November 2018

Vulnerability: the experience of debt advisers

Challenges and opportunities for supporting clients in vulnerable situations

University of Bristol Personal Finance Research Centre

Money Advice Trust

Money and Mental Health Policy Institute

About this report

This report aims to give a voice to debt advisers across the UK on their experiences of working with some of the most vulnerable people in our society.

It presents new evidence on the day-to-day challenges that advisers face on the frontline - based on a nationwide survey of nearly 1,600 debt advisers.

Alongside these challenges, we also present examples of best practice for working with clients in particularly vulnerable situations.

About the authors

This report was produced in partnership by the Personal Finance Research Centre (PFRC) at the University of Bristol, the Money and Mental Health Policy Institute and the Money Advice Trust.

The report was written by Jamie Evans, Chris Fitch and Professor Sharon Collard from PFRC, alongside Colin Trend from Plymouth Focus Advice Centre – with generous input from colleagues at Money and Mental Health and the Money Advice Trust.

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Thank you…

…to those who gave their time to contribute to the research. This includes all 1,573 debt advisers who participated in our survey, and the 392 members of the Money and Mental Health Policy Institute's Research Community who took part in our survey about their experiences of debt advice.

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For a full list of all those we are grateful to, please see the Acknowledgements section at the end of the report.

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the Money Advice Service

Contents

Executive Summary

This report presents **new evidence on the experience, challenges, and opportunities that advisers face when working with clients in vulnerable situations.** It is based on:

- a new UK-wide survey with nearly 1,600 debt advisers from nearly 400 advice organisations
- a survey of nearly 400 people with lived experience of mental health problems, detailing their experiences of seeking and receiving debt advice

It also describes **practical guidance and good practice recommendations** for advisers and their organisations.

THE DEBT ADVICE LANDSCAPE

Landscape	• as a product of our study, we share a **previously unavailable profile** of the debt advice agencies identified as operating in the UK, and the roles, channels, qualifications, and experience of the advisers working in them	Pages 12-17

SCALE AND REALITY OF VULNERABILITY

All clients seen	• across our **entire sample**, a full-time adviser will have contact with a total of **87 clients** in a typical month • this figure includes **all clients** – covering both those who are not currently in a vulnerable situation, and those who are • this is also an **average figure** – differences exist in the number of clients dealt with by advisers working in different channels, differently sized and funded organisations, or paid/voluntary roles (see p.22)	Page 18

Gambling and other addictions	• in a typical month, a full-time adviser will encounter **7 clients who** disclose an addiction issue (gambling problem - 1 client; drug issue - 2 clients; alcohol problem - 4 clients)
	• when **considered at scale**, this means **over a whole year**:
	  • a single adviser will receive **84 client disclosures** of addiction
	  • an advice agency with 5 advisers will receive **420 disclosures**
	  • a larger agency with 20 advisers will have **1,680 disclosures**
	  • while an agency with 50 advisers will receive **4,200 disclosures**.
	• critically, while advisers reported confidence in discussing addiction with clients, almost **half had never received training** (44%), a figure that rose to 61% among volunteers
	• advisers also reported challenges in supporting **clients with gambling problems** – ranging from concealed information, 'black holes' in budgets, to deciding whether advice delivery is 'realistic'
		Page 19
		Pages 52-65

SCALE AND REALITY OF VULNERABILITY

Mental health

- in a typical month a full-time adviser will deal with **35 clients who disclose** a mental health problem to them
- this is **over a third** of the total clients encountered monthly
- when **considered at scale**, this means over **a whole year**:
  - a single adviser will receive **420 client disclosures** of addiction
  - an advice agency with 5 advisers will receive **2,100 disclosures**
  - a larger agency with 20 advisers will have **8,400 disclosures**
  - while an agency with 50 advisers will receive **21,000 disclosures**.
- however, these figures are based on clients who disclose their situation – some clients **will not disclose** their mental health problem, or **will be unaware** they have a problem
- we therefore ran a separate survey with Money and Mental Health's Research Community - of those who had received debt advice, **4 in 10** said they had not disclosed their mental health problem to the debt adviser
- in addition, **nearly half** of the sample reported issues with the accessibility of debt advice, ranging from problems with making contact through to difficulty in understanding the adviser
- consequently, mental health is an issue that although familiar to advisers, still presents a range of challenges for advice services

Page 19

Pages 66-75

Suicide

- in the past 12 months, **half of advisers** (56%) spoke with a client they seriously believed might go on to kill themselves
- across our sample, **3,484 conversations** were held by advisers with clients believed to be at serious risk of suicide
- each conversation – equivalent to one every 30 minutes across the UK – is an **opportunity for intervention and change**
- however, **almost one-third** of advisers (31%) report having never received any training on suicide prevention
- **almost one-in-five advisers** (19%) are unsure about when they can breach client confidentiality in such situations
- and again, like gambling and addiction, **volunteer advisers** report higher levels of difficulty and uncertainty

Page 19

Pages 76-84

Other vulnerable situations

- **illness, disability, relationship difficulties** and **learning disabilities** are all reported by advisers as commonplace among clients
- extreme financial difficulty is also widespread, with advisers frequently encountering clients with **deficit budgets**, at risk of **homelessness** or regular **foodbank users**

Page 19

DAY-TO-DAY CHALLENGES

Recognising vulnerability	• most advisers **feel confident** in recognising when a client is in a potentially vulnerable situation • however, **4 in 10 clients with mental health problems report** not disclosing this to advisers (65% because they were unaware it would make a difference, 23% said they wouldn't be treated sensitively) • organisations need to address this 'disclosure gap' through **improving access** to their services for vulnerable people, **creating disclosure environments**, and **looking for 'red flags'**.	Pages 24-28
Moving from identification to support	• a **significant minority** of advisers – around one-in-six – report finding it difficult to respond to vulnerability (including talking to clients with mental health problems, reacting to a disclosure of suicidal thoughts, or talking about addictions). • advisers also **report facing tensions** in their work between a genuine **desire to support clients** in vulnerable situations and a sense that they are being asked merely to **'tick boxes'** • advisers can use a **range of tools in this report** to help them start a conversation about vulnerability (p.33), manage a disclosure (p.35), better understand the situation (p.37) and manage challenging behaviours (p.38).	Pages 29-41
Helping clients access further support	• **three-fifths (60%)** of organisations **do not have internal 'specialist' colleagues** dedicated to clients in vulnerable situations • **referral and signposting arrangements also vary depending on the vulnerable situation** – for example, only 39% of advisers report having the option to refer clients with gambling problems to an external organisation • **24% of advisers** reported they wanted **improved referral partnerships with local organisations** to help them support vulnerable clients – this was more commonly requested than any other possible improvement.	Pages 42-45
Recording vulnerability	• note-taking behaviour varies - **a sizeable minority** (around one-in-six) **do not routinely ask clients** for consent to record information about their vulnerable situation • this is important, as **informed consent** is not only one basis on which advisers can meet data protection requirements, but is also a key element in ensuring a client receives an explanation (and is informed) about how their information will be used • organisations can use the **TEXAS protocol** to help ensure that the management of disclosure is handled effectively.	Pages 46-47

TOOLS AND RESPONSES

The tools	• all of the tools described in this guide **are already used** by debt advice services and creditor organisations across the UK • each tool is **designed to be adapted and improved**	
BRUCE	• **BRUCE** is a tool to help advisers identify and support clients who might be at risk of vulnerability or disadvantage due to difficulties with understanding and decision-making • **B**ehaviour and talk, **R**emembering, **U**nderstanding, **C**ommunicating, and **E**valuating	**Page 28**
Set-up Start-off Stay-with	• **SSS** provides a way to move from identification to conversation – helping advisers to start a potentially sensitive conversation	**Page 33**
TEXAS	• provides a tool for handling disclosures not only of mental health problems, but a wide range of vulnerable situations • **T**hank, **E**xplain, e**X**plicit consent, **A**sk, **S**olution	**Page 35**
IDEA	• **IDEA** is a tool to help advisers get the most relevant information from their conversations about a client's vulnerable situation • **I**mpact, **D**uration, **E**xperiences, and **A**ssistance	**Page 37**
BLAKE	• **BLAKE** is a tool to help advisers to effectively respond to client disclosures of suicidal thoughts or intentions • **B**reathe (to focus), **L**isten (to understand), **A**sk (to discover), **K**eep safe (from harm), and **E**nd (with summary)	**Page 79**

WIDER ISSUES FOR ADVISERS

Digital shift, partnership working and funding	• in this section, we present advisers' thoughts on clients in vulnerable situations who may be affected by the **proposed shift to digital debt advice delivery**, the challenges of **developing local partnerships**, issues related to **funding**, action by **creditors**, and wider **social policy**.	**Pages 85-90**

Our DATA REPORT can be downloaded at www.pfrc.bris.ac.uk

This contains further data tables from the adviser survey – providing additional detail to complement and scrutinise the information provided in this report.

Introduction

This report is about the realities of providing debt advice to some of the most vulnerable people in UK society.

Based on a UK-wide survey with **nearly 1,600 debt advisers** in a range of organisations, the report:

- presents n**ew evidence** on the experience, challenges, and opportunities that debt advisers encounter when working with **clients in vulnerable situations**
- details the **levels of contact** that advisers have with clients disclosing mental health difficulties, suicidal thoughts, gambling issues, or other situations that leave them **vulnerable to financial and other harms**
- informs the **ongoing mapping** of the debt advice landscape, including **differences in practice** across the advice workforce
- introduces not only the challenges that exist in relation to vulnerability, but also **practical guidance** on overcoming these
- gives a voice to what advisers believe are the **key policy challenges** to debt advice including digital channels, partnership arrangements, and funding arrangements.

Most critically, the report is based on the first nationwide account of the day-to-day experiences of frontline advisers when working to support indebted people in vulnerable situations.

Consequently, it takes us away from written definitions about vulnerability, and aims instead to give further voice to advisers on what they perceive the challenges and obstacles are to providing such support.

For this, we are thankful to everyone who took part in, or made possible, the research.

Why has this report been written?

Debt advisers across the UK help more than 1.1 million people in financial difficulty each year.[1]

Many of these might be considered 'vulnerable' due to their financial situation alone.

However, this report focuses on clients whose vulnerability is exacerbated by other factors – be this illness, disability or sudden life events, or the actions of creditor or other organisations.

Although the relationship between financial difficulty and such situations is well documented, to date no sector-wide research has been conducted on the experience of debt advisers in supporting these vulnerable clients.

As a result, there is an absence of robust and direct insight from frontline advisers on the:

- extent to which they encounter clients in such vulnerable situations (making it difficult to quantify the scale of the challenge faced)
- current activities of advisers in identifying and supporting clients in vulnerable situations
- areas where advisers believe they need support in improving their work on vulnerability – and equally, where they feel they are performing well
- challenges or opportunities that different advice roles or service configurations may pose when working with vulnerability.

This research aims to address this gap – and in doing so, uses the direct experience and expertise of frontline advisers to progress the work already undertaken in this area (Box 1).

How is the report structured?

This report is divided into four parts:

Part one: vulnerability and UK debt advice (pages 11-22) – this provides new evidence on the debt advice landscape and vulnerability.

Part two: day-to-day challenges (pages 23-50) – this looks at the practical issues around the identification and support of clients in vulnerable situations.

Part three: focused support (pages 51-84) – this specifically considers the issues of problem gambling, mental health, and suicide prevention.

Part four: wider challenges (pages 85-90) – this shares advisers' views on the wider policy debates around digital advice, partnership working, and funding issues.

The report balances new evidence on the issues reported by advisers, alongside tools, potential 'solutions' and strategies to address these.

To do this, throughout parts two and three of the report we first describe data on the challenges that advisers face (under the heading 'What is the evidence?') before turning to practical tools and solutions for advisers and their organisations ('What can organisations do?').

What is the report based on?

As described in Box 2 (overleaf), the data in this report is primarily based on a survey of 1,573 debt advisers working in a range of UK services.

This was supplemented by a survey of 392 people with lived experience of mental health problems – recruited from Money and Mental Health's Research Community (described overleaf).

The practical tools and guidance in this report, meanwhile, were informed by a series of 'problem-solving workshops' held with advisers and other stakeholders.

The material has also been adapted from the ideas, resources and best practice of a range of experts on supporting those in vulnerable situations, both from within the advice sector and external to it.

Box 1 – Debt advice & vulnerability: selected milestones

2007	The Money Advice Liaison Group (MALG) publishes guidance on working with indebted consumers with mental health problems[2] (2009 and 2014 revisions are also published[3,4]).
2008	The first version of the Debt and Mental Health Evidence Form is published – a tool to help collect evidence for decision-making (second and third revisions in 2009 and 2012).[5]
2010	Ten Steps to Recovery is published, the first-ever national study of debt collection and mental health, undertaken by the Money Advice Trust and Royal College of Psychiatrists.[6]
2012	Debt advice organisations begin being regulated by the Financial Conduct Authority (FCA).
2015	The FCA publishes OP8 'Consumer Vulnerability' – this defines vulnerability and brings together examples of good practice.[7]
2016	The Personal Finance Research Centre (PFRC) and the Money Advice Trust publish guidance for advice organisations on treating clients in vulnerable situations fairly. It focuses on organisational-level policies and processes for supporting such clients.[8]
2017	The Money Advice Service (MAS) publishes its approach to debt advice commissioning (2018-2023), which aims to improve access to advice for several 'target groups', including those with mental health problems, long-term health conditions, domestic abuse survivors and at risk of homelessness.[9]
2018	The Wyman review of debt advice funding is published, outlining key recommendations for improving access to debt advice – including a shift towards digital and remote methods of advice over the next two years.[1]
2018	The FCA publishes its 'Consumer Approach', which announces a decision not to change the definition of a vulnerable consumer and a plan to consult early in 2019 on guidance for firms on the identification and treatment of consumers in vulnerable situations.[10]

Box 2 – What evidence is this report based on?

1

Voice of advisers: survey of 1,573 UK debt advisers[A]

Between March and June 2018, UK debt advisers were invited to take part in an online survey about their experiences of working with clients in vulnerable situations. A total of 1,573 completed the survey:

- 84% were paid debt advisers, 16% were volunteers
- 57% provided face-to-face advice, 43% gave advice remotely
- 48% worked for a 'large' organisation (with over 50 full-time debt advisers), 52% worked for smaller organisations
- 93% worked for a free-to-client advice organisation, 7% worked for an organisation that charges the client a fee for their advice
- 45% provided advice across the UK, 41% were England-only, 8% worked in Scotland, 4% Wales and 2% Northern Ireland

Throughout this report we present the number of responses each statistic is based on where the number of responses is less than 1,500. The remaining bases can be found in the full 'data report' that accompanies the report.

1,573

debt advisers completed our online survey

They represent nearly

400

advice organisations across the UK

2

Voice of clients: survey of people with experience of mental health problems

While advisers have valuable insight into vulnerability, they cannot speak for vulnerable clients themselves.

For this reason, an online survey was conducted in August 2018 with members of the Money and Mental Health Policy Institute's Research Community, a research panel of 5,000 people with lived experience of mental health problems.

All those surveyed had experience of living with a mental health problem, and were asked about their experiences of seeking and receiving debt advice, and the effect of their mental health throughout the process.

A total of 392 people completed the survey, of whom 284 had received debt advice.

3

Good practice: problem-solving workshops with advisers and other stakeholders

In order to develop solutions to some of the challenges reported by advisers and clients, we convened several 'problem-solving' workshops in June and July 2018.

These were held across the UK – Edinburgh, Manchester, Bradford and London – and a range of stakeholders were invited, including frontline advisers, management and policy staff, charities and individuals with lived experience of different vulnerable situations.

In each of the workshops, attendees were shown some of the survey findings and discussed best practice solutions to the challenges that had been identified.

[A] the study received full ethical approval from the University of Bristol's School of Geographical Sciences ethics committee in November 2017.

Part one:

Vulnerability and UK debt advice

To understand advisers' experiences of supporting clients in vulnerability, we first need to improve our understanding of the day-to-day context in which they work.

This section describes the UK debt advice landscape, then considers how often debt advisers encounter clients who are living in a range of vulnerable situations.

The debt advice landscape

At its very simplest, debt advice is the provision of advice and information to help clients resolve their debt problems.

However, in practice, the debt advice landscape is rather more complex. It is comprised of a broad range of services, offered by a variety of organisations, and funded in a number of different ways (as demonstrated in Box 3).

Furthermore, to date there has been limited evidence available to researchers and the public on the size and nature of the debt advice sector in the UK.

For this reason, we begin with a description of the UK debt advice landscape, sharing new data on four key aspects of this landscape:

1. overall size of the sector
2. types of organisation
3. advice given by advisers
4. adviser roles and experience

To do this, we draw on results from our adviser survey, as well as an analysis of an extract from the Financial Services Register – a list of organisations authorised by the FCA to provide consumer credit services, such as debt advice, to people in the UK.

While any attempt to describe the debt advice landscape will never be 'complete' (due to the ever-changing nature of advice provision), this section provides the backdrop against which clients in vulnerable situations will seek advice.

Further information on the methodology used, and the data that has been collected, can be found in Appendix A (available online at www.pfrc.bris.ac.uk).

1. Overall size of the sector

Taking the available data-sources together, our research identified **1,277 organisations** which provide - or have FCA permission to provide - debt advice in the UK.

However, this finding has three caveats:

- firstly, organisations that are permitted to provide debt advice will not always do so
- secondly, where organisations do provide debt advice, this may only be a secondary function of the services they offer
- thirdly, despite being included on the extract of the Financial Services Register that we used, some advice organisations will have closed in the interim period.[A]

Taken together, this means that the number of organisations actively providing debt advice is likely to be lower.

2. Types of organisation

As shown in Box 3, there are a range of organisations providing debt advice in the UK.

For each organisation type we present:

- the percentage of the *1,277 organisations* in the overall sector that were organisations of this type – from our analysis of the Financial Services Register
- the percentage of *individual advisers* that worked for organisations of this type in our adviser survey, out of all 1,573 advisers that completed the survey.

The first set of figures broadly describe the overall 'population' of debt advice in the organisations, while the second set is a 'sample' of debt advisers working for these organisations (albeit a large sample).

[A] Please note that the extract of the Financial Services Register was taken in July 2017.

Box 3 – Debt advice in the UK

What is debt advice?

At its simplest, debt advice is the provision of detailed advice and information to help clients resolve their debt problems. Advisers help clients by:

- enabling them to maximise their income; for example, by highlighting benefits that they could be receiving and subsequently assisting with claims
- helping them determine the priority of each debt that they owe
- developing a budget or spending plan
- giving them the information to enable them to make an informed decision about the right debt solution for them (for example, a Debt Relief Order)
- preserving their home and fuel supplies
- giving advice, representation or referrals to enable them to implement the chosen debt solution
- in some cases, facilitating the administration of debt repayment by receiving payments and distributing these to creditors (known as a Debt Management Plan or DMP)[1,2]

Since 2012, debt advice organisations have been regulated by the Financial Conduct Authority

How is debt advice funded?

Most debt advice is funded through a number of possible routes:

1. through the Money Advice Service, which is funded from a levy on financial services organisations;
2. through Fair Share, an arrangement whereby creditors contribute a percentage of payments they receive from clients in DMPs;
3. through fees paid by the client;
4. through contributions from public funders, for example, local authorities;
5. through voluntary donations from charitable or private organisations.

Types of organisation

There are a range of different types of organisation that provide debt advice in the UK (or at least are allowed to provide debt advice). These are described in more detail overleaf. The below table gives more detail about the composition of the sector, based on our analysis of the Financial Services Register (FSR) and the results of our survey of advisers:

approximately **1,250** organisations with permissions to provide debt advice

Type of organisation	% of organisations in sector (from analysis of FSR)	% of advisers surveyed (from our survey)
National free-to-client providers	1%	42%
Citizens Advice offices	30%	21%
Other advice or legal centres	21%	10%
Local authorities	6%	4%
Housing associations	14%	3%
Other charitable organisations	26%	8%
Commercial debt advice agencies	2%	7%
Not known		4%

around **400** of these organisations took part in our survey

a total of **1,573** debt advisers completed our survey

2. Types of organisation (cont.)

Below, we describe the different organisation types in the UK debt advice landscape.

National free-to-client providers

This group includes free-to-client organisations offering debt advice services at national-scale in at least one of the four countries of the UK.

This could include, for example, organisations such as Christians Against Poverty, the Money Advice Trust (the charity that runs National Debtline), PayPlan and StepChange.[B]

Our analysis of the FRS shows that this group represents less than ***1% of organisations*** in the overall advice sector. However, as they tend to employ considerably more advisers than other organisations, they provided ***42% of the advisers*** participating in the survey.

Citizens Advice

Citizens Advice is a network of independent, local charities across the UK that offer a range of advice services – usually face-to-face.

Because of their independence, Citizens Advice offices are distinct from the national free-to-client providers described above.

Our scoping exercise showed that Citizens Advice offices account for ***30% of organisations in the overall sector***.

However, as they tend to have fewer advisers on average than the national free-to-client providers, they ***supplied one-in-five advisers (21%)*** who took part in our survey.

Other local dedicated advice centres

Our study identified a further category of other local advice centres. These provide a similar service to Citizens Advice, though often more specifically focused on money or debt worries.

Overall this category accounts for ***one-in-six organisations (21%)*** in the advice sector, and provided 10% of advisers in our overall survey.

Law centres are also included within this category – rather than given their own – as they now provide less debt advice due to the removal of legal aid funding for the vast majority of debt issues.

Local authorities

Local authorities account for 6% of all the debt advice organisations we identified and 4% of the advisers who participated in the survey.

Local authorities are a key component of the advice landscape – some will fund debt advice, while others will operate their own internal advice teams. In Scotland, they are a significant component of the debt advice landscape.

Unlike other debt advice providers, local authorities do not have to be FCA authorised to provide advice, as set out in the FCA's Perimeter Guidance Manual ('PERG').[3]

Consequently, they were not included in our original list from the Financial Services Register, and other sources of information were used instead (e.g. the Institute of Money Advisers for England and Wales, and the Improvement Service for Scotland).

Housing Associations

Housing associations can also provide debt advice, often aiming to reduce rent arrears among tenants.

Housing associations account for 14% of debt advice organisations in the UK, but represent 3% of the advisers who took part in our survey.

This apparent slight under-representation could be due to debt advice often being a relatively small component of the day-to-day work of advisers working for housing associations – benefits issues may be more of a central focus of their work, rather than debt advice *per se*.

[B] As organisations that participated in the adviser survey did so on condition of anonymity, we can neither confirm nor deny that advisers from all or any of these organisations were surveyed.

Other charitable organisations

There are many other charitable organisations that provide debt advice. However, these vary in whether debt issues are their main focus. Some, for example, will specialise in supporting people with long-term health conditions, or in working with particular ethnic communities.

For such organisations debt advice is likely to be only a small component of the support they provide, most likely focused on budget support or help with benefits, rather than advising on particular debt solutions.

We identified over 300 organisations that fall into this category, accounting for 26% of debt advice organisations. Meanwhile, individuals working on behalf of such organisations accounted for 8% of our overall survey sample. As discussed above, this difference is likely to be a result of the fact that debt issues are often not the main focus of these organisations.

Commercial debt advice agencies

Lastly, we identified a small but not insignificant number of commercial debt advice companies (where clients are charged for services).

These agencies accounted for 2% of all organisations identified, but – as they tended to be slightly larger than most of the other organisations previously described – accounted for 7% of the advisers completing our survey.

These usually telephone-based agencies included members of the Debt Management Standards Association (DEMSA) and members of the Debt Resolution Forum (DRF), as well as other large agencies that were not members.

Insolvency Practitioners were not included as they were beyond the scope of the study.

3. Advice given by advisers

For the remainder of this section, our attention turns to the results of our survey of advisers.

As shown in Box 4 (overleaf), advisers reported using a full range of methods to communicate with clients, with many using multiple different channels. In very broad terms, however, **57%** of advisers reported meeting clients face-to-face to some extent, while **43%** never dealt with clients on a face-to-face basis.

As for the type of advice given by advisers, this also varies – as shown in Box 5, **82%** gave clients a 'one-off', single session of advice, while three quarters (**78%**) helped clients access 'self-help' advice, by providing them with access to information that they could use to help themselves. **57%** meanwhile provided longer-term casework support and **16%** provided representation support (for example, in court).

4. Adviser roles and experience

Advisers in the survey also varied substantially in terms of the length and depth of experience they had in supporting indebted clients. Box 6 illustrates the number of years advisers reported having worked with indebted clients, while Box 7 details the qualifications that advisers report holding.

This shows that as many as **25%** of advisers do not have any professional advice-related qualifications – although they may have received additional training through their organisation (which may not have resulted in a formal qualification). We return to the issue of training on specific vulnerable situations later throughout the report. Our study also found that five-in-six (**84%**) were paid advisers, while the remaining **16%** provided advice on a voluntary basis.

Box 4 – Channel of debt advice used by advisers

Channel	% of advisers
Face-to-face: at your place of work or outreach venue	48%
Face-to-face: in clients' homes	28%
(Any face-to-face)	57%
Over the telephone	81%
Via email	46%
Written letters	40%
Online method, such as web chat or video conferencing	9%

Note: base for this question is 1,569 responses.

Box 7 – Advice-related qualifications held by advisers or training received

Qualification gained or training received	% of advisers
I do not currently have any professional qualifications	25%
Citizens Advice General Certificate or Adviser Training Programme certificate	22%
Certificate in Money Advice Practice (CMAP) – from the IMA	20%
Other money advice course from the IMA	10%
Advice-related NVQ / SVQ (Level 3 or 4)	8%
Chartered Institute of Credit Management (CICM) qualification	6%
Advice NI training certificate	1%
Certificate of Proficiency in Personal Insolvency (CPPI)	1%
Other	18%
WiserAdviser training course completed	47%
Other professional training endorsed by the Money Advice Service	26%

Note: base for this question is 1,515 responses.

Box 5 – Type of advice given

Type of advice	% of advisers
'Self-help'	78%
'One-off' advice	82%
Casework	57%
Representation	16%

Note: base for this question is 1,573 responses.

Box 6 – Advisers' experience

Number of years working with debt clients	% of advisers
Less than 1 year	10%
1 to 2 years	12%
2 to 3 years	12%
3 to 5 years	20%
5 to 10 years	23%
11 to 15 years	14%
16 or more years	8%

Note: base for this question is 1,571 responses.

Box 8 – Adviser role

Paid or volunteer?	% of advisers
Paid adviser	84%
Volunteer	16%

Note: base for this question is 1,573 responses.

Additional information

More detailed tables and breakdowns can be found in our accompanying Data Report, which can be accessed online at: **www.pfrc.bris.ac.uk**.

Nature and scale of vulnerability

Clearly, advisers will work with many people experiencing debt and financial problems – however, it is less clear just how many of these clients will be in a 'vulnerable situation'.

To answer this, we need to consider:

1. what does 'vulnerability' actually mean (in financial and non-financial terms)?
2. how frequently do advisers report having contact with such clients (and how should we make sense of these data)?
3. whether differences exist across different parts of the debt advice landscape?

In this section, we address these three issues, and share data on the levels of contact that advisers in different roles and organisations have with clients in vulnerable situations.

1. What is vulnerability?

There are many advisers who would contend that almost all of their clients are vulnerable – simply due to the financial situation they are in.

Financial detriment

This is an understandable conclusion to draw. After all, the 'Consumer Credit Sourcebook' (CONC), the FCA book which all consumer credit organisations – including debt advice providers – must consider, specifies that:

"Most customers seeking advice on their debts… may be regarded as vulnerable to some degree by virtue of their financial circumstances." [1]

Other detriment

However, there is more to vulnerability than the client's financial situation alone. As the CONC sourcebook reminds us, there are also other factors which make it harder for a client to deal with lenders or debt collection firms:

"Some may be particularly vulnerable because they are less able to deal with lenders or debt collectors pursuing them for debts owed."

What causes vulnerability to detriment?

Acknowledging that there are a range of factors that can make a client vulnerable to detriment is one thing – knowing what they are is another.

To understand this, vulnerability can be thought of as being the product of three intertwined sets of factors or 'strands':

A. individual factors – these are things about the individual client that may make them vulnerable to detriment (such as a health condition or literacy/numeracy difficulties, or being on a low or limited income)

B. wider circumstances – these are things about the client's situation that can have a big impact on them and their ability to manage their finances (such as difficulties in a relationship, a bereavement or sudden household or social changes, or in terms of finance losing a job or over-time)

C. organisational action (or inaction) – these are actions that any organisation takes, or fails to take, which can make a client vulnerable (this might include an external agency delaying benefit payments, or an advice service not providing clear and simple information to a client who has difficulties with literacy/communication).

These strands can include both financial and non-financial issues. They may interact with one another (often to exacerbate a problem), or may exist separately (where support needs exist with no relation to the financial situation). Further, all three factors can vary over time – with one-off, episodic or long-term vulnerability.

Vulnerability: FCA's official definition

The FCA's definition captures this dynamic:

"A vulnerable consumer is someone who, due to their personal circumstances, is especially susceptible to detriment, particularly when a firm is not acting with appropriate levels of care." [2]

2. How many clients are in vulnerable situations?

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

This is even more challenging in an advice sector that is estimated to be dealing with at least 1.1 million people each year.[3]

While advisers in our survey dealt with an average of **87 clients** in a normal working month (equivalent to 1,044 contacts a year [A], establishing exactly how many of these are 'vulnerable' is not an easy task.

Why don't we know?

There are three main reasons for this:

A. Many vulnerabilities are never disclosed. Indeed, clients in some types of vulnerable situation will choose not to tell an organisation their situation (see page 24).

B. Vulnerability is context-dependent. Following further questioning, a client's situation may be found to make them vulnerable in some ways but not necessarily in a debt advice context. Discussion rather than assumption is needed (see page 37).

C. Some organisations do not routinely record useful data even when it is established a client is in a vulnerable situation – this 'data vacuum' needs to be filled (see page 46).

Our survey data

Our survey therefore questioned advisers about the number of disclosures of different health and social situations they received from clients.

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

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

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

Number of disclosures

Box 9 (to the right) presents survey results on the average numbers of clients disclosing a vulnerable situation to the typical full-time adviser. This includes:

- **mental health - 35 client disclosures** per adviser each month (from an average of 87 monthly clients, further underlining the relationship between mental health and financial issues)
- **suicide - 56% of advisers** reported at least one client in the last 12 months who they were seriously concerned might be at risk of taking their own life
- **addictions** – potentially reflecting the hidden or concealed nature of addictions (see page 52), advisers reported:
    - one client disclosure per month of a gambling problem
    - two client disclosures per month of a drug problem
    - four client disclosure per month of an alcohol problem.
- a wide range of other vulnerable situations – including illness, relationship difficulties, and deficit budgets - are also common.

In all of the above data, it is important to recognise these are median averages. This means that the figures represent conservative estimates, as the median is not skewed by advisers who reported seeing especially high numbers of clients in each of these situations.

[A] In our survey of advisers we found that in a normal working month the typical adviser supports 65 clients. This is equivalent to 780 clients per year. This figure, however, does not adjust for the fact that 40% of the advisers that we surveyed work part time. When this is taken into account, we find that the average full-time adviser supports a total of 87 clients per month, which is equivalent to 1,044 clients annually.

Box 9 – The typical full-time adviser helps 87 debt clients per month. How many of these clients are in different vulnerable situations?

A. Mental health and clients at risk of suicide

In a typical month, the average full-time adviser deals with 35 clients who disclose a mental health problem. And in the last 12 months:

- nearly three-quarters (73%) of advisers had been told by at least one client that they were having suicidal thoughts or considering taking their own life
- more than one-in-two (56%) advisers seriously believed that at least one client might go on to attempt to take their own life
- the advisers who completed our survey dealt with a total of 3,484 clients who they believed were at serious risk of suicide
- this equates to 14 conversations every working day, or one conversation every 30 minutes.

B. Clients with gambling problems and other addictions

In a typical month, the average full-time adviser deals with:

- one client who discloses a gambling problem
- two who disclose a drug use problem
- four who disclose a problem with alcohol.

Initially these figures may appear low. However, as we explore in depth in Section 6, we find addiction is often hidden – which may mask the true scale of the issue that advisers face.

C. Clients in other vulnerable situations

Advisers deal with a wide range of different situations. Indeed, each week:

- 65% of advisers deal with at least one client with a serious physical illness or disability
- 43% help a client who cares for someone else who is vulnerable
- 40% deal with a client with a limited understanding of English
- 39% see a client who is going through a divorce or separation
- 37% support a client who has a learning disability
- 23% help a client who has recently suffered a bereavement.
- 19% see a client who is, or has been, in an abusive relationship.

D. Clients in extreme financial vulnerability

Advisers also often see clients in particularly challenging financial circumstances (who may also be in one of the other vulnerable situations described above), where their income fails to cover their most basic living expenses. Each week:

- 72% of advisers deal with at least one client who is living with a deficit-budget situation
- 34% see a client who is homeless or at high risk of losing their home
- 34% support a client who regularly uses a foodbank.

What about clients who don't disclose?

As shown in Box 9, around two-in-five debt advice clients will disclose a mental health problem to an adviser (35 out of 87 clients in a typical month).

However, this does not necessarily mean that this figure represents all clients with mental health problems – some will choose not to disclose. Indeed, evidence from our survey of members of Money and Mental Health's Research Community suggests that as many as 44% of people with mental health problems do not disclose their condition when dealing with a debt adviser.

The reasons for this are many and varied, as we explore later in the 'Recognising vulnerability' section of this report.

It suggests, however, that the scale of clients with mental health problems – and with many of the vulnerable situations mentioned in this report – may be higher than the figures reported by advisers first suggest.[B]

This tallies with a previous follow-up survey of debt advice clients, conducted on behalf of the Money Advice Service, which found that 59% of clients self-reported as having a mental health problem.

Furthermore, as we discuss later in the report, there is also a certain proportion of people who may not be aware that they are vulnerable – for example, if they have an undiagnosed condition – and therefore do not have anything to disclose.

"We are seeing more and more people with no support, limited income and little hope for the future. Cuts to benefits and services have left a large section of our clients extremely vulnerable."

(Debt adviser)

This suggests that advisers should not rely solely on disclosure of vulnerable situations and instead should be considering how they can take vulnerability into account routinely across all clients that they come into contact with.

Clients with 'multiple vulnerable situations

Life can be complex and challenging – consequently, clients will often not only be affected by a single 'vulnerability', but will experience multiple problems at the same time.

While it was not possible to quantify and capture reliable information on this in our survey, administrative data collected by advice providers can shed some light on this.

For example, the advice provider Payplan found that each vulnerable client that they have identified on average has a total of 1.8 'vulnerabilities'.[4]

However, even these figures are subject to advisers correctly identifying all vulnerable situations and recording them on their systems. The true level of 'multiple vulnerability' could therefore be even higher.

"Most of our clients now have a deficit of income and expenditure - if they are not already vulnerable, this is a major contributing factor to them becoming vulnerable… I have observed this income crisis spread right across the scale of low paid people in the last few years. The clients we see are increasingly vulnerable in terms of mental and physical health."

(Debt adviser)

[B] If we were to combine the results of our adviser survey with those from our survey of clients with mental health problems, we could estimate that as many as 63 clients per month have a mental health problem (which they either do or do not disclose). Given the different methodologies used in the two surveys, however, such an estimate should be treated with caution.

3. What differences exist across the debt advice landscape?

The size and scope of our survey data allows us to unpick differences in the prevalence of a range of vulnerable situations across different parts of the debt advice sector.

In particular, we are able to understand how the frequency with which advisers encounter vulnerable situations varies depending on: the channel by which advice is given (face-to-face or not); the size of the organisation that the adviser works for; the cost to the client of the advice that is given; and whether the adviser is paid or a volunteer.

Box 10 (overleaf) illustrates the differences across the advice sector in terms of the frequency of vulnerability disclosures. Figures presented in red suggest that advisers in this part of the sector encounter that particular situation more often than the average for the sector, while figures in green suggest the opposite.

Face-to-face, smaller organisations

It is clear from Box 10 that advisers who provide face-to-face advice, and who often also work for smaller organisations, tend to be dealing with fewer clients in total than those who provide advice remotely.

As a proportion of the clients they deal with, however, they still deal with a considerable number of clients in vulnerable situations. They are also just as likely to have encountered a client at risk of suicide in the last 12 months, despite dealing with fewer clients overall.

Advisers working in face-to-face and smaller organisations were more likely to encounter regular foodbank users. This could be because local advice organisations often act as referral partners for foodbanks – whereby the foodbank requires its users to evidence that they are trying to improve their financial situation by seeking advice on their finances.

Fee-chargers and free sector

A mixed picture exists here. First, advisers working for fee-charging organisations are shown to deal with more clients in total than average – most likely because they tend to provide advice over remote channels (such as over the telephone).

There were certainly vulnerable situations therefore that those working for fee-chargers were more likely to encounter than their peers in the free-to-client sector: for example, those with gambling problems, with a serious physical illness or disability and those who care for someone else who may be vulnerable.

However, those working for fee-charging organisations were less likely to report encountering clients with mental health problems, experiencing suicidal thoughts, with addictions, in abusive relationships, foodbank users, or those at risk of homelessness.

Volunteers

Volunteers meanwhile were less likely than paid advisers to encounter all of the vulnerable situations asked about. They do, however, have a considerably lighter workload than paid advisers (even when adjusted to FTE figures).

It is also possible that the differences could be accounted for by the fact that volunteers often perform a slightly different function to paid staff, being used more often to triage clients based on their needs rather than provide detailed debt advice. It is also possible that their organisations deliberately assign them with less 'complex' cases.

Further analysis of the data – which was beyond the original scope of this study – would help to unpick the reasons behind some of these differences.

Box 10 – How does the prevalence of vulnerable situations vary for advisers in different parts of the advice sector?

Vulnerable situation		*Overall*	*Channel*		*Org. size*		*Cost to client*		*Paid/voluntary*	
		Sector average	Face-to-face	Not face-to-face	Smaller	Larger	Free	Fee	Paid Staff	Volun-teers
Median no. of debt clients dealt with overall in typical month		87	43	217	43	173	76	126	87	46
Mental health problems (median no. of clients per month)		35	22	65	22	56	35	28	39	20
Suicide (% of advisers experienced this in past 12 months)	Dealt with a suicidal client	73%	73%	74%	72%	75%	75%	59%	76%	61%
	Seriously believed a client was at risk of suicide	57%	57%	55%	56%	57%	57%	46%	58%	47%
Addictions (median no. of clients per month)	Alcohol problems	4.3	4.3	4.3	4.3	3.0	4.3	1.0	4.3	1.9
	Drug problems	2.0	2.9	1.0	3.2	1.0	2.1	0.1	2.0	0.8
	Gambling problems	1.2	0.3	4.3	0.4	3.0	1.1	2.0	2.0	0.2
Other vulnerable situations (% of advisers who encounter clients in this situation at least once per week)	Serious physical illness or disability	65%	51%	83%	59%	72%	64%	79%	72%	27%
	Learning disability	37%	27%	49%	32%	42%	36%	40%	41%	12%
	Carer for someone else vulnerable	43%	26%	67%	33%	55%	42%	57%	49%	13%
	Recently bereaved	23%	7%	44%	10%	38%	22%	38%	27%	2%
	Limited understanding of English	40%	23%	62%	27%	53%	39%	52%	45%	11%
	Divorce or separation	39%	16%	69%	20%	60%	38%	52%	45%	9%
	Has been, or is, in an abusive relationship	19%	15%	25%	15%	24%	20%	12%	21%	7%
	Regular foodbank user	34%	43%	22%	41%	26%	36%	3%	34%	30%
	Deficit-budget situation	72%	63%	84%	69%	75%	72%	70%	78%	40%
	Homeless or at risk of homelessness	34%	31%	38%	34%	33%	36%	6%	38%	14%
	Base	*1573*	*891*	*678*	*821*	*752*	*1459*	*114*	*1317*	*249*

Notes: the colour of each cell of the table indicates the distance from the sector average for that particular row. Green cells indicate that advisers in this part of the sector encounter fewer clients in this situation than average, while red cells indicate that they encounter more than average.

Part two:

Day-to-day challenges

The debt advice sector helps hundreds of people in vulnerable situations every day.

In this part of the report, we look at the day-to-day challenges that advisers face when doing so.

Specifically, we consider five key stages when helping someone in a vulnerable situation:

1. recognising when a client is in a vulnerable situation
2. moving from identification to giving support
3. enabling the client to access further sources of support to tackle the underlying issue
4. recording appropriate information about the situation and keeping the client informed
5. gathering further evidence about vulnerability.

In each of the above sections we first present new evidence that we have collected which highlight the challenges that advisers face. We then present a series of good practice recommendations, based on our problem-solving workshops and guidance from a range of organisations with particular experience in working with those in vulnerable situations.

Part two: Day-to-day challenges

1 Recognising vulnerability

What is the issue?

For advisers, the clear first step in supporting a client in a vulnerable situation is to recognise that the situation actually exists.

While this may be obvious, it is not always straightforward to do. This is because:

- many clients – for a variety of reasons – will not proactively disclose their situation
- some clients would not necessarily be aware that they are in a situation that might make them vulnerable
- advisers may overlook 'red flags' and other indicators of a potential vulnerable situation
- advisers can feel unable or uncomfortable raising a potential situation with clients.

The issue therefore is in how advice organisations can create an environment that encourages clients to disclose their situation, while also supporting (and backing) their advisers to start conversations where potential cues exist.

The key to achieving this may lie in the consistency of adviser practice across an organisation.

What is the evidence?

As shown in Box 1.1, our survey indicates that:

- advisers recognise that client disclosure alone cannot be relied upon to identify vulnerability – some clients may even hide their situation.
- a split may exist between those who feel able to identify vulnerability without disclosure, and advisers who feel unable to do this
- a sizeable minority of advisers report finding it difficult to talk with clients about vulnerability (identified or disclosed).

In practice, this could mean that some advisers may be failing to recognise when clients are in a vulnerable situation. They therefore may not always be taking appropriate action to support these clients.

Providing all advisers with tools to better identify vulnerability may therefore be one part of the key to a more consistent and equitable response.

Client experience

In addition to our adviser survey, we also asked people with mental health problems about their experience of using debt advice services. Again shown in Box 1.1, this indicated that:

- nearly half (44%) reported not disclosing their mental health situation to their adviser
- the reasons given for this ranged from a perception that it would make 'no difference', to a concern that they would be penalised
- but points or stages may exist in the advice process where clients are more likely to disclose, or be identified by advisers.

NEW EVIDENCE

Box 1.1 – Adviser and client experience of disclosure, identification, and engagement

ADVISER SURVEY

35% of advisers reported that clients with an addiction would usually hide this from them.

"It isn't possible to identify someone with a mental health problem – they have to tell you first"

53% ***of advisers disagreed***

21% ***of advisers agreed***

15% of advisers reported difficulty in talking to clients about their mental health problems as they didn't know enough about this

17% of advisers reported difficulty in talking to clients about their addictions problems as they didn't know enough about this

CLIENT SURVEY

44% of clients chose not to disclose their mental health problem to the debt advice organisation they were in contact with.[A]

Reasons for this included:[B]

65% "wasn't aware it would make a difference"

41% "I don't like telling people about my mental health"

28% "was concerned with what they would do with the information"

23% "did not believe they would treat me sensitively"

13% "I would be treated unfairly"

13% "I would not be believed"

12% "worried that it would affect access to future credit"

Of those who *had disclosed* their mental health problem, this 'came up' when discussing:[C]

57% the cause of my financial difficulties

45% how these difficulties affected me

22% the benefits I receive

Meanwhile **46%** said that they told the adviser about their mental health problem up front and **8%** said that it came up because the adviser asked them a direct question about their mental health.

Notes on client survey:

A asked of all those survey respondents who had received debt advice (N=262)

B asked of survey respondents who had not discussed their mental health problem with the advice organisation that they dealt with (N=113).

C asked of survey respondents who had discussed their mental health problem with the advice organisation they dealt with (N=141)

What can organisations do?

Advice organisations can take – and, in many cases, are already taking – the following steps to identify clients in potentially vulnerable situations, each of which we discuss in more detail throughout this section:

A. **improve access to services** – the first step, this means that clients in vulnerable situations should be able to use an advice organisation's services just like any other client.

B. **encourage self-disclosure** – giving every client the opportunity to self-disclose is one of the simplest and most effective methods of identification

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

D. **look for decision-making limitations** – clients who have difficulties with remembering, understanding, communicating, and evaluating information are defined by the FCA as being 'particularly vulnerable'.[1] This is because – without support from advisers – they may take decisions which lead to financial and personal harm.

E. **remember identification is the first step** – identification simply creates the opportunity to find out more about the client's vulnerable situation, and to provide the relevant support.

Overall, it is critical that advice organisations provide advisers with practical guidance and make changes to their policies, where necessary – without this, there is a risk that vulnerable clients will not receive the help they need.

A. Improve access to services

The first, and most crucial step, is for advice organisations to ensure that all potential clients – regardless of their situation – are able to access their services.

For those with physical disabilities or conditions, their accessibility needs are arguably relatively well understood – wheelchair ramps, textphones and braille are common examples of adjustments that organisations can make to improve access.

However, for those with mental health problems, and for many of those in other situations, accessibility adjustments are less common and less well understood by organisations.[2]

Organisations therefore need to begin with the question of whether any vulnerable client groups are being excluded from their services due to their current way of operating.

Later in this report, in section 7, we provide more detailed information on how organisations can improve accessibility for clients with mental health problems.

B. Encourage self-disclosure

Advisers may feel that, simply because they are there to help, the client will automatically tell them everything.

This, unfortunately, is not the case – as shown previously in Box 1.1, clients may have a variety of concerns that prevent them from disclosing: fears about being treated unfairly or insensitively, their data being used or shared inappropriately, or their ability to apply for credit being affected in future. They may also simply not know that their non-financial situation could be relevant.

For this reason, it is important for advisers to routinely tell all clients that disclosing a vulnerable situation can potentially result in additional support being provided or different options becoming available. This reassurance needs to directly address the disclosure barriers described in Box 1.1.

Some organisations have started to do this and are now routinely explaining to clients why disclosures of a health problem, difficult personal situation, or destabilising life event, will always be heard, considered seriously, and taken into account.

Crucially, this explanation can be given via a range of channels and can begin before the client even gets in contact – written reassurances on websites, leaflets and posters, for example, can be used to remind clients at an early stage that all situations are up for discussion.

C. Look for 'red flags'

Small, yet important, clues about a client's wider situation can easily be missed when advisers are busy focusing on the detail of the client's financial affairs.

Experienced advisers, however, know to look out for 'little red flags' about a client's situation, like those described in Box 1.2 (overleaf).

These types of flag exactly mirror the 'three strands' that make up vulnerability that were described on page 17: individual factors, wider circumstances and organisational actions (or inaction).

Advisers should bear these types of 'red flag' in mind – alongside those also covered later in this guide on mental health, addiction, and suicide prevention – when working with clients.

D. Look for decision-making limitations

Advisers will generally inform their clients of the range of different options available to them and leave it to them to make an informed decision about the option they feel is best for them.

In some cases, however, clients may have a decision-making or mental capacity limitation, which limits their ability – at a specific point in time – to make an informed decision.

The FCA defines people with a mental capacity limitation as those who are unable to understand, remember, or weigh-up information presented to them or who struggle to communicate a decision.[1]

Such difficulties are usually caused by an underlying mental or physical health issue, medication or treatment side-effects, or drug or alcohol use that affects a person's decision-making. It is important, however, for advisers to establish incapacity, not assume it. Such difficulties may of course also be caused by factors other than a mental capacity limitation; for example, where a client has significant difficulties with language, literacy, or numeracy.

Advisers can use the BRUCE protocol (in Box 1.3 overleaf) as a guide to help them determine a client's capacity. They can then provide additional support to the client to allow them to make an informed decision, whether this be giving them more time, repeating information or explaining it differently, or involving a third party in the process.

This is critical. Without support, clients who experience the difficulties outlined above may agree to debt advice arrangements they do not understand, which they do not remember entering into, or which they have not fully thought through or weighed-up. Furthermore, the FCA requires debt advice agencies to take appropriate action wherever a limitation is established.

E. Remember identification is the first step

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

GOOD PRACTICE

Box 1.2 – Key 'little red flags' for identifying vulnerability

Individual factors:

- passing mentions of illness, disability or impairment
- reference to contact with health sector, such as doctors, nurses, advocates, carers and others
- mention of dealing with the social care sector, such as social workers, key workers or support workers
- receipt of specific benefits, such as sickness or disability benefits
- indicators of an addiction – may be financial clues (e.g. reluctance to share bank statements or unexplained expenditure) or behavioural clues (e.g. intoxication or unexplained physical injuries). More indicators given in Section 6.

Wider circumstances:

- evidence of bereavement, for example: mention of or avoidance of certain dates (which may be the anniversary of someone's death); mention of funeral costs; receipt of bereavement benefits
- apparent relationship difficulties: reluctance to involve partner; moved out of recent accommodation for unexplained reasons; legal costs associated with divorce
- reference to other life events, such as time in hospital or imprisonment

Organisational actions:

- reference to, or complaints about, things that your or another organisation may have done – such as changed the way that they communicate with the client
- mention of things that organisations haven't done, such as failures to deal with a third party or carer, to accept a different payment method, or to explain key information in a way that the client can understand.

Box 1.3 – The BRUCE protocol: recognising mental capacity limitations

B
R
U
C
E

Behaviour and talk

Advisers should look for indicators of a limitation in the client's behaviour and speech including:

Remembering

is the client experiencing problems with their memory or recall?

Understanding

does the client understand the information they are being given by staff?

Communication

can the client communicate their thoughts, questions, and ultimately their decision?

Evaluation

can the client 'weigh-up' the different options open to them?

Key things for advisers to remember about mental capacity:

- common causes: an underlying mental or physical health issue, medication or treatment side-effects, or drug or alcohol use that affects a person's decision-making.
- do not assume incapacity: advisers should establish incapacity, not assume it. Just because a client has a condition which could cause a limitation, this doesn't mean they don't have capacity.
- capacity can fluctuate over time: while exceptions will exist, a client's ability to make decisions can vary over time. A previous lack of capacity does not mean this is true all the time.
- capacity is dependent on the decision: if a client lacks the capacity to make one decision (e.g. about money), they may still be able to make others (e.g. involving a third party in the process).

2 **Moving** from identification to support

What is the issue?

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

However, to achieve such resolution, advisers need to be able to skilfully move from:

- identification to conversation
- conversation to understanding
- understanding to support.

For many advisers, making these transitions with clients in vulnerable situations can be a challenge. Raising the issue of vulnerability with clients can provoke fears about causing offence, or getting bogged down in the client's personal issues.

Consequently, even among the most experienced of advisers, barriers like these can sometimes stop them effectively 'moving through the gears' from identification through to resolution.

In this section, we consider each of these 'gears' in turn. Throughout, our emphasis is on introducing tools that advisers can use to provide effective support to clients, and to also raise issues that may need addressing in service or organisational policies.

What is the evidence?

Adviser responses to vulnerability

The survey data makes it clear that the vast majority of advisers recognise the importance of supporting vulnerable clients and taking their situation into account throughout the advice process:

- 87% (nearly one-in-ten) agreed that – for those clients with mental health problems – they are more likely to reach a sustainable solution for the client when they take this situation into account.

However, despite recognising the possible benefits of supporting vulnerable clients, an important minority of advisers told us they found it difficult to respond to vulnerability:

- 15% (one-in-seven) reported problems in talking about mental health with clients
- 16% (nearly one-in-six) said they would be unsure what to do if they thought a client might attempt to take their own life.
- 17% (one-in-six) reported finding it difficult to talk about addiction with clients

While representing a minority, these figures are still a cause for some concern.

Every conversation with a client about vulnerability represents an opportunity to provide much-needed support and prevent detriment.

Where advisers struggle to support these clients, such opportunities can be lost.

Perceived tensions for advisers

Advisers appear to be facing a number of tensions when working with clients in vulnerable situations, as evidenced by the survey responses given in Box 2.1.

As shown earlier in this report, advisers encounter a diverse range of vulnerable situations, reflecting the complexity of many of the lives of their clients. This presents a key challenge for advice agencies: how can they strike a balance between equipping advisers on specific vulnerable situations, while also ensuring advisers have the generic tools and flexibility to deal with any of a wide range of situations?

A second key tension – raised by both advisers and clients – was how best to give clients tailored support while still complying with their organisation's policies, processes and targets, which are often based on the requirements of a 'typical' client. This issue – while challenging – is not necessarily a new one: the FCA has previously specified that organisations they regulate need to go beyond a simple focus on the needs of the average consumer:

"Much consumer protection legislation is underpinned by the notion of the average or typical consumer, and what that typical consumer might expect, understand or how they might behave.

However, consumers in vulnerable circumstances may be significantly less able to represent their own interests, and more likely to suffer harm than the average consumer. Regulators and firms need to ensure these consumers are adequately protected." [1]

Later in this section, we attempt to address these challenges by providing tools and resources that advisers can use to respond to the needs of those in a wide range of different vulnerable situations.

Box 2.1 – Tension between supporting clients and 'ticking boxes'

NEW EVIDENCE

The adviser perspective:

"[We could improve] the nature of our questioning process itself - is this more about ticking the boxes to comply with the regulations or more because we are aiming to genuinely help and support clients a bit more?"

"On a daily basis we deal with individuals who have very complex needs and we have no training on how to deal with this. Far too much emphasis is given to stats and ticking boxes rather than dealing with individuals."

"There's been a lot of organisational change in the last few years, largely due to FCA regulation of debt advice agencies. While much of this change has been positive, I feel there's been a shift away on focussing on helping the client, as opposed to meeting targets and complying with regulations."

The client perspective:

"I told them about my mental health condition… but they didn't seem to think it was important so I got the general advice which was not all relevant and some didn't make sense.

I was not able to do all they wanted, I needed more support and clearer instructions to follow. I did not quite fit the tick boxes."

The client perspective

To complement the results of our survey of advisers, we also gathered data about the perspective of clients in potentially vulnerable situations. To do this, we ran a survey of people with lived experience of mental health problems who had previously received debt advice.

The results of this survey (shown in Box 2.2) highlight that a minority of these clients – but by no means an insignificant minority – felt that the support they received could have been better.

These findings add to those of an earlier survey of nearly 1,000 debt advice clients with mental health problems undertaken in 2016[2], which showed that:

- 41% of clients said that advisers did not ask questions about how these mental health problem(s) were affecting their financial situation and ability to make repayments [C]
- 47% said they were not clearly told what would happen to any information they provided about their mental health problem(s)
- 40% said they were not asked for their consent for the adviser to record details about their mental health problems
- 39% said that advisers did not ask whether they were receiving any support from family and friends.

Between the two surveys, it is clear that many clients with mental health problems are quite satisfied with the support they have received; however, a sizeable minority believe that more could have been done. At scale, this 'minority' equates to a considerable number of clients.

It is important also to reflect on the fact that the 'client perspective' given here focuses only on clients with mental health problems. Further research is needed to better understand the experience of clients in other vulnerable situations as they navigate the debt advice process – for example, those with gambling problems or other addictions.

Box 2.2 – The perspective of clients with mental health problems

NEW EVIDENCE

To better understand the experiences of debt advice clients with mental health problems, we ran a survey of 392 members of the Money and Mental Health Policy Institute's Research Community.

This found that:

- 41% (two-in-five) reported that they had found it difficult to understand what the adviser told them.[A]
- 25% (a quarter) of these clients believed that their situation had not been taken into account by the advice organisation[B]
- 11% (more than one-in-ten) felt they had been asked questions about their mental health that weren't relevant to the debt advice they were seeking[B]

[A] Base for this question is all clients with mental health problems who had received debt advice (n=264)

[B] Base for these questions is clients with mental health problems who had disclosed their condition to the advice organisation they dealt with (N=142 and 137)

C Base for these questions ranges from 917 to 990 responses.

What can organisations do?

The shift from the identification of a vulnerable situation to providing support to that client is not always an easy one to make.

This is evidenced by the concerns presented by both advisers and clients in the previous section.

While most advisers feel confident about supporting vulnerable clients, it appears that a sizeable minority are unsure or hesitant about dealing with certain situations.

In this section we therefore consider what advisers and their organisations can do to overcome some of these uncertainties. We cover five areas of adviser practice, as they move from identification to support:

A. starting conversations – by using the set-up, start-off, stay-with approach

B. managing disclosures – through use of the TEXAS protocol

C. understanding vulnerability – having more in depth conversations using the IDEA tool

D. managing challenging behaviours – a number of strategies for dealing with such behaviours

E. using information to support clients – making decisions on the best way to support clients

Some of this will not be new to more experienced advisers. For this reason, we also focus on a number of issues throughout the section that have received less attention in previous guidance, and look at some recent developments in the ways that organisations are using existing tools to support clients in vulnerable situations.

A. Starting conversations

Making the transition from identification to conversation can be daunting – particularly where a sensitive issue may need to be raised.

What can practically be done?

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

First, advisers will need to consider the ***set-up*** – this involves considering whether this is the right moment to raise the issue? A client, for example, may receive a call from their adviser while they are in a public place – if so, they are probably unlikely to want to discuss vulnerability or difficulty. Equally, some clients cannot or will not want to discuss their situation over the phone at all – in this case advisers will need to consider other methods of contact or seeking involvement of a third party (such as a friend or family member).

Second, advisers should ***start-off*** a conversation – depending on what is known about the client already, advisers can start-off the conversation. Example questions are in Box 2.3.

Finally, advisers should ***stay-with*** the conversation – it is likely that a conversation about vulnerability will take a few exchanges to 'get going'. Advisers therefore need to (politely) encourage the client to talk about the issue. Some clients will not want to talk about the situation at all, or will not see their potential vulnerability as a problem. If this happens, advisers should accept this and apologise, if necessary, but keep the door open to talk in the future (e.g. *" OK, do let me know if there is an issue though. We will always try to help").*

Even where an adviser struggles to start a conversation with a client about vulnerability, this may have been the first time the person has been asked about their situation. Consequently, with time, the client may either come back to discuss this later with the adviser or may go on to find help from elsewhere – both of which represent a positive outcome.

GOOD PRACTICE

BOX 2.3 – Starting a conversation about vulnerability: set-up, start-off, stay with

1. set-up

make sure the right conditions exist to allow a conversation to happen:

RIGHT TIME?
RIGHT PLACE?
RIGHT PEOPLE?
RIGHT INFORMATION?

2. start-off

use questions that normalise the situation, which show you have been paying attention, and which give the client hope.

3. stay-with

it is not always easy to start a conversation about vulnerability – so stay with it. Be polite, but don't give up on the first silence or change of subject. And if it doesn't work this time, keep the door open for the future.

START-OFF QUESTIONS

Showing you have been observing

Are the bank transactions for bingo and gaming something we can just quickly look at together?

Showing you have been listening

I heard you mention now taking on some extra shifts at work, and being short of money still – what spending haven't we covered so far?

Suggesting a connection might exist

what connections do you see between your financial difficulties and your drinking?

Referring to the bigger picture

I know you weren't expecting to be looking at this today, but I wondered how you felt the betting you mentioned fits in with all this?

Normalising the situation

many of our clients are in a similar situation to you, and we've been able to help them get back on track. It will take me 60 seconds to explain how – is that OK?

Showing you want to help

There's lots that we can do to help with your situation. On the money side of things we have plenty of options – let me tell you about just one of the things we can do…

Referring to leaflets and resources

I'm not sure if you've seen our leaflet on all the different types of clients we've helped this year, but it shows the situations they were in and how we helped. Can I tell you more?

Simply by being direct

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

these are example questions – you will want to find your own versions, and in your own voice

B. Managing disclosure

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

- **for the client**, 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 advisers**, disclosure represents an opportunity to better understand a client's situation – but where not handled properly, this can result in client trust being lost, situations not being acted on, and information not being correctly recorded.

Disclosure therefore represents a vital moment in the relationship between an adviser and client – however, this opportunity may not always be taken. As described earlier in this section, surveys of vulnerable clients have shown that they:

- do not always feel that their situation has been taken into account
- often aren't asked for consent for information about their situation to be recorded
- sometimes receive no explanation as to what will happen to the information they provide about their situation
- are not routinely asked the right questions about how their situation is affecting them or about the support they are receiving.

In recognition of the importance of overcoming such challenges, and effectively managing client disclosure, the **TEXAS** tool was developed (BOX 2.4).

This aimed to ensure that disclosures were always ***welcomed*** and acknowledged, that clients were actively ***reassured*** about how any information they shared would be used (as concerns do exist), and that ***basic facts*** were established about the client's situation to inform an adviser's next steps, including ***good record-keeping*** across a service.

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

TEXAS: recent developments

Introduced into the financial services sector in 2010[D], TEXAS is now widely used as a core tool for disclosure management (with 25 out of 26 creditors and debt collection agencies in a recent study reporting its use).[3]

Shared with the advice sector in 2015, the tool is also used in advice services in the UK.[4] However, like any good tool, TEXAS has been adapted over time by creditors and advice agencies alike. Two of the major adaptations have been:

1. **Shifting from 'signposting' to 'solutions'** – some organisations are now using the 'S' of TEXAS to encourage advisers to think about the range of 'solutions' at their disposal for a client. These 'solutions' include signposting (which originally formed the 'S' of TEXAS) either internally within an organisation to a specialist team, or to an external supporting organisation. However, advisers are also encouraged to follow other options, including using the IDEA tool (on p.37) to find out more about the client's situation.
2. **Moving from a script to a conversation** – some organisations have continued to ask less experienced advice colleagues to follow each step of TEXAS in order (from 'T' to 'S'), while letting more experienced advisers take a more conversational approach to the tool. This more conversational approach has involved advisers using TEXAS as more of a checklist of what to cover, rather than a set of steps to be followed in order. Importantly, this still allows advisers to Thank the client and listen to the client disclosure, but allows the adviser scope to Ask further questions to improve their understanding of the situation, before then deciding whether or not the information disclosed should be recorded. Critically, if the adviser does feel the information needs to be recorded, they then ensure they Explain how the information will be used, and gain eXplicit consent for this. This gives more experienced advisers greater flexibility, while following the easy-to-remember and effective TEXAS principles.

GOOD PRACTICE

Box 2.4 – Managing disclosures with the texas protocol

T E X A S

Thank the client:

"Thank you for telling me about the betting – I appreciate it, as it will help our conversation"

Explain how the information will be used:

This should include why the information on addiction is being collected, how it will be used by the advice service, and who the data will be shared with.

"Let me explain how we can use that information to help you, so you know"

eXplicit consent should be obtained:

"I just need to get your permission to…"

Ask the client questions to get key information:

These will help you understand the situation better. Advisers may wish to use the IDEA conversational compass for this (Box 2.5).

"How does the online poker affect your finances?"

"How does your condition affect your ability to contact us or stay in touch?"

"Does anyone help out or share the finances with you?"

Solution:

The solution required will depend entirely on the client's individual circumstances, but may include:

- changes to the method of communication with the client
- involving a third party (such as a family member) in the debt advice process
- signposting/referring the client to additional sources of support (either from internal specialist staff or external organisations).

C. Understanding the situation

The 'TEXAS drill' in Box 2.4 on the previous page outlines the core questions that advisers can ask any client disclosing a potential vulnerable situation.

However, there will be times when a more detailed understanding is required, so advisers can provide informed and effective support.

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

Some clients may volunteer very little to advisers, share information which is irrelevant to the action that needs to be taken, or which is overly-detailed.

Other clients may talk about health conditions or situations that are unfamiliar to advisers, 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.

The IDEA tool

To address these challenges, advisers may want to consider using a 'conversational compass' such as the IDEA protocol (see BOX 2.5 to the right). The IDEA protocol allows advisers to use their existing soft skills to 'unlock' relevant information about a consumer's situation by helping them:

- 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 client's situation, and formulate a plan of action and support.

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

Not just financial outcomes

Advisers should consider health and social outcomes for their clients, not just financial ones. The IDEA tool provides a framework to achieve this.

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

When advisers encounter the unfamiliar

IDEA can also be helpful where advisers don't know much about the vulnerable situation that a client is facing.

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

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

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

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

In most cases this will be sufficient to give advisers a deep enough understanding of the way that the situation affects the client; however there may be times where advisers feel they need to understand more. In such situations, they may wish to search online to find out more about the client's situation.

While this can be helpful, advisers need to use a reliable information source. BOX 2.6 therefore lists a number of sources of information for different situations that advisers may find useful.

GOOD PRACTICE

Box 2.5 – Understanding vulnerability using the idea protocol

I D E A

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

e.g. "How do you feel this has impacted on your financial situation?"

Duration: advisers can discuss how long the client has been living with the reported vulnerability, as the duration of different situations or conditions will vary. This is often also clear (or implied) in written correspondence too. This can inform decisions about the amount of time a client may need to consider certain options or take steps to improve their situation.

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

Experience: some people may have just one experience or episode of their vulnerable situation, while others may have many. Advisers will need to take such fluctuations into account (including any effects of medication). This involves considering what support needs the client 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?

Assistance: advisers should consider whether the client has been able to get any care, 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."

Box 2.6 – Reliable information sources for unknown situations

USEFUL RESOURCES

When advisers encounter a client with an unfamiliar medical condition or social situation – and the client is unable to explain it – they may want to search online to find out more. If doing this, it is best to carry out searches only with recognised providers, such as:

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

These tools, however, should be used with extreme caution. Advisers need to recognise that they are not health professionals or experts in every type of vulnerable situation and it is not their job to diagnose clients.

D. Managing challenging behaviours

Clients who are vulnerable to detriment – be it financial, legal, personal, health or another form - will experience a range of emotions and pressures.

These can manifest themselves into behaviours which can challenge, destabilise, upset, confront, demoralise, or simply just mystify an adviser.

Clearly, this neither benefits the client or adviser. In this section we therefore share a number of techniques for creating better conversations that have been collected from the debt advice sector and beyond. Further strategies are also available in our online 'VULNERABILITY RESOURCE PACK'.

In doing this, the section does not contend that all clients in vulnerable situations will be 'challenging'. Instead, it recognises that some clients can experience (and express) difficulties that make it harder for an adviser to engage with them.

When implementing these strategies, however, there are a number of things that advisers should bear in mind:

- **Overshadowing** - when using these strategies, advisers should try to avoid letting a challenging behaviour over-shadow the client's original debt problem. Instead, difficult behaviour should remain a barrier to overcome during debt advice, rather than becoming the client's de facto 'problem'.
- **Dynamics** - experienced advisers will always reflect on their contribution (and that of their service) towards creating or maintaining a challenging behaviour. While client behaviour remains the responsibility of the client, such reflection can uncover triggers and drivers that otherwise would be overlooked (and which can often easily be addressed).
- **Conversation** - finally, the most experienced advisers will rarely 'follow' a strategy mechanically step-by-step, but will weave this into the client conversation. This avoids clients sensing that a technique is being 'used' on them (which can lead to conflict with some clients), and keeps the tone of the interaction natural and conversational.

Strategy 1: affect labelling

Despite what we'd probably like to believe, our behaviour is often marked more by emotion and assumption, than it is by rational consideration.

Moving a client from a state of 'high emotion' – where they can be difficult to engage or talk with - to a calmer position is called 'de-escalation'.

If an adviser can identify the emotion that a client is experiencing, they can use a de-escalation technique that prison officers, police units and even hostage negotiators employ: affect labelling.

Affect labelling is all about identifying, naming, and responding to client emotions, rather than the content of what is actually being said:

- advisers listen to emotions (not just words)
- advisers name the emotions they are hearing
- the client feels they are being heard
- advisers then listen, name other emotions (if needed), and stabilise the conversation. Critically, this involves advisers switching their focus from listening solely to the words of a client, to listening out for the underlying emotions.

Example

C: [semi-shouting] "I just want this sorted– now…"

A: "So you want to take the second approach we discussed then?"

C: [now shouting] "Why won't you just f-ing fix it. Fix it. I am fed-up of the excuses."*

A: "You feel very strongly about this." [affect labelling]

*C: "Too right I do. No sh*t Sherlock."*

A: "You feel let down by how long this is taking." [affect labelling]

C: "Absolutely let down – waste of time."

A: "OK – there are two things we can do here. They can help speed things up. Let me tell you about them." [stabilises conversation, moves on past emotions, and back to the available options]

Remember: naming emotions can feel awkward at first, but if done correctly and with empathy, it can make a client feel both heard and understood.

GOOD PRACTICE

Strategy 2: ask three closed questions

When it comes to client conversations, guidance and training often emphasise the importance of open questions, rather than closed ones.

However, when a client is upset, racing from subject to subject, or in a circular pattern of repeating what they said before, **advisers can use closed questions** to take control of a conversation.

This allows the adviser to re-focus on the relevant information that is needed, while showing at the same time they were listening to the client.

This technique involves the adviser asking the client **three closed questions in a row** (e.g. yes/no or similar questions).

This works to shift the client away from their longer explanation and narrative, and towards providing yes/no answers.

This allows the adviser to take control and focus on the information needed to help that client.

Importantly, this involves asking the client these closed questions in **quick succession**.

Example

C: [talking quickly] "and that's why I took that loan with them, as well as then going straight after to phone the car people, but with all these firms, and the phone people too, all I've got…"

A: [uses three closed questions] "Paul – it's critical I've got my facts right. [closed question 1 is used] You said it had been three weeks since the last letter about the Council Tax arrears - is that right?"

A: [closed question 2 is now quickly introduced] And the arrears were £1252?

A: [closed question 3 is now quickly introduced] And you called the Council, but nothing was agreed? OK, thanks for that, I'm going to explain what we can do now…"

Remember: this is about taking back control – asking the three questions in quick succession slows down and diverts the client away from their narrative, and back towards the advisers.

Strategy 3: expectation setting

Clients can sometimes have expectations about the advice process that simply cannot be met (e.g. "I want all these debts written off").

There are numerous ways in which advisers can do this, and in doing so, avoid saying 'no' outright (which can fuel angry and emotional exchanges).

On technique – sometimes referred to as 'USA' – is to show Understanding, explain the Situation, before outlining what Action can be taken.

Understanding statement:
"I completely see why you want this to happen"

Situation explanation:

"so let me tell you the situation here, and the options you have"

Action choice:

"tell me which of these actions to take, and I'll get on to it"

Remember: the aim is to set realistic expectations.

If the client expects more than this, then advisers can give the client time to reflect ("I'm really sorry, but that option just isn't there for this type of situation – do you want time to think about what you want to do").

E. Using information to support clients

Supporting clients in vulnerable situations can often require more than breathing space alone.

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

- some conditions – such as autism or speech impairment – can make it more difficult for clients to explain, access and get help
- some situations – including addiction or recent bereavement – can cause or exacerbate a client's financial difficulty
- clients with the same condition or situation can experience this in quite different ways.

Understanding these factors – and how they interact with a client's financial and personal situation – is therefore key before taking action.

Fundamental steps

Firstly, advisers will want to bring together all the information they have about a client's situation. This might include:

- **information obtained upon initial disclosure** – through use of the TEXAS protocol, key information may have been recorded about the impact of the client's vulnerability on their needs or external support they are receiving.
- **details from in-depth discussions** – more detailed information may also have been gained from use of the IDEA 'compass', which provides insights on impact, duration, experiences and assistance.
- **external evidence** – such as evidence provided by a health or social care professional (e.g. a DMHEF or practitioner letter).
- **financial activity data** – income and expenditure data will clearly be key.

Secondly, advisers will then want to organise this information – each advice service will have its own priorities, but in the example opposite we use a framework with four headings (BOX 2.7):

a. what actions do we *usually take* for a client?

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

c. what *reasonable adjustments* could be made to take these into account?'

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

This should include support or adjustments suggested by the client. Advisers can also draw on the guidance provided on accessibility (Section 7 on mental health), as well as material on clients who resist or refuse any offer of additional support (Section 6 on addictions).

Thirdly, advisers will then want to interpret the 'bigger picture' now provided by this information.

In doing this, they will want to consider the realistic options that are open to the client in light of what is known about their vulnerable situation, and what steps need to be taken with creditors.

Fourthly, advisers will want to discuss the approach with the client, share with colleagues and then act upon this with creditors and other relevant organisations. Information about the decision should also be recorded, so that any adjustments or actions are not forgotten or overlooked.

GOOD PRACTICE

Box 2.7 – Using information to support clients

A

Before considering the vulnerable situation a client is in, what general options are available which could help the client?

B

What specific factors might need to be taken into account for this client?

How does the vulnerable situation affect:

- income and expenditure?
- debt repayment?
- understanding?
- communication?
- engagement?
- decision-making?
- money-management?
- how severe and long-term is the condition?
- how might our intervention affect the condition?
- how does the financial situation affect or exacerbate the vulnerable situation?
- how might our usual processes impact negatively with any health problems?

C

What specific factors might need to be taken into account for this client?

- could key advisers have more time to manage this case/ less cases overall?
- could we find a better time of day, or perhaps a different method of communication for this client?
- could we simplify the language in letters (standard or otherwise) including the use of Plain English?
- could working with an authorised third party help?
- could we transfer the client to a more appropriate team member in the agency?
- if no specialist exists, could we change the way we support the client?
- could we make adjustments to support client decision-making?
- could we signpost (or refer) this client to a wider set of statutory or voluntary sector personnel?
- could we proactively review the client's situation more quickly as further changes appear likely?
- are we required to make reasonable adjustments under the Equality Act?
- could we freeze activity for a period rather than closing a case, until the client is able to engage once more?
- could we remove automated processes (e.g. letters or calls that might be distressing)?
- could we assist with more flexible payment options (fee chargers only)?

D

What needs to happen now (while speaking with the client), directly after speaking with the client, and over the longer-term?

3 **Enabling** access to further support

Introduction

There will always be a limit to the non-financial help and support that frontline debt advisers can give to clients in vulnerable situations.

Some clients, however, could benefit from additional support that only specialist organisations or staff can provide. Clients with gambling problems, for example, may need to access gambling support services in order to resolve their underlying vulnerable situation.

Without such support, clients may be unable to resolve their financial difficulties in the long-term or may experience detriment (financial or otherwise).

In this section we therefore consider how advisers can make the most of both internal specialists and external support organisations through referrals and signposting (described below in Box 3.1).

Box 3.1 – Referrals and signposting

Referrals are where an adviser introduces a client to an external service or organisation. This may involve passing the client's details to this service or doing a 'warm transfer' over the telephone – where the adviser redirects a client's call to an external service.

Signposting is where an adviser gives a client the details of an external service or organisation that may be able to help them. Unlike referrals, the adviser does not contact the service directly on the client's behalf.

What is the evidence?

External support

There will be times where clients may benefit from support and help from external specialist agencies. However, our survey indicates that signposting or referring clients to such a service may not always be an option or routine practice for advisers. For example, as Box 3.2 shows:

- between **30-50%** of advisers report having the option to refer clients to external services, depending on the vulnerable situation (e.g. passing on client details/warm transfer)
- between **70-90%** of advisers indicate having the option to signpost clients externally, depending on the situation (e.g. provide a client with contact details)

Uptake of referral or signposting options also seems to vary depending on the particular vulnerable situation:

- advisers who had the option to signpost clients at risk of suicide, on average, reported that they signpost **66%** of clients who appear at risk of suicide.
- for clients with mental health problems meanwhile, this falls to **52%** of clients, and for relationship difficulties, it decreases further to **43%** of clients.

Clearly, advisers will exercise their judgement – where signposting or referral options do not seem relevant, advisers will probably not take this action. Likewise, they may also feel that a potential service is over-stretched and unlikely to be able to help.

However, this does not necessarily mean that the client would not benefit from accessing an external organisation. It is important therefore that advice organisations not only consider the signposting and referral options they have available to them, but also measure how frequently these are taken and take steps to understand any barriers preventing advisers from utilising the options.

Demand for improved referral partnerships

In our survey, advisers were asked an open question about changes that would allow them to better support clients in vulnerable situations.

The most common response, mentioned by a quarter of advisers (24%), was that they would like to work in deeper partnership with local charities, government agencies, the NHS and other organisations that support people in vulnerable situations.

This represents a substantial number of advisers, bearing in mind that they were able to choose anything they wanted.

24% of advisers in our survey reported they wanted a deeper partnership with local charities, government agencies, the NHS and other organisations that help people in vulnerable situations

NEW EVIDENCE

Box 3.2 – Referral and signposting – adviser options and actions

Situation	% of advisers with option to refer	% of clients in this situation that advisers do refer *	% of advisers with option to signpost	% of clients in this situation that advisers do signpost *
Clients at risk of suicide or self-harm	**52%**	**54%**	**86%**	**66%**
Clients with drug, alcohol or substance addiction	**47%**	**43%**	**87%**	**56%**
Clients with mental health problems	**51%**	**41%**	**88%**	**52%**
Clients with gambling problems	**39%**	**40%**	**81%**	**58%**
Clients with physical health conditions or disability	**40%**	**39%**	**74%**	**47%**
Clients with relationship difficulties	**36%**	**36%**	**73%**	**43%**
(Bases)	*(1532-1561)*	*(555-807)*	*(1507-1561)*	*(1102-1350)*

* asked only of advisers who said they had the option to refer/signpost clients in this situation. These advisers were asked what percentage of clients in this situation they refer/signpost. The columns here give the average (mean) percentage of clients given across all advisers who answered the question.

Internal specialists

Many debt advisers might already see themselves as 'vulnerability specialists' – a legitimate view to take when most indebted clients are experiencing often entwined financial and personal detriment.

However, some organisations have designated debt advisers who specialise in helping clients in complex and vulnerable circumstances. These advisers have usually received extra training on working with such clients.

In our survey, we found that such specialists did exist, but as an exception rather than the norm:

- **60%** of the advice organisations surveyed had no dedicated internal specialist staff to deal with vulnerable clients[A]
- **over-a-third (35%)** of individual advisers said their organisation did not have specialists
- **one-in-eight (13%)** advisers did not know if their organisation had specialist staff
- **11%** of advisers reported that they themselves were vulnerability specialists.

Critically, advisers within the same organisation sometimes had differing views on whether a specialist existed in their organisation.

This could mean that specialist input is not being provided on the basis of when it is most needed, but rather where advisers are aware of it.

Furthermore, there was also written evidence from those we surveyed suggesting that – even where specialist staff exist and frontline advisers are aware of their services – situations can arise where clients are not referred. A variety of reasons were given for this, as shown in Box 3.3.

Box 3.3 – Challenges of referring clients to internal specialists

NEW EVIDENCE

Referral criteria too strict?

"We do have [a specialist team]… however, they do seem to have a very tight criteria of when they will step in and I find they end up getting passed back to us the majority of the time."

Too few specialists?

"There should be more vulnerable client specialists as the team is very small… As they are so small they are often reluctant to speak to those in need of extra support."

Opening hours too short?

"The team we have are not always available and close at 5pm, we are open until 6pm. Any team like this should work the same hours as the main department that are making referrals to them, such as suicidal clients."

Physically remote?

"They should be [located] in our own department – not having to dial an extension hoping to get through."

[A] Base for this analysis is 381 organisations known to have taken part in the survey, using 1504 adviser survey responses for whom we had captured data on which organisation they worked for.

What can organisations do?

Signposting and referral

Signposting or referral conversations with clients are key intervention moments – consequently, advisers need to manage these carefully.

If not handled carefully there is a risk that clients feel as though they are being rushed or pushed away (most notably where an adviser hears a client mention a 'problem' and then immediately starts looking for a phone number), that the client is given simply too many contact details to either remember or make sense of, or that clients feel that the adviser does not know what the external organisation actually does.

Advice services therefore need to ensure advisers:

- always **listen in full** to the client, rather than being distracted by trying to immediately find a phone number or other contact details
- know how to refer clients to a specialist adviser within their service (if one exists)
- have **up-to-date contact details** and referral pathways for specialist external organisations
- are able to **explain to clients** exactly what these organisations can help with (rather than simply 'knowing the phone number')
- are able to provide clients with information about only the **most relevant organisations**, rather than giving them more contact details than the client can either remember or make sense of
- signpost or make referrals in a way which increases the likelihood of a **client making contact** with the organisation
- record any referral action taken, so **progress** can be checked on the next time a client makes contact with the advice service.

It is also crucial that advisers recognise that signposting or referrals *do not represent 'job done' or the end* of the adviser's interest in the client's vulnerable situation, but the start of a process where a client's progress will overlap and shape the debt advice they are receiving.

Establishing referral partnerships

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

1. review existing lists – advice services often have a list of helping services for different vulnerable situations that 'has always been used' by the organisation. However, these lists can often be narrow in scope, do not always reflect the full range of services that exist, and contain out of date phone, web, and social media contacts. The voluntary sector can change frequently so it is important that reviews are done regularly.

2. look beyond obvious partners – while there are numerous and well-known charities that exist, consider whether less known, or less considered options are open. This can involve taking steps to establish innovative partnerships.

3. establish what type of relationship is needed – organisations need to decide what level of partnership they want to establish. This can range from simply knowing which phone number to pass to customers, through to setting-up warm transfers of calls to a service, to bringing in organisations to review working practices. Where a relationship is established, organisations should also consider getting your partner organisation to:

- '*walk through' the different advice journeys that exist* – in doing this, your partner can help to evaluate these journeys and processes in terms of what they believe would constitute good practice for the individuals they work with.
- *share examples and case studies from individuals in vulnerable situations that they work with, and who have used your services* – this can help to identify areas of weak and strong practice, and to establish how your organisation is perceived by clients living with a particular condition or situation.

4 **Recording** client vulnerability

What is the issue?

Clearly, advisers should collect relevant and accurate data when a vulnerable situation is disclosed, or information is provided, as this:

- helps advisers to make informed decisions about their clients
- saves clients from repeatedly having to disclose a situation (which can be traumatic, difficult, and risks a disclosure not being made for a second, third, or fourth time)
- allows advisers to be aware, prepared and responsive to clients' needs in subsequent advice sessions with them
- allows a situation to be taken into account in a way which assists the client's financial situation, and their wider personal recovery
- provides advice organisations with accurate insight into both the wider volume of clients they are supporting in vulnerable situations, and the outcomes of these clients over time.

Such data are clearly important - however, the collection and processing of this information must be undertaken in a way which builds client trust, and aligns with the wider legislative landscape.

In this section, we briefly consider key findings from the survey related to data management, and the actions that organisations can consider. In the near future, more detailed guidance on vulnerability, the General Data Protection Regulation (GDPR) and the 2018 Data Protection Act will be published in a collaboration between the Personal Finance Research Centre, Money Advice Trust and the Money Advice Liaison Group.

What is the evidence?

In our survey, we asked advisers about the collection and management of data when working with clients with mental health problems.

This found that:

- **64%** of advisers report 'always' making a formal note when a client discloses a mental health problem (25% saying they 'often do', 1% reporting that they 'never' do this, and 2% saying they are unable to add notes)
- **83%** report 'always' asking clients for their consent to make a note of their mental health problem (although this leaves a sizeable minority who do not do this each time, and 3% who report 'never' asking for consent)
- **77%** of advisers report 'always' explaining to clients why they are recording information about their mental health, and how this will be used (leaving 3% who 'never' tell clients).

These findings are key as clients in vulnerable situations often have real concerns and fears about how data about their situation is going to be used by advice agencies (and the wider creditors they engage with).

Consequently, while the findings above indicate a general level of practice which actively recognises these concerns, some advisers may still need to take steps to address these fears. In doing this, particular attention might be paid to **volunteers** among whom 'always' asking for client consent fell to 74%, and where 9% reported that they 'never' asked for client consent.[A]

A Base for this question is all volunteers (N=233)

What can organisations do?

A. Record only relevant information

A common problem that organisations have with 'vulnerability data' is training advisers to decide what constitutes *relevant information*.

Without this insight, advisers can either record a large amount of information, or too little – both of which pose different challenges in terms of client insight and data management.

While the TEXAS and IDEA tools (explained in detail in Section 2) can help advisers in this respect, advice organisations cannot expect advisers to record relevant information unless they show them what this looks like.

This means providing – in training, team meetings, or elsewhere – a clear explanation and worked examples of what information the organisation needs in order to either decide what support a client requires, or what other action is needed. In particular this might focus on information about:

- how the vulnerable situation has affected or will continue to affect the client's finances
- how it affects their ability to manage their money or deal with creditors
- how it affects their ability to engage with your services

Unless advisers are 'walked through' the information required, they may continue to record information of varying relevancy.

B. Explain how information will be used

Building on the above, advisers should be able to clearly explain to any client who discloses a vulnerable situation how their information will be used, stored, and shared.

This is important as it will reassure the client that their disclosure will be considered seriously, used constructively, and secured safely.

It is vital, however, that clients receive this explanation before giving explicit consent to their information being recorded – in our experience, some advisers may seek explicit consent before a client even knows how their data may be used by an advice organisation.

C. Obtain the client's consent

Advisers will receive disclosures of a wide range of vulnerable situations. Importantly, these will include situations which involve poor client health (designated 'special category' data under GDPR), other personal circumstances exposing a client to detriment, and situations where clients experience a combination of health and non-health problems.

In light of this, seeking explicit consent to record information about a vulnerable situation provides one way of complying with the DPA 2018, and achieving a consistency of response to the range of health and non-health client disclosures. While it might be argued that under the DPA 2018 organisations can decide on whether to seek explicit consent according to the type of vulnerable situation, this simply creates difficult judgement calls for advisers (e.g. what to do if a client discloses they have cancer and are recently bereaved – seek explicit consent for one, but not the other?), and an inconsistent approach across different advisers. Additionally, where the mental capacity of the client to be able to consent is in doubt, support should be given to overcome this.

D. Review how 'flags' are used

The use of account flags on IT systems to indicate client vulnerability is a positive development - however, advice organisations should plan this carefully.

Firstly, having a single vulnerability flag is the simplest approach, but could lead to advisers believing that a vulnerability has already been recorded, when in fact the client is disclosing a second or different vulnerable situation. Secondly, having multiple flags can work, but needs central control – it is not uncommon, for example, that different parts of an organisation separately develop their own bespoke 'vulnerability flags'. The key recommendation here is for advice organisations to review the flags that they already have in place for vulnerability, and ensure that the design and operation of these actually works in practice, as well as on paper.

5 Gathering further evidence on vulnerability

What is the issue?

On occasions further evidence will need to be gathered about a client's vulnerable situation. Usually, this occurs where:

- the adviser is assisting the client with a benefits application and the evidence is either a mandatory part of the process or would otherwise strengthen the client's application
- a creditor has requested this information to inform their decision about the client's account
- the creditor has not requested this information, but the adviser feels that additional evidence would strengthen any requests made of the creditor (for example, when requesting a write-off of debt owed) Typically, this evidence is of a medical nature – taking the form of doctors' notes, letters or completion of the Debt and Mental Health Evidence Form (DMHEF).

There may, however, be instances where other information is necessary, depending on the situation involved (as discussed later in this section).

In this section, we briefly consider some of the challenges that advisers and their clients face when trying to obtain such evidence, before looking at how organisations can approach some of these issues.

What is the evidence?

Evidence from our survey of debt clients with mental health problems suggests that it is not all that common for advisers to request medical evidence about mental ill health – but that it can be problematic when they do.

Just one-in-six of the clients we asked (16%) who had disclosed their mental health problem to the advice organisation were asked for evidence of this.[A]

However, as shown in Box 5.1, there was some evidence that this process could be challenging for clients, with some saying that they were surprised by the request or found it difficult to do.

It even seems that such a request could cause some clients to disengage from the process altogether, if not handled correctly. In our survey of clients with mental health problems we also asked to what extent they found it difficult to obtain any information that the adviser requested of them – in general, not just about their mental health problem.

This showed that over half (56%) of clients with mental health problems found it difficult to find the information the adviser requested of them. This highlights the fact that obtaining any evidence can be challenging for clients – let alone obtaining evidence about their mental health.

Advisers who completed our survey, meanwhile, also recognised some of these challenges – as shown by their responses in Box 5.1. In particular, they commented on the issue of payment being requested for medical evidence, an issue that we shall return to shortly.

A Base for this question is all volunteers (N=233)

What can organisations do?

In considering how best to approach the issue of gathering further evidence, advisers should think about:

A. whether further evidence is really needed

B. where evidence can be obtained from

C. how such a request should be handled

D. how to manage the issue of paying for evidence

A. Is further evidence really needed?

Collecting further evidence should be a case-by-case decision, rather than an automatic action. Advisers should review the information already gathered about the client's situation and consider whether the benefits of obtaining additional evidence outweigh the 'costs' – in the broadest sense – of doing so.

Advisers should consider whether there are any unanswered questions or concerns that can only be resolved by this evidence, and whether the evidence is crucial for reaching the best solution for the client?

B. Where can further evidence be obtained from?

Clearly medical evidence can be obtained from existing documentation (including medical cards, appointment letters, prescriptions, and fit notes).

It can also be obtained from a health or social care professional who knows the client (with this set out either in a letter, or using the Debt and Mental Health Evidence Form).

However, the possible sources of 'other' forms of evidence might be less clear. Depending on the vulnerability that has been disclosed, advisers may consider other types of evidence, such as:

- existing documentation
- staff working in government services such as courts, the police, social services, or health
- staff in recognised voluntary services (e.g. refuges, treatment centres, support services

Box 5.1 – Client and adviser perspectives on obtaining further evidence

NEW EVIDENCE

Client:

"I was asked for proof that I was suffering with the mental illness I had…

I didn't know what to say or do so I left it."

Client:

"[I] had to provide reports from my psychiatrist - which is difficult to get because he is so busy and he has NO obligation to supply such reports for benefits or debt advice purposes under his NHS contract."

56% of clients with mental health problems found it difficult to find the information that the adviser requested of them.[A]

Adviser:

"The GP charges make it very difficult and sometimes impossible for our clients to access the medical evidence that is needed for us to provide to creditors."

Adviser:

"…of the people I have told this to few are willing to ask the GP for this, whether that is because they don't think it will help or don't want to discuss their financial problems with their doctor."

Adviser:

"[We need] creditors recognising doctor's letters for the evidence they are - whilst the debt and mental health forms exist, often the notes from doctors are more helpful but the creditors won't take this without the specific form as well."

A Base for this question was all clients with mental health problems who had discussed their mental health problem with the advice organistion (N=140)

- staff working in legal aid/legal capacity
- an employer, education or training provider that can confirm the client's situation.

For situations like domestic abuse or child welfare, separate guidance exists on the collation of evidence for Legal Aid (see 'Sources of further evidence' overleaf).

C. How should advisers handle a request for further evidence?

When collecting evidence from external organisations, advisers should remember that:

- these other forms of evidence should not be collected just because they exist – instead, evidence has to fulfil a practical function in terms of understanding and insight
- just like medical evidence, other forms of evidence may carry a request for payment
- as shown in Box 5.1 (on the previous page), clients may be reluctant to approach some external organisations for evidence (such as an employer/training provider), as they may not want to disclose their financial situation
- some forms of evidence may be able to be used for more purposes than they first might appear. There are examples of advisers using the DMHEF not just for clients with mental health problems, but also for those living with addictions or learning disabilities.

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

D. How should advisers manage the issue of paying for evidence?

Creditors and other organisations continue to report that some General Practitioners are requesting payment for providing medical evidence.

Advisers and clients often have difficulty in understanding such requests, as they perceive the provision of such evidence as benefitting the financial and health situation of the client.

However, GPs are not normally employed within the NHS, but instead have a contract with the NHS to provide specific primary care services.

Consequently, any services 'falling outside' of this contract are likely to be charged for. Further, GPs are familiar with charging for report-writing (e.g. insurance reports) and may view requests for medical evidence in a similar manner.

If a request for payment is encountered, there are at least four options that advisers have:

- *approach a different professional* – if someone else is assisting the client, they may decide not to charge
- *challenge the payment* – by explaining the health benefits of collecting the evidence, in terms of the potential health and social care benefits for the client
- *use information already gathered* (or alternative forms of evidence).
- *ask the client (or their creditors) to make the payment* – this recognises both the value of the evidence to decision-making, and also the professional's time

Whichever option is chosen, advisers have a key role in explaining to local health professionals why charges for medical evidence can have a negative impact on clients' health and wellbeing.

SOURCES OF FURTHER EVIDENCE

USEFUL RESOURCES

1. **The Debt and Mental Health Evidence Form** and accompanying documentation can be downloaded at: **www.malg.org.uk/debt-and-mental-health**
2. **Domestic abuse sample violence letters** can be downloaded at: **www.gov.uk/government/collections/sampleletters-to-get-evidence-of-domestic-violence**

Part three:

Focused Support

While there are common strategies and tools that advisers can employ in response to any vulnerable situation, it is important to remember that each situation will also differ.

This part of the report therefore examines the specific challenges of working with clients experiencing:

- gambling and other addictions
- mental health problems
- suicidal thoughts or behaviours.

6 Gambling and other addictions

What is the issue?

Addiction is not a new issue for advisers.

Be it problem gambling, alcohol, or drug use, addictions are intertwined with financial difficulty, and run throughout our communities (Box 6.2).

However, while not unfamiliar, addiction can represent a challenge to advice provision as it:

1. is often not disclosed or obvious
2. may even be actively hidden from an adviser (making it difficult to discuss appropriate, affordable and sustainable solutions)
3. can rapidly drain a client's finances, making it difficult to make realistic, sustainable plans
4. can destabilise and disrupt a client's ability to stick to an agreed schedule with an adviser (which can lead to cases being closed)
5. can impact on a client's health, family, work, education, legal standing, or wider community
6. and is rarely a 'one-off' problem –immediate and longer-term needs will exist, and clients will have successes and set-backs.

For these reasons, even the most experienced of advisers have told us that they can feel unsure about how best to help a client with addictions.

In this section, we therefore consider what can be done to identify, understand, and support clients with an addiction.

Achieving such insight and understanding is key in ensuring appropriate, affordable and sustainable debt solutions are discussed with clients.

What is the evidence?

Disclosed addiction

In a typical month, the average full-time adviser works with 87 clients in total, of whom:

- 1 discloses a gambling problem
- 2 disclose a drug use problem
- 4 disclose an alcohol problem

Initially, these levels of disclosure may appear low or even under-whelming. However, when considered at scale – in terms of a longer time span, as well as at an organisational level – the ongoing challenge of addiction disclosures becomes far starker (as shown in Box 6.1).

Importantly, all of the figures in Box 6.1 are also median averages and – as not skewed by larger outlying values – provide conservative estimates.

Box 6.1 – Estimated number of disclosures of problem gambling, drug, and alcohol use made to advisers each year

84 disclosures every year	**A single adviser**
420 disclosures every year	**Local advice agency with 5 advisers**
1,680 disclosures every year	**Medium-sized organisation with 20 advisers**
4,200 disclosures every year	**Larger organisation with 50 advisers**

Notes: these figures represent the sum of the individual medians for reported client disclosures of problem gambling, drug, and alcohol use.

Box 6.2 – Gambling in the UK – what advisers should know?

"Addiction involves a person experiencing a lack of control over doing, taking, or using something to the point where it could be harmful to them"

Gamblers have higher rates of physical illness, mental health problems, and criminal activity[3-4]

Four-out-of-five people who contact GamCare are in debt up to 1% of bankruptcies are known to be linked to gambling[5]

35.5 million adults gamble in the UK

450,000 adult problem gamblers

3 million at risk of problem gambling[1]

56% of debt advisers in our survey had never received training on gambling, and 44% had never taken any form of addictions training

Like problem drug or alcohol use, gambling behaviours exist on a scale. This runs from 'no gambling' through to 'problem gambling' and 'addiction'[6]:

For every problem gambler, 8 to 10 other people are affected including partners, family members, children friends and colleagues[2]

No gambling

Recreational gambling

At-risk gambling

Problem gambling

Responses to addiction

Addiction is not, however, solely about disclosure. It is also about an adviser's ability to respond.

Critically, the quality of this response pivots on an adviser's ability to engage the client, and fully work through their financial and personal circumstances.

This can take time, trust, and repeated effort on an adviser's part – as well as judgement, skill, and insight into addiction.

As shown in Box 6.3, our survey found that:

- advisers reported **confidence** in their ability to talk with clients about addiction
- however, almost half (44%) of advisers have never received training on addiction, and 56% had **never received training** on gambling
- **differences existed across the sector**, with the vast majority of volunteer debt advisers never having had training on either addictions (61%) or gambling (78%).

It is positive to see that advisers are confident about talking to clients in such situations. This possibly reflects that they have developed their own strategies for dealing with it over time.

However, given the lack of training, it is difficult to know whether such strategies are actually effective (or whether adviser confidence in them might be misplaced).

Consequently, given the challenges that advisers report on addiction – including 'how far' an adviser can practically go in tackling client debt while an ongoing addiction exists – we need to avoid confusing 'confidence' with 'best' practice.

In this section, we begin to share elements of such good practice – however, with addiction being an issue for adviser and creditors, a need exists for deeper and more detailed guidance.

Whether this takes the form of a Money Advice Liaison Group guide (which galvanised action around mental health from 2007 onwards), or takes a different trajectory, the need for such cross-sector guidance is clear and present**Establishing what is realistic**

Box 6.3 – Addiction: attitude and skills

Confidence:

only one-in-six advisers (17%) agreed with the statement "I find it difficult to talk to clients about their addiction, because I don't know enough about addictions"

Training:

nearly half of advisers have *never received training* on addictions (44%)

the majority of advisers have *never received training* on gambling (56%)

most *volunteer advisers* have never received training on addictions or gambling (61% and 78% respectively).[A]

Every conversation about addiction with clients presents both challenges and opportunities. As shown in the qualitative responses provided by advisers in Box 6.4, small details matter when working with clients living with addiction.

Among the challenges illustrated, one of the most commonly voiced concerned what could be realistically expected in terms of delivering debt advice to a client living with an addiction.

In the absence of clear guidance, knowing 'how far to go' with advice (particularly where a client had addictions that were unsupported, untreated, and likely to result in further financial detriment) represented a dilemma. Furthermore, advisers often reported finding it difficult to know how to take gambling into account during budgeting and the Standard Financial Statement process.

Undisclosed addictions

Finally, we need to remember there will always be clients who do not disclose a vulnerable situation. In our survey, one-third of advisers (35%) stated that clients "usually try to hide their addiction from me". This indicates the larger challenge – later in this section, we consider how advisers can identify an underlying addiction situation, as well as how to raise the issue with clients.

[A] The base for this question is all volunteer debt advisers (N=249)

NEW EVIDENCE

Box 6.4 – Addiction: common challenges to debt advice

Hidden and obscured

"We have just discovered that a client we have had for 6 months has a gambling problem. They have been very secretive about their finances, only giving partial information until now. They have also been extremely talkative, contentious and liable to raise any number of issues which have obscured the truth… [We] are still not sure if we've got to the bottom of the situation."

Black holes

"There was a "black hole" between incomes and outgoings that could not be explained. A check on the bank account clearly showed gambling was going on to William Hill Organisation (WHO), then the client admitted her addiction to gambling."

Examining the surplus

"You will…be able to identify that the client has some form of addiction if they dispute their available surplus (often stating they have less than what is shown) but cannot… explain how there is such a difference."

Dealing with third party disclosures

"Their partner told me! With them sitting there - so they didn't really have a choice to disclose. He was trying to stop so discussed strategies, Gamblers anonymous in the town and encouraged him that I've had other clients who have stopped."

Finding the right channel

"I deal with clients primarily by webchat, but also some times over the phone. Clients are much more likely to tell me…on a webchat that they have a gambling problem than… over the phone. I believe the anonymity of webchat helps them admit to having a problem."

Monitoring support over time

"I added the gambling as a separate expense with the client's explicit consent, and left a note saying 'gambling.' I asked if the client was seeking help, he said he was planning to visit his GP. I added a note explaining 'seeking treatment', and I referred him to Gamcare as well. I ensured the figure included for gambling expenses was his net monthly loss."

Establishing what is realistic

"We had a conversation whether he was realistically in a position to make long term decisions about his debts, or whether a staged advice process would be more appropriate, to see how he gets on with the addiction support group he was visiting."

"I explained it is difficult to deal with your debt problem before dealing with the gambling problem…and signposted them onto organisations to get help"

Importance of persistence

"[A]fter an initial hour long open chat and despite thorough questioning, there were no medical issues or vulnerabilities identified until a full fact find and income and expenditure. When discussing payments and banking, the client advised a friend pays his bills and gives him parts of his wages as cash to prevent him from gambling. He'd not identified this as a problem throughout the call as he was no longer in charge of his monies each month, he initially didn't deem it still a problem worth us knowing."

Piecing it all together takes time

"The last time I discovered gambling was a young lady in large rent arrears very close to eviction despite a good income of £2500 pcm and rent of only £400 pcm. When I questioned her about the £100's of pounds that were unaccounted for in her budget she lied and told me her husband spent the money on doing up cars but there were no cars outside the house. She gave me the wrong phone number for her husband eventually in desperation at the impending eviction and children going into care of the state, I called him at work and that's when I found out the truth. [H]e was very upset and quick to tell me the real problem was online gambling/bingo. I was able to help stop the eviction and refer her for help with gambling and a DRO at that point but it took over a year and I got in trouble for spending too much time on this case. I knew something was wrong but I couldn't tell what exactly the issue was."

Notes: the above quotes are taken from answers given 1,192 advisers to an open 'free text' question about the actions they specifically took when gambling was disclosed or identified.

What can organisations do?

Developing an effective response to addiction involves more than knowing a helpline number.

Organisations can therefore consider:

A. **identification** – what to look and listen for
B. **engagement** – how to start a conversation
C. **initial responses** – how to manage disclosure
D. **understanding** – exploring a client's addiction
E. **support** – what help the adviser can provide
F. **external support** – what exists for clients
G. **set-backs** – giving support over time
H. **client data** – the merits of routine screening.

In this section, we consider each of these in turn.

A. Identification

Earlier, we considered how advice services can encourage self-disclosure of a vulnerable situation, while advisers look out for 'indicators'.

We noted that advisers should already routinely:

- ask clients about the underlying causes or contributors to their financial difficulty
- explain to clients that disclosing these causes – whatever they are – will help to address their situation more quickly and effectively
- think through – from the client's perspective – any reasons, fears, or concerns that might be stopping a client from disclosure
- work hard to reassure clients about any fears or concerns they have (this reassurance should never be under-estimated)
- look out for decision-making limitations, individual factors (e.g. passing mentions of illness, or receipt of key sickness or illness benefits), wider circumstances (e.g. life events), or organisational names (e.g. what part they might be playing in client's life) – as these can all indicate a vulnerable situation
- remember identification is just the first-step towards further understanding and support.

Clearly, this should be standard practice for most advisers – what then, specifically needs to be considered in relation to clients with addiction?

Specific cues

Whether encountering a client on a 'one-off' basis, or over a longer-period of contacts, specific cues can point advisers to a potential addiction.

These often fall into financial and budgetary and behavioural indicators (BOX 6.5). Advisers should look for such cues – remembering these can equally occur in voice, face-to-face, digital, SMS, or postal communication channels.

Specific barriers

Advisers also need to bear in mind the barriers that can exist to a disclosure of an addiction:

- **shame, embarrassment and stigma** – clients may worry about being judged by advisers, or the prospect of other people knowing
- **fear and control** – clients will probably avoid any engagement they think would interfere or stop their gambling, drinking or drug use (or feel they can resolve the problem themselves)
- **concern of consequences (perceived/real)** - the legal, personal, employment, or financial consequences of disclosure can worry clients
- **hopelessness** – clients may feel their situation is complex and beyond help
- **awareness** – clients may not be aware (or have admitted to themselves) that they have gambling, drinking, or drug problem.

Reassuring clients about these issues – usually after a potential addiction indicator is spotted - can help to build rapport, trust, and disclosure.

In doing this, advisers will know that some clients will engage with debt advice only due to pressure from family, friends, or creditors – consequently, although a client disclosure may occur, advisers should not assume full client engagement.

Adviser strategy

Final word: an irregular budget or reluctance to engage can be an indicator of a potential addiction. There are also many other possible reasons for this. Advisers therefore should look for such potential cues, and carefully piece these together with what is already concretely known.

GOOD PRACTICE

Box 6.5 – Specific cues of addiction: financial and behavioural indicators

FINANCIAL	BEHAVIOURAL
• client is vague about what might be causing their financial difficulty and debt	• poor physical health from drug or alcohol use (e.g. nausea, stomach ulcers, liver disease)
• client is reluctant to share bank statements, commit to a budget, or discuss their finances	• physical injuries (from accidents, falls, or violence associated with alcohol or drugs)
• client's budget shows surplus income but client reports having no money	• physical intoxication (although some medical conditions have similar signs to intoxication)
• client has unspecified spending on 'leisure' or entertainment they cannot/will not explain	• poor mental health (including stress, anxiety and depression) can accompany addiction
• client has taken on extra jobs/over-time but does not have any money to show for it	• negative psychological feelings of hopelessness or despair (about the future)
• repeated expenditure on gambling that leaves no disposable income for creditors	• emotional anger or defensiveness if clients feel their gambling or drinking is threatened
• repeat ATM withdrawals from same place multiple times in a day	• decision-making abilities can be impeded by addiction (understanding, remembering etc)
• repeat bank transfers to an electronic wallet or store (possibly to fund online gambling)	• preoccupied, unfocused, and 'not present' due to client's focus on next bet or drink
• 'bursts' of spending (may indicate attempt to recoup a gambling loss)	• inconsistent explanations of the same situation or event to hide an addiction
• sudden increases in money or new possessions (funded by gambling wins)	• life-events can be both a cause of addiction, as well as a consequence
• increases in applications and use of credit cards, loans, bank accounts, or other credit	• relationship breakdown, separation or isolation from family and friends
• missed payments to priority and other debts without obvious justification	• unstable accommodation, job loss or change, and contact with the criminal justice system
• increases in debt to family, friends and colleagues (including guarantor loans)	• changes over time - if an adviser has ongoing contact with a client, changes in client mood, appearance, behaviour, or any of the factors outlined above could signal an underlying problem with addiction
• repeat expenditure on known gambling sites/ places, or unusual bank statement entries (not all gambling sites will have clear	

Advisers should also consider information – if available – from reliable family and third-party sources about a client.

They should also remember that a member of a client's household may have an addiction, rather than the client themselves (and this will need to be taken into account during budgeting and support discussions).

The above cues will differ depending on the channel through which debt advice is being delivered.

B. Engagement

Starting a conversation with a client about addiction requires judgement and tact.

The 'set-up', 'start-off', and 'stay-with' protocol (first introduced in Section 2 of this report) can be used to help with this.

Firstly, advisers will need to consider the set-up – this involves considering whether this is the right moment to raise the issue? A client, for example, may be calling from a public place when contact is made – if so, they may be unlikely to want to discuss any form of addiction.

Secondly, advisers should start-off a conversation – depending on what is known about the client already, they can start-off by:

- showing they have been observing
- showing they have been listening
- suggesting a connection might exist
- referring to the 'bigger picture'
- normalising the situation
- showing that advisers want to help
- referring to leaflets or resources
- simply being direct.

Examples of questions that advisers can use to get conversations going are provided in Box 6.6. When talking with a client try to avoid using terms like 'addiction', 'gambling', or 'drug user' – these can shut the conversation down, particularly if a client doesn't think of themselves as an 'addict', a 'gambler', or 'user', unless the client specifically uses this language.

Instead, try to use softer and more familiar language – make reference to activities such as the lottery, bingo, or betting shop and the different ways in which people gamble.

Asking open questions that describe the activity (such as 'do you go on the slots much?' or 'do you bet on the horses?') will give the client space to respond.

Finally, advisers should stay-with the conversation– it is likely that a conversation about addiction will take a few exchanges to 'get going'. Advisers therefore need to (politely) encourage the client to talk about the issue.

Some clients will not want to talk about the situation at all, or will not see their potential addiction as a problem.

Equally clients may be in a situation where they are unable to talk about their addiction (rather than being unwilling) due to the location they are in, or the people who may be around them.

If this happens, advisers should accept this, apologise, but keep the door open to talk in the future (e.g. *"OK, do let me know if there is an issue though. We will always try to help).*

Even where conversations do not begin about addiction, this may have been the first time the person has been asked about their situation. The client may therefore either come back to discuss this later, or find help from elsewhere.

Adviser strategy

Final word: unlike other vulnerabilities, some advisers may view addiction as an individual responsibility, potentially even a self-inflicted or illegal activity, or something they just don't feel entirely comfortable dealing with.

Clearly, such perceptions can act as a barrier to starting a conversation with a client about addiction, and providing clients with the help they practically need.

Consequently, organisations should ensure they have a vulnerability policy which makes it clear that addiction should be viewed (and treated) no differently from any other vulnerable situation, and that this policy is enacted in daily practice

GOOD PRACTICE

Box 6.6 – Conversation starters

referring to the bigger picture

I know you weren't expecting to be looking at this today, but I wondered how you felt the betting you mentioned fits in with all this?

normalising the situation

many of our clients are in the same situation with their drinking and money being short, and we've been able to help them. It will take me 60 seconds to explain how – is that OK?

showing you have been observing

are the bank transactions for slot machines and gaming something we can just quickly look at together?

showing that you want to help

We can help on the money side of things, as there are options – let me tell you about just one of the things we can do?

showing they have been listening

I heard you mention now taking on some extra shifts at work, and being short of money still – what spending haven't we covered so far?

referring to leaflets and resources

I'm not sure if you've seen our leaflet on all the different clients we've helped this year, but it shows the situations they were in and how we helped. Can I tell you more?

suggesting a connection might exist

what connections do you see between your financial difficulties and your drinking?

simply by being direct

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

set-up the conversation (right time, right moment, right place?)
start the conversation (using questions like the ones above)
stay with the conversation (be politely persistent – but not pushy)

C. Initial response

The disclosure of an addiction marks a moment defined by client trust and adviser opportunity.

For **clients**, it is a situation where they have trusted the adviser with information that is highly personal, with the hope that it will be treated seriously, used constructively, and secured safely.

For **advisers**, disclosure represents an opportunity to better understand a client's financial and personal situation – however, if the disclosure is not handled properly, client trust can be lost, debt solutions may not be implemented, and the Data Protection Act 2018 may be breached.

Disclosure management

As noted in Section 2 of this report, the TEXAS tool can be used to effectively manage disclosure – Box 6.7 illustrates its application to addiction.

TEXAS is focused on the initial management of a disclosure – in short, welcoming the disclosure, reassuring the client about how any information they share about addiction will be used (concerns will exist), and establishing basic facts about the client's situation to inform the advisers next steps. TEXAS also helps to ensure good record-keeping. Where clients and advisers then become involved in a more detailed conversation about addiction, they can use the IDEA protocol (opposite) to help structure and keep the conversation 'on track'.

Role of adviser

Advisers should always remember that the biggest practical difference that they can make is to stabilise a client's financial situation, and provide them with a foundation on which to build and move forward.

To do this, the adviser will need to understand the details of a client's addiction – including whether they are still gambling, drinking, or using drugs (as well as any treatment/support being received).

During this, opportunities will arise to signpost to specialist addiction services, or to offer positive encouragement. **However, advisers are ultimately not responsible for a client's addiction – only the client can take action to address and resolve this**.

D. Understanding

To understand the situation regarding the client's addiction, advisers can use the IDEA protocol described in Section 2.

Listening to clients talking about their addiction, and gently guiding the conversation through probes and questions to the most relevant information to inform debt advice, is a real skill.

On the one hand, the adviser needs to establish core quantitative information about expenditure on the addiction, so this can be taken into account in any budgeting notes or plans.

On the other hand, the adviser may need to understand the wider drivers and factors that facilitate the addiction, so that appropriate and meaningful signposting to self-help tools or specialist services can be made.

To help with this, Box 6.8 takes the IDEA protocol and explains how it can be applied to addiction in a non-judgemental and confidential manner.

Intoxicated clients

In some conversations, clients may be under the influence of drink or drugs. If so, advisers should:

- go slow and be clear – it is important that clients feel that they are being treated respectfully, so advisers should use simple and clear language, with a gentle and confident tone, and take their time
- re-schedule the contact – advisers should not engage the client in a serious or focused conversation, but instead should find a different time to talk. A third party may also be considered, with the client's involvement.

Client wellbeing

In some situations, a client may be so intoxicated that advisers become seriously concerned about their wellbeing. If this is the case, advisers should ask the client if they have taken any other medication or drugs (in case their situation requires emergency intervention), and also check whether there is anyone else with them. If the client expresses suicidal thoughts, then the guidance in Section 8 should be followed.

GOOD PRACTICE

Box 6.7 – Texas – applying to addiction

T

Thank the consumer:

"Thank you for telling me about the betting – I appreciate it, as it will help our conversation"

E

Explain how the information will be used:

"Let me explain how we can use that information to help you, just so you know"

This explanation should include why the information on addiction is being collected, how it will be used by the advice service, 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 the online poker affect your finances?"*
- *"How would you describe the frequency and level of your betting at the moment?"*
- *"How does your betting affect your ability to contact us or stay in touch?"*
- *"Does anyone help out or share the finances with you? Do they know about the gambling?"*

S

Solutions these could include continuing to find out more through further conversation using IDEA signposting or referring to internal and external help (at the appropriate point in the conversation):

- internally refer the individual to a specialist team/colleague in the advice organisation
- consider external signposting to the organisations listed at the end of this section.

Box 6.8 – Idea - applying to addiction

I

Impact – adviser should find out about the impact and severity of the condition, and the practical consequences of this.

In particular, advisers may want to establish how much is being spent on the addiction (to take account of its financial severity/ impact on budget).

This can be achieved by considering:

Activity - Frequency X Amount X Cost

e.g. weed – every day - 1/8 ounce - £20 day

e.g. lager – every day – 10 440ml cans - £8 day

e.g. cider – every day – 2 litre bottles - £6 day

D

Duration – advisers can discuss how long the client has been living with the reported addiction, as the duration of different conditions will vary. This may help establish the amount of time someone needs to be given to retake control of their situation.

When did it start? Is it ongoing?

Have there been periods of abstinence?

Or relapse? If so, what was happening?

E

Experience – understanding some of the factors that underpin the addiction can help with appropriate and meaningful signposting.

Time – when does the gambling, drinking, or drug use tend to happen? Are there particular people there? Or other triggers?

Access – is the gambling, drinking or drug use linked to a certain places or spaces? What does the client have to do to make it happen?

Resources – how is the addiction funded? What makes it financially possible?

A

Assistance – advisers should consider whether the client has been able to get any care, help, support or treatment for their addiction. This may also help in relation to collecting medical evidence.

Advisers should remember that a member of a client's household may have an addiction, rather than the client themselves (and this will need to be taken into account during the above discussions).

E. Support

Supporting a client with an addiction involves an organisational vulnerability policy which explains:

- how to adapt the debt advice process (objectives, format, and pace)
- the realistic options if a client continues with addictive behaviours (harm minimisation)
- that the client is the primary expert in their own addiction.

Most organisations will have their own evolving policies in this area, so this section seeks to highlight key issues for potential inclusion.

General adaptation

In terms of practical adaptations, advisers will want to consider the objectives (e.g. full debt solutions or stabilisation while a client addresses their addiction), format (e.g. whether involving friends and family in the room/call can keep the client focused on actions and deadlines, or work against trust/openness with the adviser), and pace (e.g. shorter appointments to overcome client concentration issues, arranging sessions for late morning/early afternoon, or simply taking more time to consider all the realistic options).

Every adviser will also have personal strategies for clients with addiction (including suggesting a Notice of Correction being placed on credit files to prevent further borrowing). However the importance of good communication, continuing contact points, and longer 'after-care' cannot be under-estimated.

Clearly, a client's addiction can be complex – therefore in addition to the strategies above, advisers should consider asking clients for their guidance on the best ways in which they can be supported, or for clarification if a term or issue raised by the client is unclear to the adviser.

Formal debt solutions

The debt solutions for clients with an addiction are broadly the same as for other clients.

However, advisers do need to make clients aware that bankruptcy, debt relief orders, individual voluntary agreements, and other arrangements can be affected by a client's gambling (and potentially other addictions as well).

These risks often depend on whether a client could be perceived as having acted in way that contributed to their debt, as well as whether the client is still actively gambling or engaged in their addiction. Some applications for formal debt solutions may also require (or benefit from) evidence that a client is no longer gambling, or is engaged in a treatment and support programme.

A detailed discussion of this is beyond the scope of this document, but further guidance is pointed to in the 'Useful resources' part of this section.

Legal considerations

In deciding what level of adaptation clients with addiction should receive, advisers will need to bear in mind the Equality Act 2010.

While the 2010 Act does not require organisations to normally respond to addiction in the same way as cancer or disability, there are exceptions.

These include where due to their addiction, a client develops a condition which is a disability (e.g. liver disease and alcohol addiction), or where an addiction develops due to medical prescribing. In addition, clients with addictions may also be living with other health and social difficulties, which advisers need to consider (including mental health problems, which frequently co-exist with problem drug and alcohol use).

Consequently, advisers need to support clients with addiction, while ensuring any addiction does not 'over-shadow' other vulnerable situations.

Evidence

Advisers may need to gather further information about a client's addiction (e.g. creditor requests). The Debt and Mental Health Evidence Form can be used for this purpose, alongside other forms of evidence (see Section 5).

F. External support

There will always be a limit to the non-financial help and support that debt advice organisations can give to those living with addiction.

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

For this reason, advice organisations need to ensure that advisers:

- know about self-help tools (including self-exclusion schemes for gambling)
- have up-to-date contact details for specialist external organisations
- be able to explain to clients exactly what these organisations can help with (rather than simply 'knowing the phone number')
- signpost or make referrals in a way which increases the likelihood of a client making contact with the organisation
- record any referral action taken, so progress can be checked on the next time a client makes contact with the advice service.

Self-help tools

Clients with a gambling addiction can take a number of actions themselves to minimise the harm that they are experiencing.

One method of doing this is via **self-exclusion**. This allows clients to state they no longer wish to either be able to bet at physical gambling sites (e.g. bookmakers, bingo, arcades), or online.

With multiple self-exclusion schemes in place (each covering a different type of gambling operation), clients may need to complete several exclusion applications (some of which will require proof of identity). Further details are provided in the 'Useful resources' section.

Clients who gamble online can also download 'site blockers' (such as GamBan) – these block access to online gambling sites from computers, tablets and phones. Importantly, this blocks online sites which are not part of the UK self-exclusion scheme.

Effective signposting/referrals

Clients will benefit from both self-help tools, and the assistance of external services.

However, signposting or referral conversations are key intervention moments – consequently, advisers need to manage these carefully.

The most common problems encountered when signposting/referral involve clients:

- feeling as though they are being **rushed** or **pushed away** (most notably where an adviser hears a client mention a 'problem' and immediately then starts looking for a phone number, giving the impression to the client that they've stopped listening and that this phone number will solve the entire issue)
- being given too **many contact details** so they have the names and phone numbers of multiple and far too many organisations
- feeling that **advisers don't know what the external organisation** does – this commonly happens when lists are circulated to advisers of helping agencies that only have a name and contact details but no description of what services are provided.

To overcome this, advisers should always listen in full to a client's addiction situation (rather than being distracted by trying to immediately find a phone number), keep referral and signposting details simple (to avoid client confusion), and know what external organisations can do.

Contact details

At the end of this section, details for external agencies are given that either work with people with gambling, alcohol, or drug problems, or with families and friends affected by this addiction.

Advisers may, however, also want to engage with local services where this is feasible. This is primarily because local agencies can sometimes practically support a client in terms of bringing them to any face-to-face appointments, being available if there is a problem that relates to the addictive behaviour at a future point, or in collecting together and writing supporting letters.

G. Set-backs

Clients with a history of gambling, drinking, or drug use problems will often encounter set-backs. This might involve a client who previously stopped gambling or drinking, starting again, or a drugusing client may respond to recent life events and stresses by increasing their use.

Meanwhile, other clients may refuse to engage with external helping organisations, or fail to attend appointments that have been set-up, even though might be in their interests.

The reason for this is three-fold:

Firstly, **recovery from addiction can take time** – it is not a straight-pathway from wanting to address an addiction and managing to have control over these behaviours

Secondly, **not everyone who needs help, will either want it or be ready for change** - clients will always need to accept they have a problem, and then work to address this over time

Lastly, **set-backs and failures are** a core part of almost every attempt to recover from an addiction – just as clients will take steps forward in addressing and managing their problem, so too will they encounter difficulties and relapse. Critically, learning from such relapses is key in moving forwards again.

To help us understand that recovery is a process, advisers can consider the 'Stages of Change' model – which we present in the 'vulnerability resource pack' which accompanies this report.

The model was developed by psychologists to help identify where someone is in the process of recovering from an addiction and how ready they are to take action to change their behaviour.[7]

Importantly, the model also helpfully reminds the adviser that while they can support and help a client with an addiction, they are ultimately not personally responsible for that addiction – only the client can take action to address and resolve their situation.

H. Client data

Information about a client's gambling, alcohol, or drug addiction should be collected, recorded, and managed like any other form of health data.

Some advice organisations may wish to consider the use of routine questions or screening tools.

These are used with every client (usually at the start of a contact) and ask about any difficulties with gambling, alcohol, or drugs.

Typically part of a large set of questions asked of every client, they are often seen as giving a client the opportunity to disclose an addiction without being asked directly by the adviser.

Some advice organisations contend that the **advantage** of such tools is that they normalise the experience of being asked about addiction – as every client is questioned. Advisers will see the results of the screening tool and can then decide what action to take next. Furthermore, an advice organisation can also supplement its overall dataset on client demographics and trends.

The **disadvantage of such tools**, however, is that clients may not answer the questions, provide answers which conceal any addiction, and begin to build barriers to trust and openness. In addition, advisers may rely on the results of such screening tool, and decide not to ask any further questions about addiction.

As ever, the **judgement of the adviser is key** – while there are a number of different screening tools available (including the GambleAware screening tool[B]), these should be used carefully and never as a replacement for skilled adviser questioning and engagement.

[B] for the screening tool, please see https://about.gambleaware.org/media/1605/gambleaware-intervention-guide.pdf

GAMBLING

GamCare
Phone: 0808 8020 133 (7dw, 8am to midnight)
Web: www.gamcare.org.uk
About: GamCare work directly with problem gamblers, providing face-to-face counselling, telephone advice, and online information. Counselling is provided in locations around UK.

National Problem Gambling Clinic
Phone: 020 7381 7722 (M-F 9am to 5pm)
Web: www.cnwl.nhs.uk/gambling.html
About: This is described as the only specialist NHS Clinic in the UK for working with, and treating, problem gamblers. People can self-refer to the clinic (i.e. a doctor/GP does not have to refer).

Gamblers Anonymous
Web: www.gamblersanonymous.org.uk (contains a list of UK meetings, and online forum)
Meeting: GA hold face-to-face groups where people with addiction issues support one another (peer support), as well as hosting online meetings.

Gordon Moody Association
Web: www.gordonmoody.org.uk
About: A residential rehabilitation programme for people with severe gambling addictions.
Gam-Anon (for family members)
Web: gamanon.org.uk (contains a list of UK meetings, and regular online meeting)
Meeting: hold physical & online meetings for people affected by someone else's gambling.

Citizens Advice Gambling Support Service
Web: www.newportcab.org.uk/our-services
Email: gamblingsupport@newportcab.org.uk

Self-exclusion
The www.begambleaware.org website provides instructions on how someone can self-exclude themselves from an arcade, betting shop, casino, bingo venue, or another gambling location.

Blocking tools (gambling)
Further information can be found at www.gamcare.org.uk/get-advice/what-can-youdo/blocking-software

ALCOHOL

Drinkline
Phone: 0300 123 1110 (M-F 9-8pm S-S 11-4pm)
About: A free, confidential helpline for people worried about their drinking, or someone else's.

Alcoholics Anonymous
Phone: 0800 9177 650
Web: www.alcoholics-anonymous.org.uk
Meeting: AA hold face-to-face group meetings across the UK where people with alcohol issues support one another.

Al-Anon (for family members)
Phone: 020 7403 0888 (10-10pm, 365 days year)
Web: www.al-anonuk.org.uk
Meeting: Al-Anon hold physical meetings for people affected by someone else's alcohol use, and also provide a telephone advice service.

DRUGS

Cocaine Anonymous
Phone: 0800 612 0225 (10-10pm, 7 d/week)
Web: www.cocaineanonymous.org.uk
About: The primary service from Cocaine Anonymous is a regular group meeting.

Narcotics Anonymous
Phone: 0300 999 1212 (10-midnight, 365 d/year)
Web: www.ukna.org
About: The primary service from Narcotics Anonymous is a regular group meeting.

Nar-Anon (for family members)
Phone: 08455 390 193
Web: www.nar-anon.co.uk
About: Nar-Anon offer telephone, email, and meetings (physical and online).

Ad-Fam
Web:www.adfam.org.uk/families/find_a_local_support_group
About: AdFam is the national charity working to improve life for families affected by drugs and alcohol. Clients can find information, local support groups and helplines for anyone affected by someone else's substance use or drinking.

7 Mental health problems

What is the issue?

In 2007, the Money Advice Liaison Group published milestone guidance on mental health and debt collection for advisers and creditors.[1]

This recognised that advisers had always worked hard to support clients with mental health issues, but more clarity on best practice was needed.

To achieve this, the guidance had to look beyond 'mental health awareness' recommendations to consider instead the detail of advice delivery.

Keeping the change

Launched in the same year as the national mental health anti-stigma campaign 'Time to Change', the MALG guidance focused minds and action.

A decade later, and now in its third version, the guidance continues to remind us of the practical value of adviser and client perspectives.

With a likely review of the MALG guidance due, and with poor mental health presenting an ongoing challenge, this section:

- brings together data from our survey of debt advisers across the UK
- presents insights from our survey of 392 members of Money and Mental Health's Research Community, a group of people with lived experience of mental health problems
- establishes for the first time – in empirical terms – what the current landscape on debt advice and mental health in the UK looks like, and what challenges and perceptions are encountered on a daily basis.

What is the evidence?

In this section, we explore in turn four key areas in relation to support for advice clients with mental health problems:

A. **disclosure** – how often do people with mental health problems disclose their condition?

B. **accessibility** – how can organisations ensure people with mental health problems can access their services?

C. **support** – how can advisers better support people with mental health problems?

D. **outcomes** of advice – what outcomes does debt advice currently have for people with mental health problems?

For each we present evidence from our survey of advisers, alongside key recommendations for advice organisations considering how they can improve the support they offer to clients with mental health problems.

A. Disclosure

First, advisers were asked about all the clients they worked with in a typical month (whether they had disclosed a mental health problem or not), and then about those clients who had disclosed a mental health problem.

This found that in a typical month, advisers worked with an average of 87 clients in total, of whom 35 disclosed a mental health problem.

This equates to around two-in-five of all clients that advisers deal with.

As shown in Box 7.1 to the right, on a larger-scale these levels of disclosure represent significant opportunities for intervention.

What did people with lived experience say?

To complement our adviser research, we worked with Money and Mental Health to run an online survey of their Research Community.

This examined the experiences of nearly 400 people with mental health problems as they sought and navigated the debt advice process.

Of those who had received debt advice, we found that as many as **four-in-ten** (44%) had not discussed their mental health with the advice organisation that they dealt with.

While this issue requires further research, it illustrates an important point: a significant proportion of clients may choose not to disclose their mental health problem to an adviser.

Participants were then asked for the reasons underlying their choice.

As shown in Box 7.2, there were a variety of reasons given why clients chose not to disclose their mental health.

NEW EVIDENCE

Box 7.1 – Estimated number of disclosures of mental health problems made to advisers each year

420 disclosures	**A single adviser**
2,100 disclosures	**Local advice agency with 5 advisers**
8,400 disclosures	**Medium-sized organisation with 20 advisers**
42000 disclosures	**Larger organisation with 50 advisers**

Notes: these figures represent the sum of the individual medians for reported client disclosures of mental health problems.

NEW EVIDENCE

Box 7.2 – Reasons given for not disclosing

44% of debt advice clients with mental health problems did not disclose their condition to the advice organisation.[A]

These clients gave a variety of reasons for this:

- **65%** thought it wouldn't make any difference[B]
- **41%** didn't like discussing their mental health
- **23%** felt they wouldn't be treated sensitively or sympathetically
- **28%** were concerned about what would happen to the information they shared
- **13%** thought they would not be believed
- **12%** worried it would stop future credit lines
- **17%** thought they'd be treated unfairly.

[A] base for this question was all those who had received debt advice (N=262)

[B] base for these questions was all those who had not disclosed their mental health condition (N=113)

OTHER EVIDENCE

Box 7.3 – Mental health problems in the UK

Depression 3%

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]

Bipolar disorder 2% lifetime

a severe mood disorder characterised by extreme highs (mania) and lows (depression), and often with normal periods of mood in between. It affects 2% of adults in their lifetime.[2]

1 in 4 adults

will experience a mental health problem in any given year.[2]

Anxiety 6%

where normal feelings of concern and fear are felt at a higher and more debilitating level, and can include physical symptoms (such as heart palpitations). These affect 6% of the population each year.[2]

Obsessive compulsive disorder 1%

When someone has obsessions, compulsions (or both), and is usually aware of these being excessive. Affects around 1% of the population each year.[2]

Panic disorder under 1%

sudden and repeated episodes of intense fear or discomfort accompanied by physical symptoms. These affect under 1% of the population each year.[2]

Schizophrenia under 1% lifetime

can affect thinking, feeling and behaviour and may cause people to have unusual experiences. People may see or hear things, or hold unusual beliefs. Sometimes described as 'psychosis', it affects under 1% of adults during their lifetime.[2]

Treatment

two in three people with a mental health problem are not receiving treatment for this.[2]

1 in 2 adults

in problem debt will also have a mental health problem.[2]

Combined depression and anxiety

affect around 8% each year.[2]

Other mental health problems

affect a wide range of people living in the UK.

Those who had disclosed their mental health problem, however, were asked at what point in the advice process this had 'come up'.

Among these respondents:

- **57%** said it 'came up' when discussing the cause of financial difficulties[C]
- **46%** said they disclosed at the very start
- **45%** said it 'came up' when discussing how the financial situation was affecting them
- **22%** said that it 'came up' when talking about the benefits they receive (or could receive)
- **8%** said the adviser directly asked them.

What does this mean in practice?

These results indicate:

- **some clients will choose to disclose** – more than one third of all clients that an adviser has contact with, will disclose a mental health problem to the adviser (source: adviser survey)
- **some clients will choose not to disclose** – four-in-ten people with a mental health problem report they would not disclose this to advisers (source: Money and Mental Health survey)
- **while some clients will be unable to disclose** – some clients will not know they have a mental health problem, or will not have received a diagnosis (with national government research indicating **36% of adults** with common mental disorders report never receiving a diagnosis[2]).

Taken together, this means that advice agencies need strategies on dealing with disclosure and encouraging client disclosure, while making their service as accessible as possible for anyone with a mental health problem – a challenge that should not be under-estimated, but that can be met.

[C] Base - all respondents who had disclosed their mental health problem to the advice organisation (N=141)

What should organisations do?

In lights of these findings, advice agencies should:

Firstly, ensure that they continue to create environments in which customers feel confident that if they disclose a vulnerable situation, this will be taken seriously, taken into account, and not result in any harm or detriment to them (see Section 1).

Secondly, advice organisations should ensure that when disclosures do happen, that staff are able to use techniques for handling these (such as TEXAS on p.35), as well as being able to handle more detailed conversations (by using protocols such as IDEA on p.37).

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

Thirdly, agencies should recognise that some people will not have received a formal diagnosis of a mental health problem or know they even have such a condition – both act as barriers to disclosure. Consequently – as discussed in the next section on accessibility – we need to consider design principles that open-up services to a range of people (regardless of disclosure).

B. Accessibility

'Access' involves people with mental health problems being able to engage with a debt advice agency, use its services like any other client, and also achieve comparable outcomes from this use.

This requires advice organisations to consider the challenges that some people living with mental health problems can encounter (see Box 7.4).

When considering data on the accessibility of debt advice from the advisers and client perspective, however, it is important that we recognise the following factors:

First, the data presented here reflects critical and positive views on advice provision. While our commentary tends to focus on where improvements are required, many advisers are clearly already engaged in good practice. Taking adviser and client data together, we therefore need to balance critique and compliment. Practical change takes time, persistence, and a willingness to recognise good and weaker practice alike.

Secondly, we need to remember that people living with mental health problems are not wholly defined by their condition. Therefore we need to recognise that their evaluation of an aspect of advice provision could be as equally influenced by another aspect of their life (such as their physical health or employment situation), as it is by their mental health condition.

What did advisers say?

Advisers expressed concern about the accessibility of advice for clients with mental health issues.

Around **53% of advisers** reported feeling these clients were usually less able to engage in the debt advice process due to their condition.

One-in-seven advisers – **15%** across the whole sample – also reported finding it difficult to talk with clients with mental health problems. While a minority, this figure remains a concern given the overall levels of disclosure of mental health problems among clients. Furthermore, where advisers had not received any mental health training (about one-in-six advisers overall), this rose to 27% of participants reporting that it was difficult to talk about mental health.

What did people with lived experience say?

The people with lived experience who had received debt advice were asked about their experience of the advice process: [D]

- 48% reported that making initial contact with the advice agency was difficult
- 63% found it difficult to explain their financial situation to the adviser
- 56% encountered difficulty in finding the information advisers needed from them

In addition:

- 45% reported difficulty in understanding what the adviser told them
- 60% reported it was difficult to decide the right course of action for themselves
- 25% stated the advice agency did not take their mental health problem into account
- 19% indicated the adviser did not seem comfortable talking about mental health.

What should organisations do?

Advice organisations should aim to recognise where in the process of advice delivery clients may be experiencing difficulties, and work to address these (see BOX 7.4).

[D] Base - all respondents who received debt advice (N=267)

Box 7.4 – The impacts of mental health problems on debt advice clients and possible solutions for advisers

Impact: making contact

Challenge: difficulties can exist with any form of communication including an inability or fear of talking on the phone, opening letters or emails, face-to-face contact, or distrust of web-chat or chat-bots.

Behaviours: avoidance is a coping mechanism for fear/phobia/paranoia/delusion and can lead to initial and ongoing client contact not being made.

Solution: where possible, advice organisations allow contact to be made in multiple ways, and delivered in a way that works for the client.

Impact: explaining the situation

Challenge: client explanations of their financial situation, and underlying reasons for this, are key to an effective adviser response.

Behaviours: clients may exhibit problems with recall and memory, as well as struggles with focus, concentration, and planning.

Solution: in addition to addressing issues with contact and communication, advice agencies can use tools such as IDEA to help clients explain their vulnerable situation.

Impact: paperwork (finding and organising)

Challenge: clients can experience significant difficulties when paperwork is encountered or needs to be supplied.

Behaviours: lack of energy and motivation can make any paperwork challenging, as can a reduced attention span for completing lengthy forms, scrutinising bills, or organising material.

Solution: minimising paperwork through accepting alternative forms of evidence, or allowing time to work through material with clients. Multiple (but shorter) appointment/contact slots can also help to break paperwork 'collection' or 'completion' into more manageable stages.

Impact: understanding

Challenge: clients may struggle to make sense of what actions they need to take.

Behaviours: clients may have difficulties with understanding, remembering, weighing-up their options, and communicating their preferences. They may also have difficulties with numeracy.

Solution: advice organisations can use the BRUCE tool (p.28) to check whether a client generally understands what is being explained, and also to support understanding if difficulties do exist.

Impact: deciding what action to take

Challenge: clients may have problems deciding what action they need to take, or may propose an action that may not be in their best interest.

Behaviours: increased impulsivity, frustration, or fear can lead to rapid or challenging decisions, or a client may have a mental capacity limitation that affects their decision-making.

Solution: as above, the BRUCE tool (p.28) can be used to both identify and support clients who are having difficulties with decision-making.

Impact: lack of trust in the advice organisation

Challenge: clients may feel that the advice service or adviser will not understand or believe them, or will harmfully share their information with others.

Behaviours: lack of energy and motivation can make any paperwork challenging, as can a reduced attention span for completing lengthy forms, scrutinising bills, or organising material.

Solution: organisations should pre-emptively seek to reassure all clients about the use of any information they share, including information on mental health and other potentially vulnerable situations (see p.47).

C. Support

As advisers know, supporting indebted clients with mental health problems often requires more than requesting breathing space from a creditor.

In the last section on 'accessibility', we considered the impact that a mental health problem can have on clients, and how advisers can respond to this.

However, clients will often have support needs related to their mental health problem that an adviser cannot meet. In these situations, it can help advisers to both know what external support options exist, and to encourage clients to seek such third-party help.

Importantly, this doesn't mean advisers need an in-depth knowledge of mental health support and treatment options – this would be unrealistic.

Instead, it means that advisers work towards a broader understanding of what help is available. This can potentially benefit not only the client's mental health situation, but (in turn) the stability of any agreed financial or repayment plan.

Box 7.5 provides a 'support checklist' for advisers to assist with this understanding, as well as the practical steps advisers might take with clients.

Clients who have not disclosed

Advisers will encounter situations where a client will not have disclosed a mental health problems, but where there are cues and signs that there is potentially an underlying issue.

In these situations, advisers can raise the issue by drawing on the 'set-up', 'start-up', and 'stay with' tool outlined in Section 2.

Clients who do not want help

Although some clients may disclose a mental health problem, and will also discuss this with you, they may be unwilling to seek further help for this. In these situations, it can help to try and the reasons or concerns that a client may have for this. These may relate to cost, waiting times, or the perceived consequences of disclosing this to a medical or other professional.

While it is the client's decision to seek help, an informed and non-judgemental approach to this questioning may help reassure the client about seeking help.

Clients who do not understand

Some clients may have difficulty in understanding what help is available, or may have problems in remembering what you have told them.

The BRUCE tool (p.28) can help these clients, and ensure that they are able to make their own decision about what steps to take next.

Advisers should, of course, also work to provide information in a range of formats. This can also involve breaking information down into bullet points, smaller sets of actions to be undertaken (rather than an over-whelming 'shopping list' of things to be achieved by the client), and an open invitation to the client to involve carers, friends or relatives to assist with the process.

Advisers who feel they don't know enough

As noted earlier, our survey asked advisers if a lack of knowledge about mental health affected their ability to talk about a client's mental health.

The survey found:

- **15%** of all advisers reported these difficulties in discussing mental health
- **12%** of advisers who had received mental health training reported such difficulties.
- **27%** of advisers who had not received mental health training reported such difficulties

These findings can be considered in several ways.

Firstly, they may indicate that existing training on mental health does not take into great enough account the practical challenges that advisers are facing. In essence, while such training may well 'raise awareness' among advisers, this is not the same as equipping advisers with the skills and knowledge needed to address everyday situations with clients with mental health problems.

Box 7.5 – Support checklist: mental health problems

1. Establish whether this a crisis situation

Look for any signs of a crisis situation – this could include thoughts of suicide, self-harm, panic attack, severe effects of alcohol or drugs, or any factor that puts the client (or someone else) at risk.

If a client is in crisis, then take appropriate action. The BLAKE tool will help in relation to suicide (p79).

2. Understand the mental health situation

Ensure you know the details of the client's mental health situation – this is key.

The IDEA tool will help to establish the key details.

3. Briefly explain what help is available

Explain to the client the types of **professional help** that are available (see opposite), so they are aware of the specialist support that exists.

Clients will also want to know about **other forms of help**, particularly if they are unsure about professional help (or on a waiting list for this).

4. Encourage the client to seek help

The earlier a client seeks help for their mental health problem the better (in terms of impact on their personal and financial situation).

If a client is reluctant to seek help, try to establish the reasons or concerns that underpin this (e.g. cost, waiting times, consequences of disclosing this to a medical or other professional).

While it is the client's decision to seek help, a non judgemental and positive approach to the discussion may help reassure the client.

5. Next steps: signposting/your role

If a client is willing to make contact then you may be able to assist with signposting or referral.

You can also explain that you will take into account the client's mental health into the plan to address any financial difficulties, and will continue to do so as new information is shared by the client.

PROFESSIONAL HELP

General Practitioner – often a first port of call. They will review the potential causes of the mental health problem with the client, refer to specialist services (if needed), signpost to self-help material, or offer medication (such as anti-depressants).

Counsellor, psychotherapist, psychologist– these will work with clients to help them understand the factors underlying their mental health problems, to recognise unhelpful thinking/behavioural patterns, and to develop techniques to address these. Direct contact or GP referral may be possible.

Psychiatrist – doctors specialising in treating severe and complex mental health issues, these will have expertise in medication and psychological therapies. Clients will usually need to be referred by GPs.

Community and voluntary sector

Community and voluntary organisations (often charities) can also often provide counselling, talking therapies, help with daily living, advice and information, and help with employment.

Helplines, websites, forums

Opportunities to talk or engage in discussion are often available online or by telephone.

OTHER HELP

Family and friends can help by listening to the person, encouraging and supporting them to get help, and checking if the person is unwell or in crisis.

Support groups bring together people with similar experiences to share these, to provide feeling that a person is not 'alone', and to learn from others experience of managing their condition or navigating health and social care systems.

Community and voluntary sector – in addition to the help outlined above, these can provide access to self-help and support groups, informal befriending or visiting services (to tackle isolation).

Self-help – these can come as books, leaflets, self-help groups, apps, and other ways to better mental health and well-being.

Secondly, advisers who had not received any training on mental health had a higher level of reported difficulty in talking about a mental health problem with clients. Importantly, this could reflect a specific lack of mental health knowledge and skills among these advisers which needs to be addressed. Equally, other factors – such as a level of under-investment in the overall range of training provided to these advisers – could also explain this finding.

Taken together, however, the survey highlights a not-insignificant proportion of advisers feel that they have difficulties in engaging with clients with mental health problems.

Given that advisers in our survey reported that in a typical month, around two-in-five clients they encounter disclose mental health problems, this is an issue that clearly needs to be addressed.

"[We need] more training…on understanding and supporting clients with mental health difficulties. We aren't given any training on recognising mental health problems or understanding what these actually mean."

debt adviser

"While [the advice service] have been absolutely wonderful to me… [I] find it incredibly stressful to call to update them about anything… My yearly review is several months overdue as I just can't get myself together… to get the information they need and endure the phone call."

debt advice client

D. Outcomes of advice

The outcomes of debt advice are key – whether for organisational recording purposes, or simply to remind advisers about the impact and change their work can bring to a person's life.

As part of the survey of people with lived experience, participants who had received debt advice were asked whether this advice had changed their situation. This showed that:

- **62%** said it had improved the amount of debt (22% no change, 16% situation had worsened)[D]
- **30%** said it had resulted in a higher income (47% no change, 23% situation had worsened)
- **38%** said it had improved their confidence in money management (44% no change, 17% situation had worsened)
- **59%** said the amount of contact with creditors improved (27% no change, 14% situation worsened)
- **33%** said their mental wellbeing had improved (25% no change, 43% situation had worsened)
- **19%** said their physical wellbeing improved (35% no change, 46% had worsened)

These results can broadly be compared with a previous survey of debt advice clients – with and without mental health problems – which looked at the outcomes of debt advice after a year.[3]

This showed that 64% of all clients in arrears said the advice had helped clear or reduce their debts and that 27% said it had increased their income – findings similar to those above for clients with mental health problems. There are differences, however, when looking at confidence in money management, with six-in-ten of debt advice clients in general saying it had made them more confident in managing their finances (compared with just 38% in our client survey).

This suggests that the outcomes of debt advice can vary considerably depending on the client's circumstances, particularly if they are in a vulnerable situation. Therefore, where possible, advice agencies should strive to monitor and dissect the outcomes for their clients, taking vulnerability into account as they do.

[D] Base - all respondents who received debt advice (N=249 to 258)

8 Suicide

What is the issue?

Even for the most experienced adviser, receiving a client disclosure of suicidal thoughts or intent can be daunting.

In these situations, advisers will want to take this risk seriously, and keep the client safe.

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

However, where such an organisational policy is absent, incomplete, or even unknown, advisers are likely to be unsure about what to do or say.

This can result in advisers:

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

Developing a suicide policy that considers these issues is key – a need only heightened by evidence from our survey on current client disclosure levels of suicide, and the response of advisers to these.

> "Every 30 minutes in the UK, a debt adviser will be told by a client that they are thinking of taking their life"

What is the evidence?

Firstly, when asked about the last 12 months:

- **nearly three-quarters of advisers** (73%) reported at least one client disclosed suicidal thoughts or an intention to take their life
- **more than 1 in 2 advisers** (56%) seriously believed at least one client who disclosed might go on to attempt suicide
- in total **3,484 conversations** were held by advisers with clients thought to be at risk
- this is **one conversation every 30 minutes** (or 14 conversations every working day[A] among this group of advisers)
- **each of these conversations** represents an opportunity to prevent a life being lost (and family member or close friend being affected).

Secondly, although the outcomes of these conversations are not known, the difficulties some advisers have in responding are evident:

- **16%** report being unsure what they should do if they thought a client might attempt suicide
- **19%** of advisers report being unsure when it is acceptable to breach client confidentiality in relation to suicide disclosures
- **31%** report never having received training on dealing with clients at risk of suicide.

Thirdly, these findings are important as:

- they focus on clients who advisers seriously believed to be at risk of suicide (so exclude 'turn of phrase'/'in the moment' disclosures)
- across the sample, there were 3,484 potential opportunities to prevent a life being lost – such opportunities need to be taken.

[A] Based on 253 working days in 2018 and a 7 hour working day.

Box 8.1 – Suicide in the UK: what advisers should know

Suicide is the act of intentionally ending your own life[B].

In 2017, there were 5,281 registered suicides in the UK[1].

MEN

- Men accounted for three-quarters of all registered suicides in 2017 (4,382 deaths).
- Men aged 45-49 are the most likely to take their own lives (24.8 deaths per 100,000).
- The UK male suicide rate (15.5 deaths per 100,000) is – partly due to prevention efforts – at its lowest since 1981.

WOMEN

- Women accounted for one-quarter of all registered suicides in 2017 (899 deaths).
- Women aged 50-54 years are the most likely to take their own lives (6.8 deaths per 100,000).
- The UK female suicide rate (4.9 deaths per 100,000) has been broadly consistent since 1981.

COUNTRIES

- Scotland had the highest suicide rate in Great Britain in 2017 (13.9 deaths per 100,000 persons).
- England had the lowest suicide rate (9.2 deaths per 100,000).
- Wales had a rate of 13.2 per 100,000, while in 2016 Northern Ireland had a rate of 16 per 100,000.[3]
- The suicide rate for Scotland and England is now lower than rates in 1981 (when data-collection began).

RELATIONSHIP WITH FINANCIAL DIFFICULTY

- Suicide rates are 2 times higher in the most deprived neighbourhoods, compared to affluent areas.[4]
- Problem debt is a risk factor for suicidal behaviour – people in debt are twice as likely to think about suicide (compared to those with no debt)[5].
- During the 2008-09 recession for every 1% increase in indebtedness across 20 EU countries (including UK) there was a 0.54% increase in suicides[6].

OTHER CAUSES

- A range of other social, psychological, economic, and personal factors can also contribute[1].

PREVENTING SUICIDE

- Every 30 minutes, a UK debt adviser will be told by a client that they are thinking of taking their life.
- For the client, telling someone they want to take their own life, may not mean they actually want to die. Instead, it can mean that they do not want to live the life they have, and want things to change.
- Debt advisers can play a part – alongside others – in making that change happen.

[B] Suicide differs from self-harm (where death is not the main or sole intended outcome). Self harm is, however, a predictor of suicide. If a person has self-harmed, the likelihood they will die by suicide increases 50-100 times, compared to someone who has never self-harmed.[1]

Spot-light: volunteer results

Many advice organisations are aided by the generosity of volunteers, who give their time for free to meet local demand for debt advice.

Many of these volunteers will encounter clients who disclose suicidal thoughts or an intention to take their own life.

Indeed, **61%** of surveyed volunteers reported at least one client disclosure in the last 12 months, and **47%** of volunteers seriously believed at least one client might go on to attempt suicide[C]. Importantly, volunteers also appeared to have higher reported levels of difficulty in relation to client suicide disclosures: **22%** being unsure what they should do if they thought a client might attempt suicide, **22%** on breaching client confidentiality, and **64%** reporting never having received suicide prevention training or being unsure they had[D].

Advice organisations therefore need to ensure their suicide prevention strategies equally consider the support given to volunteer advisers, as well as advisers in paid or employee roles.

What can organisations do?

Developing an effective suicide strategy involves more than knowing a helpline number.

Organisations should therefore consider:

A. **disclosure** – how can advisers respond?

B. **post-disclosure** – what can advisers do?

C. **clients who do not disclose** – what to do?

D. **adviser support** – what is available?

In this section, we consider each of these in turn to provide the basis for policy and practical action.

A. Disclosure

A disclosure of suicidal thoughts or potential intent can mark a critical moment of opportunity.

For the client, telling someone that they want to take their own life, may not mean they actually want to die. Instead, it can mean that they do not want to live the life they have, want things to change, but cannot see how to make this happen.

For the adviser, it represents the beginning of an exchange where a client's life might be seriously at risk, and where it is important to fully understand the situation before taking action.

To manage such disclosures, advisers may find it useful to follow the 'BLAKE' protocol (BOX 8.2).

This aims to give all advisers the core skills for handling suicide disclosures for as long as they need, before making an internal referral (if specialist advisers or management need to be involved), or involving external specialist organisations.

[C] Compared to 76% of paid advisers (dealing with at least one client disclosure of suicide in the last 12 months), and 58% of paid advisers (believing at least one client was at serious risk of attempting to take their own life). Base for volunteers is 251; base for paid advisers is 1315.

[D] 15%, 18% and 30% respectively among paid debt advisers. Bases for volunteers on these questions are 247, 247 and 250 respectively. Bases for paid advisers are 1314, 1314 and 1315 respectively.

GOOD PRACTICE

Box 8.2 – The blake protocol for high-risk situations

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 client has said:

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

L

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

Listen to the client using verbal nods and recapping key information to show

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 client is at imminent risk of harm.

During this, you may need to stay on the line to keep talking with the client. Reassure them 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 client safety has been addressed, if it is possible to do so, you 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"

You will want to help the client, 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 client…

- 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 client 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 client (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?
- how can we help to keep you safe?
- has anyone else helped you before that we could call?

Keeping the client safe

If the client is in immediate danger then call 999. Let them know the client's location and other details, and explain you are calling from an advice centre. If the client is not in immediate danger, then consider:

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

Reassuring the client

Where clients are believed to be at imminent risk of suicide, advisers should explain that any financial difficulties can be addressed, but that the primary concern is getting the client the help that they need at that precise point in time.

Advisers should explain to clients 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, advisers should return at a later point (most likely during a future contact) 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 client. As well as showing that someone cares about their situation, the state of feeling actively suicidal is often short-lived.

Consequently, while a person may be distressed or depressed for some time, the actual period in which they may consider taking their own life can be short.

Terminated calls

It is not uncommon for clients who have disclosed thoughts or behaviour related to suicide, to hangup during a conversation. If this happens, the client should be re-contacted immediately.

If an imminent risk of harm to the client was emerging during the conversation, advisers should contact the emergency services, as well as calling the client back.

If the risk of harm is not as severe, and the client cannot be re-contacted, further attempts should be made that day and week. Advisers 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, advisers may benefit from signalling to colleagues that a client is at imminent risk of suicide (e.g. by standing up, raising a hand/sign, or finding a way of making a similar signal during a face-to-face advice session).

Colleagues can then act to provide relevant support (including finding helpline numbers, listening into the call to advise, or calling the emergency services while a colleague keeps the client on the line).

Confidentiality and data-recording

Where a client is believed to be at risk of taking their own life, the Data Protection Act 2018 allows data to be shared and recorded without explicit consent (under the 'vital interests' provisions where a risk of significant harm to life is believed to exist). Advice agencies should make this clear to all staff, as this can sometimes act as a barrier to the involvement of the emergency services.

Working with helping agencies

If the client is not at immediate risk, but advisers still have concerns about their wellbeing, then advisers can introduce them to a helping organisation (see Box 8.3).

As always, it will be important to clarify any relevant information about the disclosure and the client's situation and needs. This will allow other advisers in contact with the client to know about the situation.

Nearly nine-in-ten advisers (89 per cent) reported they were able to signpost clients to give clients details of external services which offer advice and support to those having suicidal thoughts.

Written correspondence

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

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

Box 8.3 – Organisations that can help

Samaritans

Samaritans is a charity that aims to reduce the number of people in the UK who die by suicide.

Anyone can contact Samaritans if they are going through a tough time. Their aim is to offer support at an early stage, to reduce the difficult feelings that can lead to suicidal thoughts.

Samaritans is available 24 hours a day, 365 days a year. If an adviser identifies someone experiencing any type of personal distress, the client should be encouraged to contact Samaritans directly.

If a client is struggling to cope and needs an immediate response from Samaritans, please give them the following number: 116 123. It's free to call from mobiles and landlines and it will not show up on a bill. Clients can also email Samaritans, talk to a volunteer face-to-face at a local branch or write to them.

Phone: 116 123

Email: jo@samaritans.org

Branch visit (search at): www.samaritans.org/branches

Post: Free post RSRB-CYJK, PO Box 9090, Sterling, FK8 2SA

CALM (Campaign Against Living Miserably – prevention of male suicide)

The Campaign Against Living Miserably (CALM) is a charity dedicated to preventing male suicide.

It offers support to men in the UK, of any age, via its helpline, webchat and website.

Its helpline and webchat service is open 5pm–midnight, 365 days a year, while the CALM website provides links to a range of helping services which deal with issues that could be contributing to suicidal thoughts or intent.

Phone: 0800 58 58 58 (UK)

Web: www.thecalmzone.net/help/get-help

Papyrus (for people aged up to 35)

Papyrus provides confidential support and advice to young people thinking about suicide, or anyone worried about a young person in this situation.

It operates a phone and text helpline, and email service. These run from 10am-10pm weekdays, and 2pm-10pm on weekends and bank holidays.

Phone: 0800 068 41 41

Text: 07786209697

Email: pat@papyrus-uk.org

Web: https://papyrus-uk.org

Silverline (for older people)

Silverline is a national phoneline which is available to older people 365 days a year.

Specialising in listening to the experiences and concerns of older people, the Silverline cover a range of difficulties including suicidal thoughts and emotional distress.

Phone: 0800 4 70 80 90

Web: www.thesilverline.org.uk

B. Post-disclosure

Policies and protocols on suicide should not just focus on the immediate response to a client disclosure – instead it is vital to also help clients in the days, weeks, and months that follow.

This can be a critical time for the client:

- they may continue to have thoughts about taking their own life, and could even act on these – this can make organisations and advisers hesitant about contacting the client, due to fears about the impact or consequences of doing this
- the client may be unsure or unable to agree what the situation is regarding their debt and finances – at the time of disclosure, the focus would have been on keeping the client safe from harm, but it is important to resolve any financial difficulties, and reassure the client about this. This is particularly key where financial difficulty may have played a part in the client's disclosure of suicide.
- and – where financial difficulty played a part in the client's disclosure of suicidal thoughts – this uncertainty may be unhelpful.

Consequently, contacting a client following a disclosure or attempted suicide can be important. This can allow any financial difficulty to be addressed, and reassurances to be given about the coming period. While a risk of suicide may still remain (as financial difficulties may not be the only contributing factor), such reassurances will often help the client.

Organisational policies should therefore assist advisers to decide how and when such contact takes place, as well as providing the necessary resources and skills.

Re-contact

Following an attempted suicide, organisations will want to contact the client to check on their wellbeing, as well as potentially reassuring the client how their financial situation will be managed.

The decision to contact the client, the format of this communication, and the timing of this will represent an important judgement call.

In situations like these, some organisations will want to respond quickly – by telephone or letter – to simply reassure the client that they need not be concerned about their financial situation, as this can be addressed at a later date (without any negative consequences).

C. Clients who do not disclose

Clearly, as with any vulnerable situation, there will be clients who do not disclose their suicidal thoughts, intentions, or behaviours.

Organisations therefore need to consider whether they give all/selected advisers the discretion to sensitively ask about suicide where strong indicators exist that a client is at risk (Box 7.4).

Organisations will clearly want to carefully consider whether to introduce such a policy. Furthermore, where any such policy is introduced, such action may only be permissible by experienced members of the advice team.

This is important because a key component of suicide prevention is not only managing disclosures, but also encouraging disclosure.

Consequently, where advisers seriously believe that such a client is at risk of suicide, then a sensitive (but direct) question is not only often welcomed by the client, but can positively change their circumstances.

Again, this is a step that organisations will want to consider carefully. However, in essence, this is about advisers asking about what they are already hearing or witnessing, rather than waiting for a disclosure that may never come.

Asking a question based on reasonable concern or understanding could therefore potentially both save and change lives. In Box 8.4, we provide examples of the indicators and questions that organisations may wish to share with advisers.

Box 8.4 – Asking about suicide: indicators and questions

Indicators

Advisers may consider asking about suicide:

- when they have an understanding or suspicion that the client is at risk of taking their own life
- where this understanding or suspicion is reasonable and based on what the client has said or done
- or where a relative, close friend, carer or clinician raises concerns with your organisation.

Doing this does not involve a client being assessed. Instead, it is simply about giving advisers the chance to ask a question prompted by what they are hearing, seeing, or have been told.

This can, for example, include talk of:

- thoughts or behaviours related to suicide (the most obvious indicator)
- hopelessness and a feeling that the current situation is not only intolerable, but will never end
- feeling trapped or caught in a situation
- feeling extreme isolation, lonely, or withdrawal
- giving away possessions, putting affairs into 'order'
- being a burden, not being able to do anything right, being useless or a failure.

If advisers also have face-to-face contact, they can also look out for physical signs including restlessness, tearfulness, and agitation.

Asking about suicide

It is understandable that some advisers will feel awkward or embarrassed to directly ask about suicide, and may worry about upsetting or offending the client.

However, where advisers have serious concerns that a client is at risk, it is vital that they do ask. Indeed, it is rare that an individual will be offended by short, simple and polite questioning such as:

- "I'm concerned about what you are saying – are you thinking about suicide?"
- "are you thinking about ending your own life?"
- "just so I understand what you are saying, are you thinking about taking your own life?"
- "many people feel distressed and think about taking their own lives - is this something you have felt?"

Advisers should always try to ask direct and simple questions – while indirect questions (e.g. "Do you want it all to end?") can be easier to ask, they can lead to ambiguous or unclear answers.

Organisational policy

All organisations should have a suicide prevention policy or strategy.

It should also be noted in this policy, that all advisers are supported by their organisation to take disclosures of suicidal thoughts or intent seriously, and to take action in relation to this.

Asking about suicide will not increase the risk of the client taking their own life.
Instead you are giving the client the opportunity to tell you how they feel at that point.
This can be a huge relief for the client, and allows them to discover the other options open to them.

D. Support for advisers

Dealing with client disclosures of suicidal thoughts or intentions can impact on advisers.

In our survey, nearly one-in-six participating advisers (15%) said they were unable - in general terms, and not just in relation to situations involving suicide - to access sufficient support from their organisation if they were upset by a client's situation, while 72% reported that they were able to access sufficient support.

To help ensure that support is available to all advisers, organisational policies on suicide should:

- allow advisers – immediately following a disclosure – the opportunity for a break
- proactively encourage all advisers to seek support from their managers, colleagues, or any available Employee Assistance Programme
- give all advisers the opportunity to debrief and 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 advisers with the details of external helping or listening agencies – these are there for any form of emotional distress, including that from working with suicidal clients
- remind advisers that they have done all that could be reasonably expected from them, and that they are not responsible for:
  - counselling a client
  - the decisions of a client
  - the actions that a client took, might take, or whether they sought help or not
  - how helping agencies, GPs, or other organisations might respond to a referral.

> "We need more support in place for colleagues. We often discuss distressing things over the phone and there is no support in place as far as I am aware."
>
> debt adviser

Part four:

Wider challenges

This report has focused on the actions that advisers and organisations can take with clients in vulnerable situations.

However, advisers do not operate in a vacuum – instead their ability to support their clients is also affected by regulatory and societal challenges.

In this final section, we therefore look at the challenges most frequently mentioned by the advisers we surveyed, and consider some of the resulting policy implications.

Wider challenges

Introduction

It is clear – from all the evidence in this report – that advisers want to do their very best to support the clients they are working with.

It is also clear, however, that external factors – beyond the control of individual advisers or their organisations – can impact on advisers' ability to support their most vulnerable clients.

The voice of advisers

To address this, our survey therefore asked advisers about the wider challenges they faced, with a focus on how this impacted their ability to support clients in vulnerable situations.

In this section we share what advisers told us – in doing this, we simply aim to give voice to some of the perceptions, beliefs, and concerns that debt advisers have about their work on vulnerability.

What is the evidence?

Advisers identified five areas of concern:

1. **channels** – how to ensure clients in vulnerable situations receive advice through a delivery channel that works for them?
2. **partnership** – how can the advice sector work better with other organisations who support vulnerable individuals?
3. **funding** – does the funding of debt advice take into account the additional support clients in vulnerable situations may need?
4. **detriment** – are creditors doing enough to minimise detriment for those in vulnerable situations?
5. **policy** – are clients in vulnerable situations being disproportionately affected by wider social policy changes?

1. Channels – how can we ensure clients get advice via a channel that works for them?

Much has been made of the recommendation in the Wyman review of debt advice funding that a greater proportion of free-to-client debt advice should be 'shifted' to remote channels over the next few years. [1]

This recommends that 15% of face-to-face demand should be shifted to telephone advice in the next two years, while 20% of telephone advice should be moved to webchat-assisted advice.

While the review does note that 'face-to-face advice should continue to be widely available', concerns have been registered about this shift.[2, 3]

Adviser perceptions

Our survey included an open question about this. This asked advisers whether clients in any particular vulnerable situations would either benefit or be disadvantaged by such a 'digital shift'.

In response:

- nine-out-of-ten advisers (91%) identified at least one situation where clients would be disadvantaged.[A]
- a quarter of advisers (28%) identified at least one situation where clients would be advantaged.

While our survey did not ask about client groups for whom a channel shift would make no major difference, it is significant that such a high number of advisers believe there are groups for whom digital and remote advice simply may not work.

Overleaf, we explore the client groups that were identified as experiencing potential disadvantage (and the reasons given for this), while considering also those groups who advisers felt might benefit from such a shift to digital.

[A] The percentages given throughout this 'channel' section are based on the all responses to this question (N = 1,242).

Disadvantaged clients

As shown in BOX 11, advisers identified a range of situations where they perceived that clients would be disadvantaged from an increasing use of digital channels. Reasons for this disadvantage included:

- limited digital access – as one adviser noted: *"clients who can't afford to eat can't afford internet…or [the] fares to get to free internet."*
- limited phone access – while phone and smartphone use has increased[4] there are still clients who struggle to access a telephone: *"many of the people I see can't maintain the same phone number because they can't afford ongoing phone contracts."*
- need for extra explanation – advisers reported that clients with mental health problems, cognitive impairments or learning disabilities may need information explained several times or in different ways. This can make digital delivery difficult, particularly where a client is having problems understanding paperwork they can see, but the adviser cannot (or where concentration or focus is a challenge).
- trust – as was observed, clients need to trust the advice they receive in order to follow it: *"vulnerable clients benefit from building up a relationship with the advisor to be able to trust them enough act on the advice - which they could never get via digital delivery."*
- gauging clients' needs – some advisers suggested that it was easier for them to gauge what a client needs when they can see them: *"[face-to-face] we are better able to gauge their needs and abilities, e.g. via email a client can agree to carry out an action but face-toface we can see that this causes them distress so we can support them to do it."*
- lacking motivation or confidence – advisers reported that many clients in vulnerable situations (including those with mental health problems) may feel hopeless about their situation and believe that they will not be able to change things on their own. For such clients, a digital journey – which can rely more on self-motivation – may be more difficult.

Box 11 – % of adviser responses indicating that a client group may be disadvantaged by remote methods of advice

Client groups who may be disadvantaged by channel shift	% of responses
Those with limited computer access	31%
Those who aren't computer literate	26%
Those with mental health problems	25%
Older clients	25%
Those with learning disabilities	23%
Those whose first language is not English	11%
Those with problems reading or writing	10%

Clients who might benefit

Despite the majority of advisers reporting concerns about the recommended shift towards digital methods of advice, there was a recognition among just over a quarter of advisers (28%) that some clients could benefit from such a move:

- 11% of advisers who answered the question recognised that digital methods can improve accessibility for those who struggle to communicate verbally (whether over the phone or in person). Advisers recognised this as a particular challenge for some clients with mental health problems.
- 6% of advisers identified people who were housebound, or who would struggle to travel, as benefitting from such a transition to digital
- 3% of advisers reported that clients who wanted to anonymously discuss their situation (due to perceived negative consequences of being more open with the adviser) could find digital delivery attractive
- 2% of advisers both noted that clients who wanted advice 'at their own pace', or who could not contact debt advice during current working hours could also benefit.

Selection effects

Clearly, advisers who predominately work in a particular form of debt advice (such as face-to-face) may understandably contend that this is more effective than other advice channels.

However, analysis of the survey data suggests there is *little difference* in responses between advisers working in different channels.

Indeed, while 94% of responses from advisers who provide face-to-face advice mentioned the disadvantages of a shift to digital and remote channels, disadvantages were still reported by as many 86% of advisers providing remote advice.

Furthermore, as we have also seen, while the majority of advisers (91%) identified at least one disadvantaged client group, 28% of advisers were also able to identify groups who would benefit.

2. Partnership – how can the advice sector work better with other organisations?

As noted in section 3, there will always be a limit to the non-financial support that debt advisers can give to clients in vulnerable situations. Consequently, there will be occasions where an adviser needs to put a client in touch with an external specialist organisation (either by 'signposting' them, or through direct referral).

However, advisers in our survey reported that not only were improved partnerships with specialist organisations needed in general, but that partnerships with local organisations were key.

With **24%** of advisers reporting the need for improvements in local partnerships and better referral pathways[B], this represented the most common response to how clients in vulnerable situations could be better supported.

In doing this, advisers identified the importance of engagement with local government departments, NHS and social services (see Section 3 for survey findings on the current levels of engagement).

Importantly, however, advisers noted that some local services – including statutory and charitable provision – had been affected by funding cuts:

"We have noticed the decline in support services for vulnerable people in our area due to the funding cuts. This has resulted in less of our vulnerable clients being able to access the support they desperately need. We have more clients with mental health issues missing their appointments because they are having a "bad day" due to the lack of community support available."

"Our local mental health services are overstretched, and will disengage clients if they do not respond after three attempts at contact. Our clients often have no phone credit, erratic sleeping patterns, or problems with answering phones/opening mail. They are 'dropped' far too often from the support they need."

Consequently, the absence of signposting and referral partnerships may not always be due to inaction on the part of advice organisations, but a wider environment of funding reductions and 'over-stretched' local services.

The issue of requiring more 'joined-up' support is something that the Money Advice Service has recognised in its five-year commissioning strategy from 2018.[5] It will be interesting therefore to see the extent to which a range of advice organisations can develop unique and innovative partnerships over the next few years. Crucially though, this is not something that solely applies to those organisations funded by the Money Advice Service; others also need to consider what they can do to improve referral partnerships.

[B] Based on all responses to this question (N = 980).

3. Funding – do we give clients in vulnerable situations the additional support they need?

One-in-six advisers (17%) reported that funding difficulties were impacting upon their ability to support their most vulnerable clients.

This figure rose to over a quarter (26%) when looking at those advisers operating in smaller, usually more local organisations (dropping to 6% among those working for larger organisations).[C]

Many of these advisers simply stated that 'more' funding was necessary – without explaining exactly what it would be used for (8% of all responses from advisers). Others cited that they would use any additional funding for a range of purposes, including to cover extra administrative support, to hire additional advisers or to train specialist advisers for clients in vulnerable situations.

About half of those who mentioned funding as an issue for the sector said more specifically that the problem was related to the sector's tendency towards target-based models of funding (8% of all responses).

In such a model, to meet their funding criteria, advisers are required to help a certain number of clients, or cases, in a given period of time. Some advisers say that the way they are currently funded lacks flexibility, which may impact on their ability to support vulnerable clients. For example:

"Target driven advice cannot fully support vulnerable clients because it takes twice the time to work with a particularly vulnerable client properly and this impacts on workload but is not accounted for in the figures. Alternatively you can deal with the presenting issue on the day; this does not help with long term sustainability for the client, but it's good for the stats… You know they'll be back with another issue in due course."

Such tensions are clearly difficult for advisers, especially as they just want to do the best job possible to support all their clients.

In this regard, the Money Advice Service's new commissioning strategy, covering the period from 2018 to 2023, pays specific attention to the needs of various 'target groups' – which includes many who might be considered vulnerable: those at risk of homelessness, those who have experienced domestic abuse, those with mental health problems and those with a long-term health condition.[5]

Do advisers have enough time?

To explore concerns around time further, advisers were asked in our survey whether they agreed with the following statement: "I am able to spend as much time as necessary to understand the root cause of a client's debt problems."

In response, a quarter (25%) disagreed with the statement (indicating that these advisers feel they cannot get to the bottom of a client's issues due to time pressures), while 61% of advisers agreed (indicating time was not an issue).

For the substantial minority concerned by resource and time pressures, the 2018 Wyman review of debt advice funding may both temper and raise concerns in its recommendations.

While recommending the financial services levy – via which the Money Advice Service funds much of the debt advice sector – should be increased by £10 million per year between 2018 and 20201, the review also recommends efficiency savings over the next two years of 20%.

How this could be achieved in practice is not yet clear – however, what is noticeable is that many advisers may want to see an efficiency reduction in the amount of time currently spent on administrative tasks:

"Debt advice requires a lot of administration and it would be beneficial to have the resources to support this aspect of debt advice."

"Reporting requirements for projects sees a significant time being spent on administrative tasks rather than client work- but funding will not cover administrative work."

[C] Based on responses from advisers working in smaller organisations (N = 523).

4. Detriment - are creditors doing enough?

In recent years, creditors have taken steps to improve their treatment of customers in vulnerable situations.[6]

In our survey, however, around 5% of advisers reported that creditor behaviour still posed problems for clients in vulnerable situations:

"Creditors need to have better contingencies in place for client's whose debt problem has arisen from health problems, as they are not always understanding and this often has more of an impact on the client's overall health."

"Creditors [need to recognise] doctor's letters for the evidence they are - whilst the debt and mental health forms exist, often the notes from doctors are more helpful but the creditors won't take this without the specific form as well."

In addition, a small number of advisers (2%) contended that improvements were not only needed in debt collection, but also in lending practice; for example, encouraging lenders to no longer increase customers' credit limits without approval.

5. Policy - are clients in vulnerable situations being disproportionately affected?

Much has been written about the impact of recent social policy changes on UK households, and in particular the roll-out of Universal Credit and its consequences for people living with disability or long-term health conditions.[7, 8]

Responses from our adviser survey indicates that these social policy changes are affecting clients in a vulnerable situation – with 5% of advisers specifically mentioning changes in Government social policy, and Universal Credit in particular:

"The reform in benefits over the last ten years has disproportionately hit vulnerable people; including people who can't work due to disability. I often speak to clients who, despite living on, or close to, the lower limits on all spending, are still in a deficit, because their income doesn't cover their priority bills."

"The way UC has been rolled out… [has] left many without income for up to 8 weeks, resulting in debt through no fault of their own."

"A change in the law… so that benefit overpayments that are not fraudulent would not be able to be clawed back in the heartless way that they currently are, leaving clients in situations where living is impossible."

"Those involved in agreeing and administering benefits (e.g. Universal Credit) need to be better trained at recognising and handling genuine cases of vulnerability."

Summary

Clearly, many of the issues mentioned in this section are beyond the control of individual advisers, but that is not to say that they do not affect advisers' day-to-day work on supporting clients in vulnerable situations. Focus therefore needs to be given both to these wider challenges, alongside the practical day-to-day issues cited throughout the rest of this report.

Conclusions

In this report, debt advisers across the UK have shared their experiences, strategies, and worries about the provision of debt advice to some of the most vulnerable people in society.

The report lays bare the scale of the challenge that advisers face, dealing with numerous clients in vulnerable situations each day, each week, each month.

However, the report also shows that it is not only the number of clients that is key to this challenge, but the sheer range of vulnerable situations.

As they have always done, advisers are working with people with mental health problems, with addictions, with people in abusive relationships, and people with learning disabilities. All of whom will often be experiencing extreme financial difficulty.

This leaves advisers and their organisations with one fundamental and far-reaching question to address: how best to practically support such a range of clients and demand for advice?

This report has attempted to make a small contribution towards answering this.

Firstly, it has worked to better describe the current advice landscape – providing a profile of colleagues and agencies across the UK.

Secondly, the report has detailed the challenges that advisers feel different vulnerable situations can pose to advice delivery, while outlining the tools and strategies to address these.

Thirdly, the report has aimed to provide data that advice agencies, policy bodies, and regulators can use to understand and respond to the challenges that are being faced – to our knowledge, this is the first-time such data have been available on vulnerability on a national and UK-wide scale.

What then, might such a response and understanding entail and lead to?

Limits to what advisers (alone) can achieve

This report recognises that the onus for change cannot entirely fall on the shoulders of advisers and their organisations.

From advisers' responses in our 'wider challenges' section, it is clear that many advice organisations operate in an extremely challenging climate.

At a societal-level, the number of people pushed into debt and extreme financial difficulty appears to be increasing – and at exactly the same time as resources for organisations that support these people become increasingly hard to come by.

While advisers care and work hard to support their clients, the wider context is not always one which supports their ability to do this.

Put simply, high quality debt advice requires funding, training, time and the very best qualified advisers.

Critically, this is not something that can easily be achieved on such tight budgets.

Commitments to increase the level of funding for the sector are therefore welcome, but it is crucial that these are both delivered upon, and translate into changes at the frontline.

Changing practice (where needed)

While recognising this challenging environment, this report indicates that some parts of the advice sector can improve practice on vulnerability.

For example, our survey found that a considerable proportion of advisers appear to be failing to routinely asking clients for their consent to record information about their situation, or failing to explain how such information would be used, is a concern. This is key in terms of taking the opportunity to explain to these clients how this information will be used, and to reassure them about any fears or concerns they may have.

However, this small (but important) piece of practice can be addressed with the introduction of simple tools, such as the TEXAS protocol (described in section 2).

It is also critical that such improvements permeate the wide range of organisation types and the varying nature of adviser roles within the sector. Throughout the evidence collected in this report, volunteers – entirely understandably – appear to find many vulnerable situations more challenging than their paid counterparts.

While this is to be expected and it is unfair to place blame or considerable burdens on people who so generously give their time for free, advice organisations must also recognise that a challenging vulnerable situation can arise with any adviser at any time, and it is not always possible to wait for a more experienced adviser or a specialist to help.

‘What works’?

This report shares both good practice tools and recommendations for organisations in working with clients in vulnerable situations (many of which have been used in both advice and creditor organisations).

There needs, however, to be further empirical evidence collected on the effectiveness of different interventions on vulnerability.

Such interventions need to be measured against robust outcomes, with evaluations doing more than just answering the question of whether or not an intervention works, instead determining how it works and, crucially, for whom. It may well be, for example, that certain interventions are appropriate for certain vulnerable situations but not others.

Sharing good practice

In a similar vein we need to see even more sharing of good and best practice on vulnerability between organisations in the advice sector and beyond.

The Financial Conduct Authority are due to launch a consultation on minimum standards for organisations working with vulnerable consumers in early 2019.

On one level, this represents an opportunity for organisations to showcase the work that they already do on vulnerability, sharing their experiences and knowledge with others across the consumer credit sector.

On another level, it also introduces the risk of focusing both advice and creditor organisations on meeting absolute minimum standards of practice on vulnerability, rather than working to meet the often more complex and extensive needs of presenting individuals.

Consequently, this process of defining what the regulator expects (and is willing to enforce on vulnerability) will become key – we therefore hope the FCA draw on the findings in this report, as well as directly engaging with the frontline staff involved in advice delivery.

Respect and support

The final message of this report is one of hope.

This project has involved a small army of people, including the nearly 1,600 advisers in our survey.

In difficult and often extremely challenging situations (which can only ever partially be captured in any report), these people are often saving and changing client lives on a daily basis.

However, this small army need not only our gratitude, but also our respect and support. Whatever form this takes – financial, policy, practical, or voluntary – advice organisations can only continue to give help and hope to clients, where they receive this themselves.

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Katie Fry
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