A LITTLE HELP FROM MY FRIENDS

Tools to support financial decision-making for people with mental health problems

Nikki Bond, Katie Evans and Merlyn Holkar
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About the authors

Nikki Bond works as a Research Officer at Money and Mental Health. Nikki’s background is in financial services where she worked supporting people with mental health problems to manage their finances. Prior to this she worked in social care advocating for disadvantaged and marginalised groups.

Katie Evans is Head of Research and Policy at Money and Mental Health, where she leads a ground-breaking research programme exploring the links between mental health problems and financial difficulty. She previously worked as an economist and holds degrees from the University of Oxford and the London School of Economics.

Merlyn Holkar is a Senior Research Officer at Money and Mental Health. Merlyn holds a BA in Philosophy, Politics and Economics from the University of Warwick. Before joining Money and Mental Health, Merlyn worked in the Policy and Campaigns department at Contact a Family.
Support with financial management can be enormously helpful to people experiencing mental health problems

- The symptoms of mental health problems can make managing money substantially more difficult. As a result, many people experiencing mental health problems value support from family and friends. This help may be offered on an ongoing basis, or only during periods of acute illness.

- Support provided by carers includes help checking bills and statements, making payments, budgeting, controlling spending, and communicating with essential services providers.

- This help is often vital to avoiding the serious financial consequences of poor mental health, which can aggravate mental health problems and delay recovery.

A range of tools are available to facilitate third party access

- Legislation makes clear that third party access should be provided in a way that protects a person’s autonomy, supporting them to make decisions wherever possible, rather than allowing someone else to make decisions on their behalf. Steps should also be taken to protect the privacy of both the person requiring support, and the person helping them, sharing the minimum amount of data necessary.

- There are a number of mechanisms that facilitate third party access to essential services accounts.

- People with mental health problems largely rely on informal mechanisms to facilitate third party support. Across the UK, four in ten (43%) people who have experienced a mental health problem have let someone else use their credit or debit card, and one in five (20%) have let someone log in to their online banking.

- Awareness of formal options to facilitate third party access is chronically low. Just 3% of people who have experienced a mental health problem have used a Power of Attorney (PoA) to allow someone to help them with money management, and only one in three (32%) would consider doing so.

Figure 1: Spectrum of third party access mechanisms

These tools are not working well for people with mental health problems

- Three in ten (30%) participants felt that current third party access options are unsuitable for them.
- Existing mechanisms for third party access are felt to:
  - Risk abuse
  - Delegate excessive power
  - Undermine privacy
  - Be too difficult to set up and use.

Useful tools for people living with mental health problems would include:

- Mechanisms to give a third party visibility over an account, or notifications of worrying activity on an account, allowing them to discuss issues with the account holder and help them find a solution, without undermining their autonomy.
- Options to give a third party control over some parts of an account but not others, for example, the ability to set and manage spending limits, but not control day-to-day spending.

Better third party access tools would follow four principles:

1. **Minimise the risk of fraud and abuse**
   Third party access tools should be transparent, allowing us to differentiate between the actions of the account holder and third party, and with the option to limit the duration of access to minimise the risk of fraud and abuse.

2. **Balance autonomy and support**
   People should be able to pick the level of decision-making power they want to delegate to a third party, and should be able to change this easily.

3. **Preserve privacy**
   Only necessary information should be shared.
   People should have the option to share just headline information or notifications with third parties.

4. **Ensure accessibility**
   Third party access mechanisms must be simple to activate and implemented effectively.

But at present firms struggle to offer these tools because:

- Frontline staff can find it difficult to understand complex laws around third party access.
- Firms face tensions between facilitating third party access and preventing financial abuse, fraud and money laundering.
- Establishing and recording consent for third party access can be complicated.
In the shorter term:

- Firms should take immediate action to improve staff training and processes around the recognition of PoA and other third party access mechanisms.
- Energy, water and telecoms companies should take steps to publicise the availability of third party billing, and set up the ability to send other notifications to third parties.
- Financial services firms should offer customers the ability to set up simple alerts to a third party in response to triggers like a balance falling below a certain level, entering an overdraft or spending above a certain amount.
- The government should ensure that the Social Care Green Paper addresses the challenges carers face when supporting loved ones with financial management. The green paper should include a commitment to a new cross-government carers strategy, helping to bridge gaps between the Department of Health and Social Care, Ministry of Justice, Her Majesty's Treasury and the Department of Business, Energy and Industrial Strategy on these issues.
Introduction

We all need help with our finances from time to time. We might talk to a colleague about getting the best energy deal; chat with a friend about budgeting; or confide in a family member about debts. However, there are times when this informal help isn’t enough, and we need more hands-on support.

Why do people need help from third parties?

Financial management can be more difficult when you’re experiencing the cognitive and psychological effects of a mental health problem, including:

- **Short-term memory problems** that can make paying bills on time tricky
- **Reduced concentration**, making it harder to understand and check bills and statements
- **Impaired problem solving skills** which can make managing your budget difficult
- **Low energy levels and motivation** can mean it’s harder to make calls and open post
- **Increased impulsivity** may mean people spend more, without their usual level of forethought.

These challenges often coincide with both a period of lower income, as a person needs to take time off work, and higher spending associated with illness. As a result, people experiencing mental health problems are three and a half times more likely to be in problem debt.¹

Much of Money and Mental Health’s work to date has focused on identifying ways to enable people experiencing mental health problems to manage their money more easily.² However, even with tools like webchat, card controls and smart budgeting apps, sometimes when a person is struggling to control their impulses or to find the motivation to look after themselves, they still want help from another person.

During a period of poor mental health, people might need support with a range of tasks to organise their financial services, energy, water and telecoms, including:

- Paying bills or setting up repeat payments like direct debits
- Looking over statements or understanding bills
- Making and sticking to a budget
- Contacting providers.

Not everyone who experiences mental health problems will need or want help with financial management. But, just as people’s experience of mental health problems can change and fluctuate, so can their need for help. People with chronic difficulties may always find some financial management tasks too hard. Others may find that when they are well they can manage their finances, but when unwell, that carefully-managed budget is forgotten.

In these circumstances, support from a friend or family member can make a huge difference. Without adequate help, a person might fall into arrears and could risk bailiff action or even homelessness. These financial consequences may, in turn, cause further distress and exacerbate mental health problems.³

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This report

In 2016, we examined how carers support people experiencing mental health problems with financial management, and the challenges they encounter in doing so. We identified that very few people with mental health problems were using official tools, like Power of Attorney (PoA), to support financial management. Instead, many rely on less formal mechanisms like sharing PINs and passwords – presenting serious risks around fraud and privacy to both parties. We called for improvements to third party access systems, but progress in this space has been limited.

Our ongoing conversations with firms since 2016 have illustrated just how challenging facilitating third party access can be. New data protection laws have arguably made things harder. But new opportunities have also arisen which made us think it was time to revisit the topic, not least technological developments and plans for transforming the Office of the Public Guardian (OPG).

In this report:

- Section One sets out legislation around data protection and mental capacity, which determines when and how third parties can offer support
- Section Two explores how well third party access mechanisms are working for people experiencing mental health problems
- Section Three considers what good third party access would look like to people experiencing mental health problems
- Section Four looks at the challenges firms face in improving third party access
- Section Five makes recommendations to government and firms to develop third party access mechanisms that meet the needs of people experiencing mental health problems.

Four in ten (42%) people who have experienced a mental health problem have wanted help with money management from a friend or family member:

- One in five people who have had a mental health problem have wanted help paying bills (20%)
- One in eight have wanted help dealing with letters and emails from essential service providers (13%) and with managing a budget (12%).

Not everyone has someone they can trust, and people often have to rely on professional welfare rights, debt advice or mental health practitioners for support. For people who do have personal support available, asking for help managing money isn’t always easy. People can feel embarrassed and infantilised. For the third party, having responsibility for someone else’s finances can be onerous and stressful. Support can strain relationships and have a negative impact on both parties’ mental health, if not carried out in a respectful, mutually agreed way.

Tools which facilitate secure and transparent third party access to essential services are key to enabling people to receive the help they want and need from friends and family during a period of poor mental health, in a safe way. The structure and design of third party access mechanisms can influence both how people feel about getting help, and the relationship between those involved.

4. Online survey of 2,093 people, carried out by Populus 12-13 June 2019. Data is weighted to be nationally representative.
This report draws on work with the Money and Mental Health Research Community, a group of 5,000 people with lived experience of mental health problems, or of caring for someone with a mental health problem, who are at the heart of everything that we do. We carried out:

- A survey of 465 people with lived experience of mental health problems who have ever wanted or received help with financial management
- A survey of 111 carers who have helped someone experiencing mental health problems manage their finances
- An online focus group with four people with lived experience of mental health problems, to explore the issues in greater depth.

We also held a private roundtable discussion with representatives from a range of government, regulatory, commercial and third sector organisations, and completed 14 expert interviews looking at the challenges of third party access in detail and identifying solutions.

Further details on the methodology are provided in Annex A.

We focus on third party access mechanisms for those who have a trusted friend or family member who is able to provide support with financial management. Help for those who do not have this support is covered elsewhere in our work around money advice and mental health services.
Section One: The current framework for third party access

1.1 What does the law say about third party access to essential services?

Firms need to consider two main pieces of legislation when involving third parties: the General Data Protection Regulations (GDPR, 2018) and the Mental Capacity Act (MCA, 2005).

**General Data Protection Regulations 2018**

Third party support with money management often involves sharing personal data. This can infringe privacy and create opportunities for fraud or financial abuse, meaning great care must be taken to ensure data is only shared appropriately.

Essential services firms usually process personal data on the basis of consent (that the individual has given clear permission to use their data for this purpose) or contract (that personal data must be processed to fulfil a contract). Where a firm relies on consent to process data, they cannot change to a different legal basis for processing at a later date.

In practice, this means it is difficult for firms to share information with a third party other than on the basis of consent, and standards for consent under GDPR are high. Consent must be specific, explicit, easy to withdraw and kept up to date if the person’s situation changes. This means that staff who are asked to share information with a third party must consider very carefully whether they have specific permission to do so.

**Mental Capacity Act 2005**

When a person needs help with a financial decision, we need to consider whether they just need help to make the choice (supported decision-making), or are completely unable to do so and need someone else to make the decision for them (substitute decision-making).

The MCA establishes when a person is deemed not to have mental capacity, and makes provisions for people who are unable to make all or some decisions for themselves.

Mental capacity is defined in terms of whether a person can:

- Understand information relevant to the decision, including the reasonably foreseeable consequences of deciding one way or the other
- Retain that information (even if only for a short period of time)
- Use or weigh that information to make the decision
- Communicate their decision.

Capacity is not a simple black and white concept that you either have or do not have, but is decision specific. For instance, a person may have capacity to decide what to eat, but not to decide to marry or sell their home.

1. A presumption of capacity
   It must be assumed that everyone has the capacity to make their own decisions unless there is evidence to suggest otherwise and it can be proved. This means that you cannot assume someone cannot make a decision for themselves just because they have a particular medical condition or disability.

2. Supporting people to make their own decisions
   A person should not be treated as unable to make a decision unless all practicable steps have been taken to encourage and support them to do so. Support might consist of: presenting the information in a different way, such as visually or with more accessible language; or waiting until a person is more able to make a decision.

3. Unwise decisions
   A person should not be treated as unable to make a decision merely because their decision seems unwise. This protects people’s autonomy and makes clear it should not be assumed a person lacks capacity as long as they understand the choice they are making.

4. Best interests
   Where a person cannot be supported to make a decision, it may be necessary for another person to make a decision on their behalf, but this should be made in keeping with the person’s best interests.

5. Less restrictive option
   Before a decision is made on behalf of a person who lacks capacity, the decision-maker must consider whether the outcome could be achieved in a way that is less restrictive on the person’s rights and freedom.

The Mental Capacity Act (2005) principles

The Act establishes five fundamental principles of mental capacity across the UK.

Money and Mental Health summary of Mental Capacity Act 2005, c1.
This implies that when thinking about third party support, our foremost consideration should be how we help people make decisions when they are unable to do so alone. This is also in line with the UN Convention on the Rights of Persons with Disabilities (CRPD), which the UK has ratified.\(^7\)

These two laws mean both firms and third parties supporting a person with a mental health problem who needs help managing finances should be trying to do so in a way that maximises the person’s autonomy and protects their privacy.

### 1.2 What are the current options for third party access?

A range of tools allow third parties to offer support with account management, with varying levels of formality, protection and power, as illustrated in Figure 1.

These tools also offer different levels of access to a person’s essential services accounts. Most can facilitate either supported or substitute decision-making, depending on how they are used, as described in Table 1 on page 16.

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**Figure 1: Spectrum of third party access mechanisms**

![Figure 1: Spectrum of third party access mechanisms](image)


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Table 1: Third party access mechanisms

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<th>Title</th>
<th>Description and scope</th>
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<td>Court of Protection deputy: Property and affairs (England and Wales) Guardianship (Scotland) Controller (Northern Ireland)</td>
<td>A person legally appointed by the courts to make property and financial affairs decisions on behalf of another person who has lost the mental capacity to make these decisions for themselves. The deputy, guardian or controller is responsible for making all decisions on behalf of the other person, where they lack the capacity to make that decision (substitute decision-making).&lt;sup&gt;8&lt;/sup&gt;</td>
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<tr>
<td>Access to Funds (Scotland)</td>
<td>A simple alternative to Guardianship for those with less complex financial affairs, Access to Funds allows a third party to access the bank account of a person who has lost capacity for the sole purpose of meeting their day-to-day living expenses and paying off debts.&lt;sup&gt;9&lt;/sup&gt; The Office of the Public Guardian (Scotland) are considering replacing this with a graded guardianship scheme.</td>
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<tr>
<td>Lasting PoA (PoA): Property and financial affairs (England and Wales) Continuing PoA (Scotland) Enduring PoA (Northern Ireland)</td>
<td>A legal document set up by a person with mental capacity, allowing them to appoint someone to help them make decisions, or make decisions on their behalf about their property and financial affairs. A PoA gives a person formal power to manage another person’s essential services accounts (and financial affairs more broadly) across industries. The tool can be used for supportive decision-making – giving someone else the ability to make decisions about all accounts – or limited to specific instructions or preferences as set out in the document. A PoA can also be limited to only have power when the donor has lost capacity, meaning it can be a tool for substitute decision-making. In either case, the attorney is responsible for carrying out these instructions as specified.&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
<tr>
<td>Third party mandates (financial services)</td>
<td>A written agreement between a customer and a single firm, instructing their financial service provider to liaise with an identified third party on their behalf. The named third party can make certain decisions about the day-to-day running of accounts, but cannot close or open accounts. This can only be used while a customer retains capacity to make their own financial decisions, as the mandate relies on consent which decays if and when the account holder loses capacity.&lt;sup&gt;11&lt;/sup&gt;</td>
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<td>Nominee schemes (telecoms and energy)</td>
<td>Ofcom regulations specify that telecoms providers must allow customers with a disability to nominate a third party who can receive copies of their bills, pay them, and to whom enquiries about missed payments should be sent without the nominee taking on liability.&lt;sup&gt;12&lt;/sup&gt; Energy companies also offer customers who have been placed on their Priority Service Register due to a vulnerability a range of additional support options, including the ability to appoint a nominee to receive communications (bills, statements, etc.) on their behalf.&lt;sup&gt;13&lt;/sup&gt;</td>
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<tr>
<td>One-time consent</td>
<td>A person can give one-off informal consent, usually verbally, authorising another person to speak on their behalf to an essential service provider. The third party is usually instructed to deal with one specific issue, typically in the presence of the person concerned.</td>
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<tr>
<td>Informal workarounds</td>
<td>In some cases, without any knowledge or permission from the institution, people will share payment or login details to allow another person to imitate them and manage essential services on their behalf.&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
</tbody>
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<sup>14</sup> Murray N. Strength in numbers: consumers, carers and financial services. Money and Mental Health Policy Institute. 2016.
1.3 What mechanisms are people using?

Although a wide range of options are available to facilitate third party access and supported decision-making, in practice people with mental health problems largely rely on more informal solutions.

Four in ten (43%) people who have experienced a mental health problem have let someone else use their credit or debit card, and one in five (20%) have let someone log in to their online banking.

Many people use these workarounds on a regular basis. One in five (19%) people who have experienced a mental health problem let someone else use their card every week, and 15% let someone use their online banking this often.

By contrast, just 3% of people who have experienced a mental health problem have used a PoA to allow someone to help them with money management, and only one in three (32%) would consider doing so.

This suggests that some people with mental health problems may be unaware of the formal mechanisms available to facilitate third party support. Just one in four of our Research Community survey participants (24%) were confident that they know about the different ways they can get support with an essential service.

This is consistent with national data suggesting chronically low levels of awareness. Public awareness about PoA is low, particularly among people from a lower socio-economic background.

This may be partly driven by a misconception that it is easy for third parties to provide support in an emergency. Almost three quarters of people incorrectly think close family members or partners can automatically make decisions for them if they were unable to do so.

Awareness of sector-specific third party access mechanisms is similarly low. Qualitative research with older people, commissioned by the Financial Conduct Authority, found low levels of awareness of third party mandates. Similarly, a 2013 study found just 8% of British energy customers were aware energy providers offered a bill nominee scheme.

Regardless of the cause, low use of formal third party access tools and the number of people sharing account details suggests the mechanisms offered to help people with mental health problems who need support with financial decisions are not adequate. In the next section, we’ll explore the specific challenges people experiencing mental health problems, and those who care for them, face when using these tools.

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15. Online survey of 2,093 people, carried out by Populus 12-13 June 2019. Data is weighted to be nationally representative.
16. Ibid.
17. Money and Mental Health Survey. Base for this question: 254 people with lived experience of mental health problems who have received support with financial management.
19. Ibid.
Legislation makes clear that third party access should be provided in a way that protects a person's autonomy, supporting them to make decisions wherever possible, rather than allowing someone else to make decisions on their behalf. Steps should also be taken to protect the privacy of both the person requiring support, and the person helping them, sharing the minimum amount of data necessary.

At present, people with mental health problems largely rely on informal mechanisms to facilitate third party support. Across the UK, four in ten (43%) people who have experienced a mental health problem have let someone else use their credit or debit card, and one in five (20%) have let someone log in to their online banking.

Awareness of formal options to facilitate third party access is chronically low. Across the UK, just 3% of people who have experienced a mental health problem have used a PoA for help with money management, and only one in three (32%) would consider doing so.
Section Two: How well are these options working?

Receiving help with money management can have a profound impact on a person’s mental health, as well as their finances. Research participants described the relief of being supported with the practical elements of financial management.

“It has taken a huge weight off my shoulders. I feel a lot better knowing that I have someone who is helping me as regards the management of my money.”

Expert by experience

However, many people with mental health problems struggle to access this support, or are receiving help in ways which pose serious risks to both them and their carers. In this section, we examine how well third party access options are working for people with mental health problems, and the reasons why some people choose to use risky workarounds instead.

As Figure 2 shows, fewer than one in ten (8%) survey participants felt that providers make it easy for someone else to help them with day-to-day account management, and only 7% felt that providers facilitate this access when they are unwell. Three in ten participants (30%) felt that current options are unsuitable for them, with just one in five (18%) feeling their needs are being met.

Figure 2: Views on third party access

Source: Money and Mental Health survey. Base for this question: 254 people with mental health problems who have received support with financial management.
2.1 The problems

Participants in our research identified four issues with third party access mechanisms at present:

1. Risk of abuse
2. Excessive delegation and disempowerment
3. Loss of privacy
4. Practical problems with setup and implementation.

1. Risk of abuse

Only a quarter (24%) of participants agreed that there are safe ways to give someone else access to their essential services accounts, with a further 30% answering ‘don’t know’. Half of participants (53%) said they were worried they could be taken advantage of if they authorised another person to help.

“I’ve had two instances where people failed to pay the bills and took the money, leaving me without money and bills needing to be paid.”

Mechanisms which hand over a disproportionate amount of power can also feel like an imposition on the person offering support.

“Someone may claim I have mismanaged his money, or even, when particularly unwell, that my son is confused about the way I have handled his money.”

Carers were also concerned: six in ten (60%) agreed that the way they provide support puts themselves, or the person they care for, at risk.

2. Excessive delegation and disempowerment

Many mental health problems fluctuate. A person may require intensive support with their finances during periods of acute illness, but be able to manage their finances independently when well. Consequently, many want to preserve their autonomy, and do not feel comfortable handing over lasting powers to a third party. PoA and third party mandates are often seen as giving away too much power. While technically a PoA donor can set specific limits and restrictions on the delegation, the tool is often perceived as a complete delegation of control, designed for people who are very unwell or who will never be able to make decisions for themselves.

“If it would be good to set up contingency plans for if I become unwell to the extent that I can’t feel bothered about managing my finances, but at the same time (I’m) not so unwell that Power of Attorney would be suitable.”

“IT would be good to set up contingency plans for if I become unwell to the extent that I can’t feel bothered about managing my finances, but at the same time (I’m) not so unwell that Power of Attorney would be suitable.”

Mechanisms which hand over a disproportionate amount of power can also feel like an imposition on the person offering support.

“I already ask for enough practical help with my mental health, so I always feel like a burden asking for financial stuff too.”

22. Money and Mental Health Survey. Base for this question: 254 people with lived experience of mental health problems who have received support with financial management.

23. Ibid. Base for this question: 234 people with lived experience of mental health problems who have received support with financial management.

24. Ibid. Base for this question: 98 people who have ever helped someone experiencing mental health problems to manage their finances.
3. Loss of privacy

Participants often felt current third party access mechanisms involved sharing too much information. In some cases, fears of being judged for their spending or for being in problem debt meant people chose not to receive support, even where they could have benefited from it.

“I worry people will be judgemental about my finances, e.g. berating me for spending more than they think I should.”

“Power of Attorney rarely works... Usually the call handlers ask to speak to me directly to get permission to talk to the third party.”

“Places haven’t noted on my record that I allow my dad to deal with things or they simply don’t check my record.”

Several participants highlighted complexity and cost as specific reasons for not setting up a PoA. The set up process for provider-specific arrangements – like nomineeship or third party mandates – can be onerous too, as forms are not standardised.

People with mental health problems, and those who care for them, often find that implementation of third party access mechanisms is poor too. Many participants report providers not recognising a third party’s authority, even where an appropriate tool was in place.

This can be problematic when the two parties do not live together, or if the account holder is too unwell to use the telephone. Such poor implementation can corrode carers’ goodwill and undermine many of the benefits of third party support.

Government has recognised that PoA implementation can be poor, and the UK Regulators Network has recently produced guidance designed to improve consistency. However, our evidence suggests these implementation problems extend to providers’ own third party access mechanisms, particularly when information is not recorded correctly or accessible to frontline staff.

4. Practical problems with setup and implementation

Setting up third party access can be complex and time-consuming for both parties. Common symptoms of mental health problems, such as low motivation and difficulty concentrating, can make it harder for people to complete paperwork accurately. Participants reported particular difficulty authorising third party access over the telephone, which is unsurprising as over half (54%) of people experiencing mental health problems have serious difficulty communicating with essential service providers in this way.

Several participants highlighted complexity and cost as specific reasons for not setting up a PoA. The set up process for provider-specific arrangements – like nomineeship or third party mandates – can be onerous too, as forms are not standardised.

People with mental health problems, and those who care for them, often find that implementation of third party access mechanisms is poor too. Many participants report providers not recognising a third party’s authority, even where an appropriate tool was in place.

This can be problematic when the two parties do not live together, or if the account holder is too unwell to use the telephone. Such poor implementation can corrode carers’ goodwill and undermine many of the benefits of third party support.

Government has recognised that PoA implementation can be poor, and the UK Regulators Network has recently produced guidance designed to improve consistency. However, our evidence suggests these implementation problems extend to providers’ own third party access mechanisms, particularly when information is not recorded correctly or accessible to frontline staff.

“Places haven’t noted on my record that I allow my dad to deal with things or they simply don’t check my record.”

Section Two summary

- There are widespread concerns about the safety and suitability of existing third party access mechanisms. Three in ten (30%) participants felt that current options are unsuitable for them.
- Only one quarter (24%) feel that there are safe ways to give someone else access to their accounts.
- Existing third party access mechanisms are seen as undermining autonomy and privacy.
- Many people with mental health problems experience practical problems when setting up or using third party access.
Section Three: The support people want

People who are experiencing mental health problems and need support with financial management currently face a trade-off between their privacy and autonomy, and their need for support and protection. For some people, at present, it is not possible to find a comfortable balance, leaving people unable to access appropriate help to make decisions.

The four challenges people with mental health problems face organising third party access suggest four principles for better third party access:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Risk of abuse</td>
<td>1. Minimise the risk of fraud and abuse</td>
</tr>
<tr>
<td>2. Excessive delegation and disempowerment</td>
<td>2. Balance autonomy and support</td>
</tr>
<tr>
<td>3. Loss of privacy</td>
<td>3. Preserve privacy</td>
</tr>
<tr>
<td>4. Practical problems with setup and</td>
<td>4. Ensure accessibility</td>
</tr>
<tr>
<td>implementation</td>
<td></td>
</tr>
</tbody>
</table>
Research participants gave us ideas about what good practice might look like under each of these principles.

1. Minimise the risk of fraud and abuse

Participants wanted mechanisms which allow them to delegate access and decision-making powers on a granular level in accordance with their level of trust in their third party. Transparency was also viewed as important in ensuring the actions of both the account holder and third party could be traced.

“There would need to be security questions and passwords for the carer, separate to the main account holder, I think.”

*Expert by experience*

People’s relationships and support needs can change, so it’s essential to ensure that third party involvement in financial management remains appropriate over time. In existing PoAs, third party mandates and nominee systems, consent is assumed to be ongoing, unless it is withdrawn by the donor. This could create situations where a person forgets to withdraw consent when a relationship breaks down, potentially facilitating financial abuse. People told us they would like to be able to choose time limits for third party access permissions, as another way of protecting autonomy and privacy.

2. Balance autonomy and support

Finding the right balance between autonomy, support and control is particularly important for people experiencing mental health problems who often find their illness and support from services is disempowering.

“It’s a difficult balance letting him manage his own affairs as much as possible while still trying to ensure that he doesn’t get into a financial mess.”

*Carer*

Participants described wanting to delegate power according to their changing needs. When well, people prefer to manage their affairs independently, whilst having the safety net of a trusted person being able to intervene efficiently and effectively if they become unwell or are unable to manage.

“Power of Attorney feels like handing over too much control. Maybe there could be a way of being able to give authority with a financial institution for limited access by someone else?”

*Carer*

**Principle 1**

Third party access tools should be transparent, allowing us to differentiate between the actions of the account holder and third party, and with the option to limit the duration of access to minimise the risk of fraud and abuse.

**Principle 2**

People should be able to pick the level of decision-making power they want to delegate to a third party, and should be able to change this easily.
3. Preserve privacy

Participants explained they wanted clear levels of choice and control over what information they shared with third parties. People wanted to share only pertinent information, and to limit this to the details necessary to keep them safe or help them make decisions, rather than sharing everything.

“Ongoing alerts for me would work best, they wouldn’t be able to see my every purchase, but would get a notification where they would then be able to ask if I was managing or at least be a little more cautious that I may be at risk.”

“Maybe being able to access only the bills part of my account? They don’t need to know how much I spend at [the supermarket] or when.”

Participants were also keen to have a quick and efficient way to turn access permissions on and off, so that loss of privacy was minimised.

“I’ve seen an advert where you can use your banking app to instantly freeze your card if it’s lost. Could we perhaps have a similar facility where you can switch on third party alerts when you feel you need them and switch off again when you don’t via the app?”

4. Ensure accessibility

Participants had ideas about how third party access tools could be made more accessible, including using apps or one-off passcodes to avoid the need to use the telephone to collect consent to share information, and centralising records of third party consent to avoid duplicating paperwork.

“I have an app on my phone for the bank, the gas and electric company etc. It would be amazing if there was an option to give 3rd party consent through the app maybe just for one future contact. I could log in and say for one phone call please allow my Dad to deal with it. This would’ve helped whilst I was in hospital, and would also help in an emergency for the future.”

Maybe being able to access only the bills part of my account? They don’t need to know how much I spend at [the supermarket] or when.”

Principle 3

Only necessary information should be shared. People should have the option to share headline information only or notifications with third parties.

Principle 4

Third party access mechanisms must be simple to activate and implemented effectively.

These four themes align neatly with the legal considerations outlined in Section One – that data sharing and limits on autonomy should be minimised.
### 3.1 Ideal tools

Having established these principles, we asked research participants what new tools to support third party access might look like in practice. Figure 3 illustrates the type of support people would most like to receive. Participants expressed interest in multiple levels of support, reflecting that their support needs might differ over time and across essential services markets.

Three quarters of participants (75%) wanted to allow someone to communicate with a provider on their behalf, reflecting the challenges many people with mental health problems experience when communicating with essential services providers. Many people were also keen to provide a friend or family member with limited decision-making ability – either only at certain times (41%) or for certain parts of the account but not others (24%).

**Figure 3: Types of support people with mental health problems would like with financial management from a third party**

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowing someone to get in touch with a provider on my behalf</td>
<td>80%</td>
</tr>
<tr>
<td>Giving someone control over an account at certain times but not others</td>
<td>60%</td>
</tr>
<tr>
<td>Allowing someone to watch over an account but not take any action</td>
<td>40%</td>
</tr>
<tr>
<td>Allowing someone to get in touch with a provider on my behalf, but only in an emergency</td>
<td>20%</td>
</tr>
<tr>
<td>Giving someone control over certain parts of an account but not others</td>
<td>10%</td>
</tr>
<tr>
<td>Giving someone total control over an account</td>
<td>0%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>0%</td>
</tr>
<tr>
<td>None of the above</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Money and Mental Health survey. Base for this question 358 people with lived experience of mental health problems who have received or wanted support with financial management.
Only one in ten participants (9%) wanted to be able to give a third party total control over an account. Four in ten participants (39%) were also interested in allowing someone to watch over an account, without allowing them to make decisions.

From these preferences, we developed a spectrum of ideal third party access tools, illustrated in Figure 4. These provide a range of degrees of oversight, helping to balance the trade-offs between autonomy, privacy and security, and the benefits of support.

**Figure 4: The third party access options people living with mental health problems would like**

<table>
<thead>
<tr>
<th>Supported decision-making</th>
<th>Managing money independently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegating total control</td>
<td></td>
</tr>
<tr>
<td>Power to make all decisions, including opening and closing accounts</td>
<td></td>
</tr>
<tr>
<td>Partial control</td>
<td></td>
</tr>
<tr>
<td>Limited decision making power e.g. blocking big purchases</td>
<td></td>
</tr>
<tr>
<td>Visibility</td>
<td></td>
</tr>
<tr>
<td>View-only access to account data to support budgeting</td>
<td>Limited notifications so third party can reach out if there is a potential problem</td>
</tr>
</tbody>
</table>

Source: Money and Mental Health Policy Institute, 2019.
Visibility

Many participants were enthusiastic about allowing someone to watch over their account, without decision-making power. People liked the idea of the third party using the information to approach them and work with them to help identify a solution. Visibility could be provided through view-only access to all account information, to specific pieces of information such as overall balances, or through automated notifications of certain account activity.

“It would be useful if an alert could be set up on my bank accounts that would flag to my husband if my spending habits got out of control again so we can tackle it before it spirals, as I struggle to tell him before it’s too late.”

Expert by experience

These options appealed to people with mental health problems that make engaging with day-to-day financial management more difficult at certain times. Alerts of changes in financial behaviour could help third parties provide timely support when needed, without undermining privacy or autonomy when the account holder is well.

Partial control

Many participants suggested specific powers they could grant a third party, such as checking large purchases or ensuring bills were paid, but not controlling spending choices. Seven in ten (68%) participants said they would find it helpful for another person to be able to set and manage spending limits with financial service providers, and 58% said it would be useful for someone else to be able to manage cash withdrawal limits.

Partial control options were particularly attractive to people with episodic conditions like bipolar disorder, who can become very unwell quickly. In these cases, having safeguards in place could be invaluable. Requiring additional third party sign-off could provide extra protection in periods of acute illness, while limiting these powers would help the person retain as much autonomy and privacy when they are well as possible.

Many participants (75%) also wanted a third party to be able to contact providers on their behalf. In practice, this is likely to involve delegating some power, as it is difficult for providers to know whether the decision being communicated has been made by the account holder or the third party. Options which limit the decisions which can be communicated by a third party could help to make this possible without infringing on the account holder’s autonomy or privacy.

Total control

While relatively few participants (9%) wanted to delegate total control over their account to a third party, significantly more (41%) said that this may be useful at certain times, particularly during periods of acute illness. In these cases, participants were keen that delegation should be easy to turn on, and to turn off again when they recovered, rather than being a permanent choice.

“An emergency option just for a short time period that could be given in advance would be very helpful.”

Expert by experience

28. Money and Mental Health Survey. Base for this question: 262 people with lived experience of mental health problems who have received or wanted support with financial management.
29. Ibid. Base for this question: 252 people with lived experience of mental health problems who have received or wanted support with financial management.
30. Ibid. Base for this question: 358 people with lived experience of mental health problems who have received or wanted support with financial management.
31. Ibid.
Better third party access tools would follow four principles:

» 1. Minimise the risk of fraud and abuse
» 2. Balance autonomy and support
» 3. Preserve privacy
» 4. Ensure accessibility.

Nearly four in ten participants liked the idea of ‘view-only access’, offering read-only account information or more limited notifications to a third party without giving them power to make decisions. A mechanism of this sort, focusing on the third party’s ability to discuss issues with the account holder and help them find a solution, can create opportunities for supported decision-making while protecting autonomy.

Many participants were interested in giving a third party control over some parts of their account but not others, for example, allowing parties to set and manage spending limits, but not control day-to-day spending or access a debit card. Three quarters of participants wanted a third party to be able to contact providers on their behalf.
Section Four: The challenges of implementing flexible third party access

People experiencing mental health problems want the ability to delegate limited powers, and to protect their privacy when they need help with financial management from family and friends. This is also in line with legal requirements. But current third party access mechanisms do not meet these needs. This forces people to either use tools they are not comfortable with, or go without support. At present, there are few tools which provide sufficient flexibility to meet the needs of people living with mental health problems.

In this section, we’ll explore the barriers to more flexible provision of third party access, before proposing solutions in the next chapter.

4.1 Supporting staff

While firms want to do right by their customers, they were unsure where boundaries lie when a customer struggles to make decisions unaided. A particular challenge for firms is supporting frontline staff to understand and apply mental capacity law, alongside everything else they must do.

4.2 Legal and regulatory challenges

Firms face significant risks when facilitating third party access. Varying regulations across essential services firms mean these challenges are harder in some markets than others.

Preventing financial abuse, fraud and money laundering

All firms have a responsibility to keep personal data safe in order to reduce fraud and protect customers from abuse. Financial services firms have additional responsibilities to prevent money laundering. This means firms should take steps to ascertain the identity of third parties and to ensure they have permission to deal with an account. If this is not done properly, firms risk giving away customer information to a potential abuser or fraudster. Allowing a person to move money without verifying their identity could also facilitate money laundering.

These requirements sit in clear tension with the need for customers experiencing mental health problems to organise third party access easily, particularly during times of ill health.

Data protection

Most third party access mechanisms rely on an account holder’s consent to share information. This is particularly important for financial services firms, as transaction data is often ‘special category’ data which has additional legal protection. The firm must also have consent from the third party for their contact details to be stored and used.

This reliance on consent to share data with third parties can create problems when people are using third party access tools because they have a mental health problem. While firms should presume capacity until a person is proven to lack it, fluctuating capacity can make it difficult for firms to manage risks around data sharing.
4.3 Systems and processes

Implementing third party access

Most firms have not invested in systems that could provide the flexibility, privacy and protection that customers with mental health problems would like. Instead, most firms treat formal requests for third party access – through PoA or a third party mandate – as a substitute decision-making tool, and provide the third party with full access to the account.

In practice, this means that PoA cannot currently be used in a way which protects privacy and autonomy. Even if a person writes a restrictive PoA, aiming to give a third party just sufficient powers to support them but not make major decisions, the only way to implement this PoA is usually to give the third party full access to the account – allowing them to see all information and make any decisions. Technically, it is the Attorney’s responsibility to respect the instructions set out in the PoA, not the firm’s, and mechanisms are in place to take action if an Attorney is thought to overstep. However, the need to share this much data and control is out of step with the principles of the Mental Capacity Act, and with the preferences of people living with mental health problems.

This lack of investment is partially because it is very difficult for firms to know what to invest in. People donating PoA can write highly specific instructions about decision making and access to information. This means it is difficult for firms to know what specific functionality they should build, when customers could request an infinite range of configurations of visibility and control.

With many established essential services firms relying on legacy IT systems, building new tools can be difficult and expensive. Firms need a clear indication of what tools they should provide to facilitate shared decision-making to justify investment.

This has become a chicken-and-egg problem. Without appropriate infrastructure, it may be impossible for a PoA to be implemented as the donor wished. Yet, with total flexibility in the way PoAs can be written, it may be impossible for firms to pre-empt the tools donors may require.

4.4 The challenge for government

A lack of systems designed to facilitate supported decision-making, and a lack of appropriate and accessible formal tools to assist this, is creating two problems:

1. Some people with mental health problems are using risky workarounds – like sharing login details – placing themselves at greater risk of fraud and abuse.

2. In other cases, people with mental health problems are using formal third party access mechanisms, only to find that the disproportionate power provided to third parties means their wishes are not respected, and in the worst instances, they are exposed to fraud and abuse. In 2017/18 the OPG received 5,245 new safeguarding referrals and investigated 1,886, which represents a 49% increase from the previous year.32

A lack of distinct legal structures which specifically facilitate supported decision-making is making it difficult for firms to invest in systems which enable this. A step change is needed to embed norms of shared decision-making, and ensure people living with mental health problems can get support with financial management in a way that suits their needs, protects their autonomy and respects their privacy.

Frontline staff can find it difficult to understand complex laws around third party access. Firms face tensions between facilitating third party access and preventing financial abuse, fraud and money laundering. Establishing and recording consent for third party access can be complicated. PoAs and third party mandates can be infinitely flexible in terms of the powers and access delegated, in an attempt to support shared decision-making and protect the donor’s autonomy, but in practice firms’ IT systems usually only let them delegate blanket access to all information and decisions. As a result, third parties are often provided with powers and information unnecessary for the limited tasks they have been asked to fulfil, leading to a loss of autonomy and privacy. Without appropriate infrastructure, it may be impossible for a PoA to be implemented as the donor wished. Yet, with total flexibility in the way PoAs can be written, it may be impossible for firms to make appropriate systems available.
Section Five: Solutions

Through this report, we have explored how and why existing mechanisms for third party access are failing to meet the needs of people experiencing mental health problems, and undermining their autonomy and privacy. Existing tools hand too much power and too much information to third parties. This appears to be an unintended consequence of broad flexibility in PoA – designed to create space for supported decision-making, in line with a person’s wishes and preferences – and the constraints of systems and processes within firms, especially in the financial services sector.

Our research has discovered that people with lived experience of mental health problems would value two new types of third party access in particular: the ability to offer limited visibility over account information, and the ability to give a third party limited decision-making powers – including the ability to communicate with providers. In this section, we outline both long and short term solutions.

5.1 The long-term solution

Britain’s third party access mechanisms are a muddle, with many people with mental health problems choosing to rely on risky workarounds instead. Despite ambitious aspirations to increase the number of people using PoAs, few people with mental health problems are likely to choose this option while it continues to be viewed as primarily a mechanism for older people who are permanently losing capacity, which involves complete delegation of decision-making. Although this is an inaccurate view of PoA, it cannot be fixed through a public awareness campaign as it is driven by the fundamental problem that essential services providers cannot implement PoAs as donors intend. To solve the problem, we need to reexamine the tools available for third party delegation, providing clarity about what structures to facilitate supported decision-making should look like, so essential services providers know what infrastructure they need to provide.

The solution, therefore, should be a review of Powers of Attorney as currently implemented across the UK. Happily, the time is ripe, with the Office of the Public Guardian in the early phases of a transformation programme, set to run until 2025, which includes strengthening supported decision-making and exploring whether new services should be introduced to meet user needs. A shift towards a broader range of tools to facilitate shared decision-making would also open the door to regulatory intervention in essential services markets if firms were not taking sufficient steps to support customers who need help making decisions.

Ireland offers an interesting example of how this could be done differently, with new legislation offering a specific focus on structures to support decision-making. Box 1 provides further details.

The Assisted Decision-Making Act introduces a range of legal structures for supported decision-making, to ensure people with mental capacity limitations are able to make their own choices as far as possible. This Act replaced a focus on ‘best interests’ decision-making, and, in line with the UN Convention on the Rights of Persons with Disabilities (UNCRPD), aims to maximise autonomy.

The Act introduced three new legal tools that sit alongside Enduring Powers of Attorney, which continues to provide for those who want to plan ahead in case they lose capacity. The new tools are:

**Decision-Making Assistance Agreement**
An individual may appoint someone to support them with the process of making decisions when they feel their capacity is in question or may shortly come into question. Their role can include:

- Obtaining relevant information
- Explaining information to the person in a way they can understand, and pointing out things to consider in making the decision
- Ascertaining the will and preferences of the person, and communicating these on their behalf
- Trying to make sure the decision is implemented as far as possible.

Importantly, they do not make decisions on behalf of the individual, just help them to manage the choice in front of them. A person can have multiple decision-making agreements covering different decisions, with different third parties. This is a relatively informal tool which does not have to be centrally registered and is not subject to reporting requirements.

**Co-Decision-Making Agreement**
An individual may appoint someone to jointly make decisions with them when they feel their capacity is in question or may shortly come into question. Their role can include:

- Obtaining relevant information
- Explaining the nature of the decision to the person, including discussing any alternatives and likely outcomes
- Making the decision jointly with the person
- Trying to make sure the decision is implemented as far as possible.

A Co-Decision-Making Agreement must be registered with the Decision Support Service (equivalent of the Office of the Public Guardian), reviewed every three years, and annual reports provided.

**Decision-Making Representative**
Where a court feels that a person would lack capacity to make a decision even with a Co-Decision-Maker, a Decision-Making Representative may be appointed. This will function as Wards of Court currently function in Ireland, a system similar to Deputyship in England and Wales, Guardianship in Scotland or Controllership in Northern Ireland.

As part of its 2025 transformation initiative, the Office of the Public Guardian in England and Wales should consider whether structures could be introduced, similar to those being set up in Ireland, which could formalise the role of a friend or family member who offers support with decision-making. A similar scheme is being considered by the Scottish Government.

Other places, including Victoria, Australia, and some parts of Canada, already have schemes in place to formalise the role of a friend or family member who offers support with decision-making. A similar scheme is being considered by the Scottish Government.

Recommendation

As part of its 2025 transformation initiative, the Office of the Public Guardian in England and Wales should consider whether structures could be introduced, similar to those being set up in Ireland, which could formalise the role of a friend or family member who offers supported – but not substitute – decision-making. As part of this process, the OPG should also consider the challenges firms face in implementing structures to facilitate third party access, and take steps to balance the need for Lasting Powers of Attorney to be sufficiently flexible enough to meet the specific needs of different individuals, with the need for these documents to be properly executed and enforced through standard systems.

If, through this process, the OPG reaches the conclusion that reform of the MCA is necessary to introduce structures to support shared decision-making in England and Wales, the government should make the legislative change necessary to permit such reforms. The Scottish Government should also keep these considerations in mind as it decides whether and how to amend the Adults with Incapacity (Scotland) Act.

The Office of Care and Protection in Northern Ireland should similarly examine whether the tools provided offer adequate support to people who need support with decision-making, but retain some capacity, in line with their obligations under the UNCRPD.

The Office of the Public Guardian in England and Wales, Office of the Public Guardian (Scotland) and Office of Care and Protection in Northern Ireland should consider collaborating on the design of new tools, as although these powers are devolved, the infrastructure used to implement them by essential services firms is often common across the UK, and consistency will help to drive up standards of implementation.

References:
5.2 Shorter term solutions

Serious change is needed to embed norms of supported decision-making within the UK’s legal infrastructure around third party access. However we recognise that change on this scale is likely to take time. And, while we’re waiting, people with mental health problems will continue to go without the help they need to manage their finances, or put themselves at risk to get it. So, we have considered alternative approaches which could, in the nearer term, offer a way for people experiencing mental health problems to get support managing their finances without giving away too much power or information.

Firstly, much can be done within firms to improve practice around the use of PoAs and other third party access tools. While we welcome the guidance recently published by the UK Regulators Network and the Office of the Public Guardian, it will only be effective if embedded by firms. Given the complexity of this area, the development of rigorous internal processes is likely to be as important as staff training in improving customer service.

Firms should also consider how they can provide limited information to third parties, with the account holder’s consent, in the short term. Using notifications to share only pertinent information, rather than facilitating separate logins for third parties, would help strike a balance between facilitating supported decision-making and protecting privacy. In the energy, water and telecoms sectors, where third party billing is already established, this should be extended to include the ability to send text and email notifications – for example, reminders to send meter readings – to a third party. Existing efforts to increase the number of eligible customers on Priority Service Registers could ensure those who need third party support are aware of the tools available.

In the financial services sector, where text message notifications are already widely used, firms should consider building systems that allow these to be sent to third parties. For people experiencing mental health problems, helpful tools could include the ability for a nominated third party to be sent a notification if the account holder spends more than a certain amount (say £100 or £500), if their balance falls below a certain level, or if they enter an overdraft. This would help customers avoid the need to share online banking details, while resting secure in the knowledge that a carer will be notified if they spend drastically more than usual. Sending limited information would help facilitate supported decision-making while reducing the risk of fraud. As the third party would not have any power to move money, firms would avoid the need to carry out identity checks under Know Your Customer regulations.

Recommendation

Firms should take immediate action to improve staff training and processes around the recognition of Powers of Attorney and other third party access mechanisms, to avoid the distress caused when these tools are implemented ineffectively.
Recommendations

Energy, water and telecoms companies should take steps to publicise the availability of third party billing, and set up the ability to send other notifications to third parties. In the energy and water sectors, providers should ensure they are offering third party billing or nominee schemes to all customers placed on a Priority Service Register.

Financial services firms should offer customers the ability to set up simple SMS message alerts to a third party in response to triggers like a balance falling below a certain level, entering an overdraft, or spending above a certain amount.

Some firms may struggle to implement notification systems within their existing IT infrastructure. Happily, new data-sharing infrastructure offers a possible solution. Box 2 opposite gives an example of how one such tool works.

With the government continuing to explore the possibilities of smart data across essential services markets – most notably in the telecoms market – tools like Toucan could provide effective information sharing on a need-to-know basis that protects privacy and autonomy.

Each of these changes, short and longer term, will be easier with concerted political effort and pressure to drive cross-sector change.

Box 2: Toucan

Through early 2019, Money and Mental Health has been working with Toucan, a new app, as part of the Open Banking for Good Challenge run by Nationwide Building Society and the government’s Inclusive Economy Partnership.

Toucan is a money management app which makes it easier to see what’s happening with your money and get support from someone you trust.

The app securely connects to your bank account using Open Banking and suggests smart alerts around your spending, which can include automatically notifying a trusted family member or friend when there is unusual activity. These alerts are voluntary, with consent from both parties sought during setup, and can be customised according to the customer’s needs and preferences.

Open Banking allows Toucan to offer this functionality to consumers who can’t access this through their own bank, securely accessing a customer’s transactions data and using this to send alerts. At no point does Toucan, or the third party, have the ability to move money; all decision-making power rests with the account holder, but the tool could be used to spark conversations when it looks like something might be going wrong.

Tests of Toucan will be carried out through the rest of 2019, and the company hopes to work with banks to support customers needing third party notifications where in-house legacy IT systems make this difficult.
Recommendations

The government should ensure that the Social Care Green Paper addresses the challenges carers face when supporting loved ones with financial management, not just in older age but also for working-age adults with care needs, including those caused by mental health problems.

The long-awaited green paper should include a commitment to a new cross-government carers strategy, helping to bridge gaps between the Department of Health and Social Care, Ministry of Justice, Her Majesty's Treasury and Department of Business, Energy and Industrial Strategy, all of whom have some bearing on issues around third party access. Their combined influence could encourage firms to act, and help ensure that any new tools developed by the OPG facilitate supported decision-making.

5.3 Conclusion

Third party access is undoubtedly complex, and at times risky. But this makes it all the more important that we provide adequate mechanisms to support people experiencing mental health problems to receive help with financial management in a safe and transparent way. Without change, we will continue to push the risks onto people most vulnerable to financial and psychological harm. Instead, we have a once-in-a-generation opportunity to reform the tools and norms around third party access to protect privacy and autonomy.