

Risks of financial abuse of older people with dementia: findings from a survey of UK voluntary sector dementia community services staff

Kritika Samsi, Jill Manthorpe and Karishma Chandaria

Dr Kritika Samsi is a Lecturer and Jill Manthorpe is a Professor of Social Work and Director, both are based at Social Care Workforce Research Unit, King's College London, London, UK. Karishma Chandaria is a Senior Policy Officer, based at Alzheimer's Society, London, UK.

The authors are grateful to all Alzheimer's Society staff who shared their views with us. This paper presents independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research scheme (RP-PG-0606-1005) (the Evidem study). The views expressed in this publication are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Conflicts of interest: Kritika Samsi and Jill Manthorpe are members of the Alzheimer's Society and are engaged in providing it with advice and assistance. Karishma Chandaria is a Senior Policy Officer at the Alzheimer's Society.

Abstract

Purpose – Financial abuse of people with dementia is of rising concern to family carers, the voluntary sector and professionals. Little is known about preventative and early response practice among community services staff. The purpose of this paper is to investigate voluntary sector staff's views of the risks of managing money when a person has a dementia and explore ways that individuals may be protected from the risks of financial abuse.

Design/methodology/approach – An online survey of staff of local Alzheimer's Society groups across England was conducted in 2011 and was completed by 86 respondents. Open-ended responses supplemented survey questions. Statistical analysis and content analysis identified emergent findings.

Findings – Most respondents said their people with dementia experienced problems with money management, with almost half the respondents reporting encountering cases of financial abuse over the past year. Most were alert to warning signs and vulnerabilities and offered suggestions relevant to practice and policy about prevention and risk minimization.

Research limitations/implications – Adult safeguarding practitioners are likely to encounter money management uncertainties and concerns about exploitation of people with dementia. They may be contacted by community-based support staff from the voluntary sector about individual queries but could ensure that such practitioners are engaged in local training and networking activities to promote their skills and confidence.

Practical implications – As with other forms of elder abuse, professionals need to be aware of risks of financial abuse and be able to suggest effective yet acceptable preventive measures and ways to reduce risks of harm and loss. Further publicity about adult safeguarding services may be needed among local community support services.

Originality/value – There have been few studies investigating the views of people working with people with dementia in the community about adult safeguarding.

Keywords Older people, Dementia, Safeguarding, Mental capacity

Paper type Research paper

Introduction

People with dementia have long been recognized as being at risk of financial abuse; defined in England as behaviour "includ[ing] theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits" (DH and Home Office, 2000, p. 9) and explicitly included in the Care Act 2014. While some of the risks of financial abuse may relate to declining abilities with arithmetic as part of a dementia (Marson *et al.*, 2009), other symptoms associated with dementia, such as forgetfulness, problems with making judgements and calculations, may also

enhance people's vulnerabilities (Manthorpe *et al.*, 2012a). While the links between dementia and any form of elder abuse are not clear (Coyne, 2001; Paveza *et al.*, 1992; Sadler *et al.*, 1995), Jackson and Hafemeister (2011) concluded that responses to financial abuse need to be refined according to whether it is a component of other forms of abuse, such as neglect or violence, or whether it occurs in isolation.

Stressing the potential harms and financial abuse, Flannery (2003) referred to it as a form of domestic violence and abuse. Internationally, there is concern about risks of financial abuse encountered by people with dementia (see, e.g. Acierno *et al.*, 2010; Tilse *et al.*, 2005), and the high human costs associated with this (MetLife Mature Market Institute, 2011). Needing assistance with daily living (O'Keeffe *et al.*, 2007) and having limited support (Acierno *et al.*, 2010) appear to be particular risk factors of which professionals may be aware and which could be recorded so that monitoring is enhanced. Overall the evidence suggests that professionals should be alert to the risks of financial abuse among people with dementia in whatever setting they are living (Alzheimer's Society, 2011) and that they should be willing to act on concerns brought to their attention.

Financial abuse of older people is a complex phenomenon, and various conceptual models have identified the importance of the potential perpetrator and their characteristics; the older person's living situation and social network; and the relationship itself as being relevant to any response. There are further dimensions around "position of trust" status, interaction patterns and levels of reciprocity and dependence (Conrad *et al.*, 2010). However, there is danger that theorizing may overshadow individual differences and lead to spurious generalizations (Setterlund *et al.*, 2007). McCreadie (1999) suggested that focusing on prevention and intervention strategies may be particularly useful in this area of research and in practice. Pinsker *et al.* (2009) have developed a conceptual model that explains social vulnerability in terms of personal competence factors, such as intelligence, cognitive functioning, personality traits, physical functioning and social skills; in order to differentiate between older adults at risk of financial abuse and those older people who are less vulnerable. These models remain to be considered in practice.

While there have long been differing perceptions of how to define abuse (Langan and Means, 1996), what constitutes abuse (Selwood *et al.*, 2007) and what constitutes appropriate behaviour when managing a relative's money (Arksey *et al.*, 2008), in many countries systems are in place to regulate decision making when an adult's ability to make financial decisions is profoundly affected. In England and Wales these form part of the provisions of the Mental Capacity Act (MCA) 2005 (Office of Public Sector Information, 2005). Principally, the MCA preserves the autonomy of people with dementia by assuming capacity, enabling the appointment of a Lasting Power of Attorney (LPA) (as a proxy decision maker) if the adult so wishes, and establishes "best-interests principles" to govern decisions made by the proxy(ies). Similar to the "substituted interests' model" in the USA (Sulmasy and Snyder, 2010), in the absence of formal or oral directives, there is further a system of substitute decision makers through court-appointed decision makers or Deputies if LPAs are not in place. It is worth noting, however, that improper use of a Power of Attorney may occur and may also constitute abuse (Setterlund *et al.*, 2007) which should be drawn to the attention of the Office of the Public Guardian.

People newly diagnosed with dementia and their families are often referred to the voluntary, not-for-profit or third sector whose paid members of staff offer support themselves or co-ordinate volunteers to offer social support (Manthorpe *et al.*, 2012b). Such work may include giving advice and information about reducing the risks of exploitation and other harm as well as being alert to growing vulnerabilities to possible victimization. Government policy in England is encouraging the voluntary or not-for-profit sector to offer more care and support to people with dementia (Department of Health, 2009, 2010).

Details of how people working in the voluntary sector engage with professionals to support people with dementia are largely unknown. Our knowledge about financial abuse is largely focused on professional responses from statutory agencies (e.g. social workers and nurses; Langan and Means, 1996) as the prelude to legal interventions, although this may change with greater engagement of financial services organizations, such as banks, with research and

system re-design (Davies *et al.*, 2011b). Little is known about practice in the growing number of community support services located in the voluntary sector whose staff are not professionally qualified and who may not hold clinical or other responsibilities for “cases”. Commissioning practices, whereby local government and health services fund voluntary sector groups at local level, currently vary considerably (Housing 21, 2011). In contrast to professional training for general practitioners (GPs), hospital consultants, nurses, social workers and occupational therapists, there is no professional or vocational framework for the training of voluntary sector workers outside regulated care settings.

Roles covering information, advice, activities, care co-ordination and support working (Manthorpe *et al.*, 2010) often vary in their required skills and capability. The support offered to people with dementia may include advice and information, referral to community resources, but it may further encompass elements of “case work” covering group and individual support, counselling, practical help and engagement of other sources of assistance. Voluntary sector workers may be in early and close contact with some individuals with dementia and carers, and they may be well placed to identify risks of financial abuse and safeguarding concerns. It is in this context of support for people with dementia from the voluntary sector in matters relating to money and potential financial safeguards, and its interface with the statutory sector of health and social care professionals, that this paper is set. This study formed part of a five-year programme of research exploring the impact of the MCA 2005 on people with dementia, carers and practitioners who worked with both these groups (Manthorpe *et al.*, 2012a). Study objectives are provided in greater detail in the next section.

Study design and objectives

In response to the growing concern around financial abuse and the vulnerability of people with dementia specifically, the UK care and research charity, the Alzheimer’s Society of England, Wales and Northern Ireland, designed a survey-based study to explore the following research questions (RQs):

RQ1 (frequency and experience). What is the level of understanding and experience amongst staff of local Alzheimer’s Society branches regarding problems with financial management that people with dementia may experience and how to prevent these from turning into abuse?

RQ2 (identification). What are the triggers that alert staff to risks, signs or symptoms associated with financial abuse amongst clients, possibly prompting referrals to safeguarding teams working in local government social services (adult services) departments?

RQ3 (prevention). What steps can be taken to prevent financial abuse from occurring?

Methods

Designing the survey

As part of its policy and advocacy roles, the Alzheimer’s Society sought the views of its staff in each local branch and their experiences of financial abuse among people with dementia. Questions were developed from an understanding of the literature, which found that there were no data about this subject from these practitioners, and by building on questions previously developed for an interview-based study with social workers responsible for adult safeguarding (Manthorpe and Samsi, 2013) that appeared to be relevant to voluntary sector staff.

Survey questions were designed in order to address each of the research questions (Table I links the survey questions to the research questions).

Question 1 asked staff about frequency of problems they encountered regarding money management (*RQ1*).

Table 1 Survey questions and how they correspond to research questions

| Category | Research question | Survey question |
|--------------------------|---|--|
| Frequency and experience | <i>RQ1</i> : What is the level of understanding and experience amongst staff of Alzheimer's Society branches regarding problems with financial management that people with dementia may experience and how to prevent it from turning into abuse? | 1. How often do problems relating to money management come up as an issue in your day to day work with people with dementia and carers? Never Rarely (less than three cases a year) Occasionally (three to six cases a year) Frequently (more than six cases a year) |
| Identification | <i>RQ2</i> : What are the triggers that alert staff to risks, signs or symptoms associated with financial abuse amongst clients, possibly prompting referrals to safeguarding teams working in local government social services departments? | 2. From the list below, which do you consider to be grounds for suspicion of potential financial abuse? Appearing withdrawn Big differences between finances and living conditions Evidence of stealing from home or person Being approached by unknown befrienders Being approached repeatedly by traders Financial irregularity in account or bills Someone with dementia paying someone to do their shopping who charges them £50 to do this Withdrawal of unusually large amounts of money from a person with dementia's bank account Well-recognized scams (e.g. winning a pretend lottery abroad) Being asked to pay a workman/care worker in cash to avoid VAT (tax) or National Insurance Abuse of Lasting Power of Attorney (financial provisions) Reports of pressure to change wills or receive gifts Being required to sell the persons home to fund their care |
| Prevention | <i>RQ3</i> : What steps can be taken to prevent financial abuse from occurring? Opinions on wider impact and policy on safeguarding and prevention | 3. In your view, what would be the possible warning signs that someone with dementia may be "at risk" of financial abuse before it takes place or is reported/spotted? (Open-ended) 4. What support or processes do you think need to be in place to help safeguard people with dementia from financial abuse? (Open-ended) 5. If you could make three recommendations to government about how to improve safeguarding for people with dementia who have been identified as being at risk of financial abuse what would they be? (Open-ended) 6. How would you rate your knowledge of the Mental Capacity Act ^a ? Very good Good Adequate Poor Non-existent 7. Do you think the move to personal budgets/self directed support will increase/decrease the likelihood of financial abuse amongst those with memory problems, cognitive impairment or dementia? Increase the likelihood of financial abuse amongst those with memory problems, cognitive impairment or dementia? Decrease the likelihood of financial abuse amongst those with memory problems, cognitive impairment or dementia? Not sure 8. Do you have any examples of where a person with dementia is using a personal budget (cash for care) successfully or unsuccessfully? (Open-ended) 9. Any additional comments |

Note: ^aRelevant to England and Wales only

Questions 2 and 3 asked staff about ways in which they would distinguish between potential vulnerability to financial abuse (e.g. financial irregularity in accounts or bills) and victimization from abuse (*RQ2*).

Questions 4 and 5 asked staff what they would recommend to prevent financial abuse at community, local and national levels (*RQ3*).

Questions 6, 7 and 8 asked staff for their opinions on the impact of wider policy on safeguarding people with dementia from financial abuse (RQ3).

Question 9 collected general comments.

Data collection

Following initial survey design, a nominal group discussion with a group of front-line Alzheimer's Society staff helped refine the wording of some of the questions, and the response options that were being offered. The survey was constructed through SurveyMonkey[®] because an electronic link to an online survey was seen as ensuring greater anonymity and, therefore, likely to generate more responses.

A total of 277 staff from all 200 plus local branches of the Alzheimer's Society, providing a network of over 2,000 services in England, Wales and Northern Ireland (Alzheimer's Society Website), were e-mailed via the Society's contact list. They were asked to respond via an electronic link to the survey or by printing it out and returning it by post. Two follow-up e-mails were sent reminding staff of the opportunity to participate. As Parker (2008) has noted, because technology is more commonly used to collect research data through e-mail and web-based surveys and forum discussions, ethical issues such as maintaining confidentiality, anonymity and data privacy become paramount. Completing the web-based survey was preferred over printing and posting the survey; and only two participants replied by post to the survey. Both means of returning the survey ensured anonymity of participants, which was the primary reason the survey method was used since participants were assured that their own practice would not be judged and that client details could not be traced back to the area and confidentiality potentially breached. A general postal address was provided where an administrator collected paper copies of the survey returned and input the data onto the electronic survey. A secondary reason for an e-mail-based survey was that a large number of staff could be reached. Members of staff responding were from a range of professional backgrounds, including home care assistants, help desk personnel, branch managers and befrienders. All participants were informed that the data would be shared with researchers at King's College London and relevant Data Sharing Agreements were signed between King's College London and the Alzheimer's Society.

Data analysis

The survey generated two types of data. Frequencies (and percentages) of responses were calculated for questions 1, 2, 6 and 7. Open-ended responses were coded systematically using the principles of content analysis (Pope *et al.*, 2000) for questions 3, 4, 5 and 8. This involved identifying consistencies or recurring themes in the text, delineating them and adding them to a coding framework and then counting the number of times a certain theme occurred. Every new theme was added to the coding framework, which was refined iteratively. This paper presents findings from the final version of the coding framework (Table II).

The intention of this study was to inform the Society of ways in which it could refine its contributions to developments in policy on strategies to prevent or minimize the risks of financial abuse, and to inform dementia care practice more generally about this relatively

| Table II Overarching themes and sub-themes | |
|--|--|
| <i>Theme 1: identifying financial abuse</i> | <i>Theme 2: prevention and safeguarding</i> |
| Change in relationship with money | Micro level: what clients and carers can do for themselves |
| Personal vulnerability: living situation, provisions, social, appearance, mood, confusion levels | Meso level: what services/professionals can do |
| External interest or influence (including family) | Macro level: what banks, post offices and society can do |
| | Meta level: what government and system change can do |

under-researched area. Implications were further drawn from an interpretation of the findings through a nominal group discussion with the same study advisory group that originally helped with constructing the survey.

Results

Sample characteristics

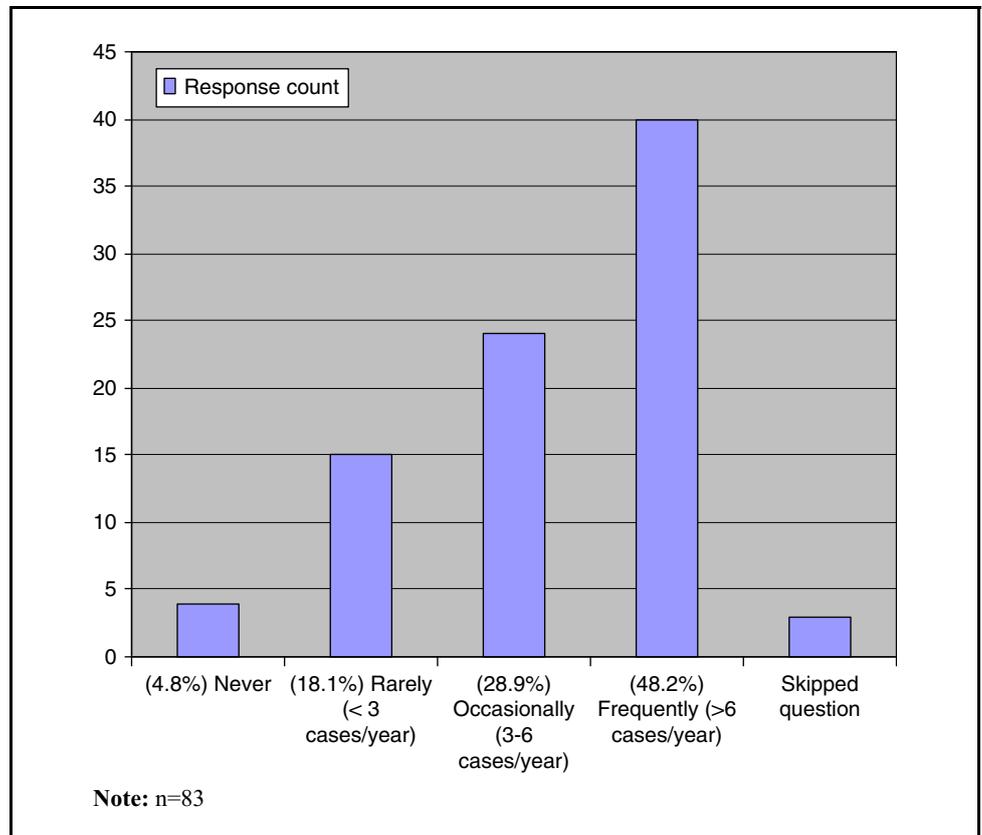
In total, 86 participants completed the survey, generating a response rate of 31 per cent. Job roles ranged from service support managers, support workers, dementia advisers and home support workers. However, in order to maintain anonymity, their specific job roles, locations and other identifying features such as gender were not asked. All staff had experience of supporting people with dementia in their everyday work. Some participants provided more than one example in open-ended responses and multi-choice options; therefore the number of “responses” does not always coincide with the number of responses.

Question 1 was used as contextual information. Figure 1 corresponds to question 1 regarding the level of frequency with which participants encountered clients with dementia who had problems with money management; most (48 per cent) said this happened frequently or among more than six cases per year; 29 per cent reported they came across this occasionally (three to six cases per year); four (4.8 per cent) said they had never encountered this and three skipped this question.

The findings presented in this paper draw on frequency data as well as open-ended content analysis to report on two main themes (Table II):

1. how staff identified financial abuse; and
2. strategies and recommendations to improve safeguarding and prevent abuse.

Figure 1 Frequency of money management problems or queries in day to day work with people with dementia ($n = 83$)



(1) *Identifying financial abuse.* Over 90 per cent of participants ($n = 77$, 90.6 per cent) regarded people with dementia “being approached by repeatedly by traders” as a significant indicator of abuse, followed by client “paying someone to do their shopping who charges them £50 to do this” ($n = 75$, 88.2 per cent), “evidence of stealing from home or person” ($n = 73$, 86 per cent) and “withdrawal of unusually large amounts of money from a person with dementia’s bank account” ($n = 73$, 86 per cent). “Being approached by unknown befrienders” (83.5 per cent), “financial irregularity in accounts or bills” (81.2 per cent), falling victim to “well recognized scams” (e.g. “winning” a lottery abroad – a “scam”) (84.7 per cent), being subject to “abuse of Lasting Power of Attorney” (84.7 per cent) and indicating “reports of pressure to change wills or receive gifts” (84.7 per cent) were also cited as indicators.

In total, 65 participants responded to question 2; from which three overarching triggers were identified:

- (1) changes in a client’s relationship with money;
- (2) a client’s personal vulnerability; and
- (3) suspicious external interest or influence.

Some provided the example of more than one trigger as cause for concern. Underlying all these responses was the additional sub-theme of staff using their own intuition and drawing on their experiences in identifying potential abuse. Implications of this for adult safeguarding staff (staff based in local government who are responsible for receiving and following up concerns) are discussed below.

Change in relationship with money

In total, 76 responses for this theme were coded. Noting a change in a client’s relationship with money generally included subtle indicators such as being gradually more confused about money, no longer recognizing the value of money or how much things cost, or having difficulties handling change. These were observable or could be reported by other witnesses. Others pointed to diminishing self-protective strategies that a client may have used in the past, such as shielding a Personal Identification Number when using it in public to access money from a cash machine, keeping money carefully or allowing someone else to withdraw money on their behalf without scrutiny.

One participant catalogued illustrations of such risks:

Offering money to someone to help them. Carrying large sums of money in wallets, purses or handbags. Leaving handbags open with money or cash visible. Giving someone their PIN number. Signed blank cheques. Someone telling me where they keep their money at home. Someone trying to pay for something they have already paid for (no. 58).

Personal vulnerability

In total, 73 responses indicated heightened personal vulnerability to abuse as a facet of dementia. Living situation was considered significant in terms of being alone and offering unguarded access to strangers. People with dementia could be vulnerable to abuse as a result of their confusion about whom to trust, and from the pernicious interests of “false friends”, rogue traders and electronic or postal scams. Some staff noted that cues, such as clients’ deteriorating or atypical (unkempt) appearance, not having their hair done as regularly as before, lack of basic provisions, and stopping eating regular meals because they had no money, could be witnessed in social settings or in home visits. One participant illustrated potential warning signs of increased vulnerability:

Unexplained inability to pay a bill. Members of family or friends being uncooperative with health care professionals, voluntary sector etc when wanting to discuss financial matters. Inability to pay bills. Irregular withdrawals of money (no. 7).

External interest or influence (including family)

In total, 50 responses indicated that some aspects of external interest or influence would be a cause of concern. These included suspicious visitors to a client’s house, an increase in junk or

scam mail or telephone calls, unnecessary repairs or home alterations being carried out. Subtle or even major changes in patterns or sizes of withdrawals from bank accounts and misplaced trust in strangers were also potential signs. Mentions of changes in financial arrangements, such as alterations to a Will or LPA, also raised suspicions if they appeared sudden and inexplicable. Further examples were provided:

Added interest in their financial situation by a third party, for example, long lost relative, friend, and so on. Large amount of money in the house or on the person – the way they pay for bills etc changing – putting their house in someone else's name or not being allowed to use their money as they want – unable to pay for things – paying people to do things for them, that they haven't before (e.g. £50 (\$80) to a "gardener", when previously they used a council (free) scheme) (no. 26).

(2) *Safeguarding and prevention.* Open-ended responses around safeguarding were coded at four interpretive levels, relating to the degree of safeguarding they provided around the person with dementia and carer: micro level, meso level, macro level and meta level.

Micro level: what people with dementia and carers can do for themselves

Only 11 responses indicated that people with dementia should be responsible for taking the initiative with safeguarding their own financial affairs when diagnosed. Three said people with dementia should draw up a LPA to appoint proxy (/ies) to manage their money when they are no longer capable of doing so. Two suggested that protective measures, such as limiting the amount or frequency of withdrawal amounts from banks or setting up direct payments of bills, could be put in place, alongside balancing these with clients' rights and autonomy. Engagement with social networks by informing trusted neighbours and bank staff that a person had dementia was mentioned by two participants who outlined practical steps to avoid fraud and exploitation:

Mail preference service (diverting "junk" mail). Telephone preference service (Barring or diverting unknown numbers). Notice on door – "no cold callers" (unsolicited). Alert trustworthy neighbours and friends. Alert bank staff, particularly if small local branch. Possibly remove (bank) cards and PIN (personal identification number) and perhaps limit amount that can be withdrawn. Possibly divert mail ("possibly" as have to be careful about taking away people's rights) (no. 26).

Meso level: what services/professionals can do

Surprisingly, only 49 respondents said practitioners should alert the local authority (the lead agency for safeguarding) if a person with dementia was apparently being abused. The characteristics of good safeguarding (adult protection or safeguarding) services locally were thought to be that they should be accessible, with good inter-disciplinary working relationships, shared procedures with local police and other services. In total, 17 thought that specific training was needed for professionals around dementia, financial capabilities and how to respond to safeguarding alerts. More communication between services, greater awareness amongst all front-line staff of abuse, and greater willingness or capacity amongst senior staff to address allegations or suspicions swiftly, were also recommended.

In total, 16 said professionals in local authority social services and health services should provide better post-diagnosis advice and information to people with a dementia who were keen to safeguard their financial interests:

More third sector or other support/advice for people with dementia (as already exists within Alzheimer's Society and Age UK) helping vulnerable people to claim entitlements, and be aware of financial abuse. Perhaps a link with local Police and a confidential "report it" telephone line for suspected financial abuse (no. 12).

Macro level: what banks, post offices and wider sectors can do

Overall 56 responses indicated that more could be done at macro level. Despite minimal references to risks of being financially abused by paid staff, 14 suggested that regular checks on finances could reduce abuses, such as theft by staff in care homes or in a person with dementia's own home. This might include spot checks, regular auditing, insisting upon a paper trail of receipts, checking of accounts and keeping finance and care decisions separate.

In total, 18 participants indicated that staff working in banks, other financial institutions and post offices (where many older people make cash and other financial transactions) should be more alert to suspicious behaviour, such as unusual withdrawals of money from accounts, and sudden changes in joint account status. Better data sharing arrangements between different bodies – such as banks and social services – were envisaged as potentially minimizing risks of abuse:

Get banks/building societies/post offices to accept and record notification of dementia diagnosis against their customer records (no. 38).

Better support from banks once they are aware a client has dementia by having dedicated teams to monitor accounts for these people for unusual movement in the account so it can be verified (no. 41).

Meta level: what the government and system change can do

Participants felt that the government should better publicize the value of appointing LPAs, with 15 responses suggesting that it should be made cheaper to draw up such documents and register them, while independent financial advice and advocates should be more widely available on reasonable terms. Criminalizing financial abuse and meting out more substantial punishments for “scammers” and confidence tricksters were recommended by nine participants.

Most participants were unsure about the move to personal budgets (cash for care) for those eligible for publicly funded social care services and its potential impact on financial abuse ($n=39$, 62.7 per cent). A third of participants ($n=21$, 34 per cent) felt that such personal budgets were likely to increase the likelihood of financial abuse amongst those with memory problems, cognitive impairment or dementia, while only two participants felt that they would decrease the likelihood of abuse (28 per cent skipped this question).

Asked for examples in practice of personal budgets working either successfully or unsuccessfully, over half the participants did not answer the question ($n=47$, 56.6 per cent), reflecting perhaps those who reported “unsure” in the previous question. In total, 25 participants had no experience of clients with dementia using personal budgets. Of these 14 (16.3 per cent) who had, few talked of direct experience and mainly reported fears about the future of their own services if they were no longer commissioned or funded to provide services such as day centres because people were making their own arrangements.

Three participants gave positive accounts of this new system working. Only one respondent weighed up both positives and negatives of the new system, talking about a younger person with dementia in their area who is using personal budgets to purchase flexible and supportive care.

Discussion

A number of important findings arose from this survey. In the main part, they referred to identification of risks of abuse, prevention of future abuse and the implications for practice and support.

Identification of abuse

Voluntary sector staff surveyed recognized the need for them to remain alert to potential abuse through a number of indicators, ranging from overt cues of the person being approached by rogue traders or “groomed” by potential perpetrators, to more subtle indicators, such as a change in client’s use of and understanding of money. However, a minority did not seem to think that these were causes for concern, suggesting that voluntary sector groups may want to ensure that all staff receive specialist training in this subject and opportunities to discuss their responsibilities as potential “alerters”.

In a recent UK study, Davies *et al.* (2011b) identified three “cues” or factors used by practitioners in their detection of elder financial abuse: the individual who first raised the concern, the mental capacity of the suspected victim and the nature of the financial anomalies. However, the

literature is largely focused on professional responses from statutory agencies as the prelude to legal interventions: “Without recognition of a problem there is no opportunity to provide effective solutions. It is clear that there are challenges pertaining to recognition, both within the core safeguarding environment and society as a whole, and these can lead to alerts and referrals not being made” (Association of Chief Police Officers/Home Office/Department of Health, 2011, p. 21).

Little is known about practice in community support or voluntary services where staff are not professionally qualified and where they may not hold clinical or other responsibilities for “cases”. Unlike most professional staff in the NHS and social services, they are not required to attend mandatory training on adult safeguarding, and, unlike voluntary sector staff who offer assistance with financial and associated matters (e.g. in Citizens Advice or Law Centres), they are not required to develop and prove their competence in this area. Many voluntary sector groups have centralized advice and information functions in order to assure quality.

Safeguarding

Developing preventive strategies to reduce the risks to people with dementia from being abused is widely recognized as necessary (Setterlund *et al.*, 2007; Cooney *et al.*, 2006); failing which, identification and intervention are crucial (Reeves and Wysong, 2010). However, if professionals and people with dementia have different perceptions of what constitutes abuse (Selwood *et al.*, 2007), they may miss situations where abuse is taking place or they are at risk. Abuse occurring within family relationships is possible, not least because of mutual dependency arrangements that may be in place (Davies *et al.*, 2011a).

People with dementia and carers may themselves be reticent to discuss financial arrangements and personal safety until the situation seems more serious or has escalated to a failure to manage money or falling victim to financial abuse. Cooper *et al.* (2009) have suggested that:

Professionals are often reluctant to ask about abuse, perhaps because of a fear that discussing and acknowledging it would necessitate referral of an adult for protection and trigger a punitive response such as removal of the person with dementia. This may result in an “all or nothing” approach to abuse, where it is ignored until the problem becomes serious.

Given that our study also found that managing money appeared to be commonly identified as potentially giving rise to problems (Setterlund *et al.*, 2007) and that vulnerability to abuse was widely recognized by people working in these support services, there are messages here for practitioners as well as researchers. Commissioners of voluntary sector activity may, therefore, wish to build into their agreements that staff will have a responsibility to follow local safeguarding policies and procedures and to ensure that these are cascaded to all staff. Domains outlined in Table III may be a useful heuristic for practitioners to remain alert about safeguarding risks. Risk-taking can then be used to promote safety as well promote autonomy (Clarke, 2009).

The voluntary sector has long-standing commitment to campaigning and advocacy work around elder abuse, among which is the financial abuse of people with dementia (e.g. Alzheimer’s Society, 2011; Acierno *et al.*, 2010). It is well placed to build on its staff’s knowledge and

Table III Safeguarding domains and related activities

| <i>Money management and safeguarding domains</i> | <i>Examples of activities which might be undertaken</i> |
|---|---|
| Being alert to possible risks/watchful monitoring | Listening to individuals, developing a high index of suspicion, knowing individual demeanour and patterns, keeping records |
| Protecting and safeguarding against financial abuse | Avoiding risky behaviour, minimizing risk, empowering through risk management, communicating with banks and financial institutions to ensure that their customers are supported and protected |
| What commissioners can do | Ensure links with managers and confidence to contact statutory services, contractual agreements that staff and volunteers are aware of legislation and safeguarding policies and procedures |

engagement with people with dementia to minimize the risks of abuse and to ensure that suspicions are passed to authorities (Anetzberger *et al.*, 2000). Illustrations provided in this study of staff awareness of possible indicators chime well with the evidence base about risk factors and also accord with the views of expert practitioners in safeguarding (Manthorpe *et al.*, 2013). Some of the recommendations made by the participants in this study, such as establishing special police investigatory and response units, are already in existence in the UK (Association of Chief Police Officers/Home Office/Department of Health, 2011). This and other examples suggest the value of more regular briefing of community support staff about local safeguarding processes and systems. Enabling vulnerable people with dementia to safeguard themselves will contribute towards promoting resiliency, autonomy and empowerment (Clarke, 2009), but is not sufficient. While practitioners are cautioned against developing risk-averse approaches (Clarke, 2009), they are well placed to advise about precautions and crime prevention.

Professionals involved in investigating and decision making about allegations or suspicions of abuse among people with dementia may find that voluntary sector staff and volunteers possess useful evidence. These staff may have been working with an individual for some time and may have observed changes in personal, social and relationship circumstances of that person. Recognizing the impact of these changes could potentially highlight new risks, such as frequent visits from a (false) "friend" (Clarke, 2000).

Those responding to the survey seemed to be aware of the difficulties of managing money experienced by people with dementia and the growing vulnerabilities among some of being less able to distinguish between honest and dishonest motivations and behaviours. This suggests a dual focus is needed on the vulnerability of the person with dementia and on the actions of perpetrators and reducing their opportunities. More work on how to address structural risks (such as access to bank accounts through electronic authorization) would be helpful, especially if people are being encouraged to place their trust in directly employed care workers under the new system of personal budgets and in their proxies (such as family members who have been granted LPAs). While this survey was limited in the extent to which practice could be explored, this is the first investigation of this subject at this level and in this sector to the best of our knowledge. Most other studies have concentrated on professional views (e.g. of GPs, nurses and social workers). With current moves to provide more support from community-based voluntary organizations and to enhance the role of the voluntary sector in the care of older people, safeguarding practitioners may wish to build up or consolidate prevention networks and commissioners should ensure that these form part of support and monitoring.

The limitations of this study include the lack of socio-demographic data to classify responses by individual job role, making it difficult to specifically identify where gaps in understanding may lie. However, the anonymous nature of the survey encouraged a wide range of participants to contribute their views and to offer detailed opinions in the open-ended section. Future studies may wish to investigate specific practice and inter-professional and inter-agency working, and to hear from people with dementia and carers about their own risk reduction strategies.

Summary

There is growing concern about the risks of financial abuse among vulnerable people who may lack capacity, such as people with dementia. This first national survey of Alzheimer's Society staff on this subject revealed that almost all participants had encountered people with dementia experiencing problems with managing money, but fewer thought they had encountered instances of financial abuse or exploitation and theft. Most members of staff were alert to a range of warning signs and vulnerabilities, but felt that larger societal systems and frameworks would make it difficult to act on suspicious behaviour and possible abuse. Not all were knowledgeable of or confident in local safeguarding systems and assistance. A greater combined focus on financial abuse is required to reduce the risks of abuse, to recognize early signs of abuse and to respond to instances of exploitation, theft, extortion and undue influence.

References

- Acierno, R., Hernandez, M., Amstadter, A., Resnick, H., Steve, K., Muzzy, W. and Kilpatrick, D. (2010), "Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the National Elder Mistreatment Study", *American Journal of Public Health*, Vol. 100 No. 2, pp. 292-7.
- Alzheimer's Society (2011), *Shortchanged: Protecting People with Dementia from Financial Abuse*, Alzheimer's Society, London.
- Alzheimer's Society Website. 'What we do', available at: www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=80 (accessed 14 April 2014).
- Anetzberger, G., Palmisano, B., Sanders, M., Bass, D., Dayton, C., Eckert, S. and Schimer, M. (2000), "A model intervention for elder abuse and dementia", *The Gerontologist*, Vol. 40 No. 4, pp. 492-7.
- Arksey, A., Corden, A., Glendinning, C. and Hirst, M. (2008), "Managing money in later life: help from relatives and friends", *Benefits*, Vol. 16 No. 1, pp. 47-59.
- Association of Chief Police Officers/Home Office/Department of Health (2011), *Assessment: Financial Crime Against Vulnerable Adults*, Social Care Institute for Excellence, London.
- Clarke, C.L. (2000), "Risk: constructing care and care environments in dementia", *Health, Risk & Society*, Vol. 2 No. 1, pp. 83-93.
- Clarke, C.L. (2009), "Risk and long-term conditions: the contradictions of self in society", *Health, Risk & Society*, Vol. 11 No. 4, pp. 297-302.
- Conrad, K.J., Iris, M., Ridings, J.W., Langley, K. and Wilber, K.H. (2010), "Self report measure of financial exploitation of older adults", *Journal of Elder Abuse & Neglect*, Vol. 50 No. 6, pp. 758-73.
- Cooney, C., Howard, R. and Lawlor, B. (2006), "Abuse of vulnerable people with dementia by their carers: can we identify those most at risk?", *International Journal of Geriatric Psychiatry*, Vol. 21 No. 6, pp. 564-71.
- Cooper, C., Selwood, A., Walker, Z., Blizard, R. and Livingston, G. (2009), "Abuse of people with dementia by family carers: representative cross sectional survey", *British Medical Journal*, Vol. 338, pp. 583-86.
- Coyne, A. (2001), "The relationship between dementia and elder abuse", *Geriatric Times*, Vol. 2 No. 4, pp. 15-8.
- Davies, M., Harries, P., Gilhooly, K. and Gilhooly, M. (2011a), "Financial elder abuse: a review of the 386652432literature", in Gilhooly, M. (Series Ed.), *Working Paper No. 1, NDA Project: Detecting and Preventing Financial Abuse of Older Adults*, Brunel Institute for Ageing Studies, Brunel University, London.
- Davies, M., Harries, P., Cairns, D., Stanley, D., Gilhooly, M., Gilhooly, K., Notley, E., Gilbert, A., Penhale, B. and Hennessy, C. (2011b), "Factors used in the detection of elder financial abuse: a judgement and decision-making study of social workers and their managers", *International Social Work*, Vol. 54 No. 3, pp. 404-20.
- Department of Health (2009), *Living Well with Dementia, the National Dementia Strategy*, DH, London.
- Department of Health (2010), *A Vision for Adult Social Care: Capable Communities and Active Citizens*, DH, London.
- DH and Home Office (2000), *No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse*, DH and Home Office, London, available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486 (accessed 14 April 2014).
- Flannery, R. (2003), "Domestic violence and elderly dementia sufferers", *American Journal of Alzheimer's Disease and Other Dementias*, Vol. 18 No. 1, pp. 21-3.
- Housing 21 (2011), *Westminster Dementia Adviser Service Interim Review Report: Executive Summary*, Housing 21, London.
- Jackson, S. and Hafemeister, T. (2011), "Financial abuse of elderly people vs. other forms of elder abuse: assessing their dynamics, risk factors, and society's response", Final Report submitted to the National Institute of Justice, University of Virginia, Charlottesville, VA, available at: www.ncjrs.gov/pdffiles1/nij/grants/233613.pdf (accessed 14 April 2014).
- Langan, J. and Means, R. (1996), "Financial management and elderly people with dementia in the UK: as much a question of confusion as abuse?", *Ageing and Society*, Vol. 16 No. 3, pp. 287-314.
- McCreadie, C. (1999), "Understanding elder abuse: the SAVE project", *Journal of Adult Protection*, Vol. 1 No. 2, pp. 16-21.
- Manthorpe, J. and Samsi, K. (2013), "Changing practice: adapting to the Mental Capacity Act 2005", *Social Care and Neurodisability*, Vol. 4 Nos 3/4, pp. 124-33.

- Manthorpe, J., Samsi, K. and Rapaport, J. (2012a), "Responding to the financial abuse of people with dementia: a qualitative study of safeguarding experiences in England", *International Psychogeriatrics*, Vol. 24 No. 9, pp. 1454-64.
- Manthorpe, J., Samsi, K. and Rapaport, J. (2012b), "'More of a leg to stand on': views and usage of the Mental Capacity Act 2005 among staff of local Alzheimer's Society and carer organizations", *Aging and Mental Health*, Vol. 16 No. 1, pp. 102-9.
- Manthorpe, J., Samsi, K. and Rapaport, J. (2013), "'Inherently Risky?': personal budgets for people with dementia and the risks of financial abuse: findings from an interview-based study with adult safeguarding coordinators", *British Journal of Social Work*, Vol. 43 No. 5, pp. 889-903.
- Manthorpe, J., Martineau, S., Moriarty, J., Hussein, S. and Stevens, M. (2010), "Support workers in social care in England: a scoping study", *Health & Social Care in the Community*, Vol. 18 No. 3, pp. 316-24.
- Marson, D., Martin, R., Wadley, V., Randall, G., Snyder, S., Goode, P., Cleveland, K., Nicholas, A., Steele, T., Anderson, B., Zamrini, E., Raman, R., Bartolucci, A. and Harrell, L. (2009), "Clinical interview assessment of financial capacity in older adults with Mild Cognitive Impairment and Alzheimer's disease", *Journal of the American Geriatrics Society*, Vol. 57 No. 5, pp. 806-14.
- MetLife Mature Market Institute (2011), *The MetLife Study of Elder Financial Abuse: Crimes of Occasion, Desperation, and Predation Against America's Elders*, Metropolitan Life Insurance Company, New York, NY, available at: [www.metlife.com/mmi/research/elder-financial-abuse.html#key findings](http://www.metlife.com/mmi/research/elder-financial-abuse.html#key%20findings) (accessed 14 April 2014).
- Office of Public Sector Information (2005), *The Mental Capacity Act*, The Stationery Office, London, available at: www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf (accessed 14 April 2014).
- O'Keeffe, M., Hills, A., Doyle, M., McCreddie, C., Scholes, S., Constantine, R., Tinker, A., Manthorpe, J., Biggs, S. and Erens, B. (2007), *UK Study of the Abuse and Neglect of Older People*, NatCen/King's College London, London, available at: [www.kcl.ac.uk/sspp/kpi/scwru/pubs/2007/okeefeetal2007ukstudy prevalence.pdf](http://www.kcl.ac.uk/sspp/kpi/scwru/pubs/2007/okeefeetal2007ukstudy%20prevalence.pdf) (accessed 14 April 2014).
- Parker, J. (2008), "Email, ethics and data collection in social work research: some reflections from a research project", *Evidence & Policy*, Vol. 4 No. 1, pp. 75-83.
- Paveza, G., Cohen, D., Eisdorfer, C., Freels, S., Semla, T., Ashford, W., Gorelick, P., Hirschman, R., Luchins, D. and Levy, P. (1992), "Severe family violence and Alzheimer's disease: prevalence and risk factors", *The Gerontologist*, Vol. 32 No. 4, pp. 493-7.
- Pinsker, D.M., McFarland, K. and Pachana, N.A. (2009), "Exploitation in older adults: social vulnerability and personal competence factors", *Journal of Applied Gerontology*, Vol. 29 No. 6, pp. 740-61.
- Pope, C., Ziebland, S. and Mays, N. (2000), "Analysing qualitative data", *British Medical Journal*, Vol. 320 No. 9227, pp. 114-16.
- Reeves, S. and Wysong, J. (2010), "Strategies to address financial abuse", *Journal of Elder Abuse & Neglect*, Vol. 22 Nos 3-4, pp. 328-34.
- Sadler, P., Kurrle, S. and Cameron, I. (1995), "Dementia and elder abuse", *Australian Journal of Aging*, Vol. 14 No. 1, pp. 36-40.
- Selwood, A., Cooper, C. and Livingston, G. (2007), "What is elder abuse – who decides?", *International Journal of Geriatric Psychiatry*, Vol. 22 No. 10, pp. 1009-12.
- Setterlund, D., Tilse, C., Wilson, J., McCawley, A.-L. and Rosenman, L. (2007), "Understanding financial elder abuse in families: the potential of routine activities theory", *Ageing & Society*, Vol. 27 No. 4, pp. 599-614.
- Sulmasy, D. and Snyder, L. (2010), "Substituted interests and best judgements: an integrated model of surrogate decision-making", *JAMA*, Vol. 304 No. 17, pp. 1946-7.
- Tilse, C., Wilson, J., Setterlund, D. and Rosenman, L. (2005), "Older people's assets: a contested site", *Australasian Journal on Ageing*, Vol. 24 No. 1, pp. S51-S56.

Corresponding author

Professor Jill Manthorpe can be contacted at: jill.manthorpe@kcl.ac.uk

To purchase reprints of this article please e-mail: reprints@emeraldinsight.com
 Or visit our web site for further details: www.emeraldinsight.com/reprints