HSE in 2012 (HSE 2013), health issues were evident in a number of cases (Tables 2.1 & 2.2). This concurs with evidence in the literature (Fulmer *et al.* 2005; Eulitt *et al.* 2014). This is particularly important in the context of using a screening tool to identify the financial abuse of older people, as assessment is often compromised by cognitive impairment.

**Table 2.1: Health issue in older people referred to elder abuse services (other than self-neglect) (adapted from HSE 2013)**

Health issue	Percentage
Physical	46
Dementia	26
Mental health	15
Alcohol problems	5
Intellectual Disability	4
Other	4

**Table 2.2: Health issue in older people referred to elder abuse services for self-neglect (adapted from HSE 2013)**

Health issue	Percentage
Physical	39
Dementia	20
Mental health	18
Alcohol problems	19
Intellectual Disability	2
Other	2

As reviewed in this section, financial abuse is an emerging area of policy, legislation, research and practice responses. Although formal services have been developed to address elder abuse in general, financial abuse is challenging for multi-professionals. A specific challenge is its identification. One way of increasing its identification is by screening.

## 2.5 Screening

Screening is a major cornerstone of contemporary epidemiological approaches to healthcare. Inherent in the concept of screening activities is the idea that asymptomatic diseases can be identified and interventions targeted early to improve mortality and morbidity (United States Task Force on Preventative Violence 1996; Petersen 1997). In elder abuse, there is some debate on the merit of using a screening approach as a case finding method. Lachs and Pillemer (2004) comment that the traditional paradigm of screening programmes is unrealistic for elder abuse as a traditional 'disease-based' model analysis is applied. Elder abuse does not have a typical disease pattern and is influenced by many multi-dimensional factors. Consequently, additional research is needed to support universal screening for elder abuse (Bonnie & Wallace 2003; United States Task Force on Preventative Violence 2004). Acknowledging these caveats, the *Diagnostic and Treatment Guidelines on Elder Abuse and Neglect* (American Medical Association 1992) recommends that screening for elder abuse is an essential element of comprehensive care to older people in diverse settings, while Anetzberger (2001) argues that screening provides a method of standardising practitioner assessment for elder abuse. This is particularly important as older people may not recognise or disclose abuse (WHO 2008; Laumann *et al.* 2008) and professionals struggle to detect

abuse (Killick & Taylor 2009; Caciula *et al.* 2010; Donovan & Regehr 2010; Hempton *et al.* 2011). Moreover as the perpetrator in financial abuse can often be a family member, there may be a reluctance to disclose the abuse. Thus, case finding represents an important element in elder abuse identification (Bonnie & Wallace 2003).

## 2.6 Identifying a Tool to Assess Financial Abuse

Following a comprehensive review of elder abuse screening tools by the NCPOP (Phelan & Treacy 2012), two tools were identified as having particular merit in the Irish context: the Elder Abuse Suspicion Index (EASI) (Yaffe *et al.* 2008) and the Older Adult Financial Exploitation Measure (OAFEM) (Conrad *et al.* 2010). Both tools have been piloted in Ireland by the NCPOP. The EASI is a six-item tool to elicit a suspicion of any form of elder abuse and allows for practitioner objective review of the older person. Findings from this study are reported in a separate NCPOP report (Phelan *et al.* 2014). However, as the Irish prevalence study (Naughton *et al.* 2010) identified financial abuse as the most common form of abuse, piloting of a specific tool was considered advantageous for healthcare practitioner use. Although, this tool has limited empirical testing with older people, psychometric testing demonstrates positive results in terms of validity and reliability (Conrad *et al.* 2010; 2011).

### 2.7 The Older Adult Financial Exploitation Measure (OAFEM)

The only validated financial abuse screening tool in the literature is the OAFEM (Conrad *et al.* 2010) (Appendix 1). This tool identifies individual components of financial abuse and a related severity hierarchy. An in-depth investigation of possible methods of financial abuse is useful as one Utah study identified that in most cases of financial abuse, the perpetrator used multiple methods to gain the older person's assets (Gunther 2011). Thus, in the OAFEM, the authors developed statements on financial abuse from the literature and brain-stormed with an expert panel. From this, a list was produced which reflected aspects of financial abuse. The list was then arranged into a conceptual framework using Trochim's (1989) concept mapping and components were rated for severity by the expert panel. Six clusters resulted and constituted an 82-item scale, which was further reduced to 79 items. The clusters focused on: a) theft and scams, b) financial victimisation, c) financial entitlement, d) coercion, e) signs of possible financial exploitation and f) money management. Possible responses to the questions on the OAFEM indicate a positive, negative, suspected or not-applicable response for the specific forms of financial abuse. Initial psychometric testing of the OAFEM by 22 trained staff on 227 older people who had substantiated abuse in their cases has demonstrated enhanced professional decision-making in suspected cases of financial abuse. Adequate cognitive capacity is required to complete the OAFEM. Consequently, completion requires a Mini-Mental Status Exam score of 17 or above or competent investigator judgment (Conrad *et al.* 2010). Further psychometric testing refined the tool to a 30-item scale which has demonstrated validity. One hundred and seventy three people endorsed one or more items on the 30-item scale which uses different cut offs, but has the potential to indicate more serious financial abuse (Conrad *et al.* 2010). The latest version of the OAFEM has reduced the tool to 25 items which is considered necessary to address concerns related to the lengthy completion time in the 79-item tool (Conrad personal communication, 2011).

### 2.8 Conclusion

Prevalence studies demonstrate that financial abuse of older people is a significant challenge in global societies. Financial abuse is a complex and elusive issue which can be shrouded in secrecy and embarrassment. Older people are particularly vulnerable as they generally have accrued assets during their lifetime and this makes them attractive targets for financial crime (Kirchheimer 2013). Financial abuse may be perpetrated in a multitude of ways and is often not recognised as abuse due to issues of family expectation of assuming entitlement to finances, using finances on behalf of the older person but without legitimate permission or a lack of good business ethic. Older people also have a susceptibility due to age-related changes, and gender and culture, which can mask recognition of financial abuse and render detection challenging.

The use of a screening measure for financial abuse, such as the OAFEM, has the potential to raise the older person's, the perpetrator's and the professional's awareness of financial abuse and highlight cases which merit further investigation. Consequently, as the OAFEM (Conrad *et al.* 2010) has demonstrated advantages in terms of identifying a potential of financial abuse and its severity, this study examines its appropriateness in the Irish setting.

### 3.1 Introduction

This chapter outlines the aims and objectives of the study and provides an overview of the study design, including the process of refining and developing the OAFEM tool for piloting in Ireland, the methods of data collection and analysis, and ethical considerations of the study.

#### Aim and objectives

The overall aim of this study was to examine the appropriateness of the OAFEM in the Irish setting. The objectives of the study were:

- To engage in refining the OAFEM for use in the Irish setting.
- To develop Irish protocols and related documents for use of the OAFEM.
- To provide training for Senior Case Workers for the Protection of Older People (SCWs) and Social Workers (SWs) in using the OAFEM.
- To pilot the OAFEM with SCW/SWs.
- To make amendments to the OAFEM protocols as required.

### 3.2 Overview of Study Design

The first stage of the study design involved refining and developing the OAFEM tool to ensure its suitability in an Irish context. The second stage involved piloting the OAFEM tool with SCW/SWs to establish its appropriateness in the Irish context. The third stage comprised an evaluation with SCW/SWs in order to ascertain their experience of using the OAFEM, its practical use and if any positive screens demonstrated assistance in determining a positive case of financial abuse. The research team received ongoing feedback and comments from SCW/SWs on the use of the OAFEM tool during the piloting process which was used to refine aspects of the study process to enhance the feasibility of conducting the study and to inform recommendations with regard to the future use of the OAFEM in Ireland.

### 3.3 Refining and Developing the OAFEM Tool

It was necessary to refine the OAFEM tool for piloting in the Irish setting. The first phase of this process focused on ensuring the suitability of the questions with an Irish population. Although previous testing of the tool in the United States indicated that it was reliable and valid (Conrad *et al.* 2010), it was necessary to review the linguistic properties to ensure appropriateness and comprehension in the Irish context and to address any cultural issues with the tool. Thus, assessment of the face validity of the tool was conducted. Face validity indicates that the survey is appropriate in terms of purpose and content (Parsian & Dunning 2009). It evaluates the readability, style, feasibility and clarity of the language used in the screening tool (DeVon *et al.* 2007). Two methods were employed to establish the face validity of the OAFEM in an Irish context; one involved surveying healthcare professionals by whom it was intended the tool would be administered and the other method involved cognitive interviewing of older people to whom it was intended the tool would be administered.

#### 3.3.1 Survey with Senior Case Workers

A survey was conducted with SCWs in order to elicit their views on aspects of the content and presentation of the OAFEM tool. SWs were not included in this survey as their participation emerged on the subsequent recommendation of one SCW in a rural part of Ireland, who indicated that the investigation of elder abuse referrals was assisted by SWs. An invitation was extended to the SWs in phase two of the study.

A self-administered postal questionnaire was distributed to SCWs (N=31). The survey focused on the linguistic properties of each of the OAFEM questions in terms of comprehensiveness and clarity. Suggestions for more appropriate wording or phrasing of the questions as well as comments on the tool overall were sought.

In total, 21 responses were returned via postal and email responses. Findings demonstrated that the participants deemed most of questions to be clear with regard to language and meaning (Table 3.1).

Table 3.1: Pre Pilot survey with SCWs to establish the face validity of the OAFEM

	Language clear (n)		Meaning Clear (n)	
	Yes	No	Yes	No
Q1. Has someone borrowed money from you but not paid it back?	16	1	16	1
Q2. Has someone felt entitled to use your money for him/herself?	13	4	16	2
Q.3 Has someone used your money on their own behalf instead of for your benefit?	12	5	14	1
Q.4 Have there been unexplained disappearances of your funds or possessions?	12	4	13	2
Q.5 Has someone lied about how they were spending your money?	17	0	17	0
Q.6 Has someone demanded money from you?	17	0	17	0
Q.7 Did someone take advantage of you to get hold of your resources such as a house, car or money?	11	3	14	1
Q.8 Has someone given unreasonable explanations for spending your money?	12	4	15	1
Q.9 Has someone refused to give you an accounting of how your money was spent?	8	8	15	1
Q.10 Has someone taken your money to do something for them but never did it?	13	4	13	4
Q.11 Have there been unusual activities in your bank accounts, for example, large withdrawals, frequent transfer of funds?	15	2	16	2
Q.12 Has someone said they would use your money to buy something for you but it was really for their own use?	15	2	16	2
Q.13 Has someone handled your money irresponsibly (for example, drink, drugs or gambling)?	14	4	15	2
Q.14 Have there been unauthorized withdrawals from your bank account?	14	3	16	2
Q.15 Has someone taken advantage of cultural or family expectations to get your resources?	7	9	5	11
Q.16 Has someone persuaded you to sign any documents even though it was not in your best interest?	14	3	16	2
Q.17 Has someone manipulated you to give him/her larger than usual gifts (money, cars, homes)?	15	2	16	0
Q.18 Has someone prevented you from spending your money in order to preserve their inheritance?	15	2	16	2
Q.19 Has someone promised care for you but then did not provide it?	15	2	15	2
Q.20 Has someone tricked or pressured you into buying something that you now regret buying?	16	2	17	0
Q.21 Have your legal or financial documents been frequently changed (for example, the deeds of your house, your will, insurance policies or share holdings)?	15	2	14	3
Q.22 Has someone taken money from your benefit cheque and used the money for him/herself?	11	5	15	2
Q.23 Has someone convinced you to turn over your home, property, farm, car, etc. to their benefit and not yours?	10	5	13	3
Q.24 Has someone pressured you to change your will?	14	2	17	0
Q.25 Has someone changed where your electronic/direct deposit is going to benefit him/herself?	9	6	11	5

Many participants commented that the questions were relevant to their practice, could assist them in screening for financial abuse and covered many aspects of this type of abuse. However, for a majority of participants, two of the OAFEM questions were neither clear with regard to language or meaning (Q9 & Q15). In addition, some of the open-ended comments illustrated that some respondents had reservations about different aspects of administering the tool to older people. Some respondents anticipated that the language would present difficulties for older people. For example, it was felt by some respondents that the language used was strong, direct, negatively connotative and judgmental and, as a result, ill-suited to questioning older adults who, it was felt, can be protective of their privacy. Some respondents commented that older people might have difficulty comprehending the questions due to the terminology, particularly if they felt any stress or anxiety over the interview.

Responses also demonstrated some concern regarding the length of the OAFEM and the possible practical challenges in relation to time available for completion. In addition, some participants expressed concerns that administration of the tool might be experienced by older people as intrusive and that it might negatively affect their therapeutic relationships with older clients. It was felt by a number of respondents that use of the tool should be embedded within an established practitioner-client relationship, characterized by trust and rapport. One respondent expressed the view that a skilled practitioner could detect financial abuse more effectively than a 'one size fits all' screening tool. A few respondents felt that some aspects of financial abuse were omitted from the OAFEM, such as questions addressing who it is that controls the older person's finances or whether the older person felt disempowered or fearful in relation to asking family members to contribute to household bills. One participant expressed the view that the tool doesn't capture the subtleties of abuse, for example, by taking into account the relationship between the possible perpetrator and the older person.

### 3.3.2 Cognitive Interviewing with Older People

The second method of establishing the face validity of the OAFEM involved cognitive interviewing with a group of six older people with full cognitive capacity recruited from an active retirement group. Cognitive interviewing is a method used to elicit respondents' understandings of

questions and the extent to which these questions were answered in the anticipated way as well as to elicit response error (Anderson *et al.* 2010; Drennan 2003). Cognitive interviewing consists of a) comprehension of the question, b) retrieval from memory of relevant information, c) decision processes and d) response processes (Tourangeau 1984; Willis 1999). Bias may be identified in each of these domains and may limit the ability of the survey to elicit the intended information. As questions within a survey can involve complex cognitive steps, the cognitive interviewing process allowed for the probing of questions. This allowed the research team to explore the basis of each response through: a) comprehension probes, b) paraphrasing, c) confidence judgment, d) recall probe, e) specific and general probes (Willis 1999). Within the context of cognitive interviews, older people raised queries about some of the language used. These queries focused on terms which were commonly understood in the United States, but were not transferable in terms of common use in Ireland.

### 3.3.3 Adjustment of the Tool

Following analyses of the survey and the results of the cognitive interviewing with older people, the study team met and reviewed both the survey results and the findings from the cognitive interviewing with the older people. Following this, the team made minor adjustments to the tool in order to enhance comprehension of the linguistic properties of the OAFEM in an Irish context. For example, the phrase 'an accounting of how your money was spent' was changed to 'an account' while the term 'benefit cheque' in question 22 was replaced with 'social welfare allowances', as per the suggestions made by many of the respondents who returned the survey. The revised OAFEM tool used in the pilot study is presented in Appendix 2. Although comments expressed by some SCWs reflected broader concerns with regard to the perceived appropriateness and feasibility of the screening tool for use with older people in Ireland, wholesale revisions were not implemented at this stage in order to test the reliability of the OAFEM tool in an Irish context. For this purpose, the OAFEM was used largely in its original format in order to retain its psychometric properties. Changes were also discussed with the study advisors Professor Ken Conrad and Dr Madelyn Iris, who agreed with the amendments.

### 3.4 Development of Protocols and Training

The research team developed study protocols for SCW/SWs which provided a step-by-step guide to administering the OAFEM tool to older people. The study protocols included information and guidelines about participant eligibility criteria, the recruitment and consent process, conducting the cognitive examination, administering the OAFEM tool and the referral process for suspected cases of financial exploitation. In addition to the protocols, a PowerPoint presentation and online video were developed to provide training for the SCW/SWs. Training content focused on the purpose of the study, the SCW/SWs role, inviting the older person to participate in the study, completing the cognitive examination, and follow on procedures involved in completing the OAFEM form and referrals. A face-to-face training session was delivered to 15 of the SCW/SWs. The remaining SCW/SWs were given access to the online training video with back up support from the research team. The PowerPoint training presentation and study protocols were disseminated to the SCW/SWs prior to the commencement of the study. Hardcopies of the training DVD were posted to the SCW/SWs after the study had commenced to facilitate those who were unable to access the online training videos.

### 3.5 Piloting the OAFEM Tool

#### 3.5.1 Sample

The OAFEM tool was piloted with SCW/SWs in the HSE in the Republic of Ireland. The rationale for choosing SCW/SWs was that the OAFEM allows discrete questioning on the older person's finances and the SCW/SW population is comprised of those who manage suspected or confirmed cases of elder abuse.

The HSE National Elder Abuse Steering Committee, which oversees elder abuse services in the Republic of Ireland, agreed to support the study and granted permission to approach the SCW/SWs to participate. Initially, all SCWs received information about the study via email. SCWs were invited to an information session on the NCPop's screening tools studies. Originally, it was planned to recruit a sample of SCWs to undertake the piloting of the OAFEM tool; however, the broad consensus among those present was that piloting of the tool should be offered to all SCWs.

As detailed above, due to geographical reasons, one region also included five social workers, who were identified by the region's SCW as also managing elder abuse cases. In total, 36 SCW/SWs were identified as potential data collectors. At the commencement of the data collection, two of the SCW posts were vacant and the research team was unable to obtain a postal address for one of the social workers. During the period of data collection, two SCWs went on maternity leave, two SCWs declined to participate in the study and two posts became vacant. In total, 16 SCW/SWs undertook data collection.

#### 3.5.2 Inclusion and Exclusion Criteria

The OAFEM tool was offered to all older people who were referred to the SCW/SW for any reason, including financial abuse. The inclusion criteria were people who were an active case or a new client of the SCW/SW, aged 65 years and older, had English as his/her first language or could otherwise converse in English and demonstrated cognitive capacity, as verified by a cognitive assessment test or practitioner judgment of cognitive capacity. The principal exclusion criterion was being resident in a residential care facility or hospital.

#### 3.5.3 Cognitive Capacity

The validity of screening tools for elder abuse has not been demonstrated in research for older people with cognitive challenges; therefore, it was imperative to ensure that the OAFEM tool would only be used with older people who demonstrated cognitive capacity to give valid responses. Consequently, a cognitive assessment was required prior to administration of the OAFEM. A multitude of standardized and validated screening tests for the assessment of cognitive capacity exist. SCW/SWs were given the option of using either the mini-mental state examination (MMSE) (Folstein *et al.* 1975) or the 6-item Cognitive Impairment Test (CIT) (Brooke & Bullock 1999) to assess an older person's cognitive status. The MMSE was selected as it is a widely used and validated screening test among health professionals in Ireland. The 6-Item CIT was chosen as an alternative to the use of the MMSE due to its brevity and ease of administration. Both tools have been recommended as useful in assessing cognitive impairment (NICE 2006). A person was deemed eligible to participate in the study if he/she scored at least 24 on the MMSE or obtained a score of 0-7 on the 6-item CIT.

During the course of the study a number of SCW/SWs expressed concerns in relation to conducting cognitive tests with their clients. A joint decision was taken by the research team in consultation with elder abuse service managers in the HSE and SCW/SW representatives to amend the criteria for the determination of cognitive capacity to allow for practitioner judgment of cognitive capacity through informal methods, such as conversing with the older person. In this respect, the study replicates the original study involving the OAFEM conducted by Conrad *et al.* (2010) in Chicago, in which adult protection workers determined the older person's cognitive capacity by conducting either a formal assessment of cognitive capacity using the MMSE or by using their own professional judgment that a person demonstrated adequate cognitive capacity to reliably self-report financial exploitation. It should be noted that this study used a higher MMSE cut-off point than Conrad *et al.* (2010) (24 as opposed to 17), as mild cognitive impairment is identified as having an MMSE score of 21-26 (NICE 2011). Participants who demonstrated adequate cognitive capacity proceeded to the OAFEM screening stage of the study while participants who did not were withdrawn from the study.

### 3.5.4 Data Collection

The study involved SCW/SWs using the OAFEM with older people on their caseload who met the inclusion criteria within the data collection period. Initially, the data collection was scheduled to run for five months (1<sup>st</sup> November until 30<sup>th</sup> April 2013), but was later extended until 31<sup>st</sup> August in order to accommodate SCW/SWs completing the OAFEM. It was agreed between the research team, elder abuse service managers and SCW representatives from each of the HSE regions that each participating SCW/SW would complete a minimum of five OAFEM assessments with their clients. Data was generated by the 16 SCW/SWs from a potential population of their community-dwelling caseload of older people with cognitive capacity who were suspected or substantiated for at least one type of elder mistreatment.

### 3.5.5 Data Analysis

Data obtained was managed and analyzed using the Statistical Package for the Social Sciences (SPSS version 20.0) (SPSS Inc. Chicago IL). Data were analyzed on: the number who declined to participate; the number of incomplete surveys due to the results of the cognitive test excluding participation or the withdrawal of participant's consent; the number of OAFEM assessments completed; the number for whom financial exploitation was not indicated; and the number of people who scored positive on the OAFEM.

Descriptive analysis of the OAFEM questions was undertaken to determine the frequency of positive and negative responses to each of the OAFEM questions. Descriptive statistics were used, with the prevalence presented as a percentage (%) and number of cases (n). The valid response rate is reported.

The reliability of the OAFEM tool in an Irish context was examined, which measures the ability of an instrument to consistently measure an attribute (DeVon *et al.* 2007). The internal consistency of the OAFEM was measured, which examines the intercorrelations within the instrument and the how the items fit together conceptually (Parisan & Dunning 2009). The reliability of the instrument was examined based on Cronbach's alpha to ensure items were consistent with any constructs underlying the intent of the instrument.

## 3.6 Evaluation of the OAFEM

An evaluation of the OAFEM was conducted using an online survey with the SCW/SWs from the initial sample who were known to be still in post. This included both those who returned completed OAFEMs and those who did not administer any OAFEMs. The evaluation sought to examine barriers to OAFEM completion as well as to ascertain whether the tool was deemed user-friendly and acceptable, and how readily social workers would incorporate the OAFEM tool into their screening and assessment practices. Likert scale questions were devised to capture this information. The survey was hosted online via a free online survey software website for a period of one month. Subsequent to the first email to SCW/SWs requesting the evaluation survey to be completed, a further two reminders were issued. The online evaluation survey is included in Appendix 3.

### 3.7 Ethical considerations

Ethical approval for the study was obtained from the Human Sciences Research Ethics Committee, University College Dublin (UCD) and the Assistant National Director for Older Person Services in the HSE. Older people are generally considered a vulnerable group and those on SCW/SWs' caseloads can reasonably be anticipated to be particularly vulnerable. This consideration, together with the sensitive nature of the topic, required rigorous procedures to ensure the ethical conduct of the study was consistent with best practice. Thus, full ethical approval was sought and obtained for the phases of the study involving cognitive interviewing of the OAFEM with older people and the piloting of the OAFEM tool by SCW/SWs involved in elder abuse protection. The face validity survey of the OAFEM by SCW/SWs was granted exemption from full ethical review as professionals are generally considered unlikely to experience any significant risk of harm as a consequence of their voluntary participation in survey research.

All interviewers who conducted cognitive interviewing with older people in the pre pilot phase of the study had extensive experience in conducting research in this sensitive area. Participant distress and safety protocols were developed in order to minimize the risk to participants and the disclosure protocol, previously used by the NCPOP (Naughton *et al.* 2010), was adhered to. At the end of an interview, or if an interview was terminated prematurely, all participants were given an information letter outlining sources of help or information in the event that a person had experienced abuse. In addition, the researcher's contact details were left with the participant in the event of further queries.

Given the sensitive nature of the topic, it was imperative to ensure that older persons made an informed decision to participate in the study. As part of the ethical conduct of the study, there was open disclosure as to the true purpose of the study and participants were informed of their right to withdraw from the study at any stage. In the pilot phase, initial contact involved eligible participants being identified and provided with an information leaflet which explicitly stated the study's aims. In order to enable the older person to make an informed decision regarding consent to participate, an invitation to participate was only made after the provision of information about the study and a sufficient time lapse had occurred. In practice, the invitation to participate in the study was extended to a time the SCW/SW judged to be most appropriate.

The information sheet was reviewed with the older person to ensure his/her understanding and participants were offered an opportunity to ask questions and clarify any aspect of the study. The information sheet included information on how to access resources and services for older people and instructions on how to withdraw from the study if the participant decided after the interview that they no longer wanted to be involved in the study.

The protocol for ethical approval required that all participants gave written informed consent prior to participating in the OAFEM. Participants were assured that information provided for the purposes of the study would remain confidential, that data would be stored securely, coded and password protected, that any identifying information would be rendered anonymous and completely anonymised in the report and subsequent publications.

The research team also developed a study protocol for SCW/SWs which provided a step-by-step pathway to administering the OAFEM tool to older people. SCWs were provided with specific training on the topic and the use of these protocols. Piloting the OAFEM tool involved SCW/SWs conducting a cognitive examination of older persons and SCW/SWs were advised to follow the normal course of action when suspecting cognitive impairment. Where the tool identified suspected cases of elder financial abuse the SCW/SW was instructed to conduct his/her usual investigation according to HSE guidelines.

## 4.1 Introduction

This chapter reports on the results of the OAFEM data collected by 16 SCW/SWs between November 2012 and August 2013.

### 4.1.1 Sample

In total, 72 older clients on SCW/SW's caseloads between November 2012 and August 2013 were recorded as being approached by SCW/SWs to participate in the study. Background demographic information was collected for 71 older clients. There was no background demographic information collected for one participant. As demonstrated in Table 4.1, just over half the sample was aged 65-79 (51.4%). The remainder was aged 80 or over (47.9%). Three-fifths (60.4%) of the sample was female while nearly two-fifths (39.6%) of the sample comprised men. Of the 71, five were recorded as being accompanied during the SCW/SW visit.

**Table 4.1: Demographic Information of Approached Clients**

<b>Gender</b>	Male	39.4% (n=28)
	Female	60.6% (n=43)
<b>Age</b>	65-79	52.1% (n=37)
	80>	47.9% (n=34)
<b>Accompanied</b>	Yes	7.0% (n=5)
	No	93.0% (n=66)

In total, 16 SCW/SWs administered OAFEMs. The number of OAFEM assessments administered by each SCW/SW is outlined in Table 4.2 below.

**Table 4.2: No. of OAFEMs completed by each SCW/Social Worker**

SCW1	5
SCW3	3
SCW5	5
SCW6	5
SCW7	5
SCW8	5
SCW10	1
SCW13	5
CW16	6
SCW17	11
SCW18	4
SCW19	2
SCW21	5
SCW22	5
SCW29	1
SW 3	4

The recruitment process is outlined below in Figure 4.1. Ten clients to whom the study was introduced declined to participate from the outset. It was noted that one of these ten were happy to participate, but did not want to sign his/her name. None of these 10 were recorded as being accompanied. In total, 62 older clients consented to participate in the study. Of these, cognitive capacity was determined by administering a validated test for 46 of the older clients (74.2%) and by practitioner judgement in 16 cases (25.8%). Following cognitive capacity assessment, just over one tenth (n=7, 11.3%) of interested participants were deemed to lack cognitive capacity and thus were excluded from the study. It was noted that two of the seven who failed the cognitive assessment test completed the OAFEM even though they were ineligible. In one of these cases, it was noted by the SCW/SW that the person was distressed by the fact of not meeting the study inclusion criteria and wanted to complete the OAFEM. In total, the OAFEM was administered to 55 eligible participants. Three participants who initially consented to participate in the study and passed the cognitive capacity assessment subsequently withdrew their consent during the administration of the OAFEM. Two of these three were recorded as being accompanied during the SCW/SW visit.

Following attrition of those who declined to participate in the study, those who were deemed ineligible and those who withdrew during the administration of the OAFEM, a total of 52 OAFEM assessments were conducted and included in the final sample.



Figure 4.1 Recruitment of Participants

Demographic information was available for 51 of the 52 persons in the final sample [(Table 4.3)]. The majority of the final sample was female (58.8%). The age composition of the sample was nearly evenly split between those aged 65-79 (51%) and those aged 80 and over (49%).

Table 4.3: Demographic Information for the Final Sample

<b>Gender</b>	Male	41.24% (n=21)
	Female	58.8% (n=30)
<b>Age</b>	65-79	51.0% (n=26)
	80>	49.0% (n=25)
<b>Accompanied</b>	Yes	2.0% (n=1)
	No	98.0% (n=50)

## 4.2 Reliability

The Cronbach's alpha reliability of the 25-item OAFEM measure was 0.904. Thus, the internal reliability analysis indicated excellent internal consistency of the items in the scale and the OAFEM can be considered to be a highly reliable measure (George and Mallery 2003).

## 4.3 OAFEM Results

### 4.3.1 Prevalence

The following analysis presents the results of client's self-report measures of financial exploitation. The primary outcome measure is the prevalence of financial abuse identified by the OAFEM in the target population.

Financial exploitation was indicated for two fifths of the sample (40.4%, n=21).

### OAFEM items

This section describes the proportion of the sample that answered positive to each of the items in the OAFEM. Individual responses for each of the 25 items are detailed in Table 4.4.

Table 4.4: Results of the OAFEM

	Yes		Suspected		No		Unknown or not applicable	
	N	%	N	%	N	%	N	%
Has someone borrowed money from you but not paid it back?	14	26.9	1	1.9	36	69.2	1	1.9
Has someone felt entitled to use your money for him/herself?	10	19.2	2	3.8	39	75	1	1.9
Has someone used your money on their own behalf instead of for your benefit?	9	17.3	2	3.8	39	75	2	3.8
Have there been unexplained disappearances of your funds or possessions?	5	9.6	3	5.8	43	82.7	1	1.9
Has someone lied about how they were spending your money?	5	9.6	2	3.8	43	82.7	2	3.8
Has someone demanded money from you?	10	19.2	1	1.9	41	78.8	0	0
Did someone take advantage of you to get hold of your resources such as a house, car or money?	6	11.5	2	3.8	44	84.6	0	0
Has someone given unreasonable explanations for spending your money?	4	7.7	3	5.8	42	80.8	3	5.8
Has someone refused to give you an account of how your money was spent?	3	5.8	1	1.9	47	90.4	1	1.9
Has someone taken your money to do something for them but never did it?	6	11.5	1	1.9	43	82.7	2	3.8
Have there been unusual activities in your bank accounts, for example, large withdrawals, frequent transfer of funds?	3	5.8	2	3.8	44	84.6	3	5.8
Has someone said they would use your money to buy something for you but it was really for their own use?	3	5.8	3	5.8	45	86.5	1	1.9
Has someone handled your money irresponsibly (for example, drink, drugs or gambling)?	6	11.8	2	3.9	43	84.3	0	0
Have there been unauthorized withdrawals from your bank account?	2	3.8	2	3.8	43	82.7	5	9.6
Has someone taken advantage of cultural or family expectations to get your resources?	5	9.6	2	3.8	45	86.5	0	0
Has someone persuaded you to sign any documents even though it was not in your best interest?	2	3.8	0	0	50	96.2	0	0
Has someone manipulated you to give him/her larger than usual gifts (money, cars, homes)?	3	5.8	1	1.9	48	92.3	0	0
Has someone prevented you from spending your money in order to preserve their inheritance?	1	1.9	1	1.9	48	92.3	2	3.8
Has someone promised care for you but then did not provide it?	3	5.8	1	1.9	47	90.4	1	1.9
Has someone tricked or pressured you into buying something that you now regret buying?	1	1.9	1	1.9	50	96.2	0	0
Have your legal or financial documents been frequently changed (for example, the deeds of your house, your will, insurance policies or share holdings)?	1	1.9	1	1.9	50	96.2	0	0
Has someone taken money from your social welfare allowances (i.e. pension) and used the money for him/herself?	4	7.7	0	0	47	90.4	1	1.9
Has someone convinced you to turn over your home, property, farm, car, etc. to their benefit and not yours?	2	3.8	0	0	50	96.2	0	0
Has someone pressured you to change your will?	2	3.8	0	0	48	92.3	2	3.8
Has someone changed where your electronic/direct deposit is going to benefit him/herself?	1	1.9	0	0	50	96.2	1	1.9

Methods of perpetration varied and all items on the OAF-EM received positive scores. As demonstrated in Table 4.4, over a quarter (26.9%) of participants reported an experience of not having been paid back money that was borrowed from them. This was the highest source of financial exploitation experienced by participants. Almost one fifth of participants reported that someone had felt entitled to use their money for him/herself (19.2%) and that someone had demanded money from them (19.2%). The next most common experience reported by participants was the use of their money by someone without it benefiting them (17.3%). Participants also identified that their money was handled irresponsibly (11.8%) through spending on items such as alcohol, drugs or gambling. Over one tenth of participants (11.5%) reported that someone took advantage of them to get hold of their resources. In addition, over one tenth of participants (11.5%) reported that someone had taken money to do something (e.g. shopping, acquire services etc.) for them, but never did it. Just under one tenth of participants (9.6%) reported that someone had taken advantage of cultural or family expectations to get their resources.

Just under one tenth of participants (9.6%) reported that someone lied about how they were spending the older person's money. Equally, just under one tenth of participants (9.6%) reported that there had been unexplained disappearances of their funds or possessions. Approximately eight percent of participants (7.7%) reported that someone had given unreasonable explanations for spending their money and that someone had taken money from their social welfare allowances and used it for him/herself (7.7%). Approximately six per cent of participants reported that someone had refused to give them an account of how their money was spent (5.8%), that there had been unusual activities in their bank accounts (5.8%), that someone said they would use the person's money to buy something for that person but it was really for their own use (5.8%), and that someone promised to care for them but then did not provide it (5.8%).

Approximately four per cent of participants reported that there had been unauthorized withdrawals from their bank account (3.8%), that someone persuaded them to sign documents even though it was not in their best interest (3.8%), that someone convinced them to turn over their home, property, farm, car, etc. not to their benefit (3.8%) and that someone pressured them to change their will (3.8%). Approximately two per cent of participants reported that someone prevented them from spending their money in order to preserve their inheritance (1.9%), that someone tricked or pressured them into buying something that they regretted buying (1.9%), that they have had their legal or financial documents frequently changed (1.9%) and that someone changed where their electronic/direct deposit was going to benefit him/herself (1.9%).

Suspicious of financial exploitation were highest on items relating to unexplained disappearances of the person's funds or possessions (5.8%), someone giving unreasonable explanations for spending the person's money (5.8%), and someone saying that they would use the person's money to buy something for that person but instead using it themselves (5.8%). These findings point to the need for SCW/SWs' further investigation for substantiation or un-substantiation of the suspicion.

Unknown or non-applicable answers were highest for items relating to unauthorized withdrawals from the person's bank account (9.6%), someone giving unreasonable explanations for spending the person's money (5.8%), and unusual activities in the person's bank account (5.8%). These answers may indicate either of a lack of monitoring of bank account activity by the participants or that reasons given were completely plausible for expenditures. Equally it may highlight that some older persons may not have a bank account.

## 4.4 Clustering of positive responses to incidents of financial abuse

As can be seen in Table 4.5, of the 20 older people who responded a definitive 'yes' to items on the OAFEM, 25 percent described only one incidence of financial abuse.

**Table 4.5: Participants who responded 'Yes' to OAFEM as a percentage of the participants who scored 'yes' on that item and a percentage of the total sample**

No. of 'Yes' Responses	No. of Participants	% of Participants	% of Total Sample (N=52)
1	5	25	9.6
2	2	10	3.8
4	3	15	5.8
5	1	5	1.9
6	2	10	3.8
8	2	10	3.8
9	2	10	3.8
10	1	5	1.9
13	1	5	1.9
15	1	5	1.9
<b>Total</b>	<b>20</b>	<b>100</b>	<b>38.2</b>

However, as can also be seen in Table 4.5, 50 percent indicated five or more manifestations of financial abuse, including 25 percent who reported experiencing 9 or more items on the OAFEM. This demonstrates that the OAFEM can, as Conrad *et al.* (2010) describe, also articulate the severity of financial exploitation in terms of diversity of perpetrations.

When this is coupled with the responses given in terms of suspected abuse (Table 4.6), the possibility of financial exploitation arises, indicating a need for further examination of the items where such abuse is manifested.

**Table 4.6: Participants who responded 'Suspected' to OAFEM as a percentage of the participants who scored 'yes' on that item and a percentage of the total sample**

No. of 'Suspected' Responses	No. of Participants	% of Participants	% of Total Sample (N=52)
1	4	40	7.7
2	2	20	3.8
3	1	10	1.9
6	2	20	3.8
10	1	10	1.9
<b>Total</b>	<b>10</b>	<b>100</b>	<b>19.1</b>

## 4.5 Evaluation of the OAFEM

In total, 22 responses from SCW/SWs were collected. Over two thirds of this sample (68.2%) completed at least one OAFEM. Seven respondents completed the evaluation survey, but had not completed any OAFEMs.

### 4.5.1 Reasons for not completing OAFEMs

The seven respondents who did not complete any OAFEMs stated their reasons for this. Reasons cited included client's refusal to participate, clients withdrawing from the study during the administration of the OAFEM, termination of the OAFEM due to client distress, failure of clients approached to participate to pass the cognitive assessment test, anticipation of increased and excessive workload, incapacity to administer OAFEMs due to their nature of post i.e. new appointment or part-time position and not perceiving research to be part of the SCW role.

### 4.5.2 Assessing the OAFEM

Respondents who completed at least one OAFEM were asked to assess the OAFEM tool on a number of dimensions, including average length of time to administer, ease of administration, usefulness in terms of raising a suspicion of possible financial abuse, acceptability as a screening tool and likelihood of incorporating the tool into everyday social work practice with older people. The figures (4.2 and 4.3) below illustrate the respondents' perceptions of the tool on each of these dimensions.

The majority of participants (46.7%) found that the OAFEM took on average between 0-30 minutes to administer. For a third (33.3%) of those who completed OAFEMs, it took between 30-45 minutes to administer and for a fifth (20%), it took between 45-60 minutes. Just over a quarter (26.7%) of those who completed OAFEMs reported that they found it either difficult or very difficult to administer the tool while the same amount (26.7%) found it very easy or easy to administer the tool. The majority (46.7%) reported that they found it neither easy nor difficult (46.7%).

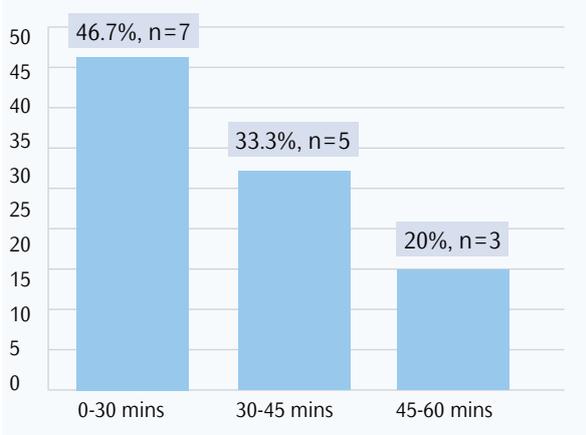


Figure 4.2: Average Length of Time to Administer

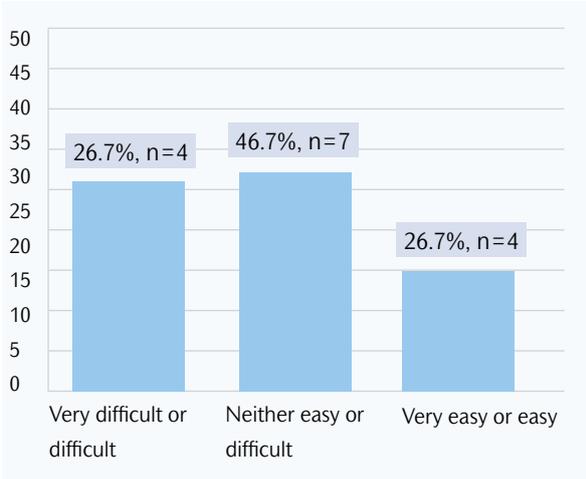


Figure 4.3: Ease of Administration

With regard to whether the tool was useful in terms of indicating possible financial abuse, two fifths (40%) responded that it was of no use while just over half (53.3%) reported that they found it either somewhat useful or slightly useful. One respondent felt that the tool was very useful. This respondent indicated that the tool might be particularly valuable as a preventative tool, alerting the professional to the early signs of potential abuse. The respondent felt that the OAFEM questions were prompting the older person to reflect on their money-making decisions and lending practices as well as their attitudes and whether they were being influenced or pressured. Just under half (46.7%) of those who had used the OAFEM felt that the tool was unacceptable or slightly unacceptable. The tool was deemed either acceptable or slightly acceptable to two-fifths of respondents (40%). Two respondents (13.3%) reported that the tool was neither acceptable nor unacceptable (Figures 4.4 & 4.5).

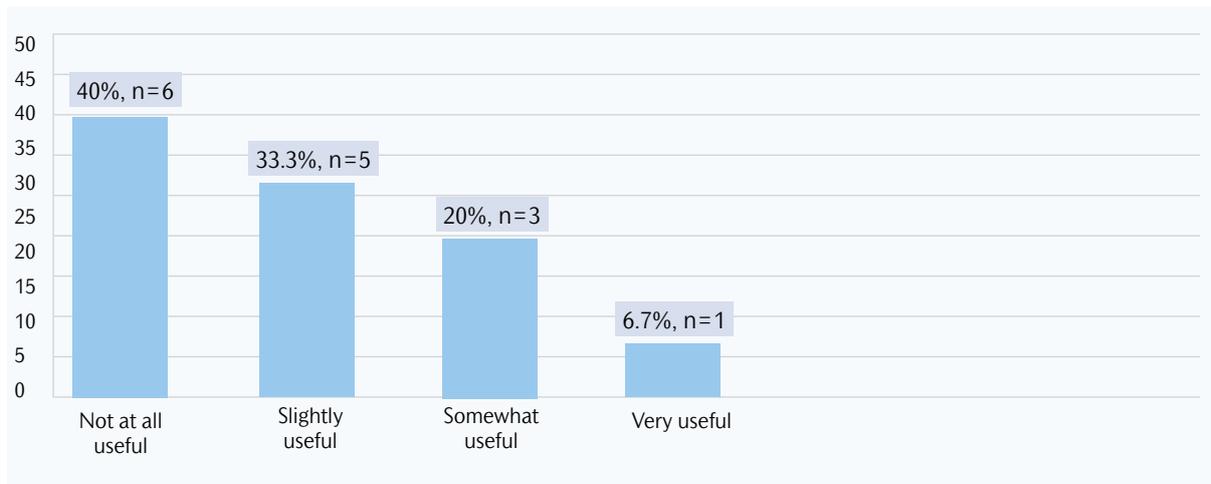


Figure 4.4: Usefulness

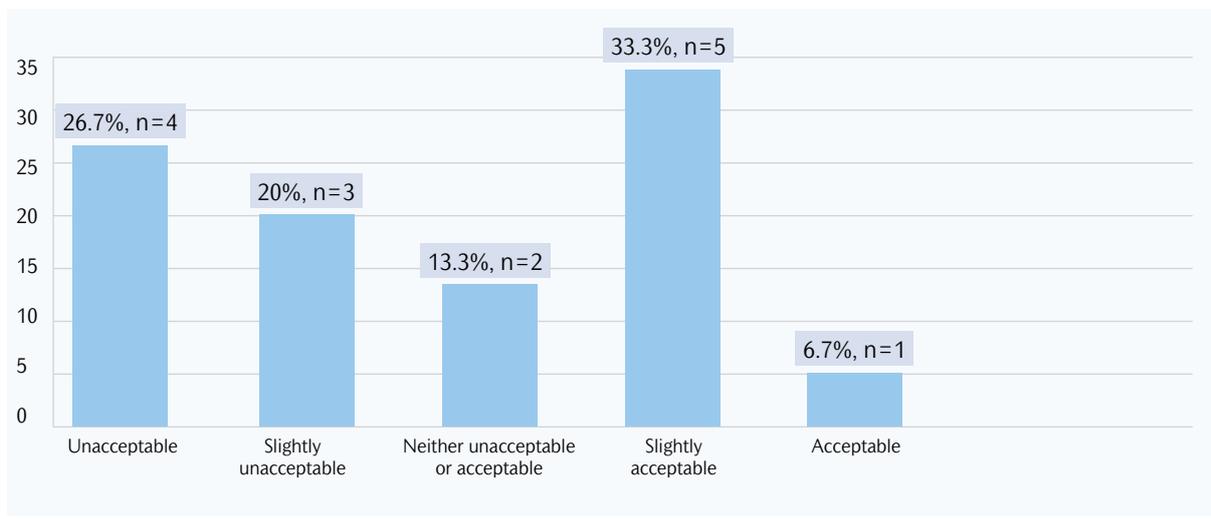


Figure 4.5: Acceptability

If the tool was introduced as a standard assessment tool, one fifth (20%) stated that they would never use it in their everyday practice, one third (33.3%) said that they would seldom use it, just over a quarter (26.7%) reported that they would use it frequently (in selected cases) and one respondent reported that they would use it always (in all cases). Two respondents (13.3%) were uncertain as to how frequently they would use the tool (Figure 4.6)

#### 4.5.3 Identifying and Investigating Financial Abuse

In some cases where suspicion of financial exploitation was raised using the OAFEM, several (n=4) SCW/SWs noted that they were already aware of the alleged financial exploitation or that the issue was already being addressed or had been addressed. One SCW noted that a

case wherein a suspicion of financial exploitation raised using the tool was subsequently unsubstantiated, but new concerns had emerged in relation to psychological abuse. In two cases where no indication of financial exploitation was raised using the OAFEM tool, the SCW/SWs noted that those persons were already known to the SCW/SWs regarding allegations of financial exploitation, but that they denied these allegations. Another SCW/SW noted that the tool didn't pick up on a cognitive impairment and a suspicion of financial exploitation that was subsequently revealed in the SCW/SW's own assessment of the client.

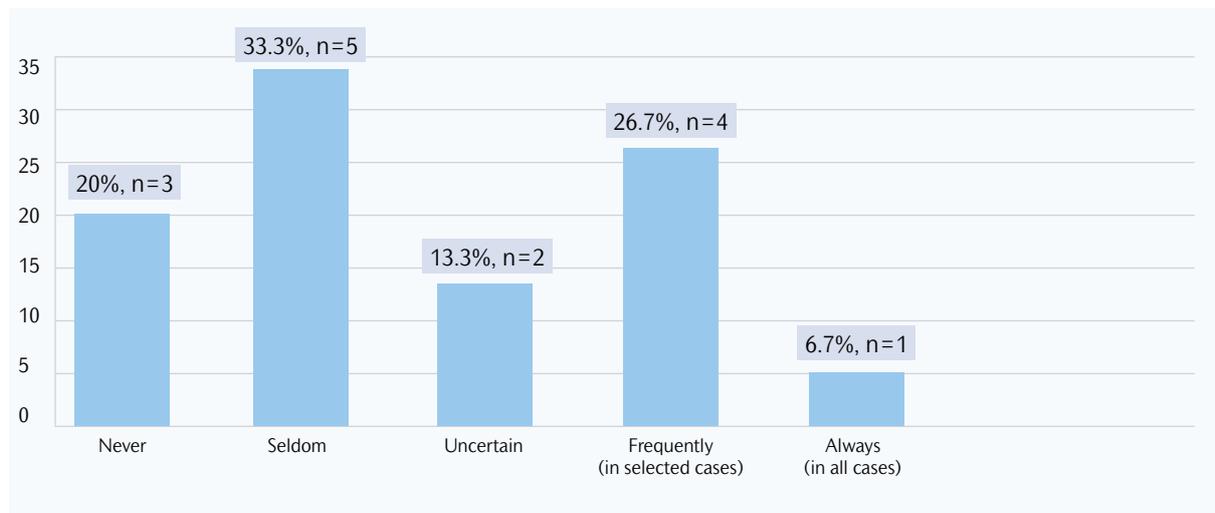


Figure 4.6: Use in Everyday Practice

## 4.6 Experiences of using the OAFEM

SCW/SWs were asked to comment on their overall experience of using the OAFEM. Three respondents commented that the OAFEM questionnaire was too long while another two respondents felt that it contained too many questions. Five respondents commented that the questions were repetitive and two of these respondents felt that this negatively affected how clients responded to and engaged with the tool with some clients reportedly commenting that they were being asked the same question again while one SCW reported that one participant became annoyed as they felt that the SCW was trying to 'catch them out'.

The language and structure of the OAFEM tool was subject to commentary. One respondent deemed the language to be inappropriate because they felt that it implied the older person was being manipulated and at fault, which they felt no one would readily and easily admit to. The same respondent commented that the structure of the questions did not flow. Another respondent commented that some questions were complicated due to the use of financial slang while it was felt that some questions could not be answered without having financial documents to hand. One respondent commented that the tool was intrusive while another felt that it was insensitive. Another respondent commented that they found it difficult to integrate the tool into a general assessment due to its complexity.

Some of the respondent's (n=6) perceived that clients to whom the tool was administered were not receptive to it. Reported client reactions to the tool included hesitancy in answering questions due to some questions not being applicable, cautiousness about implicating family members, suspiciousness about being asked about their financial affairs, and difficulty in understanding the questions. Assessing people who had already been suspected or substantiated for financial exploitation was deemed to be unhelpful by one respondent as the client was not happy for issues which had been resolved to be brought up again. Two respondents commented that it was inappropriate for the tool to be administered to new clients with one of the respondents stating that a relationship of trust with the client was a prerequisite to administering the tool.

Some respondents (n=4) felt that it was not necessary to administer a tool for financial exploitation and questioned the efficacy of such a tool. A reason cited by one participant was that basic social work skills are sufficient to detect the risk of financial exploitation. Another reason cited by a few participants related to whether the tool could overcome ingrained cultural beliefs, values and issues pertinent in the Irish context, which inhibit disclosure, including, the tendency to minimise or deny abuse in order to protect abusers, protecting family privacy, feelings of shame and the right to inheritance. One respondent commented that if the tool was to be effective it required honesty from clients, as otherwise it could not be relied upon to identify abuse and social work assessments would be more important.

Another respondent felt that older persons who have cognitive capacity are able to disclose abuse if they so choose and therefore the tool does not facilitate disclosure for them.

One respondent suggested a number of amendments to the tool. This SCW/SW felt that asking the older person if they have been asked to contribute to school fees, mortgages, debt repayments or a list box of options would be useful and that instead of using the word 'persuaded', that it would be better to use the phrase 'have you been asked?'

## 4.7 Barriers to administering the OAFEM

At the commencement of the study and during the data collection period, the research team received feedback from SCW/SWs involved in piloting the OAFEM tool via telephone and email queries and comments which were logged, and via a teleconference with SCW representatives.

Comments made in relation to the OAFEM tool were that it was too long and that the questions were repetitive, derogatory and did not follow a natural fluent line of questioning. Many SCW/SWs felt that the study eligibility criteria restricted the number of clients on their caseload to whom the tool could be offered, as many of their clients had some cognitive impairment. In addition, some SCW/SWs determined that it was not appropriate to approach some of their clients for a number of reasons, such as when the older person was a new client or in the context of complex cases, such as those involving self-neglect.

Some SCW/SWs expressed discomfort about conducting the cognitive assessment test with clients as some felt it was not consistent with their role and blurred with public health nurses' work. The comment was also made that it was difficult to explain to clients who failed the cognitive capacity test that they did not qualify for the OAFEM as it could cause upset and jeopardise the relationship with the client.

There were reports of a negative reception to the tool from clients. SCW/SWs reported that some clients became agitated when asked the questions, that some clients were concerned about confidentiality and did not want to put their name down and also that some were confused about the role of the SCW/SW and their purpose in working with them.

Barriers to administering the tool cited by some SCW/SWs included limited capacity to administer the tool within existing workload and travel restrictions which resulted in some follow-up meetings being conducted by phone. A number of SCW/SWs deemed it inappropriate to introduce the tool to new clients, those referred for reasons of self-neglect, and those who were vulnerable or upset. It was felt that doing so did not facilitate the development of good working relationships with clients. Another SCW/SW expressed the opinion that it was inappropriate to introduce the tool during most interactions with clients especially if it was completely unrelated to the purpose of the visit. A concern was expressed that using the OAFEM tool might expose a client to further risk if a perpetrator was aware of the client's participation in the research.

### 5.1 Introduction

The financial abuse of older people presents a significant challenge to contemporary societies. This is a particularly important issue due to a number of reasons. Firstly, global demographic trends point to an increase in both the total number and general population proportion of the over 65 years of age group (United Nations 2013). Secondly, older people tend to have amassed substantial assets over their lifetime in the context of savings, property and so forth, rendering them lucrative targets for financial abuse (Kirchheimer 2013). Thirdly, the ageing process in itself can render older people vulnerable, through possible health (functional and cognitive) and social network decline, but also through society's social construction of older people as needy and therefore requiring a paternalistic approach from both families and society itself (Fealy & McNamara 2009). Finally, as statistics demonstrate that financial abuse may often be perpetrated by a family member, issues of secrecy, embarrassment, cultural entitlement, blurring of legitimate expenditure and family loyalty can impede recognition (Adams *et al.* 2013). Moreover, being vulnerable to scams and fraud can, in either the older person's perception or in reality, be considered the evidence that his/her ability to function independently is diminished. Thus, disclosure by the older person may be hindered by an attempt to preserve independence and autonomy. Other related issues are also important such as the historical lack of attention to the financial abuse of older people, either within research or practice (healthcare, banking, legal, policing) and the fact that financial abuse can occur without the knowledge of the older person (Fealy *et al.* 2012). All these factors combine to present financial exploitation as a complex and diverse form of abuse of older people.

In 2010, the Irish national prevalence study on elder abuse identified that financial abuse was the most common form of abuse of older people (Naughton *et al.* 2010), with financial abuse being the second most common cause for referral to elder abuse services in HSE statistics in 2011 and 2012 (HSE 2011; 2012). The gravity of financial abuse findings in Ireland concur with other recent prevalence studies in which financial abuse was ranked either first or second in abuse typologies experienced by older people (Acerino 2009; Amstader *et al.* 2011). Such findings demonstrate the importance of developing appropriate responses to financial abuse in the context of prevention, identification and amelioration. The multiple methods of financial abuse perpetration

also illustrate the need for a comprehensive approach to financial abuse which demands a multi-dimensional and multi-sectorial approach.

This research represents the first Irish study to examine an intervention which measures financial abuse of older people referred to the SCW/SW. The study focused on eliciting the appropriateness of the OAFEM in Ireland, particularly related to the tool's potential to enhance professionals' identification of financial abuse of older people. The OAFEM also has the advantage of transcending the tradition of elder abuse within a position of trust, thus allowing for the exploration of financial abuse in any form and by any person.

### 5.2 Discussion of OAFEM Findings

Phase one of the study involved an assessment of each of the OAFEM items for transferability to an Irish setting. Following cognitive interviewing of six older people and a survey of the OAFEM items by SCWs, some amendments were made to the tool. These amendments were minor in nature and generally pertained to differences in American and Irish terminology. These changes were discussed with the lead OAFEM authors (Professor Ken Conrad and Dr Madelyn Iris) and did not impact on the tool's individual items' validity or reliability. Such amendments reiterate the importance of cultural interpretation of language and the need to 'localise' standard measurements extrapolated to different populations.

A total of 16 SCW/SWs participated in the OAFEM data collection between November 2012-August 2013. A decision was made in this study to invite all referred older people who were deemed to have cognitive capacity to participate in the study. This differs from Conrad *et al.*'s (2010; 2011) original study in which the OAFEM was only offered to older people in Adult Protective Services who had substantiated cases of elder abuse. In 2012, the amount of substantiated cases of elder abuse referrals to the HSE was identified as 32 percent of all referrals (HSE 2013). Thus, targeting all referrals had the potential to uncover latent financial abuse and maximise recruitment of older people to the study.

Participant SCW/SWs were requested to complete a minimum of five OAFEMs with older people with cognitive capacity on their caseloads. A total of 72 older people referred to the HSE elder abuse service (new and existing cases), were invited to participate in the study.

The number of OAFEM completions for each SCW/SW ranged between 1-11, with a mean of 4.5 completions. In this study, 52 older people either consented or were deemed eligible for inclusion in the study. Of note, the relatively small volume of older persons participating may be due to issues of cognitive ability. Anecdotally, SCW/SWs reported that the tool would be unsuitable for many of the older clients as caseloads were comprised of a high proportion of older people with cognitive impairment. This is somewhat supported in the Open your Eyes report (HSE 2013), where older client health issues were identified in 44 percent of non-self-neglect cases, (with dementia identified in 26 percent of this cohort) and 43 percent in cases of self-neglect (with dementia identified in 20 percent of this cohort). This remains a significant challenge for professionals, as elder abuse self-reported screening tools are not suitable for older people with cognitive challenges; yet this is a high risk abuse group for the perpetration of elder abuse in general and financial abuse in particular (Phelan 2013).

Financial exploitation was identified in two fifths of the final sample of older people (40.4%). This is almost double the percentage of annual referrals for suspected financial abuse in 2012, (21%) (HSE 2013), suggesting that the true levels of financial abuse are likely to be substantially higher than identified at the point of referral. Within the HSE (2013) report, of the approximate 516 older people referred due to a suspicion of financial abuse in 2012, only 118 cases of financial abuse were substantiated, representing a substantiation rate of just 23 percent. This may reflect the complexity and challenges in identifying financial abuse as well as the blurred lines, in terms of expenditure, and the issue of outcome intent by the perpetrator (Setterlund *et al.* 2007; O' Brien *et al.* 2011). As older people age, there may be an increased reliance on family members to assist in financial matters, which can underpin an unequal power dynamic within the relationship (Adams *et al.* 2013) This context is aggravated by the lack of independent 'best interests' scrutiny on the financial outputs made on behalf of the older person. A lack of confirmation of financial abuse can also be due to an irrational trust by the older person in the perpetrator, thereby rendering acknowledgement or disclosure of the abuse difficult (Teuth 2000). Equally, the subtleties of financial abuse may mean that unless specific questions are asked or cues identified, the abuse remains under the radar of conscious recognition (Davies *et al.* 2011). This concurs with the concept that finances are a taboo subject which

may underpin difficulties, in terms of professional queries regarding the issue (Wilson *et al.* 2009), as there may be a reluctance to intrude on the older person's privacy (Adams *et al.* 2013)

In relation to older people with cognitive impairment, both international and Irish research on financial abuse of older people is very sparse and, due to issues of Enduring Power of Attorney, Conveyancing practices, Ward of Courtship or joint financial accounts, financial abuse may not easily be identified (Gilhooly *et al.* 2013; Law Society of Ireland 2012). Thus, as the sample in this study only pertains to older people deemed to have capacity, it is likely that referrals to the HSE elder abuse service have a higher total rate of financial abuse, although it is beyond the scope of the OAFEM to screen in this older person population.

Within the positive scores for 'yes' to an item on the OAFEM, the method of perpetration varied; however, each of the 25 items on the OAFEM demonstrated exemplars of positive perpetrations of financial abuse. As identified in the findings section, the experience of financial abuse could be via multiple avenues of perpetration and such perpetrations were clustered with 75 percent of the older people who scored positive on an OAFEM item also reporting 'yes' to more than one of the items, with a quarter identifying nine or more items. Furthermore, a suspicion of some type of financial abuse was indicated in a further 19.1 percent of item responses, pointing to the need for further investigation of the possibility of financial exploitation. This suggests that the OAFEM has the capacity to examine the possible multiple perpetrations of financial abuse and also to indicate the total gravity of such exploitation.

### 5.2.1 Types of Abuse

The most common experience of older people in this study was not being paid back money borrowed from them. This reflects aspects of theoretical frameworks to understand financial abuse of older people. The presence of a financially vulnerable older person can be represented by issues of cognitive, functional or emotional dependency, which leads to a context where trust is betrayed (Wilber & Reynolds 1996). As the majority of financial abuse occurs within families, a possible explanation is the expectation or assumption that older people can afford to subsidise kin financially, which reduces the accountability and responsibility to repay the money. Much of the research on financial

abuse of older people would emphasise the influencing impact of such kinship taken for granted perceptions (King *et al.* 2011; O'Brien *et al.* 2011) which may be entrenched in cultural assumptions (Wendt *et al.* 2013; Phelan 2013). Equally, this may also explain why there can be a sense of entitlement by financial abuse perpetrators to use the older person's money, which was the case for almost one fifth of older people in this study sample. This taken for granted cultural assumption may also be relevant in other experiences of financial abuse. A concurrent argument for the reduced sensitivity to financial abuse of older people may also be within ageist frames of reference, where older people had lived their lives and did not need assets, which may be more beneficial (and perhaps more worthy) for younger generations. Both the findings that money was demanded from them (19.2%) and that their money was used by another person without it benefiting them (17.3%) support such an assumption. In this study, financial abuse could also manifest through a lack of responsible handling of the older person's money and suggests that this risk is increased in the context of perpetrator psychodynamics, as in a dependency on or propensity for alcohol or drug abuse or gambling.

As previously stated, in responding to the OAFEM, three quarters of the older people in the sample identified more than one potentially abusive experience of financial abuse, with twenty five percent having nine or more positive responses. This is indicative of the wide scope of manifestations of financial abuse of older people. Within this study, all items of the OAFEM were correlated with positive responses for the sample of older people, demonstrating not only the scope of manifestations of financial abuse of older people, but the relevance of all of the items on measurement tool. This indicates the OAFEM's appropriateness in practice in the context that the diversity of financial abuse manifestations can be illuminated and therefore, can trigger further investigation.

### 5.3 Evaluation of the OAFEM by SCW/SWs

Following the period of data collection, the NCPOP engaged in an evaluation of the OAFEM with SCW/SWs. The research team decided to invite all SWC/SWs to complete this evaluation. This evaluation, therefore sought to a) elicit why SCW/SWs may have opted not to

use the OAFEM and b) illuminate the practice experience of SCW/SWs who used the OAFEM.

The evaluation was emailed to twenty seven SCW/SWs. The total sample population for the evaluation was smaller than the combined number of SCW posts and SWs who participated in the study due to vacant posts and maternity leave. Twenty two responses, representing an 81 percent response rate, were returned to the NCPOP. Of these responses, 31.8 percent did not use the OAFEM. Reasons given were diverse. One general issue which may have influenced this was that participation was part of a research study. Some SCW/SWs indicated that there could be a refusal by older people to participate or a withdrawal from the study. The formality of the study, in gaining consent and so forth, may have been daunting. Equally, some SCW/SWs responded that they did not participate as they were taking up a new appointment in a part-time post or did not perceive research as part of their role. This suggests that the OAFEM may be more acceptable to both older clients and SCW/SWs outside the realm of research and in the context of being part of professional practice assessment. In addition, it is of note to consider the increasing caseloads SCWs have. SCWs have an average of 43 cases and indicate a limitation of resources which could have resulted in them feeling overwhelmed (O'Donnell *et al.* 2012). This presents limited time to engage in research participation, particularly with a screening tool which could take up to 60 minutes to complete. Although not the focus of this study, some SCW/SWs indicated that some clients did not pass the cognitive assessment test, suggesting the importance of cognitive assessment in itself as only older people who were deemed suitable for the study were eligible for invitation to participate. Therefore, the study process supported the literature, in terms of the presence of cognitive impairment before absolute diagnosis (Triebel & Marson 2012). A final reason given for the non-completion of the OAFEM was that clients became distressed during the administration of the OAFEM. The evaluation did not identify if the distress was due to identifying areas of concern or due to the older person's perception that the questions were inappropriate. However, discussing intimate aspects of their lives may have triggered the distress.

For the SCW/SWs who used the OAFEM (n=16) in their practice, the evaluation demonstrated mixed experiences. In terms of ease of use, just over a quarter of respondents identified that they found it difficult or very difficult to use, while there was an equal response rate in

terms of finding the tool easy or very easy to use. The experience of finding the tool difficult may point to the necessity of additional support in training, particularly as the SCW survey in phase one of the study identified that the OAFEM was relevant and could assist assessment. Although the study developed protocols for use had an online training programme and support via the research team, it may be that training in a face-to-face context is preferable to navigate users in the tool's use. Such training would also impact on the time of completion of the OAFEM as the individual may become more familiar with the tool and is likely to find it easier to use. Familiarity and ease of use could also impact on the time to complete.

The question in relation to the usefulness of the tool in identifying the risk of abuse demonstrated a variety of experiences. Two fifths felt that the tool was of no use, while over half reported that it was useful or slightly useful with one respondent reporting that it was very useful as a preventative tool. The usefulness of the OAFEM appears to be supported in the context of comparing the 2012 HSE (21%) (HSE 2013) statistics with the positives in the OAFEM study (40.4%), suggesting that its specificity value could provide important support in the assessment of older people. However, a small majority of the sample indicated that the tool was unacceptable or slightly unacceptable. This may be related to the difficulty in completion and length of time for completion which was also a concern in Conrad *et al.*'s (2010, 2011) original study using a much higher OAFEM item template. Despite this, only one fifth of the sample (n=3) stated that they would never use the tool while the remainder stated that they would seldom use the tool in daily practice or use it selectively in practice. One respondent reported that he/she would use the OAFEM frequently. Findings from using the tool demonstrated that the OAFEM could support an existing knowledge of a financial abuse concern. The use of the OAFEM was also identified by one SCW/SW as triggering the presence of latent psychological abuse, which was subsequently addressed. Two respondents noted that there were cases where there were referrals to the service on the basis of suspected financial abuse; however, this did not trigger any positive on any element of the OAFEM items and, within the context of the standard SCW/SW assessment, such allegations remained unsubstantiated. These responses support the validity of the tool; however, in the latter example, financial abuse could still be present but denied by the older person. This may be

related to the complexities of financial abuse in the context of kinship ties and blurring of lines related to perceptions of financial abuse (Davies *et al.* 2011). In one case the OAFEM did not pick up a subsequent incidence of financial abuse, which was illuminated via the SCW/SW's standard assessment. This experience of the SCW/SWs suggests that the standard assessment is still a very important element of comprehensive assessment and that the OAFEM can also provide an important support to enhance such assessment, but not replace it. This is supported by the careful description given by SCWs when delineating the management of elder abuse cases (O'Donnell *et al.* 2012). This is focused on the illumination of the dynamics and context of each case to provide a responsive and individualised response, which was mindful of ethical, legal and social influences (Donovan & Reghr 2010).

#### 5.4 Addressing concerns about the OAFEM completion time

The original psychometric analysis of the OAFEM used a RASCH approach to develop the 25 items (Conrad *et al.* 2010). This method of analysis allows the highest items of the OAFEM to be sequentially ranked in order of severity. In personal communication with the OAFEM authors (Phelan 2014), the time to complete has also presented a challenge for Adult Protective Services workers. Consequently, current practice has been to only ask the first six questions of the OAFEM and, if these are negative, the remaining nineteen questions are disregarded. In other words, according to the RASCH principle, if the answers to the first six questions are "No", then it is unlikely that any "Yes" answer will occur in relation to other questions.

In this study, further psychometric testing of the data was undertaken to elicit a reduction of the 25 questions. This was examined using the available data (30 participants with "No" answers to questions 1-6). Within these 30 participants, it was observed that only one response identified a "Yes" answer in subsequent item questions 7-25. This positive response was in relation to question no. 19. Findings therefore supported the RASCH principle of severity in the context that for the older people who responded negatively to the first 6 questions (i.e. "No"), it is suggested that the remaining 19 questions can be omitted.

Conversely, if the participant answered “Yes”/“Unsure” to any of the first six questions then all 25 questions should be completed. Additional analyses were carried out using the available data for such participants. The result is presented in the figure below (Figure 5.1). The sum of square of correlation coefficients between questions 7-25 to questions 1-6 are shown (in descending order).

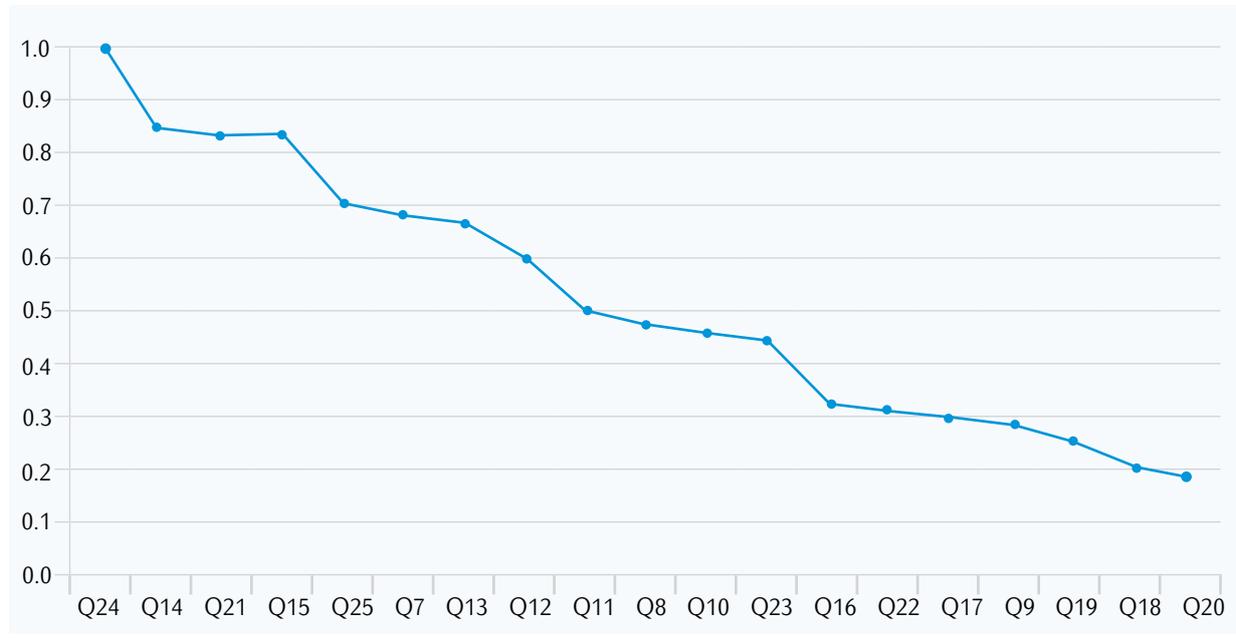


Figure 5.1: Sum of square of correlation coefficients between questions 7-25 to questions 1-6

The graph, therefore, could be used as the basis for making decisions regarding the order of the questions to be eliminated if researchers believe the number of questions should be further reduced. For instance, to reduce the number of questions by an additional 20 percent, the graph suggests that questions 24, 14, 21, 15 and 25 may be eliminated. Nevertheless, for the purposes of the recommendations of this study, a “Yes” or “Unsure” response to any of the questions 1-6 should stimulate asking the remaining 19 questions. As the sample size was relatively small in this study, further confirmatory statistical analyses (with a greater sample size) of the OAFEM, may support the further elimination of questions 24, 14, 21, 15, and 25.

### 5.5 Study limitations

This study focused on examining the appropriateness of the OAFEM in the Irish setting. One of the main limitations of the study was the small sample size in both the number of SCW/SWs participating ( $n=16$ ) and the final number of OAFEMs available for analysis ( $n=52$ ). The recruitment of SCW/SWs was challenging as existing caseloads are high and time available to complete the OAFEM was therefore limited. This issue also impacted on the number of OAFEMs completed as the duration could be as long as 60 minutes to complete. Consequently, the findings of the study are tentative and provide an initial and preliminary insight into the appropriateness of the OAFEM in Ireland.

A second limitation relates to the use of surveys. Surveys limit the depth of information available to the research team. Thus, issues raised by the SCW/SW evaluations could not be fully explored or clarified. Although, there was an opportunity to submit some qualitative data, completions were limited within the survey.

## 5.6 Recommendations

- It is recommended that the OAFEM shortened version of 1- 6 questions is used as a screening tool to assist in preliminary assessment for financial abuse.
- The full OAFEM tool should be completed if questions 1-6 trigger a “Yes/Unsure” response.
- The use of the OAFEM should be incorporated in continuing professional development for the SCW/SWs.
- The use of the OAFEM as a screening tool may be extended to other healthcare professionals, who suspect financial abuse of older clients. This may be a precursor to referral to the elder abuse services and support such referrals.
- Further evaluation research on the OAFEM is recommended to enhance its use and applicability in the Irish context.
- Additional psychometric testing is recommended to investigate whether the number of items on the tool could be reduced further.

## 5.7 Conclusions

This study represented the first Irish study to examine the use of a screening tool in the management of elder abuse. As financial abuse of older people is the most common form of abuse in Ireland (Naughton *et al.* 2010) and the population of older people in Ireland is increasing, it was timely to explore methods of addressing financial abuse. Financial abuse is a very complex and diverse societal challenge. Yet, its consequences can be devastating for the older person. Issues of cultural assumptions are fundamental to understanding barriers to recognition and taken-for-granted assumptions of acceptability. These issues can make the identification of financial abuse of older people difficult. However, the identification of suspected financial abuse can be assisted by the use of a screening tool, such as the OAFEM.

The study commenced with a review of the suitability of the OAFEM questions for an older Irish population. Following cognitive interviewing of older people and a survey of SCWs, the OAFEM was amended and piloted by SCW/SWs in the Republic of Ireland. This study demonstrates a higher identification of financial abuse concerns in older people referred to the SCW/SW than normal referrals to the elder abuse service. In addition, all items were demonstrated to be relevant in the Irish context, as all items received a positive score within the sample of 52 older people. In particular, the ability of the OAFEM to discretely identify multiple aspects and, therefore the gravity of financial abuse for the individual older person, is borne out by the fact that three quarters of the sample who scored positive on an OAFEM item had more than one reported manifestation of alleged financial abuse. In highlighting the types of financial abuse (or multiple types), the OAFEM has the capacity to identify priorities for the subsequent investigation and also to direct any immediate activities to prevent further financial loss and possible recuperation of funds.

The experience of SCW/SWs using the OAFEM was mixed. SCW/SWs could experience the tool as being too long, difficult and time consuming. This may be a particular challenge in complex caseloads of the SCW/SW that are growing in number, thus, reducing time available with individual clients. However, with additional training and use of the OAFEM as well as the removal of the pre-requisites of a research project (gaining formal written consent, formal cognitive testing and managing the data collection tool), the time needed to complete an OAFEM assessment should be reduced, thereby making the tool more accessible. In addition, the application of the RASCH principles (Trochim 1989), which are supported by psychometric testing in this study, a short form of the OAFEM using questions 1-6 may be used and only trigger the remaining 19 questions if any of the items 1-6 indicate a “Yes” or “Unsure” response. Further research on the OAFEM may support an additional reduction of questions 7-25, as suggested in this study.

As the tool is a screening tool, its function is to point to the need for further investigation of positive or suspected findings. Comparing the HSE (2013) statistics with the OAFEM results and acknowledging the relatively small sample, there is evidence that the OAFEM does have the ability to uncover a suspicion of latent financial abuse and, therefore, its optional use in the work of SCW/SWs is recommended.

- Acerino, R., Hernandez-Tejada, M., Muzzy, W. & Steve, K. (2009) *National elder mistreatment study: Final report* (No. 22456). Washington D.C.: National Institute of Justice.
- Adams, V.M., Bagshaw, D. & Zannettino, L. (2013) 'Financial abuse of older people by a family member: A difficult terrain for service providers in Australia'. *Journal of Elder Abuse & Neglect*, 26 (3): 270-290.
- American Medical Association (1992) *Diagnostic and treatment guidelines on elder abuse and neglect*. Chicago, Illinois: American Medical Association.
- Amstader, A.B., Zajac, K., Strachan, M., Hernandez, M.A., Kilpatrick, D.G. & Acierno, R. (2011) 'Prevalence and correlates of elder mistreatment in South Carolina: The South Carolina elder mistreatment study'. *Journal of Interpersonal Violence*, 26 (15): 2947-2972.
- Anderson, L.G., Groenvold, M., Jørgenson, T. & Aadahl, M. (2010) 'Construct validity of a revised physical activity scale and testing by cognitive interviewing'. *Scandinavian Journal of Public Health*, 38 (7): 707-714.
- Anetzberger, G.J. (2001) 'Elder abuse identification and referral: The importance of screening tools and referrals protocols'. *Journal of Elder Abuse & Neglect*, 13 (2): 3-22.
- Arksey, H., Corden, A., Glendinning, C. & Hirst, M. (2006) *Minding the money: Carers and the management of assets in later life: Report of a scoping study*. University of York, York: Social Policy Research Unit.
- Aziz, S.J. (2000) 'Los Angeles county fiduciary abuse specialist teams: A model for collaboration'. *Journal of Elder Abuse and Neglect*, 12 (2): 79-73.
- Bonnie, R.J. & Wallace, R. (2003) 'A theoretical model for elder abuse'. In Bonnie, R.J. & Wallace, R. eds. *Elder mistreatment: Abuse, neglect and exploitation in an Aging America*. Washington: National Academy Press.
- Brooke, P. & Bullock, R. (1999) 'Validation of a 6 item cognitive impairment test with a view to primary care usage'. *International journal of geriatric psychiatry*, 14 (11): 936-40.
- Caciula, I., Livingston, G., Caciula, R. & Cooper, C. (2010) 'Recognition of elder abuse by home care workers and older people in Romania'. *International Psychogeriatrics*, 22 (3): 403-408.
- Castle, E., Eisenberger, N.I., Seeman, T.E., Moons, W.G., Boggero, I.A., Grinblatt, M.S. and Taylor, S.E. (2012) 'Neural and behavioural bases of age differences in perceptions of trust'. *Proceedings of the National Academy of Sciences of the United States of America*, 109 (51): 20848-52.
- Centre for Policy on Ageing (2010) *Daily money management- Supporting older people to manage their financial affairs: A practical approach to protect older people from financial exploitation*. London: CPA.
- Choi, N.G., Kulick, D.B. and Mayer, J. (1999) 'Financial exploitation of elders: Analysis of risk factors based on county Adult Protective Services data'. *Journal of Elder Abuse and Neglect*, 10 (3/4): 39-62.
- Cohen, M., Levin, S.H., Gagin, R. and Friedman, G. (2007) 'Elder abuse: Disparities between older people's disclosure of abuse, evident signs of abuse, and high risk of abuse'. *Journal of the American Geriatrics Society*, 55 (8), 1224-30.
- Cooper, C., Selwood, A. & Livingston, G. (2008) 'The prevalence of elder abuse and neglect: A systematic review'. *Age & Ageing*, 37 (2): 151-160.
- Conrad, K.J., Iris, M., Ridings, J.W., Langley, K. & Wilber, K.H. (2010) 'Self-report measure of financial exploitation of older adults'. *The Gerontologist*, 50 (6): 758-73.
- Conrad, K.J. (2011) Email communication with A. Phelan.
- Conrad K.J. (2014) Email communication with A. Phelan.
- Conrad, K.J., Iris, M., Ridings, J.W., Fairman, K.P., Rosen, A. and Wilber, K.H. (2011) 'Conceptual model and map of financial exploitation of older adults'. *Journal of Elder Abuse and Neglect*, 23 (4): 304-25.
- Crosby, G., Clark, A., Hayes, R., Jones, K. & Lievesley, N. (2008) *The financial abuse of older people: A review from the literature*. In Help the Aged. ed. London: Centre of Policy on Ageing.

- Davies, M., Harries, P., Cairns, D., Stanley, D., Gilhooly, M., Gilhooly, K., Notely, E., Gilbert, A. and Penhale, B. (2011) 'Factors used in the detection of elder financial abuse: A judgement and decision-making study of social workers and their managers'. *International Social Work*, 54 (3): 404-20.
- Davies, M., Gilhooly, M.L.M., Gilhooly, K.J., Harries, P.A. & Cairns, D. (2013) 'Factors influencing decision making by social care and health sector professionals in cases of elder financial abuse', *European Journal of Ageing*, 10 (4): 313-323.
- Darzins P., Lowndes G. & Wainer J. (2009) *Financial abuse of elders: A review of the evidence*. Melbourne: Monash University, Melbourne.
- DeVon, H.A., Block, M.E., Moyle-Wright, P., Ernst, D., Hayden, S.J., Lazzara, D., Savoy, S.M. & Kostas-Polston, E. (2007) 'A psychometric toolbox for testing validity and reliability'. *Journal of Nursing Scholarship*, 39 (2): 155-164.
- Donovan, K. & Regehr, C. (2010) 'Elder abuse: Clinical, ethical and legal considerations in social work practice'. *Clinical Social Work Journal*, 38 (2): 174-182.
- Drennan, J. (2003) 'Cognitive interviewing: Verbal data in the design and pretesting of questionnaires'. *Journal of Advanced Nursing*, 42 (1): 57-63.
- Drennan, J., Lafferty, A., Treacy, M.P., Fealy, G., Phelan, A., Lyons, I. and Hall, P. (2012) *Older people in residential care settings: Results of a national study of staff-resident interactions and conflicts*. Dublin: NCPOP.
- Elder Abuse Prevention Unit (2013) *Year in review 2013*. Queensland: EAPU.
- Eulitt, P.J., Tomberg, R.J., Cunningham, T.D., Counselman, F.L. & Palmer, R.M. (2014) 'Screening elders in the emergency department at risk for mistreatment: A pilot study'. *Journal of Elder Abuse & Neglect*, 26 (4): 424-435.
- Fealy, G., Donnelly, N., Bergin, A., Treacy, M.P. and Phelan, A. (2012) *Financial abuse of older people: A review*. Dublin: NCPOP.
- Fealy, G. & McNamara, M. (2009) *Constructing ageing and age identity: A case study of newspaper discourses*. Dublin: NCPOP.
- Federal Trade Commission (FTC) (2000) *Prepared Statement of The Federal Trade Commission on 'Fraud Against Seniors' Before the Special Committee on Aging United States Senate*. Indianapolis, Indiana, August 10. Available from: [www.ftc.gov/sites/default/files/documents/public\\_statements/prepared-statement-federal-trade-commission-fraud-against-seniors/agingtestimony.pdf](http://www.ftc.gov/sites/default/files/documents/public_statements/prepared-statement-federal-trade-commission-fraud-against-seniors/agingtestimony.pdf) [Accessed 12/06/2014].
- Fitzwater, E.L. and Puchta, C. (2010) 'Elder abuse and financial exploitation: Unlawful and just plain awful!' *Journal of Gerontological Nursing*, 36 (12): 3-5.
- Folstein, M.F., Folstein, S.E. & McHugh, P.R. (1975) "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician'. *Journal of psychiatric research*, 12 (3): 189-98.
- Fulmer, T., Paveza, G., VandeWeerd, C., Fairchild, S., Guadagno, L., Bolton-Blatt, M. & Norman, R. (2005) 'Dyadic vulnerability and risk profiling for elder neglect'. *The Gerontologist*, 45 (4): 525-534.
- George, D. & Mallery, P. (2003) *SPSS for Windows step by step: A simple guide and reference. 11.0 update*. 4th ed. Boston: Allyn & Bacon.
- Gibson, S.C. & Greene, E. (2013) 'Assessing knowledge of elder financial abuse: A first step in enhancing prosecutions'. *Journal of Elder Abuse & Neglect*, 25 (2): 162-82.
- Gilhooly, M.L.M., Cairns, D., Davies, M., Harries, P., Gilhooly, K.J. & Notely, E. (2013) 'Framing the detection of financial elder abuse as bystander intervention: Decision cues, pathways to detection and barriers to action'. *Journal of Adult Protection*, 15 (2): 54-68.
- Goergen, T. (2013) 'Elder abuse: Using deception, fraudulent offences and preventative approaches'. *ANKE-NICE Conference*. University of Toronto, May 23<sup>rd</sup>
- Government of Ireland (2009) *Nursing Home Support Scheme Act*. Dublin: Irish Statute Book.

- Gunther, J. (2011) The Utah cost of financial exploitation. Utah Division of Aging and Adult Services. Available from [www.vtdigger.org/vtdNewsMachine/wp-content/uploads/2011/08/20110807\\_utahCosts.pdf](http://www.vtdigger.org/vtdNewsMachine/wp-content/uploads/2011/08/20110807_utahCosts.pdf) [Accessed 31st August 2014].
- Hannigan, K., Cyphers, G. and Aravanis, S. (1998) *National Center on Elder Abuse, The (NCEA): Project Brief*. Washington, D.C.: American Public Human Services Association.
- Harris, D.K. and Benson, M.L. (1998) 'Nursing home theft: The hidden problem'. *Journal of Aging Studies*, 12 (1): 57-67.
- Health Services Executive (2011) *Open your eyes: HSE elder abuse services 2010*. Dublin: HSE.
- Health Service Executive (2012) *Open our eyes. There's no excuse for elder abuse. HSE elder abuse services 2011*. Dublin: HSE.
- Health Service Executive (2013) *Open your eyes. There is no excuse for elder abuse. HSE elder abuse services 2012*. Dublin: HSE.
- Hempton, C., Dow, B., Cortes-Simonet, E.N., Elis, K., Koch, S., LoGuidice, D., Mastwyk, M., Livingston, G., Cooper, C. & Ames, D. (2011) 'Contrasting perceptions of health professionals and older people in Australia: What constitutes abuse?' *International Journal of Geriatric Psychiatry*, 26 (5): 466-72.
- Jackson L. (2009) *The cost of elder abuse in Queensland: who pays and how much*. Brisbane: Elder Abuse Prevention Unit.
- Kemp, B.J. and Mosqueda, L.A. (2005) 'Elder financial abuse: An evaluation framework and supporting evidence'. *Journal of the American Geriatric Society*, 53 (7): 1123-127.
- Killick, C. & Taylor, B.J. (2009) 'Professional decision making on elder abuse: A systematic review'. *Journal of Elder Abuse & Neglect*, 21 (3): 211-238.
- King, C., Wainer, J., Lowndes, G., Darzins, P. and Owada, K. (2011) *For love or money: Intergenerational management of older Victorians' assets, Protecting Elders' Assets Study*. Melbourne: Monash University, Melbourne.
- Kivela, S.L., Kongas-Saviaro, P., Kesti, E., Pahkala, K. & Ijas, M. L. (1992) 'Abuse in old age: Epidemiological data from Finland'. *Journal of Elder Abuse & Neglect*, 4 (3): 1-18.
- Kirchheimer, S. (2013) A new watchdog is guarding your money. *AARP*, March 5<sup>th</sup>.
- Lachs, M.S. & Pillemer, K.A. (2004) 'Elder abuse', *The Lancet*, 364 (9441): 1263-1272.
- Laumann, E.O., Leitsch, S.A. and Waite, L.J. (2008) 'Elder mistreatment in the United States: Prevalence estimates from a nationally representative study'. *Journal of Gerontology: Social Sciences*, 63B (4): 248-254.
- Law Society of Ireland (2012) *Conveyancing conflicts: Task force report*. Dublin: LSI.
- Lee H.Y. & Eaton, C.K. (2009) 'Financial abuse in Elderly Korean immigrants: Mixed analysis of the role of culture on perception and help-seeking intention'. *Journal of Gerontological Social Work*, 52 (5): 463-488.
- Lifespan of Greater Rochester Inc., Weill Medical School, Cornell University., New York City Dept. of Aging (2011) *Under the radar: New York State Elder Abuse Study*. Available from [nyceac.com/wp-content/uploads/2011/05/UndertheRadar051211.pdf](http://nyceac.com/wp-content/uploads/2011/05/UndertheRadar051211.pdf) [Accessed 12/06/14]
- Malks, B., Buckmaster, J. & Cunningham, L. (2003a) 'Combating elder financial abuse: A multi-disciplinary approach to a growing problem'. *Journal of Elder Abuse & Neglect*, 15 (3/4): 55-70.
- Malks, B., Buckmaster, J. and Cunningham, L. (2003b) 'Combating elder financial abuse: A multi-disciplinary approach to a growing problem' In Podnieks, E., Kosberg, J.I. and Lowenstein, A. eds. *Elder abuse: Selected papers from the Prague World Congress on Family Violence*. New York: Haworth Maltreatment and Trauma Press.
- Marson, D.C., Martin, R.C., Wadley, V., Randall Griffin, H., Snyder, S., Goode, P.S., Cleveland Kinney, F., Nicholas, A.P., Steele, T., Anderson, B., Zamrini, E., Raman, R., Bartolucci, A. and Harrell, L.E. (2009) 'Clinical interview assessment of financial capacity in older adults with mild cognitive impairment and Alzheimer's disease'. *Journal of the American Geriatric Society*, 57 (5): 806-14.

- MetLife Mature Market Institute (2009) *Broken trust: Elders, family and finances*. Available from [www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf](http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf) [Accessed 12/06/14].
- MetLife Mature Market Institute, National Committee for the Prevention of Elder Abuse and Virginia Tech. (2011) *The MetLife study of elder financial abuse: Crimes of occasion, desperation, and predation against America's elders*. Available from [www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-elder-financial-abuse.pdf](http://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-elder-financial-abuse.pdf) [Accessed 12/06/14]
- Mihaljic, T. & Lowndes, G. (2013) 'Individual and community attitudes toward financial elder abuse'. *Journal of Elder Abuse & Neglect*, 25 (2): 183-203.
- Mukherjee, D. (2013) 'Financial exploitation of older adults in rural settings: A family perspective'. *Journal of Elder Abuse & Neglect*, 25 (5): 425-37.
- Naughton, C., Drennan, J., Treacy, M.P., Lafferty, A., Lyons, I., Phelan, A., Quin, S., O'Loughlin, A. and Delaney, L. (2010) *Abuse and Neglect of Older People in Ireland: Report on the National Study of Elder Abuse and Neglect*. Dublin: NCPOP, University College Dublin.
- Navarro, A.E., Gassoumis, Z.D. and Wilber, K.H. (2013) 'Holding abusers accountable: An elder abuse forensic centre increases criminal prosecution of financial exploitation'. *Gerontologist*, 53 (2): 303-312.
- NICE (2006) *Dementia: Supporting people with dementia and their carers in health and social care. NICE Clinical Guideline*. London: National Institute for Health and Clinical Excellence.
- NICE (2011) *Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease*. London: National Institute for Health and Clinical Excellence.
- O'Brien, M., Begley, C., Carter Anand, J., Killick, C., Taylor, B., Doyle, E., McCarty, M., McCrossan, S. and Moran, E. (2011) *A total indifference to our dignity: Older people's understanding of elder abuse*. Dublin: Age Action Ireland.
- O'Donnell, D., Treacy, M.P., Fealy, G., Lyons, I., Phelan, A., Lafferty, A., Quin, S. & O'Loughlin, A. (2012) *Managing elder abuse in Ireland: The senior case worker's experience*. Dublin: NCPOP, University College Dublin.
- O'Keeffe, M., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., Tinker, A., Manthorpe, J., Biggs, S. & Erens, B. (2007) *United Kingdom Study of Abuse and Neglect of Older People*. London: King's College London and the National Centre for Social Research.
- Otto, J., Ianni Stanis, P. and Marlatt, K.W. (2003) *Report on state adult protective services responses to financial exploitation of vulnerable adults*. Washington: NAAPSA and NCEA.
- Parisan, N. & Dunning, T. (2009) 'Developing and validating a questionnaire to measure spirituality: A psychometric process'. *Global Journal of Health Science*, 1 (1): 2-11.
- Payne, B.K. and Strasser, S.M. (2012) 'Financial exploitation of older persons in acute care settings: Comparisons to physical abuse and the justices systems' response'. *Journal of Elder Abuse and Neglect*, 24 (3): 231-50.
- Petersen, A. (1997) 'Risk, governance and the new public health'. In Peterson, A. & Bunton, R. eds. *Foucault, health and medicine*. London: Routledge.
- Phelan, A. & Treacy, M.P. (2012) *A review of elder abuse screening tools for use in the Irish context*. Dublin: NCPOP, University College Dublin.
- Phelan, A. (2013) 'Elder abuse: An introduction'. In Phelan, A. (2013). *International Perspectives on Elder Abuse*. ed. Abingdon, Oxon: Routledge.
- Phelan, A. (2014) Email communication with K.J. Conrad.
- Pinsker, A.M. and McFarland, K. (2010) 'Exploitation in older adults: Personal competence correlates of social vulnerability'. *Aging, Neuropsychology and Cognition*, 17 (6): 673-08.

- Price, T., King, P.S., Dillard, R.L. & Bulot, J.J. (2011) 'Elder financial exploitation: Implications for future policy and research in elder mistreatment, *Western Journal of Emergency Medicine*, 12 (3): 354–356.
- Rabiner, D.J., O'Keeffe, J. & Brown, D. (2004) 'A conceptual framework of financial exploitation for older persons'. *Journal of Elder Abuse and Neglect*, 16 (2): 53-73.
- Setterlund, D., Tilse, C., Wilson, J., McCawley, A. and Rosenman, L. (2007) 'Understanding financial elder abuse in families: The potential of routine activities theory'. *Ageing and Society*, 27 (4): 599-614.
- Teuth, M.J. (2000) 'Exposing financial exploitation of impaired elderly persons'. *American Journal of Geriatric Psychiatry*, 8 (2): 104-111.
- Tilse, C., Wilson, J., Setterlund, D. and Rosenman, L. (2005) 'Minding the money: A growing responsibility for informal carers'. *Ageing and Society*, 25 (2): 215-27.
- Tourangeau, R. (1984) 'Cognitive science and survey methods' in Jabine, T.B., Straf, M.L., Tanur, J.M. & Taurangeau, R. (eds) *Cognitive aspects of survey methodology: Building bridges between disciplines*. Washington: National Academy Press, pp. 73-100.
- Triebel, K.L & Marson, D.C. (2012) 'The warning signs of diminishing capacity in older adults'. *Generations*, 36 (2): 39-45.
- Trochim, W. (1989) 'An introduction to concept mapping for planning and evaluation'. *Evaluation and Programme Planning*, 12 (1): 1-16.
- United Nations (2013) *World population ageing*. New York: UN Department of Economic and Social Affairs Population Division.
- United States Preventative Services Task Force on Preventative Violence (1996) *Guide to clinical preventative services, (2<sup>nd</sup> ed)*. Alexandria, VA: International Medical Publishing.
- United States Preventative Services Task Force on Preventative Violence (2004) 'Screening for family and intimate partner violence: Recommendation statement'. *Annals of Internal Medicine*, 140 (5): 382-386.
- Wainer, J., Darzins, P. and Owada, K. (2010) *Prevalence of financial elder abuse in Victoria*. Protecting Elderly Assets Study. Melbourne: Monash University, Melbourne.
- Wasik, J.F. (2000) 'The fleecing of America's elderly'. *Consumers Digest*, (March/April), 7-83.
- Wendt, S., Bagshaw, D., Zannettino, L. & Adams, V. (2013) 'Financial abuse of older people: A case study'. *International Social Work*, 0 (0): 1-14.
- Wilber, K. and Reynolds, S. (1996) 'Introducing a framework for defining financial abuse of the elderly'. *Journal of Elder Abuse and Neglect*, 8: 61-80.
- Willis, G.B. (1999) '*Cognitive interviewing: A 'How To' guide. Reducing survey error through research on cognitive and decision processes in surveys*'. Research Triangle Institute, Proceedings of the 1999 meeting of the American Statistical Association.
- Wilson, J., Tilse, C. & Setterlund, D. (2009) 'Older people and their assets: A range of roles and issues for social workers, *Australian Social Worker*, 62 (2): 155-167.
- Working Group on Elder Abuse (2002) *Protecting our future*. Dublin: Stationery Office.
- World Health Organisation/International Network for the Prevention of Elder Abuse (2002) *Missing voices: Views of older persons on elder abuse*. Geneva: WHO/INPEA.
- World Health Organisation (2008) *A global response to elder abuse and neglect: Building primary healthcare capacity to deal with the problem worldwide*. Geneva: WHO.
- Yaffe, M.J., Weiss, D., Wolfson, D. & Lithwick, M. (2008) 'Detection and prevalence of abuse in older males: Perspectives for family practice'. *Journal of Elder Abuse & Neglect*, 19 (1): 47-60.

## Appendix 1: Older Adult Financial Exploitation Measure (ORIGINAL)

Financial exploitation means getting or misusing a person's money or property by stealing, conning, or tricking them.

<b>Directions:</b> Please check a box after each question (all questions refer to past 12 months, including the present).	Yes (2)	Some Indication (1)	No (0)	DK or Refused(.)
<b>Yes</b> – means that the problem is directly observable or reported by client or collateral; <b>Some indication</b> – means suspicion that the problem is there, but there is no unequivocal proof; <b>No</b> – means there is no evidence or suspicion that abuse is occurring; <b>Unknown/NA</b> - means there is no information available to make the decision, or the question is not applicable.				
F1. Has ___ borrowed money from you but not paid it back?				
F2. Has ___ felt entitled to use your money for him/herself?				
F3. Has ___ used your money on their own behalf instead of for your benefit?				
F4. Have there been unexplained disappearances of your money or possessions?				
F5. Has ___ lied about how they were spending your money?				
F6. Has ___ demanded money from you?				
F7. Did ___ take advantage of you to get a hold of your resources such as a house, car, or money?				
F8. Has ___ lived with you, but refused to pay their share of expenses?				
F9. Has ___ given unreasonable explanations for spending your money?				
F10. Has ___ refused to give you an accounting of how your money was spent?				
F11. Has ___ taken your money to do something for you but never did it?				
F12. Have there been unusual activities in your bank accounts, for example, large withdrawals, frequent transfers of funds?				
F13. Has ___ said they were buying something for you, but it was really for their own use?				
F14. Has ___ handled your money irresponsibly (for example, gambling, illegal activities)?				
F15. Have there been unauthorized withdrawals from your bank account?				
F16. Has ___ taken advantage of cultural or family expectations to get your resources?				
F17. Has ___ persuaded you to sign any documents even though it was not in your best interest?				
F17. Has ___ manipulated you to give him/her larger than usual gifts (money, cars, homes)?				
F18. Has ___ prevented you from spending your money in order to preserve their inheritance?				
F19. Has ___ promised care for you but then did not provide it?				
F20. Has ___ tricked or pressured you into buying something that you now regret buying?				
F21. Have your legal or financial documents been frequently changed?				
F22. Has ___ become the payee on your benefit check and used the money for him/herself?				
F23. Has ___ convinced you to turn the title of your home, property, farm, car, etc. over to them?				
F24. Has ___ pressured you to modify your will?				
F25. Has ___ changed the direct deposit destination so as to benefit him/herself?				

Appendix 2: Survey Instrument for OAFEM Irish Pilot

													
<h2 style="margin: 0;">Assessing the risk of financial exploitation</h2>													
<h3 style="margin: 0;">Assessment Tool</h3>													
Official use only	Senior case worker code	Study ID											
<b>Section 1 Background Information</b> <i>Please complete both for those who do and do not express an interest in participating.</i>													
<p><b>This tool should be administered to an older person that meets the following criteria:</b></p> <ul style="list-style-type: none"> <li>Is an active case or a new client of a senior case worker for the protection of older people.</li> <li>Is aged 65 years or over.</li> <li>Has English as their first language or can otherwise converse in and understand English.</li> <li>Is not a resident in a residential care facility or a hospital.</li> <li>Does not have a known cognitive impairment.</li> </ul> <p><b><i>Please note, this assessment tool should not be administered in a residential care setting.</i></b></p>	<p><b>Please complete in respect of the patient (please tick <input checked="" type="checkbox"/>)</b></p> <p><b>Age group</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">65—79</td> <td style="width: 40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>≥ 80</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Sex</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Male</td> <td style="width: 40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Female</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>Older person accompanied</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	65—79	<input type="checkbox"/>	≥ 80	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
65—79	<input type="checkbox"/>												
≥ 80	<input type="checkbox"/>												
Male	<input type="checkbox"/>												
Female	<input type="checkbox"/>												
Yes	<input type="checkbox"/>												
No	<input type="checkbox"/>												
<p><b>Date assessment tool administered:</b>  <i>(please complete with dd / mm / yyyy)</i></p>													
<p>Please record in the person's case notes that the older person has been asked to participate.</p>													

Official use only	Centre	Study ID
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**Section 2 Consent form**

*Please complete the consent form with the older person by ticking the response boxes as appropriate*

If consent is declined, please place this assessment tool in the dedicated NCPOP envelope. This envelope should then be stored in a locked filing cabinet

**EXIT POINT**

## Assessing the risk of financial exploitation

### PARTICIPANT CONSENT FORM

*Please tick the response box as appropriate for each statement below*

• I have read and understood the Participant Information Sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I have had the opportunity to ask questions and discuss the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I have received satisfactory answers to all my questions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I have received enough information about the study and I understand what the study involves.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that I am free to withdraw from the study at any time without giving a reason and without this affecting my future medical care.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• <b>I consent to participate in this study.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Participant's name in print: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

Senior case worker's name in print: \_\_\_\_\_

Senior case worker's signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Section 3 Cognitive Impairment Assessment

Please conduct EITHER the 6-Item Cognitive Impairment Test OR the MMSE.  
Please ensure the older person is alone & that there is no visible clock in the room.

#### 6-ITEM COGNITIVE IMPAIRMENT TEST

Please circle the appropriate score as per response

Question	Response	Score
Q1. What year is it?	Correct	0
	Incorrect	4
Q2. What month is it?	Correct	0
	Incorrect	3
Give the person an address phrase to remember with 5 components: Jack Murphy, 45 Main Street, Cork		
Q3. About what time is it (within an hour)?	Correct	0
	Incorrect	3
Q4. Count backwards from 20 to 1	Correct	0
	1 Error	2
	More than 1 error	4
Q5. Say the months of the year in reverse	Correct	0
	1 Error	2
	More than 1 error	4
Q6. Repeat the address phrase	Correct	0
	1 Error	2
	2 Errors	4
	3 Errors	6
	4 Errors	8
	All wrong	10
<b>Total Score:</b>		

Add each score to get total score

#### Interpreting the 6-Item Cognitive Impairment Test results

Score	
0-7	The older person is eligible for the study.
8 or more	The study is not suitable for the older person and the senior case worker should take the normal course of action when suspecting cognitive impairment (e.g. referral to a medical practitioner for further investigation).

EXIT POINT



If the study is not suitable for the older person, please place this form in the dedicated NCPOP envelope which is then stored in a locked filing cabinet and thank the older person for their interest in the study.

### Section 3 Cognitive Assessment Test (Continued)

#### The MMSE

- If an MMSE has been conducted in the last 5 days and you are satisfied that the older person remains cognitively intact then there is no need to conduct a second MMSE, please record the score and date of the most recent MMSE below.
- Otherwise please conduct an MMSE and record the score along with the date below.

Score

24 or more The older person is eligible for the study.

Less than 24 The study is not suitable for the older person and the senior case worker should take the normal course of action when suspecting cognitive impairment (e.g. referral to a medical practitioner for further investigation).

#### Please provide a record of the cognitive assessment

6-Item CIT administered (please tick):  OR MMSE administered (please tick):

Date of assessment: \_\_\_\_\_ Date of assessment: \_\_\_\_\_

Score obtained: \_\_\_\_\_ Score obtained: \_\_\_\_\_

#### EXIT POINT



- Where the older person does not meet the 6-Item CIT or the MMSE cut off score they are withdrawn from the study.
- Please place the assessment tool (with sections 1-3 completed) in the dedicated NCPOP envelop which is then stored in a locked filing cabinet and thank the older person for their interest in the study.

Where the older person meets the 6-Item CIT or MMSE cut off score and has given consent please proceed to section 4, administration of the OAFEM.

### Section 4 Administration of the OAFEM

When an older person has consented to participate and is deemed eligible for inclusion following a cognitive assessment the OAFEM is administered.

#### Financial Exploitation Questionnaire

**Directions:** Please check a box after each question (*all questions refer to past 12 months, including the present*).

**Yes** – means that this has happened to you or is happening to

**Suspected** – means you think this might be happening but you

**No** – means that there is no evidence this is happening to you

**Unknown/Not Applicable** – means there is no information available to make the decision, or the question is not applicable

Yes Suspected No Unknown or Not Applicable

F1. Has someone <b>borrowed money</b> from you but not paid it back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2. Has someone <b>felt entitled</b> to use your money for him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3. Has someone <b>used your money</b> on their own behalf instead of for your benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4. Have there been <b>unexplained disappearances</b> of your funds or possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F5. Has someone lied <b>about how they were spending your money</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F6. Has someone demanded money <b>from you</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F7. Did someone take advantage of you to <b>get a hold of your resources such as a house, car or money</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F8. Has someone given unreasonable explanations for <b>spending your money</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F9. Has someone refused to give you an account of <b>how your money was spent</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F10. Has someone taken your money to do something <b>for them</b> but never did it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F11. <b>Have there been</b> unusual activities in your bank accounts, for example, large withdrawals, frequent transfer of funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F12. Has someone <b>said they would use your money</b> to buy something for you <b>but it was really for their own use</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F13. Has someone handled your money irresponsibly ( <b>for example, drink, drugs and gambling</b> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F14. <b>Have there been</b> unauthorized withdrawals <b>from your bank account</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F15. Has someone taken advantage of cultural or family expectations to <b>get your resources</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 4 Administration of the OAFEM</b>				
<i>Please record the response to each question by placing a tick in the appropriate box</i>				
<b>Financial Exploitation (Continued)</b>				
	Yes	Suspected	No	Unknown or Not Applicable
<b>F16.</b> Has someone persuaded you to sign any documents even though it was not in your best interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F17.</b> Has someone manipulated you to give him/her larger than usual gifts (money, cars, homes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F18.</b> Has someone prevented you from spending your money in order to preserve their inheritance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F19.</b> Has someone promised care for you but then did not provide it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F20.</b> Has someone tricked or pressured you into buying something that you now regret buying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F21.</b> Have your legal or financial documents been frequently changed (for example, the deeds of your house, your will, insurance policies or share holdings)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F22.</b> Has someone taken money from your social welfare allowances (i.e. pension) and used the money for him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F23.</b> Has someone convinced you to turn over your home, property, farm, car, etc. to their benefit and not yours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F24.</b> Has someone pressured you to change your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F25.</b> Has someone changed where your electronic/direct deposit money is going to benefit him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT USE WITHOUT PERMISSION.				
Conrad, K.J., Iris, M., Ridings, J.W., Langley, K., Wilber, K.H. (2010) Self-Report Measure of Financial Exploitation of Older Adults. <i>The Gerontologist</i> 50(6) 758-773.				
<b>Please record the outcome of the OAFEM</b>				
Number of 'Yes' answers				
Number of 'Suspected' answers				
Number of 'No' answers				
Number of 'Unknown or not applicable answers				

### Section 4 Administration of the OAFEM (continued)

#### Interpreting the OAFEM results

- A 'No' or negative response to **all 25 questions** indicates that there is **no suspicion** of elder financial exploitation.
- A 'Yes' or 'Suspected' response to **any** of the 25 questions indicates **a suspicion** of elder financial exploitation.

#### Steps following the administration of the OAFEM

- Please make the participant aware that the Participant Information Sheet provides details of support services.
- Where the OAFEM indicates suspicion of elder financial exploitation proceed to Section 5 where an assessment for financial exploitation is offered.
- Where the OAFEM does not indicate a suspicion of elder financial exploitation please thank the older person for their interest in the study and place the assessment tool in the NCPOP envelope. This envelope should then be stored in a locked filing cabinet.

### Section 5: Financial exploitation assessment offered

Where the OAFEM indicates a suspicion of elder financial exploitation discuss the outcome with the person.

Please advise the person that you wish to undertake an assessment to verify if s/he is experiencing elder financial exploitation.

It is important that the following points are followed:

- The participant must agree to any such assessment.
- The senior case worker conducts the assessment as per their local standard procedures.

**Please record whether an assessment was agreed to or declined (please tick )**

Assessment agreed to	Yes <input type="checkbox"/>	No <input type="checkbox"/>
----------------------	------------------------------	-----------------------------

Where an assessment has been agreed and you are **not** the senior case worker that will undertake the assessment please indicate the name and address of the person who will.

**The data collection tool is now complete.**

- Please place the tool and the consent form in their respective dedicated NCPOP envelopes. These envelopes should be stored in a locked filing cabinet.
- Please note that the tool and the consent form are stored in separate NCPOP envelopes.
- Please thank the person for their interest in the study.
- Please advise the person that should they have any queries or wish to withdraw from the study please contact Ms Judy Mathers, Research Administrator, at the National Centre for the Protection of Older People at UCD (contact details are provided in the participant information sheet and are below). Withdrawal can take place for up to 8 weeks after the date of assessment.

**Notes or comments by senior case worker:**

Thank you for completing this assessment tool. Should you have any queries please contact:

Centre Administrator  
National Centre for the Protection of Older People,  
UCD School of Nursing, Midwifery and Health Systems,  
Health Sciences Centre,  
Belfield,  
Dublin 4

Tel: (01) 716 6467  
Email: [ncpop@ucd.ie](mailto:ncpop@ucd.ie)  
[www.ncpop.ie](http://www.ncpop.ie)

## Appendix 3: Online Evaluation Survey

### Evaluation of the Older Adult Financial Exploitation Measure (OAFEM)

**Thank you for taking the time to complete this survey**

Survey Instructions: Only questions one and two are applicable to those who did not complete any OAFEMs. Questions 1-11 are applicable to all those who completed any OAFEMs.

**1) Please state the LHO area where you are based?**

**2) Did you complete any OAFEMs?**

Yes

No

If no, please briefly outline why?

**3) On average, how long did it take to administer each OAFEM tool?**

0-30 mins     30-45 mins     45-60 mins     60+ mins

**4) Was administration of the OAFEM tool:**

Very difficult     Difficult     Neither easy or difficult     Easy     Very easy

**5) How useful was the OAFEM in alerting you to the possibility of financial exploitation in the older clients to whom you administered the tool?**

Not at all useful     Slightly useful     Somewhat useful     Very useful     Extremely useful

**6) Did you undertake an investigation with any of your clients as a result of the outcome of the OAFEM assessment?**

Yes

No

Unsure

If yes, please specify how many.

**7) For each of the cases, please state the outcome of the investigation?**

	Substantiated	Unsubstantiated	Case continuing	Case closed
Case 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

**8) If you undertook one or more investigations using the OAFEM tool, how accurate was the tool in identifying substantiated cases of financial exploitation?**

Very inaccurate  
  Somewhat inaccurate  
  Uncertain  
  Somewhat accurate  
  Very accurate

**9) Overall, did you find the OAFEM an acceptable tool for screening for financial exploitation in older persons?**

Unacceptable  
  Slightly unacceptable  
  Neither unacceptable or acceptable  
  Slightly acceptable  
  Acceptable

**10) If the OAFEM tool was introduced as a standard assessment tool, how often would you use it in your everyday practice?**

Never  
  Seldom  
  Uncertain  
  Frequently (In selected cases)  
  Always (In all cases)

**11) Please comment on your overall experience of using the OAFEM.**

