

November 2018

# Vulnerability: the experience of debt advisers

Challenges and opportunities for supporting clients in vulnerable situations

## VULNERABILITY RESOURCE PACK

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## About this resource pack

This document brings together a range of practical resources and good practice guidance for working with debt advice clients in vulnerable situations.

The majority of resources presented throughout this document have been taken from our publication 'Vulnerability: the experience of debt advisers', which is a research report based on a survey of nearly 1,600 debt advisers across the UK (please see the following page for more information).

The practical tools and guidance presented here were informed by a series of 'problem-solving workshops' held with advisers and other stakeholders across the UK. 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.

### About the authors

The research report and materials in this resource pack were 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 study was kindly funded by a grant from the Money Advice Service.

## About the research on which this is based

Most of the resources in this pack are taken from our research report 'Vulnerability: the experience of debt advisers'. This is a report which details the realities of providing debt advice to some of the most vulnerable people in UK society.

Based on a UK-wide survey of 1,573 debt advisers working in a range of organisations, the report:

- presents new 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.

The research with advisers was also supplemented by a survey of 392 people with lived experience of mental health problems – recruited from the Money and Mental Health Policy Institute's Research Community, a research panel of 5,000 people with lived experience of mental health problems. These people were asked about their experiences of seeking and receiving debt advice, and the effect of their mental health throughout the process.

The research can be downloaded from:

**[www.bristol.ac.uk/geography/research/pfrc/themes/vulnerability/](http://www.bristol.ac.uk/geography/research/pfrc/themes/vulnerability/)**



## 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.

## Recognising vulnerability

### 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.

# Recognising vulnerability

## The BRUCE protocol: recognising mental capacity limitations

**B**

### **Behaviour and talk**

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

**R**

### **Remembering**

is the client experiencing problems with their memory or recall?

**U**

### **Understanding**

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

**C**

### **Communication**

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

**E**

### **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).



## 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.

Here, 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.

## Moving from identification to support

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

## Moving from identification to support

### Managing disclosures with the TEXAS protocol



#### **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).

## Moving from identification to support

### Understanding vulnerability using the IDEA protocol



**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."*



## Moving from identification to support

### Gathering further evidence about a client's situation

#### RELIABLE INFORMATION SOURCES OF 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](http://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](http://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](http://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.

#### 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](http://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](http://www.gov.uk/government/collections/sampleletters-to-get-evidence-of-domestic-violence)

## Moving from identification to support

### Strategies for managing challenging behaviours

#### 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.

#### 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.

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#### 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"*

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#### 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").

### Strategy 4: quietening a conversation

In some situations, clients may talk at both volume and pace – making it difficult for advisers to make themselves heard or intervene.

While some advisers may choose to more loudly and 'over' the client to wrestle back control, or let the client 'vent' their feelings and slowly unwind themselves, other strategies do exist.

To get the client to hear an adviser, and to slow the conversation down and even take some of the heat out of the situation, some advisers simply recommend talking more quietly than normal.

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Through lowering the voice a few levels, and speaking more quietly, a client's natural instinct will often be to stop talking and strain to hear what is being said (even if they only wish to listen in order to disagree).

While an adviser may have to repeat the message they want to get across (if they are speaking too quietly), a client will have to stop talking to listen.

An adviser then can continue speaking just as quietly, but more gently, calmly and in an attempt to slow the conversation and calm the client.

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**Remember:** this is about gaining someone's attention, then gently trying to take the heat out of the conversation in a slow and calm manner.

### **Strategy 5: managing unusual beliefs**

Advisers may encounter consumers who appear to hold unusual beliefs, or may even hear or see things, which other people do not.

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Advisers should recognise that these things will appear very real to the client, and should avoid agreeing or disagreeing with what they are saying (and if challenged, say that different people see things from different points of view).

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If possible, staff should examine the relevant issues facing the client (rather than discussing their beliefs), and work to actively 'ground' them (through repeating the key 'take-home' points).

### **Strategy 6: what's known, done, and next**

Clients can be fearful, anxious, and overwhelmed about the likely outcomes of their situation.

This may lead to the client being preoccupied with their concerns, and not listening to the key information being given to them.

Consequently, it can also lead to repeated client contacts for 'update reports' on what is happening, as well as clients implying that an adviser might actually be holding information back from them (e.g. "You're not telling me everything, or being straight with me. It isn't clear at all.").

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Drawing on how criminal and legal bodies structure media briefings, advisers can minimise these challenges by providing clients with the absolute information in the clearest manner.

This involves telling the client:

- what is known - in the first sentence, summing up progress on the current situation
- what has been done – in the second sentence, explaining what action has been taken
- what's happening next – in the final sentence, outlining what the outcome or next action is.

Advisers may provide this information directly to the client, but it can also help some clients to also have this provided in a letter, text, or email.

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**Remember:** this isn't rocket science, but it is often harder than it sounds (try it). Distilling often complex information into three simple sentences is something that even experienced advisers can find difficult. However, making this a habit can really focus a client on the absolutely essential and key information, and help to reassure them that an adviser is doing everything possible.

### Strategy 7: taking back the topic

When clients are talking about situations that are personal and emotional, they can often bring in information and stories which aren't directly relevant to the debt situation at hand.

Given the time and resource pressures on some debt advisers, the ability to re-direct the conversation, 're-set the agenda', and begin talking in a way which won't spark conflict is key.

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#### 'Taking back the topic' simply involves:

- taking something the client has said
- repeating it back to them
- and guiding the conversation back to an issue that the adviser needs to concentrate on.

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#### Example:

*"I can't image what it must have been like to have been left waiting for a response from us for that length of time. As you just said, it must have been very frustrating and disappointing for you. Let me help turn the situation around by asking you about the following..."*

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**Remember:** doing this shows that we're listening, while enabling us to politely intervene, re-take control of the conversation, and point it in a more practically helpful direction.

### Strategy 8: client language

Advisers will probably, at some point, encounter clients who uses offensive or abusive language.

Some advisers believe that any such language should be tackled as it can fuel anger, lead to conflict, and is upsetting to others.

Other advisers observe that making reference to the swearing will further anger the client.

Meanwhile others draw a distinction between language directed at the adviser (which should be tackled as it is abusive), and language that is not.

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Whatever position an adviser takes, one thing is clear - if you are going to talk with the customer about their language, do this skilfully:

"I really want to help you, but the swearing is getting in the way. I'm really sorry about that, as I do want to help. Can we just talk clearly to one another now?"

"I'm really sorry this has made you swear. Now I know how frustrated you are by all this, is it OK just to tone it down, so I can hear all of what you're saying?"

**Remember:** all advisers will have different personal and professional boundaries on this issue – there is no right or wrong answer.

### Strategy 9: silence

Silence and reflection are often valuable, but overlooked, tools for debt advisers.

If a client stops talking, it can mean they're thinking about something painful or sensitive.

It is fine for advisers to wait a while in silence, then gently ask what they been thinking about.

## Moving from identification to support

### 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?**



## Supporting clients with 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.

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

1. addiction 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.

## Supporting clients with gambling and other addictions

### Specific cues of addiction: financial and behavioural indicators

FINANCIAL	BEHAVIOURAL
<ul style="list-style-type: none"> <li>• client is vague about what might be causing their financial difficulty and debt</li> <li>• client is reluctant to share bank statements, commit to a budget, or discuss their finances</li> <li>• client's budget shows surplus income but client reports having no money</li> <li>• client has unspecified spending on 'leisure' or entertainment they cannot/will not explain</li> <li>• client has taken on extra jobs/over-time but does not have any money to show for it</li> <li>• repeated expenditure on gambling that leaves no disposable income for creditors</li> <li>• repeat ATM withdrawals from same place multiple times in a day</li> <li>• repeat bank transfers to an electronic wallet or store (possibly to fund online gambling)</li> <li>• 'bursts' of spending (may indicate attempt to recoup a gambling loss)</li> <li>• sudden increases in money or new possessions (funded by gambling wins)</li> <li>• increases in applications and use of credit cards, loans, bank accounts, or other credit</li> <li>• missed payments to priority and other debts without obvious justification</li> <li>• increases in debt to family, friends and colleagues (including guarantor loans)</li> <li>• repeat expenditure on known gambling sites/ places, or unusual bank statement entries (not all gambling sites will have clear</li> </ul>	<ul style="list-style-type: none"> <li>• poor physical health from drug or alcohol use (e.g. nausea, stomach ulcers, liver disease)</li> <li>• physical injuries (from accidents, falls, or violence associated with alcohol or drugs)</li> <li>• physical intoxication (although some medical conditions have similar signs to intoxication)</li> <li>• poor mental health (including stress, anxiety and depression) can accompany addiction</li> <li>• negative psychological feelings of hopelessness or despair (about the future)</li> <li>• emotional anger or defensiveness if clients feel their gambling or drinking is threatened</li> <li>• decision-making abilities can be impeded by addiction (understanding, remembering etc)</li> <li>• preoccupied, unfocused, and 'not present' due to client's focus on next bet or drink</li> <li>• inconsistent explanations of the same situation or event to hide an addiction</li> <li>• life-events can be both a cause of addiction, as well as a consequence</li> <li>• relationship breakdown, separation or isolation from family and friends</li> <li>• unstable accommodation, job loss or change, and contact with the criminal justice system</li> <li>• 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</li> </ul>

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.

## Supporting clients with gambling and other addictions

### Conversation starters



**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)

## Supporting clients with gambling and other addictions

### Applying TEXAS and IDEA to addictions

**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.

**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?

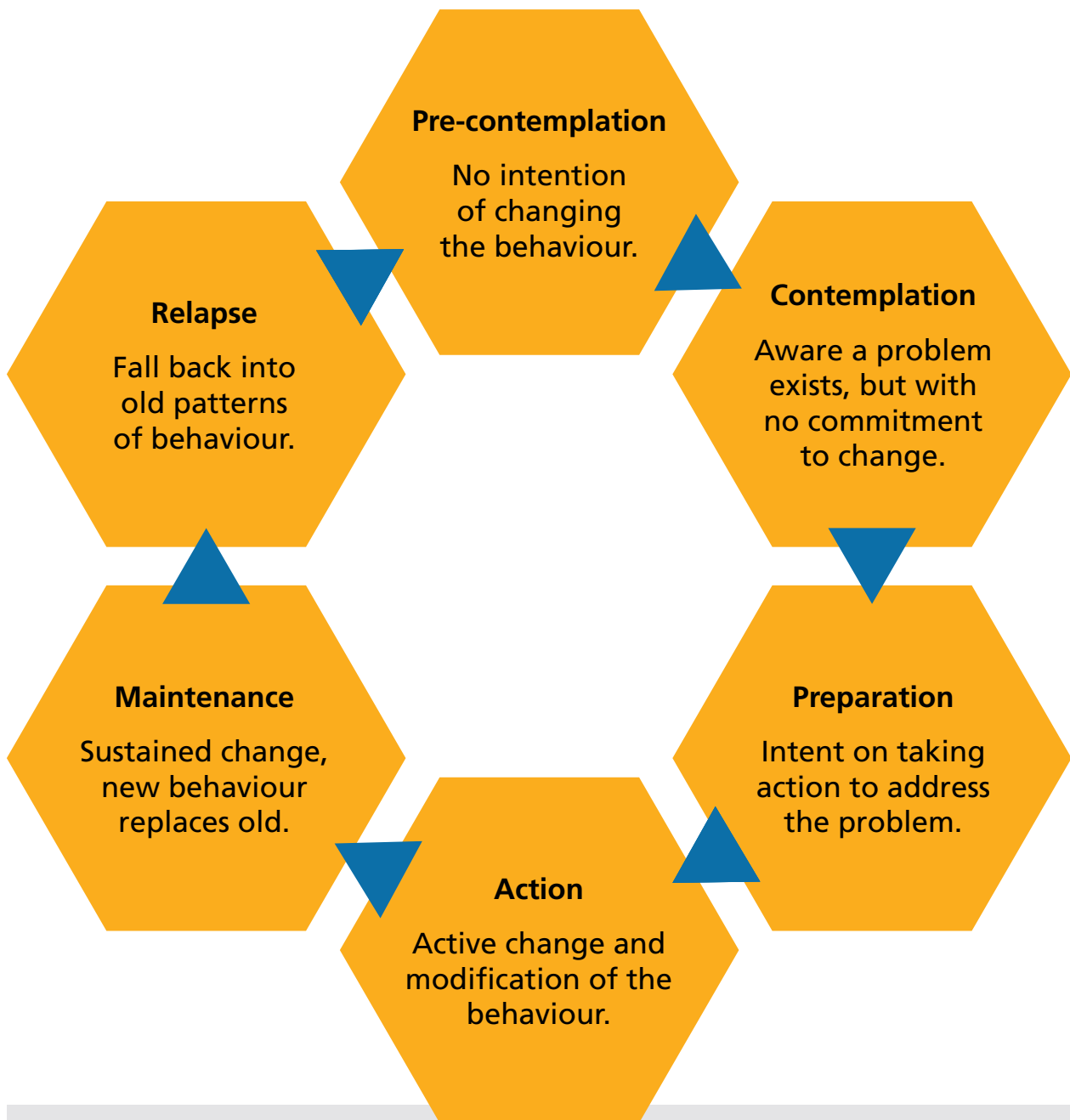
**A**

**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).

## Supporting clients with gambling and other addictions

Using the 'Stages of Change' model



The Stages (or 'Wheel') of Change model can help advisers recognise where a client is with their addiction. It helps advisers to visualise and better identify what help or information a client might need to move to a more positive stage of recovery, or equally whether a client is simply not ready for this. 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.

## Supporting clients with gambling and other addictions

### Helping organisations for clients with addictions

#### GAMBLING

##### **GamCare**

Phone: 0808 8020 133 (7dw, 8am to midnight)

Web: [www.gamcare.org.uk](http://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](http://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](http://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](http://www.gordonmoody.org.uk)

About: A residential rehabilitation programme for people with severe gambling addictions.

##### **Gam-Anon (for family members)**

Web: [gamanon.org.uk](http://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](http://www.newportcab.org.uk/our-services)

Email: [gamblingsupport@newportcab.org.uk](mailto:gamblingsupport@newportcab.org.uk)

##### **Self-exclusion**

The [www.begambleaware.org](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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.



## Supporting clients with 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.

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.

## Supporting clients with mental health problems

### 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: 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 to check whether a client generally understands what is being explained, and also to support understanding if difficulties do exist.

#### 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: 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 can be used to both identify and support clients who are having difficulties with decision-making.

#### 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: 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.

## Supporting clients with mental health problems

### Support checklist: mental health problems

#### 1. Establish whether this is 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.

#### 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.

## Supporting clients with mental health problems

### Organisations that can offer further information and support

#### Mental Health and Money Advice

A UK-wide online advice service which combines support for both mental health and financial problems. They also currently work with certain organisations to provide telephony-based service, but generally are an online-only service at present.

**Web:** <https://www.mentalhealthandmoneyadvice.org>

#### Mental Health Foundation

The Mental Health Foundation provide an A to Z guide on all things mental health on their website; for example, how things like alcohol can affect our mental health.

**Web:** <https://www.mentalhealth.org.uk/a-to-z>

#### Mind

An organisation that provides advice and support to empower anyone experiencing a mental health problem.

**Web:** <https://www.mind.org.uk/>

**Mind Infoline:** 0300 123 3393 (all UK)

**Email:** [info@mind.org.uk](mailto:info@mind.org.uk)

**Text:** 86463

#### PANDAS Foundation

Organisation that supports individuals with pre- (antenatal) or postnatal depression, or postnatal psychosis.

**Web:** <http://www.pandasfoundation.org.uk/>

**Helpline:** 0843 28 98 401, open 9am – 8pm seven days a week (England, Wales & Scotland)

#### Rethink Mental Illness

Free mental health factsheets, advice and information service, and online webchat.

**Web:** <https://www.rethink.org/about-us/our-mental-health-advice>

#### SANE

Charity that provides emotional support and information to anyone affected by mental illness, including families, friends and carers.

**Web:** [http://www.sane.org.uk/what\\_we\\_do/support/](http://www.sane.org.uk/what_we_do/support/)

**SANEline:** available on 0300 304 7000 from 4.30pm to 10.30pm every evening (all UK)

**Textcare:** allows you to arrange for messages of support at times that are right for you

**Support Forum:** available 24 hours a day to share your experiences with other members and give and receive mutual support.

#### Time to Change

For myths and facts on mental health, please see the below link. Also gives guidance on supporting someone you know with a mental health problem.

**Web:** <https://www.time-to-change.org.uk/about-mental-health>



## Supporting clients at risk of 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.

## Supporting clients who may be at risk of suicide

### 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"*

### 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.

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

## Supporting clients who may be at risk of suicide

### 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](mailto:jo@samaritans.org)**

**Branch visit (search at): [www.samaritans.org/branches](http://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](http://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](mailto: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](http://www.thesilverline.org.uk)**

## Supporting clients who may be at risk of suicide

### Asking about suicide: indicators and possible 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.

## Supporting clients in other potentially vulnerable situations

### Organisations that can offer further information and support (1)

Topic	Organisation	Description	Contact details
<b>Serious physical illness</b>	Macmillan Cancer Support	Information, practical advice and support on living with cancer, including the financial implications of a diagnosis.	<a href="https://www.macmillan.org.uk/information-and-support">https://www.macmillan.org.uk/information-and-support</a> Helpline: 0808 808 00 00 (Monday to Friday, 9am-8pm)
	Marie Curie	Information on caring for someone with a terminal illness.	<a href="https://www.mariecurie.org.uk/help/support/being-there">https://www.mariecurie.org.uk/help/support/being-there</a> Helpline: 0800 090 2309
	Royal College of Psychiatrists	Guidance on coping with physical illness.	<a href="https://napac.org.uk/">https://napac.org.uk/</a> Helpline: 0808 801 0331 (10am-9pm Monday to Thursday, 10am-6pm on Friday) (all UK)
<b>Relationship difficulties and abuse</b>	NAPAC (National Association for People Abused in Childhood)	Organisation that offers support to adult survivors of child abuse.	<a href="https://napac.org.uk/">https://napac.org.uk/</a> Helpline: 0808 801 0331 (10am-9pm Monday to Thursday, 10am-6pm on Friday) (all UK)
	National Domestic Violence Helpline	This helpline is for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf.	Helpline: 0808 2000 247 (24 hours a day)
	NHS Choices	Information on easing the strain that money worries can put on your relationship.	<a href="https://www.nhs.uk/Livewell/mentalhealth/Pages/money-worries-finances-and-relationships.aspx">https://www.nhs.uk/Livewell/mentalhealth/Pages/money-worries-finances-and-relationships.aspx</a>
	Relate	Relate offers counselling services for every type of relationship nationwide. They also provide advice on marriage, LGBT issues, divorce and parenting.	<a href="https://www.relate.org.uk/">https://www.relate.org.uk/</a>
	Safe to Talk	Good practice guidelines when supporting a victim of domestic violence and abuse.	<a href="http://www.safetotalk.org.uk/professionals/good-practice-guidelines-when-supporting-a-victim-of-domestic-violence-and-abuse/">http://www.safetotalk.org.uk/professionals/good-practice-guidelines-when-supporting-a-victim-of-domestic-violence-and-abuse/</a> Helpline: 0800 035 5309 (8.30am-8.30pm Monday to Friday, and 9.30am-5.30pm weekends)
<b>Bereavement</b>	Cruse	Advice and guidance on grief and how bereavement affects different people.	<a href="http://www.cruse.org.uk/about-grief">http://www.cruse.org.uk/about-grief</a> Helpline: 0808 808 1677 (9.30am-5pm, Monday to Friday with extended hours on Tuesday, Wednesday and Thursday when they are open until 8pm)
	Marie Curie	Guidance on supporting a grieving friend or relative.	<a href="https://www.mariecurie.org.uk/help/support/bereaved-family-friends/dealing-grief/supporting-a-grieving-family-member-or-friend">https://www.mariecurie.org.uk/help/support/bereaved-family-friends/dealing-grief/supporting-a-grieving-family-member-or-friend</a>
	NHS Choices	Guidance on coping with bereavement.	<a href="https://www.nhs.uk/Livewell/bereavement/Pages/coping-with-bereavement.aspx">https://www.nhs.uk/Livewell/bereavement/Pages/coping-with-bereavement.aspx</a>

## Supporting clients in other potentially vulnerable situations

### Organisations that can offer further information and support (2)

Topic	Organisation	Description	Contact details
<b>Homelessness</b>	Centrepont	Organisation that supports young people, aged 16-25, into a home and a job.	<a href="https://centrepont.org.uk/">https://centrepont.org.uk/</a>
	Crisis	National charity for homeless people	<a href="https://www.crisis.org.uk/">https://www.crisis.org.uk/</a>
	Shelter	Information and advice on homelessness and housing-related issues.	<a href="https://www.shelter.org.uk">https://www.shelter.org.uk</a>
<b>Relationship difficulties and abuse</b>	Action on Hearing Loss	Charity for people who are deaf and hard of hearing.	<a href="http://www.actiononhearingloss.org.uk/">http://www.actiononhearingloss.org.uk/</a> Helpline: 0808 808 0123 (9am-5pm, Monday to Friday) Textphone: 0808 808 9000 (9am-5pm, Monday to Friday)
	Mencap	Advice, support and information on learning disabilities, such as Autism and Down's Syndrome.	<a href="https://www.mencap.org.uk/">https://www.mencap.org.uk/</a>
	RNIB (Royal National Institute of the Blind)	Source of information on sight loss and the issues affecting blind and partially sighted people.	<a href="http://www.rnib.org.uk/">http://www.rnib.org.uk/</a> Helpline: 0303 123 9999 (8am-8pm weekdays and 9am-1pm on Saturdays)
	Scope	Support and information on disabilities.	<a href="https://www.scope.org.uk/">https://www.scope.org.uk/</a> Helpline: 0808 800 3333 (9am-5pm weekdays)

