

# Dealing with vulnerability and suicidal disclosures

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Marston Holdings.

With thanks to the Money Advice Trust  
and Royal College of Psychiatrists



What is vulnerability?

Why is vulnerability  
important to us?

Why are we all here?



# Vulnerability In Focus



## February 2015: Consumer Vulnerability – Financial Conduct Authority



### Report Findings:

- ❖ Systems are streamlined and not designed to meet non-standard needs; staff need empowerment to use discretion and apply a flexible, tailored response rather than be inhibited by rigid policies, the “computer says no” philosophy
- ❖ Some automated contact centre style operations create barriers and limit access for those less able
- ❖ Frontline staff initial responses are crucial to the customer experience, vital for good outcomes, so training to deal with vulnerability is vital
- ❖ Frontline staff don’t need to be experts but good facilitators to signpost debtors to areas of appropriate expertise
- ❖ Creditors are not rescuers, build relationships with advice sector and debt charities

# Advice Sector Report March 2017

## ***‘TAKING CONTROL, The need for fundamental bailiff reform’***

“.....These reforms have had only a minimal impact. People contacting debt advice charities continue to report widespread problems with the behaviour of bailiffs and bailiff firms.”

- Survey 1400 people
- 7 Recommendations:
  1. Independent regulator
  2. Single bailiff complaint procedure
  3. Universal procedure to suspend bailiff action
  4. Fees re-structured to incentivise good practice
  5. Prescribed framework for arrangements
  6. Procedures to identify and protect the vulnerable
  7. Creditors to act responsibly and do more to collect pre-enforcement

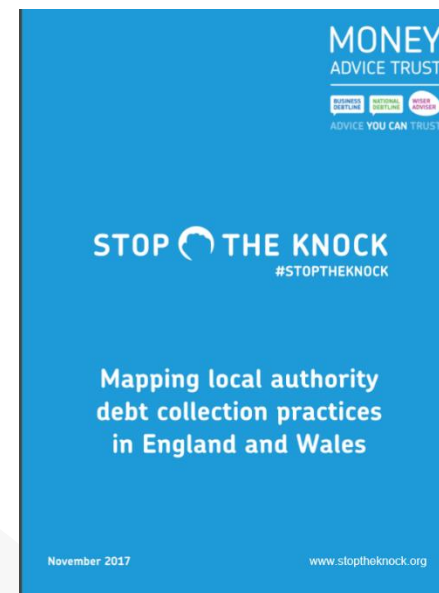


# 'Stop The Knock' Money Advice Trust Report November 2017



“We find that in 2016/17, more than 2.3 million debts were passed to bailiffs by the 352 local authorities that responded to our request. The uncomfortable truth remains that while almost four in 10 local authorities have actually reduced their use of bailiffs in the last two years, total bailiff referrals in local government has increased by 14% between 2014/15 and 2016/17. Clearly, much more needs to be done.”

- The vast majority of local authorities (97%) signpost residents in financial difficulty to free debt advice
- Around nine in 10 councils signpost to Citizens Advice (88%)
- around 40% signpost to the phone and online services offered by National Debtline and StepChange (42%).
- Over half (56%) have a formal vulnerability policy in place,
- while 44% do not.

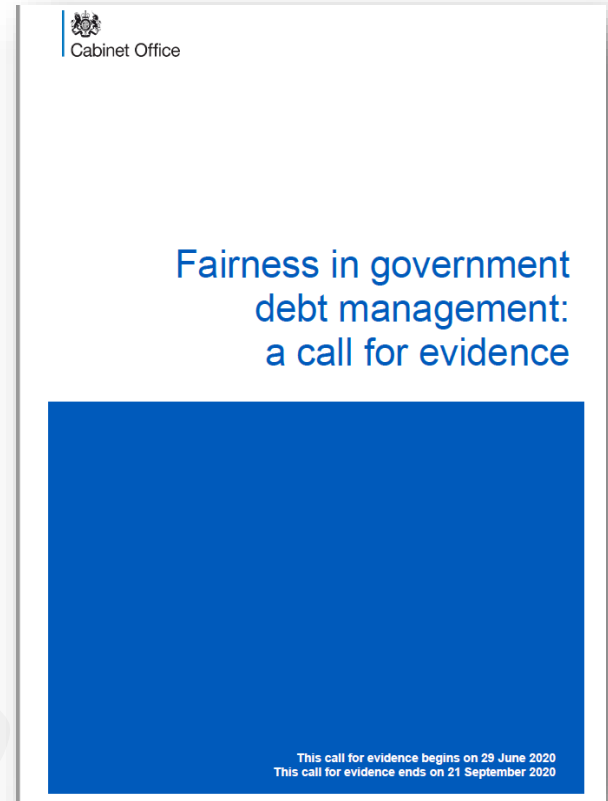


# Cabinet Office

## Debt Management Call for Evidence June 2020

“Aggressive debt recovery can have a detrimental effect on certain individuals and businesses, people who are vulnerable or in financial hardship. It has been estimated that every year in England, 100,000 people in debt attempt suicide. NAO modelling shows intimidating letters, phone calls or doorstep visits lead to a 15% increase in the probability of debt problems becoming harder to manage, and a 22% increase in the probability of anxiety or depression levels rising.”

“Fair debt management, balances considerations of vulnerability against the need to recover money owed. It must ensure fairness to those who do pay on time, by taking a proportionate response to those who do not.”

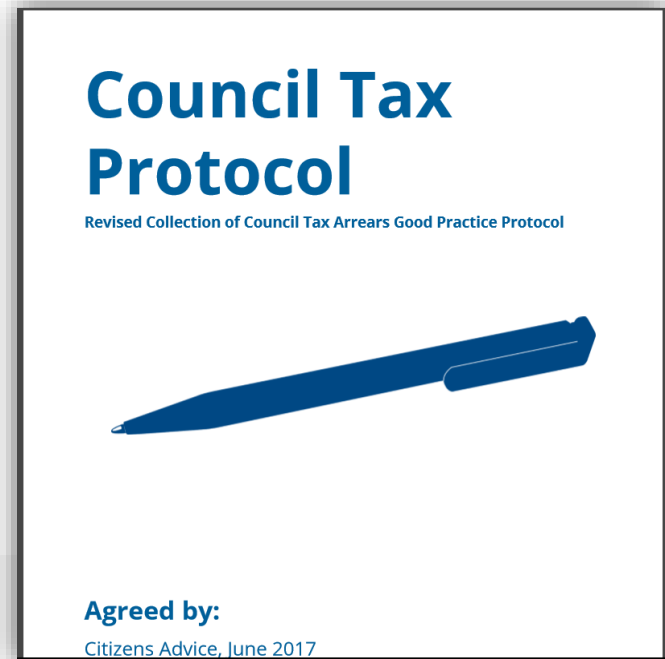


# A View from Citizen's Advice

“Vulnerability is....Vulnerability!!  
In reality it is incredibly  
complex.”

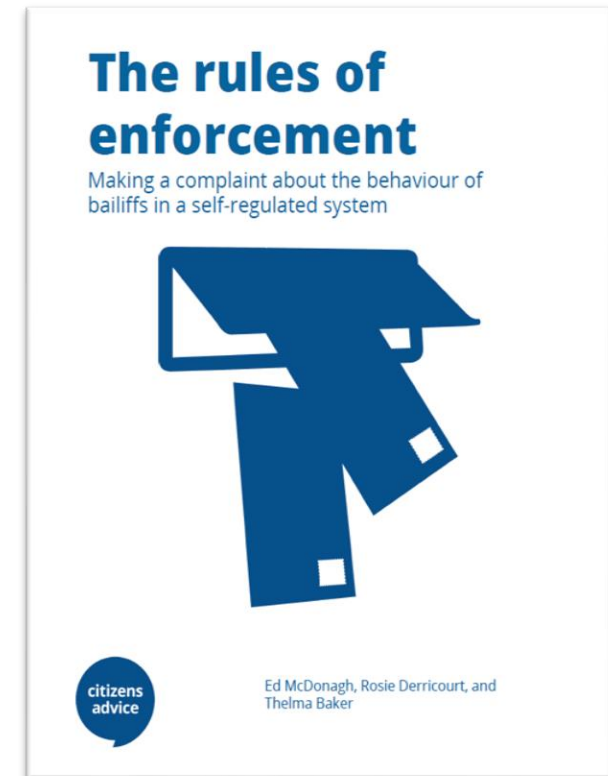
“The 8 pages comprising the  
Council Tax Protocol isn't the  
answer on how to deal with  
vulnerability, it is just a starting  
point.”

*Joe Lane, Senior Policy Research  
Officer, CAB.*



# The latest View from Citizen's Advice

- 1. **Bailiffs are refusing to accept affordable payment offers** or are pressing people to make unrealistic offers. Almost 1 in 4 people contacted by bailiffs had an affordable payment offer rejected.
- 2. **Bailiffs are misrepresenting their rights of entry**, for example by threatening to break in. 1 in 5 people contacted by bailiffs for council tax experienced a threat to break in, despite the fact they were pursuing debts which did not provide this power.
- 3. **Bailiffs are taking control of goods inappropriately**, including exempt items and goods which don't belong to the person who owes the debt. 1 in 10 people contacted by bailiffs said they took control of goods required for their work.
- 4. **Bailiffs are acting aggressively towards people in debt**, thereby failing to conduct their duties in 'a professional, calm and dignified manner'. Almost 2 in 5 people (37%) contacted by bailiffs experienced some kind of intimidation.
- 5. **Bailiffs are acting unsympathetically towards vulnerable people**. The 2014 reforms set out how vulnerable people should be treated by bailiffs. Our polling found that 1 in 5 people contacted by bailiffs saw them act unsympathetically towards people with illnesses and disabilities.



*Joe Lane, Senior Policy Research Officer, CAB.*



# The Taking Control of Goods Regulations 2013 & 2014 (Fees)

**Reg 10.** The enforcement agent may not take control of goods of the debtor where the debtor is a vulnerable person and is the only person present in the relevant premises

**Reg 14.** The enforcement agent may not enter into a controlled goods agreement with the debtor if it appears to the enforcement agent they do not understand the effect of, and would therefore not be capable of entering into, such an agreement.

**Reg 12.** Where the debtor is a vulnerable person, the fees due for the enforcement stage are not recoverable unless the enforcement agent has before proceeding to remove goods which have been taken into control, given the debtor an adequate opportunity to get assistance and advice.

**No Definition of Vulnerability in the regulations!**

# What is Vulnerability?



# Areas of Potential Vulnerability

## Personal Circumstances:

How many cases can we identify where the personal circumstances of an individual may lead them to be vulnerable?



## Personal Characteristics:

How many cases can we identify where the personal characteristics of an individual may lead them to be vulnerable?

# Safeguarding Vulnerable Groups

- It is not unusual for Scotland to be one step ahead of the rest of the UK when it comes to developing progressive or controversial, legislation. Laws have been introduced by the Scottish executive that promise to give vulnerable adults more protection than in the rest of the UK.
- The [Adult Support and Protection \(Scotland\) Act \(ASPA\) 2007](#) and the [Protection of Vulnerable Groups Act 2007](#) have both been implemented over recent years.
- The ASPA gives local authorities powers to enter settings where abuse of adults is suspected of taking place and remove and ban perpetrators from these places. It also creates the responsibility for local authorities to establish a statutory adult protection committee to develop strategic inter-agency working.

# The Safeguarding Vulnerable Groups Act 2006 (Scotland)

- Definition of ‘vulnerable adult’
- The term ‘vulnerable adult’ is contentious.
- By labelling adults ‘vulnerable’ there is a danger they will be treated differently.
- The label can be stigmatising and result in assumptions an individual is less able than others to make decisions and to determine the course of his or her life. In this way the term can lead to subtle forms of inappropriate discrimination.
- The Safeguarding Vulnerable Groups Act 2006 gives a wide-ranging definition of a vulnerable adult.
- This includes anyone aged 18 or over who is in receipt of ‘any form of health care.’
- This definition is too inclusive to enable appropriate distinctions to be made between the needs or vulnerabilities of adults.
- The overwhelming majority of adults in receipt of health care are able to look after their own interests, and to label them vulnerable can be patronising.

## Factors contributing to vulnerability

- There are a number of factors contributing to vulnerability, although their presence is by no means determinative and individuals will vary according to circumstances and needs. It is broadly accepted the following groups are at enhanced risk of being vulnerable:
- an older person who is particularly frail
- an individual with a mental disorder, including dementia
- a person with a significant and impairing physical or sensory disability
- someone with a learning disability
- a person with a severe physical illness
- an unpaid carer who may be overburdened, under severe stress or isolated
- a homeless person
- any person living with someone who abuses drugs or alcohol
- women who may be particularly vulnerable as a result of isolating cultural factors.
- A key factor in each case is whether the individual is able to take steps to protect and promote his or her interests.



# Definition of vulnerability



*“A customer is vulnerable if for reasons of age, health, disability or severe financial insecurity, they are unable to safeguard their personal welfare or the personal welfare of other members of their family.”*



# Characteristics of vulnerability

A vulnerable person may be at risk from their own actions or the actions of others?

## Circumstances where people may be classed as vulnerable

- Following a stressful life event for example, bereavement, redundancy or a relationship breakdown
- Due to financial vulnerability
- Based on their situation
- Because of their individual characteristics
- Due to medical, social or environmental factors
- By some public services (but not others)

### Vulnerabilities



These same people, at other points in their lives or in other situations, might not be classed as vulnerable?

Vulnerability should be assessed with three key factors in mind:

- Personal characteristics
- Personal circumstances
- External factors: enforcement agent/creditor actions; bereavements/financial shocks



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United Utilities Trust Fund is an independent grant making trust, committed to helping people out of poverty and debt – thanks to generous donations by United Utilities Water Limited.





## Help paying your bill

We all need a little help from time to time, sometimes not having enough money to pay your bills can be a challenge, so if you're finding it hard, call our helpline [0800 169 3630](tel:0800 169 3630) and we'll work with you to come up with a payment plan.

### Who else can help?

You can get independent advice from:

#### [Citizen Advice](#)

[National Debt line](#) Phone: [0808 808 4000](tel:0808 808 4000)

[Stepchange Debt Charity](#) Phone: [0800 138 1111](tel:0800 138 1111) Try the [60 second debt test](#) to see if you need debt advice

If you receive Income Support, Pension Credit, Employment Support Allowance, Universal Credit or Job-Seekers Allowance, the Department of Work and Pensions (DWP) may be able to take an amount directly from these benefits to pay your water bill. [Check out our tariffs section](#) for more information on other ways to save money.

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### SupportPlus

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### Water Direct

If you've fallen behind with your payments, you can pay both the money owed and your current charges from your benefits

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# Vulnerability and Covid-19



In recent months the definition of vulnerability has covered just about everyone who has needed financial help or access to welfare provision.

The Government stated “We have taken unprecedented steps to ensure that vulnerable people will not go hungry as a result of the pandemic, focussing especially on children.”

In the context of Covid-19 “the old and the vulnerable” have been grouped together, defining those most at risk if catching the virus. Yet many, if not all, in this group would not see themselves as personally vulnerable?

“Vulnerable,” simply means being at risk of harm whether physically or emotionally.

The DWP describe a vulnerable person as having complex needs and/or requires additional support.

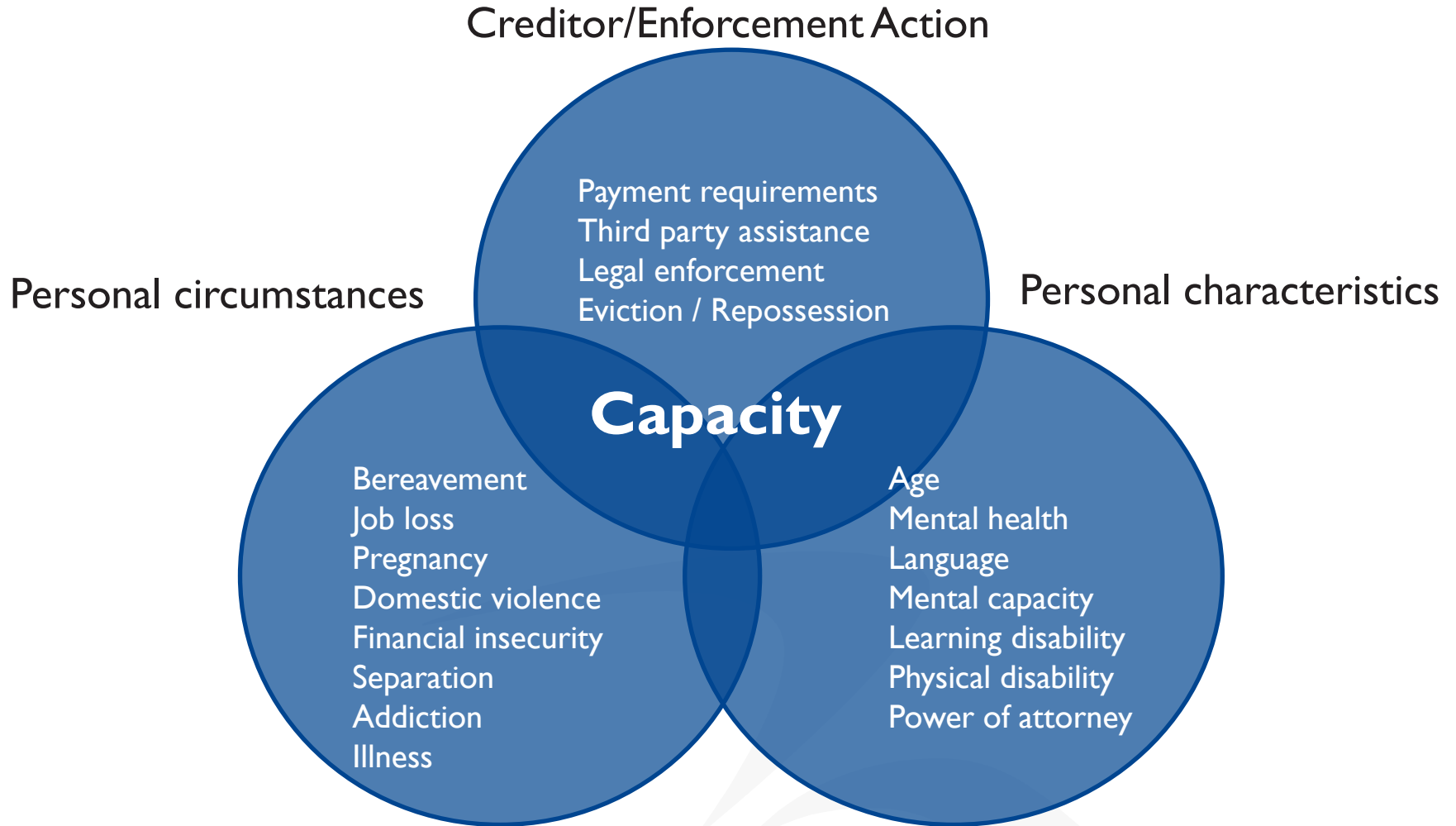
It is potentially patronising to categorise whole groups of people as vulnerable. Some people with disabilities will be vulnerable but others not, depending on their circumstances? The DWP warns against making assumptions based on ‘labels.’

Vulnerability is not defined by customer group, but rather focused on their life events, characteristics and circumstances. People move in and out of circumstances where they do and do not need support.

Of course there are now people who need help from the social security system, but they are not necessarily vulnerable, in most cases their need is to be able to pay their bills and enjoy a decent standard of living.

This need for more money is recognised by Govt in the UC additional award of £20 and £500M HARSHIP FUND, mainly targeted at CTRS cases.

# Assessing vulnerability





## Guidance

# Debt Management Vulnerability Toolkit

Published 24 August 2021

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## Foreword

### The Fairness Group

The government established the Fairness Group in 2016, bringing central and local government, the debt advice sector, and the debt collection industry together.

The Fairness Group is responsible for examining fairness in government debt management practices, and making evidence-based recommendations for change. This includes fairness in relation to the treatment of vulnerable customers, while ensuring the Government is fair to taxpayers and those that do pay on time, by taking a proportional response to those that do not.

# Best practice checklist for identifying vulnerable customers



(Debt Management Vulnerability Toolkit)

An individual contacts an organisation and:

- Makes a direct disclosure via; call, letter, email, webchat, get help forms and other available channels (“My circumstances are bad, can you help?”)
- Makes an indirect disclosure (“I’m really struggling today, I’m so down”, “I don’t understand you”)

Organisations should provide every customer the opportunity to self-disclose. Organisations should seek to operate multiple channels and routes which encourage customers to share information about their vulnerability and their associated needs.

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

Frontline staff should be trained to recognise ‘red flags’ including;

- Individual factors – passing mentions of illness, disability or impairment; reference to contact with the health sector or social care sector; reference to the receipt of specific benefits.
- Behavioural cues - sounding flustered, anxious, confused or asking unrelated questions.
- Wider circumstances – excessive or unusual expenditure, life events (such as time in hospital, imprisonment, bereavement, income shocks).
- Organisational actions – reference by the customer to things that have or haven’t been done that have caused difficulty.



## Learning Disabilities

A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves, but take a bit longer than usual to learn new skills. Others may not be able to communicate at all?

It is estimated that 1.5 million people in the UK have some degree of learning disability.

A learning disability does not just affect the ability to read and write, it often affects the way information is understood and communication.

Someone with a learning disability may:

- struggle with handwriting, reading and spelling – so will struggle with letters and forms
- have trouble following instructions
- find it hard to organise what they want to say
- confuse math symbols and misread numbers.

## Autism

Autism is a lifelong developmental disorder. It is often referred to as ASD – autism spectrum disorder, representing a broad spectrum with varying degrees of disability.

People on the autism spectrum have problems in three areas:

- social interaction
- communicating with others, and
- behavioural challenges (e.g. restricted and repetitive behaviour).

Autism exists with any level of intelligence, but many individuals with autism also have a learning disability too.

**Asperger syndrome** is a type of Autism disorder, People affected by this have difficulties with social communication, interaction and imagination.

## Bereavement

Bereavement is classically understood in terms of losing someone that you love, but it can also be associated with losing health or the breakdown of a long term relationship. Grief is a natural, normal and healthy response to loss.

Bereavement will typically affect a person's physical and emotional well-being. Common symptoms may include:

- Loss of energy
- Change in appetite and weight
- Insomnia
- Nausea
- Headaches

Bereavement has a number of different stages such as shock; pain; anger; guilt and longing. For severe cases, medication and counselling may be appropriate.

# Vulnerable Conditions



## Mental Incapacity

Issues relating to capacity are covered by statute. This means there is a greater responsibility on understanding where there is a capacity issue and how you should respond.

The Mental Capacity Act 2005 supports and protects people who may be unable to make some decisions. There may be as many as 2 million people in England and Wales that this Act protects.

The Act states that an individual needs to be able to do all of these four things:

- Understand information given to them
- Retain the information long enough to make an informed decision
- Weigh up the information to decide on options in order to come to a decision
- Communicate the decision

If one of these aspects cannot be fulfilled, then a person is said to lack mental capacity.

# BRUCE - Helping identify the difference between mental capacity and mental health issues?

**BRUCE** – has been designed to remind staff about the key aspects of decision-making

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



# Using IDEA with vulnerable individuals



## Duration

How long has it been going on?  
Is it temporary or more long term?

## Impact

What does the condition  
stop the person doing?  
What happens?  
How Bad is it?



## Episodes

Has it happened before?  
Could it happen again?

## Assistance

Is the person getting any help?

## How Vulnerability can affect someone paying their debts:

The majority of people diagnosed with cancer are £570 per month worse off following diagnosis.

Transport costs are key – £170 a month, on average, is spent on travel.

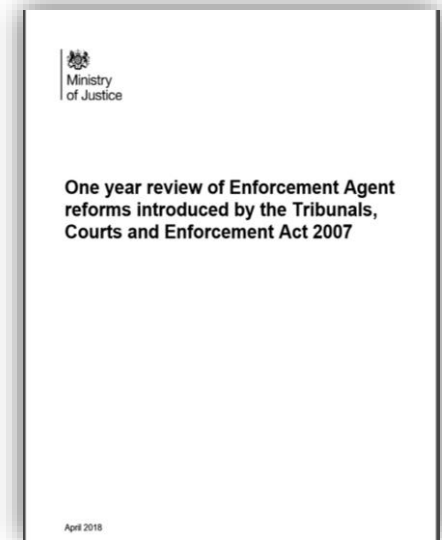
This cost reflects the 53 hospital journeys typically made during treatment.

**Macmillan Cancer<sup>1</sup>**

# One Year Review of Enforcement Agent reforms – April 2018

Some issues and areas for clarification were raised during consultation, including:

- Some advice sector representatives felt that the wording regarding fee remissions (Reg 12 of the TCOG (Fees) Regulations 2014) is confusing. They note that **without a definition of vulnerability**, the fee remission is entirely at the enforcement agent's **discretion**. They also queried whether the regulation should extend to goods not under control or to the early compliance stage.
- Another issue raised by most stakeholders, is a proliferation of **social media sites** which claim to help debtors evade enforcement action. These often contain misleading or incorrect information about actions debtors can take, which in reality may lead to higher fees being charged because the next enforcement stage is triggered. Some forums encourage debtors to make **false complaints and claims about their status**, and a minority advocate aggressive action towards agents.





# Using IDEA with Depression

## Impact

The individual may withdraw and find aspects of life too daunting, they may leave their job as a way of coping with depression, which will negatively affect their finances. There are times when it appears there is no light at the end of the tunnel, but after the condition has peaked, they will make a recovery. If you can understand where someone is on this cycle it will be helpful.

## Duration

As a rule of thumb, depression will last for 4 to 6 months when treated, but with no medical intervention, it increases by 2 months, so 6 to 8 months.

## Episodes

This is an episodal condition for many individuals, with the incidence of another episode increasing each time they have a further episode. For example after 3 episodes there will be a 90% chance of a further.

## Assistance

Mild depression is treated by self help measures, moderate will also include medication or counselling. Severe is treated by all three.

# Using IDEA with Bereavement

## Impact

How significant was the deceased to the bereaved? Was it expected or sudden? Symptoms can be similar to PTSD. At its worst, individuals may suffer with suicidal tendencies. For some people the death of a family pet may be more difficult to deal with, particularly if the person lived alone with such a companion for many years.

## Duration

Complicated grief may include sudden deaths, suicide, murder and close bonds between deceased and bereaved. Complicated grief will last longer than uncomplicated. For some people grief may last a few weeks, for others years.

## Episodes

Bereavement in itself is not episodal, more likely is the fact that the person has an underlying mental health issue (anxiety or depression) and the bereavement triggers an episode of this.

## Assistance

For complicated grief, counselling and medication may be necessary.

# Vulnerable people and debt

## People get into debt for many reasons

It is often because of a life change. Such changes can lead to a debt spiral that is difficult to get out of, which ever increases the vulnerability of the indebted individual.

## People in financial difficulty usually have:

- High levels of income spent on servicing debt
- Arrears on credit commitments and domestic bills
- Dependency on benefits
- They can feel their money is:
  - Out of control
  - Hard to assess
  - Becoming too much to handle

Independent Money Advice is proven to help people who are struggling to manage their debts





# Independent Money Advice



## Independent money advice is proven to help people who are struggling to manage their debts

- It deals with all the debts someone has, both priority and non-priority, and tackles associated problems as part of a holistic advice service.
- The starting point is a detailed assessment of circumstances.
- The money advice process shows people ways of maximising their income, primarily through benefit or tax credit entitlements, as well as exploring all the options for dealing with their debts.
- Although many vulnerable people are in contact with a range of voluntary and statutory organisations, this does not necessarily mean they are also aware free money advice services are available.
- It also does not guarantee they are claiming their full benefit entitlement.
- **Money Advice service hosted within your Customer Service Centre?**
- **Section 13a Discretionary Hardship Scheme?**

# Money Advice Service Statistics



Money Advice Service identified that in the UK out of 64 Million people; there were how many people classed as in debt (3 months or more behind with their bills)?

**9.1 Million**

What percentage split of those in debt were men and how many were women?

**64% Women and 36% men**

What percentage of those in debt were homeowners?

**48% Home owners**

What percentage of those in debt were in full time employment?

**41% Full time employed**

How many of the 9.1M thought that debt was normal?

**5 Million**

How many of the 9.1M didn't actually recognise they were in debt?

**1.7 Million**

Only 17% of those in debt planned to do something about it!!!



# Helping people out of debt through improved Money Management



**MoneyHelper** is a government organisation that joins up money and pensions guidance to make it quicker and easier to find the right help.

**Learning to budget** can help somebody stay on top of their bills and save money. On the MoneyHelper website people can view a beginner's guide to managing money, including a budget planner tool that helps them see exactly where their money is being spent and how much is coming in.

**Finding ways to make savings:** It's a good idea to save regularly. The saving options available to people struggling to manage their money are on the MoneyHelper website. **Help to Save** is a savings scheme for people on low incomes, claiming certain benefits. Help to Save gives people a bonus payment from the government up to 50% on savings paid into the account. The MoneyHelper Guide allows people to check their eligibility.

**Income maximisation** - Making sure an individual is receiving all the benefits and support they're entitled to. To find out what benefits they're entitled to, how to claim, when they qualify, and what to do if things go wrong, people can visit the MoneyHelper website

**'IncomeMax Bounce Back'** is a service to provide post-pandemic support to people needing help managing their money and overcoming debt. By signing up, users receive a self-help guide to help maximise their income, with options to contact advisers or use webchat for further help.



# Where to seek additional money guidance



- People can contact MoneyHelper for free and impartial money guidance - 0800 138 7777 (Monday to Friday, 8am-6pm)
- MoneyHelper Typetalk support – 18001 0800 915 4622
- MoneyHelper WhatsApp live chat – +44 77 0134 2744.
- They can also call MoneyHelper for free and impartial pension guidance – 0800 011 3797 (Monday to Friday, 9am-5pm).
- Or find free debt advice, using the MoneyHelper Debt Advice Locator



# Breathing Space



- To further support individuals in problem debt, the government delivered the new Breathing Space scheme effective 4<sup>th</sup> May 2021, access via FCA regulated Debt Advice Agency administered by the Insolvency Service.
- Provides people in problem debt with a 60-day period where interests and charges on debts are frozen and creditor enforcement action is paused.
- People receiving treatment for a mental health crisis will be able to enter Breathing Space without seeking advice from a debt adviser.
- They will be able to remain in the scheme for the entirety of their crisis treatment followed by a further 30 days.
- Subsequently they will retain the right to access to the main 60-day Breathing Space.
- The protections from Breathing Space will encourage people in problem debt to seek professional debt advice earlier and give them the headspace to identify the right debt solution, which could be a Debt Repayment Plan.

# The extent of vulnerability – Bristol University research

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

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

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

Mental health problems can be quite commonplace and are mainly managed by a patients GP. A basic understanding of mental health problems will help:

- 
- The image displays four logos for dementia-related organizations. In the top left is the Alzheimer's Society logo, featuring the text "Alzheimer's Society" in blue. To its right is a logo with a green flower icon and the text "Leading the fight against dementia" in green. In the bottom left is the Alzheimer Scotland Action on Dementia logo, which includes a purple icon of three people and the text "Alzheimer Scotland Action on Dementia" in purple. On the right is the Dementia Friends logo, featuring a blue flower icon and the text "Dementia Friends" in blue.



## Not taking a customers situation into account may start a domino effect:

- You will miss out on a vital piece of information and a chance to help clear the customer's arrears.
- This could also result in broken payment arrangements and extra time in re-setting new payment arrangements.
- Potential enforcement action occurring, more costs, increased arrears, more distress for the customer.
- Leading to poorer customer mental health.



# What is a mental health problem?

- There are a number of different mental health problems
- Mental health problems differ from ‘everyday stress’.
- You are not expected to be able to identify different mental health conditions or diagnose customers. However, it is useful to know what a customer may be experiencing.
- Having a mental health problem does not automatically mean that a person will be unable to pay their debts.
- We should ask the question: How does your condition affect paying your debts?





# How might mental health problems affect people?

- Negative changes happen in their thinking, feelings or behaviour.
- These changes can severely affect their work, relationships and everyday life.
- These changes can require help from a health or social care worker.
- A mental health problem can last for a considerable time but could also come and go.
- A mental health problem can also have physical effects.



# How might mental health problems affect people?

- Research conducted in 2016 by the Money and Mental Health Policy Institute, surveyed nearly 5500 people with experience of mental health problems. This found that 8 out of 10 respondents chose not to disclose these mental health problems to their creditor. When asked why, participants said that they:
  - weren't aware it would make a difference (60%)
  - disliked telling people about their health problems (55%)
  - felt they would not be treated sensitively and sympathetically (52%)
  - were concerned how the information would be used (40%)
  - were worried that disclosure would affect future access to credit (35%)
  - thought they would not be believed (31%)
  - thought they would be treated unfairly (30%)
  - were concerned that debts would be repaid from disability benefits (7%).



# Different mental health problems

## Depression

- Depression is a long lasting low mood, it interferes with the ability to function, feel pleasure or take interest in things.
- It affects around 3% of people

## Phobias

- A phobia is an intense fear of a situation or object. People who suffer from phobias are afraid of the feelings they get when they get anxious. It's effectively a fear of fear.
- People with phobias use avoidance techniques e.g agoraphobia.

## Anxiety

- Anxiety disorder means the person experiences worry, fear or panic at a greater level than is normal. It can include physical symptoms such as heart palpitations and pain. With difficulties sleeping and concentrating.
- It affects around 5% of people

## Obsessive Compulsive Disorder

- People who have this problem feel they have no control over certain thoughts or ideas. They fear that harm may somehow come to them or others, and that they must try to prevent this, by performing a particular ritual, such as washing one's hands or opening and closing a door.

# Different mental health problems

## Bipolar Disorder

- Abnormal fluctuations of moods, varying between marked highs, which involves overactive excited behaviour (mania), and lows, (depression).
- Mania may flare up periodically, but depression is the most consistent symptom.

## Schizophrenia

- When correctly diagnosed, a person cannot distinguish their own intense thoughts, ideas, perceptions and imaginings from reality.
- Symptoms can include hallucinations such as hearing voices and delusions, for example paranoia (usually taking the form of suspicion of plots).
- Less than 1 in 100 people suffer this condition

# Mental health problems and the collection process

Mental health problems can affect the way a person deals with their debt.

- If the customer admits to having mental health problems, they think it could be used against them.
- We therefore need to explain how this information will be used.
- They sometimes lack the energy and motivation to sort their debts out.
- So resist becoming impatient or thinking that the person doesn't care.
- They can have difficulty concentrating and be forgetful.
- So slow down and repeat the information.
- If pressurised, people with MH problems could agree to unrealistic payment arrangements.
- So focus on their income levels and MH problem



# What Should Debt Collection staff do?



## Think T E X A S:

- Thank them, acknowledge the problem, it's the first step and will help you in dealing with the account.
- Explain how their information will be used, this is a legal requirement.
- EXplicit consent: legally we need this before recording the information.
- Ask questions: you will be in a better position to recover the debt and help the debtor.
- Signpost them to internal and external help: this may be a staff member specially trained or an outside agency.



# T E X A S: Thank and acknowledge



Telling a collector about a mental health problem can be a big step for many customers, so how should a collector respond?

- Imagine the debtor says: *Things haven't been easy for me lately, I have depression.*
- How do we respond? Should we say:
  - a) *We do need to set up a payment arrangement today though.*
  - b) *That's not relevant to your debt.*
  - c) *Thank you for letting us know. I'm sorry to hear things have not been easy for you. It is important to us that we manage your account in the most appropriate way.*

*Thank you for letting us know. I'm sorry to hear things have not been easy for you. It is important to us that we manage your account in the most appropriate way.*

# T E X A S: Explain how the information will be used.

- Ask a few more questions to find out how the mental health problem affects their ability to pay the debt.
- Put a flag or note on the customers account about the mental health problems.
- Explain how information about the customers mental health problems will be used.
- Doing this will reassure the customer. It is also legally required by the Data Protection Act.



# T E X A S: eXplicit consent

- *Thanks for making us aware of this. It will help us to deal with your account more effectively. Is it ok if I note this on your account as it will help us and our client deal with your account in the most effective way?*
- The customer must confirm they understand how the information will be used, stored and shared.
- Customers may choose to provide more information if we clearly explain how it will be used.
- It is the law: the Data Protection Act requires us to tell customers how information about their mental health problems will be used, stored and shared.
- If a customer has a mental health problem, it is important we do ask for their permission to note their comments.





# T E X A S: Why it is vital to ask question

- Good questions allow you to gather vital information.
- Customers are more likely to engage with you in the future.
- You are more likely to collect the debt long term.
- You can establish what support the customer needs, e.g. money advice, or removing them from the dialler to avoid unnecessary intrusive calls.
- You are able to make referrals to a specialist team or staff member.



# TEXAS : Signposting

You may have the option of an internal transfer to a specialist? Depending on your policy, if your customer has multiple debts or needs help budgeting, you may signpost to a free debt adviser:

- Advice UK: 0207 469 5919
- Age Scotland: 0800 12 44 222 (Mon-Fri 9am-5pm)
- Citizens Advice Scotland [0131 550 1000](tel:01315501000)
- StepChange Debt Charity: 0800 138 1111
- Money Advice Scotland 0141 572 0237
- National Debtline: 0808 808 4000
- Bereavement Support Scotland 0845 600 2227
- Hourglass Scotland (abuse of elders): 0808 808 8141
- Royal Association for Deaf people 0845 688 2527 (minicom)
- Respond 0808 808 0700 (Domestic violence / abuse)
- Refuge 0808 2000 247 (Domestic violence / abuse)
- Patient Advice & Liaison service (PALS) 0800 085 3182
- Samaritans 116 123 (FREE from any phone)
- Papyrus – Hopelink 0800 068 4141 (young suicide)

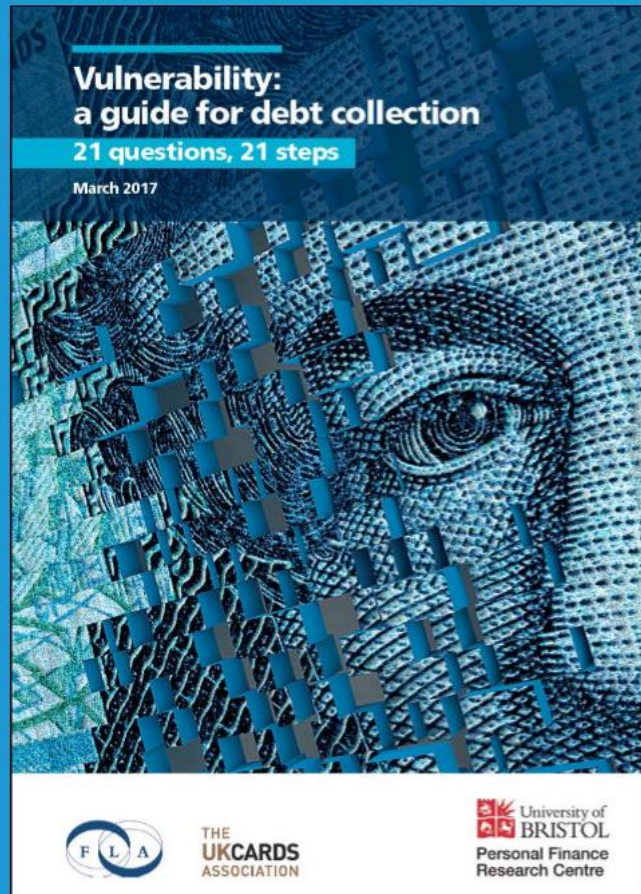


# University of Bristol Research 2016



- **Recommended** that organisations should therefore consider a heightened focus on vulnerability within their existing workplaces as this will help pinpoint which tools and processes currently work, and which challenges lie ahead?
- Introduced in 2010, **TEXAS** now probably represents an industry standard tool for handling disclosures, not only of mental health problems but also a wide range of vulnerable situations.
- **93% of the organisations** responding to the 2016 survey confirmed that they used TEXAS for handling these disclosures.

# University of Bristol research on Vulnerability in debt collection



## evidence:

- surveyed 1573 collections staff (1226 frontline and 347 specialist)
- working in 27 organisations (in-house collections, debt collection agencies, and debt purchase agencies)
- stratified sample



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

2010: 41%



2016: 26%

2010: 20%



2016: 6%

2010: 14%

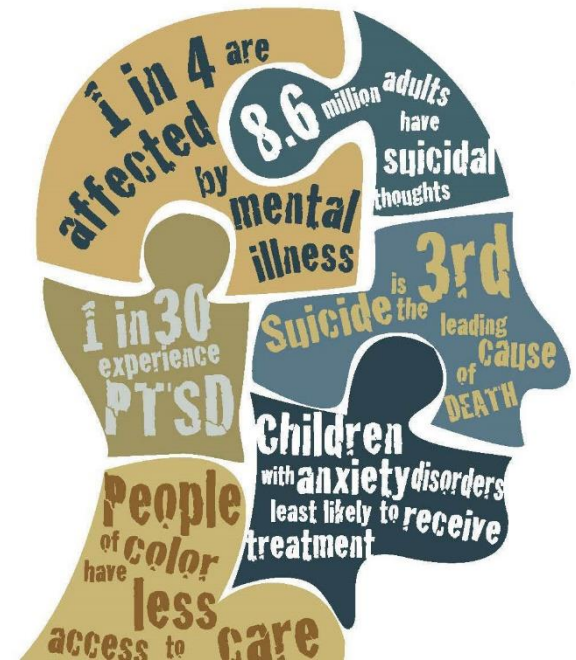


2016: 5%

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

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

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



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

2016: 88%



2010: 38%

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

2016: 78%



2010: 29%

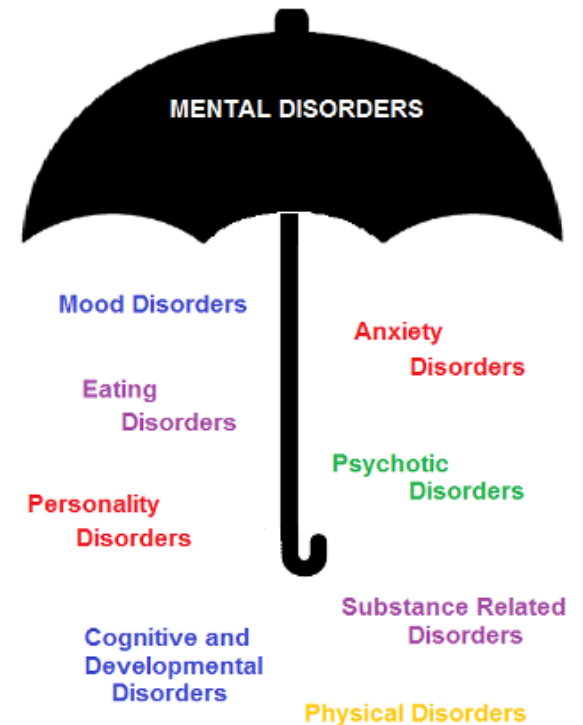
*Following a customer disclosure, % of staff who always or often discuss how their mental health problem affected their ability to communicate with collectors*

2016: 85%



2010: 67%

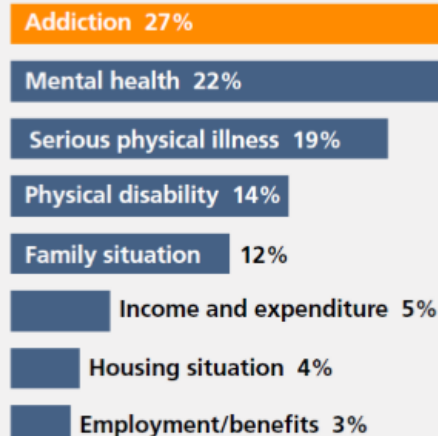
*Following a customer disclosure, % of staff who always or often suggest or sign-post a customer to external sources of help*



# Findings: Addiction – more staff find this the most challenging!

## Box 16: Proportion of frontline staff reporting difficulty in discussing different customer situations

In terms of your own skills and confidence, how difficult do you find it to talk about the following issues (% of frontline staff answering 'very difficult' or 'difficult')?



Addiction 27%

Mental health 22%

Serious physical illness 19%

Notes: based on participants who reported that in terms of their own skills and confidence they found it 'very difficult' or 'difficult' to discuss the issues listed above.



# Addiction



## the four core parts of addiction

1

addiction involves a lack of control over doing, taking or using something to the point where it can be harmful.

3

addiction can have a range of impacts on health, money, family, work, and mortality.

some people think addiction is a disease or medical illness, while other people don't.

2

addiction is often called the 'hidden condition', but is that *really* true for collections?

4

# Dealing with customers and Addiction – FIVE practical steps

- **Consider how addiction is currently viewed internally**  
Staff often have direct sight of the financial harms addiction can cause, and are well placed to link customers to external helping services. This is key as addiction is treatable and manageable. To support and refer such customers, organisations need to educate staff that an addiction is just like any other vulnerable situation.
- **Know the ‘signs’ of addiction**  
There are specific cues that might indicate an underlying addiction when staff are discussing or reviewing a customer’s financial situation. These can include ‘black holes’ in a budget which the customers cannot explain, and sudden bursts of spending which could indicate trying to recoup a loss.
- **Raise the issue with customers**  
Once these cues are recognised the issue can be raised with customers. It is key to note that staff should never assume a potential addiction is a phase a customer will just pass through. It has to be acted upon. Staff need to start a conversation with careful judgement and tact.
- **Understand the situation**  
When talking about addictions, customers will all respond in different ways, including relief, embarrassment, openness, anger and silence. Staff will need to be able to manage these emotional reactions with a non-judgemental attitude – and reassure the customer about the confidentiality of any information shared.
- **Support customers**  
Just like any other type of customer in vulnerable circumstances, staff should always signpost customers to helplines and other support organisations.

# Gambling Addiction

If Britain were a village of 100 people,  
how many would have an addiction?

quickly give us some guesses:

- number of problem gamblers
- number at risk of becoming a problem gambler



for gambling in particular,  
identification often isn't the challenge:  
*engagement is*

- depending on what staff know already about the customer, they can start a conversation by:  
**showing they have been listening:** I heard you mention being quite unwell and 'off work' for some time now. If you tell us what's happening, we might be able to help you out

**showing they have been**

**observing:** can I just ask whether the gambling transactions on the account are something we can look at together?

**showing that a connection**

**might exist:** what connections do you see between your gambling and the financial difficulties in your life right now?

**as part of a bigger picture:**

I know you weren't expecting to be looking at this today, but I wondered how you felt your gambling fits in with the other issues we've discussed?

**normalising the situation:**

many of our customers are in the same situation, and we've been able to help them, and quickly. It will take me 60 seconds to explain how – is that OK?

**showing staff want to help:**

many of our customers like to gamble, and we often help them to prevent any financial difficulty happening, or quickly overcome a problem. There are options – can we discuss these?

**simply by being direct:**

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

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

### Help is at Hand: Problem Gambling

Price: £1.00

Help is at Hand: Problem Gambling



If you query about your order, please email [leaflets@rcpsych.ac.uk](mailto:leaflets@rcpsych.ac.uk)

# Organisational Change



- Identifying a customer in a vulnerable situation represents the first step towards resolving that situation.
- To achieve resolution, staff need to be able to move from identification to conversation – and for many staff this represents a challenge.
- This is understandable. Raising the issue of vulnerability with customers can provoke fears about causing offence, or opening a difficult ‘can of worms’.
- Staff may worry about the mechanics of asking customers about a vulnerability, and what the right words to open such a conversation might be.
- Equally, staff can have concerns about whether their organisation would endorse such an approach, and what support or response they might receive.
- Consequently, even where the strongest of beliefs exists that a customer might be in a vulnerable situation, barriers like these can stop staff moving from identification to conversation.



# Organisational Change

- In the Bristol survey, staff were asked to think about situations where *they had believed* a customer might have a serious physical illness, but this *hadn't been disclosed* to them. Thinking about these situations, staff were asked what actions they would take to encourage a disclosure, or start a conversation about vulnerability.
- **one-in-three frontline staff** 'never' or 'only' occasionally asked if there were any issues/medical conditions/disabilities that hadn't been mentioned, that might affect the customer's ability to pay.
- **one-in-four frontline staff** 'never' or 'only' occasionally explained to customers how any disclosed health information would be used by their organisation.
- **one-in-two frontline staff** 'never' or 'only' occasionally asked a customer directly about an undisclosed vulnerable situation.



# What should organisations do?



- The Bristol data shows that even where staff believed a serious physical illness existed, many still did not take key actions to encourage disclosure or start conversations about vulnerability.
- This helps no-one – for the customer with a vulnerability, their situation continues to be unknown and unsupported. Meanwhile, for organisations, an opportunity for early intervention may be lost.
- To overcome this, staff can take three simple steps to help start conversations about vulnerability:
  - 1 **set-up** the conversation
  - 2 **start-off** the conversation
  - 3 **stay-with** the conversation.

# Set up

- Staff should always consider whether this is the right moment to raise the issue. If, for example, the customer is speaking in a public space, they will probably not want to discuss any health or social difficulties, so there is little point in attempting to do so.
- If it isn't a good time to raise the issue, then a note or arrangement should be made to call the customer back another time – but as soon as possible, to not let it drift.
- In getting themselves ready to ask about vulnerability, staff should remind themselves that most customers will not object to a simple but polite question about their wellbeing and situation, and in fact may welcome this concern.
- If a situation is disclosed by a customer, staff should know how to use techniques such as TEXAS (to handle disclosure) – or IDEA (to explore a situation), or how to refer to colleagues who will take on this task.

# Start off

- Depending on what staff know already about the customer, they can start by:
- **Showing they have been listening:**
- *I heard you mention being quite unwell and 'off work' for some time now. If you tell us what's happening, we might be able to help you?*
- **Showing they have been observing:**
- *I noticed from what you've said, that our paperwork might be a little difficult to follow – can you tell me how we could make it easier for you to complete it?*
- **Normalising the situation:**
- *When they need it, we can provide our customers with more support or time to sort out any difficulties they are having. What might we be able to help with?*
- **Referring to leaflets and resources:**
- *I'm not sure if you've seen our 'Help's At Hand' leaflet, but it explains what help we can give if something unexpected or difficult happens. Can I tell you more?*
- **Simply by being direct:**
- *Marcia, can I ask you a question – is everything OK at the moment? If not, is there something that we can help you with?*
- **Reminding customers what help there is:**
- *I just wanted to ask, are there any health or other issues we should know about? We will treat these confidentially, and they will help us to help you*

# Stay with

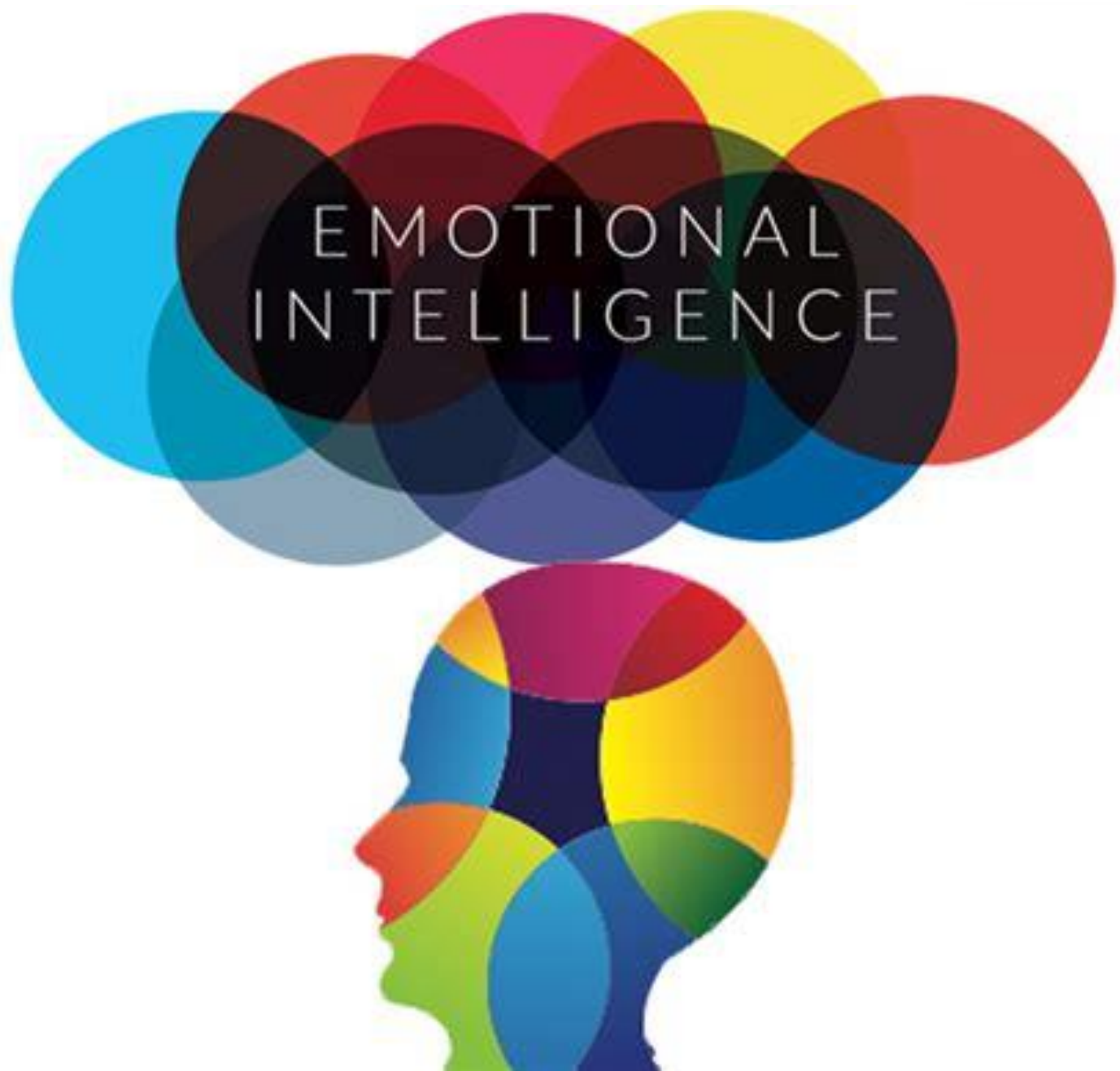


- Usually a conversation about a vulnerable situation will take a few exchanges to ‘get going’. Most commonly, customers will often instinctively say they are fine (“I don’t have a problem, thank you”). This is natural – customers are often understandably worried about where the conversation might go. Therefore, if it feels right, you can reassure the customer:
- *Not a problem. But if something is causing you difficulties, I will listen and try to find ways to help you. Is there anything causing difficulties?*
- *Many of our customers found it helpful to talk about their wider situations so that we could offer further support.*
- At this point, after a pause, customers will often change their position and open up to you. However, if the customer really doesn’t want to talk, then staff should accept this, but keep the door open:
- *OK, do let me know if there is an issue though. We will always try to help.*
- *That’s OK, but if anything changes in the future I am here to help you.*
- If staff do this politely, they won’t offend the customer, as they will know that the staff member was trying to help.

# Breaking bad news

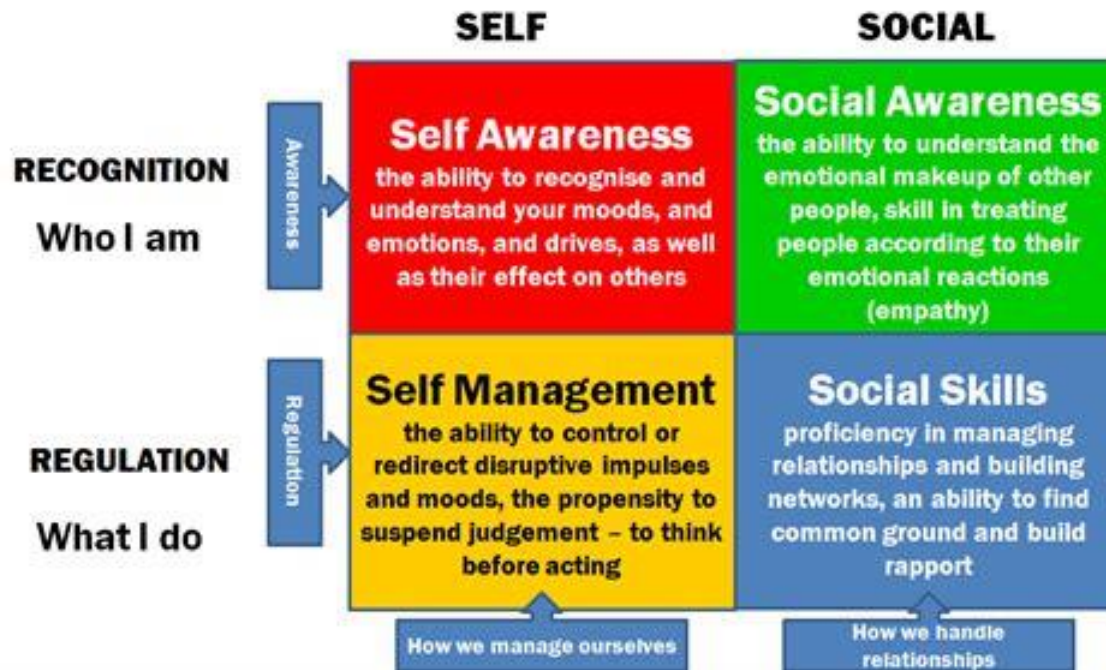


- Sometimes it is not possible to achieve everything a vulnerable customer might be hoping for. This may include the customer requesting a write-off that's not possible, an impractical payment arrangement, or another form of activity.
- In these situations, staff will need to explain why they haven't been able to achieve the outcome that they, or the customer, might have been hoping for.
- This can be challenging to hear in normal circumstances. However, where a customer is already dealing with a vulnerable situation, receiving 'bad news' can be difficult, distressing, and even damaging to a customer's mental wellbeing.
- Consequently, it is important that staff carefully and sensitively deliver such information.
- Use simple and jargon-free language, break the information into chunks, and pause after each chunk to let the news 'sink in'.
- *I'm sorry, but I have some news for you which is probably going to be disappointing. We're not going to be able to do... The reason for this is because...*
- **Empathise** – some customers will interrupt as you share the information, while others will remain silent. Give the customer any space they need to express their feelings, and listen carefully with empathy.
- **Recap** – summarise and recap what has been discussed, checking the customer understands the situation.





## Emotional Intelligence



# What is Emotional Intelligence?

- Emotional Intelligence, is the capability of individuals to recognize their own emotions and those of others,
- discern between different feelings and label them appropriately,
- use emotional information to guide thinking and behaviour and,
- manage and/or adjust emotions to adapt to environments or achieve one's goal(s).



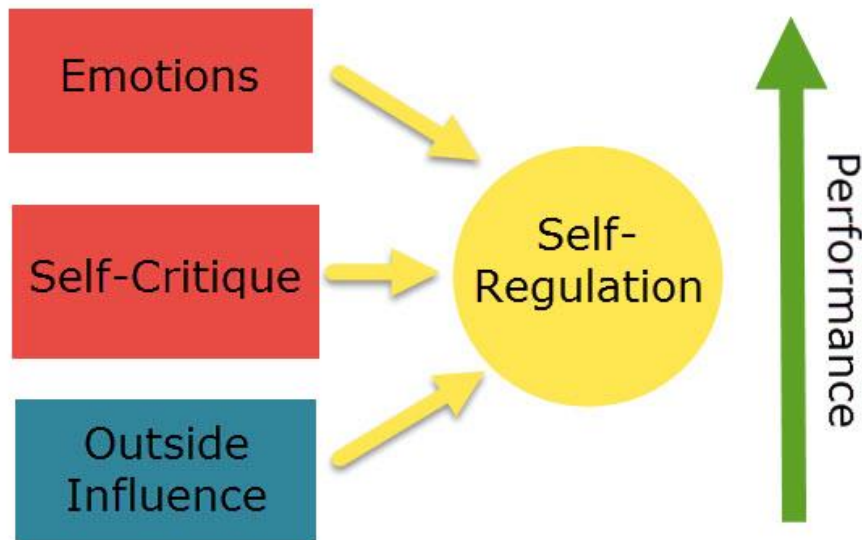
# Self Awareness

- Self-awareness is the capacity for introspection and the ability to recognize oneself as an individual, separate from the environment and other individuals.
- Self-awareness is how an individual consciously knows and understands their own character, feelings, motives, and desires.
- The ability to recognize and understand personal moods, emotions and drives, as well as their effect on others.
- Includes self-confidence, realistic self-assessment, and a self-deprecating sense of humour.
- Self-awareness depends on one's ability to monitor one's own emotion state.



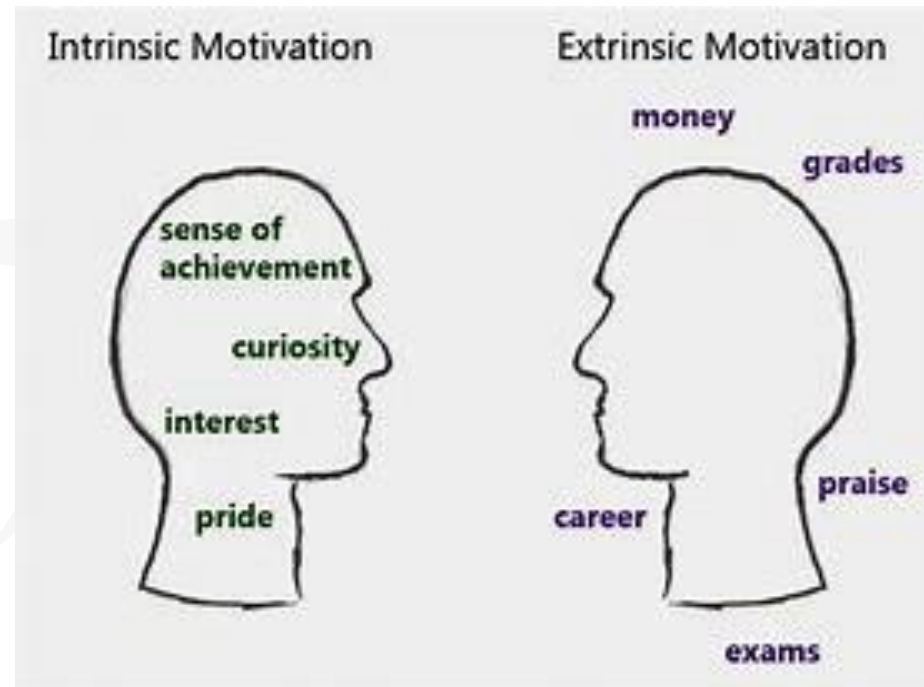
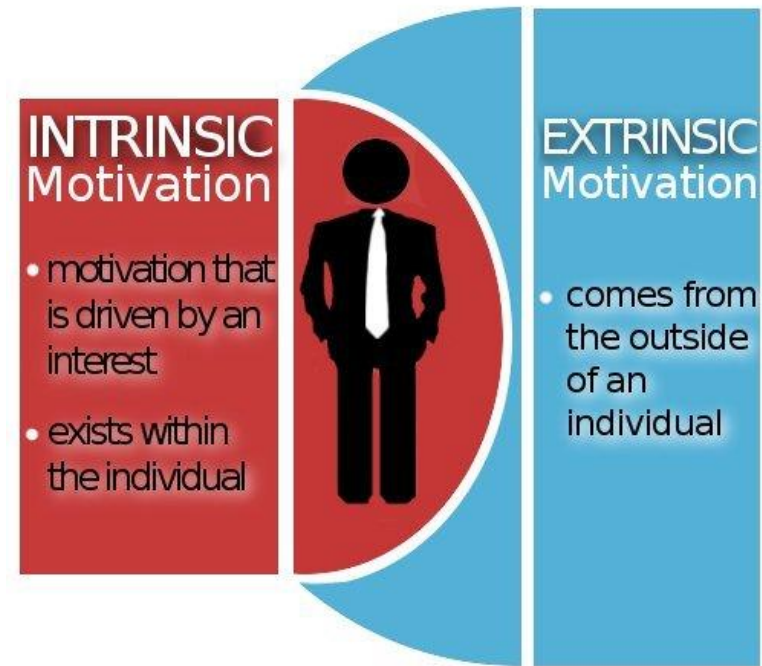
# Self Regulation

- The ability to control or redirect disruptive impulses and moods, and the propensity to suspend judgment and to think before acting.
- Includes trustworthiness and integrity; comfort with ambiguity; and openness to change.



# Internal Motivation

- A passion to work for internal reasons that go beyond money and status - which are external rewards
- Such as an inner vision of what is important in life
- A joy in doing something
- Curiosity in learning
- A propensity to pursue goals with energy and persistence
- Includes a strong drive to achieve, optimism, even in the face of failure.





# Empathy



- The ability to understand the emotional makeup of other people.
- A skill in treating people according to their emotional reactions
- Empathy is the ability to “walk a mile in someone else’s shoes”;
- Sympathy is feeling the same feelings as the customer and agreeing with them.
- A person feels sympathy, but shares empathy.
- Empathy statements are short phrases that help establish a connection with the person you are talking to, creating trust and mutual understanding. They show the other person is your sole focus and you are taking personal responsibility for them in this conversation.
- Use of words like “I” and “you” show personal involvement and interest with the customer, conveying a belief they will be helped as a priority; “we” is more corporate and distanced.
- Compare: **“This will be resolved by our team”** with:  
**“I will ensure this is resolved.”**



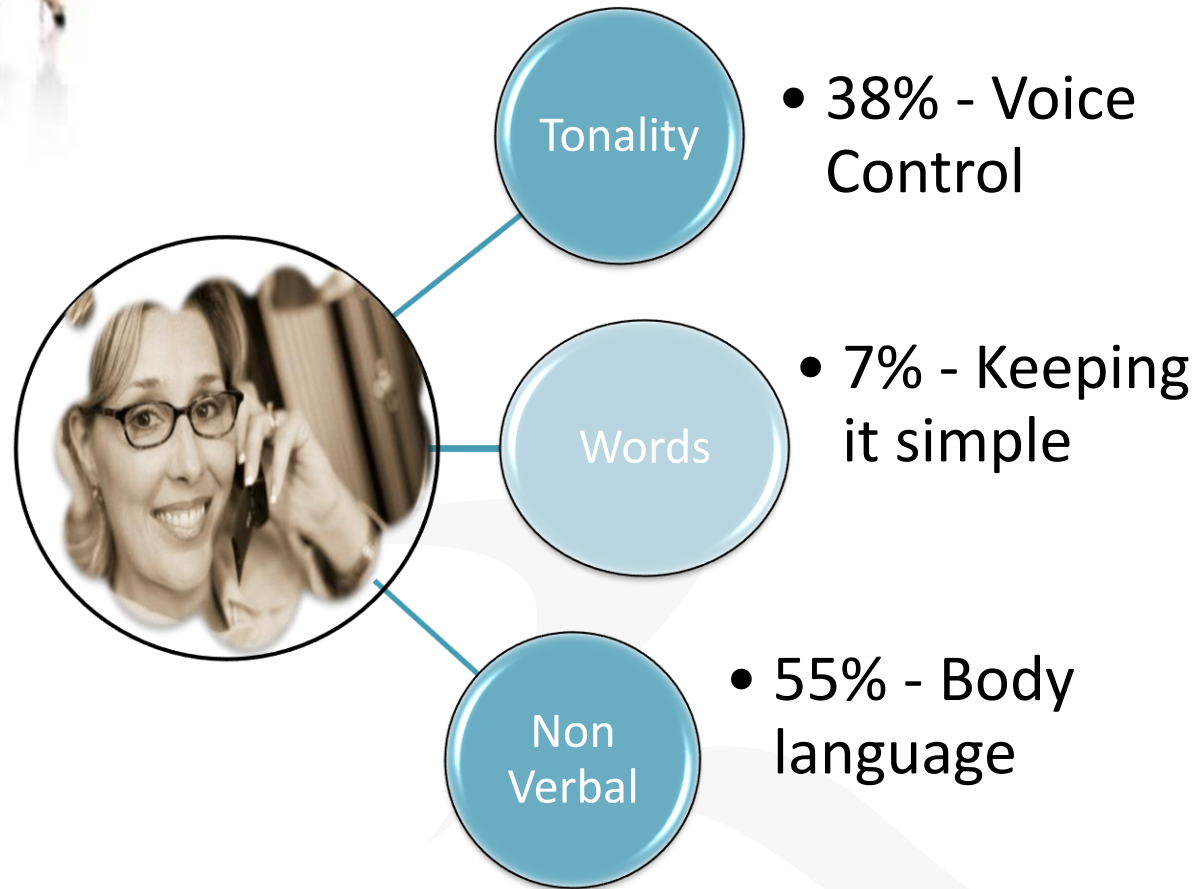
# Social Skills

- A social skill is any competence facilitating interaction and communication with others where social rules and relations are created, communicated, and changed in verbal and non-verbal ways.
- Proficiency in managing relationships and building networks
- an ability to find common ground and build rapport.
- Includes effectiveness in leading change,
- persuasiveness, and expertise,
- building and leading teams.



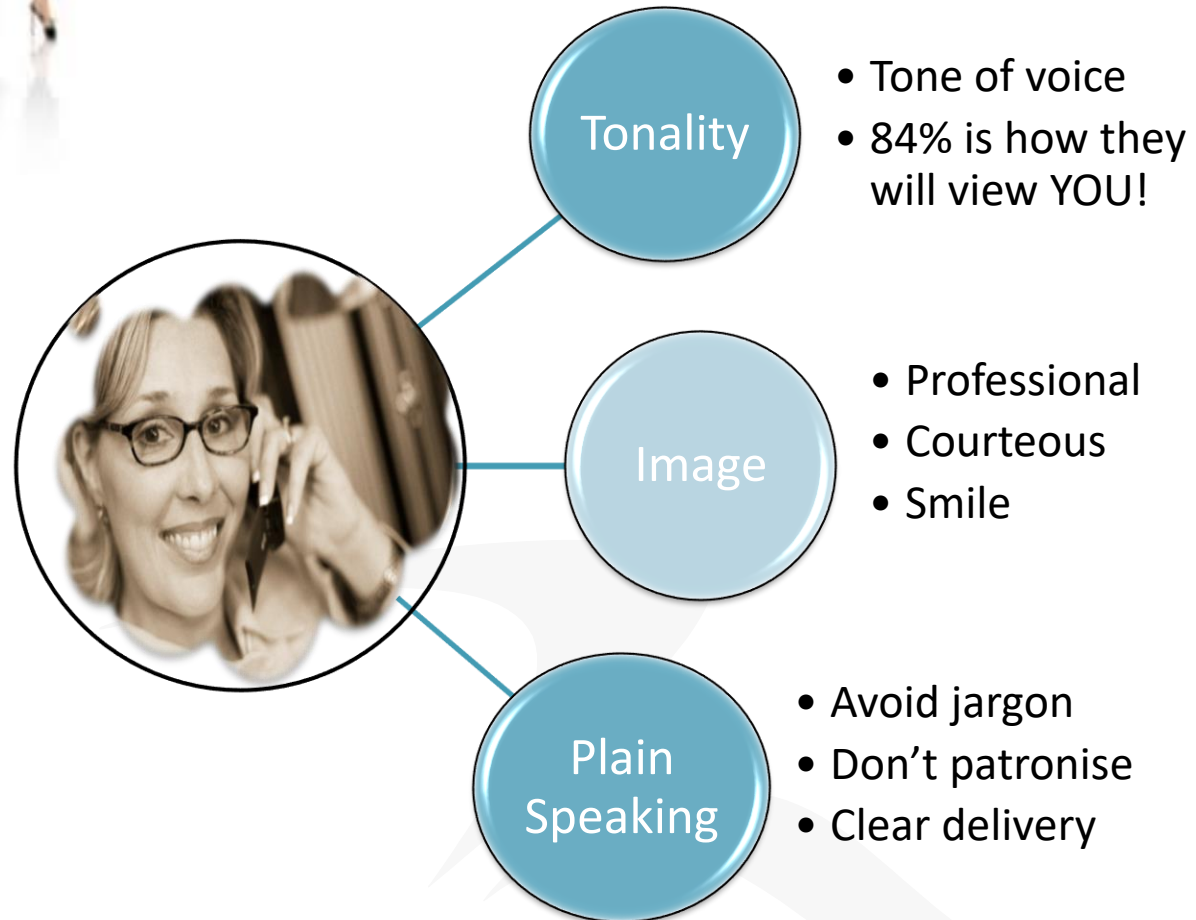


# Face to Face: Projecting a Professional Image





# Telephone communication - Projecting a Professional Image





## Projecting a Professional Image – Building Rapport

- Helps us get on the same wavelength as the customer and start to form a positive encounter
- Match your body language and tone to your words
- Effective communication influences behaviour
- Aim for an open, calm and inviting atmosphere
- Your body language and tone will win or lose a situation
- Emphasise “I am here to HELP!”
- It’s not so much what you say but how you say it
- If you try to understand the other’s point of view, it will ease the communication.

# What is my body language saying?



- Lack of eye contact implies disinterest or distraction
- Lowering your eyes gives the impression of looking down on them
- Frowning or scowling give the impression of being unfriendly



# What is my body language saying?

- Finger pointing or wagging gestures usually go with being told off and can be humiliating
- Crossing your arms makes you look defensive
- Sudden or quick movements can be interpreted as an attack
- Rolling your eyes gives the indication of irritation and impatience





# What is my body language saying?



# Dealing with suicidal disclosures

“ MY WHOLE WAY OF  
THINKING HAS CHANGED. I  
FEEL POSITIVE ABOUT MY  
FUTURE AND THE PEOPLE  
AROUND ME. I’M NOW  
LOOKING FORWARD TO THE  
FUTURE AND HELPING  
OTHERS JUST LIKE ME! ”



\* All feedback is provided by users of PAPYRUS & HOPELINE. All feedback has full consent of the user and the user remains fully anonymous. Some feedback may have been adapted to keep the users anonymity.



# Killed By My Debt exposes flaws in the UK bailiff industry and the cruelty of zero hours contracts



- Killed By My Debt tells the true story of Jerome Rogers, a 20-year-old from Croydon who was driven to suicide by the extreme escalation of two parking fines and the stresses of working on a zero hours contract.
- When Jerome landed two traffic fines totalling £130 while working, he couldn't afford to pay up. Over the subsequent months, the unpaid fines escalated to more than a thousand pounds. Jerome couldn't bring himself to tell his family the full extent of his debt and, in desperation, he applied for 15 payday loans.
- On top of this, every week Jerome had to pay for his bike, insurance, petrol, CitySprint tracker and jacket. He could see no way of finding the money to pay off the bailiff, who had also clamped his bike – his only source of income. Eventually, in a state of despair, Jerome went to the woods where he'd played as a child and hanged himself.



# Debt Killed my Dad!

- Music student Jessica Hurst, 25, was told her father, who had cancer, had died at the age of 56. Then came the discovery that he had killed himself after getting into debt with South Lakeland District Council.
- It had begun as a relatively small debt for unpaid council tax - but it multiplied many times after the council had him declared bankrupt.
- he owed the council £9,332 and over a 3 year period, the bill from the trustees grew to £72,000.
- The first person who ever turned up at his house to try to talk to him about his debt was a bailiff.



# Suicide



Having a mental illness is the most significant risk factor for suicide. The Samaritans offer guidance for dealing with emotionally distressed individuals contemplating suicide.

There are at least 14,000 suicide attempts in England and Wales each year as reported by A&E admissions.

If you identify someone is suffering from personal distress, then the Samaritans are keen for you to offer the customer the opportunity to call them directly on 116 123 (FREE from any phone). The Samaritans suggest that you refer to them as a partner agency.

If the customer gets 'cold feet' at this point, reassure them that 80% of their calls are in respect of suicidal tendencies.

If you feel the customer needs more emotional support and may not make the call themselves, you can offer to refer the customer to the Samaritans for a call-back. You must first get their agreement and agree a time for the call. The Samaritans will call within 30 minutes of any agreed time.

Suicidal disclosures (seriously believed)

1 in 4 front line advisors (last 12 months)

25% unsure of what to do

18% said there was no clear policy on what to do

**25%** of frontline staff say they are unsure what to do in such situations

- feeling awkward, unprepared, or fearful
- worrying about saying the 'wrong thing'
- not knowing how to involve specialists (int/ext)
- not confident about handling situations where specialist staff are unavailable





# Receiving a suicidal disclosure – what action to take



- A customer disclosure of suicidal thoughts or behaviour can mark a critical moment of opportunity.
- For the customer, telling someone that they want to take their own life, may not mean they actually want to die. Instead, it means that they do not want to live the life they have, and want things to change.
- For the staff member, it represents the beginning of an exchange where a customer's life might be seriously at risk, and where it is important to fully understand the situation before taking action.
- To manage disclosures such as these, staff may find it useful to follow the '**BLAKE**' protocol.
- BLAKE aims to give all staff the core skills for handling suicidal disclosures for as long as they need to, so they are able to:
- (a) help customers if specialist staff are not available, and
- (b) are able to make any referral (internal or external) with a clear summary of the situation and key risk factors.

# Suicidal disclosures – using BLAKE

---

- BLAKE is a new tool to actively help staff respond to suicidal disclosures and to involve internal specialists and external agencies where appropriate.
- BLAKE stands for BREATHE (to focus)
- LISTEN (to understand)
- ASK (to discover)
- KEEP SAFE (from harm)
- END (with summary).



# 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 make this time, by acknowledging what the customer has said:

*“I’m so sorry to hear you feel that way.  
How can I help you?”*



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

*Listen to the customer using verbal nods and recapping key information to show your understanding.*

**Contact the emergency services if a customer...**

- is 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

# 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.

**General questions**

*have you spoken to anybody about how you are feeling?*

**Direct questions**

*do you have a plan to do this (how, when, where)?*

**Questions about support**

*what can we do to keep you safe?*

# K

**Keep safe (from harm)** – based on your understanding of the situation, and also your organisation's policy, the emergency services should be contacted if the customer is at imminent risk of harm.

Stay on the line and keep talking with the customer.

Reassure the customer that your concern is their safety - other issues can be dealt with later.

*"I'm worried about what you've told me – what can we do to keep you safe?"*



# E

**End (with summary)** – once customer safety has been addressed, if it is possible to do so, staff should summarise what has been discussed and agreed, so that the call can end (and any data-recording can begin).

*“We’ve been talking for a while, but before we finish let me summarise what we agreed and what will happen next...”*

# BLAKE

**Every disclosure is an opportunity to intervene.**

However, always remember that you are not responsible for any actions a customer might take during, or following, your conversation.

# Receiving a suicidal disclosure – what action to take

- **Reassuring the customer**
- Where customers are believed to be at risk of suicide, staff should explain that any financial difficulties can be addressed, but that the *primary concern* is getting the customer the help they need at that precise point in time.
- Staff should explain to customers their financial situation will not worsen or be penalised during this time, and help can be given to resolve any financial difficulties at a later point. Doing this is important, as financial difficulty can be a risk factor for suicidal thoughts. Once the situation is stable and safe, staff should return at a later point to address these financial difficulties.
- **Taking time to listen**
- Disclosures of suicidal thoughts will often require time, active listening, and careful discussion. Simply listening, however, can play an important part in helping the customer. As well as showing that someone cares about their situation.
- The state of feeling actively suicidal is often short-lived. Consequently, while a person may be distressed or depressed for some time, the actual period in which they may consider taking their own life can be short.

# Receiving a suicidal disclosure – Taking Time to Listen



- Good listening breaks down when you begin to give advice. If you find yourself saying ‘Have you tried...’, ‘Why don’t you just...’, ‘When that happened to me, I...’, .....pause, and then give the floor back to the person talking. Offer gentle words of encouragement, or open questions such as ‘Can you tell me a bit more about that?’.
- Once someone feels held in that safe space where they are not being judged for anything they say, the power of validation will begin to build their self-belief back up and empower them to understand what it is they want to do.
- If you jump in and give advice or offer up solutions, you will take that power away and this can result in confusion or feelings of low self-worth. The person may feel they can’t get anything right, because what you’re inadvertently doing is saying, ‘You’re clearly not okay, so I need to fix this for you.’
- Although that comes from a place of genuine goodwill, it’s much more beneficial to flip the narrative to say: ‘I believe in you, I’m here with you and I’m going to stand alongside you while you work out what’s going on because I know you have the ability to do that.’
- People know their own thoughts better than anyone else, so they are best placed to find their own solutions. They might just need help in remembering that.

# 5 Top Tips for Listening Well – SHUSH



- **Show you care.** Give them time and your full attention, using open body language, good eye contact and words of encouragement to keep the conversation going.
- **Have patience.** It might take time and a few attempts before a person is ready to open up. But keep trying, as it will create a sense of trust. When someone is talking, don't be afraid of silence or feel the need to fill it – often this is when people are processing their thoughts.
- **Use open questions.** To keep the person talking until they've reached the heart of the issue, it's important to use open questions rather than those that invite a 'yes' or 'no' answer, which can close down the conversation.
- **Say it back.** Clarify what you've heard to let the person know you are trying to understand – for example, 'When you said this, it sounded scary. Is that right?'. When they hear it back they'll reflect on what's been said, leading to further exploration.
- **Have courage.** There are no rights or wrongs when listening to someone, or expectation that if you ask someone how they are, you will then need to fix their problem for them.
- **Further support** Sometimes, no matter how good a listener you are, extra help may be needed. Such as a local GP or mental health provider for advice and guidance, or contacting the Samaritans.

# Receiving a suicidal disclosure – what action to take

- **Terminated calls**

- It is not uncommon for customers who have disclosed thoughts or behaviour related to suicide, to hang-up during a conversation.
- If this happens, the customer should be re-contacted immediately.
- If an imminent risk of harm to the customer was emerging during the conversation, staff should contact the emergency services, as well as calling the customer back.
- If the risk of harm is not as severe, and the customer cannot be re-contacted, further attempts should be made that day and week. Staff can also consider contacting the police for a welfare check.

- **Involving colleagues**

- Organisations may wish to consider whether their policy on suicide covers the involvement and role of other colleagues.
- In some situations, for example, staff may benefit from signalling to colleagues that a customer is at risk of suicide (e.g. by standing up, or raising a hand/sign). Colleagues can then act to provide relevant support (including finding helpline numbers, listening into the call to advise, or calling the emergency services while the staff member keeps the customer on the line).

# Receiving a suicidal disclosure – what action to take

- **Data-recording**
- Where a customer is believed to be at risk of suicide, the DPA 1998 allows data to be recorded and shared *without* explicit consent (under the ‘vital interests’ provisions where risk of significant harm to life is believed to exist).
- **Working with helping agencies**
- If the customer is not at immediate risk, but staff still have concerns about their wellbeing, then staff can introduce them to a helping organisation such as the Samaritans. As always, it will be important to record any relevant information about the disclosure. This will allow other staff in contact with the customer to know about the situation.
- **Written correspondence**
- Not all disclosures of suicidal thoughts are made by customers on the telephone – disclosures by letter, email, text and social media can also be made. In these situations, organisations should attempt to contact the customer by phone where possible, as well as replying to the written correspondence, asking the customer to make telephone contact (including a direct number, and also contact details for external helping agencies).



# Receiving a suicidal disclosure – what action to take

- **Example questions**

- Following a suicide disclosure, you will need to judge whether to ‘ease in’ to the conversation with general questions, or be more direct.

- **General questions**

- what has led to these feelings?
- how long have you felt this way?
- have you spoken to anybody about how you are feeling?
- how far have you taken your thoughts about suicide?
- what support or help are you receiving?

- **Direct questions**

- do you have a plan to do this (how, when, where)?
- where are you now? (this is key for the emergency services)
- are you alone (is there anyone there who can help you)?

- **Questions about support**

- what can we do to help you?
- what can we do to keep you safe?
- has anyone else helped you before that we could call?

You will want to help the customer, but you are not responsible for any actions they might take during, or following, your conversation.

# Experiences from the front line

## **Always taken seriously**

“The customer was being evicted in 20 minutes time and the customer advised that his house was his main possession and that if we took it he would take his own life... ..I questioned in my mind whether the customer’s threat was serious or just a panicked excuse considering the timing, but in situations such as this I believe all threats like this must be taken seriously.”

## **It made a difference**

“Customer was on the phone and advised they had lost their wife and child in a car accident and had taken pills. I kept the customer on the phone as long as possible to keep them awake, then called police to advise ambulance service of the address. Customer called back 6 months later to thank me.”

# Experiences from the front line

## **Every second was time well spent...**

“One particular example recently that’s fresh in the memory is of a man who opened up to explain that he had been self harming over the last 12 months and had tried, planned but thankfully not followed through with the notion to take his own life.

We built up a great rapport enough for him to reveal that recently in his life, he had lost his job, his wife had left him, he became depressed and for a time, wasn’t allowed to see his children.

It developed from there and he explained in detail a gradual spiral of misfortune, coupled with an ever increasing debt problem which led him to a local cliff where his plan was to jump off. The only thing that stopped him was the guilt for those left behind.

Thankfully he had since sought the help that can assist, MIND, Samaritans and the free debt advice.

That conversation lasted over 40 minutes but I believe every second was time well spent.”

# Experiences from the front line

## **I could hear the little girl crying in the back of the car**

...she replied by saying she doesn't really care she has been thinking of ways to kill herself lately. Customer then said she was driving her car with her young daughter in the back and was thinking about speeding up and driving into and under the lorry in front.

I could hear the little girl crying in the back of the car so I asked the customer where she was, where she was going to and flagged down my team leader.

My team leader listened in remotely and told me to transfer the customer to our specialist support team.

I later checked in with the specialist support agent who advised they passed the call through to the Samaritans as the customer had calmed down a bit and was no longer going to drive into the lorry in front."

//

[He] called back two days later... and told me that I saved his life. I felt so proud. [What he] needed was a human being to listen."

**Frontline collector**

# Supporting staff



Dealing with disclosures of suicidal intentions or thoughts – either as a ‘one-off’ for frontline staff, or in a specialist role – can have an impact on staff. Organisational policies on suicide should:

- allow staff – immediately following a disclosure – the opportunity for a break from their work
- remind staff that if they have any thoughts or feelings about the situation, they can seek support from managers, colleagues, or any available Employee Assistance Programme
- offer staff the opportunity to review the disclosure to reflect on how they handled the situation, whether existing protocols and policies worked effectively (including lessons that can be learnt for future disclosures), and any support that they might require
- provide staff with the contact details of external helping or listening agencies – these are there for any form of emotional distress, including that from working with suicidal customers
- remind staff that they have done all that could be reasonably expected from them, and they are not responsible for:
  - counselling a customer
  - the actions that a customer took, might take, or whether they sought help or not
  - how helping agencies, GPs, or other organisations might respond to a referral.

“

On that call I felt really upset for the customer and was on it for almost 1 hour, she was at one point pleading with me not to leave her, I did stay strong & confident on the call but once I released the line I was shaking and almost in tears.”

Specialist collector



**Samaritans**  
116 123  
[jo@samaritans.org](mailto:jo@samaritans.org)

**CALM** (Campaign  
Against Living  
Miserably – prevention  
of male suicide)  
0800 58 58 58 (UK)

**Papyrus** (for people  
aged up to 35)  
0800 068 41 41  
[pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)



# A final word from the 'front line'

*"For me, the greatest challenge is provided by our organisation. There is no clear process or procedure to follow when we encounter this sort of person.*

*We are left to our own devices in this sense, so the approach can be very inconsistent."*

**if we're honest, sometimes this can involve three immediate thoughts:**

- a. where do I send them?
- b. what is the phone number?
- c. job done...

**so...try to make sure:**

**a. you listen**

(rather than start thinking about signposting)

**b. you really know**

(who you are signposting to – it is more than a ‘name’)

**c. you clearly explain**

(who you are signposting to – and what it can do)

**d. you do not consider it ‘job done’**

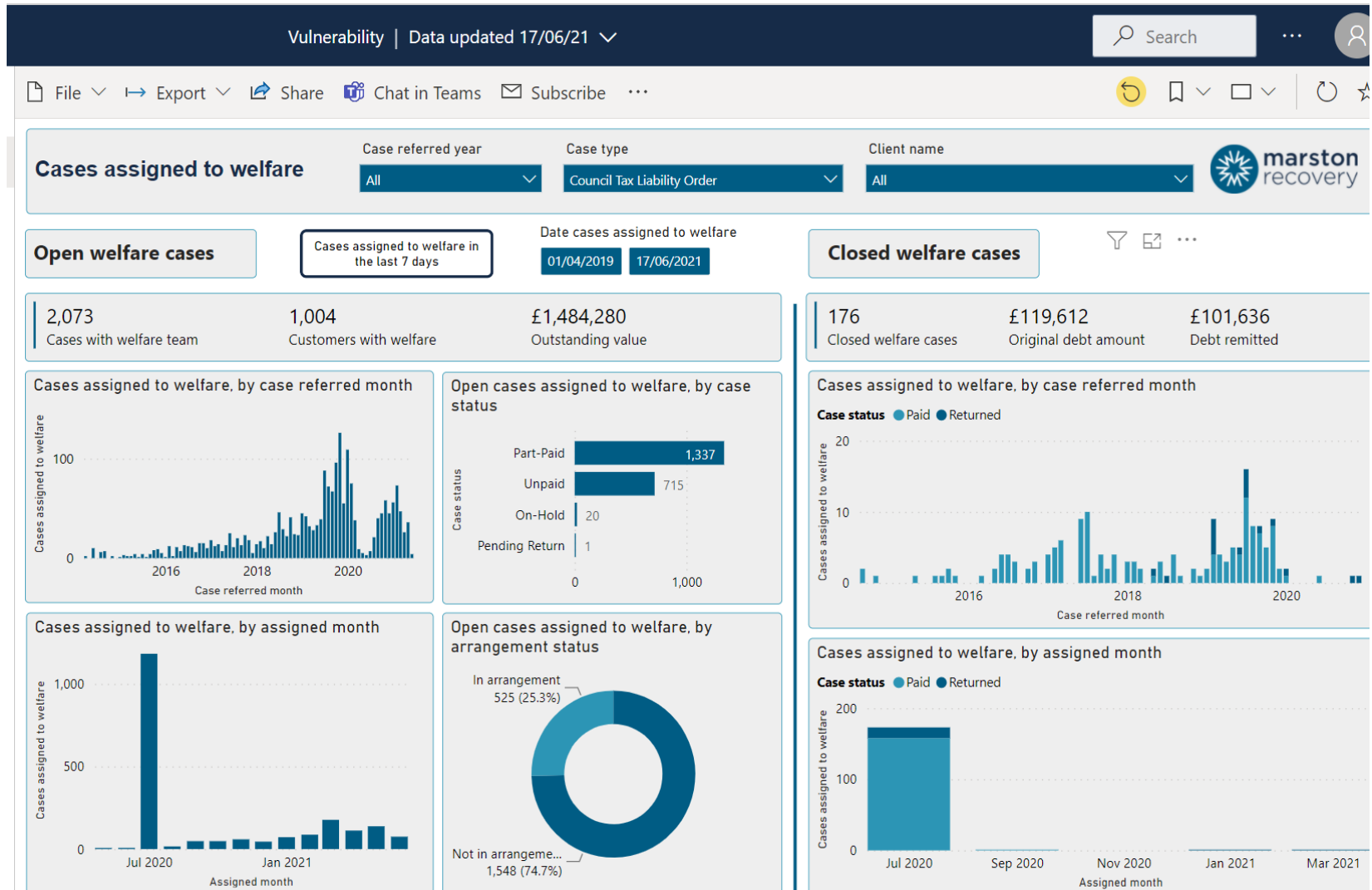
(in future contact, ask whether the ‘help helped’)

# Implementing Effective vulnerability Solutions - 3 practical steps



- What do you view as the biggest challenge of embedding effective vulnerability skills, knowledge and practice through training in your organisation? (Bristol Research Survey)
- The majority answered that their biggest challenge was ‘Knowledge of “what works” on vulnerability’ and ‘sustaining momentum/action after training’.
- This is absolutely critical. As we all know, policy and organisational ambitions on vulnerability cannot be met unless three conditions are fulfilled:
  1. Staff have the necessary skills, knowledge and confidence to deliver these ambitions through training.
  2. These training initiatives tackle the actual challenges and tasks that staff encounter daily. ‘Awareness raising’ about vulnerability will not, in itself, deliver practical change.
  3. Alongside training, each firm’s wider environment has to facilitate staff taking effective actions on vulnerability by developing quality assurance, monitoring and compliance functions, data architecture and dashboards, and other functions on vulnerability.
- This means that an effective response to vulnerability has to not only raise individual staff skills, knowledge and confidence, but also has to start to make parallel improvements in the strategic, policy, and information environments that staff will be working in daily.

## Welfare Cases report: showing cases assigned to Welfare and outcomes.



# Assessment of Learning



# Assessment of Learning

Give 3 examples of a potential vulnerability characteristic

Age

Mental health

Language

Visual impairment

Hearing impairment

Speech impairment

Mental capacity

Learning disability

Physical disability





# Assessment of Learning

Give 3 examples of a potential vulnerability circumstance

Bereavement

Job loss

Pregnancy

Domestic violence

Financial insecurity

Threat of eviction

Separation / divorce

Addiction

Illness



# Mental Capacity is the same as a Mental Health Problem,



True or False?

FALSE; they are not the same thing – mental capacity is a person's ability to make a decision. Having a MHP could potentially limit someone's ability to make a decision, but it may not?

A MHP is hard to define but will usually mean someone is experiencing changes in their thinking, emotional state, mood or behaviour.



# Complete each sentence with what we've learned

For Lisa **feelings of worry or fear** have become so regular and intense they are impacting on her day to day life. Lisa has .....

**ANXIETY**

Steve has times where he **sees and hears things that other people do not**. Other people with this condition can believe they are being persecuted or they are famous. Steve has .....

**SCHIZOPHRENIA**

Simon has a **long lasting low mood** that stops him getting on with life, or taking an interest in things, he has .....

**DEPRESSION**

Paul's condition severely affects his moods. It includes periods of **extreme highs and lows**, often with normal periods of mood in between, Paul has .....

**BIPOLAR DISORDER**

# Assessment of Learning

Everyone is susceptible to addiction: True or false?

TRUE; Everyone is susceptible to addiction, it is evident in every gender, ethnic origin, religion, occupation, social class and age group.

# Assessment of Learning

Schizophrenia is a common mental health problem: True or false?

FALSE; It is a psychotic condition and less than 1 in 100 people in the general population will suffer from this.

# Assessment of Learning

Most people who have a mental health problem will have a  
Community Psychiatric Nurse at some point: True or false?


FALSE; only around 7% of people with a mental health diagnosis will have a CPN, as these are second tier professionals working with the most acute customers. Therefore, most customers will be managed by their GP.



# Assessment of Learning

When a customer gives me some information about any health condition, I need to obtain their explicit consent to record this on my case management system: True or false?

TRUE; Sensitive personal data includes any health matter and explicit consent should be requested from the customer. The customer must also be made aware of how this data may be used.



# Assessment of Learning

When receiving medical treatment, after how long would you expect a customer suffering from Depression to make a recovery?

4 to 6 months.



# Assessment of Learning

When assessing Vulnerability what does the acronym IDEA stand for?

Impact

Duration

Episodes

Assistance



# Assessment of Learning

When assessing Vulnerability what does the acronym TEXAS stand for?

Thank

Explain

Explicit consent

Ask

Signpost

# Assessment of Learning

When handling a suicidal disclosure what does the acronym **BLAKE** stand for?

Breathe

Listen

Ask questions

Keep Safe

End with summary



# Assessment of Learning

Give 2 aspects (from the 5 we explored) that make up Emotional Intelligence?

Self awareness

Internal Motivation

Empathy

Self Regulation

Social Skills



# Assessment of Learning

Assistance can be offered to anyone with a vulnerability characteristic, as long as I have the blend of knowledge in the subject matter and skills to engage with this customer group:  
True or false?

TRUE, This course seeks to provide knowledge and increase skill levels in these two areas.

A decorative graphic consisting of two overlapping, stylized, light gray shapes that resemble a large, flowing 'S' or a stylized 'R'.



# Any questions



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