

KNOWLEDGE MODULES

2 OF 7

MODULE 2
The Context of
Financial Abuse

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BEFORE WE BEGIN

REFLECTION

Before we begin this module take a moment to think about this [statement](#) by Ms Rosa Kornfeld-Matte, UN-appointed independent expert on the enjoyment of all human rights by older persons:

“Financial [abuse of older persons](#) is rampant but largely invisible, and the problem is expected to grow dramatically with the ageing of our societies”, said the UN-appointed independent expert on the enjoyment of all human rights by older persons, Rosa Kornfeld-Matte, in a statement to mark [World Elder Abuse Awareness Day](#) on 15 June. She says most abuse goes undetected, and it is impossible to say how big the problem is, as data is scarce because of under-reporting.

“Sadly, most abusers are family members”, said Ms. Kornfeld-Matte.

“This is a particularly delicate matter”, she added, explaining that even experienced professionals have difficulty distinguishing an unwise but legitimate financial transaction, from an exploitative one that was the result of undue influence, duress, fraud, or a lack of informed consent.

How does this align with what you have heard or already know about elder abuse?

OVERVIEW

THE CONTEXT OF FINANCIAL ABUSE

Understanding the **context of financial abuse** means understanding relevant terminology, what is elder abuse and its various typologies.

Additionally, it is essential to consider the **central importance of autonomy** in preventing elder abuse, particularly financial abuse.

Seeing elder abuse as a **health issue** and recognising that older persons can be polyvictims is very important.

Understanding all these contextual issues ensures advisers recognise the phenomenon of elder abuse including financial abuse and how it is linked to personal autonomy and other abuses experienced by older persons across their life course. Understanding the context of abuse makes detecting risks of financial abuse much easier.

LEARNING OUTCOMES

include gaining knowledge about elder abuse and financial abuse and how it affects older persons within a number of contexts.

TOPICS COVERED

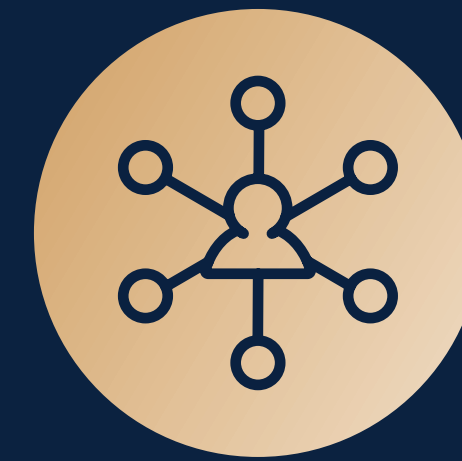
This module covers the following topics:



TERMINOLOGY
& DEFINITIONS
IN THE FIELD OF
ELDER ABUSE



ELDER
FINANCIAL
FRAUD & SCAMS



OLDER
PERSONS AS
POLYVICTIMS



ELDER ABUSE



THE CENTRALITY
OF AUTONOMY



SOCIAL
INCLUSION



HYBRID ABUSE



FINANCIAL
ABUSE AS A
HEALTH ISSUE

TERMINOLOGY AND DEFINITIONS IN THE FIELD OF ELDER ABUSE



One of the key challenges in the field of elder abuse is inconsistency of terminology.

In the United States, financial exploitation is **more frequently used** than financial abuse. An additional subset of financial abuse called elder financial fraud and scams (EFFS) has been identified.

Financial abuse is often **conflated with economic abuse**, which is viewed as a different phenomenon in Australia.

To complicate things, some **Australian research** around economic abuse uses the term financial abuse. It is important to note there can be an overlap between economic abuse and financial abuse in cases of older women and in cases of polyvictimisation.

ELDER ABUSE

is also called elder mistreatment or elder maltreatment.

FINANCIAL ABUSE

is also called financial exploitation and material abuse.

PREFERRED TERMS



The preferred terms are:

OLDER PERSONS

instead of senior, older adult, elder, elderly person or the elderly

ELDER ABUSE

incorporating elder mistreatment and elder maltreatment

FINANCIAL ABUSE

as a subset of elder abuse and incorporating elder financial abuse, financial exploitation, material abuse and elder financial fraud and scams

ECONOMIC ABUSE

as a subset of domestic and family violence

Advisers should ensure they are using contemporary terminology at all times.

WHAT IS ELDER ABUSE?

Elder abuse has been referenced in **Australia** since 1975 but emerged slowly as an issue until recent times ([Kurrle, 2008](#)). Elder abuse is a **societal issue** that requires prevention and intervention strategies at practice and policy levels ([Fearing et al, 2017](#)). Elder abuse is commonly defined as follows:



...a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (WHO).

This **definition of elder abuse** does not include all abuse of older persons and is limited by the relationship between the abuser and the older person ([ALRC, 2017](#)). Elder abuse refers to actions and/or behaviours, or lack of actions and/or behaviours that cause harm ([Fearing et al, 2017](#)).

A **behavioural definition** of elder abuse retains the standard conceptual relationship of trust but also incorporates abuse by entities and includes occurrences in any setting and where an older person is targeted based on age or disability ([NCEA](#)).

WHAT IS FINANCIAL ABUSE?

Financial abuse is the **most prevalent** type of elder abuse and often occurs in a hybrid form with other types of abuse and interpersonal violence.

Recent research indicates that **prevalence** of financial abuse can be as high as 16% ([Jackson, 2016](#)).

The [Elder Abuse Prevention Unit](#) in Queensland reported in 2016 that 42% of calls related to financial abuse – the single largest type of abuse reported ([EAPU, 2016](#)).



Elder Abuse Prevention Unit data showed men were more likely to be victims (45.74% male, 40.79% females) and women were more likely to perpetrate financial abuse (43.59% female, 41.04% males) ([EAPU, 2016](#)). However context is important and financial abuse can be a gendered issue in some settings, such as when it occurs between spouses or intimate partners.


WORKING DEFINITION OF FINANCIAL ABUSE

The Australian Government is in the process of developing a definition for elder abuse. Until this definition is settled, we are adopting the approach of [Joosten \(2017\)](#) and viewing any definition as ‘descriptive rather than prescriptive’.

With this in mind, we describe elder abuse in line with the World Health Organization definition, as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” [\(World Health Organization 2016\)](#).

The National Plan refers to ‘abuse of older Australians’ instead of ‘elder abuse’. This is because in Aboriginal and Torres Strait Islander culture the term ‘Elder’ refers to appointed community representatives with cultural and other responsibilities.

An Aboriginal or Torres Strait Islander Elder is not necessarily an older person. The National Plan is concerned with responding to the abuse of older people, as defined by age. Some service providers may still use the term elder abuse as referring to violence towards, or abuse or neglect of, an older person. (National Plan, 2019)



We describe financial abuse as being a range of behaviours committed for the purpose of monetary gain from the older person and arising in relationships of trust.

WORKING DEFINITION OF FINANCIAL ABUSE

Financially abusive behaviours may include, but are not limited to **illegal, improper or exploitative use of an older persons' finances, resources, assets or financial position such as** “incurring bills for which an older person is responsible; stealing money or goods; and abusing power of attorney arrangements... refusing to repay a loan; living with someone without helping to pay for expenses; failing to care for someone after agreeing to do so in exchange for money or property; and forcing someone to sign a will, contract or power of attorney document” ([ALRC, 2017](#)).

We also accept the importance of taking a person-centred approach to responding financial abuse, and that older persons' conceptions may differ to legal or research based definitions. Adapting to how an older person describes financial abuse will be an important element of conversation, framing of financial abuse and service provision.

NATIONAL PLAN DESCRIPTION OF FINANCIAL ABUSE

The National Plan describes commonly recognised forms of abuse of older people includes Financial Abuse:

“Financial abuse is the misuse or theft of an older person’s money or assets. It can include but is not limited to, behaviours such as using finances without permission, using a legal document such as an enduring power of attorney for purposes outside what it was originally signed for, withholding care for financial gain, or selling or transferring property against a person’s wishes.”

HYBRID ABUSE



Pure financial abuse (which occurs in the absence of other forms of elder abuse) differs significantly from **hybrid financial abuse** (which occurs concurrently with other forms of elder abuse such as physical or emotional abuse) ([Soliman, 2014](#)). Importantly, the **risk factors** for financial abuse occurring alone are different to risk factors of other types of elder abuse ([Joosten, 2017](#)).

It is contended by some that most or even all forms of financial abuse are hybrids because financial abuse by its very nature involves some form of **deceit, coercion or undue influence** ([Sullivan-Wilson, 2014](#)). [Miskovski](#) (2014) observed the link between psychological abuse and financial abuse, noting that the former is a grooming behaviour for the latter.

Older persons' themselves have reported that abuse, in its different forms, was not a stand-alone event but rather a **subtle, gradual process** that usually involved an element of psychological pressure or other abusive behaviours. **Emotional pressure** places older persons in a position where they believe that saying no would have significant negative repercussions on their well-being and safety ([Taylor, 2014](#)). This is particularly true for older persons in care relationships with family members.

ELDER FINANCIAL ABUSE & SCAMS



Financial abuse includes a subset called **Elder Financial Fraud and Scams** (EFFS). The [United States Centers for Disease Control and Prevention](#) recently defined EFFS as:

Deception carried out for the purpose of achieving personal gain while causing injury to another party. An intentional distortion of truth initiated to convince another to part with something of value or to surrender a legal right.

Financial fraud includes “Intentionally deceiving a victim by misrepresenting, concealing, or omitting facts about promised goods, services, or other benefits and consequences that are non-existent, unnecessary, never intended to be provided, or deliberately distorted for the purpose of monetary gain” ([Beals, 2015](#)).

Elder Financial Fraud and **Scams** is generally distinguished by the presence or absence of the relationship of trust in the victim – perpetrator relationship ([Burnes, 2017](#)). This distinction is important and is at odds with traditional definitions and conceptions of elder abuse.

INDUSTRY EXAMPLE



DUTY TO WARN ABOUT SCAMS

In [Determination 487124](#) AFCA looked at an adviser's duty to warn an older person about possible financial abuse via scams. AFCA applied good industry practice to infer that the adviser had taken adequate steps:

It is apparent from the recordings provided by the Financial Service Provider (FSP) that Mr C had full awareness about financial matters and understood the transactions he was making and authenticating.

There was no indication he was confused or lacked understanding about what was taking place. During the 21 May 2016 phone call, the FSP put Mr C on notice that he was possibly being taken advantage of by a third party scammers, and that if he continued using internet banking to transact with the third party, he would not get his money back.

The FSP met its obligations by warning Mr C at the time of a possible scam.

Advisers must be aware that good industry practice may not differentiate between types of financial abuse.

AUTONOMY IS CENTRAL TO PREVENTING ABUSE



Abuse on a societal level involved issues of human rights and curtailment of the older person's autonomy. "They are always fixing things for us, even though maybe we are the ones with the greater knowledge. They decide for us in different situations. They tell us where we should live, how we should eat, how we should act, how we should travel, in what sort of transport. One becomes a sort of parcel. . . . I view that as abuse to my person and to humanity as such" ([Erlingsson, 2005](#))

Autonomy is a central theme in how financial abuse is defined, **how older persons view** and experience financial abuse, and how policy measures are formulated to prevent or protect against financial abuse. It can be viewed as follows:

Autonomy is a central, underpinning human right. Its fundamental importance cannot be overstated. If we imagine human rights as steps in a ladder, autonomy is surely the bottom step, which if missing, essentially bars access to all others. Or at best provides a precarious and unstable footing (Mitchell, 2018)

AUTONOMY IN BRIEF



Some key points about autonomy:

- Autonomy is the **ability** to make choices and decisions, including with support if necessary, according to one's **conscience, beliefs, values, will and preferences**
- Values, beliefs and views **underpin** will and preferences and inform the exercise of rights
- The **exercise** of autonomy is necessary for human dignity
- Autonomy is both an **underlying principle** that governs every human right and a **right** in and of itself
- The principle of autonomy **presumes** that individuals are able to make choices according to their own will and preferences

Advisers should note the practical application of these principles is relevant in decision making processes such as enduring documents and guardianship.

MAIN ELEMENTS OF AUTONOMY



Autonomy encompasses **3 main elements**:

- 1.** An **individual aspect**, which includes the capacity to make decisions
- 2.** An **economic and financial aspect**, understood as self-sufficiency and the ability to generate and receive income and
- 3.** A **societal aspect**, which means the existence of communities and environments that are age-sensitive and age-friendly in order to ensure that older persons are able to decide or act for themselves ([UN Independent Expert](#)).

The World Health Organization has said, “retaining the ability and right to choose is closely linked to notions of agency and autonomy, which have been shown to have a powerful **influence** on an older person’s dignity, integrity, freedom and independence” ([WHO, 2015](#)).

THE EXERCISE OF AUTONOMY

In order to make autonomous decisions, and for these decisions to be legally effective, the law **presumes** that older persons have legal capacity.

The exercise of autonomy applies to **every aspect of life**, including where and with whom to live, one's own life plans and well-being, private and family life, and participation in social, cultural, spiritual, public, political, educational, training and leisure activities.

Presumptions of incapacity **wrongly assume** older persons are not interested in, or do not want to participate in, wider community, social and political life.



All human persons regardless of their decision-making capabilities, should enjoy legal capacity on an **equal basis** – which includes the right to be recognised as a person before the law and the subsequent right to have one's decisions legally recognised.

Autonomy is a non-derogable right which means it cannot be suspended.
([UDHR](#), [ICCPR](#))

LANGUAGE & AUTONOMY



Language is vital when talking about autonomy – it reflects the philosophy and ideology of the [Convention on the Rights of Persons with Disability](#).

For example, ‘best interests’ versus ‘best interpretation’. The Disability Convention reflects the social model of disability, a shift from the medical model. It removes barriers to inclusion and away from problematising specific diagnoses of the individual. It moves persons with disability from objects of charity and recipients of protection to rights bearers.

Positive framing of the right to equal recognition at law includes the right to enjoy legal capacity on an equal basis, which in turn includes the ability to be a holder of rights (legal standing) and actor in law (legal agency).

LEGAL CAPACITY

Legal capacity is **distinct** from mental capacity (the decision making ability of the individual which varies). These concepts should not be **conflated**.

Legal capacity is a **universal right** and so mental capacity cannot be a basis for denial of that right. This emphasises the paramountcy of a person's **will and preferences** when they exercise legal capacity despite their mental capacity.

Approaches to **determine legal capacity** have used medical condition or impairment (**status**), poor decisions (**outcome**) or deficient decision making skills (**functional**).

The functional approach often uses mental capacity to deny legal capacity. It almost exclusively **impacts** on persons with cognitive disabilities. Functional approaches therefore are facially discriminatory.

Advisers must always find a balance between supporting autonomy and the realities of assisting older persons with impaired decision making capacity.

INDUSTRY EXAMPLE

FINANCIAL PLANNING

Advisers need to ensure competence to give instructions:

Liability issues for financial planners. In Australia, regulators have introduced legislation governing the provision of financial advice. This legislation requires financial planners to place the client's best interests at the forefront of their advice. Therefore, in order to ensure that the advice is in the client's best interests, financial planners need to be confident that the client is competent in making financial decisions involving often complex financial products and not being unduly influenced by a third party such as a friend or greedy nephew ([*Clemens & Hayes, 1997*](#)).

Not recognising a client with diminished financial capacity may lead to severe liability issues for the financial planner. Because a legal determination involving financial services would focus on the person's ability to make certain transactions, such as understanding personal financial needs and goals, understanding investment and product choices, contracting for the purchase of a particular product, or giving a particular professional the discretion to manage an account ([*ABA, 2013*](#)).

[TEALE 2015 Financial Planning Research Journal](#)

INDUSTRY EXAMPLE

LIABILITY ISSUES

Failing to take action where an adviser is put on notice about impaired decision making capacity can lead to liability issues. In [Determination 331445](#), AFCA held:

A bank can be held liable for a transaction if it was on notice of incapacity or undue influence and proceeded with the transaction regardless. The key issue is not whether a consumer was suffering from incapacity or undue influence but whether the bank was on notice of it.

The question remains, how and when is a financial industry professional on notice of incapacity or undue influence?

Advisers can best deal with this by gaining knowledge of risks and vulnerabilities for financial abuse and by having the skills to work with and support older persons who are experiencing issues such as impaired decision making capacity or who are subject to the undue influence of another.

INDEPENDENCE

Advisers should note that independence is **closely linked** to autonomy and includes the ability to perform actions of daily living and participate in society in accordance with one's will, values and preferences. Independence does not necessarily mean living alone or doing all daily activities by or for oneself.

Rather independence is having **choice and control** over decisions about one's own life, including control over decisions which lead to the execution of tasks that someone else carries out. Independence also means not being deprived of the opportunity of choice and control to make decisions, including when support or care is needed.

The recognition of the **centrality of autonomy** and independence does not negate the interdependence of human existence and the nature of interrelationships of care and dependence. Rather, it emphasises the overarching values and principles which should govern these human interactions, especially in older age.

THE LOSS OF AUTONOMY



Obvious **loss of autonomy** occurs with declining health and cognitive impairment.



SENSORY IMPAIRMENTS are also critical to loss of autonomy and independence.



HEARING LOSS

where untreated affects communication and can contribute to social isolation and loss of autonomy, with associated anxiety, depression and cognitive decline ([WHO, 2015](#)).



VISUAL IMPAIRMENTS

can limit mobility, affect interpersonal interactions, trigger depression, become a barrier to accessing information & social media, increase the risk of falls and accidents, and make driving hazardous ([WHO, 2015](#)).

Knowing these issues can manifest as part of the ageing process is important. Awareness allows advisers to build skills to work effectively with older persons.

INCREASED DEPENDENCE

Autonomy is lost through **increased dependence** on others.

The inability to perform activities of daily living damages independence, and poor physical health increases financial abuse **risk** because older adults need to rely on others if they are to remain living independently ([Liu, 2017](#)). Older persons themselves have identified that **remaining independent** as long as possible, and self-reliant, will protect them from abuse ([Mysyuk, 2016](#)).



SOCIAL NETWORKS

Additionally, because older persons tend to reduce their **social networks** and spend more time with loved ones as they age, and given the likelihood for financial abuse to be perpetrated by members of an older persons' inner circle, **negative relationships** may “erode social support from important network members” perpetrating a state of socioemotional vulnerability ([Liu, 2017](#)).

SOCIO-EMOTIONAL SKILLS



Socio-emotional skills are the behaviours, attitudes and personality traits that help individuals “to understand and manage emotions, to set and achieve positive goals, to feel and show empathy for others, to establish and maintain positive relationships, and to make responsible decisions.” (CASL, 2018).

Being able to communicate effectively, exercise self-control and self-management are all socio-emotional skills.

Age-related brain changes may lead to altered socio-emotional functioning and increase vulnerability to financial abuse, for example due to physical changes in the brain which may disrupt “the integration of threat-related information into decision-making processes during social interactions” and “leave older adults at greater risk for exploitation, particularly in complex, or emotionally volatile contexts” ([Spreng, 2017](#)).

AUTONOMY IS MAINTAINED BY HEALTHY AGEING



The WHO notes the importance of **healthy ageing** as the process of developing and maintaining the functional ability that enables well-being in older age ([WHO, 2015](#)).

Functional ability comprises the **health-related attributes** that enable people to be and to do what they have reason to value.

It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics ([WHO, 2015](#)).

Against all the ways
to lose autonomy,
healthy ageing will
help to maintain
autonomy into
older age.

CAPACITY ASSESSMENTS



How we **measure and assess** older persons' capacity is linked with autonomy.

Most models of capacity assessment use medical condition or impairment (status), poor decisions (outcome) or deficient decision-making skills (functional). Often, a combination approach is used.

A finding that an older person has impaired decision making capacity in some area of their life can **lead to a loss** of autonomy and independence. For this reason, actions to limit legal capacity should be a last resort.

Lost autonomy through capacity assessments can give power to **potential influencers** and abusers who then go on to engage in improper conduct such as gifts, conflict transactions, intermingling, theft of money and property and even identity fraud. Influencers and abusers have an interest in ensuring that older persons' right to exercise autonomy and independence is removed, thereby freeing up their money and property for easier access.

FINANCIAL ABUSE IS A HEALTH ISSUE



Financial abuse is not only a legal issue but also an older person's **health issue**. ([Sullivan-Wilson, 2014](#))

Five reasons substantiate this:

1. Financial abuse victims are health care clients who are in need of specific types of care
2. Financial abusers are health caregivers and employees who are in positions of trust with victims who depend on them and need their care
3. Older persons health problems arise as a result of financial abuse
4. Financial abuse often occurs within the healthcare context or setting and
5. The risks of financial abuse are tied to the health of older persons. ([Sullivan-Wilson, 2014](#))

Advisers should be aware that for older persons, loss of autonomy and financial abuse regularly coincides with periods of poor health.

FINANCIAL ABUSE IS A HEALTH ISSUE



Enabling Choice and fostering the ability to make decisions is fundamental to healthy ageing:

- Older persons value autonomy (being independent and able to make their own decisions) highly
- Older people are not passive in their relationship with their environments. Rather, their interaction is shaped to varying degrees by the choices they make to respond to, or change, their situation
- The ability to make the best choices at different stages in our lives is influenced by a range of environmental and personal resources. Financially secure, better educated and more socially connected older people are likely to have the greatest access to these resources
- Crucially, autonomy can be maintained despite dependence on care if individuals retain the ability to make decisions on matters that affect them and can direct the execution of these choices ([WHO, 2015](#)).

OLDER PERSONS AS POLYVICTIMS



While financial abuse is a subset of elder abuse, even elder abuse exists within a **broader context** of an older persons' [life course](#).

The recognition of **polyvictimization** in later life is an emerging issue and relatively new construct ([Teaster, 2017](#)). Polyvictimisation looks at elder abuse as an aspect of polyabuse ([Teaster, 2017](#)).

Polyvictimization of older persons occurs:

[W]hen a person aged 60 or older is harmed through multiple co-occurring or sequential types of elder abuse by one or more perpetrators, or when an older adult experiences one form of abuse perpetrated by multiple others with whom the older adult has a personal, professional, or care recipient relationship in which there is a societal expectation of trust. Perpetrators of polyvictimization in later life include individuals with special access to older adults such as intimate partners, other family members, fiduciaries, paid or unpaid care or service providers, and residents or service providers in care settings ([NCPEA](#)).

OLDER PERSONS AS POLYVICTIMS



Polyvictimization recognizes that the effects of abuse **accumulate** over the life course ([Teaster, 2017](#)).

Exposure to one form of violence puts victims **at risk** of experiencing other types, triggering a pattern of ongoing or escalating victimization and resultant complex trauma ([Teaster, 2017](#)). Trauma is experienced subjectively, and individual factors influence how an older victim will be affected ([Ramsey-Klawnsnik, 2017](#)).

Older persons may be **incapable of recouping losses** incurred by several or ongoing forms of abuse, and losses are intensified by characteristics unique to age: exit from the workforce, diminution of social networks, reductions in finances, presence of multiple and chronic diseases and decreases in cognitive ability. Losses also include loss of independence, loss of sense of safety and loss of the family home ([Teaster, 2017](#)).

OLDER PERSONS AS POLYVICTIMS



Older people who have been **victims of childhood family violence** or **domestic violence** may be more likely to experience elder abuse.

Research shows victims of childhood violence are more likely to be victims of physical abuse and neglect as adults, and more likely to experience **co-occurring financial exploitation** ([Jackson, 2011](#); [McDonald, 2013](#)).

Chronic traumas, multiple traumas over the lifespan, and historical traumas can all **intersect** and **compound** one another in the lives of older persons.

SOCIAL INCLUSION IS ESSENTIAL

To address 'issues of disadvantage and non-participation', social inclusion provides 'an alternative paradigm that focuses on how relationships, institutions, patterns of behaviour and other factors (including a lack of resources) prevent people from participating fully in the life of their community ([Salignac, 2015](#)).

Social exclusion is defined as a “progressive process of marginalization leading to economic deprivation and various forms of social and cultural disadvantage” ([Salignac, 2015](#)).



It is a 'multifaceted concept' and although it is generally conceived of as exclusion from neighbourhoods, community and social relationships, it also encompasses exclusion from understanding and accessing financial products and services ([Dahlberg, 2016](#); [Warburton, 2016](#)).

SOCIAL INCLUSION IS ESSENTIAL

Social policy researchers **theorise** that with “reduced dependence on traditional institutions, such as church and family” and “greater burdens being placed on individuals to determine their life changes” social exclusion has “considerable implications for aging societies” ([Warburton, 2016](#)).

Additionally, older people may be **viewed** as an area of economic risk by Governments, and the “perceived growth of health and social care and needs and public pension burdens” older people may increasingly lead to older people being “distanced from the state and left to govern themselves” leading to social exclusion ([Warburton, 2016](#)).



Along with poverty and deprivation, social exclusion is a form of **social disadvantage** ([Saunders, 2011](#)).

Social exclusion is also a **risk factor** for financial abuse with researchers viewing social support and inclusion as “important protective factors against elder financial abuse” ([Liu, 2017](#)).

BEFORE WE LEAVE

REFLECTION

Think about the context of elder abuse and financial abuse.

Think about the following issues:

- Have you had dealings with an older person who had impaired decision making capacity?
- Did any person in a relationship implying trust make decisions for them?
- Did you have to make decisions for them?
- Did this limit their autonomy so as to make them vulnerable to abuse?
- What safeguards, supports or aids would have ensured they retained their autonomy and maximised their decision making capacity?
- Was there evidence that any actions by third parties were on a lawful basis, with proper authority and in accordance with the older person's conscience, beliefs, values, will and preferences?