Vulnerability:
a guide for debt collection

21 questions, 21 steps

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FLA

THE
UKCARDS
ASSOCIATION

University of
BRISTOL

**Personal Finance
Research Centre**

Contents

Foreword

This guide provides new data, new insights, and new recommendations for organisations working with indebted customers in vulnerable situations.

The guide is the first published report based on new research funded by the Finance & Leasing Association and The UK Cards Association. It has allowed us to collect new data from nearly 1,600 staff working in a representative sample of creditors with in-house collections teams, UK debt collection agencies and debt purchase agencies.

Endorsed by the key membership associations, the guide provides new insights and practical guidance for those working within collections, including new recommendations on working with customers living with mental health problems, serious physical or terminal illness, bereavement and addictions. It also looks at customers who disclose thoughts of suicide.

Looking back
In 2010, the first-ever study was conducted of the experiences, practices and challenges faced by staff working in debt collection organisations when engaging with indebted customers with mental health problems.

Prompted at the time by a commitment within the industry to explore how these customers could best be supported, the study forged an important collaboration between the creditor, money advice, and research sectors.

This study led to the publication of the influential 'ten steps'[A] and 'twelve steps'[B] briefings, which provided simple and effective actions for organisations to take, based on evidence and insight from staff working in frontline and specialist collections roles.

In particular, the '12 steps' publication has proved popular, with its key steps being included in the Financial Conduct Authority's 2015 'practitioners' toolkit' on vulnerability[C].

The current landscape
In the two years following the launch of the Financial Conduct Authority's work on vulnerability, much has positively changed in terms of policy, practice, and progress across the collections, creditor and advice sectors.

Vulnerability is now part of the landscape, specialist teams have been formed in many organisations, and new guidance and principles continue to be published.

However, we cannot measure the impact or progress of our collective work, without the having the necessary data to make such evaluations.

New data, new insights
Consequently, over the last year, organisations have contributed to this research by the University of Bristol to both significantly expand our understanding of the range of vulnerable situations, and also to take the opportunity to look back at changes since the 2010 study of mental health.

We are now able to share these results – covering mental health, serious and terminal illness, suicide, bereavement, addictions and a range of other vulnerable situations.

These findings validate much of the work that the sector has been undertaking on vulnerability, and in particular the progress that has been made in relation to customers with mental health problems.

At the same time, the findings also identify new challenges which will be of interest to all organisations, and which will need to be met.

Insight for action
However, most importantly, this guide does not only provide an account of the challenges that staff may be encountering, but also practical guidance on how these can be addressed and overcome.

For these reasons, we thank all the staff and firms that took part in the study, and welcome the publication of this guide, and the introduction of new guidance into our shared debate about, and continual improvement to address, vulnerability.

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[A] Fitch, C., and Davey, R. (2010). *Debt collection and mental health: ten steps to improve recovery*. Royal College of Psychiatrists and Money Advice Trust, London.

[B] Fitch, C., Chaplin, R., and Trend, C. (2015). Lending, debt collection and mental health: *12 steps for treating potentially vulnerable customers fairly*. Royal College of Psychiatrists and Money Advice Trust, London.

[C] Financial Conduct Authority (2015). *Consumer Vulnerability. Practitioners' Toolkit*. Appendix to Occasional Paper No. 8. FCA, London.

Executive summary: what are the key messages?

industry interest	• the response of the industry to the study was positive – and interest in participating was extremely strong • this resulted in 1573 frontline and specialist debt collection staff in the UK undertaking our online survey (1226 frontline staff and 347 specialist staff) • these staff worked in a representative sample of 27 organisations who undertook telephone debt collection, covering creditors with in-house collections teams, debt collection agencies, and debt purchase agencies	
mental health	• positive attitudes and practices were found among staff towards customers with mental health problems • of the 27 surveyed organisations, six firms participated in both our 2016 and 2010 surveys – an analysis of data from these firms indicates marked and positive improvements in disclosure management, attitudes, and practices • however, organisations need to ensure that indebted customers with mental health problems also report these positive changes – data from wider sources suggests this may not always be consistently happening	Step 12 Pages 48-53
suicide	• organisations need to take more action to respond to customer disclosures of suicide • in the last year, 1 in 4 frontline staff spoke to at least one customer they seriously believed might kill themselves • disclosure numbers to individual staff members may appear small – however, they add-up: in a multi-site organisation, this is equivalent to a disclosure of a serious suicide risk every three days	Step 13 Pages 54-61
addiction	• more frontline and specialist staff reported difficulties in talking about addiction – be it to gambling, alcohol, or drugs – than any other type of vulnerable situation • this requires action – organisations need to consider how addiction is currently˘ considered (in their policies, protocols, and training), and staff should be able to˘spot the signs and raise the issue with customers	Step 16 Pages 71-76
terminal illness	• when encountered, terminal illness is an issue that staff can find difficult • between 24-33% of frontline and specialist staff report that they haven't received sufficient training in this area • a need exists to both ensure staff are able to support customers in such a situation, and that staff are also supported by their organisation if emotionally affected by a conversation with a terminally ill customer	Step 14 Pages 62-63
identify	• identifying customers in vulnerable situations is one of the most difficult challenges that staff report • again, between 24-33% of frontline and specialist staff report that it isn't possible to identify someone with either a mental health or physical health problem respectively, with the consequence that this has to be disclosed by the customer • while understandable, this indicates a need to give staff more support to help identify customers in vulnerable situations, otherwise opportunities for help and support will be lost	Step 2 Pages 18-21
support	• supporting customers in vulnerable situations requires more than 'breathing space' – instead, staff require a framework for organising all the key information about a customer's situation to identify the support needed • staff also require support – in particular, qualitative data from our survey details the emotional, health, and professional impact of working with customers in vulnerable situations	Step 8 Pages 38-39 Step 17 Pages 77-79

What are the tools to address these?

benchmark	- when it comes to tackling vulnerability, being able to draw on what frontline and specialist staff are thinking, hearing, and experiencing is invaluable to an organisation - organisations should therefore consider a heightened focus on vulnerability within their existing benchmarking work as this will help pinpoint which tools and processes currently work, and what challenges lie ahead	Step 1 Page 16
TEXAS	- introduced in 2010, TEXAS arguably now represents an industry-standard tool for handling disclosures not only of mental health problems, but a wide range of vulnerable situations 93% of the organisations participating in the 2016 survey reported that they used TEXAS to handle disclosures	Step 4 Page 25
BLAKE	- BLAKE is a new tool to help staff to effectively respond to customer disclosures of suicidal thoughts or intentions, and to involve internal specialists and external agencies where needed - BLAKE stands for Breathe (to focus), Listen (to understand), Ask (to discover), Keep safe (from harm), and End (with summary). It aims to give staff a framework to respond to an issue that many find foreboding	Step 13 Page 58
IDEA	- introduced in 2015, IDEA was developed to help staff understand more about a customer's vulnerable situation, and to complement the initial disclosure management tool of TEXAS - IDEA stands for Impact, Duration, Experiences, and Assistance	Step 6 Page 30
SPIDER	- SPIDER is another new tool – it aims to remind staff about the different steps involved in 'breaking bad news' to customers in difficult situations - SPIDER stands for Set (the scene), Perspective (what is known), Invitation (what is needed), Deliver (the information), Empathise (with response), and Recap (the discussion)	Step 10 Page 43
BRUCE	- BRUCE is a new tool to help staff proactively identify and support customers who might be at risk of vulnerability or disadvantage due to difficulties with understanding and decision-making - BRUCE stands for Behaviours and talk, Remembering, Understanding, Communicating, and Evaluating	Steps 2 & 12 Pages 19 & 52
training and quality	- established tools and new protocols, however, are only one way of addressing vulnerability - as this guide contends, developing effective training is key – but this needs to go beyond high-level principles and 'awareness raising', and deal with the tasks that staff encounter day-in-day-out - in addition, improving quality assurance systems, and supporting the people who run these, is also vital – without this, it is not possible to improve the quality of responses to vulnerability across an entire workforce	Steps 18 & 19 Pages 80 & 83

How to use this guide

Aim	This guide aims to explain how organisations can identify, understand, and better support customers in vulnerable situations.

Read	The guide contains 21 steps organised into three sections: **A:** staff actions　**B:** focused support　**C:** organisational development

A: Staff actions

1 Sharing what is happening

2 Identifying vulnerability

3 Starting conversations

4 Handling a customer disclosure

5 Handling a carer disclosure

6 Understanding vulnerability

7 Gathering further information

8 Supporting the customer

9 Working with partner organisations

10 Ending conversations

11 Recording data

B: Focused support

12 Mental health problems

13 Suicide

14 Serious and terminal illness

15 Bereavement

16 Addictions

17 Supporting staff

C: Organisational development

18 Developing training

19 Monitoring quality

20 Working with advice agencies

Case studies

21 21 case studies are also included throughout the guide – together these represent the '21st step': *putting principles into practice*. Their inclusion does not, however, indicate that an organisation participated in the survey on which this guide is based.

Action	The 21 steps in this guide can be read in any order. However, organisations should always start with Step 1 – this is because it focuses on engaging with staff on vulnerability from the outset, and building on their insight and foresight. Firms should then compare the other 20 steps against their own policies, protocols, and priorities – throughout, firms should aim to identify where they can make positive changes.

For more information, explanations, or data, organisations can download our DATA REPORT – www.pfrc.bris.ac.uk

What this guide is based on

the survey

- we ran an online survey with 1573 frontline and specialist debt collection staff in the UK
- the survey asked staff about their attitudes, experiences and practices when dealing with customers with a serious or terminal physical illness, a mental health problem, who disclose suicidal thoughts or intentions, recent experience of bereavement, and other situations. It also asked about contacts with third-parties and carers.
- the survey was developed in reference to best practice guidance, the views of experts (including our advisory group), and other experts with lived and professional experience of vulnerability

the sample

- the study aimed to produce a representative description of UK debt collection practice
- to do this, we took a random sample of organisations that undertake telephony debt collection with UK consumers – these included in-house collections in creditor organisations, debt collection agencies, and debt purchase agencies
- in each organisation, where we could not involve all debt collection staff, we took a random sample of staff

organisations

- we took a random stratified sample of organisations
- we worked with a number of trade organisations to develop a sampling frame of debt collection organisations, and to ensure a balanced sample, different categories were created within this sampling frame: type of organisation (which was split into in-house, debt collection, and debt purchase) and size of organisation (small, medium, large, and very large)
- we then randomly ordered each organisation in the sampling frame – organisations were then approached in that order to participate

staff

- a number of organisations agreed to participate – some of these invited all their staff to participate, while in other organisations, we took a random sample of staff to approach (this was typically due to operational considerations or resource constraints)
- staff were then approached to participate (with the decision being entirely theirs – organisations were not allowed to tell staff that the survey was mandatory)
- we defined 'frontline staff' as an employee who directly collected debt from a customer over the telephone, and 'specialist staff' as an employee who had an enhanced role or skill-set in relation to some form of vulnerability (including staff who worked in specialist teams, and those in specialist roles where there was no wider team)

analysis

- following data collection, results were weighted to correct for the fact that some firms had taken a sample approach, while others had surveyed all their staff
- the aggregated results were then analysed and presented to participating organisations, frontline staff, industry experts and other stakeholders at a series of problem-solving workshops
- the resulting discussion was used to shape the practical tools and recommendations in this guide

outputs

- in addition to this guide, each firm in the study was provided with a bespoke report – this presented the findings for that organisation (anonymised so that individual respondents could not be identified), alongside comparisons to overall 'industry averages'
- further written publications from the study will be produced including papers on suicide, mental health, and data protection considerations

other

- in addition to data from the survey, this guide also draws on – from time-to-time - three other sources of information: (a) the experience of the authors in delivering a programme of training and organisational change on vulnerability in over 200 organisations and with more than 5000 staff; (b) data from our 2010 study on mental health and collections; and (c) data from a 2016 survey of people with mental health problems conducted by the Money and Mental Health Policy Institute.
- these sources of information are described in more detail in the sections in which they are used.

Introduction

This guide explains how organisations can take practical action on vulnerability.

Providing step-by-step guidance, it is based on new research conducted with almost 1600 debt collection staff working in 27 UK firms.

However, the guidance it provides is for anyone working with people in vulnerable situations – including the creditor, utilities, telecoms, retail, and government sectors.

What is this guide about?

- This guide aims to help organisations to take practical action on vulnerability.

- Although evidence-based, the guide does not follow the 'methodology, results, discussion' format of a traditional research report.

- Instead, it organises new evidence, along with practical guidance and case studies, into a series of 21 steps. Each of these focuses on actions that:
  - staff can take with *any* vulnerable situation (such as how to identify, handle a disclosure, or record data about a vulnerability)
  - staff can take with *specific* vulnerable situations (such as terminal illness, addictions, or suicide)
  - organisations can take to improve training, quality monitoring, and benchmarking on vulnerability.

Why has it been written?

- We are two years on from the Financial Conduct Authority's Occasional Paper on vulnerability[1], and a decade since the first edition of the MALG guidelines[2] (Figure 1).

- It is also seven years since research – by Fitch and Davey in 2010 – was first undertaken on collections activity and customers with mental health problems[3].

- Much has changed since then – the 'V word' is now part of the regulatory landscape, specialist teams have been formed, Task Forces have convened and reported[4], and organisations have begun to take further action.

- **However, we cannot measure impact or progress by these developments alone – to do this we need data.**

What does it cover?

- The guide builds on the 2015 guide *Mental health: 12 steps for treating potentially vulnerable customers fairly*, but is based on new evidence and insights[5]

- Consequently, it now covers not only mental health, but also serious physical and terminal illness, suicide, bereavement, and a range of other situations.

What new data does it share?

- This guide presents new data on vulnerability from nearly 1600 frontline and specialist staff.

- These provide – for the first time – **a benchmark** of how staff in UK firms are dealing practically with a range of vulnerable situations.

- It also allows – again as a first – an assessment of **progress over time** to be made on staff responses to customers with mental health problems (by comparing selected data from this study to that collected in 2010 by Fitch and Davey).

How should this guide be used?

- This guide can be read in any order, by anyone with an interest in addressing vulnerability, and by any organisation (regardless of sector).

- It is, however, recommended, that organisations should always:

1 **Benchmark their current situation** – unless organisations measure where they currently stand on vulnerability, effective action cannot be taken, or progress evidenced (see Step 1).

2 **Support staff, as well as customers** – the voice and experience of staff need to be heard, as their work is neither simple nor without impact (see Step 1 and Step 17).

3 **Demand more from partners** – as organisations engage more with the vulnerability agenda, they will want to partner with external experts and charities. As Step 20 explains, this is to be welcomed – but only if external partners translate their knowledge to the context in which staff work. General awareness training or principle-based guidance will not have the practical impact that is required.

4 **Share their practical experience with others** – there is no competitive advantage from being better at suicide prevention than another organisation. Nor is there a commercial sensitivity about sharing the mechanics of how your organisation works with customers with chronic gambling problems. Organisations need to recognise the economies of scale that openness about vulnerability brings, and that may not exist in other areas of commercial activity.

Additional data

This guide can only present a selection of the data collected during the study – further information, statistics, and explanations can be found in our DATA REPORT. This can be downloaded, along with this guide, at: www.pfrc.bris.ac.uk

Figure 1: Vulnerability timeline

Early beginnings

2004   Mental health first identified by the 'Independent Review of the Banking Code' as an issue requiring industry action:

I recommend that Code sponsors work... on the most appropriate ways for subscribers to assist people who have diagnosed mental health problems that impair their ability to handle money – Kempson, 2004[6]

2007   The Money Advice Liaison Group publishes guidance on working with indebted customers with mental health problems[3] (2009 and 2014 revisions are also published[7,8]).

2008   The first version of the Debt and Mental Health Evidence Form is published – a tool to help collect relevant evidence for decision-making (second and third revisions in 2009 and 2012)[9].

2008   Mind publishes its first research study on the relationship between debt and mental health (*In the Red*[10]), followed up with a second report (*Still in the Red*[11]) in 2011.

2009   The Banking Code becomes the Lending Code[12] – this contains a section on debt and mental health (which is updated in 2011 and replaced by the New Standards of Lending Practice in 2016[13]).

First data on staff experience

2010   *Ten Steps to Recovery* is published, the first-ever national study of debt collection and mental health, undertaken by the Money Advice Trust and Royal College of Psychiatrists[3].

2011   Office of Fair Trading publishes guidance on mental capacity and lending[14].

2012   Finance & Leasing Association publishes an update to their industry code, which includes a dedicated section on debt and mental health[15].

2013   Macmillan publish *Cancer's Hidden Price Tag* – the first in a series of influential reports on cancer and financial difficulty[16].

2013   Ofgem publishes their consumer vulnerability strategy[17].

The FCA effect

2014   Financial Conduct Authority takes responsibility for consumer regulation, with the FCA rule book containing specific references to mental health and mental capacity (which were inherited from previous OFT guidance).

2014   In response, *Twelve Steps to Recovery* is published – an updated version of the Ten Steps report[5].

2015   Financial Conduct Authority publishes Occasional Paper No 8 'Consumer Vulnerability' – this defines vulnerability and brings together examples of good practice[1].

New perspectives

2016   Vulnerability Taskforce publishes its recommendations covering flexibility, access, 'one stop' notices, specialist help, third-party support, scam protection, customer focused reviews, industry alignment, and inclusive regulation[4].

2016   Personal Finance Research Centre begins work on three separate studies on staff experience of working with vulnerable customers in debt collection, credit provision, and intermediated credit settings.

2016   The Money and Mental Health Policy Institute publishes the largest study to date of consumers' experiences of mental health and money issues[18].

2016   Age UK publishes its policy position on consumer vulnerability in the UK[19].

2016   Ofwat publishes its focus report and practitioners' pack on vulnerability[20].

2016   Standards of Lending Practice are published – sponsored by the British Bankers' Association and The UK Cards Association, and replacing the Lending Code, this contains eight recommended actions for firms to take on vulnerability[12].

2017   Personal Finance Research Centre publishes benchmarking study on debt collection and vulnerability[21] (followed later with a 'sister' report on credit provision, intermediated credit, and vulnerability).

Defining vulnerability

What is vulnerability?

The Financial Conduct Authority:

- **defines** a 'vulnerable consumer' as *"someone who, due to their personal circumstances, is especially susceptible to detriment, particularly when a firm is not acting with appropriate levels of care"*[1]

- **recognises** that vulnerability is never solely about the characteristics or situation of the individual, but also involves the actions of firms, agencies or organisations

- **emphasises** the fact that everyone is *potentially vulnerable* to detriment, while also requiring organisations to think about individuals who are currently 'vulnerable' and 'particularly vulnerable'[2].

Defining vulnerability on paper is relatively straight-forward[A]. However, in real-life situations, vulnerability is never a 'pen and paper' exercise, and helping staff to identify and support customers in vulnerable situations can be challenging.

In particular, for every customer who discloses a potential vulnerability to staff, there will always be other customers who do not. This means that some vulnerabilities will remain 'unspoken', unless staff can actively identify them.

Vulnerable to 'what'?

This is a key question, but one that is often overlooked.

Vulnerability to detriment – in dictionary terms – means the customer's situation has exposed them to the risk of experiencing harm, loss, or disadvantage.

Importantly, this includes both financial harm or other forms of loss and disadvantage. These might, for example, include an individual:

- not being able to seek debt or money advice
- causing physical harm to themselves or others
- making decisions that are uninformed or impaired by mental incapacity
- having their legal rights infringed
- being unfairly treated.

Organisations that can establish – without making unfounded assumptions – what forms of financial and personal detriment customers might be vulnerable to, will find that this can focus their actions and effectiveness.

What creates a vulnerable situation?

Vulnerability can be a complex issue – it isn't always obvious who is, or isn't, in a vulnerable situation, and even if someone does disclose a specific medical condition or personal situation, this doesn't automatically mean they are vulnerable to detriment.

So what makes someone vulnerable? To answer this, we can think about vulnerability being the product of three intertwined factors or 'strands':

Individual factors – these are things about the individual customer – such as a health condition, their emotional state, or communication difficulties – that can make them vulnerable to detriment.

For example, Michael has tinnitus. People often assume that he's deaf and offer the wrong solution, when instead they should simply ask Michael what would help make the situation better.

Wider circumstances – these are things about the customer's situation or circumstances that can be helpful to look out for. They can include life events, sudden household or social changes, or benefit difficulties.

For example, Kurum left his job due to illness and his benefit application has just been rejected, which is a shock. Kurum is tempted to take out a high-cost loan to pay his rent, but his emotional state means he may not be able to weigh-up the benefits and costs of taking this approach.

[A] Other regulators employ similar, but subtly different definitions. OFGEM defines vulnerability as "when a consumer's personal circumstances and characteristics combine with aspects of the market to create situations where they are: significantly less able than a typical consumer to protect or represent his or her interests in the energy market; significantly more likely than a typical consumer to suffer detriment, or that detriment is likely to be more substantial." OFWAT defines vulnerability where "a customer who due to personal characteristics, their overall life situation or due to broader market and economic factors, is not having reasonable opportunity to access and receive an inclusive service which may have a detrimental impact on their health, wellbeing or finances." Meanwhile OFCOM states that "vulnerability is about people's circumstances, which can change over time... They may become isolated if they are unable to keep in touch with family and friends. They may not be able to participate as fully in society as they would wish."

Organisational action (or inaction) – it is also important to consider things that the organisation may or may not have done. Both action and inaction on an organisation's part can contribute to the creation of a vulnerable situation.

For example, Joyce can only speak with the aid of a valve in her throat, which she finds very tiring. However, this isn't what makes her vulnerable – it's the action of her creditors. Joyce prefers to communicate in writing, but when she tried writing to her creditor to notify them of her condition, the organisation replied asking her to contact them via their telephone helpline.

Taken together, these three factors can interact – it is important to consider each, as they can all play a part in creating a vulnerable situation.

*For example, Monica has permanent hearing loss **[an individual factor]**. However, her hearing loss is only one part of the story. Instead, the recent death of her husband **[a wider circumstance]** has led to extreme distress and confusion, which in turn has meant that she has temporarily misplaced her hearing aid. This is the reason she cannot communicate effectively. These factors mean that Monica needs a little extra support at the moment. However, her creditors do not identify these factors, and fail to provide support with filling in forms and extra explanations **[organisational action]**. This further distresses Monica, who experiences significant personal and financial detriment.*

Taking time into account

In addition to these three factors, we always need to be mindful of the influence of time. Some customers will be in a vulnerable situation once and for only a limited period of time. Others will experience repeated 'episodes' of vulnerability (due to medical conditions, or anniversaries of events like bereavement) which makes them vulnerable to detriment for a period of time. Meanwhile other customers will have longer-term needs which are constant and fixed.

Are there different levels of vulnerability?

The Financial Conduct Authority makes reference to both 'vulnerable' and 'particularly vulnerable' customers in their regulations[2]. But what does this actually mean? And how should it affect staff practice?

While the FCA does not provide an absolute definition of particularly vulnerable, the simplest way to think of this is like a set of traffic lights (see Figure 2).

Figure 2: different levels of vulnerability

Potentially vulnerable – If a customer is currently able to manage their finances and make informed financial decisions, then they are neither vulnerable nor particularly vulnerable. Instead, they simply remain potentially vulnerable.

Why is this? At present we might be able to manage our finances, make informed decisions about these, and not experience any harm, loss or disadvantage. However, in the future, this could change.

We could, for example, develop an unexpected health condition which affects our ability to earn money (an individual factor), experience an unwelcome change in our wider circumstances (such as the need to provide regular care to a family member), or be disadvantaged through the actions of the organisations we owe money to.

While we may be fine at present, things can change – and in this respect, we are all potentially vulnerable to detriment.

Vulnerable – these are customers who are currently more exposed to harm, loss, or disadvantage than other customers.

These customers will hopefully be identified as being in a vulnerable situation by their creditor, and will also hopefully receive help and assistance to avoid detriment occurring. The organisation's aim here is to return the customer back to the potentially vulnerable category (although this may take time).

Particularly vulnerable – these are customers who are currently at a greatly heightened risk of experiencing detriment compared to the majority of customers in vulnerable situations. This detriment could also be far more serious in terms of its negative impact on the customer's situation, and could also be far more imminent. These customers need to be quickly identified by organisation, and action needs to be swift and effective to avoid significant harm.

While the FCA does not provide a definition of particularly vulnerable, the FCA regulations do identify customers with mental capacity limitations and mental health problems as particularly vulnerable to detriment.

Rationale for action

Five reasons

Frontline and specialist staff are not doctors, counsellors or an NHS helpline. However, organisations should still care about vulnerability because:

A it can **help staff** to resolve the debt situation

B it will **benefit the customer** in terms of the support that can be given

C **organisations want to improve their practice** in this area

D organisations have **legal and regulatory** responsibilities

E there is a need to **treat the customer fairly**

A Better for staff

If staff do not:
- know customers are in a vulnerable situation
- encourage customers to tell them this
- ask basic questions about the impact of a vulnerable situation on a customer's finances

They will be missing out on:
- a vital piece of information
- an opportunity to impress upon customers that this can be taken into account
- an opportunity to impress upon customers that they can address any financial difficulties
- an opportunity to identify, anticipate and manage any related challenges
- an opportunity to refer customers with complex needs to a colleague with specialist expertise, or to seek support from external agencies

Which could result in:
- poor engagement
- a broken repayment arrangement
- additional cost of negotiating a new arrangement
- potential financial impacts on customers through additional penalty charges or fees
- potential worsening of the customer's vulnerable situation
- the customer potentially feeling that 'no-one really understands or cares' what they are going through.

Importantly, such information and insight can make the difference between a successful and unsuccessful attempt to help the customer.

B Better for the customer

Organisations want to help customers in vulnerable situations, through finding an appropriate solution to their debt or financial difficulties, assisting in other areas where possible, and referring to specialist expertise where needed.

If customers receive this support for their finances, and wider support from other providers, they are less likely to fall back into financial difficulty.

On the other hand, if customers don't receive appropriate financial and wider support, they are more likely to face the same issues again and again.

C Organisations want to improve their practice

There is no doubt that most organisations will want to take the best possible course of action for all their customers, including those in a vulnerable situation.

However, a policy or public commitment to securing the best outcomes for customers in vulnerable situations is not enough – instead, practical action and responses are the only measures that count.

This guide therefore provides a framework that organisations can use to benchmark or 'take stock' of their activity, and to strengthen and improve practice where needed.

In addition, firms should recognise a further issue: vulnerability is not only something that matters to organisations, but also to their staff.

Consequently, harnessing the experience and interest that many staff already have for issues like mental illness, cancer, or suicide prevention, can provide a powerful reservoir for positive action on vulnerability.

The best organisations already know this – because they listen and engage with the staff they work with. This guide therefore shares the experiences, moments of failure, and moments of success shared by almost 1600 frontline and specialist staff.

D Legal and code responsibilities

Organisations are expected to comply with a range of industry regulations and codes of practice, as well as having a legal duty to comply with wider laws that support good practice. These include:

- individual trade or industry codes
- various regulatory expectations (such as the FCA's Consumer Credit Sourcebook – CONC – and also Mortgages and Home Finance – MCOB 13)
- the Data Protection Act (1998)
- the Mental Capacity Act (England & Wales, 2005), Adults with Incapacity Act (Scotland, 2000), or Mental Capacity Act (Northern Ireland, 2016)
- the Equality Act (2010).

Organisations will be aware of the actions that industry codes expect them to take on vulnerability, as well as their related legal duties on vulnerability, including law on data protection, mental capacity, and equalities.

E Treating the customer fairly

For firms regulated by the Financial Conduct Authority, there is also a requirement to abide by a number of key principles (PRIN)[1]. Of these, PRIN 6 is perhaps the most relevant consideration:

'A firm must pay due regard to the interests of its customers and treat them fairly'

The FCA website also has a summary of six consumer outcomes that every firm should consider within its own business model (see Box 1)[2].

Box 1: FCA outcomes

There are six consumer outcomes that firms should strive to achieve to ensure fair treatment of customers. These remain core to what the FCA expects of firms.

- **Outcome 1:** Consumers can be confident they are dealing with firms where the fair treatment of customers is central to the corporate culture.

- **Outcome 2:** Products and services marketed and sold in the retail market are designed to meet the needs of identified consumer groups and are targeted accordingly.

- **Outcome 3:** Consumers are provided with clear information and are kept appropriately informed before, during and after the point of sale.

- **Outcome 4:** Where consumers receive advice, the advice is suitable and takes account of their circumstances.

- **Outcome 5:** Consumers are provided with products that perform as firms have led them to expect, and the associated service is of an acceptable standard and as they have been led to expect.

- **Outcome 6:** Consumers do not face unreasonable post-sale barriers imposed by firms to change product, switch provider, submit a claim or make a complaint.

Extent of vulnerability

Introduction

The simplest of questions are often the most difficult to answer – and "how many customers are in a vulnerable situation?" is no exception.

While frontline staff will deal with more than 600 customers and third-parties each month, (see our DATA REPORT) establishing exactly how many of these are 'vulnerable' is not an easy task.

Why don't we know?

There are three main reasons for this:

1 many vulnerabilities are never disclosed. Indeed, researchers suggest that customers in some types of vulnerable situation will choose not to tell an organisation about this (see Step 4).

2 not all disclosures of a possible vulnerable situation turn out – following further questioning – to actually be vulnerable situations. Discussion rather than assumption is needed (see Step 6).

3 many organisations still do not routinely record useful data even when it is established that a customer is in a vulnerable situation – this 'data vacuum' needs to be filled (see Step 11).

What can we establish?

Our survey questioned staff about the number of disclosures of different health and social situations they received from, and about, customers.

These survey data are not without limitations – most notably they provide a measure of disclosures, rather than of absolute numbers of customers in vulnerable situations.

However, they do provide insight into how often staff have opportunities to engage with customers who may be in a vulnerable situation, to find out more, and to take action to prevent detriment and harm.

They also provide a measure against which any routine data collected by an organisation on vulnerable customers can be compared – this may be useful where such existing routine data do not provide detail on different conditions or situations.

What does this section cover?

With this in mind, this section uses our survey data to consider the:

1 number of disclosures of possibly vulnerable situations received by staff either each month or year

2 practical consequences of these disclosures for organisations, their staff, and customers.

To do this, we draw on survey data from staff about reported disclosures of mental illness, serious physical illness, bereavement, suicide, and terminal illness.

We also present data on how often staff encountered other potentially vulnerable situations (including addictions and disability).

As with every section of this guide, further results and detail can be found in the DATA REPORT which accompanies this report.

1 Number of disclosures

The survey collected data on the number of disclosures that staff reported receiving in a typical month about customers with mental health problems, serious physical illness, or bereavement[A].

These were selected because they represent conditions or situations which are both common and often closely associated with periods of financial difficulty.

The study found that in terms of disclosures received from customers or third-parties:

Mental health – in a typical month
- frontline staff will each receive, on average, **12 disclosures** about a customer with mental health problems
- specialist staff will each receive, on average, **65 disclosures**

Physical illness – in a typical month
- frontline staff will each receive, on average, **15 disclosures** about a customer with a serious physical illness
- specialist staff will each receive, on average, **60 disclosures**

Bereavement – in a typical month
- frontline staff will each receive, on average, **9 disclosures** from a recently bereaved customer or third-party
- specialist staff will each receive, on average, **14 disclosures**.

Importantly, all of the above disclosures are reported as median averages[1] and – as they remove larger outlying values – provide a conservative estimate of disclosure levels.

What do these disclosure levels mean?

The data presented above are for individual members of staff over the course of a typical month.

From this perspective, these disclosure levels may seem negligible and even a side issue to 'business as usual'. However, once considered in terms of the overall size of operation of some organisations, their impact becomes clearer.

[A] All monthly figures given in this section represent the median values for frontline staff if they worked full-time (7 hours per day, 5 days per week).

[B] The data presented here show the number of disclosures that staff receive about a customer in a vulnerable situation, rather than the number of individual customers. A single staff member might receive multiple disclosures of the same vulnerability from one customer in any given month. Furthermore, groups or teams of staff may receive disclosures of a vulnerability from the same customer at different times.

Figure 3: Estimated number of disclosures of mental health, physical illness, and bereavement made to frontline staff each year

432 disclosures	One member of frontline collections staff
4,320 disclosures	One collections team of 10 frontline staff
21,600 disclosures	One collections department of 50 frontline staff
108,000 disclosures	One collections centre of 250 frontline staff
216,000 disclosures	Multi-site operation with 500 frontline staff

Notes: these figures represent the sum of the individual medians for reported customer and third-party disclosures of mental health, physical illness, and bereavement. An alternative calculation, based on the median value of the total number of disclosures received for these three categories of possible vulnerability each month by staff would provide a higher level of disclosures (this would be equivalent to 45 reported disclosures each month, or 540 reported disclosures each year).

In Figure 3, we present the estimated number of disclosures for mental health, physical illness, and bereavement. However, these are now presented on a **yearly basis**, and for **different sizes** of organisational operation.

As can be seen, the annual levels of disclosure for just three vulnerability situations is considerable.

Even when recognising that multiple disclosures can be made by the same customers[B], the scale of opportunity for engagement and understanding – in terms of these both gained and lost – remains significant.

In this respect, organisations need to think about the levels of disclosure they could be receiving, and – as we shall consider shortly – what this means in terms of their response and operation .

Other disclosures: impact situations

The survey also collected data on the reported number of annual disclosures of suicide and terminal illness. These were selected for study as although considered as rarer events, such disclosures can have a significant impact on both staff and customers.

Disclosures of suicide

The study found that in the last 12 months:

- **1 in 4** frontline staff spoke to at least one customer they *seriously believed* might kill themselves (rising to 1 in 3 if all suicide disclosures – seriously believed or not – were included)
- **657 conversations** were held by these staff with customers believed to be at serious risk of suicide (n=total count of received disclosures believed to be serious)

These findings are important for four reasons.

Firstly, just over a quarter of frontline staff surveyed were having conversations with one or more customers that they *seriously believed* were at risk of killing themselves – this is the first time such a figure has been available.

Secondly, across the study sample, nearly 700 conversations had taken place in the last year alone with customers seriously believed to be at suicide risk. This represents almost 700 occasions where the loss of life could be prevented.

Thirdly, when considered at scale and over a single year, the number of suicide disclosures believed to represent a serious risk would be at least:

- **2-3** in a frontline collections team of 10
- **13** in a frontline collections department of 50
- **63** in a large call centre of 250 frontline staff
- **125** in a multi-site firm of 500 frontline staff

This means that in a single year, multi-site organisations could receive a disclosure of suicide which is believed to be serious every three days, large organisations could experience this once a week, and smaller departments might receive one serious disclosure a month.

Fourthly, as will be seen in Step 13, one-in-four frontline staff report not being sure how to respond to such disclosures, while one-in-five indicate a clear policy on suicide did not exist in their organisation. Consequently, a need exists to address these issues through effective protocols and policies on responding to a suicide disclosure.

Specialists

As might be expected, the levels of disclosure for specialist staff over the course of a year were higher:

- **1 in 2** specialist staff spoke to at least one customer they *seriously believed* might kill themselves
- **1250 conversations** where held by these staff with customers believed to be at serious risk of suicide.

Terminal illness – in the last 12 months

Terminal illness is often pointed to by frontline and specialist staff as a particularly difficult situation to both manage, and also help the customer with.

Our survey found that in the last 12 months:

- **3 in 4** frontline staff received a disclosure about a customer diagnosed with a terminal illness
- with frontline staff each receiving, an average of, **five disclosures** over the last 12 months
- **9 out of 10** specialist staff had received a disclosure about a customer diagnosed with a terminal illness
- with specialist staff each receiving **20 disclosures** over the last 12 months

Again, the impact of these disclosures on frontline and specialist staff can often be marked (see Step 14).

Other vulnerable situations

There are many other circumstances which may also make a customer vulnerable to potential detriment.

Our survey therefore asked frontline and specialist staff about these situations – Figure 4 shows the proportion of staff who report these situations either 'every day' or 'most days'.

2   Practical consequences

From the data presented in this section, it is clear that individual staff members will be encountering disclosures about customers in a range of different vulnerable situations. Furthermore, when these disclosures are 'scaled up' to different sizes of collection teams and organisation, the level of reported disclosure may be particularly challenging.

Consequently, organisational policies and protocols should be in place to manage these disclosures, find out about the customer's situation, and take appropriate action. This is dealt with in general terms in Step 4 and Step 5. However, it is particularly important for situations involving suicidal customers, and Step 13 considers the management of such disclosures in more detail. Further information is also provided in Steps 12-17 on working with customers who disclose other forms of possible vulnerability, including terminal illness, mental health problems, bereavement, and addiction.

Figure 4: Staff reporting contact 'every day' or 'most days' with customers in different vulnerable situations

disabled (physically)	25% of frontline staff 54% of specialist staff
language (limited understanding of English)	43% of frontline staff 26% of specialist staff
separation (divorce or separation)	36% of frontline staff 50% of specialist staff
carer (of someone elderly, with a health condition or disability)	20% of frontline staff 42% of specialist staff
addiction (alcohol, drugs, gambling)	8% of frontline staff 28% of specialist staff

Notes: staff were asked 'How often do you encounter customers (whether directly or through a third party) who are in each of the following situations?', with options of 'every day', 'most days', 'once or twice a week', 'once or twice a month', or 'less than once a month'.

For every organisation:
21 questions, 21 steps

Overview

In this section, we outline 21 questions that every organisation should ask themselves about vulnerability, and describe the accompanying 21 steps that every organisation can take to improve their work.

Staff practice

1 How well do your staff share what is happening about vulnerability?

What is the issue?

When it comes to vulnerability, being able to draw on what staff are thinking, hearing, and experiencing is invaluable to an organisation.

This is because staff in regular contact with customers in vulnerable situations will usually have:

- **insight** – frontline and specialist staff can help pinpoint which tools and processes *currently work*, which don't, and the reasons for this
- **foresight** – staff typically see the *challenges that lie ahead* before others, and organisations who routinely ask about this will be able to plan and intervene earlier
- **oversight** – access to the *aggregate experience* of a group of customer-facing staff should provide a more reliable overview than individual perspectives alone, as well as offering a measure of impact over time.

Taken together, establishing such a dialogue with staff about vulnerability can both change a customer's life for the better, as well as improving commercial performance.

A process for insight

However, organisations often do not draw on such experience. The reasons for this can include uncertainty (about which questions to ask), opportunity (how to involve busy staff), and doubt (about the value of what will be reported).

In this section, we address these concerns and outline a process for routinely collating staff insight and foresight on vulnerability, in order to inform an organisation's approach to vulnerability.

We refer to this as 'vulnerability benchmarking', and recommend that all organisations undertake such a process with staff.

To achieve this, we use the 21 steps in this guide as a framework – giving organisations both the key questions to ask, and the practical actions to take in response.

What do we know?

From our work on training and change programmes with over 200 firms and more than 5000 staff (see page 5), we know that account notes, quality assurance systems, and management indicators can all provide good information on vulnerability.

But we also know that they are *not usually able* to fully capture and summarise information on what actually happens when staff encounter customer vulnerability, how often this happens, and with what impact.

And this is the reason we have undertaken this study – working to provide 27 very different firms with an individual report on what their staff are experiencing, while using the aggregated data-set to demonstrate the overall value of such an approach (Box 2).

During this, we have learnt that this process is not complex, time-consuming, or difficult to run.

Instead, it simply requires a commitment to listen to colleagues – a value that arguably underpins all of the participating firms in the study, and which the wider financial services sector and beyond should also share.

What can organisations do?

To undertake vulnerability benchmarking, organisations should consider eight actions:

First, using the 21 steps in this guide, organisations should identify which issues to raise with staff:

- **Steps 2-11** all relate to **practical actions** that staff can take from identifying a vulnerable situation, managing disclosure, understanding the situation, through to recording key data.
- **Steps 12-17** focus on **specific support elements** ranging from working with suicidal customers through to customers with addictions
- **Steps 18-21** are about **organisational strategy**, and allow staff to be engaged on issues such as training needs and quality assurance.

Organisations may wish to address all, or some, of these issues.

Second, organisations should decide which staff they wish to engage with – this document is concerned with frontline and specialist debt collection staff. However, most of the steps included could apply to most customer-facing staff members.

Third, organisations should finalise the questions they want to ask – these can be taken from this document, the benchmarking tool that supports it, or from other sources. Organisations should remember that 'open questions' produce powerful qualitative data, but these do take longer to analyse.

Fourth, when running the engagement exercise, organisations should ensure that staff can participate anonymously and freely – staff should be able to choose if they wish to participate or not, and responses will be richer if staff cannot be identified.

Fifth, organisations should decide how often to 'benchmark' with staff – regular benchmarking will allow progress to be tracked over time, and will send a clear signal that vulnerability is part of 'business as usual'.

Sixth, organisations should think about their points of comparison – selected aggregate data are provided in this guide on what the wider sector is doing. However, organisations may also wish to draw on internal and external sources of data (including, but not limited to, existing research by Macmillan, Money and Mental Health Policy Institute, and Age UK).

Seventh, organisations should analyse the benchmarking data they have collected, making sure to distinguish between frontline and specialist staff roles. Each has a different perspective and contribution.

Eighth, organisations should feedback the results to staff – without such feedback (and a clear plan of action to respond), staff will not feel part of the overall strategic approach to vulnerability. When doing this, organisations should celebrate strengths and successes in practice, and formulate a 'no blame' culture for addressing weakness and poorer practice.

Useful resources

Our DATA REPORT also provides additional information about some of the key issues that organisations may wish to benchmark staff on.

University of BRISTOL

Personal Finance Research Centre

Box 2: Benchmarking vulnerability: Personal Finance Research Centre

What did we do?
- we asked **1573 collections staff** (1226 frontline and 347 specialists)
- from a **representative sample of 27 firms** involved in debt collection (different sizes, different sectors)
- about **their experience** of working with customers who might be in a vulnerable situation
- with questions **covering a range of situations** including mental health, physical illness, terminal illness, suicide, and bereavement
- in **order to establish** what is perceived as 'working' in vulnerability, what is 'not working', and what new challenges are emerging
- and to provide some **quantitative benchmarks** (or 'industry averages') to allow firms to compare themselves against.

What has been the outcome?
- each participating firm received a bespoke report profiling their findings, with comparisons against the relevant 'industry average'
- this has allowed each of these firms to 'take stock' of where they are, how they compare against the wider sector, and to plan future activity on vulnerability
- the research team also created an aggregate data-set of all the study findings
- based on this, and discussions with participating firms, this '21 steps' guide was published
- however, other activities based on the data-set will follow, including more detailed papers on suicide prevention, work on addictions, and further research on data protection.

Who took part?
- participation in the benchmarking was undertaken on a strictly anonymous basis
- the sample was selected to represent the overall structure of the debt collection sector, with an emphasis on reflecting different sizes of firms (small, medium, large, and very large), as well as considering debt purchase, debt collection, and 'in-house' collections activity
- random sampling was employed throughout (to minimise bias), with recruitment and data collection running April-November 2016
- data were collected from frontline and specialist staff using an online survey (securely hosted at the University of Bristol)
- taking 12-14 minutes to complete, staff could freely decide whether to participate, and were given 'time off' to participate.

Can we use the benchmarking tool with our staff?
- yes – while the research study has closed, it is possible for organisations to access the benchmarking tool for use with their own staff, and for a report to be produced detailing their findings with comparisons to the industry average
- to do this, please contact christopher.fitch@bristol.ac.uk or jamie.evans@bristol.ac.uk

What about credit provision?
- our 'sister study' on credit provision and vulnerability reports its findings in June 2017.

2

How well do your staff identify vulnerability?

What is the issue?

Each month, staff will speak with hundreds of customers about their financial situation. During these conversations, moments will occur where a customer discloses a vulnerable situation, giving staff new insights that both inform understanding and action. However, there will be more occasions where customers in vulnerable situations do not disclose this to staff (see Box 3).

Although this leaves staff with a major challenge, most will recognise that proactively identifying vulnerability is key, and a strategy of relying on disclosure is not enough.

However, staff will also be aware of the expectations this places on them: while 'spotting' vulnerability in a single conversation can be straight-forward, achieving this consistently across *hundreds* of exchanges is often more difficult.

What is the evidence?

This tension between the expectations put on staff, and their own perceived ability to meet these, is clear in the survey data collected on serious physical illness:

- **three-fifths** of frontline staff told us that it was part of their job to try and spot customers with serious physical illnesses

- however, **one-third** of frontline staff reported that it wasn't possible to identify someone with a serious physical illness, unless they told you.

This was also echoed in relation to mental health:

- **one-quarter** of frontline staff indicated that it wasn't "possible to identify someone with a mental health problem – they have to tell you".

Consequently, providing staff with tools to identify and pick up on possible customer vulnerability is key, and this includes frontline and specialist staff (who reported similar feelings to frontline staff.

What should organisations do?

Organisations can take the following steps to identify potentially vulnerable situations:

1 **self-disclosure** – giving every customer the opportunity to self-disclose, the simplest and most effective method of identification.

2 **look for 'limitations'** – the Financial Conduct Authority identifies customers who experience difficulties with remembering, understanding, communicating, and evaluating information during the collections process, as being 'particularly vulnerable'. This is because – without support from organisations – they may take decisions which lead to financial and personal harm.

3 **look for 'red flags'** – these are indicators of difficulty, distress, or life events that could highlight an underlying vulnerable situation.

4 **remember that identification is the first step, rather than an achievement in its own right** – identification simply creates the opportunity to find out more about the customer's vulnerable situation, and to provide the relevant support.

Overall, providing practical guidance and making policy changes is critical – without this, only a minority of customers in vulnerable situations will receive the help they need, while all staff will continue to bear the weight of unfair expectation.

1   Self-disclosure
Frontline and specialist staff should routinely tell all customers that disclosing a vulnerable situation can potentially result in additional support being provided.

This reassurance needs to address the disclosure barriers outlined in Box 3 – customer concerns about unfair treatment, damaging data-sharing, or fears about future credit or current benefits being impacted, all need to be countered.

Some organisations have started to do this – see Cast Study 1 – and have used a range of channels to routinely explain why disclosures of a health problem, difficult personal situation, or destabilising life event, will always be heard, considered seriously, and taken into account.

Playing the system
There will always be concerns that some customers will 'game' or abuse offers of help around vulnerability to avoid repayment, or attempt to secure a write-off.

This is true and probably always will be. However, the scale and cost of such abuses is probably minor compared to the number of customers in undisclosed vulnerable situations, and the staff

Box 3: Reasons for non-disclosure

Research conducted in 2016 by the Money and Mental Health Policy Institute, surveyed nearly 5500 people with experience of mental health problems.

This found that 8 out of 10 respondents chose not to disclose these mental health problems to their creditor. When asked why, participants said that they:

- weren't aware it would make a difference (60%)
- disliked telling people about their health problems (55%)
- felt they would not be treated sensitively and sympathetically (52%)
- were concerned how the information would be used (40%)
- were worried that disclosure would affect future access to credit (35%)
- thought they would not be believed (31%)
- thought they would be treated unfairly (30%)
- were concerned that debts would be repaid from disability benefits (7%).

Notes: based on 3787 participant responses to the question 'If there were occasions when you did not tell an organisation about your mental health problem(s), what were the main reasons for this? (Please tick all that apply)'

time being spent on trying to engage with these individuals due to 'unseen' difficulties.

We do not have data on these costs – but we do know that only **seven percent** of frontline staff, and **nine percent** of specialist staff, reported that customers disclosing mental health problems did so as an excuse to avoid debt repayment.

2   Look for limitations: BRUCE

Some customers will be unable to understand, remember, or 'weigh-up' information that staff share with them, and this can affect their ability to make decisions for themselves.

Such limitations can be caused by a wide range of factors, including situations where a customer has significant difficulties with language, literacy, or numeracy.

However, where **mental capacity limitations** (Box 4) are the cause, the Financial Conduct Authority requires any organisation that it regulates – including debt collection agencies – to take fair and appropriate action.

This is because the FCA states that any customer with a mental capacity limitation could be *particularly vulnerable* to detriment. Consequently, such customers need to be not only supported, but identified in the first place.

Looking for limitations
To help staff improve the identification of such limitations, they can use the **BRUCE** protocol:

B   **Behaviour and talk** – staff should look for indicators of a limitation in the customer's behaviour and speech including:

R   **Remembering** – is the customer experiencing problems with their memory or recall?

U   **Understanding** – does the customer understand the information they are being given by staff?

C   **Communicating** – can the customer communicate their thoughts, questions, and ultimately a decision about what they want to do?

E   **Evaluating** – can the customer 'weigh-up' the different options open to them?

When to use BRUCE
Customers who experience some of the limitations above may agree to repayment arrangements they do not understand, which they do not remember entering into, or which they have not fully thought through or weighed-up.

This can result in default and disengagement for the organisation concerned, and financial difficulty for the customer.

BRUCE can help to identify these limitations, including those that might become apparent when, for example, customers are presented with information about a potential solution, or where decisions are required.

Overcoming limitations
Where necessary, firms should provide extra support to help overcome whatever difficulty in understanding, remembering, weighing-up, or making a decision that a customer might be experiencing. Techniques for doing this – and other support issues – are considered further in Step 8.

barclaycard

When a customer is in financial difficulty or a vulnerable situation, four main challenges exist:

1 **getting customers to make that initial contact** – many customers in arrears often believe that banks only want to chase them for payments, that they can't provide any help and support, or even that the bank does not want to

2 **getting customers to make that contact as early as possible** – many customers will often hide from a debt problem because they're embarrassed about their situation, and some will even wait up to twelve months before facing up to the problem

3 **providing customers with the right contact route** – many customers don't want to physically talk to their creditor, and will be more comfortable (and open) in making contact and communicating through other channels

4 **helping customers to see the larger picture** – customers can often focus exclusively on their financial problems, and not recognise that these are the symptom or outcome of a larger life event or circumstance that also needs addressing.

In response, Barclaycard wanted to make its customers not only aware that help does exist when life becomes difficult, but taking that initial help as early as possible could turn the situation around.

Filling the gap: more than information
Barclaycard recognised that a gap existed in its current suite of resources. Consequently, we worked to create a resource to educate customers about the help and support that is available to them from Barclaycard, as well as from other support agencies in the advice and health fields.

Most importantly, Barclaycard wanted to create a resource that wasn't just about 'reading information', but which empowered customers, and made them aware of exactly how Barclaycard and others could help.

Furthermore, we wanted it to be clear that these solutions were available to any of our customers, no matter their account status or arrears, and where they could receive the range of help and support to avoid detriment and address their financial difficulties.

The 'Money Worries' hub – www.barclaycard.co.uk/personal/customer/money-worries
By working with internal experts (including our specialist support team and members of their disability network), external partners (including Step Change and the Money Advice Trust's vulnerability programme), and our customers, Barclaycard created the Money Worries hub.

The hub spotlights eleven common situations that customers might experience, ranging from job loss and relationship breakdowns to bereavements and medical conditions. Each is presented in a 'story' format. This format is key to engaging our customers, clearly explaining how these situations and problems can be addressed by Barclaycard, and helping them to relate to the circumstances.

Carl's story
Carl's story is about job loss. This explains how Carl took the step to explain to Barclaycard the financial difficulties that he was facing, and the response and support that he received from Barclaycard.

Throughout this, customers can see how they will be treated when they speak with Barclaycard, with an emphasis on the benefits of talking at an early stage with Barclaycard about these issues.

Taking this story-based approach for Carl, Tomasz (accident), Ruth (mental health), Helen (carer) and the other seven customers featured in the Money Worries hub, simply aims to provide customers with the reassurance they are not alone.

Reassurance and empowerment
Overall, the Barclaycard Money Worries hub is there to remind customers that they can disclose, they are not the only people going through these situations, and that Barclaycard has helped people in similar circumstances before.

In doing this, we are aiming to reassure and empower our customers to address their situation as early as possible, and to begin the path to recovery.

And this will not only have benefits for our customers and Barclaycard, but by having a positive experience with us, we hope that customers experiencing problems like these are more likely to then contact other creditors about this.

In doing this, we aim to become catalysts for our customers to turn their whole situation with debt around.

3 Look for 'red flags'

Talking with hundreds of customers each month requires not only concentration on the part of staff, but also an ability to 'zoom in' on the most important information.

However, the risk exists that – without guidance – staff can become capable in quickly focusing-in on detail related to repayment and finances, but can miss small and important clues about vulnerability.

Staff should therefore look out for these clues and 'little red flags' in order to find out more about a vulnerable situation. These can include:

- **individual factors** – passing mentions of illness, disability or impairment; reference to contact with the health sector (doctors, nurses, advocates, carers and others) or social care sector (social workers, key workers, support workers); reference to the receipt of specific benefits (such as sickness or disability benefits)

- **wider circumstances** – excessive or unusual expenditure, life events (such as time in hospital, imprisonment, or bereavement, income shocks (such as unemployment)

- **organisational actions** – reference by the customer to things that 'have been done' that have caused difficulty (such as a change in the mode of communication), or things that 'haven't been done' (such as consideration of a third-party/ carer, different payment methods).

These types of flag exactly mirror the 'three strands' that make up vulnerability described on pages 8-9.

4 Identification is the first step

Clearly, simply identifying a vulnerable situation is not sufficient – it simply creates the opportunity to start a discussion to both understand more about a customer's situation, and to help provide them with the support they need. Consequently these are issues we repeatedly return to throughout this guide.

Useful resources

Our DATA REPORT provides additional information about some of the findings presented in this Step.

Box 4: mental capacity

A **What is 'mental capacity'?**
The Financial Conduct Authority says – in its Consumer Credit Source Book – that:

- the ability to make an informed decision at a specific point in time is called mental capacity (CONC 2.10.3G)

- customers with the mental capacity to make a decision can understand, remember, and 'weigh-up' information which is presented to them, and then communicate their decision.

B **What is a 'mental capacity limitation'?**
In contrast, the FCA says that:

- people with a mental capacity limitation are unable to understand, remember, or weigh-up information presented to them, or to communicate a decision (CONC 2.10.8.G).

C **Which customers might have a mental capacity limitation?**
Mental capacity limitations are caused by "impairments or disturbances in the functioning of the mind or brain". This can potentially include customers experiencing a range of conditions such as:

- some forms of mental illness
- dementia
- significant learning disabilities
- the long-term effects of brain damage
- physical or medical conditions which cause confusion, drowsiness, loss of consciousness
- delirium
- concussion following a head injury
- the symptoms of alcohol or drug use.

D **Key assumptions**
Law and regulatory guidance expect staff to presume that all customers have the mental capacity to make an informed decision, unless the firm also knows or reasonably suspects that a mental capacity limitation exists.

Staff therefore need to look out for signs of a mental capacity limitation, and to act accordingly to support the customer, or to take previous situations where the customer lacked capacity into account at a future point in time.

3

How well do your staff start conversations about vulnerability?

What is the issue?

Identifying a customer in a vulnerable situation represents the first step towards resolving that situation.

However, to achieve this, staff need to be able to move from identification to conversation – and for many staff this represents a challenge.

This is understandable. Raising the issue of vulnerability with customers can provoke fears about causing offence, or opening a difficult 'can of worms'.

Staff may worry about the mechanics of asking customers about a vulnerability, and what the right words to open such a conversation might be.

Equally, staff can have concerns about whether their organisation would endorse such an approach, and what support or response they might receive.

Consequently, even where the strongest of beliefs exists that a customer might be in a vulnerable situation, barriers like these can stop staff moving from identification to conversation.

What is the evidence?

In our survey, staff were asked to think about situations where *they had believed* a customer might have a serious physical illness, but this *hadn't been disclosed* to them.

Thinking about these situations, staff were asked what actions they would take to encourage a disclosure, or start a conversation about vulnerability.

The survey found:

- **one-in-three frontline staff** 'never' or 'only' occasionally asked if there were any issues/medical conditions/disabilities that hadn't been mentioned, that might affect the customer's ability to repay (one-in-four among specialist staff).

- **one-in-four frontline staff** 'never' or 'only' occasionally explained to customers how any disclosed health information would be used by their organisation (one-in-five for specialist staff).

- **one-in-two frontline staff** 'never' or 'only' occasionally asked a customer directly about an undisclosed vulnerable situation (more than one-in-three specialists said this).

These data show that even where staff believed a serious physical illness existed, many still did not take key actions to encourage disclosure or start conversations about vulnerability.

This helps no-one – for the customer with a vulnerability, their situation continues to be unknown and unsupported. Meanwhile, for organisations, an opportunity for early intervention may be lost.

What should organisations do?

To overcome this, staff can take three simple steps to help start conversations about vulnerability:

1 **set-up** the conversation
2 **start-off** the conversation
3 **stay-with** the conversation.

1   Set-up
Staff should always consider whether this is the right moment to raise the issue. If, for example, the customer is speaking in a public space, they will probably not want to discuss any health or social difficulties, so there is little point in attempting to do so.

If it isn't a good time to raise the issue, then a note or arrangement should be made to call the customer back another time – but as soon as possible, to not let it drift.

In getting themselves ready to ask about vulnerability, staff should remind themselves that most customers will not object to a simple but polite question about their wellbeing and situation, and in fact may welcome this concern.

If a situation is disclosed by a customer, staff should know how to use techniques such as TEXAS (to handle disclosure – see Step 4) or IDEA (to explore a situation – see Step 6), or how to refer to colleagues who will take on this task.

2   Start-off
Depending on what staff know already about the customer, they can start a conversation by:

Showing they have been listening:
I heard you mention being quite unwell and 'off work' for some time now. If you tell us what's happening, we might be able to help you out.

Showing they have been observing:
I noticed that our paperwork might be a little difficult to follow – can you tell me how we could make it easier for you to complete it?

HSBC ◆

Normalising the situation:

When they need it, we can provide our customers with more support or time to sort out any difficulties they are having. What might we be able to help with?

Referring to leaflets and resources:

I'm not sure if you've seen our 'Help's At Hand' leaflet, but it explains what help we can give if something unexpected or difficult happens. Can I tell you more?

Simply by being direct:

Marcia, can I ask you a question – is everything OK at the moment? If not, is there something that we can help you with?

Reminding customers what help there is:

I just wanted to ask, are there any health or other issues we should know about? We will treat these confidentially, and they will help us to help you.

3   Stay-with it

Usually a conversation about a vulnerable situation will take a few exchanges to 'get going'. Most commonly, customers will often instinctively say they are fine ("I don't have a problem, thank you").

This is natural – customers are often understandably worried about where the conversation might go. Therefore, if it feels right, you can reassure the customer:

Not a problem. But if something is causing you difficulties, I will listen and try to find ways to help you. Is there anything causing difficulties?

Many of our customers found it helpful to talk about their wider situations so that we could offer further support.

At this point, after a pause, customers will often change their position and open up to you.

However, if the customer really doesn't want to talk, then staff should accept this, but keep the door open:

OK, do let me know if there is an issue though. We will always try to help.

That's OK, but if anything changes in the future I am here to help you.

If staff do this politely, they won't offend the customer, as they will know that the staff member was trying to help.

Case Study 2: HSBC: conversation is key

Standing firm for what is right is more important than ever and that's why at HSBC our values and principles ensure we are well connected to our customers, communities, regulators and each other. It is everyone's responsibility to understand the needs of our customers, providing an experience that is supportive but flexible enough to ensure we can continue to meet customer needs through periods of change. We know that customers won't always tell us what they need, or know what they want, and that's why we're investing in strategies and training that will help us to identify trends and spot where customer circumstances are changing, and have conversations with customers to make a positive difference.

Identifying a potential concern is only the start of a journey and one which many customers may take time to, or struggle to, engage with.

All the training for the people in our teams is centred on the conversation. This includes helping our people to spot indicators and start conversations about issues that are important, and to manage what can often be a unique and stressful conversation. The focus of our training therefore is about delivering to customer needs. However we've recognised that giving focus to what our people need drives the right outcome for customers – therefore this training is specifically focused on helping our people to listen, empathise and not advise.

We've also created an environment where staff are encouraged to spend as much time as they need talking to, listening and supporting customers. Taking some time away from their desk if needed, and sharing experiences to support each other. The measures therefore are all around the effectiveness of the conversation and the quality of the outcome, in short did we do the right thing for that customer at that time, and do our advisors feel confident in their ability to help, support and reach a solution.

Following this, we believe it's important to separate these customers and move them away from the standard strategy. This is where customers who may be vulnerable by nature of a condition, or more susceptible to vulnerability due to life events or circumstances are managed, to ensure that the support we offer them is designed specifically around their individual needs. This is also why we have a dedicated team of people trained specifically to support them.

4

How well do your staff handle customer disclosures?

What is the issue?

The disclosure of a vulnerable situation represents a moment defined by trust and opportunity.

For the customer, it is a situation where they have taken the decision to trust an organisation with information that is often highly personal, with the hope that it will be treated seriously, used constructively, and secured safely.

For staff, disclosure represents an opportunity to better understand a customer's situation – however, if not handled properly, this can result in customer trust being lost, vulnerable situations not being acted upon, and breaches of the Data Protection Act.

2010: TEXAS

In recognition of the importance of disclosure, the **TEXAS** protocol was first introduced in 2010[A].

This was a response to three problems identified in our **2010 study** on mental health and collections:

- following a disclosure of a mental health problem, 20% of staff in 2010 *did not routinely make* a note on the customer's file about the problem (resulting in vital insights being lost)
- among those staff in 2010 who *did* make a note:
  - 39% never explained to the customer why their information was being recorded or how it would be used

- nearly half (47%) never asked for the customer's explicit consent to record or use their personal health information
- with both of these representing potential breaches of the Data Protection Act
- and during conversation, 33% of staff in 2010 'rarely' or 'never' asked disclosing customers if (and how) their mental health affected their ability to repay – losing a vital insight in the process.

2015: FCA

Endorsed by the Financial Conduct Authority in 2015[1], TEXAS is now often seen as an 'industry-standard' tool to improve staff practice.

However, as with any intervention, the evidence for these claims should always be considered. Consequently, our 2016 study considered:

1 how wide-spread is the use of TEXAS?

2 is there any evidence that customer disclosures have been handled differently since its introduction?

3 and if any differences are found, can these be attributed to the TEXAS tool?

To do this, we firstly draw on data about the use of TEXAS from the 27 firms participating in our 2016 study.

Secondly, we then consider the impact TEXAS may have had over time, by focusing on data from six firms who took part in both our 2010 and 2016 surveys.

What is the evidence?

1 How many firms use TEXAS?

Among the 27 firms participating in this benchmarking study, 23 reported that staff used TEXAS, two indicated they were introducing this, one did not use the model, and one firm did not respond.

Given the composition of our sample, it is likely that TEXAS is used widely across the financial services sector. We have also received information that TEXAS is used in the retail, gas, electricity, and water sectors.

2 Has disclosure management improved?

Six firms participated in both the 2010 and 2016 benchmarking exercises[B].

Comparing 2010 and 2016 data from frontline staff in these six firms, there has been an improvement in every measurable indicator of disclosure management:

[A] TEXAS was first introduced as AIRAS (Acknowledge, Inform, Request consent, Ask questions, sign-post) in 2010. It was renamed as TEXAS in 2014.

[B] Six firms participated in both our 2010 study (on debt collection and mental health) and our 2016 study (on vulnerability, but which asked the same mental health question set). With caveats, we can compare these (468 staff in 2010, 422 in 2016). Firstly, as our analysis shows, statistically significant improvements have been made in these six firms between 2010 and 2016, providing a welcome indicator of progress. Secondly, when considering this progress, we should not claim that similar levels of improvement have been made across the entire debt collection sector – our analysis focused on six firms, we did not have data on all the participating firms for both 2010 and 2016, and wider study differences between 2010 and 2016 make comparison difficult at an entire data-set level (our 2016 sampling was more sophisticated and included a better range and size of organisational types, but comparing the six firms in both surveys avoids this issue leading to a more robust analysis). Thirdly, organisations volunteered to participate in our study – this means they could have a greater interest in vulnerability and potentially better practice (than firms who declined). Finally, while these limitations are important, the findings of the survey are still positive, to be welcomed, and built upon with continued organisational action on vulnerability, and further benchmarking research.

- **note-taking after disclosure** – 84% of staff in 2016 routinely made a note, compared to 75% in 2010
- **information use** – 6% of frontline staff in 2016 'never' explained how information would be used, compared to 40% in 2010
- **explicit consent** – not one member of frontline staff in 2016 failed to ask for explicit consent, compared to 42% in 2010
- **ability to pay** – in 2016, just 3% of frontline staff did not ask how repayment would be affected by the disclosed problem, compared to 26% in 2010

Taken together, these suggest that disclosure management has improved between 2010 and 2016 in these firms. Further evidence of improved levels of practice – including data from specialist staff and an overview of the wider 2016 data-set – are detailed in Step 12 and also our DATA REPORT.

3 Has TEXAS made the difference?

All six firms in the comparative analysis above reported that they had introduced TEXAS following 2010. Furthermore, we know that 23 firms in the 2016 study were using TEXAS at the time of participation.

Although counterintuitive, this high-level of uptake and usage of TEXAS makes it difficult to establish whether it has made a difference to practice. This is because it is not possible to compare the activity of firms who 'do' and 'do not' use the tool, due to the small numbers of 'non-users'.

However, in the absence of such a comparison, what is important are the overall improvements in the ways in which staff are managing customer disclosures of vulnerability.

These mean that regardless of whether a disclosure is about a mental health problem, a serious or terminal illness, or even a challenging social situation, that opportunities to better manage disclosure and understand a customer's situation are arguably being taken, rather than lost, by many staff.

What should organisations do?

Our recommendation is quite simple: organisations should continue to use tools such as TEXAS. However, it should always be remembered that disclosure management is just the first step towards the bigger goal of understanding and responding to a customer's vulnerable situation.

Useful resources

Our DATA REPORT provides additional information and statistics on some of the issues covered in this Step.

Box 5: The TEXAS protocol

T **T**hank the customer (what they have told you could be useful for everyone involved):

"Thanks for telling me about your situation, as it will help us take this into account"

E **E**xplain how the information will be used (it is a legal requirement):

"Let me explain how we'd like to use that information, just so you know"

This explanation should include why the information is being collected, how it will be used to help decision-making, and who the data will be shared with/disclosed to.

X e**X**plicit consent should be obtained (it is a legal requirement):

"I just need to get your permission to…"

A **A**sk the customer questions to get key information (these will help you understand the situation better):

- *"How does your situation make it difficult to manage your finances?"*
- *"How does your situation affect your ability to communicate with us?"*
- *"Does anyone help you manage your finances such as a carer, relative or other third-party?"*

S **S**ign-post or refer to internal and external help (where this is appropriate):

At this point, staff and organisations might:

- need to internally refer the individual to a specialist team/staff member in their organisation
- want to consider external sign-posting to an organisation such as:
  - a free debt advice agency
  - NHS 111 (dial 111) for more help with a health problem
  - the Samaritans (116 123) for suicidal or despairing people.

LLOYDS BANKING GROUP

1st Credit®

Case Study 3: Lloyds Banking Group: the TEXAS framework

At Lloyds Banking Group, customer trust and confidence are incredibly important to us.

Therefore when a customer discloses information about a vulnerable situation, we want to ensure we listen, understand and deliver the best possible outcome.

To support this, we introduced the TEXAS protocol into our collections operation, and are now introducing this in other parts of our business, including our branches and telephony customer service areas. TEXAS provides colleagues with a conversational framework, helping them to feel confident and empowered when supporting customers in vulnerable circumstances. TEXAS also helps colleagues have the right conversation with our customers, ensuring that we record data accurately and protect data privacy by gaining explicit consent from the customer.

Our customer-facing colleagues have also completed Customer Vulnerability training helping them to provide a sensitive, flexible and empathic response to a range of customer situations. This means that our frontline staff, regardless of whether they work in a branch or on the phone, will be able to offer additional support, whilst also ensuring we respect their privacy rights when handling disclosures of a sensitive nature.

We have also made changes to our systems, which allow our customers to tell us when they need additional support. The system enhancements allow our colleagues to record the support they require, with consent, and ensure colleagues have access to that information to provide a sensitive tailored approach to meet customer needs. Key examples of this are when a customer requires a longer appointment time, braille documentation or an accessible meeting room. There are a suite of customer support needs which colleagues can record, retrieve and update.

Case Study 4: 1st Credit: the impact of TEXAS

During a discussion about why a customer's previous relationship with their original creditor had broken down, we were told by the customer that a contributing factor was their bipolar disorder.

However, the customer was extremely reluctant to tell us anything further. This was because of previous experiences of other debt collection agencies, and an anxiety that 1st Credit would use this information against him somehow.

The call was transferred to our Customer Care team, where the customer said that he had shared similar information in the past, and he had felt judged and penalised. We drew on our training in the use of TEXAS by the Money Advice Trust, and made it our responsibility to reassure the customer. We told the customer that we were sorry to hear they had been made to feel like this previously, and explained that we had no intention of making him feel like that again.

Using TEXAS, we explained to the customer that we were here to help, and that all the information he had shared would be treated in confidence. This one simple acknowledgement noticeably put the customer at ease, and allowed us to begin a conversation (using IDEA) that gave us a strong insight into his situation, including how his experience of other creditors had led to him becoming mentally unwell before. On the basis of this discussion, we found a solution that worked for the customer, and which took into account his bipolar disorder.

This is not a lone example, however. Since our training in TEXAS, the number of resolved debt cases involving vulnerability has risen by nearly 50% – an invaluable return on taking vulnerability and our responsibilities even more seriously.

5

How well do your staff handle carer disclosures?

What is the issue?

Customers are not the only people who can disclose a vulnerable situation to staff.

Third-parties, and in particular carers, are also able to inform staff about customers who are in a vulnerable situation.

Such disclosures are important – information from carers concerned about a family member or friend can be incredibly helpful and illuminating. This is particularly the case where an organisation is having trouble contacting, or speaking with, the customer.

However, valuable insights from such carer and third-party disclosures are being lost by organisations who:

- correctly believe they are unable to discuss a customer's account with a carer who does not have the appropriate authority to do so...
- but feel unable to record observations reported by such carers as they believe that the Data Protection Act 1998 requires them to always firstly obtain the explicit consent of the customer in question...
- and who subsequently lose the opportunity to:
  - engage with carers (with the risk that carers perceive they are not being listened to)
  - take appropriate action – this includes 'pausing' any negative actions (such as automated processes related to the collections dialler, or the issuing of legal proceeding or collection letters), and using this pause to take more positive steps (such as checking the reported observations with the customer, or sharing the observations with colleagues and agents)
  - prevent a larger crisis developing from a difficulty that was potentially manageable.

This need not happen – there is another way to manage these situations.

What should organisations do?

To avoid these situations, organisations can instruct staff to follow a drill for handling disclosures from CARERS (Box 6).

Box 6: The CARERS protocol

C **C**heck for authority:

- if the carer/third-party has evidence of their authority to act on the customer's behalf, a more detailed discussion can be arranged (once this is supplied)
- if the carer cannot supply this evidence, or needs to share information about the customer now, the following steps should be taken:

A **A**void discussing any account details, making sure to explain to the carer why this isn't possible

R **R**eassure the carer that their concerns can still, however, be recorded as observations (unverified) on the customer's account, and can be looked into

E **E**xplain to the carer their observations will need to be shared with the customer, colleagues, and potentially any customers (carers will need to give their consent for this)

R **R**ecord the carer's observations, listening carefully, and ensuring:

- you have checked why the customer is unable to speak directly with the organisation about these issues (e.g. is there a communication issue?)
- you are clear how the customer's vulnerable situation affects their ability to repay
- you have confirmed with the carer what information has been recorded, and how long these unverified observations will be held on file while they are being checked

S **S**ummarise the next steps, which might include:

- you (or a colleague) speaking with the customer concerned to establish if there is a problem, including checking the unverified observations made by the carer
- the carer discussing with the customer a potential mandate to act on their behalf
- the carer and customer working together to collect supporting medical evidence.

What is the evidence?

Our survey asked staff what action they took when carers and other third-parties made contact, but where the carer or third-party did not have the authority to discuss the customer's account details:

- **nine-out-of-ten** frontline staff would correctly refuse to discuss any customer information
- however, **one-in-five** frontline staff would refuse to record any information from the third-party – meaning that potentially important information could be lost to the organisation, unavailable to colleagues, and not used to inform action
- and **one-in-six** frontline staff would not check why the customer was unable to speak with them – again, this represents an oversight, as the customer's inability to speak could (in itself) be linked to a potentially vulnerable situation.

Almost identical proportions of specialist staff gave the same responses.

The rationale for using a protocol such as CARERS is further compounded by the levels of contact that staff report having with third-parties. On average:

- each day, frontline staff encounter five third-parties, and specialist staff also deal with five third-parties
- each month, frontline staff encounter 108 third-parties, and again specialist staff deal with 108 third-parties
- each month, frontline staff receive nine third-party disclosures of a vulnerable situation related to mental health, physical health or bereavement
- each month, specialist staff receive 26 third-party disclosures of the above situations.

Useful resources

Our DATA REPORT provides additional information and statistics on some of the issues covered in this Step.

SHOOSMITHS

Case Study 5: Shoosmiths: a carer dilemma

When a customer discloses a mental health problem, with some exceptions, the usual legal requirement is to (a) explain to the customer how their mental health information will be used, shared, stored, and ultimately removed from their files; and (b) obtain the customer's explicit consent to process these data in that manner. This is necessary to comply with the Data Protection Act 1998 (the 'DPA').

However, what should happen if a carer informs a creditor about their concerns for a family member/friend with mental health and financial problems?

Shoosmiths: deciding when to act

The carer called

Shoosmiths received a call from the mother of a customer, but had to explain that we could not discuss the file without her daughter's consent. The customer's mother (the 'carer') was upset, because she said our attempts to contact her daughter were causing distress and triggering her daughter's depression.

We listened

The carer was referred to our mental health co-ordinator. The co-ordinator explained that they were unable to discuss the file with her, but could listen to what she had to say. The carer explained that her daughter was being treated by a GP for severe depression. This stemmed from an acrimonious divorce, and became more severe when any mention was made of the marriage or former matrimonial home. We were asked by the carer not to write to the customer about repossessing this home, as this was triggering depression spirals in her daughter.

We explained

We explained to the carer that she needed to get evidence from her daughter's health professional that (a) the daughter was still able to make decisions regarding her financial situation, and (b) how our contact about the former matrimonial home was affecting her mental health. If this evidence was supplied together with a letter of authority from the daughter allowing the carer to act on her behalf, we could then help.

The dilemma

However, we faced a dilemma: we felt that we did not have the customer's authority/explicit consent at that point to record anything about her mental health. However, we felt that if we did not record this (or share it with our client, the original creditor) we would be unable to stop subsequent letters or legal proceedings being issued. Critically, such communications could affect the customer's mental health.

Our solution

After careful consideration we felt that as the decision to take legal proceedings had been taken and the information given was necessary to deal with those legal proceedings, the legal condition (under Schedule 3 of the DPA) was satisfied and we could record the information. We therefore decided to:

• temporarily record the carer's observations on the customer's file
• allow time for the necessary medical evidence to be collected
• allow time for a letter of authority from the daughter to be produced
• hold all other action in the interim.

We subsequently received the requested medical evidence and customer authority. We informed the carer (as the authorised third-party representative) that a note would be made on the customer's file about her health problems on the basis of the received medical evidence.

This was not a decision we took lightly

We wanted to act in the best interests of the customer as far as we could, but we also needed to comply with the DPA. We therefore recorded the minimum necessary information from the carer, making sure it was **labelled as an unverified observation**, rather than factual evidence. We also requested a letter of authority from the customer, and made sure we had the carer's consent to record the health information on the customer's account. This meant we could deal with the carer, including issuing proceedings with service on the carer, rather than the customer (and therefore avoiding further distress in the process).

The actions in the case study are only applicable in response to the scenario given and the response to each customer/ carer must be considered individually, based upon the customer's circumstances and information provided.

6

How well do your staff understand vulnerable situations?

What is the issue?

The 'TEXAS drill' described in Step 4 provides guidance on three core questions that staff should ask any customer who has disclosed a possible vulnerable situation.

There will be times, however, where a more detailed understanding is required of the customer's situation, so staff can develop informed and effective responses. Achieving such understanding though can be difficult as:

- every vulnerable situation will differ in its details
- customers may want to talk about health conditions or issues that staff do not know anything about
- without careful facilitation, discussions can start to 'drift' in terms of both their length and relevancy.

Consequently, staff need to feel confident about holding a conversation which quickly focuses on relevant details for helping the customer in a commercially realistic way.

In short, staff may benefit from a 'conversational compass'. This can help staff to:

- listen out for relevant information
- ask questions that apply to a range of vulnerabilities (rather than different questions for every condition or situation)
- efficiently navigate through a customer's situation, and formulate a plan of action and support.

In this section, we therefore introduce 'IDEA' – again, this is another tool that the Financial Conduct Authority has recognised in its 'Practitioner's Pack'[1].

What is the evidence?

There is evidence that many staff struggle with understanding a customer's situation:

- **serious physical illness** – 26% of frontline staff, and 16% of specialist staff, report that they *"find it difficult to talk about this, as I don't know enough about health conditions"*

- **mental health problems** – 21% of frontline staff, and 17% of specialist staff, report that they *"find it difficult to talk to customers about mental health problems, as I don't know enough about mental health"*
- **addictions** – 27% of frontline staff, and 22% of specialist staff, report that in terms of their own skills and confidence they find talking about addictions 'very difficult' or 'difficult'.

Using IDEA to help structure and navigate these discussions may be of assistance in such situations.

What should organisations do?

In Figure 5 we present the IDEA technique. This can help guide staff in their conversations with customers.

It provides a technique that allows staff members to utilise their soft skills, either to navigate a *conversation* through any vulnerable situation, or to apply the framework to *written correspondence*.

Each 'compass point' covers a key issue that staff can listen out for, or ask about if the customer doesn't offer it, to get a better IDEA about the customer's situation:

I **Impact** – when speaking to a customer, staff should ask them what the vulnerable situation either stops the customer doing in terms of their financial situation, or what it makes it harder for them to do. Equally, for *written correspondence*, staff could ask themselves what they can learn from any letter or email about how their vulnerable situation is affecting their finances. This will help provide valuable insight into both the severity of the condition and its consequences.

e.g. "*What has the impact been on your personal and financial situation?*"

D **Duration** – staff should discuss how long the customer has been living with the reported vulnerability, as the duration of different situations or conditions will vary. This is often clear or implied in written correspondence too. This can inform decisions about the amount of time a customer may need to consider certain options or take positive steps to improve their financial situation.

e.g. "*So when did this first start to happen?*"

Figure 5: The IDEA tool

IMPACT
What happens? How bad is it?

ASSISTANCE
Is the person
getting any help?

DURATION
How long has it
been going on?

EXPERIENCES
Has it happened before?
Could it happen again?

E **Experiences** – some people may have more than one experience or episode of their vulnerable situation, whilst others may just have the one. Staff will need to take such fluctuating situations into account (including the effects of any medication). This will involve considering both what support the customer needs in relation to their vulnerability, as well as how this relates to addressing the customer's financial situation.

e.g. "*Has this happened before?"*

"How has it been?"

"To help me understand your situation better, can you tell me whether this has happened before?"

A **Assistance** – staff should consider whether the customer has been able to get any care, help, support or treatment for their condition or situation. This could open up discussions about obtaining relevant medical evidence whilst on the telephone. Equally, in written communications, a response can be formulated that is supportive in terms of options available to the customer for further support regarding their wider vulnerable situation.

e.g. "*Is there anything else we should know about the treatment or care you're receiving? It could help us to support you better in the future*."

Not just financial outcomes
Staff will need to consider health and social outcomes for their customers, not just financial ones. The IDEA tool provides a framework to achieve this.

Most importantly, IDEA allows staff to concentrate on finding out the most relevant information for action – staff can listen to what the customer is saying or has written in letters, but if in conversation a customer starts going 'off track', staff can use IDEA like a compass to help re-focus the conversation.

When staff encounter the unfamiliar
IDEA can be helpful where staff don't know much about the vulnerable situation that a customer is facing.

If a customer mentions an illness or medical condition that staff have never heard of, covering the four 'compass points' of IDEA will ensure they have a sound understanding of the customer's situation.

However, staff can also ask for clarification if they are not familiar with the condition or illness they are talking about:

"I'm really sorry, but I don't know very much about [name of condition] – if you don't mind, could you tell me a little more about it?

"I'm really sorry to ask, but could you tell me more about [name of condition]? It's just so I have a better understanding of what it involves."

CABOT
CREDIT MANAGEMENT

Case Study 6: Cabot: understanding and connecting with customers

As the case study below illustrates, when we have identified that a customer may be at risk of detriment, it is essential we have an open conversation about this. This allows the correct strategy and actions to be put into place to ensure the wellbeing of our customer.

Trigger
Cabot received a call from a customer who explained that she was going into hospital for an operation. As she wanted a little time and space to recover from the operation, we agreed to place her account on hold.

Listening
When the customer's account was due, one of our consultants called her to better understand her current situation. The customer explained that her operation had taken place, but that blood clots in her abdominal area meant that she had to remain in hospital for an entire month.

Reassurance
We reassured the customer that we recognised how difficult the situation must be for her, and explained that we wanted to help. We shared our experience of supporting customers in similar (but not identical) situations, and aimed to make her feel safe and able to trust in us.

Connection
The customer told us more, explaining that she also suffers from bipolar, fibromyalgia and chronic diabetes. We talked about how long she has been living with these, and she explained that she had been on medication for a year, but the condition significantly pre-dated this.

Discussion
We asked if the medication had helped her manage her bipolar condition, which she confirmed. The customer opened-up and explained that her bipolar disorder had originally caused her financial difficulty, but the medication helped (although it 'slowed down' her painting and sewing which she loves to do, as it makes her feel happier).

Openness
As our rapport began to build further, the customer told us about how close her family live to her, the three daughters she has, and how one still lives at home. This led to a conversation about how they both manage financially, and the customer explained her key financial information, mentioning in turn that before she separated from her husband she was more secure.

Repayment
Talking about finances, the customer made it clear that she wanted to repay her account. We talked about how these positive steps towards repayment would make her feel, and the customer remained adamant it would make her feel good to know she was paying it off, and that it would feel great to clear it.

Outcomes
The customer currently remains with our Sensitive Support Team and is maintaining a regular payment plan. However, without our conscious work to actively listen, ask the right questions, and understand and connect with the customer, this would not have happened.

Using IDEA and TEXAS together

Some organisations report they are now using IDEA and TEXAS together in combination.

While details vary across firms, some now report using IDEA to understand the customer's disclosed situation, and to establish what information needs to be recorded and acted upon, before using TEXAS as recommended.

Other firms, meanwhile, indicate they have simply inserted IDEA into the 'Ask' questions phase of TEXAS, to ensure that they have a broader understanding of the customer's situation.

Whatever the approach, if such a use of the IDEA and TEXAS protocols helps to better understand and meet the needs of customers, then this is to be welcomed.

However, organisations should remember that the individual steps in IDEA and TEXAS have been designed to serve specific purposes (including meeting data protection requirements).

Consequently, although a combined use of both TEXAS and IDEA can be helpful, careful consideration should be given to re-ordering, revising, or removing individual steps within these protocols.

VANQUIS

Case Study 7: Vanquis: gaining trust and insight

Something wasn't right
When a Vanquis agent rang, it was clear something wasn't right. Bob sounded frustrated. He explained that he couldn't read or write and that he had asked a friend to text us. Bob used phrases such as *"I've got a lot of anger"*, *"I'm ashamed"* and *"I've got no-one - I'm lonely"*.

Using TEXAS
The agent responded by using TEXAS, and a good rapport began to be built. Bob began to reveal more about his situation: he had been in institutions all of his life following abuse, had developed a serious drug problem, and had stopped taking methadone (a medically prescribed substitute for heroin) almost nine weeks ago when he attempted to become 'clean'.

Bob had been seeing a psychiatrist in the past, but due to conflicting diagnoses, his trust in doctors had gone. Consequently, Bob had no-one to support him. Bob became tearful at times and said that although he didn't want to kill himself, he didn't want to be here either.

Refer internally, support externally
The agent listened, reassured, and responded with two clear steps:

Firstly, the agent explained that he wanted to refer Bob on to Vanquis's Specialist Support Team (SST). The SST would call him in the morning and talk through all the options on his loan and also his wider situation.

Secondly, the agent also offered Bob the Samaritans number and encouraged him to call them as soon as he got off the phone, which Bob appeared grateful to receive.

Call-back
In the morning, the SST rang and found Bob sounding utterly low. He had rung the Samaritans, but couldn't hear the person at the other end of the phone properly and had given up. Bob said it had taken him a lot to ring them, but that he wouldn't bother again. Bob wanted to sort out what was left of his loan but he had no money, was on benefits, and being unable to read or write made everything harder.

Using IDEA
Bob became agitated and upset. SST used the IDEA approach to explore what support Bob had sought or was currently receiving, as it was clear that he needed help. Bob explained that he was estranged from his family because of his past drug habit and he wasn't able to see his grandchildren any more. SST listened and acknowledged – Bob wanted and needed to talk to someone.

Samaritans
Because of Bob's unsuccessful attempt to call to the Samaritans, the SST asked whether he wanted them to call the Samaritans on his behalf. Bob agreed and was grateful that 'someone cared' enough to do that for him. SST promised to do this straight away and to call him later that day.

Outcomes: financial, emotional, and staff
SST touched base again with Bob later that day – he had received a call from the Samaritans and sounded just a little brighter. SST also advised him that it had been decided to write-off his remaining debt.

This case was highly emotive, Bob's despair and depression were tangible in his voice – both agents used sensitive and probing techniques to obtain as full a picture of Bob's situation as possible. Importantly they slowly gained his trust and allowed us to proactively step-in to help re-connect him with the urgent support that he so evidently needed.

Throughout this process, Vanquis always considers its agents who may have been speaking, listening or reading about extremely severe situations – consequently, time out, or the chance to talk through a case is always offered at the end of a call such as Bob's.

7

How well do your staff gather further evidence?

What is the issue?

There will be times where staff feel further information is needed about a customer's situation.

This often happens where a conversation has taken place with the customer, but unanswered questions, concerns or doubts remain, or the individual's situation is complex and needs further exploration.

In these circumstances, staff may consider collecting medical or other evidence from external organisations, or conducting their own 'desk research' about unfamiliar situations or situations.

When this happens, staff should think about:

1 **whether external evidence is *really* needed** – this includes being sure there is little value to further conversation with the customer, and that evidence is not being collected unnecessarily to inform a minor action.

2 **where external evidence can be obtained *from* (and in what form)** – this includes both medical evidence and other forms of evidence relating to difficult personal or social situations.

3 **which other information sources can be *reliably* used for 'desk research'** – this includes deciding which information sources offer reliable and expert guidance.

In this section we address these questions. while in Step 8, we consider the effective use of external evidence and other information to support customers.

What do we know?

Our insights come from our work on vulnerability training and change programmes with over 200 organisations and 5000 staff (see page 5).

From this, we know that organisations vary immensely in their approach to external evidence.

Some will request evidence as soon as a customer discloses a health problem. Others will only collect evidence when unanswered questions remain.

This is also reflected in data from our 2016 survey. Here, staff were asked about medical evidence collection following a mental health disclosure.

This found that:

- 29% of specialist staff 'always' asked for medical evidence to be provided about the condition
- 11% of frontline staff 'always' asked for medical evidence to be provided about the condition.

While these data only apply to mental health, such an 'automatic request' policy for medical evidence may not always be the most effective use of staff time or organisational resources.

In addition to considerations about external evidence, some organisations will allow staff to undertake general online searches about an unfamiliar health or social problem, while others will ask staff to use only specific websites or information sources.

What should organisations do?

1 Is external evidence really needed?

The decision to obtain external evidence should always depend on the customer's situation – it is a case-by-case decision, rather than an automatic action.

Consequently, staff should always review all the information already gathered about the customer's situation, and ask: ***is more really needed?***

To decide this, we recommend that further evidence is most effectively obtained when:

- an individual discloses a vulnerable situation
- the individual says the situation has impacted on their ability to manage their finances or affairs
- and a member of staff has spoken in detail with the individual to establish how their ability to manage money has been impacted

but…

- despite this conversation, unanswered questions, concerns or doubts remain, or the individual's situation is complex and needs further exploration
- additional information needs to be collected from a health or social care professional who knows the individual, in order to help organisations decide what action to take
- and the customer has given their explicit consent for such an approach to be made.

Taken together, organisations should stop and consider (a) whether they could collect the insights they need simply by talking in more detail with the individual (or an authorised third-party) about the reported situation; and (b) whether the time and resources it will take for the information to be collected is proportionate (e.g. a decision to write-off a debt will probably require auditing evidence that a 28 day 'hold' or 'breathing space' would not).

The co-operative banking group

Our approach to medical evidence

Historically, our collectors would not have been so alert to signs or indicators of mental health issues. However, the training provided by the Money Advice Trust, and the investment and focus that we have provided to all our staff during recent years, has created an awareness and greater empathy within them.

The Co-Operative's specialist vulnerability and mental health team aims to better act-upon mental health problems through actively listening to the individual needs of each customer. On referral, a specialist collector will explain their role to the customer, how they will record information, and also agree methods of communication with them.

The decision to collect medical evidence (primarily through the use of the DMHEF) is also down to our specialist team – critically, this is no longer an automatic process (as it once was), but depends on our customers' needs.

No need for a DMHEF – Miss B

Miss B has been a long-standing customer. Historically, she has entered the collections process a couple of times each year. Being self-employed, her income fluctuates and this has meant she has occasionally missed payments, only to catch-up fully a couple of months later. At no point, has she ever reported that she was living with schizophrenia – and there is no reason why she should have done so, as (for the most part) she has always managed her finances reasonably well.

In recent times, Miss B has been affected by the economic environment (as many self-employed people have been). Rather than catching-up on missed payments a couple of months later, she has continually missed payments and has ignored all attempts to contact her. After several months, the Co-Op received a letter from a Debt Management Company, who advised us that they were acting on behalf of Miss B, and she was seeking a Debt Relief Order.

When Miss B realised the longer-term implications of a DRO for her business, she contacted the Co-Op for advice. We had a number of conversations with her and through working together, not only agreed a repayment plan, but also how we could communicate with each other and our expectations of each other in the future.

Miss B has maintained her payment arrangement for the past eight months. From this we have learned that every customer, even if they have the same difficulties and same mental health problems, is still an individual with different needs and requirements.

A need for the DMHEF – Mr C

Mr C has been a customer for several years but about two years ago started missing payments. Whenever we spoke with him, he would promise to make payment but only half of these promises were ever kept. We sent him letters which he did not respond to, and when we did manage to speak to him, he was often unable to pass security checks so we were unable to discuss the account with him.

There had been no indication of any mental health issue when we had previously spoken to Mr C. We were nearly at the point of passing the account out to a Debt Collection Agency, when during a conversation we managed to have with him, he mentioned that he was in receipt of benefits. It transpired that he had a number of illnesses including depression and he was also agoraphobic.

We offered a DMHEF which he promised to get completed. It actually took two attempts to get a form completed and when we received it back, it highlighted that Mr C was on a vast range of medication (including tranquillisers) for a number of illnesses, and the GP advised that Mr C had issues around concentration and forgetfulness.

Mr C's income had reduced and he was not able to maintain his contractual payments as well as being unable to manage his finances. His wife was not permitted to deal with this, as she was not part of the account and we had not been able to obtain a letter of authority from Mr C.

Taking the information from the DMHEF into account, we arranged for field agents to visit Mr C at home on two occasions and they helped him complete a financial statement, and work out how much he could afford to pay each month. A standing order was set-up so that payments would not be forgotten. Mr C is currently maintaining payments to his account.

Debt and Mental Health Evidence Form (Version 3)

Only a health or social-care professional should fill in this form

The Debt and Mental Health Evidence Form is a standardised form that can help creditors or debt advisers collect medical evidence. First published in 2008, Version 3 of the DMHEF was launched in 2012. The DMHEF can be downloaded at www.malg.org.uk/debt-and-mental-health

2 Where can 'other evidence' be obtained?

Clearly medical evidence can be obtained from existing documentation (including medical cards, appointment letters, prescriptions, and fit notes). It can also be obtained from a health or social care professional who knows the customer (with this set-out either in a letter, or using the Debt and Mental Health Evidence Form).

However, the possible sources of 'other' forms of evidence might be less clear. In these situations, depending on the vulnerability that has been disclosed, organisations should discuss with the customer whether evidence might be best provided by:

- existing documentation
- staff working in government services such as the courts, the police, social services, or health
- staff working in recognised voluntary services such as refuges, treatment centres, or support services
- staff working in legal aid services/legal capacity
- an employer, or education or training provider that can confirm the situation that has been disclosed.

For specific situations like domestic abuse or child welfare, separate guidance does exist on the collation of helpful evidence for Legal Aid, and these resources could potentially be adapted (see 'Useful resources').

When considering collecting information from such external organisations, staff should remember that:

- these other forms of evidence should not be collected just because they exist – instead, evidence always has to fulfil a practical function in terms of understanding and insight.
- just like medical evidence, some forms of external evidence may carry a request for payment
- customers may be reluctant to approach some types of external organisations for evidence (such as an employer or training provider), as they will not want to disclose their financial situation.

Finally, when receiving any evidence from a customer, staff should immediately check this provides the required information (so as not to delay the case), and also the authenticity of the documentation.

3 Which information sources should be used?

When staff encounter a customer with an unfamiliar medical condition or social situation, they often undertake a web search to find out more.

Such online information can be helpful, but the risk exists that inaccurate information might be obtained, or may not fully apply to the UK context.

For this reason, we would recommend that searches are carried out with recognised providers such as:

- www.nhs.uk/Conditions/Pages/hub.aspx – NHS Choices provides an extensive range of health material arranged in an easy to search A to Z
- http://patient.info/medicine – for searches relating to medication, drugs, or treatment
- www.scie.org.uk/atoz/ – the Social Care Institute for Excellence again provides a helpful A to Z on social care issues and problems
- www.gov.uk/browse/justice – as part of a wider A to Z website, GOV.UK provides guidance on criminal justice issues.

What about the payment issue?

Since the publication of our 2010 report, creditors and other organisations have continued to report that General Practitioners are requesting payment for providing medical evidence.

Organisations often have difficulty in understanding the motive for such requests, as they perceive the provision of such medical evidence as benefitting both the financial and health situation of the customer.

However, GPs are not normally employed within the NHS, but instead have a contract with the NHS to provide specific primary care services. Consequently, any services 'falling outside' of this contract are likely to be charged for.

Furthermore, GPs are familiar with charging for report-writing (e.g. insurance reports) and may view requests for medical evidence in a similar manner.

What should organisations do about payment?

There are at least four options:

- make the payment – this recognises both the value of the evidence to decision-making, and also the health professional's time

- approach an alternative professional – they may decide not to charge

- challenge the payment – by explaining the health benefits of collecting the evidence, in terms of the potential health and social care benefits for the customer

- use information already gathered, or alternative forms of evidence

- seek the support of a money adviser to obtain this, as they may not be asked for a fee.

Whichever option is chosen, organisations should not pass on charges for medical evidence to the customer.

> **"**
>
> ... we will right the everyday injustices that those with mental illness encounter – starting by examining GP forms relating to mental health and debt.
>
> Because sometimes those whose illness has resulted in debt, or means they are struggling to pay their debt, have to prove their mental ill-health to debt collectors and pay their GP to fill in a form to do so.
>
> Such a process can worsen both mental illness and financial difficulties, so we will consult on these forms, with a view to ending the practice.[1]**"**
>
> **Theresa May**, Prime Minister
> January 2017

What are others doing about payment?

Following a campaign led by the Money and Mental Health Policy Institute, the Government announced in January 2017, a review of charges for medical evidence made within the English Health Service in relation to debt and mental health.

Similar discussions are also taking between the Money and Mental Health and the devolved health services of Scotland, Wales, and Northern Ireland.

Useful resources

The Debt and Mental Health Evidence Form and accompanying documentation can be downloaded at **www.malg.org.uk/debt-and-mental-health**

Domestic abuse sample violence letters: **www.gov.uk/government/collections/sample-letters-to-get-evidence-of-domestic-violence**

8

How well do your staff support customers in vulnerable situations?

What is the issue?

Supporting customers in vulnerable situations can often require more than forbearance or breathing space alone.

While the routine tools and standard support options available to staff can provide part of the solution, further help may also be required as:

- some conditions – such as autism or speech impairment – for example, can make it more difficult for customers to explain, access and get the help they need

- some situations – including addiction or recent bereavement – can cause or exacerbate a customer's financial difficulty

- even customers living with the same condition or situation can experience this in quite different ways.

Consequently, understanding these factors – and how they interact with a customer's financial and personal situation – is key before taking any action.

To achieve this, staff need to bring together all the information they have about a customer's vulnerable situation, alongside any key financial activity data.

In this section, we provide a basic process and framework to do this, including suggestions on making changes or adjustments to meet a customer's needs. This should be read in conjunction with Steps 12-16, which offer more detailed advice on supporting customers living with mental health problems, serious illness, and other conditions or situations.

What is the evidence?

Our 2010 survey highlighted the reported difficulties that staff encounter in interpreting and using external evidence. Since then, we have regularly encountered this issue among than 200 firms and 5000 staff that we have worked with on training and change programmes on vulnerability.

This is understandable – after all, bringing together what can be quite diverse pieces of information about a customer's situation is not straight-forward. However, it is important that staff are able to do this in order to support both a customer's general and specific needs.

What should organisations do?

The first action is to *bring together the full range of relevant evidence* **about a customer's situation.** Critically, this is not just evidence provided by a health or social care professional (e.g. a DMHEF or practitioner letter). Instead, it also includes:

- **the TEXAS protocol** – when the initial disclosure of a vulnerable situation was made, information may have been recorded about any impact on repayment, communication needs, the provision of assistance from a third-party, or sign-posting to external or internal agencies

- **the IDEA 'compass'** – used during more in-depth conversations with a customer, this should have provided insights on impact, duration, experiences, and assistance

- **financial activity data** – income and expenditure data is clearly key, and it may be possible to identify patterns in recent account use information supplied by third-parties such as debt advisers or carers.

The second action is to *organise* **this information** – each organisation will have its own priorities, but we use four headings:

a what actions do we usually take for a customer?

b what specific health, financial or other factors need to be taken into account for this customer?

c what reasonable adjustments could we make to take these factors into account (see Figure 6)? This includes adjustments suggested by the customer.

d if making adjustments, what needs to happen now (i.e. while speaking with the customer), directly afterwards, and over time?

The third action is to ensure that staff *understand this evidence*, **and the** *options for decision-making*. This includes the realistic options for decision-making that are available, and whether these parameters need to be reviewed or revised. Where an unusual situation or set of circumstances arises, there may be benefits in referring this to a 'customer review panel' (see Case Study 9).

The fourth action is to make the decision, to communicate this to the customer and colleagues, and then act upon it. Information about the decision should also be recorded, so that any adjustments or actions are not forgotten or overlooked.

BARCLAYS

Case Study 9: Barclays: using a customer review panel to address vulnerability

One of the key elements of Barclays' approach to supporting customers in vulnerable circumstances is our Customer Review Panel.

This is a weekly meeting involving key stakeholders across the business to discuss customer accounts where a solution outside of policy and procedure is required. It is attended by senior management alongside colleagues from Credit Risk, Legal, Compliance and Product.

In 2016, over 350 individual cases were discussed, providing bespoke solutions for customers in vulnerable circumstances. Regular review of the outputs from the Customer Review Panel has also led directly to the creation of new forbearance treatments, meaning frontline colleagues are further empowered to support customers at first point of contact.

Case study: Multiple Sclerosis
One particular case involved a customer who was diagnosed with Relapsing Remitting Multiple Sclerosis and had to resign from a highly paid job to take a less stressful job with a much lower income.

This unfortunately led to their mortgage becoming unaffordable and her account fell into significant arrears. Given the long-term nature of the customer's condition and lack of affordability, a short-term reduced payment arrangement or term extension was unsuitable.

Barclays' intention was to support the customer in their wish to remain in their own home for as long as possible, before their condition deteriorated to the point where they were unable to live independently and had to sell their house and move in with parents.

As such, the case was presented to the Customer Review Panel, who agreed with the proposal to reduce the customer's interest rate, convert their repayment mortgage to interest only on a permanent basis, and capitalise the arrears that had accrued on the account. This meant that the customer was able to cover the interest payments to their mortgage and also make a small capital reduction each month.

The customer now has the security that they need to remain in their own home without the additional worry of the mortgage and they are able to concentrate on living an independent life and managing their condition as best they can.

Figure 6: What adjustments could we make for this customer?

- Could we sign-post to the advice sector for income maximisation, benefits advice and budgeting advice?
- Could we involve appropriate staff/departments within our own agency to progress this appropriately?
- Could we make flexible changes to payment arrangements?
- Could we change the way staff work to support the customer?
- Could working with an authorised third-party help?
- Could we encourage the customer to seek independent money advice?
- Could we freeze automated letters or telephone calls and rely on key individuals or teams to monitor the accounts identified as higher risk?

- Are we required to make any reasonable adjustments under the Equality Act?
- Could we review the forbearance solutions?
- Could more staff time to deal with the issue help?
- Could we find a better time of day, or perhaps a different method of communication for this customer?
- Could we consider third party support?
- Could we make adjustments to support customer decision-making?
- Could we use Plain English in written communication?
- Could we freeze activity until the customer can make an informed decision?

9

How well do your staff work with partner organisations?

What is the issue?

There will always be a limit to the help and support that organisations can give to those in vulnerable situations.

This is because some customers will require assistance that only external, and typically specialist, agencies or services are able to provide.

Importantly, recognising this need for external support does not mean that organisations have no role to play in such situations.

For example, where financial difficulty and a serious health problem negatively interact with one another, there is a need for both parts to be addressed. Without this, recovery in financial and personal terms cannot be achieved.

For this reason, the establishment not only of referral links, but also partnership working between organisations and external bodies is required.

In practice, however, this can be more difficult to achieve than might otherwise seem.

What should organisations do?

There are at least six actions that organisations can consider in relation to establishing partnerships:

- **start with financial difficulty** – before considering the wider range of vulnerable situations, organisations should start with the basics: reviewing their arrangements for referral and support from a range of debt and money advice organisations. If these are not up-to-date and functioning well, they should be attended to first.

- **review existing lists** – firms often have a list of helping services for different vulnerable situations that 'has always been used' by the business. However, these lists can often be narrow in scope, do not always reflect the full range of services that exist, and contain out of date phone, web, and social media contacts.

- **look beyond obvious partners** – while there are numerous and well-known charities that exist, consider whether less known, or less considered options are open. This can involve taking steps to establish innovative partnerships (see Case Study 10 and 11).

- **establish what type of relationship is needed** – organisations need to decide what level of partnership they want to establish. This can range from simply knowing which phone number to pass to customers, through to setting-up warm transfers of calls to a service, to bringing in organisations to review working practices.

Where a relationship is established, organisations should also consider getting your partner organisation to:

- **'walk through' the different customer journeys that exist in your organisation** – in doing this, your partner can help to evaluate these journeys and processes in terms of what they believe would constitute good practice for the individuals they work with

- **share examples and case studies from individuals in vulnerable situations that they work with, and who have used your services** – this can help to identify areas of weak and strong practice, and to establish how your organisation is perceived by customers living with a particular condition or situation.

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NatWest

Case Study 10: NatWest: embedded debt advisers

Serving customers well is what NatWest colleagues aim for every day – and this is no different for customers in vulnerable situations.

Within our Debt Management Operation (DMO), we manage our personal and business banking customers in financial difficulty and have set-up dedicated specialist support teams (SST) to provide extra help to those customers in vulnerable situations.

As part of this work, we have partnered with other organisations to make a tangible difference. One of these key partnerships is between the bank and Citizens Advice Southend which has run since September 2015.

Our partnership with Citizens Advice

The bank provides support and funding for two Citizens Advice colleagues (job share) within the bank's DMO premises. These colleagues provide an independent advice service for our most vulnerable customers, and are based alongside our colleagues in the SST (where they can take calls in a private room to ensure confidentiality and independence).

The key benefit of this has been our ability to immediately refer calls to this dedicated resource. This has allowed us to encourage customers to act at an early stage to gain access to this additional support from Citizens Advice.

Making a difference

When things start to go wrong in a person's life, we know that sometimes their first interaction will be with a creditor, rather than any other organisation or professional. For this reason, our partnership with Citizens Advice provides the perfect opportunity to link customers in a vulnerable situation with an independent adviser who can stop an initial problem becoming a real crisis.

To date, the feedback both our colleagues in terms of being able to provide a service which makes a real difference, and what Citizens Advice Southend have received from their customers, has been excellent and indicates that this initiative is working for our customers.

BARCLAYS

Case Study 11: Barclays: working with Social Services

Colleagues at Barclays will often see customers that they are concerned about, but who need help that Barclays is not able to provide.

These include customers who are experiencing significant challenges in their life such as the onset of disability or impairment, where the customer has had a life-changing accident or illness, or situations involving mental capacity limitations or financial abuse.

While our colleagues will always want to help these customers, we are aware they do not always know where to send customers to get help.

Consequently, we have been working on a pilot project with Manchester Social Services – this aims to raise awareness about where colleagues can refer customers to for additional help, including referral to adult social care provided by the Local Authority (to over 18s).

The pilot project

For eight weeks, we ran the pilot project in three of our Manchester branches. It involved information not only on Social Services, but also about how to make effective and timely referrals to emergency services, external support groups, and health professionals. We also trained colleagues specifically on making referrals to Social Services, which included:

- **understanding** – what types of customer cases would be suitable to engage Social Services with

- **questions** – what initial questions to ask of the customer / what actions to take (e.g. taking the customer into a private room to talk to them, find out if they are getting the support they need, explain you'd like to talk to Social Services on their behalf about their situation)

- **consent** – how to obtain customer consent for referral (while recognising that in the most serious or concerning cases, it might be in the customer's best interests to make a referral if this consent could not be obtained)

- **information** – the project ensured that only limited data about the customer would be shared with Social Services (this data did not include any financial information, but did include the customer's name, address, phone, and details of Barclays' concerns)

- **referral** – how to refer to Social Services (and what customer information can and cannot be shared)

- **recording** – what information to record on the customer's record about the referral.

We gathered feedback from our colleagues and are currently working with Manchester City Council to evaluate the results of the pilot to understand how it has worked, what can be improved, and how this might be rolled out more widely across the country.

10

How well do your staff end conversations involving vulnerability?

What is the issue?

Conventional guidance on ending conversations with customers will usually emphasise the importance of:

- **a summary** – of what has been discussed and agreed
- **a confirmation** – of understanding and required actions
- **an invitation** – to either ask questions, or for more help.

Clearly, these conventions also apply when working with customers in vulnerable situations – and when this happens, there is no need for any further action.

However, there will be times – due to the situation the customer is in, or the condition they are experiencing – where ending the conversation is more difficult.

In this section, we start by considering one of the most common challenges related to vulnerability – where 'bad news' needs to be broken to a customer – and finish by addressing how conversations with customers in vulnerable situations can be effectively ended.

What is the evidence?

Our survey asked participants in specialist teams about the most difficult challenges they faced – 'breaking bad news' was in the top ten most cited difficulties (Box 7).

What should organisations do?

1   Breaking bad news

Sometimes it is not possible to achieve everything that a customer in a vulnerable situation might be hoping for. This may include the customer requesting a write-off that is not possible, an impractical repayment arrangement, or another form of activity.

In these situations, staff will need to explain why they haven't been able to achieve the outcome that they, or the customer, might have been hoping for.

This can be challenging to hear in normal circumstances. However, where a customer is already dealing with a vulnerable situation, receiving such 'bad news' can be difficult, distressing, and potentially even damaging to a customer's mental wellbeing.

Consequently, it is important that staff carefully and sensitively deliver such information. To do this, staff can use the SPIDER protocol.

Spider

The SPIDER protocol is partly based on a resource originally created to help doctors deliver 'unfavourable information' (bad news) to patients about their illness[1].

Comprised of six steps, SPIDER helps staff to deliver bad news in a language that the customer will understand, in a way that minimises emotional distress and impact, and with the aim of clearly explaining what happens next.

While the protocol cannot change the nature of the news that will be delivered, it can make it easier for staff to both deliver it, and meaningfully discuss with the customer the practical consequences of this news.

S   **Set** your scene (where possible) – you may be nervous at delivering the news, but use the structure below to help.

Thank you for speaking with me today, as it's really important that we discuss this issue of...

P   **Perspective** – understand the customer's viewpoint. What do they know/have been told about the situation?

To start, I want to make sure I understand your view of the situation. Can I ask how you see things? And what do you think are the options for action?

I   **Invitation** – how does the customer want the information? Do they want just the decision, or the decision and reason? Always let the customer know they can ask questions at any point.

I've got some information I need to share with you. It's about a change to the way we work together. Is it OK to discuss this with you?

If the customer declines the invitation, sensitively ask why – if possible, make adjustments and continue, or re-arrange.

D   **Deliver** – deliver the news. Use simple and jargon-free language, break the information into chunks, and pause after each chunk to let the news 'sink in'.

I'm sorry, but I have some news for you which is probably going to be disappointing. We're not going to be able to do... The reason for this is because...

E   **Empathise** – some customers will interrupt as you share the information, while others will remain silent. Give the customer any space they need to express their feelings, and listen carefully and with empathy (see pages 64-65).

R   **Recap** – summarise and recap what has been discussed, checking that the customer understands the situation. Where new arrangements need to be put into place, ask the customer if they are ready for that discussion (most will be, but some may be particularly distressed)

We've talked about a lot of things today, can you please tell me what you've understood?

Are you OK to discuss the new arrangement? If not, let's set a time for a follow-up discussion.

Box 7: Breaking bad news

Most difficult specialist team challenges (qualitative data analysis)

"Having to relay a negative response from the original collector we are working on behalf of to a mentally ill customer, i.e. If medical proof is not accepted by a client to write-off the balance, we have to inform the customer of this which we are aware could impact further on their health".

"Difficult challenges are when customers are ringing for access to funds to help with possible rent or food – yet no funds are available and we cannot offer any further lending."

"Telling them the consequences when all options have been exhausted and telling them of the eviction proceedings."

"...not always being able to give them what they want or ease the financial burdens they face effectively particularly in terminal illness cases."

Notes: 'breaking bad news' was in the top ten issues reported by specialists in response to a qualitative question which asked "As a specialist member of staff, what would you say are the most difficult challenges you face when dealing with customers?"

Taken together, the SPIDER protocol ensures that staff firstly understand what the customer already knows about the situation, secondly that they deliver the 'bad news' in a clear and comprehensible way, before thirdly attending to the customer's emotional response. Finally, by checking the customer's understanding of the situation, staff members are then able (if necessary) to raise the issue of a new arrangement, plan or solution.

Critically, staff should always remember that while receiving any 'bad news' will be difficult for the customer, if this is given in the right way, it will help them plan for the future.

Phoenix

Case Study 12: Phoenix Commercial Collections: breaking bad news

It is not always possible to tell a customer what they want to hear – particularly if they are in a vulnerable situation.

Phoenix's approach is to attempt to reach a mutually beneficial outcome for the customer and creditor, as in most cases writing off the debt is not feasible. However, this often conflicts with the wishes of customers, when their initial desire is to make the problem disappear.

A particularly difficult case involved Mr B who called Phoenix to explain he was in receipt of benefits and unable to pay. The agent attempted to discuss repayment solutions but Mr B was unwilling to discuss his financial circumstances, and told the agent that he had suicidal thoughts in the past and could not deal with this.

Upon referral to a specialist advisor within the Welfare Team, Daniel, it was established that the customer had been suffering with depression for four years and also had a heart condition. He was, however, taking medication and his illness had stabilised.

Mr B was able to understand and engage with the collection process, but persistently requested that Daniel return his case back to the creditor. He stated that he was worried and anxious about the prospect of an enforcement agent visit to his home.

Daniel explained the legal process and that he could not return the case upon request. Daniel assured Mr B that he could assist him to resolve the matter without the case escalating to a home visit and proposed an extended payment plan, which he would personally manage and monitor until the case concluded. He suggested he end the call and leave Mr B to consider the proposal. Upon calling Mr B the following day the arrangement was agreed.

Customers often believe that returning their case to the creditor relinquishes them of the debt, but the debt remains live and the creditor will often utilise alternative collection methods or refer the case to another agency. This simply elongates the burden and distress for the customer unnecessarily, when there are often solutions to their debt problems, if the correct support is available.

Daniel has contacted Mr B every month as promised to collect the agreed payment. Mr B made his final payment in February 2017 and wrote to Daniel to thank him for his support and stated that tackling his debt issue been a great relief and led to an improvement in his health.

2 Ending conversations

Organisations will have their own protocols for bringing a conversation with a customer to a close, and it is not our intention to overlap with these.

However, staff should be aware of some of the difficulties encountered in relation to ending calls with customers in vulnerable situations, and have strategies in place to deal with these:

- **circular endings** – due to their often sensitive nature, calls involving vulnerable situations can become lengthy, repetitive, and circular. To end these calls, staff can draw on common techniques (such as using the customer's name to get their attention, regain control, and then end the call), but also through statements such as:

  "We've been talking for a little while now, and I've learnt a lot from this. I need to now summarise what we've agreed and what will happen next."

  "[Mr Fisher] – sorry to interrupt you, but I now have the information that I need. Why don't I summarise what our next steps are…"

  "We've covered a lot of useful ground. Let's now arrange another time to speak, once you've had the time to think the options through."

- **sudden endings** – when discussing a vulnerable situation, some customers will suddenly end the conversation (either by hanging-up or walking out). The staff response to this will depend on both the conversation and what is known about the customer. However, if the customer has made reference to hurting themselves (or others), then attempts to contact the customer should be made, as well as potential involvement of the emergency services (see Step 13 on suicidal customers).

- **difficult endings** – in some circumstances, customers in vulnerable situations may have had a long relationship with a specialist team or staff member. These relationships, however, usually cannot be maintained indefinitely, as this would stop other customers from accessing specialist team support. When the customer's period of vulnerability is either coming to an end, or has passed, it can be difficult for the customer to no longer have this contact (particularly where the customer might be socially isolated or report being lonely). In situations such as these, the SPIDER protocol can be used to help explain such transitions.

11

How well do your staff record data about vulnerability?

What is the issue?

The legal landscape determining the recording, storage, and sharing of personal data is changing – however, the rationale for recording relevant data on vulnerability remains the same as ever.

Unchanging rationale

Organisations should collect relevant and accurate data when a vulnerable situation is disclosed, or information is made available to them, as this:

- helps staff to make informed decisions

- enables subsequent dealings to proceed efficiently because all relevant information is available

- is especially beneficial with some vulnerable situations (such as mental health problems) where it can be difficult for individuals to disclose a vulnerability, or for staff to identify, ask about, or discuss such vulnerable situations

- allows staff to be more responsive to a customer's circumstances

- saves individuals from having to repeatedly disclose this information (which can be traumatic, difficult, and runs the risk of a disclosure not being recorded)

- allows an individual's vulnerable situation to be taken into account in a way which assists both the commercial recovery of the debt and the personal and health recovery of the individual concerned.

However, the processing of such data must be undertaken in a way which not only builds trust with customers, but which also complies with a wider and changing legislative landscape.

Changing landscape

While the UK has voted to leave the European Union, this is unlikely to take place before the introduction of the General Data Protection Regulation in May 2018.

This European Union Regulation sets out higher standards for the processing of personal data, which all businesses in the UK are expected to prepare for, and ultimately meet.

Current guidance from the Information Commissioner's Office underlines the need for all businesses to prepare. This is because the Government will adopt the GDPR.

To assist firms, the ICO are publishing a series of briefings on key aspects of the GDPR[1]. These will emerge alongside summaries from the EU's 'Article 29' working group, including a briefing focusing on personal consent.

This section

Given the evolving discussion around UK and EU data protection legislation, we use this section to simply reflect on the key components of recording and using data in relation to vulnerability.

Later in 2017, the Personal Finance Research Centre will publish a more detailed guide on vulnerability and the evolving legislative situation regarding personal data.

What should organisations do?

1 **Relevancy** – a common problem that firms have with 'vulnerability data' is training staff to decide what constitutes relevant information. Without this insight, staff either record masses of information, or too little. The TEXAS and IDEA tools will help staff in this respect. However, organisations cannot expect staff to record relevant information unless they show them what this looks like. This means providing – in training, team meetings, or elsewhere – a clear explanation and worked examples of what information the firm needs in order to either decide what support a customer requires, or what other action is needed. Unless staff are 'walked through' this information, and shown how it is used elsewhere in the business, they will often continue to record information of varying relevancy.

Box 8: The need for a clear explanation (Data Protection Act 1998)

What does the Data Protection Act say?
Under the Data Protection Act, there is a fundamental and over-arching requirement for organisations to always collect, use, retain, or dispose of personal data both fairly and legally. One aspect of this requires the organisation receiving the data to tell individuals providing such information how it will be processed and used.

Guidance accompanying the Data Protection Act indicates that the duty to explain is strongest when the information is likely to be used in an unexpected, objectionable or controversial way, or when the information is confidential or particularly sensitive (which includes health data).

What are the practical implications of this?
Establishing a written vulnerability policy will help ensure that all staff in an organisation clearly and consistently explain to the individual how data about an individual's health and vulnerable situation will be used and processed.

What does the Information Commissioner's Office say?
Following discussions with the Information Commissioner's Office from May 2012 onwards, the following statements were made by the ICO:

"Processing personal data must be fair, and fairness generally requires you to be transparent, clear and open with individuals about how their information will be used.

"If creditors want consumers to communicate with them and be open and honest about the difficulties they face in repaying their debts then they themselves will need to be upfront about how they will process the data when it is volunteered to them..."

Why is it necessary to explain – isn't it obvious to customers?
Guidance on the Data Protection Act does state that it is not necessary to provide an explanation in situations where it would be obvious to the individual how that data will be used, or in ways that individuals might reasonably expect.

However, there are three reasons why this would not apply to individuals sharing information about a health problem:

• robust evidence exists that it is neither obvious to individuals in some vulnerable situations (such as those with mental health problems), or frontline debt collection staff, how such data would be processed

• the collection of health data by creditor, debt collection agencies, or advisers is a relatively new development, and it is arguably neither obvious to individuals (nor reasonably expected) why such information would be collected

• individuals in some forms of vulnerable situation (such as those with mental health problems) may experience difficulties in understanding how such information will be processed due to their condition, or may not have the capacity (either in terms of mental capacity, or in terms of decision-making ability) at the time of contact with the organisation to understand.

Where does 'explicit consent' come into all this?
'Explicit consent' is not defined by the Data Protection Act itself. However, it is commonly understood to refer to the customer (a) receiving an explanation of how their data will be used, stored, and shared and (b) giving their permission for their data to be processed in this manner. Consequently, organisations need to pay attention to both the 'explanation' and 'permission' (or consent) aspects of their processes.

The need for such attention is underlined by one further critical fact: the Data Protection Act requires data which are of a very private or sensitive nature to be treated with greater care than other personal data. Importantly, data on a person's physical or mental health is classed as such 'sensitive personal data' (sitting alongside data, for example, on race or ethnicity, religious beliefs, sexuality, offending and criminal history).

Before organisations can begin to process such sensitive personal data, the Data Protection Act therefore requires them to (a) meet at least one of nine conditions for processing and (b) also process that data in a fair and legal manner. Significantly, the first of the nine conditions in the list is that the individual who has provided the sensitive personal data has given their explicit consent for it to be processed.

Again, this underlines the importance of organisations paying attention to both the 'explanation' and 'permission' (or consent) aspects of their processes, in order to meet the requirements of the Data Protection Act.

2 **Explanation** – building on the above, staff should be able to clearly explain to any customer who discloses a vulnerable situation how their information will be used, stored, and shared. This is important for legal reasons (see Box 8 in relation to sensitive personal data), but also because it will reassure the customer that their disclosure will be considered seriously, used constructively, and secured safely (see Step 4). This is important in terms of customer trust and rapport. It is vital, however, that customers receive this explanation *before* giving explicit consent to their information being recorded – in our experience, some staff often seek explicit consent before a customer even knows how their data may be used by a firm.

3 **Consent** – the most straight-forward way to ensure consistent and clear compliance with the DPA on this matter, is to seek explicit consent to record data about any customer disclosed vulnerable situation (including health conditions and other situations). This is the position outlined in Box 8. While it can be argued that organisations can decide on whether to seek explicit consent according to the type of vulnerable situation, this simply creates difficult judgement calls for staff (e.g. what to do if a customer discloses they have cancer and are recently bereaved – seek explicit consent for one, but not the other?), and an inconsistent approach across different creditors. Additionally, where the mental capacity of the customer to be able to consent is in doubt, support should be given to overcome this (see the BRUCE protocol in Step 12).

4 **Flags** – the use of account flags to indicate customer vulnerability is a positive development. However, organisations should plan this carefully. Firstly, having a single vulnerability flag is the simplest approach, but could lead to staff believing that a vulnerability has already been recorded, when in fact the customer is disclosing a second or different vulnerable situation. Secondly, having multiple flags can work, but needs central control – it is not uncommon, for example, that different parts of a business (such as collections, specialist support, or fraud) separately develop their own bespoke 'vulnerability flags'. The key recommendation here is for firms to review the flags that they already have in place for vulnerability, and ensure that the design and operation of these actually works in practice, as well as on paper.

Useful resources

The Money Advice Liaison Group has produced briefing notes on issues relating to data protection and 'flags': www.malg.org.uk/malg-briefing-notes

Focused support

12 How well do you support customers with mental health problems?

What is the issue?

In 2004, Professor Elaine Kempson published an invited review that – arguably for the first time – put mental health on the map of financial services[1].

Asked to consider the overall code of practice for banks and building societies, Kempson identified a need to better support customers with mental health problems.

Kempson did this as she – and others at the time – were aware of the mental health problems that people in financial difficulty could experience, and how these could potentially "impair their ability to handle money"[1] (see Box 9).

Kempson's catalyst

From 2004 onwards, Kempson's recommendations have continued to inform a series of influential initiatives on mental health within financial services (see Box 10). In broad terms, these initiatives have aimed to improve:

1 levels of identification, engagement and disclosure with customers with mental health problems

2 perceptions and attitudes within the financial services sector towards mental health

3 practical action, understanding, and support given to customers with mental health problems.

Consequently, one issue that the collections sector now needs to face is considering the impact of these initiatives – in short, have they made a practical difference?

Box 9 : Mental health and financial difficulty: five key research findings

1 **Debt increases the risk of poor mental health**: people with debt problems are twice as likely to develop depression as patients without debt[2]. The more debt a person has, the more likely they are to develop a mental health problem[3].

2 **This relationship affects many people**: one-in-two British adults with a debt problem also has a mental health problem[3]. Meanwhile, one-in-four British adults with mental health problems also have problem debts[4].

3 **Debt can make mental health recovery harder**: patients with depression and problem debts are four times more likely to still be depressed when contacted 18 months later (compared to those with depression but no problem debts)[2].

4 **Mental health problems can make financial recovery harder**: due to a lower income (e.g. unemployment, reduced hours, time off work due to illness), or customers encountering difficulties in engaging with creditors or debt advice staff[5].

5 **Collections staff can make a difference**: listening, small actions, and support can make a large difference. This can help a customer to improve their financial situation, and in turn, improve their mental health.

Impact from initiative

This guide is not an evaluation report. Nor have we studied interventions in actual organisational settings, or measured their impact on staff or customers.

However, such a debate on evaluation and impact needs to take place, for mental health and also other vulnerable situations.

This guide therefore makes a modest contribution to such a discussion by considering data – from our 2010 and 2016 surveys – on potential changes in staff engagement, perceptions, and practice on mental health over time.

What is the evidence?

In this section, we bring together data from our staff surveys (from 2016 and 2010), alongside research conducted with customers with lived experience of mental health and financial difficulties.

As will be shown, these staff data (with some caveats) point to potentially positive changes.

However, no-one should respond to these statistics by either claiming that the 'job is done' in the collections sector, or equally down-playing what may have been achieved.

For these reasons, this guide aims to balance analysis of the positive steps that organisations may have taken, while critically outlining what steps remain. To achieve this balance, we also draw on wider data from people with mental health difficulties about their experience of engaging with a range of creditors.

1 Disclosure and engagement
In the 2016 study, in a typical month:

- frontline staff reported an average of **12 disclosures** of mental health problems (disclosures from a customer or third-party)

- specialist staff reported an average of **65 disclosures** of mental health problems (disclosures from a customer or third-party)

As shown in Figure 7 (overleaf), when considered on a larger scale, these levels of disclosure for frontline staff are equivalent to 144 disclosures per year for a single member of staff, through to 72,000 disclosures for a multi-site operation with 500 frontline staff.

Has reported disclosure changed over time?
In our 2010 study on collections and mental health, staff reported that five monthly disclosures were made, on average, about customers with a mental health problem (customer and third-party disclosures).

While caution is needed when comparing the overall data-sets from the 2010 and 2016 studies, the levels of disclosures reported by staff appear to have increased.

In absolute terms, this is positive – it is more straight-forward to manage a customer disclosure, than it is to identify and raise such a situation with a customer.

The reasons for such a potential increase are potentially more difficult to ascertain. They could reflect work to create organisational environments that encourage disclosure (as in Step 2), be the result of heightened awareness among customers about the benefits of such disclosures, or be the product of a wider social context in which talking about mental health carries less stigma.

Box 10: Kempson's catalyst: five key initiatives

1 **Good practice and regulatory guidance** – key contributions have included the MALG guidelines on indebted customers with mental health problems[6], and Office of Fair Trading guidance on lending and customers with mental capacity limitations (which is now part of the FCA regulatory handbook)[7].

2 **Lived experience** – research between 2008-2016 provides key insights into contact between people with financial difficulties and mental health and their creditors (led by Mind, the Money and Mental Health Policy Institute, and the authors of this guide)[8-10].

3 **Developing the evidence-base** – systematic reviews of the published literature have shone new light on the relationship between mental health and debt, and the specific effect of individual mental health conditions[11-12].

4 **Informing staff practice** – the Money Advice Trust and the Personal Finance Research Centre have worked on programmes of research, intervention, and training to understand and respond to the challenges that frontline and specialist staff encounter in relation to customers with mental health problems[13-14].

5 **Individual organisational programmes** – most importantly, individual organisations have taken steps to improve practice on mental health – many of these are outlined in this guide, although other examples also exist.

Figure 7: Estimated number of disclosures about a customer with a mental health problem in a single year

144 disclosures	One member of frontline collections staff
1,440 disclosures	One collections team of 10 frontline staff
7,200 disclosures	One collections department of 50 frontline staff
36,000 disclosures	One collections centre of 250 frontline staff
72,000 disclosures	Multi-site operation with 500 frontline staff

Notes: this is based on our survey data which found that in a typical month, frontline staff would, report receiving a median of 12 disclosures about a customer with a mental health problem (with these disclosures being made by customers themselves, as well as third-parties).

What do customers say?
In 2016, the Money and Mental Health Policy Institute ran an online survey which was undertaken by 5,413 people with experience of mental health problems.

Participants were asked whether they had disclosed their mental health problem to any organisation that they owed money to (including organisations both within, and outside of, the financial services sector).

The study found that out of nearly 4,000 participants who answered this question, nearly eight-out-of-ten reported that they **had not** disclosed this information to a creditor (78%; 3027/3901).

While this issue requires further confirmatory research, it does illustrate an important practical point: that more customers probably choose not to disclose their mental health problem to a creditor, than those who do.

What does this mean?
The specific reasons given in the Money and Mental Health survey by customers for non-disclosure are explored further in Step 2 – these all represent barriers to engagement that organisations need to overcome.

In broad terms though, these findings from staff about levels of disclosure is a welcome development (although levels of non-disclosure cannot be ignored, and require further action).

However, whatever their level, disclosure alone does not represent a goal in itself – instead we need to remember that it simply marks the start of a process of understanding, support, and action.

What should organisations do?
In light of these findings, organisations should ensure that they continue to create environments in which customers feel confident that if they disclose a vulnerable situation, this will be taken seriously, taken into account, and not result in any harm or detriment to them (see Step 2).

In addition, organisations should ensure that when disclosures do happen, that staff are able to use techniques for handling these (such as TEXAS on page 25), as well as being able to handle more detailed conversations (by using protocols such as IDEA on page 30).

2 Perceptions: discussing mental health problems
As noted earlier in this guide, six firms have participated in both our 2010 and 2016 surveys, providing a more robust measure of change over time on mental health.

Comparing data from 2010 and 2016 from frontline staff in these six firms, marked changes in perception and attitude appear to have occurred in relation to discussing mental health problems (see Figure 8).

These indicate that when asked about working with customers, frontline staff reported lower levels of difficulty and reluctance in 2016 in discussing mental health with customers, than in 2010.

Furthermore, reported staff attitudes towards the potential abuse of mental health disclosures to avoid debt repayment, also fell between 2010 and 2016.
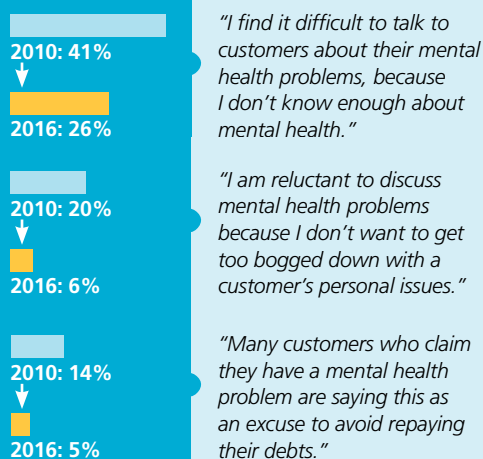
Customer perceptions
The 2016 Money and Mental Health survey asked those participants who *did* disclose a mental health problem to an organisation they owed money to, a further question: how were you treated the last time that this happened?.

Of the nearly 700 respondents who answered this question, almost one-third (30%) of participants reported being treated sympathetically and sensitively (while 58% indicated the opposite).

Meanwhile, 65% stated that their mental health problems were not taken into account (19% reported the opposite).

Finally, 35% felt they had been treated fairly in relation to their mental health (compared to 34% reporting unfair treatment).

Figure 8: Reported perceptions of mental health problems (frontline staff working in firms participating in the 2010 and 2016 surveys)

2010: 41%
↓
2016: 26%

"I find it difficult to talk to customers about their mental health problems, because I don't know enough about mental health."

2010: 20%
↓
2016: 6%

"I am reluctant to discuss mental health problems because I don't want to get too bogged down with a customer's personal issues."

2010: 14%
↓
2016: 5%

"Many customers who claim they have a mental health problem are saying this as an excuse to avoid repaying their debts."

Figure 9: Reported actions taken following a customer disclosure of mental health problems (frontline staff working in firms participating in the 2010 and 2016 surveys)

2016: 88%
↑
2010: 38%

Following a customer disclosure, % of staff who always or often discuss how their mental health problem affected their ability to pay

2016: 78%
↑
2010: 29%

Following a customer disclosure, % of staff who always or often discuss how their mental health problem affected their ability to communicate with collectors

2016: 85%
↑
2010: 67%

Following a customer disclosure, % of staff who always or often suggest or sign-post a customer to external sources of help

Notes: the above are based on data from frontline staff in six firms who participated in both our 2010 survey on mental health and collections (n=468 staff), and our 2016 survey (n=422 staff). Staff from these six firms were asked the same questions in both surveys, although it is unlikely that the same staff participated in both studies. These provide a helpful insight into changes in perception and practice within these six firms, and may be used to reflect upon, and inform discussion about, the extent to which any differences are occurring across the entire collections sector. Further data and information are provided in our separate DATA REPORT.

What does this all mean?
Again, it would be wrong to conclude that potential improvements in reported staff attitudes towards mental health represent the 'end of the challenge'.

After all, nearly a quarter of staff in 2016 still report difficulties with such conversations, while research with customers in 2016 indicates a number of key areas where improvement is still required.

However, at the same time, it would be a rash move to dismiss and devalue these potential changes in staff attitude. Although wider societal changes in attitudes to mental health are likely to have played an important part, it is equally likely (in our opinion) that a decade of work in the collections sector on mental health has helped to translate these changes into commercial culture.

Indeed, this is possibly the most important reminder for all our collective work on vulnerability – practical change takes time, persistence, and an investment of understanding and commitment on all sides.

What should organisations do?
Organisations should introduce techniques to help their staff both to start conversations about mental health (see Step 3), and also to manage these better by focusing on relevant details to help staff provide the support that is needed (see Steps 4 and 6).

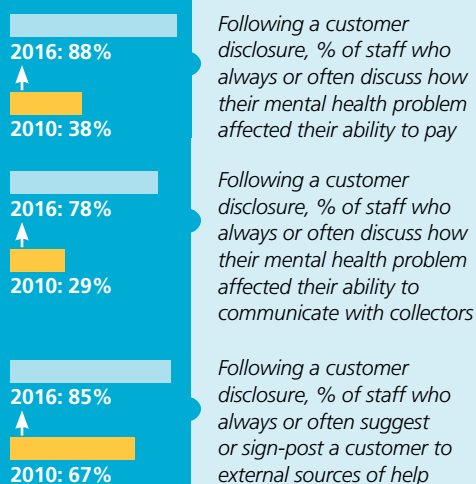**3 Practice: taking action to support customers**
Again drawing on data from the six firms participating in 2010 and 2016, the proportion of frontline staff reporting difficulty in knowing what to do after a mental health disclosure fell from 27% in 2010 to 8% in 2016 (not shown in Figure 8 or 9).

In addition, as shown in Figure 9, there were also marked increases in the levels of frontline staff who (following a disclosure) took action to consider how ability to pay, and communication were affected by a customer's mental health problem.

This was accompanied by an increase in the proportion of staff referring customers to external agencies from 2010 to 2016.

Taken together, these represent positive improvements in ensuring that staff have a better understanding of how a customer's financial situation has been affected by their mental health problem, and to consider the support that might be obtained from external agencies.

Customer reports

In terms of the practical response to customers who did disclose a mental health problem, data from the 2016 Money and Mental Health survey is again helpful.

Of the nearly 700 participants answering this question, just 14% percent indicated they were asked by staff how their mental health problem affected their ability to manage their finances (78% reported they weren't).

Meanwhile, 15% of respondents reported that staff asked whether they had any difficulties with communication due to their mental health (compared to the 76% who indicated they weren't).

Finally, 35% of participants said that staff suggested they seek money advice (52% indicating this didn't happen), and 20% were given the contact details for an external organisation such as the Samaritans or Citizens Advice (73% reported that they weren't).

What does this all mean?

Again, taken together, these data present a picture where staff are reporting welcome changes in practice in relation to mental health, but consumer surveys indicate that routine questions are often not asked.

When considering this, it is important to remember that the Money and Mental Health data capture participant experiences with a range of creditors (and not just financial services, or the 27 firms in our survey).

However, we should not dismiss these findings – instead, staff in collections need to sustain the potential progress that has been achieved to date, other sectors need to look to mirror this, while throughout the customer voice must continue to be heard.

What should organisations do?

As noted previously, organisations need to continue improving the work of staff on disclosure management (see Step 4) and also sign-posting (see Step 9).

Box 11: Supporting customers: revisiting the BRUCE protocol

B **Behaviour and talk** – staff should look for clues of a limitation in the customer's behaviour and speech

R **Remembering** – provide support by:
- repeating information
- asking how best to help the customer retain the information
- asking if the customer would like the information in writing
- asking if someone else assists (a partner, family member, or a third-party).

U **Understanding** – provide support by:
- asking what the customer didn't understand
- repeating/summarising what was said/presented
- simplifying/rephrasing what was said/presented
- asking them to summarise what they did understand (to address misunderstandings).

C **Communication** – provide support by:
- identifying the customer's preferred method and channel of communication
- considering the involvement of a third-party (including a family member)
- accepting different forms of communication
- allowing more time for the customer to communicate a decision (including 'pausing' the process, to help customers overcome the effect of any temporary difficulty)

E **Evaluation** (or weighing-up) – provide support by:
- discussing each option individually – this keep things simple
- asking if someone supports the customer to help choose options
- offering to write any information down in a letter, so the customer can consider them clearly

What else can organisations do?

Staff should always start from the understanding that mental health problems are not 'all the same'.

Instead, a number of different mental health problems exist, each with their own characteristics and challenges. And even where customers have the same condition, they can experience these in quite different ways.

To provide support to such a potentially diverse range of conditions can be challenging. However, staff can take three main actions:

- **use BRUCE** – see Box 11 – to help identify any support needs the customer may have in relation to remembering, understanding, communicating, and evaluating (weighing-up) any information shared, or making a decision based upon this. This is particularly helpful where a customer may also be experiencing a mental capacity limitation.

![Optima Legal logo]

Case Study 13: Optima Legal: moving more quickly on mental health

Historically, when a situation involving a mental health problem or other form of vulnerability was identified at Optima Legal, all action on pre-legal and standard litigation cases was held.

However, this meant that little insight was gained into the severity of the customer's situation – consequently, long-term mental health conditions were classified in the same way as shorter-term problems such as temporary absence from work due to minor surgery.

The result of this was that an increasing number of cases sat in a state of abeyance pending an individual case review. This delayed any opportunities to resolve the matter, benefiting neither the customer nor the creditor.

The solution
Taking a proactive approach, we established a specialist vulnerability team, who received industry-recognised training and support from the Money Advice Trust. This subsequently led to a significant change in our management of mental health and vulnerability cases.

Most notably, this included the early identification of mental health and vulnerability triggers during conversations with customers, which facilitated quick and accurate identification of vulnerable situations by asking appropriate, empathetic and timely probing questions.

The benefits of this meant that cases of mental health and other vulnerable situations were immediately flagged and transferred to our vulnerability team. This team then completed a full review, and then either monitored the case until the vulnerability aspects had been addressed (and the customer was no longer deemed to be vulnerable), or provided the case handler with additional support and advice to help progress the matter in a sensitive and timely manner.

Furthermore, all matters on which mental health and vulnerability have been identified, even if resolved are flagged, so that the case handler is fully aware of the previous vulnerability history when deciding on how best to progress each matter.

The results
Since the new processes were adopted we have seen a vast reduction in the number of vulnerable cases sitting in an unnecessary state of abeyance.

These cases are now immediately given the time and attention that they require, ensuring that the correct outcome is obtained for both the customer and the creditor in a timely and appropriate manner. We continue to secure 100% pass rates from all clients who audit our vulnerability processes, specifically its early identification.

- **ask the customer** – they are the experts in their own condition, and will often be able to explain if they require any support from staff, and what this might entail

- **consider the practical effects** – there are a number of common ways in which mental health problems can make it harder to manage money including difficulties with:
  - budgeting and numeracy
  - form filling and paperwork
  - judgement and decision-making
  - memory and time-keeping
  - concentration and motivation

  Where these are present, this becomes less about the specific mental health problem or condition in question, and more about the provision of a solution to meet that need.

13

How well do you support suicidal customers?

What is the issue?

Even for the most experienced staff members, being told that a customer is thinking of suicide can be daunting.

In these situations, staff will instinctively want to both take this risk seriously, and keep the customer safe.

Where a clear and well communicated suicide policy exists, staff are more able to achieve this – whether this involves referral to others, or careful listening to understand more.

However, where such a policy is absent, incomplete, or even unknown, staff are more likely to be unsure about what to do or say.

This can result in **all staff**:

- feeling awkward, unprepared, and fearful about holding even the shortest of conversations with customers who are suicidal
- feeling anxious about saying the 'wrong thing' and its potential impact on what the customer might do next
- not effectively involving colleagues or external agencies in the 'right way' or at the 'right time'

While there can also be a specific impact on:

- **frontline staff** – situations will arise where a suicide disclosure cannot be referred to a specialist, but where this disclosure cannot be ignored
- **specialist staff** – suicide disclosures often do not only require an immediate response, but also support from specialist staff over the longer-term.

Developing a suicide policy that considers these issues is key – a need only heightened by evidence from our 2016 study on current disclosure levels of suicide, and staff responses to these.

What is the evidence?

Firstly, looking at the last 12 months:

- **1 in 4** frontline staff reported that they spoke to at least one customer they seriously believed might kill themselves[A]
- **657 conversations** were held by these staff with customers believed to be at serious risk of suicide
- **each one** of these conversations marked the start of an opportunity to prevent a life being lost.

Secondly, while the outcome of these conversations is unknown[B], the difficulties staff have in responding are evident:

- **25%** of all frontline staff report being unsure what to do in such situations
- **18%** report their organisation does not have a clear policy on how to respond
- **24%** report being unable to give out details of helping organisations
- **37%** believe they haven't received sufficient training on dealing with suicidal customers.

Thirdly, these findings are important as:

- they represent the first-ever UK data on levels of collections staff contact with suicidal customers
- they only focus on customers who staff seriously believed were at risk of suicide (our analysis excluded 'heat of the moment' or 'turn of phrase' disclosures)
- across our sample there were 657 potential opportunities to prevent a life being lost, while disclosures of serious suicide risk could be happening as often as every three days in some organisations (see page 13).

Specialist staff

As might be expected, specialist staff have higher levels of contact with customers at risk of suicide:

- **more than half** of all specialist staff reported speaking to at least one customer they seriously believed might kill themselves in the last 12 months
- **1250 conversations** were held by these staff with customers believed to be at serious risk of suicide

Again, each one of these conversations marks the start of an opportunity to prevent loss of life.

[A] Frontline staff (and specialist staff also) were asked both about the total number of customer disclosures of suicide they received (including 'in the heat of the moment' comments), and the number that they received which they seriously believed might result in the customer taking their own life. We report the latter figures in this report. Further data, however, are available in the DATA REPORT.

[B] Our survey was not able to measure the outcome of the conversations that staff reported having with customers.

Like frontline staff, specialist staff also report difficulties in responding to disclosures of suicide, despite their additional experience and training,

- **16%** of all specialist staff report being unsure what to do in such situations
- **15%** report their organisation does not have a clear policy on how to respond
- **15%** report being unable to give out details of helping organisations
- **39%** believe they haven't received sufficient training on dealing with suicidal customers.

Our DATA REPORT contains further survey results on reported disclosures of suicidal thoughts or behaviour.

Qualitative insights
As with all statistics, it is possible to debate their interpretation and importance.

However, every conversation about suicide represents both a potential challenge to staff, and a potential opportunity to prevent the loss of a life.

These challenges and opportunities are clear from the qualitative data provided by staff (see Figure 10). These are verbatim quotes, in staff members' own words, and show that even small changes in the way staff listen to, understand, and respond to disclosures, can potentially lead to significant changes in customers' lives.

What should organisations do?

Developing an effective suicide policy for staff clearly involves more than knowing a helpline number.

Organisations should therefore consider:

1 **role of frontline staff** – what is expected?
2 **disclosure** – how can staff respond?
3 **post-disclosure** – what can specialist staff do?
4 **staff support** – what support is available to staff?

In this section, we consider each of these in turn to provide the basis for policy and practical action.

> **"**
> [He] called back two days later… and told me that I saved his life. I felt so proud. [What he] needed was a human being to listen."
>
> **Frontline collector**

1 Role – what is expected of frontline staff?

For many frontline staff, a customer disclosure of suicide will often trigger an immediate referral.

This might be internal to a manager or specialist team with more experience. Or, it could be external to organisations like the Samaritans, or CALM.

In terms of taking disclosures seriously, and prioritising the safety of the customer, this is understandable.

However, it does not follow that these staff should always have a referral role when it comes to suicide.

Rationale
The rationale for this includes:

- **not every firm has specialist staff or teams** – in these situations, everyone is 'the frontline'
- **not every customer will want a specialist** – disclosure often reflects trust in a specific person, and such trust isn't as easily transferred as a call. It is also important to recognise that this isn't just about specialist teams, as not every customer will want to talk to an external organisation or a GP.
- **not every transferred call can be answered** – specialist team members may be busy on other calls, and their 'working hours' are usually shorter than those of frontline staff, so gaps are inevitable (particularly at weekends, evenings and holidays).

Furthermore:

- **customers referred to specialist teams will not indefinitely stay with these teams** – frontline staff may encounter customers *previously* at risk of suicidal behaviour, and should be able to discuss this if it is disclosed
- **financial difficulty can increase the risk of suicidal thoughts and behaviour** – where relevant, interventions to address or reduce financial difficulty may therefore help to prevent suicidal behaviour. This does not, however, remove the need for emergency or listening service interventions. Rather, it complements these, targeting a factor these services will not address themselves.

For these reasons, considering whether frontline staff should have core skills in working with suicidal customers, rather than referral duties alone, could yield benefits for all.

Figure 10: Qualitative insights into suicide disclosures: staff data

Having to act

II The customer's account was actually with the specialist support team but the customer had called into recoveries as the Specialist team did not work on the Saturdays.

The customer was very tearful and the notes explained customer was vulnerable. Mr was explaining about letters he had received and that he was told he shouldn't receive them. Mr was saying during the conversation he feared for his life as well as that he was going to cry."

Always taken seriously

II The customer was being evicted in 20 minutes time and the customer advised that his house was his main possession and that if we took it he would take his own life...

...I questioned in my mind whether the customer's threat was serious or just a panicked excuse considering the timing, but in situations such as this I believe all threats like this must be taken seriously."

Every second was time well spent...

II One particular example recently that's fresh in the memory is of a man who opened up to explain that he had been self harming over the last 12 months and had tried, planned but thankfully not followed through with the notion to take his own life.

We built up a great rapport enough for him to reveal that owing to many unlucky instances in his life, he lost his job, his wife left him, he became depressed and wasn't at a time, allowed to see his children.

It developed from there and he explained in detail a gradual spiral of misfortune, coupled with an ever increasing debt problem which led him to a local cliff where his plan was to jump off. The only thing that stopped him was the guilt for those left behind. Thankfully he had since sought the help that can assist, MIND, Samaritans and the free debt advice. That conversation lasted over 40 minutes but I believe every second was time well spent."

Notes: the above quotes are taken from answers given by 810 frontline and specialist staff to an open 'free text' question about their experience of working with customers who disclosed suicidal thoughts or behaviours.

Emergency action required

II Customer had been called by us re another account, and had had a disagreement with the first caller.

When I called re a different account 20 minutes later, she had slashed her wrist, but not the main artery. I offered ambulance she declined as she knew what to do as done previously and worked in NHS, offered Samaritans she declined, offered to call friends and family declined, said was feeling suicidal but should calm down within 24 hours, call ended on good note, spoke with managers at end of call and decided to ring 999 and report to the ambulance service, nothing else heard."

Turn of phrase

II Established on the call whether there was a real threat of the customer taking their own life. The customer confirmed that they were not serious about this and that they were merely trying to illustrate how they feel about their financial situation."

Positive change in culture

II This was a number of years ago when we did not take such information seriously. The customer advised they might as well kill themselves if we proceeded with repossession action but I took no action as this was the procedure at the time. I did not take much notice of this as such utterances were part and parcel of collections life in those days."

It made a difference

II Customer was on phone who advised they lost their wife and child in a car accident and had took pills. I kept customer on phone as long as possible to keep awake then called police to advise ambulance service address. Customer called back 6 months later to thank me.

I could hear the little girl crying in the back of the car

II ...she replied by saying she doesn't really care she has been thinking of ways to kill herself lately. Customer then said she was driving her car with her young daughter in the back and was thinking about speeding up and driving into and under the lorry in front.

I could hear the little girl crying in the back of the car so I asked the customer where she was, where she was going to and flagged down my team leader. My team leader listened in remotely and told me to transfer the customer to our specialist support team. I later checked in with the specialist support agent who advised they passed the call through to the Samaritans as the customer had calmed down a bit and was no longer going to drive into the lorry in front."

2 Response – what actions should staff take?

A customer disclosure of suicidal thoughts or behaviour can mark a critical moment of opportunity.

For the customer, telling someone that they want to take their own life, may not mean they actually want to die. Instead, it means that they do not want to live the life they have, and want things to change.

For the staff member, it represents the beginning of an exchange where a customer's life might be seriously at risk, and where it is important to fully understand the situation before taking action.

To manage disclosures such as these, staff may find it useful to follow the '**BLAKE**' protocol (Figure 11).

Importantly, this doesn't aim to 'cut out' the involvement of colleagues or referral to specialists, and staff can refer internally or externally at any point in the protocol.

Instead, BLAKE aims to give all staff the core skills for handling suicide disclosures for as long as they need to, so they are able to (a) help customers if specialist staff are not available, and (b) are able to make any referral (internal or external) with a clear summary of the situation and key risk factors.

Reassuring the customer

Where customers are believed to be at risk of suicide, staff should explain that any financial difficulties can be addressed, but that the *primary concern* is getting the customer the help that they need at that precise point in time.

Staff should explain to customers that their financial situation will not worsen or be penalised during this time, and help can be given to resolve any financial difficulties at a later point.

Doing this is important, as financial difficulty can be a risk factor for suicidal thoughts. Once the situation is stable and safe, staff should return at a later point to address these financial difficulties.

Taking time to listen

Disclosures of suicidal thoughts will often require time, active listening, and careful discussion.

Simply listening, however, can play an important part in helping the customer. As well as showing that someone cares about their situation, the state of feeling actively suicidal is often short-lived. Consequently, while a person may be distressed or depressed for some time, the actual period in which they may consider taking their own life can be short.

Terminated calls

It is not uncommon for customers who have disclosed thoughts or behaviour related to suicide, to hang-up during a conversation. If this happens, the customer should be re-contacted immediately.

If an imminent risk of harm to the customer was emerging during the conversation, staff should contact the emergency services, as well as calling the customer back.

If the risk of harm is not as severe, and the customer cannot be re-contacted, further attempts should be made that day and week. Staff can also consider contacting the police for a welfare check.

Involving colleagues

Organisations may wish to consider whether their policy on suicide covers the involvement and role of other colleagues. In some situations, for example, staff may benefit from signalling to colleagues that a customer is at risk of suicide (e.g. by standing up, or raising a hand/sign).

Colleagues can then act to provide relevant support (including finding helpline numbers, listening into the call to advise, or calling the emergency services while the staff member keeps the customer on the line).

Data-recording

Where a customer is believed to be at risk of taking their own life, the Data Protection Act 1998 allows data to be recorded and shared *without* explicit consent (under the 'vital interests' provisions where a risk of significant harm to life is believed to exist).

Working with helping agencies

If the customer is not at immediate risk, but staff still have concerns about their wellbeing, then staff can introduce them to a helping organisation. Box 12 on page 60 describes how to do this for the Samaritans, but other agencies exist. As always, it will be important to record any relevant information about the disclosure. This will allow other staff in contact with the customer to know about the situation.

Written correspondence

Not all disclosures of suicidal thoughts are made by customers on the telephone – disclosures by letter, email, text and social media can also be made.

In these situations, organisations should attempt to contact the customer on the phone where that is possible, as well as replying to the written correspondence, and asking the customer to make telephone contact (including a direct telephone number, and also contact details for external helping agencies).

Figure 11: The BLAKE protocol

B   **Breathe (to focus)** – it can be scary to hear something like this, so take a moment to simply breathe and focus your thoughts. You can do this by acknowledging what the customer has said:

"I'm so sorry to hear you feel that way. How can we help?"

L   **Listen (to understand)** – we always take what the customer has shared seriously, but we also always listen carefully so we can assess the imminent risk of harm.

Listen to the customer using verbal nods and recapping key information to show your understanding.

A   **Ask (to discover)** – listening is important, but where gaps continue to exist in your understanding about the current situation, you should ask questions to fill these.

Example questions are opposite – do not use these as a script, put them into your own words, and be direct where needed.

K   **Keep safe (from harm)** – based on your understanding of the situation, and also your organisation's policy, the emergency services should be contacted if the customer is at imminent risk of harm. During this, you may need to stay on the line to keep talking with the customer. Reassure the customer that your primary concern is their safety, and that any financial difficulty can be dealt with later.

"I'm worried about what you've told me – what can we do to keep you safe?"

E   **End (with summary)** – once customer safety has been addressed, if it is possible to do so, staff should summarise what has been discussed and agreed, so that the call can end (and any data-recording can begin).

"We've been talking for a while, but before we finish let me summarise what we agreed and what will happen next…"

You will want to help the customer, but you are not responsible for any actions they might take during, or following, your conversation.

High risk situations

Contact the emergency services if a customer…
- is currently harming themselves, just has, or is about to
- is unable to respond (e.g. is losing consciousness)
- clearly intends to take their own life
- has a suicide plan in place

Be aware that the risk of suicide is higher if the customer has:
- also taken alcohol, drugs, or medication
- attempted suicide previously
- a mental health problem/history of these problems

You will want to find out:
- the location of the customer (if not already known)
- whether they are alone (other people may be able to help)
- if they have taken any drugs, alcohol, or medication.

Example questions

Following a suicide disclosure, you will need to judge whether to 'ease in' to the conversation with general questions, or be more direct.

General questions
- what has led to these feelings?
- how long have you felt this way?
- have you spoken to anybody about how you are feeling?
- how far have you taken your thoughts about suicide?
- what support or help are you receiving?

Direct questions
- do you have a plan to do this (how, when, where)?
- where are you now? (this is key for the emergency services)
- are you alone (is there anyone there who can help you)?

Questions about support
- what can we do to help you?
- what can we do to keep you safe?
- has anyone else helped you before that we could call?

Keeping the customer safe

If the customer is in immediate danger then call 999. Let them know the customer's location and other details, and explain you are calling from a contact centre. If the customer is not in immediate danger, then consider:
- can the customer speak to friends and family, or a doctor? The first port of call would be support by talking to people close to the customer, or making contact with a GP or other supporting health/social care professional.
- referring the customer to a partner organisation – this might be an agency such as the Samaritans, or similar.
- arranging a welfare visit from the Police by calling 101. If you do this, provide details of the conversation, as well as your direct number so that the Police have the option of giving you an update once they have made contact with the customer.

3 Post-disclosure

Policies and protocols on suicide should not just focus on the immediate response to a customer disclosure – instead it is vital to also help customers in the days, weeks, and months that follow.

This can be a critical time for the customer:

- **they may continue to have thoughts about taking their own life, and could even act on these** – this can make organisations and staff hesitant about contacting the customer, due to fears about the impact or consequences of doing this

- **they may be unsure or unable to agree what the situation is regarding their debt and finances** – at the time of disclosure, the focus would have been on keeping the customer safe from harm, but it is important to resolve any financial difficulties, and reassure the customer about this. This is particularly key where financial difficulty may have played a part in the customer's disclosure of suicide.

- **and – where financial difficulty played a part in the customer's disclosure of suicidal thoughts – this uncertainty may be unhelpful**.

Consequently, contacting a customer following a disclosure or attempted suicide can be important. This can allow any financial difficulty to be addressed, and reassurances to be given about the coming period.

Organisational policies should therefore assist staff – who will typically work in specialist teams or roles – to decide how and when such contact takes place, as well as providing the necessary resources and skills.

Re-contact

Following the incident, organisations will want to contact the customer to check on their wellbeing, as well as potentially reassuring the customer how their financial situation will be managed.

The decision to contact the customer, the format of this communication, and the timing of this will represents an important judgement call.

In situations like these, some organisations will want to respond quickly – by telephone or letter – to simply reassure the customer that they need not be concerned about their financial situation, as this can be addressed at a later date (without any negative consequences).

> **"**
> On that call I felt really upset for the customer and was on it for almost 1 hour, she was at one point pleading with me not to leave her, I did stay strong & confident on the call but once I released the line I was shaking and almost in tears."
>
> **Specialist collector**

4 Support

Dealing with customer disclosures of suicidal thoughts or intentions – either as a 'one-off' for frontline staff, or as part of a specialist role – can have an impact on staff.

In addition to the guidance on supporting staff in Step 18, organisational policies on suicide should:

- allow staff – immediately following a disclosure – the opportunity for a break from their work

- remind staff that if they have any thoughts or feelings about the situation, they can seek support from managers, colleagues, or any available Employee Assistance Programme

- offer staff the opportunity to review the disclosure to reflect on how they handled the situation, whether existing protocols and policies worked effectively (including lessons that can be learnt for future disclosures), and any support that they might require

- provide staff with the contact details of external helping or listening agencies – these are there for any form of emotional distress, including that from working with suicidal customers

- remind staff that they have done all that could be reasonably expected from them, and that they are not responsible for:
  - counselling a customer
  - the actions that a customer took, might take, or whether they sought help or not
  - how helping agencies, GPs, or other organisations might respond to a referral.

Customers who do not disclose

Clearly, as with any vulnerable situation, there will be customers who *do not* disclose their suicidal thoughts, intentions, or behaviours.

Organisations therefore need to consider whether they grant *selected staff* – most likely those in specialist teams - the discretion to ask about suicide where strong indicators exist that a customer is at risk (Box 13).

Organisations will clearly want to carefully consider whether to introduce such a policy. Furthermore, where any such policy is introduced, such action may only be permissible by experienced members of a specialist team.

This is important because a key component of suicide prevention is not only managing disclosures, but also encouraging disclosure. This is a common theme with any work on vulnerability, but is particularly vital when it comes to suicide.

There are numerous reasons for this, but the main rationale is that staff in specialist teams will already be in contact with customers – such as those with mental illnesses – who are at a higher risk of suicidal thoughts and taking their own life. Consequently, where staff seriously believe that such a customer is at risk of suicide, then a sensitive (but direct) question is not only often welcomed by the customer, but can positively change their circumstances.

Again, this is a step that organisations will want to consider carefully. However, in essence, this is about specialist staff asking about what they are already hearing or witnessing, rather than waiting for a disclosure that may never come.

Asking a question based on reasonable suspicion or understanding could therefore potentially both save and change lives. In Box 13, we provide examples of the indicators and questions that organisations may wish to share with staff.

Useful resources

Samaritans
116 123
jo@samaritans.org

CALM (Campaign Against Living Miserably – prevention of male suicide)
0800 58 58 58 (UK)

Papyrus (for people aged up to 35)
0800 068 41 41
pat@papyrus-uk.org

Box 12: Working with distressed and suicidal customers: The Samaritans

The Samaritans is a national charity that aims to reduce the number of people in the UK dying through suicide. Critically, only 20% of calls to the Samaritans involve assisting with someone who is at a point of suicide. Instead, the Samaritans prefer to offer support at a much earlier stage to reduce personal distress.

Stage 1 – the customer calls
If a staff member identifies someone suffering from personal distress, then the Samaritans actively welcome the customer being encouraged to call the Samaritans directly on 116 123 (free to call from mobiles and landlines, and does not show up on bills).

When beginning to speak with customers about this, the Samaritans suggest that staff refer to them as a 'partner agency', so that the customer agrees to make contact. Once this has been achieved, the number and name of the Samaritans can then be used.

Stage 2 – the organisation arranges a 'call-back'
If a staff member feels that a customer needs support but may be unlikely to call the Samaritans themselves, the staff member can refer the customer to the Samaritans for a 'call-back'. Again, the Samaritans recommend that they are referred to as a 'partner agency' in the first place, until agreement has been reached with the customer to arrange a 'call-back'. Once this agreement has been achieved, staff will need to contact the Samaritans with the following details:

- the customer's name
- the customer's details
- the day and time that the call-back is required (based on the customer's choice/availability) – a call-back will occur within 30-120 minutes (depending on the availability of Samaritans volunteers)
- confirmation that the customer has given their permission for these details to be passed to them.

Stage 3 – situations where an organisation might call emergency services
A customer might be so distressed that they indicate that they intend to take their own life. Having a mental illness is the most significant risk factor for suicide. There are two other key risk factors in helping frontline staff decide how real this situation is:

- the customer has a credible plan and can discuss it in detail
- the customer indicates they have attempted to kill themselves before.

If staff believe that a real threat exists, they may need to break confidentiality for the benefit of the customer. Depending on their organisational policy, staff may want to ensure that the customer is not left alone, while a colleague seeks immediate help for the customer by contacting third-party emergency services. Staff may be advised by their organisational policy to keep the customer talking (making sure not to deny the person's feelings, avoiding giving advice, and always focusing on a favourable outcome to the situation).

Box 13: Asking about suicide: indicators and questions for specialist staff

Indicators

Specialist staff may consider asking about suicide:

- when they have an understanding or suspicion that the customer is at risk of taking their own life
- where this understanding or suspicion is reasonable and based on what the customer has said or done
- or where a relative, close friend, carer or clinician raises concerns with your organisation.

Doing this does not involve a customer being assessed. Instead, it is simply about giving specialist staff the chance to ask a question prompted by what they are hearing, seeing, or have been told.

This can, for example, include:

- thoughts or behaviours related to suicide (the most obvious indicator)
- talk of hopelessness and a feeling that the current situation is not only intolerable, but will never end
- feeling trapped or caught in a situation
- feeling extreme isolation, lonely, or withdrawal
- giving away possessions, putting affairs into 'order'
- being a burden, not being able to do anything right, being useless or a failure.

If specialist staff also have face-to-face contact, they can also look out for physical signs including restlessness, tearfulness, and agitation.

Asking about suicide

It is understandable that some specialist staff will feel awkward or embarrassed to directly ask about suicide, and may worry about upsetting or offending the customer.

However, where staff have serious concerns that a customer is at risk, it is vital that they do ask. Indeed, it is rare that an individual will be offended by short, simple and polite questioning such as:

- *"I'm concerned about what you are saying – are you thinking about suicide?"*
- *"are you thinking about ending your own life?"*
- *"just so I understand what you are saying, are you thinking about taking your own life?"*

Staff should always try to ask direct and simple questions – while indirect questions (e.g. *"Do you want it all to end?")* can be easier to ask, they can lead to ambiguous or unclear answers.

Organisational policy

If organisations do allow specialist staff to ask such questions, this should be clearly communicated in a suicide prevention policy. It should also be noted in this policy, that all staff are supported by their organisation where they take the initiative to ask such a question.

14

How well do you support customers with serious or terminal illnesses?

What is the issue?

Frontline and specialist staff report that working with customers who have a serious or terminal illness is one of the most significant challenges they face.

Being diagnosed with such an illness can be devastating for customers in both personal and financial terms. This is because they experience the triple impact of:

- **a reduction in income** (most often due to a reduction in working hours, people giving up work completely, and their spouses often doing the same to become carers)

- alongside **an increase in costs** (such as higher heating bills from being at home more, paying for new clothes because of weight lost during treatment, and costs of transport to medical appointments).

- while dealing with the **physical and emotional impact of illness** – newly diagnosed customers may feel overwhelmed by news of their illness, let alone discussing it, or tackling their finances. Other customers may have difficulties in thinking about their illness and its financial consequences, or may simply be too ill to talk.

Clearly, organisations need to play a key role in assisting such customers. They may also need to engage with a customer's family and friends, who may be in a similar state of confusion, anger or helplessness.

In this section, we introduce strategies that can help staff to engage with customers who are experiencing a serious illness, including conditions that **limit**, **threaten** or have a **long-term** impact on a customer's life (Box 14).

What is the evidence?

Prevalence

In our survey, in the last 12 months:

- **78%** of frontline staff had been told about a customer with a diagnosis of a terminal illness

- with frontline staff each receiving **five disclosures** of a terminal illness over this period

- **94%** of specialist staff had been told about a customer with a diagnosis of a terminal illness

- with specialist staff each receiving **20 disclosures** of a terminal illness over this period.

Disclosure rates for **serious illness** were significantly higher. In an **average month**, each member of frontline staff received **15 disclosures** of serious illness, while specialist staff received **60 disclosures**.

People

The majority of frontline and specialist staff stated that their organisation had written policies in place on serious or terminal illness disclosure in place (see DATA REPORT).

However, one-in-four frontline staff, and one-in-six specialist staff, reported finding it difficult to talk with customers with serious illnesses.

Furthermore, 19% and 24% respectively of frontline and specialist staff indicated that they had not received sufficient training on dealing with customers with serious illness. Similarly, 24% and 33% of frontline and specialist staff reported that they had not received sufficient training on dealing with customers with terminal illness.

What should organisations do?

First, staff should always remember where they can make the biggest difference – the impact of a serious condition or illness on a person's life, relationships, and finances can be huge.

While staff can listen and pay attention to all these aspects, one of the largest practical differences that staff can make is to help stabilise a person's financial situation, and give them a foundation on which to move forward. Consequently, staff should be aware of what customers with a serious condition or illness might want to know, or benefit from. This can include:

- what options are available to the member of staff in dealing with the financial matter?

- has the customer looked at their insurance documents?

- if they are working, what support is available? If not, the money advice sector will be able to offer further advice about other charities or claiming welfare benefits.

- would they prefer a third-party to assist them, particularly where they have many creditors?

- what sign-posting options are available internally and externally to help the customer get the right support?

In doing this, staff need to be aware of their boundaries – there will be some aspects of the illness or condition which are beyond a member of staff's realm of expertise (such as actions being undertaken by health and social care staff).

Furthermore, staff also need to be aware of some of the potential differences for customers who have been diagnosed with a terminal illness, compared to those with a serious illness. Each customer will be different, but this can change who is impacted by any financial difficulties (the customer, or the family following an expected bereavement), as well as the potential need for more timely action and decision-making by organisations.

Second, staff should consider their initial response to a disclosure of a serious condition – it is often the disclosure of a serious condition that can throw or 'freeze' a member of staff. However, the simplest of responses works best, and allows the staff member to start building a dialogue with the customer:

- **acknowledge this** – there is no 'correct' response, and it is absolutely fine to simply say:

  "I'm really sorry to hear that"
  "I'm sorry this has happened to you"
  "I'm sorry to hear this – how can we help you?"

Box 14: Conditions that limit, threaten, or change customers' lives

- **Terminal illness** – where a customer's condition is likely to lead to their death. Depending on their condition and treatment, the customer could live for days, weeks, months, and sometimes longer, but it is expected they will die.

  Which conditions? Can include cancers, heart disease, stroke, and respiratory diseases like pneumonia. For people aged over 80, dementia is also a significant cause of death.

  How common? In the UK, around 550,000 people die every year[2], and many of these people will have been living with a terminal illness. Seven-out-of-ten people in England and Wales will die due to cancers, circulatory diseases (which includes heart disease and stroke), and respiratory diseases (including pneumonia)[3]. For people aged over 80, dementia and Alzheimer's disease are a significant cause of death[4].

- **Life-threatening conditions** – where a customer's life is threated or at risk. Although the customer's poor health may be treated and even cured, a positive outcome is not certain, as there is a chance that their treatment may fail.

  Which conditions? Again these include cancer, dementia, strokes, as well as certain types of lung, heart, liver and kidney disease.

  How common? A large number of people are living with these conditions – it is estimated, for example, that 2.5 million people in the UK are living with cancer[5], 850,000 with dementia[6], and there are over 1.2 million stroke survivors[7].

- **Life-changing conditions** – where a customer's life is significantly changed. This often involves long-term conditions. These last a year or longer (and often for life), and require ongoing care, support, and treatment during this time.

  Which conditions? Can include diabetes, lower back pain, asthma, and epilepsy, as well as cancer, heart disease, dementia and many of the conditions mentioned above.

  How common? At least 18 million people in the UK are living with a long-term condition[8].

- **ask if they mind talking about the condition or illness** – the person will probably not mind, but it is worth checking to establish this. The customer may prefer that staff speak with a carer or family member. Staff should always try to be guided by the customer, and don't make any assumptions about what the condition might involve.

  "Would it be OK to just briefly talk about the condition? It would help me to get a better understanding of the situation, and it will help to provide any support you might need."

  "I can see this is difficult for you, would you prefer me to speak with a family member or friend about this?"

- **ask for clarification where staff are not familiar with the condition or illness** –

  "I'm really sorry to ask, but could you just explain what your condition is, as I don't know very much about it?

  IDEA will assist with this – see Step 6.

- **remember to use TEXAS when it feels appropriate** – TEXAS will help staff manage the disclosure effectively, but it should not get in the way of the moment.

Be aware – if the customer has a condition that staff have personal/family experience of, they may consider sharing this with the customer. Staff should think carefully before doing this, particularly immediately after a disclosure. Even conditions with the same name can be experienced in very different ways (e.g. there are over 200 different types of cancer which will all be treated differently), and staff will want to avoid any focus shifting away from the customer's experience and position, and on to theirs.

Third, in the early stages of discussion, staff should listen more and speak less:

- **listening** – it is often not a case of what staff say to a customer, but how they listen to what is being said that is key. Frontline and specialist staff will know the techniques of active listening, and how these build understanding and trust.

- **speaking** – asking short, simple questions to understand where someone 'is' with their condition can be very useful. This is because some customers may have just been diagnosed, others may have been living with their condition for years, while some may be coming to the end of their life. Understanding this is essential – the IDEA model can help here (again, see Step 6).

- **respecting** – people with serious illnesses and conditions are typically the experts on much of what they need to support them with their condition. Asking the customer how they are managing a condition, and what support or help could potentially be given, is a good starting point for any discussion.

Be aware – the above can help in understanding the customer's condition and wider situation. However, staff should try to avoid responses such as "I understand what you are going through" or "I know how you feel". In practice, staff can't really know what the customer is feeling or going through.

Also be aware that for people with life-limiting illnesses, questions about life-expectancy ("how long do you have to live?") can be hugely distressing. Unless a customer volunteers this information, or staff feel able to raise it sensitively, it may be better to seek this information through medical evidence from the health professional providing treatment to the customer.

Fourth, staff should be prepared to deal with the effects of the condition on the customer. These will differ and can include:

- **confusion and distance** – customers who have only recently been told about their condition may be in shock. They may not believe that this is happening to them, be unable to concentrate, feel numb, and only be able to take in small amounts of information. Staff can help customers in this situation by providing them with a clear written summary of the options available to them, and arranging to speak to them again at a later time.

- **anger and distress** – anger, frustration, and resentment may be voiced by the customer, and this can cause problems for the customer and the people around them. Staff can help customers by recognising the anger, allowing the customer to let off steam, and showing they are listening. Staff can summarise key points of the conversation, check their understanding with the customer, and ask them what can be done to help them.

- **feelings of fear and depression** – customers with serious conditions can feel extremely low, and for lengthy periods of time. In particular, states of uncertainty about their health, and not knowing what might happen next, can be difficult. Even though many people with serious conditions can be treated and cured, customers may have a fear of dying which never leaves them. The customer should be offered positive reassurance, but staff should not make statements about future outcomes which are uncertain.

- **silence and reflection** – if a customer stops talking, it can mean they're thinking about something painful or sensitive. It is fine for staff to wait a while in silence, then gently ask what they might have been thinking about.

- **crying** – tears are a natural response to distress – they can be a helpful release of inner tension for the customer. If the person starts to cry as they talk about their situation, staff can say something like, 'I can see how upsetting that is for you', or 'It's okay; it's fine to cry'.

- **physical impact** – clearly, customers may experience physical as well as psychological impacts. These physical symptoms can include pain, sickness or breathlessness. If staff have any face-to-face contact with a customer, it can be a shock to see them looking unwell, but staff should try not to make the customer feel overly self-conscious about any visible effects of their illness.

- **acceptance or adaptation** – not all customers will have recently found out about their condition, and many will have come to accept their situation, or (in the case of many long-term conditions) have made adaptations to their lives to accommodate it.

- **change** – a customer's physical, psychological and emotional state can change over time. This can be tied into the type of condition they have (e.g. long-term mental health problems can involve episodes of poor and better health), or can be linked to treatment or other events (such as visits to hospital, the start of a new treatment process, or news from doctors about progress). It may therefore be helpful for staff to check with customers how they are at that stage in time ('how are you today?'), as well as having some flexibility about when is the best time of day to speak.

VANQUIS

Case Study 14: Vanquis:
From first contact to deeper understanding

All written correspondence is scanned by our Post Room. Any key words or phrases that suggest a potential customer vulnerability are automatically identified and the letter is directed straight into the Specialist Support Team.

Mr Ali had written in to advise that he had been given a diagnosis of terminal lung cancer. His letter was very frank and honest, describing the treatments he had been having which included chemotherapy and radiotherapy. He went on to describe that his cancer had now spread to his right eye and his sight had started to deteriorate.

SST telephoned Mr Ali to acknowledge his letter, to introduce themselves, and to explain that they would now be managing his account in view of his circumstances. Mr Ali had always been a consistent customer and his account was up-to-date with no arrears. However, as he was now in the process of applying for benefits, he knew that future payments were likely to slip.

It was important that even though Mr Ali had advised us of a terminal diagnosis, that we didn't assume what he would like to happen in regard to his account – many customers would like the account closed and the debt written off, yet others decide they wish to continue making payments as they want to retain as much control of their finances as they could, including use of their card.

Mr Ali was asked what he would like to do – however, he wasn't sure. SST ran through various options with him and offered him breathing space to decide and also sort out his benefits, with an agreement to speak again in a few weeks. An income and expenditure form was also sent out to Mr Ali (once he knew what his benefits were likely to be), medical evidence was requested, and an offer of large print letters/statements was made (due to Mr Ali's sight deterioration).

Five weeks later, correspondence from Mr Ali's Clinical Oncology Team and a second letter were received. This time, a friend was helping with the letters, as Mr Ali was now feeling very ill and in some considerable pain and discomfort. Although his benefits had now been sorted, he advised that he would not be able to make any offer of payment to his account going forward. SST rang Mr Ali and thanked him for sending in the documents, and explained that they would no longer pursue the outstanding debt.

We have found that when speaking to customers who have a terminal diagnosis it is best not to 'skirt' around the issue but to sensitively use the same language as the customer has used. It is also important not to make assumptions as to what support someone with a terminal illness may be wanting – the customer should be made aware of their options and then given the time to decide what they wish to do next. Lastly, it's also important to consider the agent who may have been speaking, listening or reading about extremely severe medical situations – 'time out' or the chance to talk through a case should always be offered.

◎ Hitachi Capital (UK) PLC

Case Study 15: Hitachi Capital: responding to terminal illness

In December 2015, a customer's wife – Mrs Sebastian – spoke with our Financial Solutions Team (FST). Already holding third-party authorisation for her husband, Mrs Sebastian explained that his financial circumstances had changed due to health reasons. The FST put the account on hold for 30 days, and requested additional medical and financial information.

In February 2016, the FST received the requested document, with consent being given for Hitachi to record that Mr Sebastian had been diagnosed with Parkinson's disease and was in palliative care.

When an FST member contacted Mrs Sebastian to confirm the receipt of the documents, she shared how emotionally difficult the situation was, and that she had also been unwell.

The FST member discussed the situation further, and Mrs Sebastian explained that her husband was deteriorating. On the basis of this, the FST member explained that he would be back in touch once the situation had been reviewed with a team manager.

During this review, it was found that most of the charges and costs on Mr Sebastian's statement were being used to pay for care in the nursing home. Hitachi therefore took the decision to write-off the agreement.

Fifth, if staff dry up, forget what to say, or grind to a halt, they shouldn't worry – it happens. If staff are lost for words, it is completely natural, the customer will not judge them for this, and they can simply say:

"I don't know what to say"
"I am really sorry that you are going through this"
"I may not understand what you are going through now feels, but I'm here to listen and help"

In these situations, the customer will often help to re-start the conversation, as they will know that staff are trying to help.

Finally, the wellbeing of your staff needs to be looked after. Working with customers with serious illnesses or conditions can require high-levels of emotional investment. In these situations, it is important to look after staff (see Step 17).

Useful resources

Macmillan Cancer Support
0808 808 00 00

Marie Curie
0800 090 2309

15

How well do you support bereaved customers and third-parties?

What is the issue?

Bereavement is something we will all experience, but never in the same way, or with the same response.

For some customers, bereavement can involve intense emotion, changing identity, and loss of hope. It can cause shock, anger, and despair as equally as it can engender guilt, regret, or loss of purpose.

For many customers, the period of grieving may last for longer than expected, while for others it may be a brief period of reflection.

While no two customers will experience the death of someone they know in exactly the same way (Box 15), there are undoubtedly some common impacts:

- **a change in personal and household responsibility** – death can bring about changes in responsibility, including that of financial management, which some customers and third-parties may struggle with.

- **the increased likelihood of financial difficulty** – some research studies suggest that four-in-ten people who die leave a spouse or partner behind, with 70% of those bereaved reporting being financially or practically unprepared for the death of their partner[1].

- **a higher risk of poor health (mental or physical)** – particularly where a death is sudden, bereaved individuals can experience mental health problems[2], as well as physical health difficulties.

Staff working with bereaved customers therefore need to pay attention to both bereavement itself as a vulnerable situation, as well as looking out for any accompanying factors.

Consequently, this requires balancing empathy and practicality. However, this is not always a straight-forward task during a period of often intense emotion or difficulty.

What is the evidence?

In terms of frequency:

- frontline staff reported an average of **nine disclosures** of bereavement in a typical month (disclosures from a customer or third-party)
- specialist staff reported an average of **14 disclosures** of bereavement in a typical month (disclosures from a customer or third-party)

As shown in Figure 12 (overleaf) when considered on a larger scale, these levels of disclosure are equivalent to 108 disclosures per year for a single member of staff, through to 54,000 disclosures for a multi-site operation with 500 frontline staff.

Clearly, some customers will make multiple disclosures of a vulnerable situation, and this needs to be taken into account to establish whether disclosure levels remain significant (which we believe they do for all the vulnerabilities in this guide).

Our research found that **one-in-three frontline staff** indicated that customers often said they had to report a bereavement more than once to the organisation (also one-in-three for specialist staff).

With some organisations aiming to implement an internal 'one stop' system for bereavement (allowing an organisation to notify all its relevant brands about a customer who has died), this evidence about multiple disclosures provide an indicator of the need for such a scheme.

Finally, our survey found that the majority of frontline and specialist staff were comfortable in communicating with customers and third-parties about bereavement (79% of frontline staff, and 82% of specialists, indicated that they found it easy to communicate with customers and third-parties who have experienced bereavement).

Staff were also clear about their organisational policy on the issues (with 86% of frontline staff, and 87% of specialists, reporting a clear policy in their organisation for handling bereavement). However, one-in-five frontline staff, and one-in-four specialist staff, felt they had not received sufficient training on working with bereaved people.

Figure 12: Estimated number of disclosures of bereavement in a single year

108 disclosures	One member of frontline collections staff
1,080 disclosures	One collections team of 10 frontline staff
5,400 disclosures	One collections department of 50 frontline staff
27,000 disclosures	One collections centre of 250 frontline staff
54,000 disclosures	Multi-site operation with 500 frontline staff

Notes: this is based on our survey data which found that in a typical month, one member of frontline staff would receive a median of nine disclosures from bereaved customers, or from third-parties contacting them about a customer who had died.

What should organisations do?

1 Working with bereaved people

The circumstances of bereavement are as many, and as varied, as the people involved. Consequently, care should be taken to treat all contacts individually.

In some situations, staff may find it helpful, however, to draw upon the practical actions raised in Step 14 (on serious and terminal illness). These include staff:

- remembering how they can make the biggest difference (practical and empathetic support) – clearly a death can trigger many associated losses, particularly with regards an individual's financial situation and changes in their situation

- acknowledging disclosure, checking it is acceptable to discuss the situation, and clarifying any points

- in the early stages of discussion, listening more and speaking less

- recognising emotional responses such as anger, frustration, or fear, and giving customers the space to share these (this includes letting the customer know that it is fine to cry or be upset, and offering to wait until they are ready to speak again, or to offer to call back later).

Box 15: What is grief?

When we suffer a loss, a process of adaptation and adjustment begins. This process is called grief.

Not a series of linear stages

Historically, grief has often been thought about in terms of a series of stages – each one, representing a 'landmark' in the grieving process.

However, bereaved people are individuals. Therefore not everyone experiences death in the same way, or in the same order.

Therefore a bereaved person may experience – *in any order, at any time, and with a range of intensity* – feelings such as:

- **shock** – numbness, disbelief, feeling 'cocooned'. Bereaved people can appear to be relatively accepting of their loss and to be holding up well because reality has not penetrated.

- **separation and pain** – grief can break over the bereaved person in waves of distress, intense yearning, pining, and feelings of emptiness. It can feel as if one is 'torn apart' or as if the dead person has been 'torn away' (to bereave means to rob or deprive). Searching behaviour can occur in the form of dreams or hallucinations; 'seeing' the deceased is common.

- **despair** – depression, difficulties with concentration, anger, guilt, irritability, anxiety, restlessness, extreme sadness, and physical manifestations.

- **acceptance** – intellectual acceptance long before emotional acceptance.

- **resolution and reorganisation** – the bereaved person is eventually able to recall memories of the deceased without being overwhelmed by sadness or other emotions. Ready to reinvest in the world.

Grief as a process to establish a new life

Rather than thinking about stages of grief, staff may find it more helpful to recognise the need of bereaved people to *move between* different emotions and actions in order to establish a *new pattern of life for themselves*.

This means that bereaved people will often *move between 'avoiding'* any action, thought, or emotion that touches on their bereavement, and actively 'approaching' or 'engaging' with thinking, activities, or feelings about the bereavement.

This is a process – the bereaved person will move between these two states in order to make a new life for themselves over time.

Cruse Bereavement Care

Case Study 16:
Cruse: working with financial service organisations

Customers experiencing a bereavement will often need to contact multiple organisations about this, including those in financial services.

This means that staff in this sector, will commonly encounter customer who have already spoken to a number of different organisations. Consequently, any distress, frustration, or other difficulty in these conversations can sometimes not only carry over, but accumulate.

Staff therefore need to be able to both address any heightened financial difficulty due to the bereavement, alongside engaging with the customer on an individual and emotional basis.

As part of its engagement with one financial services body, Cruse worked to provide support to staff and management on this challenge. This involved a multi-stage project to improve practice and response:

Understanding context
Cruse worked with senior managers and staff to assess needs, staff and customer vulnerabilities, risks, and possible modes of support that Cruse could provide. This generated a plan of action centred on a direct training session for managers and frontline staff, and the input to a training resource for the institution, to then be used to disseminate practice within the wider staff team.

Skills development
A skills development training session was provided to key staff within teams likely to encounter bereaved customers.

This included bereavement awareness, practical tips of how to engage with and appropriately support a bereaved person, and how staff can take care of themselves and others in their team in such a circumstance.

This session was facilitated by a Cruse senior manager and Cruse volunteer who themselves had experienced the loss of someone close, and who had also had negative experiences of financial institutions as a result of the bereavement. She was able to share these and this assisted the staff present in understanding the training material in context, as well as how best to apply it.

Disseminating practice
A video training session was then filmed featuring the volunteer who had experienced a bereavement. This was used as a training aid to assist in the dissemination of good practice concerning how to best engage with bereaved customers.

Link with helpline
The above interventions received positive feedback from staff, and this further support to the financial institution continues to be available, through direct advice, website support, and referral of vulnerable customers to Cruse's National Helpline.

- not worrying about silences, conversational gaps, or not knowing what to say – these are natural, and asking the customer either how you can help (gently reminding them of the reason for their call) or acknowledging the pause ('you seem to be having problems talking about..') can get the conversation back on track

- looking out for themselves as well as the customer – while the customer's situation is the key issue to address, staff also need to look after themselves.

However, there are specific considerations about bereavement that staff do need to take into account:

- if someone is calling to inform you of a death, staff should simply say they are sorry to hear this news, and ask how they can help – while obvious, this is still not regular practice in some organisations.

- staff should accept that every death is different, and that everyone's bereavement is different.

- staff should accept the responses that a customer or third-party has to bereavement in that moment (see Box 15). It is often common that some customers may feel able and keen to handle the administrative tasks required after a death, and to not appear particularly upset. Equally, others may be very distressed about having to hold such a conversation. However, it is also important to remember that a customer can move between the two states in the space of one conversation – again, bereavement can affect us all in different ways, and how it is affecting a customer is not always initially apparent from their behaviour.

- staff should be mindful of diversity – different faith groups or cultures will react in a range of diverse ways.

- staff should not make assumptions about what can be said – some things are acceptable for the bereaved person, but not for staff (e.g. 'He's in a better place now'). If you get halfway through saying the wrong thing, just stop – no-one will ask you to finish.

- staff should keep appropriate notes, as with any vulnerable situation, of their conversations with the bereaved person (to ensure this doesn't have to be repeated, and so that it can be shared with relevant colleagues).

- staff should avoid using terms such as 'the deceased' wherever possible – depending on organisational policy, staff should mirror the same name or terminology used by the bereaved person (e.g. if they refer to 'my dad', use 'your dad', if they say 'Keith', call him 'Keith').

Case Study 17: Phillips & Cohen: listening on many levels

Our call was to Mr Naismith, whose wife had unfortunately passed away a month ago, leaving an outstanding balance solely in her name that he was unaware of.

Once comfortable with the purpose of our call, Mr Naismith's tone was one of acceptance, very much able to talk about the balance and the Estate as well as the loss of his wife. There were no signs of difficulty, no significant pauses, no emotion spikes.

It is very easy to become complacent on such a call – thinking "He sounds fine." or "Sounds like he's coping well." Working with bereaved families requires listening at all levels – across pitch, pace, tone and words, treating each as a separate indicator.

Mr Naismith's words told a different story to his tone – phrases such as "I'm working 12 hour shifts", "I'm on my work mobile 24/7", indicated where this customer was – emotionally. Signs of denial – potentially using work to hide from the reality of the loss. This was then reinforced by phrases such as "I go to bed early as tomorrow is a new start."

Identifying and responding to signals of hardship are crucial. What support structures does the customer have? Close family and friends? Sign-posting external organisations if necessary, respecting the customers' wishes. We reassure Mr Naismith that we are not calling with a simple singular agenda, demonstrating that we appreciate the difficult time he is experiencing.

In this example – Mr Naismith felt he had to pay his late wife's balance, tragically even considering selling her wedding ring to do so. Grief can often confuse and our focus is to provide clarity on all aspects, including calming re-assurance that assets in an Estate would not include such sentimental items, which Mr Naismith really valued.

It was here that he revealed that he and his family were undergoing counselling. There are many reasons for counselling but at its simplest it represents that the Naismith family recognise that they are experiencing a difficult time in their life and crucially they are being supported.

At Phillips & Cohen Associates we use calls like this as part of the behavioural training our colleagues receive to start developing the mindset of 'wider listening' – internal understanding, external appreciation. Establishing this customer focused mindset is critical, before we explore the technical aspects of our role, to reinforce where our focus should always be.

Furthermore, a death can trigger many associated losses, particularly with regards to an individual's financial situation. There is a need not only to attend to the loss, but also to pay attention to the secondary changes that have occurred as a consequence of the loss, which are often a significant source of stress. A bereaved person in contact with organisations may display a myriad of emotions, both relating directly to the death as well as to a seemingly unconnected or, to the listener, more minor change in their situation. What preoccupation the customer presents with should be recognised in this wider context.

2 'One stop' systems

In February 2016, the British Bankers' Association published a set of key principles on working with bereaved customers[3]. These covered the provision of compassionate and practical support, and internal 'one stop' systems within organisations to suppress marketing and manage transactions on sole accounts.

In addition, a feasibility study was started by the BBA to determine whether a 'one stop' system could be developed across a number of different retail banks. This study – at the time of publication – is ongoing.

Taken together, these developments provide both key guidance on working with bereaved customers, and also an indication of what may be possible in terms of sharing information on vulnerability both within, and across, different organisations.

Useful resources

British Bankers' Association
Bereavement Principles (March 2016)

www.bba.org.uk/wp-content/uploads/2016/03/BBA01-458427-v1-Bereavement_Principles.pdf

Cruse Bereavement Care
Support for people experiencing bereavement, and organisations wishing to improve their practice.

Helpline – 0808 806 1677
helpline@cruse.org.uk

www.cruse.org.uk/training
training@cruse.org.uk

16

How well do you support customers with addictions?

What is the issue?

More frontline and specialist staff report difficulties in talking about addiction with customers – be it to gambling, alcohol, drugs - than any other type of vulnerable situation (Box 16).

The reasons for this include:

- **no policy** – staff can often be unsure about talking with customers about addiction, if it is unclear what actions they can take in response
- **potential reaction** – staff often worry that discussing addiction issues will cause offence, anger, or active denial
- **engagement** – staff often feel that dealing with customers who are suspected to be under the influence of alcohol or drugs can be difficult
- **responsibility** – unlike other vulnerabilities, staff may see addiction as an individual responsibility, potentially even a self-inflicted or illegal activity, and not something they should deal with
- **powerless** – an addiction is sometimes difficult to understand, and even harder to address, and staff may feel unable to intervene or help
- **perception** – staff will benefit from additional training to deal with addictions, but they should not forget the tools and skills they already have.

In this section, we recognise that while 'addictions' is *not* a new problem for staff, the organisations that staff work for may lack relevant policy and protocols.

Consequently, the primary aim of this section is to encourage organisations to consider whether their policies on vulnerability take addictions into account.

In doing this, we consider those addictions that potentially affect indebted customers the most – gambling, alcohol, and drugs – and outline what support might be provided to these customers.

Box 16: Proportion of frontline staff reporting difficulty in discussing different customer situations

In terms of your own skills and confidence, how difficult do you find it to talk about the following issues (% of frontline staff answering 'very difficult' or 'difficult')?

Addiction	27%
Mental health	22%
Serious physical illness	19%
Physical disability	14%
Family situation	12%
Income and expenditure	5%
Housing situation	4%
Employment/benefits	3%
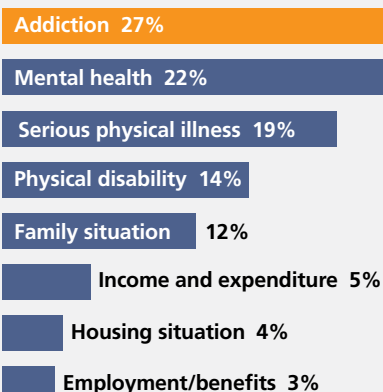
Notes: based on participants who reported that in terms of their own skills and confidence they found it 'very difficult' or 'difficult' to discuss the issues listed above.

What is the evidence?

In our survey, more staff reported that discussing an addiction with a customer was more difficult than *any other issue* that we asked about::

- **one-in-four frontline staff** (27%) reported that addiction was either 'very difficult' or 'difficult' to discuss
- **one-in-five specialist staff** (22%) shared this viewpoint
- **addiction was cited more than any other situation as 'very difficult' or 'difficult'** – this includes discussion about mental health, serious physical illness, disability, and family issues .

In addition, the survey found that:

- **nearly one-in-ten frontline staff** (8%) encounter customers with an addiction 'every' or 'most days'
- **more than one-in-four specialist staff** (28%) also have this level of contact with customers with an addiction.

Consequently, it is important that staff have the confidence, knowledge, and skills to deal with these issues, and to provide appropriate support to customers experiencing an addiction.

What should organisations do?

1 Consider how addiction is currently viewed

Addiction involves a customer not having control over doing, taking or using something to the point where it could be harmful to them (see Box 17).

Sometimes also described as dependency, misuse, or problem use, addiction can involve both physical and psychological dependency to the individual, as well as causing harm to others around them.

While many forms of addiction exist, alcohol, drugs, and gambling are the most common, and all of these can lead to personal, health, and financial harm.

In direct sight

Staff often have direct sight of the financial harms that addiction can cause, and are well placed to link customers to external helping services.

This is key as addiction is treatable and manageable – harmful behaviours can be addressed through medical treatment, counselling, and peer support.

However, to support and refer such customers, organisations need to clearly signal to staff that an addiction is just like any other vulnerable situation.

However, this does not always happen.

But out of scope?

While in some organisations, addiction to gambling, alcohol, or drugs is treated like any other vulnerable situation (with the same options and referral mechanisms as those already existing for mental health or cancer), in other organisations it remains unconsidered, or is viewed as different to other forms of vulnerability.

This can lead to staff confusion, ineffective practice, and customer detriment. Consequently, organisations need to consider whether they have clear policies and protocols on addiction.

Taking stock of policy and practice

Consequently, before any practical guidance is given to staff, organisations need to be clear about where they stand:

Firstly, organisations should decide what level of support customers with an addiction should receive. In doing this, the over-arching principle to treat customers fairly, and the Equality Act 2010 will need consideration. While the 2010 Act does not require organisations to normally respond to addiction in the same way as cancer or disability, there are exceptions. These include where due to their addiction, a customer develops a condition which is

a disability (e.g. liver disease and alcohol addiction), or where an addiction develops due to medical prescribing. In addition, customers with addictions may also be living with other health and social difficulties, which need to be considered by staff (including mental health problems, which frequently co-exist with problem drug and alcohol use).

Consequently, staff need to ensure that customers with addictions are supported appropriately, and that any addiction does not 'over-shadow' information about other vulnerable situations.

Secondly, once this level of support has been decided, organisations should review and revise existing policy – this includes all policies, protocols, training and customer information which relates to vulnerability. Organisations should make sure that clear signals are sent about whether addiction is (or is not) included within current vulnerability strategies, and if so, what action and support needs to be provided.

Thirdly, organisations need to think beyond collections activity, and consider other parts of the business that may have an impact on customers with addictions (e.g. for conditions such as gambling addiction, credit card payments to gambling websites are treated as cash transactions, and incur the highest rates of interest).

2 Knowing the 'signs' of addiction

In Step 2 of this guide, we considered how organisations can encourage self-disclosure of a vulnerable situation, while staff can look out for limitations and 'red flags'.

However, there are specific cues that might indicate an underlying addiction when staff are discussing or reviewing a customer's financial situation.

Importantly, these cues differ from those provided in general 'addiction awareness' training which often focus on changes in a person's mood, appearance, or behaviour that would be more apparent to someone with a personal relationship with the customer.

While collections staff can look out for such cues in a customer's behaviour and speech, other indicators may be found in the customer's financial activity. These can include:

- repeated expenditure on known gambling sites
- actual/attempted increases in usage and number of credit cards
- repeated cash withdrawals, unexplained expenditure, or 'bursts' of spending (which could indicate trying to recoup a gambling loss)

Box 17: Addiction: an overview

What is addiction?

Addiction involves a customer experiencing a lack of control over doing, taking or using something to the point where it could be harmful to them.

- gambling problems refer to difficulties in controlling the amount of money or time spent on gambling, which leads to adverse consequences for the person, others, or for the community. This includes chronic gambling (over time) and intense gambling 'binges'.
- drug use problems refer to using drugs (legal and illegal) at levels which are associated with short-term and/or long-term harm. This is not just a matter of how much of the drug a person uses, but how their use affects them and those around them.
- alcohol use problems refer to drinking alcohol at levels that are associated with short-term and/or long-term harm, be they physical, emotional or behavioural.

It is important to remember that addiction is treatable or manageable – it is not irreversible or inevitable, and can be addressed. To help people to stop or reduce their harmful behaviour, they may therefore be offered medical treatment, counselling, or peer support.

How common is addiction?

- **Gambling** – in the UK, it is estimated that around 450,000 adults are living with a gambling problem[1]. This is where gambling disrupts or damages personal, family or recreational pursuits, and where it can become a disorder similar to drug or alcohol misuse. In addition, friends and families can be affected too, particularly where shared finances are a concern. Gambling is often known as the 'hidden addiction', as it has very few outward signs, but the same level of harm and impact as drug or alcohol dependency.
- **Drug use** – in England and Wales, around 1 in 12 (8.4%) of all adults aged 16 to 59 have taken a drug in the last year[2]. However, a more nuanced picture exists. Firstly, addiction is not limited to illegal drugs (and can include 'Over the Counter' medications). Secondly, drug use and addiction do not go hand-in-hand – many people who have taken illegal drugs report not feeling that they have a problem.
- **Alcohol use** – more than nine million people in England drink more than the recommended daily limits. Alcohol is 10% of the UK burden of disease making it one of the three biggest lifestyle risk factors after smoking and obesity. There were 8,697 alcohol related deaths in the UK in 2014[3].

What are the harms?

Harms from problem gambling, drug use, or alcohol use can include:

- financial problems and difficulty (e.g. due to expenditure, over-spending, loss of income)
- mental health problems (e.g. anxiety, stress, depression, isolation)
- physical health problems (e.g. ranging from nausea and headaches to stomach ulcers, liver or heart disease).
- injury (e.g. non-fatal and more serious accidents, falls, or violence)
- family problems (e.g. relationship difficulties/breakdown/conflict)
- social difficulties (e.g. work, friendships, inclusion, housing problems, criminal activity)

People living with any addiction can often have complex and difficult lives – consequently, they are unlikely to only be experiencing problems with addiction, and organisations should be aware and understanding that there may be additional health, mental health and social issues.

- repeated non-payment (including other creditors)
- need to take on additional employment (extra jobs) or overtime work, without any reduction in financial difficulty.
- 'black holes' in a budget, which the customer cannot explain

These indicators may provide the basis for raising the issue with customers (see below) – while a single 'cue' or 'clue' may not be enough to initiate a conversation about addiction, a combination of factors may provide a firmer basis on which to do this.

What is key, however, is that staff do not assume that a potential addiction is a phase that a customer is likely to pass through – it can have negative consequences, and these need to be acted upon.

3 Raising the issue with customers

Starting a conversation with a customer about addiction requires judgement and tact. However, the 'set-up', 'start-off', and 'stay-with' protocol (first introduced in Step 3 of this guide) can be used to do this.

- **set-up** – staff will need to consider whether this is the right moment to raise the issue (e.g. is the customer in a public place when contact is made – if so, they may be unlikely to want to discuss any health or social difficulties). In addition, staff should remind themselves that most customers will not object to a simple but polite question about their wellbeing and situation, and in fact may welcome this concern. Furthermore, if a situation is disclosed, staff can then move on to either use familiar techniques such as TEXAS or IDEA to handle these, or to refer to colleagues who will.

- **start-up** – depending on what staff know already about the customer, they can start a conversation about addiction in several ways:

  Showing that staff have been observing:
  Can I just ask whether the gambling transactions on the account are something we can look at together?

  As part of a bigger picture:
  I know you weren't expecting to be looking at this today, but I wondered how you felt your gambling fits in with the other issues we've discussed?

  Showing that a connection might exist:
  What connections do you see between your gambling and the financial difficulties in your life right now?

Showing that staff want to help:
A lot of our customers gamble without a problem, but we also help customers before they get into difficulty. What might we be able to help you with?

Simply being direct:
Mr McKay, can you just tell me what is happening at the moment with the gambling expenditure?

- **stay-with it** – it is likely that a conversation about addiction will take a few exchanges to 'get going'. Staff therefore need to (politely) encourage the customer to talk about the issue. Some customers will not want to talk about the situation at all, or will not see their potential addiction as a problem. If this happens, staff should accept this, apologise, but keep the door open to talk in the future:

  OK, do let me know if there is an issue though. We will always try to help.

Even where conversations do not begin about addiction, this may have been the first time the person has been asked about their situation. The customer may therefore either come back to discuss this later, or find help from elsewhere.

4 Understanding the situation

To understand the situation regarding the customer's addiction, staff can use the IDEA protocol outlined in Step 6. In some conversations, customers may be under the influence of drink or drugs. If so, staff should:

- **go slow and be clear** – it is important that customers feel that they are being treated respectfully, so staff should use simple and clear language, with a gentle and confident tone, and take their time

- **re-schedule the call** – staff should not engage the customer in a serious or focused conversation, but instead should find a different time to talk. A third party may also be considered, with the customer's involvement.

In some situations, a customer may be so intoxicated that staff become seriously concerned about their wellbeing.

If this is the case, staff should ask the customer if they have taken any other medication or drugs (in case their situation requires emergency intervention), and also check whether there is anyone else with them. If the customer expresses suicidal thoughts, then the guidance in Step 13 should be followed.

When talking about addictions, customers will all respond in different ways, ranging from relief, embarrassment, openness, anger, and silence.

Staff will need to be able to manage these emotional reactions (see Step 14). Most importantly, staff should maintain a non-judgemental attitude to any details that the customer might share, and also reassure customers about the confidentiality of any information that they might share.

5 Supporting customers

It is important that a range of helpline and other support organisation details are available for customers with addiction, just as they are for other conditions – contact details for selected agencies are provided below.

Useful resources

Drug use
NHS Choices
www.nhs.uk/Livewell/drugs

Talk to Frank
(0300 123 6600)
24 hours a day, 365 days a year
www.talktofrank.com/

Alcohol use
NHS Choices
www.nhs.uk/Livewell/alcohol

Drinkline
(0300 123 1110)
9am-8pm weekdays; 11am-4pm weekends

Gambling
NHS Choices
www.nhs.uk/Livewell/addiction

National Gambling Helpline
(0808 8020 133)
8am-12pm, 7 days per week
www.gambleaware.org

Case Study 18: Arc (Europe) Ltd.: treating addiction like any other vulnerability

We had been instructed by a client in the leisure sector to contact Mr A to resolve the balance owed for a membership agreement with them. As this case study illustrates below, a positive outcome for Mr A was achieved through three factors:

- two departments working in **close co-ordination** using a combination of letters, calls and text messages

- all agents involved having the same **shared understanding** that addiction represented a valid and important vulnerable situation – importantly, this was based on a clear policy position throughout ARC (Europe) Ltd. that alcoholism represented a form of mental illness, and should be treated as any other vulnerable situation would be.

- all agents treating Mr A with empathy, compassion and understanding **regardless of their role and position** – this ran throughout the organisation, from junior frontline telephone agent through to specialist team members.

Working with Mr A

Identification
When contacted, Mr A told us that he was unable to make use of the membership as he was receiving treatment for alcohol addiction. Using the TEXAS protocol, our agent obtained Mr A's consent to make a note of this sensitive information. It was also agreed that Mr A would send us proof of his treatment so that we could refer to our client for consideration, with the account being placed on hold until then.

Sensitive Case Team
As our agent recognised that Mr A's addiction could make him vulnerable to detriment, he escalated the account to our Sensitive Case Team for review immediately after the call.

Our Sensitive Case Team reviewed the account and were satisfied that Mr A understood the next steps. As no additional support was needed for now, the account could remain on hold awaiting Mr A's proof.

Break in communications
The following month, the Sensitive Case Team reviewed the account and found that no proof had been received from Mr A. They wrote to him, firstly letting him know they were sorry to learn of his situation, then clearly explaining the reason proof was being requested.

They assured Mr A they were committed to resolving the matter with him and asked for details of any third parties he may want to act on his behalf (such as his Key Worker), explaining how authorisation could be given to us to deal with them.

Breakthrough in contact
A month later, the Sensitive Case Team reviewed the account, but no response had been received to their letter. A call was made to Mr A for the proof and he agreed to send it. We texted him our details and received the proof four days later.

The proof was sent to us by Mr A's Key Worker, and although we still hadn't been given express authorisation to deal with her, the Sensitive Case Team forwarded the proof to our client, who agreed to write-off the debt and close the account.

Santander

Case Study 19: Santander: working with the reality of addiction

In a six month period our customer, Joanna, went from having £50,000 in an account to finding herself with no money and in the collections process. This was mainly due to purchases of jewellery from a TV shopping channel.

To help Joanna, we assigned her a dedicated case manager, to offer one-to-one support with all her accounts, and arrangements were put into place to stop further debt accruing.

Understanding the addiction

Joanna explained that she was living with chronic depression, was bereaved, and no longer had contact with her children. Although she had a friend who helped to clean her house, Joanna spent much of her time alone, and her compulsion to buy jewellery filled her days and nights.

After assessing Joanna's income and expenditure, we established that she had a monthly surplus of £719, and that much of Joanna's financial difficulties were due to her shopping addiction.

Joanna accepted that this compulsion had become unmanageable, so she agreed to contact the jewellery shopping channel in question to ask them not let her buy any more jewellery.

From acceptance to action

Joanna's overdraft facility was also removed, and an arrangement made to bring the account into credit with a view to opening a Basic Account. This meant Joanna could still make payments by Direct Debit, but because the account didn't have a debit card she could keep better control over her finances.

Following discussion, it was also recommended that Joanna saw her GP to see what help was available for what appeared to be a compulsion to shop, and a call transfer was carried out to StepChange for free debt advice.

Joanna subsequently brought her account into credit by using funds from applying for equity release on her property from another lender, and she also placed £7,000 into savings.

An ongoing challenge

Although Joanna's account was no longer in collections, her case manager arranged to regularly review her situation.

It was on one of these reviews, that the case manager noticed that the spending had started again. To help support Joanna and prevent a spiral into debt, we tried to get in touch with her once again.

Unfortunately we weren't successful and we believe Joanna turned to another bank for banking facilities.

The reality of vulnerability

Every effort was made to support Joanna to firstly recover from her financial and personal difficulties, and secondly to avoid future problems – and initially this was successful.

However, sometimes an initial success can't be maintained, with this often being due to the customer entering into relationships with other lenders and institutions.

While this can be difficult for our staff and teams to accept, this is often the reality of working with some customers in vulnerable situations like Joanna – and this cannot be ignored in any discussion on vulnerability.

However, these moments of disappointment are tempered by the large number of customers in vulnerable situations that we do successfully support day-in, day-out.

17

How well do you support your staff?

What is the issue?

Working with customers in vulnerable situations can affect staff emotionally, physically, and professionally.

Staff who work on a daily basis with customers in vulnerable situations can encounter the effects of serious and terminal illness, domestic and family abuse, addiction and suicide.

With an emphasis often placed on empathy, active listening, and connecting with customers such as these, this can impact – over time – on staff wellbeing.

Staff dealing with vulnerability less often or less deeply, can equally be affected by single events or instances – whether this is a suicidal call, situations involving children, or a harrowing case of loneliness.

Clearly, staff affected in these ways will be less able to effectively support the customers they work with, or to contribute to the teams that they work within.

However, more importantly, without organisational support, these staff could go on to experience poor health, emotional fatigue, and ultimately burnout.

Consequently every organisation should ensure that its vulnerability strategy not only considers the prevention of detriment for its customers, but also the staff working to support them through these difficult and challenging circumstances.

What is the evidence?

The survey collected quantitative and qualitative data about the impact on staff of working with customers in vulnerable situations.

Prevalence: quantitative data
Establishing the absolute number of staff affected is difficult, but an overall picture can be pieced together. When asked about the improvements that organisations could make around vulnerability, a large proportion of staff highlighted a need for enhanced support:

- **one-in-four frontline staff** (27%) reported that better support was needed where a customer's situation had resulted in emotional distress
- **one-in-three specialist staff** (34%) agreed with their colleagues about the importance of better support due to a customer's vulnerable situation
- **one-in-six frontline and specialist staff** (17%) reported being unable to access sufficient support if they became distressed by a customer's situation during discussions about bereavement
- **seven-out-of-ten frontline and specialist staff** (68% and 70%) requested further training on handling often challenging calls on mental health, bereavement, physical illness, or suicide.

Experience: qualitative data
Quantitative data can help to indicate the potential scale of need for enhanced support. However, understanding why that need exists, and what form it takes, is better considered through looking at the qualitative data collected from staff.

Based on qualitative responses from 294 specialist staff about the most significant challenges faced in their role, **one-in-seven** reported a lack of ongoing support as key.

Furthermore, **more than one-third** of specialist staff qualitative responses identified a need for further support in working with customers with mental health, suicide, bereavement, terminal illness, or addictions.

What did staff say?
As can be seen in Figure 13, the impact of working with vulnerable customers can be broken down into at least ten categories:

- **one call after another** – specialist staff highlighted the effect of dealing daily with vulnerability calls
- **tears can come** – emotional investment in a customer discussion can often be difficult to avoid, and staff can be emotionally impacted
- **some issues just hit home** – some staff talked about specific issues – such as terminal illness - resonating with them
- **mentally draining** – working in a specialist setting can represent intense 'emotional labour', particularly when working on vulnerability
- **when it becomes personal** – staff spoke of particular difficulties when the issues raised with customers touched upon, or mirrored, their own experience

Figure 13: Reported impact by specialist staff of working with customers in vulnerable situations

One call after another

▐▐ You could get a call where a customer is extremely emotional to one who has had a recent bereavement...

If you have taken a difficult call you have to take a breather and then take the next call with a clean slate and ensure you do not let how you feel impact the next customer.

Some days you can just get call after call of difficult situations which can be emotionally draining..."

Tears can come

▐▐ When a customer gets upset and cries when discussing their account.

There have been a few times when the call has ended I am in tears too."

Some issues just hit home

▐▐ I find it difficult when customers have children who are ill or have a terminal illness. Because I am a mum I put myself in their shoes.

If customers go into great detail about their condition or the treatment they are having and how this is impacting them, it is upsetting and at the end of a call it can make you feel emotional. There have been times after calls where I have cried after a call."

Mentally draining

▐▐ Sometimes it can be mentally draining, dealing with terminal illness, or a bereavement of a child. These can be challenging."

"It can sometimes be busy and taking a lot of calls where customers are in an adverse position can be emotionally draining."

When it becomes personal

▐▐ It is hard to deal with customers especially when you have been through something so hard yourself".

"The most difficult challenge I face... is trying not to get too involved... This due to... going through certain aspects of what the customer has been through e.g. bereavement, stress, depression and medical issues."

Getting through to customers

▐▐ Helping customers to realise the consequences financially of not addressing their financial problems."

"The customer could be agreeing to something that may not be affordable to keep the company happy rather than basing things on their needs."

Don't have all the answers

▐▐ Often we can encounter someone, who it seems will rarely/or never get out of their current situation. We cannot have all the answers, so it can be hard to put the phone down and forget what we have encountered."

Hidden impact

▐▐ Taking call after call, mostly being very sensitive matters – sometimes a call affects yourself more than you think."

Intensity and regularity

▐▐ High intensity and emotional impact of dealing with vulnerable customers on a daily basis providing the support and assistance that they need."

Difficult to walk away

▐▐ Customers often disclose very sensitive information and sad news about their situation. When dealing with these types of calls back to back it is difficult to walk away and not think about [it]"

Notes: the above quotes are taken from answers given by 294 specialist staff to an open 'free text' question about the most difficult challenges they faced in working with customers.

- **getting through to customers** – staff can sometimes struggle to help customers to recognise what is in their best interests

- **don't have all the answers** – staff can often be faced with challenges that they either don't have the tools to address, or shouldn't be expected to. This can make it difficult to satisfactorily resolve a call.

- **hidden impact** – staff can sometimes find that even when working with customers in vulnerable situations becomes 'normal', that the impact of their work can still silently creep up on them

- **intensity and regularity** – specialist support can be an intense experience – therefore who supports the specialists?

- **difficult to walk away** – while staff may leave work at the end of the day, they may continue to be affected by particularly difficult customer conversations or situations.

Critically, while staff may be able to manage such feelings, events and difficulties in the short-term, without additional support and intervention these can develop into significant problems in the longer-term.

This process can be accelerated where customer volumes are high, and time for debriefing and recovery is low. In these situations, depression, disillusionment and compassion fatigue can all begin to set in.

What should organisations do?

Supporting staff in their work with customers in vulnerable situations will yield benefits for all involved. To achieve this, organisations should address five actions:

1 **organisational recognition** – the potential effects on staff of working with vulnerability should not be seen as an inevitable or unavoidable 'part of the job'. Staff in these roles need both support and outlets to raise any concerns or difficulties that they have.

2 **management engagement** – managers should directly speak with staff and teams in vulnerability support roles about the difficulties they are facing. This will allow managers (and staff) to understand the coping strategies staff are currently employing, the additional support needs that exist, and what behaviours might indicate when staff need help.

3 **team support** – teams working with individuals in vulnerable situations can almost instinctively develop tight-knit support mechanisms. This can be positive. However, where these mechanisms are inadequate, or a critical mass of staff are stretched or burnt-out, such teams are usually less effective. Consequently, it is important that team debriefing particularly in the case of serious single events (such as customer suicide), team case reviews, and learning from previous events takes place. Colleagues can support one another by being aware of immediate pressures (e.g. after someone has taken a challenging call, checking that they are okay).

4 **peer support and download** – as well as team discussions, scheduled one-to-one sessions with colleagues or managers can ensure the opportunity exists for staff to share their experiences, concerns, and difficulties.

5 **individual support** – a range of materials for staff wellbeing and resilience exist. Staff members should be able to talk to line managers whenever they recognise a problem exists, as well as raising this in regular supervision meetings. Where relevant staff can also access any Employer Assistance Programme, intranet site, or other confidential service provided through work. Where these don't exist, staff can contact other external helping or listening organisations (such as the Samaritans). Finally, staff with acute or ongoing problems should visit their GP or seek private support – the earlier they do this the less the impact is likely to be.

Organisational development

18 How well do you train your staff on vulnerability?

What is the issue?

Policy and organisational ambitions on vulnerability cannot be met unless at least three conditions are fulfilled:

1 staff need to have the necessary skills, knowledge and confidence to deliver these ambitions – this is usually achieved through training and learning

2 these training initiatives need to tackle the actual challenges and tasks that staff encounter daily – 'raised awareness', in itself, will not deliver practical change

3 the organisational environment has to facilitate (rather than impede) staff taking effective action – this includes data management and quality assurance systems.

Where organisations can fulfil and align these three conditions, they will have a greater chance of addressing vulnerability in a positive and commercially realistic way.

This, however, all starts with an understanding of what skills and knowledge staff require to tackle vulnerability – without this foundation, there is little to build upon.

What is the evidence?

This guide has presented a range of data on the issues that staff report as difficult, or where training is needed:

- **identification** – staff recognise this as key, but report difficulties in practically identifying vulnerability (as highlighted in Step 2)
- **engagement** – even where a vulnerable situation is suspected, many staff do not take key actions to start conversations with customers about this (as shown in Step 3)

- **disclosure** – positive progress has been made on customer disclosure, but this has been the result of core training aligning with protocols and systems (as shown in Step 4)
- **carers** – common staff misconceptions about disclosures from carers still remain (as illustrated in Step 5)
- **understanding** – all staff continue to share concerns about their ability to discuss mental health, physical illness, and addictions with customers (as considered in Steps 12, 15, and 16)

In addition, when asked about working with customers in specific vulnerable situations:

- **mental health** – staff reported potentially marked improvements over time, but it is clear that many staff still find this a difficult issue to engage with, as shown by customer data (as shown in Step 12)
- **suicide** – an important proportion of staff indicate being unsure how to respond to a suicide disclosure, in the context of concerning levels of disclosure (as in Step 13)
- **physical illness** – difficulties exist among staff in talking about both serious and terminal illness (as in Step 15)
- **addictions** – more staff reported difficulties in discussing addictions with customers than any other form of vulnerable situation (as in Step 16).

Data were also collected from sizeable proportions of staff which repeatedly requested 'further training' about a range of vulnerable situations.

> "
> We have a training session and are expected to remember all the information given...
>
> Often these training sessions are a whole day...so I feel regular training and refreshers...would help me deal with situations better"

Case Study 20: Barclaycard: training, changing, and sustaining best practice on vulnerability

In 2015, Barclaycard began work on a project to strengthen its practice in identifying and supporting customers in vulnerable situations.

This project was based on the recognition that training was a key element in achieving this goal, but not the only element. Furthermore, Barclaycard also knew that no matter where a customer was in their journey or lifecycle, and no matter what part of the business the customer had contact with, they should receive the same, consistent high-level of service and support.

To achieve this, Barclaycard decided that it would not start with training course design, but instead would firstly undertake a comprehensive review of its current frontline, specialist, on-shore, and off-shore activity on vulnerability, with a focus on its customer services, collections, and fraud operations.

The partnership
This represented a significant ambition – consequently Barclaycard partnered with the vulnerability training and change programme run by the Money Advice Trust. After drawing up a work plan and vision for change, which would deliberately evolve over the course of the partnership, the review and development phase began in late 2015.

The review
Over a four to six month period, the Money Advice Trust visited all of Barclaycard's operations across customer services, collections, and fraud on multiple occasions, including visits to key on-shore and off-shore sites.

Here, the aim was to trace the customer journey from start to finish, to speak with frontline and specialist staff, to listen to hours of calls, to review written customer and third-party correspondence, and to speak with staff members whose work (either directly or indirectly) had an impact on the experience of a customer in a vulnerable situation.

To do this, the project team met with agents, team managers, quality assurance assessors and coaches, data analysts and information specialists, policy holders, senior managers and leaders. Within each area of the business, the team had the same two aims: to firstly understand the experience of the individual customer in a vulnerable situation, and secondly to look at the consistency of that experience along the customer journey.

On the basis of this, a blueprint for a training course was developed to address vulnerability with a standard 'core' set of components, but with bespoke features to reflect the different challenges that staff and customers alike experienced across collections, fraud, and customer service. Furthermore, this training course had to cover, and be applicable to, a range of vulnerable situations – rather than focusing on a single issue such as mental health or cancer, it had to be equally applicable to addiction, suicide, and other situations.

Cross-cultural considerations
One important area for consideration was understanding and supporting the needs of Barclaycard colleagues who were based in off-shore centres. This posed a challenge in designing training which provided a 'core skill-set' across all Barclaycard staff, but which recognised that off-shore staff might sometimes perceive vulnerability through a different 'cultural lens'.

The project team therefore designed an off-shore training programme which drew on local and cultural understandings of issues such as mental health, which incorporated stories and narratives about vulnerability from the local context (using video and audio resources), but which used these to make important points about working with customers in a UK setting.

Developing the training
The overall training programme – on-shore and off-shore – involved the development of both elearning and face-to-face courses, as well as guidance and assistance on creating internal resources on vulnerability for the staff intranet.

This started with Barclaycard colleagues in fraud, developing and piloting materials with them (including call listening and written correspondence elements), before then delivering these in intensive blocks of classroom delivery and train-the-trainer programmes.

Following this, the project team then took the lessons learnt from this, and began the same process again with other areas of operation – each time, taking something new and fresh across the entire Barclaycard business.

Complementing this, investment was made in a user friendly online support tool, to guide the frontline advisors through a vulnerable call post training, with specialist teams on hand to transfer customers when necessary.

Total delivery
In total, the programme will train over 2000 colleagues who support their UK Credit card customers. Furthermore, this will be regularly refreshed in terms of content and focus, and monitored for impact on practice and customer outcomes in the coming years.

While such programmes will never lead to operations 'getting things right 100% of the time', a foundation has been created not only from the very top to the bottom terms of Barclaycard in terms of support and engagement, but also across the core business areas.

What should organisations do?

Staff will always welcome 'more training' on vulnerability – however, this is not simply a case of finding a training provider to 'match the issue' that appears important. Instead, organisations should consider four key factors:

1 **awareness training is not enough (even if it has been 'repackaged' for financial services)** – training is still developed and commissioned which provides staff with very broad and high-level information about working with people with particular conditions, or who are in specific vulnerable situations. While it is helpful to know about the meaning and prevalence of such conditions and situations, such courses often leave staff and organisations having to 'translate' this knowledge into practical actions, protocols, and interventions to help customers. This is sometimes because the training provider shares 'what they do', rather than considering what 'trainees do' (see below). Consequently, organisations should ensure that training goes beyond awareness raising, and addresses the practical challenges that staff face.

2 **more should be given to (and asked from) training partners or developers** – building on the above, organisations engaging with training developers (whether internal or external) need to clearly share insights into what the actual jobs/roles of potential participants involve – without this, it is difficult to develop learning which will change practice. Where external training providers are used – for example charities or voluntary agencies – organisations should directly expose them to call listening, role shadowing, and daily practice. This is because while such external training providers might have expertise working on a particular condition or vulnerable situation, this does not automatically mean they can design solutions for the financial sector.

3 **staff in non-contact roles also need training** – training frontline and specialist staff is key, but those staff who either guide or support other staff (such as quality assessors and coaches), or who manage or strategically direct these teams also need training. Without this, it can be difficult to support and direct staff in contact roles, and training sessions which bring together staff from across an organisation (and in different roles) can lead to positive changes in addressing vulnerability.

4 **training continues outside the classroom** – it is vital that resources (such as 'knowledge checkers', intranet guidance, quality assurance mechanisms, and case review panels) are put into place to ensure that the skills and knowledge accrued in training sessions are sustained outside 'the classroom'.

Taken together, these all help align the provision of training, the development of practically relevant and meaningful content, and the wider systems and environments in which staff work. Doing this will equip staff 'for the job', rather than providing knowledge that cannot be directly or easily applied to help customers.

19

How well do you quality assure your staff on vulnerability?

What is the issue?

Investment in the development of staff skills, knowledge and confidence around vulnerability is always worthwhile.

However, to optimise the return on such an investment, consideration also needs to be given to the wider systems, processes, and data architecture that surround staff.

This is because these elements – when developed with vulnerability in mind – can assist, reinforce, and enhance the effects of any training that staff receive.

But where this attention hasn't been given, these systems can hinder even the best trained and prepared of staff, as well as lowering the quality and consistency of response.

One valuable tool in ensuring that wider systems enhance (rather than degrade) staff responses to vulnerability is therefore an organisation's *quality assurance* process.

What do we know?

Traditionally part of an organisation's second line of defence (after management controls, and before internal audit), quality assurance involves the monitoring of routine staff interactions with customers. This allows for assessment of staff behaviour, knowledge, and technique, as well as feedback and coaching to raise staff performance.

Importantly, such quality assurance can include the focused scoring of interactions using a 'tick list' or 'score-card' (to establish if certain actions or behaviours are present), as well as broader assessments of the overall quality of the call (including its 'flow', level of customer rapport, and eventual outcome).

However, regardless of the method of quality assurance, our work with over 200 firms and 5000 staff has repeatedly highlighted three common challenges in relation to vulnerability and quality assurance:

1 To date, one concern has been an understandable, but comparatively narrow, focus on **regulatory compliance**. In terms of vulnerability, this has meant that 'regulatory issues' such as explicit consent have been routinely monitored, but other key – but 'non-regulatory' – practices and behaviours have not. This raises the challenge of adequately addressing vulnerability through existing quality 'score-cards'.

2 Another critical issue has been call selection – in many firms it has often been **difficult to select the right type and number of calls** to assess staff practice on vulnerability. Often a technical issue, this has meant that staff cannot be assessed on, for example, their handling of common events (such as customer disclosure of a vulnerability) or rarer occurrences (such as suicidal calls). Identifying the right calls for assessment is a vital issue to address.

3 Finally, **the ability of staff in quality assurance roles** to not only identify difficulties, but to also coach and provide feedback to colleagues on working with customers who are vulnerable has been highlighted. Addressing this skills and knowledge gap is critical.

Organisations need to take action on these systems issues – in short, investment in training alone is not enough.

What should organisations do?

1 Start with your objectives

It is important that organisations always start with a clear idea about what they want to achieve from the quality assurance process in relation to vulnerability.

Like much guidance, this is both painfully obvious and practically difficult to achieve. However, it is a critical consideration – without clear objectives, assurance processes can deliver routine but blunt insights.

Consequently, it can help organisations – whether they are developing 'core indicators' to monitor over time, or are running a strategic 'one-off' assessment – to review and consider their objectives on vulnerability.

These can include:

- **training objectives** – organisations can use quality monitoring to identify training needs for staff on vulnerability, assess the efficacy of recent training initiatives on specific behaviours and actions, or pin-point 'golden calls' for training purposes (to show what good 'sounds like')

- **customer objectives** – monitoring can illustrate the overall experience of the customer in different vulnerable situations during interactions, compare this experience against wider outcomes on treating customers fairly, and also help to recognise and celebrate positive customer outcomes

- **compliance objectives** – assurance processes already focus on specific compliance issues related to vulnerability, but these can be reviewed to ensure the 21 steps in this guide are addressed

- **remedial objectives** – to identify any actions that are required/have been missed on the accounts of customers in vulnerable situations (including reasonable adjustments to practice)

- **management objectives** – quality assurance can be used to identify difficult, unresolved, or emerging issues on vulnerability (with these being recorded in 'issue logs' for management consideration), and interactions can also be identified for routine review meetings (including customer journey, difficult case, or consistency 'clinics').

- **impact objectives** – when new changes have been introduced which relate to vulnerability (such as customer feedback processes, new training, upgraded protocols, or new staff members), quality assurance can be used to help consider the impact of these

- **partnership objectives** – where appropriate, monitoring can be used to identify and assess calls on vulnerability with expert advisers from debt advice and voluntary sector organisations.

2   Selecting the right cases

In our work with organisations, a common challenge reported by quality assessment teams has been finding the 'right type' and 'sufficient number' of calls involving customer vulnerability to enable assessment to take place.

The fact that our survey shows frontline staff receive, on average, 45 vulnerability disclosures each month[A], suggests that the issue is not the absence of disclosures, but instead the means to identify calls containing these disclosures. While it is not difficult to identify customers in vulnerable situations already in contact with specialist teams, it can be challenging to do this for frontline staff.

To overcome this, a number of organisations have developed solutions to identify relevant calls. These include:

- **'word-scrub' of account notes** – using a pre-defined list of 'trigger words', the written account notes of customers are automatically searched to identify calls potentially involving different types and forms of vulnerable situation. These searches are reported to be efficient and non-costly to run, although the search is only as effective as the 'trigger words' it is supplied with (which need to not only identify key conditions or situations, but to also take into account misspellings/abbreviations).

- **flags** – some organisations use existing vulnerability flags to identify calls – this, however, is slightly more limited than 'word scrub' given that many vulnerability flags only indicate a general status, rather than a specific type of situation, or an indication of how recently this was disclosed.

- **speech analytics** – the recent development of technologies to identify specific extracts of customer/colleague interaction provides one of the most promising industry developments for some time. Much of this discussion has focused on either voice recognition (in relation to identification and verification procedures), or the real-time identification of 'vulnerability trigger words' to alert staff to an underlying vulnerable situation. However, perhaps an under-recognised contribution of speech analytics could be in allowing quality assurance teams to 'zoom in' on specific types of vulnerable situation or exchanges to assess agent performance. Moreover, where excellence in such performance is identified, the opportunity exists for organisations to understand, analyse, and share this among other staff.

3   'Quality score-cards'

When assessing the interaction between a staff member and a customer, a list indicating what constitutes 'good', 'acceptable', or 'poor' behaviour will typically be used.

These 'quality score-cards' often need to cover a large number of required behaviours or actions, many of which will directly relate to regulatory expectations.

Consequently, there is often little room left on general score-cards for gauging staff performance on vulnerability – with this sometimes reduced to whether a staff member sought explicit consent following a disclosure.

Again, this is understandable. However, it does not provide an organisation with representative insight into staff behaviour on vulnerability.

[A] Covering customer and third-party disclosures of serious physical illness, mental health problems, and bereavement.

Organisations therefore have at least two options – to create more space on existing score-cards for additional measures on vulnerability, or to run (on a routine basis) separate quality assurance processes exclusively focused on vulnerability.

To assist thinking in this area, we have listed a set of items that might help expand an existing quality assurance score-card, or form the basis for a score-card exclusively focused on vulnerability (see Box 18).

Finally, *simulation* has been used in assessments of staff quality and competency in the health sector for decades. The use of simulated patients – who take on a range of roles and conditions – is a central part of the examination of NHS doctors in training. The opportunity to use this within the collections sector should not be discounted, particularly where some situations (such as suicide) may be too infrequent to assess for each staff member.

4   Supporting QA staff

A theme in responses from frontline and specialist staff in our survey was the perceived ability of quality assessment teams to provide meaningful feedback or coaching to improve the practical management of calls involving customers in vulnerable situations.

As one member of staff noted in an open response about the most significant challenges to their daily practice:

"Being "Call monitored" or marked by a [Quality Assurance] Team who are not qualified to monitor calls insofar as they have no understanding of the role, they do not speak to customers on a day to day basis and they have no understanding of how our process works."

While this stark summary will clearly not apply to all quality assurance teams, it does raise the issue of what further support such teams require. This may include both standard and enhanced training on vulnerability, and ongoing support and supervision by specialist vulnerability teams or staff within the organisation.

Box 18: Quality assurance: potential items for a vulnerability score-card

Disclosure of a vulnerable situation
Colleague used TEXAS appropriately, making sure that both an explanation of how the data would be used was given, and explicit consent was then obtained.

Understanding
Colleague used the IDEA tool appropriately.

Identification
Colleague successfully identified a vulnerable situation (only where a call has been specifically selected with the knowledge that it involved a vulnerable situation, so that this could be established)

Starting the conversation
(Only where a vulnerable situation was identified, without disclosure by customer)

Colleague was able to raise the issue of the vulnerability and start a conversation about this or (where appropriate) it was transferred to the specialist team.

Support
The colleague was able to determine what support could be given to the customer, with an appropriate consideration of financial and non-financial elements. Where appropriate, this support was given to the customer during the call, or (where appropriate) it was transferred to the specialist team.

Carer disclosure
Colleague used the CARERS tool appropriately.

(Only where a third-party or carer call was taken, and where the third-party did not have authority).

Gathering further evidence
Where further medical evidence was required, this was identified by the colleague, acceptable forms of evidence were discussed, and an agreement was reached on a date for completion and return.

Recording data
Relevant data on the customer's vulnerable situation were recorded accurately and in compliance with the Data Protection Act 1998.

Crisis
Where a customer was in crisis – either in the case of a potential suicide, emotional difficulty, or other form of crisis – the colleague remained calm and took appropriate action.

20

How well do you work with advice agencies on vulnerability?

What is the issue?

This guide has outlined a number of practical steps that organisations can take to improve their work with customers in vulnerable situations.

However, collections and creditors are not the only organisations that work with such customers: advice agencies also have a crucial role to play, particularly where they receive referrals from creditors.

Consequently, it is vital that both advice agencies and collections and creditor organisations are equipped to deal with customers in vulnerable situations. If such customers are to receive effective and high-quality support, then it is not only essential for organisations to follow the steps outlined in this guide, but to also consider the degree to which the advice agencies they work with also have similar systems and structures in place.

This holds true regardless of whether the advice agency is a 'not for profit' or 'fee charging' organisation.

What is the evidence?

From our training and change programmes conducted with the collections and creditor sector, and ongoing discussions with the advice sector, it is clear that:

- not all advice sector organisations have effective policies and procedures in place to demonstrate how they specifically support customers in vulnerable situations

- a growing number of organisations are starting to request evidence from advice agencies that are referred customers who have been identified as vulnerable, which shows that these agencies have the policies and support structures in place to assist these customers

- many organisations are now reporting that they prefer to refer customers to advice agencies that can show they are as committed to high-quality practice with customers in vulnerable situations, as they are themselves.

What should organisations do?

Organisations should seek assurance that partner advice agencies have the expertise and structures to provide similarly high-quality support to customers in vulnerable situations.

To do this, organisations should ask to review and check an advice agency's policies on vulnerability. Where organisations refer customers to an advice agency, the organisation should ensure that these agencies are in a position to support and work positively with customers in potentially vulnerable situations. This is particularly critical if an organisation has (or is establishing) a contractual working relationship with a preferred supplier of advice.

In general, organisations should be willing to engage in conversations with advice agencies to review not only general referral mechanisms, but the structures in place within that advice agency to support and help customers in vulnerable situations. Doing this will ensure that these customers receive consistently high-levels of assistance from both sides of the collections and adviser partnership.

PayPlan
live again

Case Study 21: PayPlan: vulnerable customers, vulnerable advice clients

PayPlan is continuing to support vulnerable clients as part of the referral process while managing creditor expectation of us as a debt provider.

While all our clients are vulnerable due to their debt situation, it is our responsibility to identify the particularly vulnerable. This is an ongoing process as a client may become particularly vulnerable at any point during the process of managing their debts.

Their first year in a debt management plan is particularly difficult as the client learns to adapt to living within a budget. Frontline staff complete courtesy calls throughout this first year to provide extra guidance.

Staff are also trained to look out for any changes in clients' circumstances for example erratic payments, changes in spending patterns and level of contact.

Annual financial reviews provide a good opportunity to identify the particularly vulnerable by enabling a case officer to engage with the client on a personal level. If they are spending too much, it might suggest that they are struggling with their budget and need extra support.

Helping staff identify indicators enables them to make adjustments to a client's plan and provide feedback to the creditors.

Frontline staff have received training on working with vulnerable clients. They are also trained in customer service and basic debt awareness so they acquire the knowledge and understanding of what a client is experiencing.

Case studies

21 Taking action: the '21st step'

The final step in our briefing, is also the shortest. However, it is probably the most important one that any organisation can take.

Throughout this document, we have considered a number of different challenges that collections staff can encounter in relation to vulnerability, and have outlined techniques and protocols to address these.

Alongside this, we have also shared 21 case-studies from a range of organisations (see opposite).

Sharing these, however, is more than a symbolic move - instead, these case-studies not only remind us of the need to take action, but also show us how this can be achieved.

This distinction is critical. We all know that action is needed. However, if our collective work on vulnerability is to progress, being able to routinely share the details of how we can turn vulnerability principles into 'real world' staff practice is vital.

Doing this will require further openness and trust. However, perhaps unlike other areas of business practice, there is no competitive advantage from being better, for example, at suicide prevention than another organisation and explaining to others how this has been achieved.

Similarly, it is difficult to believe that a commercial sensitivity exists about a group of organisations sharing the mechanics of how they are, for example, helping customers with cancer, chronic gambling problems, or learning disabilities.

Consequently, if all organisations – collections, advice, and third-sector – can recognise the benefits (rather than risks) that openness about vulnerability can bring, we can create an environment which is focused on the practical rather than the principled.

This has happened before – initiatives such as the Vulnerability Taskforce involved the sharing of good practice – so it is possible. However, we need to make such sharing of such information routine, normal, and inclusive to the point where it becomes mundane and truly 'business as usual'.

Principles into practice

CS1: Barclaycard's 'Money Worries' hub: encouraging disclosure, aiding recovery (P20)

CS2: HSBC: conversation is key (P23)

CS3: Lloyds Banking Group: the TEXAS framework (P26)

CS4: 1st Credit: the impact of TEXAS (P26)

CS5: Shoosmiths: a carer dilemma (P29)

CS6: Cabot: understanding and connecting with customers (P32)

CS7: Vanquis: gaining trust and insight (P33)

CS8: Co-Operative: collecting medical evidence (P35)

CS9: Barclays: using a customer review panel to address vulnerability (P39)

CS10: NatWest: embedded debt advisers (P41)

CS11: Barclays: working with Social Services (P41)

CS12: Phoenix Commercial Collections: breaking bad news (P44)

CS13: Optima Legal: moving more quickly on mental health (P53)

CS14: Vanquis: From first contact to deeper understanding (P65)

CS15: Hitachi Capital: responding to terminal illness (P66)

CS16: Cruse: working with financial service organisations (P69)

CS17: Phillips & Cohen: listening on many levels (P70)

CS18: Arc (Europe) Ltd: treating addiction like any other vulnerability (P75)

CS19: Santander: working with the reality of addiction (P76)

CS20: Barclaycard: training, changing, and sustaining best practice on vulnerability (P81)

CS21: PayPlan: vulnerable customers, vulnerable advice clients (P87)

Conclusion

In this guide, we have presented new data on working with customers in vulnerable situations, and the practical steps that organisations can take in response. We now conclude by considering what further actions on vulnerability organisations should now be exploring.

1 Data is now the next focus

In our previous publications, we have always contended that policy was the obvious starting point for organisations – however, things have changed significantly in collections.

We no longer work in a context where we are left wanting for policy statements, high-level principles, or strategic visions on vulnerability – these are available in abundance.

What is needed now are data on vulnerability to inform and shape the content of these documents, and to also hold the policy objectives and ambitions of organisations on vulnerability to account.

In practice, this means at least six data-sources need to be further developed, explored, and 'listened to':

- **routine data** – organisations need to routinely record basic data on both their interactions with customers in vulnerable situations, and any needs of those customers for support and help. These data are often either still not recorded, or are recorded in a way or format (such as in customer account notes) that cannot be easily reviewed or accessed for management purposes. Without knowing, for example, how many customers and third-parties are disclosing different types of vulnerable situations, or the types of needs those customers have, or the outcomes achieved in meeting those needs and their compatibility with wider commercial objectives, it is difficult for any organisation to establish whether its work on vulnerability is successful or not.

- **staff experience** – staff are often the 'missing data point' when it comes to vulnerability. While being able to draw on what staff are thinking, hearing, and experiencing in their work with customers in vulnerable situations is invaluable to an organisation, it is often overlooked. Consequently, the insight (what works), foresight (what lies ahead), and oversight (what the group think) that staff have on vulnerability is not captured and acted upon.

- **quality management indicators** – it is vital that the criteria used to assess the quality of interactions between staff and customers in vulnerable situations takes a broader perspective or set of 'score-card items'. Whereas quality assurance and monitoring has often focused on listening to calls between staff and customers are scoring these in relation to tightly-defined 'regulatory issues' (such as explicit consent) other key – but 'non-regulatory' – practices and behaviours have not been considered in detail. If we are to improve the quality and consistency of the support given to customers in vulnerable situations, we need to expand the set of measures used to do this, so that both staff and those involved in quality monitoring are entirely clear on what constitutes excellence in practice.

- **call recordings** – building on the above, we are aware that a lot of information and data are available in banked call recordings of interactions between staff and customers in vulnerable situations. Speech analytics technology provides the opportunity for these data to be 'unlocked'. Exploring this could allow important insights into what 'best practice' on vulnerability actually looks like in practice during frontline and specialist interactions with customers, and for organisations to capture this and ensure that all staff aim to work to this level of expertise.

- **customer data and experience** – customer data is key. This includes the use of new data analysis techniques – including data mining, machine learning, and artificial intelligence – to examine routine data for patterns of customer behaviour which could indicate a potential vulnerable situation. However, it is important that we do not forget that actually engaging with, and working with, customers in vulnerable situations can yield important insights into how they perceive their treatment and experience during their encounter with organisations. These customers can be reached directly (via their existing contact with specialist teams), and also through charities in the voluntary sector. However, whatever the contact, it is important that organisations listen to the experience of customers in a range of different situations.

- **evaluation and return on investment** – finally, it is important that the sector does not turn away from evaluation of its work on vulnerability, including an analysis of the commercial return on investment. We need evaluation of the protocols, practices, and interventions on vulnerability that have been put into place simply because we need to know what is actually working for staff and customers alike, and what represents unnecessary or ineffective protocol. Equally, although organisations will immediately note that their work on vulnerability is about doing the 'right thing', rather than money, it is important

not to turn away from the economic cost of the work that organisations have been undertaking on vulnerability. Be this the establishment of a specialist team, or another intervention, knowing how much this costs in relation to the benefits and outcomes derived from it, allows future decisions about vulnerability to be built on not just a clear-headed but sustainable foundation.

2 Policy needs to stretch itself

It is likely that most, if not all, firms now have some form of policy which relates to their engagement with customers in a vulnerable situation.

These policies, however, cannot remain static – while much guidance has been produced (and continues to be produced) on 'common and critical' issues such as how the financial services sector can work with customers with mental health problems, cancer, dementia, disability, or experience of financial and domestic abuse, attention also needs to be paid to challenges which are either now starting to gain more prominence, or haven't had the same strength of voice as others.

As this guide contends, these include issues such as customers with suicidal thoughts, gambling addiction, drug or alcohol dependency, or difficulties with communication and decision-making.

Policies need to consider these issues – while it makes no operational sense for every different condition or situation to have its own 'protocol' or operating procedure, there is a need to take into account the different needs of customers experiencing these.

In attending to these issues, organisations should always look outwards towards partnership with voluntary sector agencies with expertise in vulnerability – looking inwards will not effectively address the issue.

However, organisations engaging with external partners need to ensure that they do not simply settle on 'awareness raising' about an issue or vulnerability. Instead, work needs to take place to educate partners about the specific challenges of the context that staff work in, their roles, and the tasks they have to deliver.

The most effective partnerships often work in this manner. However, where staff and organisations have to 'translate' general information into practical actions, protocols, and interventions to help customers, this can lead to ineffective responses.

Consequently, policy development on vulnerability needs to both stretch itself, as well as all those involved in it.

3 Staff deliver policies

Finally, organisations need to recognise that policies don't deliver themselves, staff do.

Throughout the course of our research with the collections sector, we have been witness to accounts of work undertaken by staff with customers in vulnerable situations which have literally saved lives (in cases involving suicide), or have helped to turn lives around.

However, to achieve this staff need support and clear direction on vulnerability – unfortunately, this is not always provided, leaving staff to develop their own solutions of ways of working with such customers.

Furthermore, where staff routinely work – particularly in specialist teams – with customers in vulnerable situations every day, this can have an impact on that staff member emotionally, physically, and professionally.

Clearly, staff affected in these ways will be less able to effectively support the customers they work with, or to contribute to the teams that they work within.

However, more importantly, without organisational support, these staff could go on to experience poor health, emotional fatigue, and ultimately burnout.

Consequently every organisation should ensure that its vulnerability strategy not only considers the prevention of detriment for its customers, but also the staff working to support them through these difficult and challenging circumstances.

Taken together

Overall, in the two years that have followed the launch of the Financial Conduct Authority's work on vulnerability, much has changed in terms of policy, practice, and progress across both the collections, creditor and advice sector.

Many of these changes have been positive and welcome – particularly in relation to the potential progress made on working with customers with mental health problems.

At the same time, there are also issues and challenges that should make everyone in the sector stop and think.

For this reason, the changes that have taken place so far have been significant and innovative.

However, if vulnerability is to truly become part of 'business as usual' for every organisation, our task now is the opposite: we need to make the identification and assessment of customers in vulnerable situations, as routine as an identification and verification check.

To do this, we will need data to hold ourselves to account, policies that continually evolve, and staff that are supported and developed.

Only then, can we say that we are taking concrete and meaningful steps in addressing vulnerability.

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