MONEY ADVICE TRUST

BUSINESS DEBTLINE | NATIONAL DEBTLINE | WISER ADVISER

ADVICE YOU CAN TRUST

Vulnerability, mental health, and the energy sector:

a guide to help identify and support consumers

October 2017

Money Advice Trust
Energy UK

MONEY
ADVICE TRUST

www.moneyadvicetrust.org/vulnerability

Over the last decade, the Money Advice Trust has worked to help organisations better identify and support consumers in vulnerable situations.

This has involved engaging with over 11,000 staff, more than 160 organisations, and across the financial services, water, energy, retail, and telecommunication sectors, and national and local government agencies.

Through providing training, consultancy, and organisational change, the Trust actively contributes to the development of best practice in identifying and supporting consumers in vulnerable situations.

Energy UK

www.energy-uk.org.uk

Energy UK is the trade association for the UK energy industry representing over 90 suppliers and generators of electricity and gas for domestic and business consumers.

Energy UK members represent the truly diverse nature of the UK's energy industry - from the UK's largest energy firms to new, growing suppliers and generators, now making up over half of Energy UK membership.

Contents

Written by Michael Ramone[1], Chris Fitch[2], Matt Vaughan Wilson[1], Colin Trend[3], and Jamie Evans[4]

Money Advice Trust, 2017

[1]Money Advice Trust, [2]Money Advice Trust and Personal Finance Research Centre, University of Bristol; [3]Plymouth Focus Advice Centre; [4]PFRC.

Foreword

The energy retail market is changing at a rapid pace and looks very different to what it did just two years ago. There are more suppliers in the market and more people switching as the market grows more competitive in response to consumer engagement. Despite this, suppliers must remain one step ahead in ensuring they're able to address the needs of all customers. Mental health matters and any one of us, at any time, could have to face the challenges brought on by poor mental health.

That is why energy companies need to ensure they have the right systems, processes and staff training in place to help customers who may suffer poor mental health and experience the challenges that this can bring.

We are doing more than ever at Energy UK to encourage industry action to help customers in vulnerable circumstances. Last year we launched 10 new Prepayment Meter principles to help suppliers anticipate and respond to customers who are at risk of self-disconnection. The Energy UK Safety Net for vulnerable customers continues to ensure high standards around debt collection and identifying vulnerability. We have plans to grow the Safety Net in terms of membership and we're also keen to explore how the Safety Net itself can develop to encompass new protections for customers.

In January 2017 Energy UK launched a new vulnerability group for our members to look at the issues facing customers who may be in vulnerable circumstances. This report represents the first major output from our vulnerability group. Energy UK members sought out the expertise of the Money Advice Trust to set the scene and raise the bar for energy companies seeking out and responding to customers with poor mental health.

As Ofgem moves towards Principles-Based Regulation and embeds vulnerability in the licence, it is critical that energy companies demonstrate they can respond to evolving regulatory requirements and societal concerns. Mental health is an area of vulnerability that can be difficult for supplier processes and front-line staff to feel empowered and able to deal with. This is a problem that is not unique to energy companies. Across our society we need to make huge leaps forward in recognising and responding to the impact that poor mental health can have on a large part of the population.

This report is an important step in a journey for an energy industry that believes passionately in improving opportunities and service for everyone. I'd like to thank the Money Advice Trust for bringing their expertise and hard work into the writing of this report. I look forward to engaging with a range of organisations on the points raised in this report and hope that we can all work together to improve the experience of energy customers who struggle with poor mental health.

Audrey Gallacher, Oct 2017

Director of Retail Energy Supply, Energy UK

How to use this guide

This guide aims to help gas and electricity suppliers to better identify, understand, and support consumers who are in vulnerable situations.

It provides practical tools which can be used with consumers in a range of vulnerable situations.

It also offers specific guidance on helping consumers with mental health problems, or with mental capacity limitations.

Using this guide

The guide is split into four sections:

- Meanings – our first section (pages 5-14) provides a clear explanation of what vulnerability, mental health and mental capacity all mean, and the relationships and differences between them.
- Fundamentals – our second section (pages 15-22) gives clear practical guidance on how organisations can improve their work across a range of vulnerable situations, from identification through to support.
- Focus – our third section (pages 23-34) offers specific insights into working with consumers with mental health problems, or with mental capacity limitations.
- Organisation – our final section (pages 35-38) explains what steps suppliers can take to better support their staff, and develop organisational skills and confidence.

The material in this guide has been selected to provide an overview of some of the key tools for addressing consumer vulnerability.

Suppliers with an interest in finding out more about vulnerability should consult our further resources section.

Why we've collaborated on this guide

The Money Advice Trust and Energy UK have produced this guidance to meet a practical need among suppliers and consumers.

Consumer vulnerability is high on the energy industry's agenda, and affordability remains an issue for many energy consumers.

Only recently, Ofgem, has modified its domestic Standards of Conduct, with suppliers being required to better identify vulnerable situations, and enable consumers to make informed choices.

At the same time, the number of energy suppliers is growing, energy switching is increasing, and the smart meter rollout continues.

Taken together, the sector aims to address these issues and deliver new initiatives to *all consumers*, including those in vulnerable situations.

Consequently, it is key that the sector is able to identify, understand and support individuals who are vulnerable to detriment and disadvantage.

What this guide contributes

A large number of publications already exist on vulnerability, many of which provide excellent high-level or principle-based accounts.

This guide, however, aims to offer something which complements and extends, rather than duplicates, these existing materials.

Consequently this guide brings together tools and protocols that are **pragmatic, commercially-realistic**, and based on our **collective experience** of working on vulnerability both within the energy sector, and also across the financial services, utilities, retail, and government arenas.

Core messages

- Vulnerability is created by three intertwined factors – individual characteristics, personal circumstance, and the action (or inaction) of firms and the wider market.

  Suppliers need to consider these factors *together*, rather than in isolation.

- Mental health problems can lead to negative changes in a consumer's thinking, emotions and behaviour. They can result in disruption in the person's ability to work or undertake daily activities, and maintain personal relationships.

  Suppliers need to know what *adjustments* to practice to make for consumers with these problems, and when to make them.

- Mental capacity limitations occur where a consumer has serious difficulties with decision-making due to a mental or physical health issue, medical treatment side-effects, substance use, or a range of related factors.

  Suppliers need to *presume* consumers have the mental capacity to make a specific decision (avoid discrimination), while *remaining vigilant* for signs of a limitation (avoid detriment).

- Detriment is as important a concept as vulnerability – but is usually less considered.

  Suppliers should '*map out*' the detriment (loss and disadvantage) that difficulties like those above could cause to a consumer. This will help shape responses to support consumers.

- Suppliers need to avoid three assumptions in their response to vulnerability. Do not assume:

  a. a risk factor for vulnerability – such as mental health – means the consumer is actually in a vulnerable situation

  b. a vulnerable situation will remain static or will represent a permanent state of affairs – vulnerable situations change over time

  c. that identification is the key response – without understanding and support, identification will change little.

Key tools

- Identifying a potential vulnerability (p16)
  - encourage 'self-disclosure'
  - look for 'red-flags' and tell-tale signs.
- Starting a 'vulnerability conversation' (p18)
  - 'set-up' the right context
  - 'start-off' with a conversation opener
  - 'stay-with' the conversation (get it going).
- Handling a disclosure of vulnerability (p19)
  - the **TEXAS** model
  - **T**hank, **E**xplain, e**X**plicit consent, **A**sk questions, **S**ignpost (to help)
  - used across the financial services sector for relevancy and data protection compliance.
- Understanding a vulnerable situation (p20)
  - the **IDEA** model
  - **I**mpact, **D**uration, **E**xperience, **A**ssistance
  - used to extract relevant insights for action.
- Supporting consumers (p21)
  - know all the support options
  - identify adjustments for this consumer, communicate and put into place.
- Consumers in crisis (p24)
  - the **BLAKE** model (for suicidal consumers)
  - **B**reathe, **L**isten, **A**sk, **K**eep safe, **E**nd.
- Consumers with mental capacity issues (p30)
  - the **BRUCE** model
  - **B**ehaviour and talk, **R**emembering, **U**nderstanding, **C**ommunication, **E**valuation ('weighing-up')
  - used to identify and support consumers with potential mental capacity limitations.

1. Meanings

In this section, we explain what vulnerability, mental health and mental capacity mean on paper, and in practice.

We consider how suppliers can avoid making well-intended assumptions about consumers with these issues.

We also outline a commercially-realistic role for suppliers in identifying, understanding, and ultimately providing support to consumers in vulnerable situations.

1.1 What is vulnerability?

In this section, we remind ourselves what vulnerability can mean in real-life practice, and how 'detriment' and 'mental health' fit into the picture.

To do this, we recap three key pieces of knowledge.

A. Vulnerable situations (not consumers)

Importantly, Ofgem talks about 'vulnerable situations', rather than 'vulnerable consumers':

"A Vulnerable Situation means the personal circumstances and characteristics of each Domestic Customer create a situation where he or she is:

- Significantly less able than a typical Domestic Customer to protect or represent his or her interests; and/or

- Significantly more likely than a typical Domestic Customer to suffer detriment, or that detriment is likely to be more substantial."

Additionally, Ofgem takes the view that the energy market has the potential to cause or exacerbate a vulnerable situation.

This is helpful because it reminds us that vulnerability:

- is created by three intertwined factors: individual characteristics, personal circumstance, and the action (or inaction) of firms and the wider market (Figure 1). In our work, we need to consider all three factors, and never just one in isolation.
- often changes over time: many consumers will be in a vulnerable situation once and for a limited period of time only. Others will have multiple 'episodes' over a longer period, but with gaps in between where they are not vulnerable. Some, meanwhile, will have ongoing and long-term needs which vary little.
- can have financial and non-financial impacts: the negative impact of vulnerability – also known as 'detriment' – can lead to financial, affordability, indebtedness, fuel poverty, and engagement issues. However, it can equally affect the wellbeing, health, and overall safety of the consumer. We therefore need to think about both sides of this 'coin'.

Figure 1: what creates a vulnerable situation?

To better identify (and support) consumers, organisations should know the three factors that can create vulnerable situations.

Individual factors

These are things about the consumer – such as a health condition, their emotional state, or communication difficulties – that can make them vulnerable to detriment.

Examples can include:

- mental health conditions, including depression
- physical health conditions caused or exacerbated by living in a cold home
- physical difficulties with sight, hearing or mobility
- serious difficulties with decision-making (including mental incapacity).

Personal circumstances

These are things about the consumer's personal circumstances to look out for including:

- life events, sudden household or social changes, or benefit difficulties
- low income, no ability to deal with 'bill shocks' or pay for improvements/repairs
- digital exclusion, lack of access, including to comparison or switching services.

Action (or inaction) of firms and others

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, if a supplier pursues a consumer's debt aggressively, without understanding their needs, this can cause upset, anxiety and could even trigger significant mental and physical health problems. In a complex market such as energy, broader market factors may also contribute towards some consumers being at heightened risk of detriment.

B. Avoiding assumptions

Vulnerability can feel complex enough without it being made even more difficult – however, we often complicate matters by *making assumptions*.

The **first assumption** to avoid is well-known, but still too common. It occurs where a consumer is automatically assumed to be vulnerable simply because they have disclosed a medical condition or personal circumstance.

This assumption is unhelpful – many consumers with disabilities, living in certain circumstances, or being a certain age (to name a few), will be experiencing no difficulties at all.

Consequently, while disclosures of such conditions and circumstances are welcome, organisations always need to talk with consumers first.

Without doing this, it is not possible to understand the consumer's situation, their needs, vulnerability to detriment, or what support can be provided.

Consequently, we need to engage and understand first, before making conclusions about a consumer's vulnerability to detriment.

The **second assumption** to avoid is linked to this – where a consumer is known to have previously experienced a vulnerable situation, this does not mean this is now permanent or unlikely to change.

As noted, vulnerable situations will often change over time – we therefore need to engage with consumers to check 'how they are', rather than assuming that vulnerability is now 'who they are'.

The **final assumption** that often complicates understandings of vulnerability, is where organisations focus on identifying vulnerability.

Identification is clearly key. However, as we shall see, it is *critical to also help staff move* from:

- the identification of a potential vulnerable situation to the point of starting a conversation about it
- conversation to an understanding of what information is relevant to help the consumer
- this engagement to the provision of support to the consumer by the organisation
- internal support to referring consumers to external agencies in more complex situations.

In short, organisations need to remember that identification alone is important, but not enough.

C. Detriment (thinking it through)

'Detriment' is a key element in Ofgem's thinking. However, its meaning is often *under-considered* compared to that of vulnerability.

Vulnerability to detriment – in dictionary terms – means a consumer is exposed to a greater risk of experiencing harm, loss, or disadvantage. Importantly, this includes financial harm and non-financial forms of loss and disadvantage including:

- not being able to choose appropriate tariffs
- not being able to seek external advice or help
- making uninformed or impaired decisions
- where legal rights are infringed
- where unfair treatment occurs.

In response, many organisations find it helpful to not only define what vulnerability means to them, but to also 'think through' or 'map out' the types of detriment consumers might be vulnerable to.

Taking this step can allow organisations to prepare for such detriment, to decide in advance what support can (and cannot) be offered internally, and to respond efficiently 'in the moment'.

So... how does mental health fit in to this?

Tackling the 'vulnerability agenda' can feel overwhelming – after all, there are a large number of health conditions and personal circumstances, as well as market developments, which potentially could lead to vulnerability and detriment.

In this guide, we therefore explain how organisations and staff can:

- effectively identify, understand, and support consumers with mental health problems
- introduce tools that have already been successfully used by other organisations, and endorsed by regulatory bodies
- not only support consumers with mental health problems, but also those experiencing other potentially vulnerable situations.

In doing this, we aim to *simplify rather than complicate* vulnerability – while not compromising our ability to understand and meet the needs of consumers in a range of vulnerable situations.

1.2 What is a mental health problem?

In this section, we consider what a mental health problem is (and isn't), and outline some of the challenges that consumers with such problems may be facing.

What is 'mental health'?

'Mental health' is used to describe our emotional, psychological and social well-being.

Our mental health can affect what we think, feel and do. It can also determine how we handle stress, interact with others, and make decisions.

A person in good mental health is usually able to cope with the normal stresses of life and carry out the activities needed to look after themselves.

However, just like physical health, a person's mental health will not always stay the same and can change in response to personal circumstances, life events, and our wider environment.

What is a 'mental health problem'?

A 'mental health problem' is where negative changes occur in a person's thinking, emotions and behaviour, leading to disruption in the person's ability to work or undertake daily activities, and maintain personal relationships.

For some people, a mental health problem can become so severe that it can be diagnosed as a mental illness by a medical professional.

However, as people often use these two terms interchangeably, we use the term 'mental health problem' throughout this guide.

What form do mental health problems take?

As Figure 2 illustrates, mental health problems range from more common conditions such as anxiety and depression, through to rarer conditions like schizophrenia or bipolar disorder.

People can also experience more than one problem at the same time (with anxiety and depression being particularly common in the UK).

Mental health problems can range from conditions which are experienced for a few weeks, to more severe conditions which are long-term or even life-long. In the most severe situations, mental illnesses (like any health issue) can cause disability.

One in six of the UK population report having a common mental disorder (such as anxiety or depression in any week)[1], while one in four will experience a mental health problem each year[1].

What help can people get?

Mental health problems are treatable. However, many people with mental health problems do not receive treatment[2] – sometimes they are not aware they are unwell, or they may not be able to access help or treatment in their local area.

What role do energy suppliers have?

Energy suppliers will encounter consumers who have mental health problems. While many of these will require no support, some will.

An important role therefore exists in identifying these consumers, engaging and understanding their situation, and providing reasonable and relevant support.

Suppliers should also have a good process for signposting consumers to external services, *once relevant internal support has been given*.

Support needs: difficulties with debt

The links between mental health problems and financial difficulty are well-known (see mental health and financial difficulty box, page 11). Energy suppliers need to be aware of mental health problems so that they can:

- take a proactive approach to consumers with payment problems
- understand consumers' circumstances and their ability to pay arrears
- ensure consumers understand any repayment arrangements they set up
- improve consumer engagement and support long-term payment behaviour.

If suppliers do not take mental health problems into account there is a risk of inappropriate action, leading to additional detriment.

Figure 2: different types of mental health problems, and their impact on the consumer

Depression

Depression is a long-lasting, low mood that interferes with the ability to function, feel pleasure, or take interest in things.

It affects around 3% of the population each year[2].

Panic disorder

This can involve repeated and frequent panic attacks. An attack is a sudden episode of intense fear or discomfort accompanied by symptoms such as nausea, chest pains, unbearable fear, shortness of breath. Attacks last for 5-10 minutes. These affect under 1% of the population each year[2].

Bipolar disorder

Bipolar disorder (formerly known as manic depression) is a severe mood disorder which causes shifts in a person's mood characterised by extreme highs (mania) and lows (depression) often with normal periods of mood in between. It affects 2% of adults in their lifetime[2].

Anxiety

Anxiety is where normal feelings of concern and fear are felt at a far higher and more debilitating level, and can include physical symptoms (such as heart palpitations) – these affect 6% of the population each year[2]. Combined depression and anxiety affect around 8% each year[2].

Obsessive compulsive disorder

This is when someone has obsessions, compulsions, or both. The individual is usually aware of these being excessive or unreasonable. This affects around 1% of the population each year[2].

Schizophrenia

Schizophrenia affects thinking, feeling and behaviour and causes people to have abnormal experiences. People may see or hear things, or hold unusual beliefs, that other people do not. This is sometimes described as 'psychosis'. It affects under 1% of adults during their lifetime[2].

Impact: concentration and motivation

Problems with focusing, taking on complex tasks or comparisons, and fear or lack of motivation to deal with finances are common difficulties.

Impact: budgeting and numeracy

Impaired understanding, difficulties with simple forms and calculations, and impulsivity can all cause problems for the individual.

Impact: judgement and decisions

Difficulties with understanding, remembering, weighing-up, and communicating a decision.

Impact: memory and time-keeping

Recall and memory problems, struggles with focus and concentration, impulsivity, and difficulties with planning can all affect the consumer.

Impact: form-filling and paperwork

Lack of motivation can make financial management challenging, difficulties with more complex tasks, and impaired communication abilities.

Impact: trust

Fear, belief that the individual will not be believed or understood, concern about consequences of disclosure, paranoia, and lack of trust.

Support needs: health and well-being

Living in a cold home can have a negative impact on health and well-being. Alongside this issue of fuel poverty are problems of fuel insecurity.

Energy consumers with prepayment meters may experience periods of self-disconnection or face difficult financial trade-offs in order to maintain their fuel supply. Suppliers need to take account of mental health problems so that they can:

- support consumers in fuel poverty
- target energy efficiency advice and interventions
- support consumers with prepayment meters.

Engaging with suppliers and the market

Consumers need to be able to engage with suppliers and the energy market to get the best deal for their circumstances. Decisions about energy tariffs, payment or repayment options and consequences of non-payment can be difficult for many consumers.

Where they impair cognitive function, mental health problems may make many such decisions overwhelming. Low levels of consumer trust create additional barriers to engagement. Together, these factors can mean consumers with mental health problems are less likely to access competitive deals. Suppliers need to take account of mental health problems as part of their efforts to:

- improve communications with consumers
- design tariffs and services that meet consumers' needs
- ensure consumers are able to make informed choices about their energy supply.

Safety, access and communication

Energy companies have an obligation to offer certain services free of charge to consumers with certain additional needs relating to safety, access and communication, and to maintain a Priority Services Register. Ofgem has recently introduced significant changes into this area.

Previously, priority services were a defined set of services offered to fixed groups, such as people of pensionable age, and people with disabilities or with certain medical conditions.

Typical services might include advance notification of any planned interruption to power supplies, or password-identification schemes to provide reassurance that home callers are genuine company representatives. Companies are now expected to take a broader view of consumer needs when assessing who may be eligible for priority services.

This matters because in some cases, mental health problems may mean a consumer would benefit from priority services, even on a temporary basis. Companies need to take mental health into account in order to:

- identify consumers who would benefit from priority services
- maintain up to date recording of the Priority Services Register.

Mental health and financial difficulty

1. Debt increases the risk of poor mental health: people with debt problems are twice as likely to develop depression as patients without debt[3]. The more debt a person has, the more likely they are to develop a mental health problem[4].

2. This relationship affects many people: one in two British adults with a debt problem also have a mental health problem[4]. Meanwhile, one in four British adults with mental health problems also have problem debts[5].

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)[3].

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 consumers encountering difficulties in engaging with creditors or debt advice staff[6].

5. Supplier staff can make a difference: listening, small actions, and support can make a large difference[6]. This can help a consumer to improve their financial situation, and in turn, improve their mental health.

1.3 What is a mental capacity limitation?

In this section, we explain what 'mental capacity' and 'mental capacity limitations' involve, and the key principles that suppliers should follow when working with consumers experiencing such difficulties.

What is 'mental capacity'?

A person's ability to make a specific decision at a particular point in time is called 'mental capacity'.

It is determined by whether a person can:

- understand, remember, and 'weigh-up' information relevant to a specific decision; and then
- communicate that decision.

Clearly the ability to make specific decisions in relation to setting up repayment arrangements, engaging with suppliers and the energy market to obtain the best tariffs, or simply representing their best interests, can help a consumer avoid vulnerability, detriment and disadvantage.

What is a 'mental capacity limitation'?

In contrast, a 'mental capacity limitation' is:

- where a consumer making a specific decision at a particular point in time experiences significant difficulties with understanding, remembering, weighing-up, or communication
- where these difficulties are usually due to underlying mental or physical health issues, medication or treatment side-effects, substance use, or other factors
- where, if not identified and addressed by a supplier, this can result in decision-making which potentially causes detriment (including, financial difficulty, debt, and disadvantage).

Mental capacity limitations can – at first glance – appear complex and difficult to understand.

However in practice, they are essentially about identifying consumers who are having serious difficulties with decision-making, and helping the consumer overcome these.

Without this identification and support, such consumers can experience vulnerability and detriment.

What causes a mental capacity limitation?

As shown in Figure 3, mental capacity limitations are broadly considered to be caused by an underlying mental or physical health issue, medication factors or treatment side-effects, or drug or alcohol use that affects decision-making.

Are they the same as a mental health problem?

Mental capacity limitations **are not** the same as a mental health problem. While mental health problems can impair a consumer's ability to make a specific decision, so can a range of other factors.

Suppliers should therefore:

- be careful about making assumptions about which types of consumers 'have' or 'do not have' a mental capacity limitation.
- work to identify and provide reasonable support to any consumer experiencing serious difficulties with decision-making.

A failure to avoid such assumptions could mean that certain groups of consumers – such as those with mental health problems – are focused on, while other consumers also experiencing limitations receive less consideration. This could be discriminatory and commercially inefficient.

Are mental capacity limitations permanent?

A consumer's mental capacity – and ability to make decisions – will often fluctuate over time (although exceptions will exist).

Staff should therefore avoid assuming that a consumer will always lack mental capacity, just because they previously lacked capacity.

Do they affect all decisions?

No – if a consumer lacks the capacity to make one decision (e.g. about money), they may be able to make others (e.g. about their health).

This is why guidance on mental capacity makes reference to consumers being able to make a *specific decision* at a *particular point in time*.

Again, this is a reminder that we identify such limitations *based on what has been observed or reported*, rather than on our assumptions.

Figure 3: consumers at potential risk of experiencing a mental capacity limitation, or other forms of decision-making limitation

Mental capacity is a person's ability to make an informed decision at a specific point in time. It is determined by a person's ability to:

- understand information
- remember information
- weigh-up information
- make/communicate an informed decision.

Mental incapacity is a person's inability to make an informed decision at a specific point in time due to an 'impairment or disturbance in the functioning of the mind or brain'. This, for example, includes:

- 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.

Dementia

In the UK, 1-in-14 people over 65 are living with dementia[7]. Dementia is not a disease itself, but is the name given to the damage done to our brains by a range of diseases (including Alzheimer's).

Brain injury

Around one million people visit A&E each year for head injuries. The majority will have no lasting effects, but others will be left with a traumatic brain injury. This can affect a person's cognitive, physical, sensory, and behavioural skills[8].

Substance misuse

In England, around three in every 100 adults have a drug dependency, and around three in every 100 have an alcohol dependency[1]. If a consumer is intoxicated with alcohol, prescription medication, or illegal drugs their decision-making may be impaired.

Treatment and medication effects

The effects of medical treatment, or the side-effects of medication, can impair a consumer's decision-making.

Developmental disorders

These are conditions that are present from childhood and which may seriously impact on language, learning, physical coordination, interaction.

Learning disability

In the UK, 1.5m people have a learning disability[9]. This can affect the way a person understands information and communicates.

Mental health problems

Although prevalence rates vary across the four UK countries, a number of mental health problems are commonly experienced in the UK[10].

Mental capacity: what can suppliers do?

Starting position

All suppliers should work to identify and assist consumers who may be vulnerable.

Given that mental capacity limitations can make consumers vulnerable to detriment, mental capacity should be no exception.

The law

Across the UK countries, there are four distinct 'mental capacity acts', detailed accompanying codes of practice, and at least five common law tests of mental capacity[11].

While these do not contain explicit reference to the operation of the energy sector or its suppliers, they do provide important directions on practice.

In this section, we summarise the key elements of these frameworks (further materials are listed in the further resources section on page 41).

A. Presume mental capacity

Suppliers should presume consumers have the capacity to make a specific decision, unless indications exist this may not be the case.

This reminds suppliers to avoid automatically assuming that a decision cannot be made because the consumer previously had a mental capacity limitation, or a condition which could cause one.

B. Act on knowledge and insight

All energy suppliers should presume consumer capacity. However, this does not mean that suppliers have no further responsibilities.

Instead, suppliers need to look out for indicators of a mental capacity limitation – this means acting on any knowledge (past or present), observation, suspicion, or belief that such a limitation exists.

In practice, energy suppliers therefore should:

- consider whether a consumer can understand, remember, and weigh-up information, and communicate a decision
- assist and provide reasonable support to help consumers to make a decision
- not rely on (or wait for) consumers to disclose such limitations
- not overlook indicators of a potential limitation, and be vigilant for them.

Later in this guide, a list of potential indicators and cues is provided (page 16).

C. Support follows identification

Where a supplier knows about or has identified a mental capacity limitation, the firm should (where possible) assist the consumer to make a decision, while mitigating any risk to the consumer.

This support can include allowing sufficient time for a decision, providing jargon-free information, and taking other steps to assist the consumer.

In short, consumers must be supported to make their own decisions. Furthermore, a consumer is not to be treated as unable to make a decision unless all practical steps to help them to do so have been taken without success.

D. Unwise decisions

Suppliers should not assume or treat a consumer as lacking mental capacity simply because they have made an 'unwise decision'.

The meaning of an 'unwise decision' is discussed in more detail on page 33. Importantly, this includes consideration of how to balance the 'consumer's right' to make an unwise decision against what is in their 'best interest'.

E. Policies and protocols

All organisations should have policies, procedures and protocols in place to identify and support consumers' mental capacity limitations.

Final word: everyday decision-making

Our final point is the most fundamental: all energy suppliers need to bear in mind the importance of action on supporting 'everyday decision-making'.

The reason for this is that it is easy to become 'lost' in principles, law and regulation, and to overlook a basic aim: to treat the consumer fairly.

Consequently, the simplest approach is to make sure that any consumer who experiences a difficulty with decision-making is readily identified and reasonably supported wherever possible.

Taking practical steps

To assist with this, later in this guide we introduce a tool (called BRUCE) to support all consumers with everyday decision-making – regardless of the root cause of any difficulty, or the nature of the decision being taken.

2. Fundamentals

In this section, we give clear practical guidance on how organisations can improve their work on vulnerability, ranging from identification through to support.

2.1 Identifying a vulnerable situation

What is the challenge?

Each month, staff may speak with large numbers of consumers about their energy use and financial situation.

During these conversations, moments will occur where a consumer discloses a vulnerable situation, giving staff new insights that both inform understanding and action.

However, there will be more occasions where consumers in vulnerable situations do not disclose this to staff.

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 straightforward, achieving this consistently across hundreds of exchanges is often more difficult.

What can be practically done?

Energy suppliers can take the following steps to identify consumers with mental health conditions, mental capacity limitations and other vulnerable situations:

A. Self-disclosure – giving every consumer the opportunity to self-disclose (the simplest and most effective method of identification).

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

C. Look for 'limitations' – suppliers must be alert to consumers with decision-making limitations which include difficulties with remembering, understanding, communicating, and evaluating information. This is because – without support from organisations – they are the least able to make informed choices.

D. 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 consumer'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 consumers in vulnerable situations will receive the help they need, while all staff will continue to bear the weight of unfair expectation.

A. Encouraging self-disclosure

Suppliers should consider routinely telling all consumers that disclosing a vulnerable situation can potentially result in support being provided.

This reassurance needs to address the common barriers to disclosure that consumers have: consumer concerns about unfair treatment, not being believed or understood, or their personal information being shared in damaging ways.

Some organisations have started to address these concerns, 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.

B. Look for 'red flags'

Talking with large numbers of consumers 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 routine detail related to service issues or financial matters, 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) or social care sector (social workers, key workers, support workers); reference to the receipt of specific benefits (such as sickness disability benefits)
- wider circumstances – excessive or unusual expenditure, life events (such as time in hospital, imprisonment, or bereavement), income shocks (such as unemployment)

- supplier actions – reference by the consumer 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 mirror the 'three strands' that make up vulnerability described on page 7.

C. Look for limitations

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

Such limitations can be caused by a wide range of health and personal factors, as well as situations where a consumer has significant difficulties with language, literacy, or numeracy.

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 consumer's behaviour and speech.

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

U Understanding – does the consumer understand the information given by staff?

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

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

When to use BRUCE

Consumers who experience some of the limitations opposite may make decisions or agree to 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 and detriment for the consumer.

Overcoming limitations

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

We discuss the BRUCE tool in more detail on page 30, when we consider consumers who are experiencing mental capacity limitations, and other decision-making difficulties.

D. Identification is the first step

Clearly, simply identifying a vulnerable situation is not sufficient – it creates the opportunity to start a discussion to both understand more about a consumer's situation, and to help provide them with the support they need.

Energy suppliers should therefore ensure that they create environments in which consumers 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.

However many consumers in vulnerable situations will still not inform their energy suppliers of these issues, which means front-line staff across all contact points must be vigilant and look for signs and indicators which indicate that a consumer may be in a vulnerable situation.

2.2 Starting a conversation about vulnerability

What is the challenge?

Identifying a consumer in a vulnerable situation is the first step towards addressing that situation.

However, to achieve this, suppliers need to be able to *move from identification to conversation* – and this can represent a daunting challenge.

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

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

What can be practically done?

To overcome this, suppliers can take three simple steps to start conversations about vulnerability.

A. Set-up the conversation

Suppliers should always consider whether this is the *right moment* to raise the issue.

If the consumer is in a public space (on the phone or face-to-face), they will probably not want to discuss any health or other difficulties. Unless a more private space can be found there may be little point in raising the issue (and staff should make an arrangement to re-contact the consumer as soon as possible, and not let contact 'drift').

In getting themselves ready to ask about mental health, decision-making limitations or wider vulnerable situations, staff should remind themselves that most consumers will not object to a simple but polite question about their well-being and situation, and in fact may welcome this.

If a situation is disclosed by a consumer, staff should know how to use techniques such as TEXAS (to handle disclosure – see page 19) or IDEA (to explore a situation – see page 20), or how to refer to colleagues who will take on the task.

B. Start-off the conversation

Depending on what staff know already about a consumer, they can start a conversation by:

Showing they have been listening: *"I can see you are really trying to recall that bit of information, but it's proving difficult to remember."*

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 deal with it?"*

Normalising the situation: *"When they need it, we provide many of our consumers with more support or time to sort out any difficulties they are having. Would this help?"*

Simply by being direct: *"Can I ask you a question – is everything ok at the moment? Is there a way I can make this process easier for you?"*

Referring to leaflets and resources: *"I'm not sure if you've seen our 'Help's At Hand' leaflet, but it explains what we can do when something like this happens. Can I tell you more?"*

Reminding consumers 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."*

C. Stay-with the conversation

Starting a conversation about vulnerability may take a few exchanges to 'get going', as consumers will often instinctively say they are fine. This is natural – consumers are often understandably worried about where the conversation might go.

Suppliers can therefore reassure the consumer: *"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?"*

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

However, if the consumer really doesn't want to talk, suppliers should accept this, but keep the door open: *"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 consumer, as they will know that the staff member was trying to help.

2.3 Handling a consumer disclosure of vulnerability

What is the challenge?

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

For the consumer, 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 suppliers, disclosure represents an opportunity to better understand a consumer's situation – however, if not handled properly, this can result in consumer trust being lost, key information not being recorded and shared, and vulnerable situations not being acted upon.

What can be practically done?

To help ensure that consumer disclosures are handled effectively and legally, suppliers can follow the 'TEXAS' model (see right), and ensure staff are aware of the roles of others within their organisation.

The TEXAS tool has become adopted widely across the financial services sector – indeed, a recent study (undertaken by some of the authors of this guide), indicated that nearly 90% of UK debt collection firms surveyed were using the tool with their staff to manage disclosures[12].

However, it should always be remembered that disclosure management is *just the first step* towards the bigger goal of understanding and responding to a consumer's vulnerable situation.

The TEXAS protocol

T Thank the consumer (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 Explain how the information will be used:

"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 eXplicit consent should be obtained:

"I just need to get your permission to..."

A Ask the consumer 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 Signpost or refer to internal and external help (where this is appropriate):

At this point, staff and organisations might:

- internally refer the individual to a specialist team/staff member in their organisation
- want to consider external signposting to:

– 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.

2.4 Understanding a vulnerable situation

What is the challenge?

The 'TEXAS drill' on page 19 outlines the core questions that suppliers should ask any consumer disclosing a potential vulnerable situation.

However, there will be times when a more detailed understanding is required, so staff can develop informed and effective responses.

Achieving such understanding though can be difficult as every vulnerable situation will differ.

Some consumers may volunteer very little to staff, share information which is irrelevant to the action that needs to be take, or which is overly-detailed.

Other consumers may talk about health conditions or situations that are unfamiliar to staff, and which they do not know anything about.

In such circumstances, without careful facilitation or questioning, discussions about vulnerability can start to 'drift' in terms of their use and relevancy.

What can be practically done?

To address these challenges, suppliers may want to consider using a 'conversational compass' such as the IDEA protocol (see right).

The IDEA protocol allows staff to use their existing soft skills to 'unlock' relevant information about a consumer's vulnerable situation by helping them to:

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

Each 'compass point' covers a key issue that staff can listen out for, or ask about if the consumer doesn't offer it. This can help get a better IDEA about the consumer's situation, and avoid conversations going 'off-track'.

The IDEA protocol

I Impact – when speaking to a consumer, staff should ask them what the vulnerable situation either stops the consumer doing in terms of their financial situation, or what it makes it harder for them to do. Equally, for written correspondence, staff can consider what might be learnt about the effect of the consumer's vulnerable situation on their finances. This will provide insights into the severity of the condition and its consequences.

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

D Duration – staff can discuss how long the consumer 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 consumer may need to consider certain options or take steps to improve their situation.

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

E Experiences – some people may have just one experience or episode of their vulnerable situation, while others may have many. Staff will need to take such fluctuations into account (including any effects of medication). This will involve considering what support needs the consumer has, as well as their financial situation.

e.g. "To help me understand your situation better, can you tell me if this has happened before?"

A Assistance – staff should consider whether the consumer 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.

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

2.5 Supporting consumers in vulnerable situations

What is the challenge?

Supporting consumers in vulnerable situations can often require more than time 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 consumers to explain, access and get the help they need
- some situations – including addiction or recent bereavement – can cause or exacerbate a consumer's financial difficulty
- even consumers living with the same condition or situation can experience this in quite different ways.

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

To achieve this, staff need to *bring together all the information* they have about a consumer'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 consumer's needs. This should be read in conjunction with pages 23-34, which offer more detailed advice on supporting consumers experiencing mental health problems, or mental capacity limitations.

What can be practically done?

The **first action** is to bring together the full range of relevant evidence about a consumer's situation.

Critically, this is not just evidence provided by a health or social care professional (e.g. a Debt and Mental Health Evidence Form 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 finances and repayment, communication needs, the provision of assistance from a third party, or signposting to external or internal agencies.
- the IDEA 'compass' – used during more in-depth conversations with a consumer, this should have provided insights on impact, duration, experiences, and assistance.
- financial and service activity data – income and expenditure data is clearly key, as will be data on the use of the energy service and any existing arrangements or practice adjustments.

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

A. what actions do we usually take for a consumer?

B. what specific health, financial or other factors need to be taken into account for this consumer?

C. what reasonable adjustments could we make to take these factors into account? (See Figure 4). This includes adjustments suggested by the consumer.

D. if making adjustments, what needs to happen now (i.e. while speaking with the consumer), 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.

The **fourth action** is to make the decision, to communicate this to the consumer 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.

Figure 4: what adjustments could we make for this consumer?

- Could we signpost 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 or other arrangements?
- Could we change the way staff work to support the consumer?
- Could working with an authorised third party help?
- Could we encourage the consumer to seek independent money advice?
- Could we freeze automated letters or telephone calls and rely on key individuals or teams to monitor the situation?
- 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 consumer?
- Could we make adjustments to support consumer decision-making?
- Could we use Plain English and Plain Numbers in written communication?
- Could we freeze activity until the consumer can make an informed decision?

3. Focus

This section offers specific insights into working with consumers in crisis, with mental health problems, or with mental capacity limitations.

3.1 Consumers with mental health problems

What is the challenge?

Suppliers should not think about consumers with mental health problems as being 'automatically' vulnerable to detriment.

While some consumers with mental health problems will require support from their energy supplier, others will be able to manage their circumstances without any difficulties.

Furthermore, even where support is required, this will vary according to the consumer's situation – there is *no set response*, and suppliers should use tools such as IDEA (page 20) to listen carefully and understand what action might be needed.

However, in our experience of talking with energy suppliers and staff about mental health, two scenarios are reported as posing a challenge:

A. consumers in crisis situations involving thoughts or disclosures of suicide (as mental health problems can elevate the risk of consumers considering taking their own lives).

B. consumers with mental health problems who are emotional, angry, or difficult to engage.

In this section, we therefore consider these issues, and provide guidance on addressing them.

A. Suicide: what is the issue?

Last year in the UK, just over 6,000 people were recorded as taking their own lives[13].

This statistic represents one death from suicide every two hours[14], and many more people will attempt to take their own lives.

While suicide is not a mental health problem in its own right, it is related to mental distress.

People with a diagnosed mental illness are at a higher risk of suicide, alongside other risk factors such as drug and alcohol misuse, and a previous history of suicide attempts[14].

Dealing with suicidal consumers on the front-line

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

In these situations, staff will instinctively want to take this seriously, and keep the consumer 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 consumers who are suicidal
- feeling anxious about saying the 'wrong thing' and its potential impact on what the consumer might do next
- not effectively involving colleagues or external agencies in the 'right way' or at the 'right time'.

This section therefore provides guidance on the steps that front-line staff can take when a consumer discloses thoughts of suicide. Links to further resources and materials are also provided at the end of the section.

Suicide: what can practically be done?

A consumer disclosure of suicidal thoughts or behaviour can mark a critical moment of opportunity.

For the consumer, telling someone 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 consumer'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 5).

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 consumers 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 consumer

Where consumers 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 consumer the help that they need at that precise point in time.

Staff should explain to consumers 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 consumer. 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 comparatively short.

Terminated calls

It is not uncommon for consumers who have disclosed thoughts or behaviour related to suicide, to hang-up during a conversation. If this happens, the consumer should be re-contacted immediately. If an imminent risk of harm to the consumer was emerging during the conversation, staff should contact the emergency services, as well as calling the consumer back.

If the risk of harm is not as severe, and the consumer 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 in telephony, staff may benefit from signalling to colleagues that a consumer 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 consumer on the line).

Data-recording

Where a consumer 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).

Figure 5: 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 consumer has said:

"I'm so sorry to hear you feel that way."

L Listen (to understand) – we always take what the consumer has shared seriously, but we also always listen carefully so we can assess the imminent risk of harm.

Listen to the consumer 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 consumer is at imminent risk of harm.

During this, you may need to stay on the line to keep talking with the consumer. Reassure the consumer 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 consumer 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 consumer, 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 consumer:

- 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 consumer 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 consumer (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 consumer safe

If the consumer is in immediate danger then call 999.

Let them know the consumer's location and other details, and explain you are calling from a contact centre. If the consumer is not in immediate danger, then consider:

- Can the consumer speak to friends and family, or a doctor? The first port of call would be support by talking to people close to the consumer, or making contact with a GP or other supporting health/ social care professional.
- Referring the consumer 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 consumer.

Working with helping agencies

If the consumer is not at immediate risk, but staff still have concerns about their well-being, then staff can introduce them to a helping organisation (see 'useful resources' below).

As always, it will be important to record any relevant information about the disclosure. This will allow other staff in contact with the consumer to know about the situation.

Written correspondence

Not all disclosures of suicidal thoughts are made by consumers on the telephone – disclosures by letter, email, text and social media can also be made.

In these situations, organisations should attempt to contact the consumer on the phone where that is possible, as well as replying to the written correspondence, and asking the consumer to make telephone contact (including a direct telephone number, and also contact details for external helping agencies).

Support for staff

Dealing with consumer disclosures of suicidal thoughts or intentions – either as a 'one-off' for front-line staff, or as part of a specialist role – can have an impact on staff.

In addition to the guidance on supporting staff on page 36, 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 consumers
- remind staff that they have done all that could be reasonably expected from them, and that they are not responsible for:
  - counselling a consumer
  - the actions that a consumer took, might take, or whether they sought help or not
  - how helping agencies, GPs, or other organisations might respond to a referral.

Useful resources

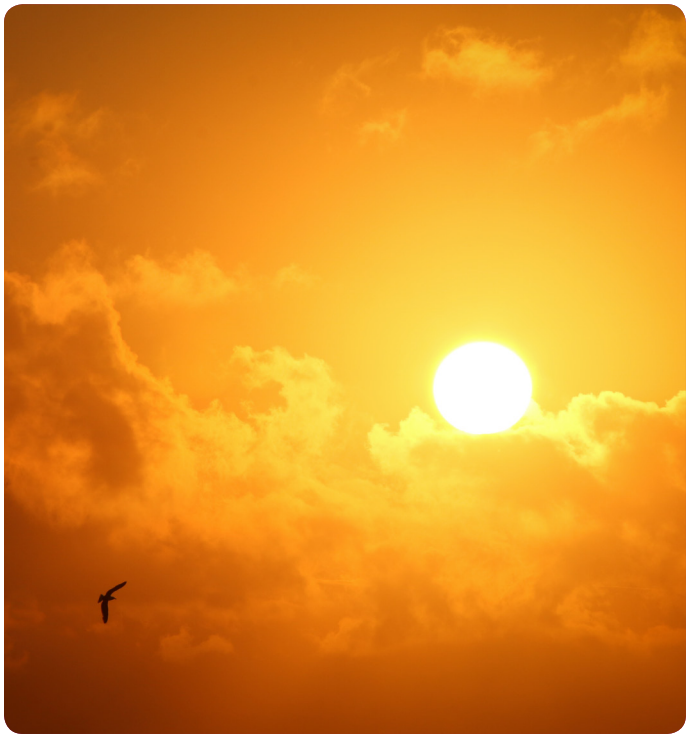
This section has provided an overview of how energy suppliers can respond to consumers in crisis, and those who disclose suicidal thoughts.

Further information on suicide prevention to complement this overview can be found at:

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



B. Mental health: positive engagement

Front-line staff report that working with consumers with mental health problems can sometimes involve emotional and difficult engagement.

In this section, we provide an overview of strategies that can help suppliers to engage and support these consumers.

What should organisations do?

First, suppliers should always remember where they can *regularly* make the biggest difference: through knowing the options and adjustments that can routinely be put into place.

While responding to crises (such as suicide and other emergency scenarios) is key, suppliers can achieve a large amount through smaller actions.

The simplest of these is taking action to help *stabilise* a person's financial and energy situation, giving the consumer a much stronger foundation on which to then move forward.

However, as explained in our section on 'support' on page 36, front-line staff need to know both the options that they would provide to any consumer, and the adjustments that they can specifically make for situations involving mental health.

Suppliers need to review and communicate these options and adjustments to front-line staff.

Second, suppliers should be clear about boundaries and signposting. There will be aspects of a consumer's mental illness or condition which well-trained staff members can (and will need to) handle. However, there will be others which will always be beyond their expertise (such as actions that need to be undertaken by health and social care staff).

Where these boundaries are met, staff should know where to signpost consumers, and more importantly how to effectively refer to these helping agencies.

Third, when working to understand a consumer's situation, staff should *listen more* and *speak less:*

- listening – it is often not a case of what staff say to a consumer, but how they listen to what is being said that is key. Front-line 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 mental health condition is key. This is because some consumers may have just become unwell, while others may have lived with their condition for years. Understanding this is essential – the IDEA model will help (page 20).
- respecting – people with mental illnesses are typically the experts on much of what they need to support them with their condition. Asking the consumer how they are managing a condition, and what support or help could potentially be given, is always a very good starting point for any discussion.

Fourth, staff should recognise the emotional and behavioural effects of a mental health problem. These can include a range of impacts and effects as shown in Figure 6.

Fifth, staff should be aware of their response when a mental health problem is disclosed. Staff should try to avoid stock responses – *"I understand what you are going through"* or *"I know how you feel"* – as they can't really know what the consumer is going through. Even where a consumer is living with a condition that staff have personal/family experience of, careful thought should be given before sharing this with a consumer. Mental health problems with the same name can be experienced in different ways, and staff will want to avoid shifting the focus away from the consumer's situation, and on to theirs.

Finally, if staff dry up, forget what to say, or grind to a halt, they shouldn't worry – it happens.

If this happens, it is completely natural, the consumer will not judge them, and they can say:

"I don't know what to say."
"I am really sorry that you are going through this."
"I may not understand how what you are going through now feels, but I'm here to listen and help."

The consumer will often help to re-start the conversation, as they know staff are trying to help.

Figure 6: the impact of a mental health problem on a consumer's emotions and behaviour

apparent confusion and distance

– consumers with mental health problems may experience difficulties with concentration, feeling numb or having 'woolly thoughts', and only being able to take in small amounts of information. Staff can help consumers 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.

change

– a consumer'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 consumers 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.

anger and distress

– anger, frustration, and resentment may be voiced by the consumer, and this can cause problems for the consumer and the people around them. Staff can help consumers by recognising the anger, allowing the consumer to let off steam, and showing they are listening. Staff can summarise key points of the conversation, check their understanding with the consumer, and ask them what can be done to help them.

unusual beliefs

– suppliers may encounter consumers who appear to hold unusual beliefs, or may hear or see things, that other people do not. Staff should recognise that these things will appear very real to the consumer, and should avoid agreeing or disagreeing with what they are saying (and if challenged, say that different people see things from different points of view). If possible, staff should examine the relevant issues facing the consumer (rather than discussing their beliefs or views), and work to actively 'ground' them (through repeating and paraphrasing the key points).

feelings of fear and depression

– consumers with certain 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. The consumer should be offered positive reassurance, but staff should not make statements about future outcomes which are uncertain.

physical impact

– mental health problems can result in physical symptoms. Anxiety, for example, can result in pain, sickness or breathlessness. If staff have any face-to-face contact with a consumer, it can be a shock to see them looking unwell. However, staff should remain calm themselves, give the consumer time and space, and when appropriate ask what support they need.

crying

– tears are a natural response to distress – they can be a helpful release of inner tension for the consumer. 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 ok; it's fine to cry.*"

silence and reflection

– if a consumer 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.

3.2 Consumers with mental capacity limitations

What is the challenge?

This section aims to help staff identify and support consumers with mental capacity limitations.

BRUCE: key aspects of decision-making

BRUCE is a tool that has been designed to remind staff of the key aspects of decision-making. Developed for use by any member of staff who has either telephone or face-to-face contact with consumers, it covers:

- **B** Behaviour and talk – staff should look for indicators of a limitation in the consumer's behaviour and speech.
- **R** Remembering – is the consumer experiencing problems with their memory or recall?
- **U** Understanding – does the consumer understand the information given by staff?
- **C** Communicating – can the consumer communicate their thoughts, questions, and ultimately a decision about what they want to do?
- **E** Evaluating – can the consumer 'weigh-up' the different options open to them?

BRUCE: identify and support

When working with consumers, staff can keep the BRUCE protocol (and each of its letters) in mind to help identify and spot those consumers with decision-making difficulties.

Where BRUCE does help to identify a consumer with a decision-making limitation, then appropriate support can be given to the consumer to overcome this, and make a decision[A].

Importantly, BRUCE does not provide a sequence of steps to follow in order, but simply a means of reminding staff about the each of the key issues to address.

Footnote A: due to space constraints, and also wider familiarity with the issues, this guide does not address the issue of Power of Attorney or the Equality Act 2010. Where necessary, suppliers may wish to consult available guidance on this.

Behaviour and talk: the B of Bruce

It is important that staff look at both consumer behaviour and talk for cues or indicators of a potential decision-making limitation (whether this is a mental capacity issue or something different).

Instead of relying on a consumer to disclose a limitation, and then acting upon this, staff should routinely and proactively monitor for any difficulties that consumers are having with memory, understanding, communication, or evaluation.

Consequently, staff need to consider both what is explicitly said by a consumer, as well as the way in which a consumer says this.

Furthermore, the way in which a consumer is behaving and acting – such as any evident confusion or diminished concentration – can also provide important insights.

Remembering: the R of Bruce

An inability to remember and recall relevant information can make it difficult for consumers to make decisions in relation to their energy supplier.

What is remembering?

Memory describes our ability to retain (store) and recall information.

When we remember, we are able to bring back a fact, event, or situation into our minds. Sometimes we also refer to this as 'recall'.

Why is it an issue?

For a consumer to be able to make a decision about an energy arrangement or agreement, they need to know some key information about the arrangement, service or agreement they are going to enter into.

Consequently, at the point a consumer makes the decision, they need to be able to have not only understood this information, but also to be able to remember it, so they can use it to inform their decision-making.

This is key – at the points in a discussion or agreement where a consumer has to make a decision, consumers should be able to recall and remember the relevant information needed to make that decision.

How can these problems be identified?

Staff can look out for the consumer:

- being clearly unable to retain the information and explanations they provide
- appearing confused about the personal or financial information they are seeking
- appearing unable to recall or communicate basic personal information (fully or partly)
- providing conflicting answers to questions
- asking the same question repeatedly
- appearing to have no awareness of their own financial circumstances
- having difficulty following instructions, or losing track of what needs to be done.

Staff may also look for the consumer:

- seriously struggling to remember the words they want to use to answer a question
- losing the thread of a conversation, not following what is being said, or starting to talk about an entirely different matter
- abandoning a task or activity before it has been finished or completed.

Some consumers may ask for a written note, or a summary of the discussion. However, this can be an indication of a memory difficulty, this is not always automatically the case.

Where a potential memory difficulty has been identified, staff should speak further with the consumer to establish whether this is affecting their ability to make a decision.

How can these problems be supported?

If a consumer requires support in retaining and recalling information, staff can assist by:

- repeating information
- simplifying, where possible, or re-explaining the information (so there is less to remember)
- asking how best to help the consumer retain the information (if this is a problem)
- asking if the consumer would like the information in writing, or if there is another way staff can help them to remember
- asking if someone else can assist (perhaps a partner, family member, or a third party).

Where a consumer has a memory problem at that point in time, staff should ask the consumer what support they need – while this may not always be able to be given, consumers will often know what will help them best.

Understanding: the U of Bruce

A consumer cannot make a decision during a discussion with a supplier if they do not understand the information they are presented.

What is understanding?

Understanding describes our ability to see the meaning or importance of something. This could be a piece of written information, something spoken, or even an event.

Why is it an issue?

Understanding is central to decision-making: a consumer needs to be able to grasp and recognise the details of the agreement or arrangement at hand, or a choice that needs to be made.

A problem with understanding can mean that a consumer finds it more difficult to grasp or see what they are becoming involved in. If this is not identified and overcome it can result in consumers agreeing to often detrimental arrangements.

What exactly needs to be understood? Clearly, suppliers should aim to provide information, arrangements and explanations that all consumers find straightforward and simple to understand.

However, when it comes to decision-making, a consumer should understand the key details of what they are entering into.

How can these problems be identified?

Staff can look out for the consumer:

- clearly not understanding what they are having to make a decision about
- not grasping how the arrangement or service will work in practice (including repayment and the consequences of any non-repayment)
- not being able to provide relevant answers to questions
- becoming upset or distressed (as a consequence of struggling to understand what decision they are having to make)
- appearing confused about the personal or financial information staff have asked for.

How can these problems be supported?

Where a consumer requires support to understand information, staff can assist by:

- asking the consumer to summarise what they understood (so staff can address any misunderstandings)
- repeating the information that was shared with the consumer
- where possible summarising, simplifying and rephrasing the information that was shared (retaining any regulatory or legal detail that is required, and using as little jargon as possible).

Staff can also:

- take more time to explain the information (with regular pauses to check the consumer has understood)
- use some 'real life' examples to help establish context and meaning
- avoid immediately assuming that a person doesn't understand, when in fact they may instead have another difficulty (such as a communication or memory difficulty, or even a hearing impairment).

Communication: the C of Bruce

Carefully assessing consumer communication is important. This is because while a consumer might be able to communicate a decision, it does not mean they have understood, remembered, or weighed-up the information they've been given.

What is communicating?

Communicating describes our ability to share our thoughts, ideas, experiences, emotions, or other information.

It can also be viewed as a way in which we can express a choice or decision.

In discussions involving telephony or face-to- face contact, the main method of communication will be spoken (although written correspondence may be referred to during discussions).

However, some consumers may have their ability to communicate made more challenging through physical health or disability issues (such as hearing impairment).

Potentially more rarely, in some situations consumers may wish to use visual aids to communicate non-verbally.

Why is it an issue?

It can be tempting for staff to assume that 'communication' is the easiest issue to identify and possibly also support – however, this is not always the case.

Consumers with communication difficulties often have the ability to make a decision, but are restricted in their ability to convey this.

This can mean that a member of staff has to take their time to understand how a consumer can best communicate, and to respond to this appropriately.

Identifying problems with communicating

Staff can look out for the consumer:

- being unable to communicate basic personal information about themselves
- being unable to communicate their decision by any reasonable means
- not directly answering questions, and sharing less relevant information
- avoiding, in the case of literacy or numeracy issues, written information or figures

- repeatedly answering just ‘yes’ or ‘no’, or simply ‘echoing’ the last answer or piece of information given to them by staff.

How can these problems be supported?

As with all the steps described so far, every effort should be made to help communication (and in turn, support decision-making).

Therefore where consumers struggle with communication, staff can:

- work to identify their preferred method and channel of communication
- consider the involvement of a third party (including a family member)
- accept different forms of communication, even if this is not the firm’s preferred method
- allow more time for the consumer to communicate a decision (including ‘pausing’ the process, to help consumers overcome the effect of any problem, and place them on an equivalent footing to consumers who do not have such limitations)
- ensure that communication channels remain open as much as possible.

Importantly, staff should remember that while communication is an essential part of decision-making, it does not solely determine a consumer’s ability to make a decision.

Staff will therefore need to take into account the other three steps of understanding, remembering, and evaluation (weighing-up).

Evaluation (weighing-up): the E of Bruce

Although the ‘weighing-up’ or ‘evaluation’ of information is related to a consumer’s understanding of information or a discussion, it is important to distinguish between the two actions.

What is evaluation (weighing-up)?

Evaluation is about our ability to reach a judgement about the value of something.

Why is it an issue?

When a consumer evaluates or weighs-up information they:

- are actively considering the options and choices available to them
- are thinking through the personal consequences of taking these different options in order to help make an informed decision.

It is important suppliers remember that this informed choice is personal to the consumer – it is not about making a decision that a supplier might make, and indeed the consumer’s final decision may appear ‘unwise’ (see below).

Suppliers are only expected to assist consumers in their weighing-up of options, and should not be expected to give advice or opinion, or to help weigh-up the services of competitors.

What is an ‘unwise decision’?

Consumers can make ‘unwise decisions’. These are decisions:

- that others probably would not have made based on the same available information
- where a consumer has considered the consequences, benefits, and costs, and wishes to proceed with the decision
- where a consumer should not be assumed to lack mental capacity because of this unwise decision (unless other indicators of incapacity exist).

Suppliers are not responsible for making decisions for a consumer, but should offer reasonable help to enable the consumer to make informed decisions, while also identifying any decision-making difficulties.

Identifying problems with evaluation

Staff can look out for the consumer:

- exhibiting difficulties with understanding – on the basis that if a person struggles to understand and retain relevant information they will struggle to then evaluate it.
- expressing their difficulty in considering the options available to them, or making a choice between them.

Some consumers will simply be indecisive and will often take considerable time to reach a decision (if a decision is indeed reached).

This differs from a consumer who struggles to reach a decision because of an underlying mental capacity issue, or other limitation.

Supporting consumers

Staff can support consumers experiencing difficulties in weighing-up information by:

- discussing each feature or option individually – this keeps things simple.
- asking if someone can support or help the consumer with this evaluation.

Where literacy issues do not exist, offering to pause the discussion and provide written information, so the consumer can consider this at their own pace:

- allowing the consumer reasonable amount of time to consider the options.
- check if there is a clear series of steps to the consumer's thought process that leads from the information to their decision.

As noted earlier, even if asked, staff should not offer advice or guidance to the consumer – this is their own decision to make.

Summary: can the consumer make a decision?

Once a staff member has used BRUCE to identify and support a customer with a decision-making limitation, they should consider all the steps together to ask: *can the consumer make a decision?*

If the consumer can make the decision by themselves (without help), then the supplier should simply proceed with the discussion at hand.

If the consumer can make the decision but required support and assistance, then the supplier should again proceed, but would need to consider whether to make a note on the consumer's file or account about the difficulties that were encountered (with the consumer's consent).

If the consumer cannot make the decision (even after all the support options suggested in this section), the supplier will need to pause proceedings, ensure the consumer does not experience any detriment due to this pause, and find a third party who has the authority to support or act on the consumer's behalf.

4. Organisation

This section explains what steps suppliers can take to better support their staff, achieve a consistent quality of work on vulnerability, and develop organisational skills and confidence.

4.1 Supporting your staff

What is the challenge?

Working with consumers in vulnerable situations can affect staff emotionally, physically, and professionally (see right).

Staff who work on a daily basis with consumers 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 consumers such as these, this can impact – over time – on staff well-being.

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 consumers 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 consumers, but also the staff working to support them through these difficult and challenging circumstances.

What can practically be done?

While staff may be able to manage work-related 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 consumer 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.

Challenges encountered by staff

"One call after another" – the effect of dealing daily with vulnerability calls.

"Tears can come" – emotional investment in a consumer discussion can be difficult to avoid, and staff can be impacted.

"Some issues just hit home" – specific issues – such as terminal illness – often resonate far harder with staff.

"Mentally draining" – working with vulnerable consumers can represent intense 'emotional labour'.

"When it becomes personal" – staff spoke of particular difficulties when the issues raised with consumers touched upon, or mirrored, their own experience.

"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.

"Difficult to walk away" – while staff may leave work at the end of the day, they may continue to be affected by particularly difficult consumer conversations or situations.

Taking action

Supporting staff in their work with consumers in vulnerable situations will yield benefits for all involved.

To achieve this, suppliers should consider five actions:

A. 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.

B. 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.

C. 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 or crisis events (such as consumer 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 ok).

D. 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.

E. individual support – a range of materials for staff well-being 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.

4.2 Developing skills and knowledge

What is the challenge?

Supplier ambitions on vulnerability cannot be met unless three conditions are met:

- staff have the necessary skills, knowledge and confidence to deliver these ambitions – this is usually achieved through training and learning
- training initiatives tackle the actual challenges and tasks that staff encounter daily – 'raised awareness', in itself, will not deliver practical change
- the organisational environment facilitates (not impedes) staff taking action – including data management and quality assurance systems.

Where organisations can fulfil and align these conditions, they will have a greater chance of addressing vulnerability in a positive and commercially realistic way.

This, however, starts by understanding the skills and knowledge staff require – without this foundation, there is little to build upon.

What can practically be done?

Staff will always welcome 'more training' on vulnerability – however, this is not simply a case of finding a training provider to 'match the issue'. Instead, three factors need to be considered:

A. awareness training is not enough – training is still delivered which provides staff with very broad and high-level information about working with people with particular conditions, or in specific vulnerable situations. While it is helpful to know about the meaning and prevalence of such conditions, such courses can leave suppliers having to 'translate' this knowledge into practical actions. This is because the training provider often shares 'what they do', rather than considering what 'trainees do'. Suppliers should therefore ensure training goes beyond awareness, and addresses the practical challenges staff face.

B. more should be given to (and asked from) training partners – building on the above, organisations engaging with training developers (whether internal or external) need to 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 – 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 energy sector.

C. staff in non-contact roles also need training – training front-line staff is key, but those staff who either guide or support other staff (such as quality assessors), or who manage 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.

5. Conclusion

This section observes that good work is reportedly being undertaken across the energy sector on vulnerability.

However, it notes that action and commitment alone cannot deliver optimal returns (in consumer and organisational form) on this investment.

To do this, we also need a vulnerability strategy for our data and staff.

Conclusion

In our work, we have contended that policy was the obvious rallying point for taking action on vulnerability – however, things are changing.

We no longer work in a context where we are left wanting for policy statements, high-level principles, or strategic visions on vulnerability – these exist in abundance.

What is needed now are ***data*** on vulnerability to inform and shape the content of these documents, and to also hold these policy objectives and ambitions on vulnerability to account.

In practice, this means 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 consumers in vulnerable situations, and any needs of those consumers for support and help. These data are often either still not recorded, or are recorded in a way or format (such as in consumer account notes) that cannot be easily reviewed or accessed for management purposes. Without knowing, for example, how many consumers and third parties are disclosing different types of vulnerable situations, or the types of needs those consumers 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 consumers 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 consumers 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 consumers and 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 consumers 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 often available in banked call recordings of interactions between staff and consumers 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 front-line and specialist interactions with consumers, and for organisations to capture this and ensure that all staff aim to work to this level of expertise.
- consumer data and experience – consumer 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 consumer behaviour which could indicate a potentially vulnerable situation. However, it is important that we do not forget that actually engaging with, and working with, consumers in vulnerable situations can yield important insights into how they perceive their treatment and experience during their encounter with organisations. These consumers can be reached directly (via their existing contact with specialist teams), and also through charities in the voluntary sector.

Further resources

Money Advice Trust – vulnerability hub
www.moneyadvicetrust.org/vulnerability

Vulnerability: a guide for debt collection
www.pfrc.bris.ac.uk

Vulnerability: a guide for lending
www.pfrc.bris.ac.uk

Power of attorney
www.gov.uk/power-of-attorney
www.ageuk.org.uk/money-matters/legal-issues/powers-of-attorney/

NHS helplines
England & Scotland – NHS 111: is the non-urgent number for out of hours care and information

Wales – NHS Direct: 0845 46 47

Northern Ireland (website information)
www.hscni.net/

Mental health
NHS Choices – for a range of advice on issues relating to mental health please see http://www.nhs.uk/livewell/mentalhealth

Suicide and emotional distress
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

References

[1] McManus, S., Bebbington, P., Jenkins, R., Brugha, T. (eds.) (2016). Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014. Leeds: NHS digital.

[2] McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. The NHS Information Centre for Health and Social Care.

[3] Skapinakis, P., Weich, S., Lewis, G. et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. Br J Psychiatry 2006; 189:109-17.

[4] Jenkins, R., Bhugra, D., Bebbington, P. et al. Debt, income and mental disorder in the general population. PsycholMed 2008; 38: 1485-1494.

[5] Jenkins, R., Bhugra, D., Bebbington, P. et al. Mental disorder in people with debt in the general population. J of Pub Health Medicine 2009; 6: 88-92.

[6] Holkar M. Through the fog. How mental health problems affect financial capability. Money and Mental Health Policy Institute. 2017.

[7] Alzheimer's Research UK (2017). Numbers of people in the UK.
www.dementiastatistics.org/statistics/numbers-of-people-in-the-uk/

[8] Headway (2017). Traumatic brain injury.
www.headway.org.uk/about-brain- injury/individuals/types-of-brain-injury/traumatic-brain- injury/

[9] Mental Health Foundation (2017). Learning disability statistics.
www.mentalhealth.org.uk/learning-disabilities/ help-information/learning-disability-statistics-

[10] Mental Health Foundation. Fundamental Facts About Mental Health 2016. www.mentalhealth.org.uk/sites/default/files/fundamental-facts-about-mental-health-2016.pdf

[11] Fitch, C., Evans, J., Trend, C., Farmer, T. Vulnerability: a guide for lending. University of Bristol, Finance & Leasing Association: Bristol. 2017. www.pfrc.bris.ac.uk

[12] Fitch, C., Evans, J., Trend, C. Vulnerability: a guide for debt collection. 21 questions, 21 steps. University of Bristol, Finance & Leasing Association: Bristol. 2017. www.pfrc.bris.ac.uk

[13] Samaritans (2017). Suicide statistics report 2017.
https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf

[14] Mental Health Foundation (2017). Suicide.
https://www.mentalhealth.org.uk/a-to-z/s/suicide

Glossary

Alzheimer's disease is a condition causing loss of memory, intellectual decline, changes in personality and behaviour, and an increased reliance on others. It is a form of dementia.

Anxiety is a feeling of unease, apprehension or worry. It may be associated with physical symptoms such as rapid heartbeat, feeling faint, or trembling. It can be a normal reaction to stress or worry or it can sometimes be part of a bigger problem.

Bipolar disorder is a condition in which people have mood swings that are far beyond what most people experience in the course of their lives. These mood swings may be low, as in depression, or high, as in periods when we might feel very elated. These high periods are known as 'manic' phases. Many sufferers have both high and low phases, but some will only experience either depression or mania. This used to be referred to as 'manic depression'.

Care coordinators. A care coordinator is someone named as the main point of contact of support for a person who needs ongoing care. The care coordinator can be a nurse, social worker, or other mental health professional.

Clinical psychologists. A clinical psychologist will work both in hospitals and community settings. They will assess the mental health needs of patients and conduct psychological therapies. A clinical psychologist cannot prescribe medication.

Community psychiatric nurses. A community psychiatric nurse (CPN) is a registered nurse with specialist training who works in the community. Some are attached to GP surgeries, community mental health centres or psychiatric units.

Dementia is a condition in which there is a gradual loss of brain function. The main symptoms are usually loss of memory, confusion, problems with speech and understanding, changes in personality and behaviour, and an increased reliance on others for activities of daily living. Alzheimer's disease is the most well-known form of dementia.

Depression is a common condition. The main symptoms are feeling low, sleep problems, loss of appetite, concentration, and energy. There are a number of treatments.

General practitioners (GPs). Although GPs can deal with most mental health problems without referring the patient elsewhere, they often work in teams with other professionals, such as health visitors, nurses and mental health practitioners.

Mania is a state of extreme and persistent over-activity and high mood. It is regarded as the opposite of depression.

Nurses in psychiatric hospitals. These nurses work in hospital settings and assess the needs of all patients on in-patient wards. Often, a nurse will take responsibility for a patient on the ward and will liaise with community-based colleagues regarding the care that will be provided when the patient is discharged.

Occupational therapists. Occupational therapists work in hospitals and community settings, and help people to adapt to their environment and cope with daily life. They may also take part in therapeutic and rehabilitative activities with patients.

Obsessive compulsive disorder is a fairly common problem, where people experience 'obsessions' (i.e. recurring unwanted thoughts that are difficult to stop) and 'compulsions' (i.e. rituals of checking behaviour or repetitive actions carried out to relieve the thoughts).

Panic attacks are intense and sudden feelings of fear and anxiety. They are associated with many physical symptoms such as rapid heart beat, trembling, rapid shallow breathing, pins and needles in the arms, and feeling faint. Many people who have a panic attack fear that they will collapse or die. These attacks are not harmful and go away within 20-30 minutes.

Paranoid psychosis is a condition whose major symptoms are hallucinations and delusions, often with a change of mood. It is very similar to schizophrenia.

Personality disorder describes someone with severe disturbances of their character and behaviour. It usually appears in late childhood or adolescence and continues into adulthood. The thought patterns and behaviours cause distress to the person (or those around them).

Phobia is an irrational and intense fear of a situation or object.

Postnatal depression is an illness occurring within the weeks or months after childbirth.

Psychiatrists. Psychiatrists are qualified medical doctors who look after patients with mental health problems. Working both in hospital settings and community teams, psychiatrists work with other professionals to address patients' health and social needs. Psychiatrists are able to prescribe medication.

Psychosis is a condition in which a person is not in contact with reality. Symptoms can include sensing things that aren't really there (hallucinations), having beliefs that aren't based on reality (delusions), having problems in thinking clearly, or not realising that there is anything wrong with oneself (called 'lack of insight').

Schizophrenia is a mental illness with the main symptoms being hallucinations (hearing voices), delusions (a firm belief in something that isn't true) and changes in outlook and personality.

Self-harm occurs when people feeling sad, desperate, angry or confused, hurt themselves. Some people harm themselves by taking an overdose or other poisonous substances, others by injuring themselves (usually by cutting parts of the body).

Social workers. Most mental health social workers are based in multi-disciplinary community mental health teams. They can deal with social problems, such as those associated with housing, money, and employment, and may also control access to appropriate social and community sector support services.

Money Advice Trust

The Money Advice Trust is a charity formed in 1991 to help people across the UK tackle their debts and manage their money with confidence.

MONEY ADVICE TRUST

BUSINESS DEBTLINE | NATIONAL DEBTLINE | WISER ADVISER

ADVICE YOU CAN TRUST

www.moneyadvicetrust.org

Money Advice Trust is a registered charity number 1099506.
A company limited by guarantee. Registered in England and Wales, number 4741583.
Registered office: Money Advice Trust, 21 Garlick Hill, London EC4V 2AU.