

Access for all

The importance of inclusive services



Contents

- 1 Executive summary**
- 2 Section 1 – Introduction**
- 5 Section 2 – The case for inclusive access**
 - The moral case
 - The legal case
 - The business case
- 15 Section 3 – Identifying vulnerability and ensuring inclusive services**
 - BSI Standard 18477: *Fair, flexible services for all*
 - Behavioural triggers
- 23 Section 4 – Good practice**
 - Choice of access method for service users and customers
 - A preventative approach
 - Proactive approach to identifying vulnerability
 - Appropriate support targeted to the user’s needs
 - An enabling approach to service users and customers
 - Willingness to help resolve problems
 - Accurate recording of personal information, establishing follow-up procedures and early investigation of non-compliance
 - Respect for and trust in intermediaries/advocates
 - Appropriate data-sharing to improve customer service
 - Engaging one agency to coordinate access for very vulnerable people
- 32 Section 5 – Conclusion and recommendations**

Executive summary

The internet revolution means that products and services are increasingly offered to, and used by, the public online. Yet there are seven million UK households without internet access, and there will always be people who need to access goods and services through other channels – particularly face-to-face support.

There are sound moral, legal and business reasons why providers should make sure that their services and products are equally available to all users and potential users.

Morally, a civilised society should ensure that no one is disadvantaged by barriers which prevent them from accessing services available to the general public.

Legally, the Equality Act 2010, and the Consumer Protection from Unfair Trading Regulations 2008 (CPRs) require certain duties from providers, who are breaking the law if they do not comply.

In business terms, inclusive provision increases the potential market for goods and services, improves customer satisfaction and ultimately reduces the cost.

Many organisations are beginning to address the issue of how to provide inclusive access to goods and services. A common starting point is to list potential risk factors – such as a medical condition, or personal circumstances – which might lead to disadvantage or vulnerability. Other organisations recognise that vulnerability can be a dynamic and changing state, which may be caused by the failure of systems and procedures to accommodate the needs of all individuals. We suggest that vulnerability should be identified through understanding risk factors, awareness of behavioural triggers, and a recognition of the potential barriers caused by existing systems.

Providers should be alert to signs of vulnerability, which may include: explicit disclosure of problems; obvious signs or information when the user engages with the provider; hidden signs which may need time and encouragement to discover; and changes in behaviour over time.

In this report, Citizens Advice advocates a proactive and anticipatory approach, in which equality and inclusivity are integral to the design of service provision; where systems are in place to identify vulnerable users; and where follow-up procedures are robustly applied to give the best service to the individual. These processes must be fully understood and implemented by all staff from the executive to the frontline.

SECTION ONE

Introduction

Modern technology has revolutionised the way we communicate, and is increasingly changing the ways that providers offer products and services. Web and internet services enable millions of consumers to access goods and services at their own convenience, and at minimal cost. Generally speaking, online services are efficient and cost-effective for both users and providers, and we have seen most organisations developing facilities for internet access over recent years.

The Government is deliberately promoting use of the internet, and its 'Race Online' initiative aims to help over 1.5 million more people online by 2012.¹ Government is also designing more systems on the basis of online access – for example, administration of the new welfare benefit, universal credit, will adopt a 'digital first' principle², and will rely on most claimants providing information and changes of circumstances online.

There are, however, seven million households currently without internet access, and nine million adults in the UK have *never* accessed the internet.³ There will always be a number of people who will – for very good reasons – be better served by other means of access – sometimes by telephone, and often through talking face-to-face to someone who will help them access whatever service or product they need, or resolve the problem they face.

An elderly man came to a Surrey CAB for help completing application forms for pension credit and housing benefit and to get on the local authority housing list. The man had very poor sight and couldn't read or complete forms independently. His hearing difficulties made using the telephone difficult.

This client's situation meant that without the face-to-face help provided by the CAB adviser – or some other helpful third party – he would effectively have been prevented from accessing services which he was entitled to, and which were crucial to his well-being. (In legal terms, the local authority had failed in its duty to make a reasonable adjustment which would remove the 'substantial disadvantage' faced by this client).

The same Government is responsible for bringing into effect the outstanding provisions of the Equality Act 2010.⁴ From April 2011, The Act introduces a new single public sector Equality Duty requiring public bodies to pay due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people of different groups
- foster good relations between people from different groups.

¹ *Manifesto for a Networked Nation*, Race Online 2012, p. 34.

² *Universal Credit: welfare that works*, DWP White Paper, November 2010, p. 38.

³ *Statistical Bulletin: Internet Access 2010*, The Office for National Statistics, August 2010, pages 2–4.

⁴ The majority of the provisions in the Equality Act came into force on 1 October 2010. For more information see the Government Equalities Office website: www.equalities.gov.uk.

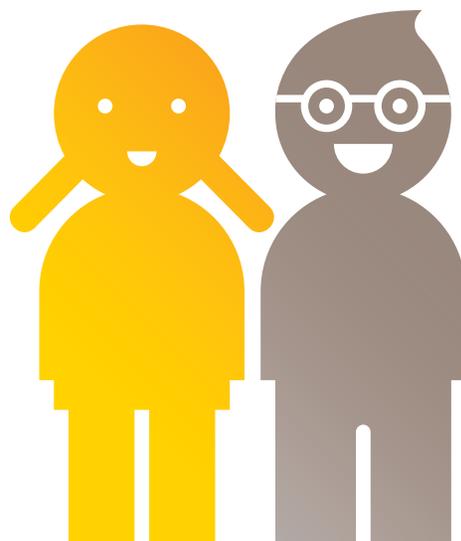
The Equality Act 2010 also continues the previous duty upon all service providers – public or private – to make reasonable adjustments to alter policies and practices that create ‘substantial disadvantages’ for disabled people in accessing goods, facilities and services.

The combination of these new legal duties, and the universal drive to save money by providing services online, makes this a critical time to reinforce awareness of the need to provide inclusive services for all users. Citizens Advice believes that a shift in mindset is required to comply with the new duties, which requires service providers to ask not ‘What is wrong with this person?’ but ‘What is wrong with my service if this person cannot access it?’

Many organisations *have* started to address the issue, and commonly use the term ‘vulnerable’ for people who need extra support. A common approach is to make a list of people who might be considered vulnerable because they have a certain characteristic – such as blindness, deafness, or being of a certain age – or are living in any of a range of circumstances – for example, as a lone parent, recently bereaved, or homeless.

This is probably a reasonable starting point, but it is far from a complete solution. While these characteristics and circumstances are likely risk factors for vulnerability, providers must acknowledge that people may be vulnerable for reasons which are not associated with any of these circumstances, and also that such circumstances do not necessarily lead to vulnerability.

A Hampshire CAB saw an 86 year old client, who was registered blind and used a signature-only debit card. He had regularly used it in a particular store in his home town, but in August, the till operator refused to accept it until the supervisor agreed that it was acceptable. The same situation arose again in September, but on this occasion the supervisor refused to accept the card without a PIN. The client refused to leave the store until they accepted his card and insisted the police were called. When the local policeman arrived and negotiated between the client and the store, the store staff decided to accept his card, together with a certificate of disability issued by Hampshire county council. They also told him that in future, the only way he could use his debit card with signature would be with this certificate.



Although the risk factors of age and blindness were present in this case, the client normally managed them by use of the signature-only debit card – a product specifically provided by his bank to enable him to buy goods without using a pin. He only had difficulty accessing the shop’s service because of the response of the store staff. The situation was compounded by the fact that the store appeared to have changed its policy on use of the card, or hadn’t trained its entire staff appropriately.

Citizens Advice supports this ‘social model’ of disability as opposed to the medical model. Whereas the medical model of disability (used in the Equality Act 2010) emphasises barriers arising from a person’s impairment, the social model emphasises how environmental and attitudinal factors have a ‘disabling’ impact on people, and creates barriers to accessing services or products. Those same barriers also prevent many people from realising their rights.

This report argues the case that service providers should consider the social model of disability together with a more dynamic concept of vulnerability, which can be identified through both ‘risk factors’ and ‘behavioural triggers’. This approach is taken by the new BSI standard for inclusive services, which recognises vulnerability as a dynamic and transient condition, rather than a fixed state.⁵

The arguments for providing alternative services are set out in section 2. Section 3 focuses on case studies which illustrate the risk factors and behavioural indicators of vulnerability, and the success of different services in helping people in such circumstances. Some features and examples of good practice follow in section 4.

⁵ BS 18477:2010 *Fair, flexible services for all*, British Standards Institute, 2010.

SECTION TWO

The case for inclusive access

The moral case

Ensuring everyone has the right to equality is a fundamental duty of any government...

Theresa May, The Home Secretary⁶

Our cases show a range of CAB clients, with various needs and lifestyles, who do not always achieve equal access to goods and services. Difficulties should not be interpreted as a matter of someone's 'ability' or 'disability', but rather as the result of the service provider's failure to cater for the needs of all of its customers.

Public services *must* be available to all those who are entitled to them, and yet some service structures, policies and practices can make it harder for some people to gain access. This may limit how far individuals can benefit from the service, or it may exclude them altogether. The impact on the individual depends on the nature of the service provided and the degree of their need – but all forms of disadvantage in access to services increase the chances of unequal outcomes.

A South Wales CAB advised a 26 year old who was unemployed and suffered from depression, anxiety and agoraphobia. He was in financial difficulties and wanted to apply for a crisis loan. The local Jobcentre Plus refused to help him make the application. He couldn't afford to maintain a phone line and so had to make calls through a telephone box, which was particularly difficult for him because of his agoraphobia.

For this client, a home visit would have been ideal, and without it, the impact was likely to be further financial difficulty and increased depression, potentially leading to homelessness if he fell into rent arrears.

Certain services provided by private organisations are essential to ensure a basic standard of living – such as water, fuel and financial services. It is therefore imperative that access to these 'essential' services is equitable and appropriate.

⁶ *The Equality Strategy – Building a Fairer Britain*, HM Government, December 2010.

A Lancashire CAB advised a client who was deaf, about long running problems with a water company. The client and her husband, who was also deaf, and their two children, moved into a property in 2006. They were under the impression that there was a water meter, but did not receive any bills. They attempted to contact the water company by written correspondence, minicom and email but received no response until summer 2008. The company established that there was no water meter, and began the process to install the meter. However, there were many delays and it was not installed until almost a year later. The clients then started to receive an excessive number of bills. It emerged that two accounts had been opened for no apparent reason and some charges were duplicated. The client complained but received only an apology and a credit for £50.

Disadvantage is especially evident for the most excluded groups in society. The Joseph Rowntree Foundation annual report, *Monitoring Poverty and Social Exclusion 2009* uses access to services as an indicator of adult well-being, assessing how 'people can be disadvantaged due to the decisions made by private or public sector service providers'.⁷

A Lancashire CAB advised a single unemployed 38 year old man, who had recently been transferred to a care home from a lengthy admission in hospital. He had schizophrenia/schizoaffective disorder and brain damage from a head injury. He received income support and disability living allowance (DLA) and his DLA renewal form needed completing. He was very unwell and unable to cooperate. His mother was his appointee and the only person who could help, but she had mobility problems and could not access the CAB service. The hospital staff managed to persuade the client to sign his DLA form but they were worried that the process was causing him significant stress. The client's mother was contacted and the CAB arranged a home visit.

Gypsy and Traveller families in the South West often visited their local CAB. Twelve members of one family visited the bureau for help over the years, as they were unable to read and write and were afraid of authority. Their problems covered the availability and succession of 'pitch sites', homelessness, and support into housing benefit entitlement. Although one of the family members always wore a watch he was unable to tell the time, so when he had an appointment at the bureau, he was given a drawing of his watch face with the time marked on it.

⁷ *Monitoring Poverty and Social Exclusion 2009*, Joseph Rowntree Foundation, 2009, p. 86.

The legal case

The moral arguments for inclusive access are reflected in the legislative and regulatory frameworks. Self-regulation has recognised that providers who want to be more inclusive than is simply required by law, will have to give special consideration to vulnerable users. On this basis, provisions for vulnerability tend to be voluntary additions to regular practices, and offered mainly by progressive bodies or organisations; legislation has been necessary to integrate and normalise such provision within the policies and practices of all providers. There are two key new laws that actively recognise the need for treating **all** consumers fairly: the Equality Act 2010 (The Act) and the Consumer Protection from Unfair Trading Regulations (CPRs).

The Equality Act 2010

A number of separate Acts of Parliament relating to discrimination – for example, the Race Relations Act and the Disability Discrimination Act (DDA) – have been consolidated by the Equality Act 2010. The Act's over-arching purpose is to combat unlawful discrimination. It protects service users from discrimination because of nine protected characteristics: age (over 18s only), disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Act says it is unlawful for a service provider to discriminate against a person using – or seeking to use – its services, because of a protected characteristic. There are a number of ways in which discrimination can occur, including: not providing the person with a service, and not providing the service at the same level of quality, or on the same terms, as they would to another person.

The Act also maintains the previous legal position that service providers must make reasonable adjustments to their procedures, policies and practices where those practices put disabled people at a substantial disadvantage.⁸ Essentially, this means that providers have to take positive steps to remove barriers that cause substantial disadvantages. It is an anticipatory duty, which requires the provider to anticipate the needs of disabled people, not merely to respond to their needs when they attempt to use the service.

Evidence from Citizens Advice Bureaux suggests that this is a necessary provision, as illustrated by the case below when a provider failed to comply with the requirements of the Equality Act (or the DDA as it was at the time).

⁸ The Act also requires reasonable adjustments to some physical features and in the provision of auxiliary aids.

A CAB in Nottinghamshire advised a 39 year old divorced mother of five, who was profoundly deaf. The bureau had previously helped her set up a water payment plan but she had defaulted on her payment, and the company had cancelled the plan; she visited the bureau again to try and re-instate the plan. Her communication methods included lip-reading, and regular use of texting and Typetalk. She had tried to use Typetalk to contact the water company, but had been unsuccessful and came to the bureau. Initially, the water company's agent refused to discuss the client's account with the bureau adviser, because she couldn't speak to the client to confirm her permission. The agent suggested sending a third party authorisation form but this would mean a delay in resolving the issue, allowing the debt to accumulate. The agent eventually accepted the adviser's suggestion to relay each question to the client, loud enough for the agent to hear, and the client would lip read the question and speak the answer into the phone.

The water company was in breach of the legal requirements to make the necessary adjustments to its services. Such adjustments are often quite simple, such as making available specialist text phones or accepting mobile phone texts as a form of communication. An accurate customer record should have shown that this customer needed specialised services.

The Equality and Human Rights Commission (EHRC) has developed complementary Equality Act Codes of Practice. *The Services, Public Functions and Association Code* (The Code) aims to help providers to understand and act on their responsibilities, integrating the requirements of the Act into their practices, and therefore preventing complaints and discrimination claims.⁹

Both the newly amended public sector duty, and the duty on all service providers to make reasonable adjustments, only cover the protected characteristics, and do not, therefore, compel public authorities or other service providers to consider and provide for individuals with other needs or vulnerabilities, even though the failure to do this may disadvantage the person or cause them detriment.¹⁰

The underlying intention, however, is that when organisations examine their procedures in relation to their statutory duties, equality will become an integral part of their provision. This ethos is being reinforced by Government policy: in December 2010, the coalition Government published an Equality Strategy,¹¹ based on two principles of equality: equality of treatment and equal opportunity. The Home Secretary's foreword states that 'we need to move beyond defining people simply because they've ticked a box on a form'. This reflects the premise that inequality should be tackled by attitudinal and cultural change, rather than by imposing bureaucratic obligations.

⁹ *The Services, Public Functions and Associations Code* was expected to be enforced on 28 February 2011 at the time of going to press. See the EHRC website: www.equalityhumanrights.com

¹⁰ *The Public Sector Equality Duty* gives public bodies the legal responsibility to show that they are paying due regard to equality in relation to eight of the nine protected characteristics covered by the duty, which will come into effect in April 2011.

¹¹ *The Equality Strategy – Building a Fairer Britain*, HM Government, December 2010.

The Consumer Protection from Unfair Trading Regulations 2008

Legislation has now enhanced a feature previously recognised in self-regulation – that is, the need to be fair to **all** consumers.

Under the Enterprise Act 2002, the Office of Fair Trading (OFT) has been able to approve self-regulatory codes of practice, guiding the behaviour of businesses towards consumers. To be approved, such a code must have met a published set of core criteria. This has included the requirement that the code 'shall address the additional effort/ help to be provided to vulnerable consumers as appropriate to the sector'.¹² For example, the British Healthcare Trades Association (BHTA) represents companies which provide a range of health and disability related products, of which many are sold to people with special physical needs in the home. The OFT-approved BHTA code of practice ensures that members consider how they can protect vulnerable consumers, such as by encouraging a carer or adviser to be present during home visits.¹³

Self-regulation, however, is voluntary, and consumers have continued to be disadvantaged by poor trading practices. Legislation has therefore been introduced across the European Union.

European legislation now includes a Directive designed to fill current and future gaps in consumer protection law and provides specific requirements for the protection of vulnerable consumers. The Unfair Commercial Practices Directive is transposed into UK law by the CPRs. The CPRs are intended to protect consumers from unfair commercial practices, including practices that are misleading or aggressive. The regulations apply to 'business to consumer' commercial practices, and define whether a practice is unfair through a two part 'fairness assessment'.

A practice is unfair if the conduct of the trader falls short of the 'professional diligence standard'.¹⁴ The practice must also have an unfair effect, or be likely to produce an unfair effect. This is indicated by the 'average consumer' test: if the practice impairs (or is likely to impair) the average consumer's ability to make an informed decision and leads him/her to (or makes him/her likely to) make a decision that s/he otherwise would not have made, it is deemed unfair. Similar assessments are used to judge if the practice is misleading or aggressive. There are an additional 31 specified practices which are always prohibited on the basis that they are inherently unfair.

¹² *Customer Codes Approval Scheme – Core criteria and guidance*, March 2008, OFT 390, Content 3L.

¹³ *Health care association gets OFT code approval*, OFT press release 111/09, 9 September 2009.

¹⁴ Professional diligence is defined under regulation 2 of the CPRs as 'the standard of special skill and care which a trader may reasonably be expected to exercise towards consumers which is commensurate with either – (a) honest market practice in the trader's field of activity, or (b) the general principle of good faith in the trader's field of activity'.

Fairness is assessed against three types of 'average consumer'¹⁵:

- The 'average consumer' is assumed to be 'reasonably well informed, and reasonably observant and circumspect'.
- The average 'targeted consumer' applies when a commercial practice is directed towards a particular group of people – such as advertisements for children's toys. The 'average targeted' consumer is considered to be an average member of that group and is defined by that member's characteristics.
- The average member of a vulnerable group of consumers applies where 'a clearly identifiable group of consumers is particularly vulnerable to the practice or the underlying product because of their mental or physical infirmity, age or credulity in a way which the trader could reasonably be expected to foresee', and 'where the practice is likely to materially distort the economic behaviour only of that group'.

The CPRs provide greater protection for consumers identified as vulnerable, by placing the onus on businesses to evaluate their policies and practices to prevent incidences where a consumer is treated unfairly.

The legal argument we make in this report is therefore that organisations are at risk of breaking the law – and are subject to the associated penalties in law – if they do not comply with existing legislation.

The business case

In addition to the moral and legal arguments, there is a strong business case for providing appropriate and inclusive services – not least because inclusive access widens the customer base for any product or service, but also because avoidable errors cost more to resolve later in the process.

Online, automated and telephone systems are efficient and effective means of delivery for most providers and users, as long as they work smoothly and are operated accurately. The costs of resolving administrative problems when any systems go wrong, however, can be high for the provider, the user and other agencies brought in to repair the damage.

The Department for Work and Pensions (DWP) estimated that for 2009-10, administrative error led to £1.1 billion in overpayments (0.7 per cent of expenditure) and underpayments of £500 million (0.3 per cent of expenditure). According to the National Audit Office, 'underpayments due to administrative error put an unfair burden on people, whereas overpayments represent a direct loss to the taxpayer as the amounts are not normally recoverable'.¹⁶

¹⁵ The 'average consumer' refers to a notional concept developed through case law of the European Court of Justice.

¹⁶ *Minimising the cost of administrative error in the benefit system*, The National Audit Office, 2010.

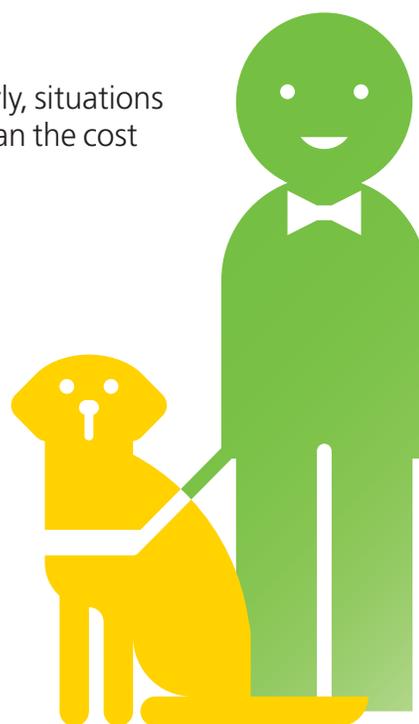
A Northamptonshire CAB saw an elderly client who was referred by her social housing landlord. Although she didn't have any debts, she was struggling to make ends meet on a low income, made up of attendance allowance, the state retirement pension and an occupational pension. As the client was not very mobile and found using the telephone difficult, the CAB arranged for a home visit for a benefits check. The adviser assessed that the client should be receiving full housing benefit and council tax benefit. The council admitted that they had made an error and had not considered the severe disability addition when considering her entitlement to pension credit. Subsequently, the client received a cheque from the council for £4,321 underpayments, plus ongoing weekly entitlements.

This case also shows successful proactive intervention by the housing association, which prevented the resident falling into debt and potentially losing her tenancy.

A CAB in the Midlands advised a client who, after a period of unemployment, notified the relevant office that he had found a full time job. The client then received a letter requesting repayment of £10,400 of overpayment in tax credit. This appeared to have been due to an error in HMRC paperwork, as the statement correctly indicated that the client worked 32 hours per week, but stated that his income was zero. He appealed against the decision but didn't receive a reply until five months later, and this was another request for payment. He was then told that he would be taken to court if he didn't make payment within the set time.

The client had kept a thorough record of all paperwork but was confused with the various statements and changes. He had repeated telephone conversations with HMRC staff but this failed to resolve the issue, and there was no opportunity to have a face-to-face appointment. The client and his family were concerned about the prospect of the debt and the implications that going to court would have on his future credit record.

Other CAB evidence shows that if problems are not addressed early, situations can escalate, until the costs are likely to be considerably higher than the cost of making extra effort to resolve the initial problem.



A client came to a CAB in the South West with her support worker, seeking advice about an unsecured loan, credit card debt and an overdraft with a major high street bank. She was receiving letters and phone calls demanding payment, which she felt were threatening and extremely distressing.

The client had learning disabilities, paranoid schizophrenia and post traumatic stress disorder. Her health conditions affected her ability to manage money and assess financial risk. She had no savings or assets of any kind and relied on incapacity benefit and disability living allowance as her sole sources of income. She lived in supported rented accommodation provided by a charity offering housing and support services to vulnerable people with special needs. When she took out the credit agreements she was not in a position to understand her responsibilities or repay the amounts borrowed. Her psychiatric nurse had tried without success to negotiate with the bank.

The caseworker wrote to the bank and used the Money Advice Liaison Group (MALG) *Good Practice Mental Health Guidelines*, the Lending Code and the unfair relationships provisions in the Consumer Credit Act 2006 to request a write-off of all accounts due.¹⁷ After an initial unsatisfactory response from the bank, an official complaint was made. A manager from the bank swiftly contacted the caseworker agreeing to write off all the outstanding accounts, amounting to about £20,000 in total.

In this case, the bank should not have arranged the credit in the first place, but should certainly have addressed the situation when first alerted by the client's psychiatric nurse. The situation caused distress for the client, and cost the bank considerable administrative time, as well as the write-off of the loan. A recent Department of Health mental health strategy assessed the savings associated with face-to-face debt advice to be around £300 million.¹⁸

¹⁷ *Good Practice Awareness Guidelines for Consumers with Mental Health Problems and Debt*, The Money Advice Liaison Group, November 2009; The Lending Code is a voluntary code of practice for financial institutions; the Consumer Credit Act 2006.

¹⁸ *No health without mental health: a cross-Government mental health strategy for mental health outcomes of people of all ages. Supporting document: The economic case for improving efficiency and quality in mental health*, Department of Health, February 2010.

A number of initiatives for improving access to a range of services for potentially vulnerable people have been evaluated to show significant financial savings:

- The North East Essex Primary Care Trust and CAB worked together to devise the Tendring Reach Out project, which operated on a 'people first' approach to problem solving, based on gaining trust and working with individuals and families in their homes.¹⁹ Provision of face-to-face contact was integral to its success, and an evaluation of the pilot project found that it was 'excellent value for money'. The project cost £12,000 and managed 170 cases, equating to a cost of £70.50 per case. The project outcomes made savings for the local authority and the NHS while boosting the local economy by maximising individuals' incomes, reducing their debts and encouraging them into work.

The project was nominated for a European Union award for Making Local Services More Accessible to All and was featured in the Marmot review, *Fair Society, Healthy Lives*. Due to the success of the pilot, the project received funding to extend to other areas over a three year period.

- Kent's Total Place Gateway programme is making savings by co-locating public and voluntary services, sharing resources, and improving access by offering a choice of contact methods.²⁰
- Westminster City Council's Family Recovery Project, which targets multi-agency support on the most excluded families, is calculated to save £2 per £1 spent (with a range of saving per family from £300 to £136,000). The Government is planning to develop this model and Westminster is to be one of the 16 areas piloting 'community budgets'.
- The Citizens Advice Face-to-face debt advice service – funded by the Government's Financial Inclusion Fund – aims to increase the availability of face-to-face debt advice to financially excluded adults. An evaluation of the service from 2006-09 found that it had surpassed targets for the number of people helped.²¹ The service is good value for money and generates high rates of client satisfaction. The number of clients has increased, while the cost per client has decreased. In 2009/10, target cost was £307 per client, and the actual cost was £280. This has been attributed to the continuously improving efficiency of the trained debt caseworkers and the use of trained volunteers to support specialist money advisers. The debt advice service will be funded by the new Face-to-face debt advice programme from 1 April 2011 until 31 March 2012.

¹⁹ *Tendring Reach Out Pilot Project Evaluation Report*, Tendring CAB, April 2009.

²⁰ *Total Place Pilot Kent – Final Report*, February 2010.

²¹ *Over-indebtedness on a low income – Investigation into the impact of Citizens Advice Financial Inclusion Fund 2006–09*, Research Unit for Financial Inclusion, Faculty of Health and Applied Social Sciences, Liverpool John Moores University.



SECTION THREE

Identifying vulnerability and ensuring inclusive services

In the broadest terms, a vulnerable person may be defined as someone who is unable to access the product or service they require, or for whom such access requires a disproportionate level of effort, and that the lack of access causes them to be disadvantaged. The common consensus increasingly recognises that vulnerability is a dynamic and shifting state and that simply listing risk factors will not – on its own – identify those who need different ways to access services.

Organisations are increasingly recognising the importance of inclusive services, and several manuals have been published, including Citizens Advice's *Do the right thing*, The Royal College of Psychiatrist's *Debt Collection and mental health: ten steps to recovery*, and the Energy Retail Association's *Energy Made Clear: Protecting Vulnerable Customers from Disconnection*. An over-arching standard has recently been published by the British Standards Institute (BSI) – BS 18477: *Fair, flexible services for all*.

BSI Standard 18477: *Fair, flexible services for all*²²

The BSI offers a number of standards which consider inclusivity. From the 2005 standard, BS 7000-6 *Guide to managing inclusive design*, to the recently-published BS 18477 *Fair, flexible services for all*, these standards aim to encourage providers in the public, private and voluntary sectors to develop fair, inclusive and ethical practices. Integrating inclusive practices within the mainstream of delivery is critical to the fulfilment of the standards.

BS 18477 defines consumer vulnerability as 'the condition in which a consumer is at greater risk of mis-selling, exploitation or being put at a disadvantage in terms of accessing or using a service, or in seeking redress'. The Standard maintains that vulnerability is a dynamic and relative condition, and it suggests that 'a consumer's needs and abilities can change with time and circumstance, especially if the consumer is faced with a particularly urgent or complex issue'. It recommends that all business systems should be designed to ensure that they identify and provide for vulnerability, and advocates an approach to the identification of vulnerability that uses risk factors *and* behavioural triggers.

Risk factors are the 'circumstances that might contribute towards a consumer's vulnerability', which can cause consumers to be at particular risk of vulnerability for short or long periods, or vary over time as determined by personal circumstance or context. The Standard discusses a number of possible risk factors, such as age; disability or other impairment; mental health issues; low income; basic skills; inexperience or lack of knowledge; sudden change in circumstances; complexity and confusion; balance of power; and caring responsibilities.

²² See www.bsigroup.com

The Standard requires that service staff are familiarised with the most common risk factors and how they may lead to vulnerability. Crucially, the Standard maintains that staff should also develop an awareness of ‘triggers’ to help them identify vulnerability when the risk factors may not be immediately obvious. Triggers are ‘signs that customers may be having some kind of difficulty and need assistance. They might be things that the consumer says or does’.

Behavioural triggers

Stated need

There is no excuse for organisations which fail to provide alternative access, when a person states from the outset that they have extra needs. Although provision may be written into company policy, it is equally important that the organisational culture ensures the policy is implemented. This will require staff training in appropriate procedures, and may be improved by incentives for quality service. Organisations should use their knowledge and experiences to continually improve their practices.

A Dorset CAB helped a client who had congenital deafness and mental health issues. She wanted to claim a community care grant (CCG) to buy washable rugs for her four year old daughter, who was incontinent and had learning difficulties. She also had another child with physical impairments. The Social Fund agent insisted that the interview for the CCG was conducted over the phone, even though the client made it clear that she was deaf and needed a face-to-face interview. The CCG was promptly refused. It was only after the CAB adviser strongly argued on the client’s behalf, and reminded the benefits office of its duties under disability discrimination legislation, that they agreed to arrange a face-to-face interview at the local Jobcentre Plus. This approach caused the client unnecessary distress and delayed her claim.

A CAB in Cleveland saw a client who was recovering from brain surgery, and long telephone conversations could bring on epileptic seizures. She could not cope with continuous questioning, which caused her to panic and induced seizures. She telephoned the DWP to ask for an appointment so that she could claim benefits, and explained why she could not endure protracted telephone conversations. During the call, she felt a seizure coming on and had to put the phone down. The DWP agent had promised to call her back if this happened, but they did not do so. The client then visited Jobcentre Plus to ask for face-to-face assistance, explaining her difficulty in providing information over the phone. She was given a note regarding emergency hardship loans, told to claim statutory sick pay and directed to the local CAB for further guidance. The DWP informed her that they couldn’t give her any help before she telephoned them again to provide details. The client had made clear from the outset her vulnerabilities and DWP’s decision to ignore her needs caused her actual harm and delayed receipt of her entitlements. She expressed her disappointment at this treatment by the DWP and Jobcentre Plus.

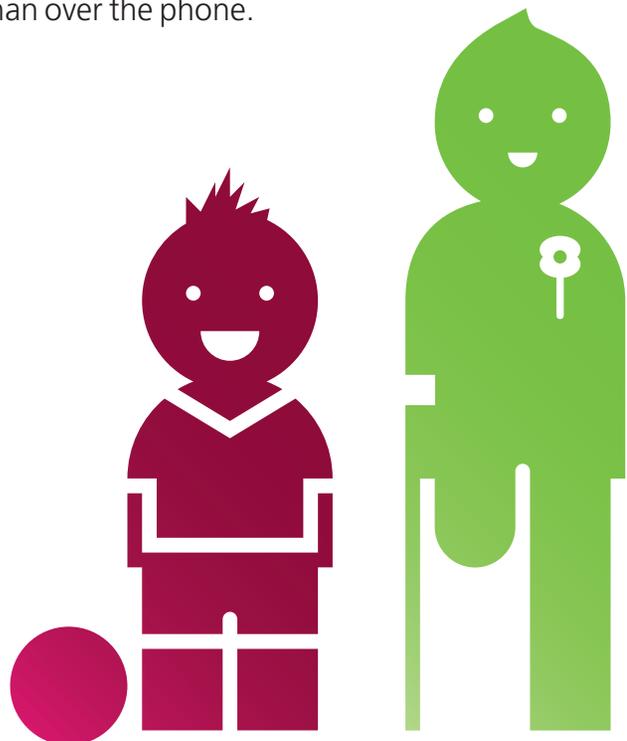
Obvious signs of need

While organisations should clearly have systems to respond to people who specifically state their need for extra help, the Equality Act 2010 also requires that provision must be made so that all users will have equal access, rather than provision being purely reactive when a person presents with extra needs. We believe, therefore, that all public-facing systems should include mechanisms to alert their staff to the possibility that any of their users might need different methods of access.

In some cases, an individual may not specifically say they need extra help, but there is likely to be information – or detectable signs – from the initial presentation, that show a high risk of vulnerability. Organisations with a truly inclusive approach will have mechanisms to identify and respond proactively to people in this type of situation.

A Thai national, with good – but heavily accented – English, telephoned the Tax Credit Office to inform them that he was no longer working and needed to stop claiming working tax credits. He did not submit any income details. The Office estimated his earnings at £11,000 and continued to pay him tax credits. He contacted them again to report his change of circumstances, and was sent a renewal form, but continued to receive payments. He then visited a Lancashire bureau, who contacted the Tax Credit Office on his behalf. The Office told the CAB that they had struggled to understand the client's accent and had misinterpreted the information that he gave them.

It would have been clear from the telephone call that there was a potential for miscommunication, and the agent should have taken appropriate action either offering an interpreter, or a face-to-face interview – where it would have been easier to understand the client's accent than over the phone.



A man sought advice from a Hertfordshire CAB Welfare Rights Adviser. He had experienced a big reduction in his benefit, after time in hospital and subsequent rehabilitation in a care home. The client was uncomfortable using the phone and wasn't sure which benefits he had been receiving before he was admitted to hospital. The adviser rang the DLA helpline, where it was confirmed that they had records of the client moving into hospital and then on to a care home and then out of care back into his own home. The records showed that the DLA had not been put back into payment as required. There was no clear reason for this, but the helpline staff suggested that the DLA office might have asked the care home to confirm the date that the client left the home but they might not have received the reply.

The adviser then phoned Jobcentre Plus. They were not willing to discuss the case as the client was not present. The bureau offered to fax a form of authority but they said that they would have to refer to another section of the Jobcentre to see if they could accept it via fax, otherwise it would have to be sent by post. During the conversation, the official said that a client would lose their severe disability premium if they changed address (in this case, by going into a care home or hospital) and that the claimant should be sent a form to re-apply. The adviser asked whether the client should have requested the form or if he should have been sent it automatically. The official replied that she couldn't answer because of concerns for confidentiality.

If the organisation had a proactive approach, the information about the claimant's change of address should have triggered the system to ensure that the right action was taken in response, and the subsequent delays caused by the lack of authorisation could have been avoided.

A West Midlands CAB advised a client who had cancer and whose only form of income was employment and support allowance (ESA). He contacted a debt advice agency and received advice over the phone. The adviser compiled a financial statement and arranged for him to pay his creditors £51 per month. The client found this arrangement unsustainable and was having to reduce his expenditure on food to meet the payments.

He then sought face-to-face advice with a CAB adviser who reflected upon the situation. It was unclear how the previous agency had arrived at the payment arrangement, but the CAB adviser judged that a number of factors associated with communication may have led them to ignore the additional outgoings and needs of a cancer patient on a very low income.

The fact that the individual was ill and reliant on benefit payments to meet his daily living costs and debt repayments, should have alerted the agency to the need for a more intensive assessment of his ability to pay.

There are a number of reasons why a telephone conversation may be inadequate for the assessment of a person's needs. Primarily, there may be many reasons why a client may not give complete information over the phone, and an adviser does not have access to the relevant paperwork to check the accuracy of the information. Secondly, the physical distance can limit the client's sense of engagement with the process, which may mean they offer less additional information. Moreover, without face-to-face contact, an adviser is less able to interpret non-verbal forms of communication, such as body language and facial expression, which may show distress. In this case, verbal triggers may have been comments such as "I don't have much money at the moment", "I've only got my benefit", "I'm not very well at the moment", or "I'm in and out of hospital for treatment".

Hidden need

Perhaps the hardest to identify are people who initially show no sign of vulnerability, but for whom there is an underlying issue which can make their situation worse if it is not identified and handled appropriately.

A Kent CAB saw a 70 year old client. She was infirm and lived alone, but had a helpful family living nearby, and managed in supported housing. She visited the CAB with numerous non-priority debts, initially caused by a large loan she had taken out for her sister. Her sister had only paid a couple of the repayments before breaking all contact and leaving the client with all of the debt. After borrowing more money from doorstep lenders, the client eventually visited her bank to see if she could borrow more, or re-schedule her loan, and was immediately referred to the CAB for debt advice. She was very ashamed of her debt, and did not understand how to manage her budget and offer her creditors what she could. The bureau set up an informal debt management plan for her, as she had a good income from a pension left by her husband, and could afford a high level of repayment, especially of the bank loan.

However, the client returned a few months later, saying she could not manage. It took several sessions of face-to-face advice before she admitted that she was a heavy smoker, and the budget wasn't working because of the amount she spent on cigarettes. In the meantime, the bank – which was receiving only slightly less than the contractual amount to cover the debt – started to call her. She felt that the tone of the calls was rude and unsympathetic. Even though the bureau had made sure that the bank was aware of the client's vulnerability, it continued to press for the full contractual amount. The client eventually decided to go bankrupt as she could not deal with the situation any longer.



The signs of difficulty in this case were that the client had a good income, but her debt was not decreasing. As she was so ashamed both of her debt and her smoking, she would not admit to either without a great deal of coaxing in face-to-face interviews. Her vulnerability was initially taken into account by the bank, but then disregarded, as she was pressurised to pay the debt in full. It is likely that a more consistent approach by the bank would have resulted in her maintaining her payment plan and repaying most of the debt. As a result of the bank's pressure, however, the client chose to go bankrupt, and the bank lost about £7,000.

Working with an unfamiliar system: In the following case, a capable client tried to access an unfamiliar system, but was prevented – and therefore made vulnerable – by the complexity of the process, and a lack of clear explanation:

A Hampshire CAB advised a female client, who – with her son – wanted to be appointed as Deputies for the client's husband who was physically disabled and lacked mental capacity. The client requested the forms from the Court of Protection and received two large packs addressed to her, of non-identical sets of papers. The covering letters were unclear and the client was totally confused. The CAB advisers tried twice to contact the Court of Protection helpline, but gave up without getting through. The client eventually concluded that one set of papers was for her son, although this was not indicated in either letter. The notes at one point directed the client to read their rules, go to their website or ring the helpline. The rules are a legal document of 70 pages; the website was not clear and could not respond to personal questions; and the helpline was not answering. As a result, the client was totally confused and was – at that time – unable to become a Deputy for her husband.

Similarly, a Staffordshire CAB found that *none* of a group of 55 refugees had managed to make a benefit claim independently over the telephone. All of them had needed help from other agencies. The majority of the group were from Zimbabwe and spoke English, but they were prevented from accessing the service – and therefore made vulnerable – because they were faced with an unfamiliar system, and could not navigate their way through it.²³ The benefits and tax credit system is particularly complex and confusing, and extra effort is therefore required to explain the system and guide claimants through it.

Change in circumstances: Many CAB clients find their ability to cope is dramatically affected by a change in circumstances, such as divorce, an income shock, or taking on a caring responsibility. People who have previously been in control of their lives may suddenly be unable to maintain the same level of engagement with providers. Some may alert the provider to the change in their circumstances and the provider

²³ Stoke on Trent CAB's consultation with the refugee and asylum seeker community, summer-autumn 2010.

should respond appropriately. Others may not directly alert the provider to the change in circumstance, even when it affects their ability to manage their commitments.

A problem may not become apparent until the first example of non-compliance with expected procedures.

An Oxfordshire CAB advised a client whose wife was diagnosed with dementia. He left his job to become a full time carer. He did not apply for benefits, nor ask for any assistance. He had stopped paying his bills and fell into rent arrears. His case was picked up by a CAB housing caseworker when his case was heard in court, even though the client did not attend the hearing. A CAB adviser arranged a visit to his home. The adviser assessed his entitlements and he was awarded carers allowance, attendance allowance, housing benefit and council tax benefit. The adviser supported the client through the bankruptcy process, provided him with details of Alzheimer's disease support groups, and flagged his situation to social services.

The client's absence from the court hearing was an alert to the housing case worker that the bureau would have to take a proactive approach to help him. The client lacked confidence and struggled to express himself over the phone, and the adviser judged that none of the above would have been possible without face-to-face contact.

An inclusive organisation works on the premise that any form of non-compliance – or unusual behaviour – may indicate a problem rather than a deliberate evasion. Many credit card companies take this approach and will contact the card owner if unusual payment patterns are seen. We believe that the default position should be that the organisation takes responsibility to make reasonable attempts to find out the reason for the behaviour, and then acts accordingly.

Behavioural indicators may be: failure to reply to correspondence, sudden non-payment of bills, and/or avoidance of contact. Service providers should be alert to such behaviours – especially if the person has previously been reliable, or if the behaviour is unusual. An appropriate response may involve careful questioning and asking the individual how the service could best help them manage their change in circumstances.

For example, the DWP has a policy which – in certain circumstances – requires staff to make extra effort to contact a customer, if there is information on the client's record that they have a mental health problem. However, if there is no information on record, the Department does not currently have a mechanism to check why the client may seem to be non-compliant.

Mental health

One in four of the UK population experiences a mental health problem at some time in their lives. Such problems may – or may not – make people more vulnerable to detriment and disadvantage when using (or seeking to use) a service. They may be more at risk of poor decision making, exploitation, and discrimination. Similarly, the fear of being stigmatised, or discriminated against, can inhibit an individual from disclosing their mental health problems. It may not, therefore, be explicit that a person’s mental health problems are contributing factors to their vulnerability. It is important that providers become attuned to the behavioural triggers which indicate that a mental health problem is affecting the way that someone interacts with the service.

A number of organisations – including The Royal College of Psychiatrists and the Money Advice Trust²⁴, the Money Advice Liaison Group²⁵, and Citizens Advice²⁶ – have researched the impact of mental health on access to services and have produced useful guidelines for service providers. In the Citizens Advice guidance, the principles are simple and are based on ‘normalising’ the issue. The adviser can ask if the client has any support needs, or if they have a physical or mental health condition which they would like the service to know about. The phrasing of the question should avoid conveying negative connotations, as this could dissuade the client from disclosing their problems. It is important to avoid statements such as “I’m sorry that I have to ask you this” or “I’m certain that this won’t apply to you”, or “this is only for monitoring purposes”.

If a client does disclose a mental health condition, providers should then establish whether the condition is affecting their interaction with the service. Rather than assume that a person with a mental health problem is necessarily vulnerable, service providers should continue to explore the situation, establish the level of need and provide the necessary support.

²⁴ *Debt collection and mental health: ten steps to recovery*, Royal College of Psychiatrists and the Money Advice Trust, November 2010.

²⁵ *Good Practice Guidelines: Debt Management and Debt Collection in Relation to People with Mental Health Problems*, the Money Advice Liaison Group, 2007.

²⁶ *Guidance for advisers on asking clients about their mental health*, Citizens Advice, 2010.

SECTION FOUR

Good practice

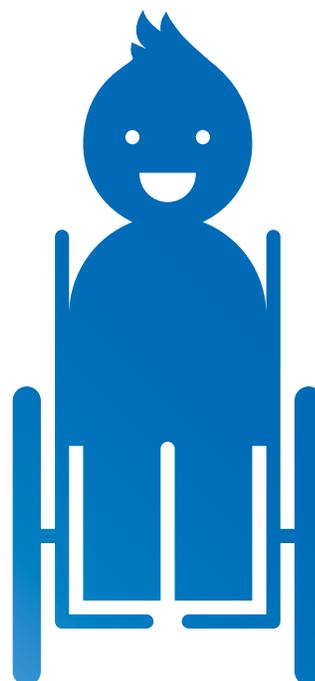
The ultimate good practice is for organisations to go beyond the minimum statutory duties and actively consider the needs of all potential users. They should offer a choice of access, which will make the goods or services accessible to everyone, and should be proactive in efforts to engage users appropriately.

The danger of failing to provide inclusive services is that some users – or potential users – may not receive universal public services, such as medical care; or vital financial support, such as welfare benefits; or essential services, such as utilities or banking facilities. Not only does this cause detriment and distress for individuals, but it also results in unnecessary extra costs for providers, and can cause further problems, such as debt and homelessness.

As providers recognise their statutory obligations and strive to improve efficiency, examples of good practice are evolving across the public, commercial and voluntary sectors. Considerable work has been done recently by financial services and utility providers, while local authorities are recognising the social and economic value of improving access to their services. In this section, we offer a number of examples of good practice from a range of these providers, and recognise that they are by no means exhaustive.

We consider that the essential factors in inclusive services are:

- Choice of access method for service users and customers.
- A preventative approach.
- Proactive approach to identifying vulnerability.
- Appropriate support targeted to the user's needs.
- An enabling approach to service users and customers.
- Willingness to help resolve problems.
- Accurate recording of personal information, establishing follow-up procedures and early investigation of non-compliance.
- Respect for and trust in intermediaries/advocates.
- Appropriate data-sharing to improve customer service.
- Engaging one agency to coordinate access for very vulnerable people.



Choice of access method for service users and customers

Evaluations of existing services which operate on a multi-channel basis suggest that choice of access method is important in providing an appropriate service.

The Money Guidance Pathfinder project, funded by the previous government in response to the *Thoresen Review of generic financial advice* (2008) was based on Thoresen's five principles for a money guidance service, which should be:

'On my side' – impartial from the government and the financial services industry (FSI); **supportive** – to guide individuals to make positive steps towards improving their finances; **preventative** – to help people budget and plan for today and the future; **universal** – available to all and (in the medium term) free to the user; and **sales free** – it cannot recommend a product from a specific provider or that the user varies or disposes of an existing product.

The service was offered online, by phone and on a face-to-face basis. Between April 2009 and the end of March 2010, the service delivered over 570,000 Money Guidance sessions to approximately 220,660 people across the three contact routes, in the North East and North West of England. There were 542,700 website sessions, 3,811 telephone sessions and 24,595 face-to-face sessions, and the evaluation found key differences in the people accessing the service by each channel.

'The face-to-face channel was reached by the greatest proportion of people most vulnerable to the consequences of poor financial decision-making, who were more economically disadvantaged. By contrast, the website reached a greater proportion of those people least vulnerable to the consequences of poor financial decision-making, who were less economically disadvantaged.'²⁷

The Citizens Advice service can now offer advice on the web, by email, through self-service kiosks, by phone, and face-to-face. In 2009/10 the service advised 2.1 million individual clients and received 10.6 million visits to the self-help website www.adviceguide.org.uk.

²⁷ *The Money Guidance Pathfinder. Key findings and lessons learned*, Consumer Financial Education Body, July 2010.

A preventative approach

One of the key values of appropriate and inclusive services lies in the opportunity to prevent problems before they arise. By adopting a user-focused attitude, organisations will better understand the barriers to access for particular clients and will be able to pre-empt potential problems.

As a result of the Citizens Advice report, *Do the right thing*²⁸, some 60 representatives from the advice and creditor sectors now belong to the Addressing Financial Difficulties best practice working group (AFD), which is devising a definitive guide to best practice at helping people avoid, manage and overcome periods of financial difficulty. The group will publish a final checklist in spring 2011, which will consider every aspect of financial difficulty including:

- the best way to reduce the likelihood of financial difficulties happening in the first place
- how best to reduce and deal with consumer vulnerability
- how people can be encouraged to engage and stay engaged with their creditors
- how creditors and face-to-face debt advice providers can work together as effectively as possible.

Proactive approach to identifying vulnerability

Throughout this report, we stress the importance of organisations taking a proactive approach to identifying vulnerability in order to ensure that users receive the most appropriate service as early as possible in their engagement with the provider.

The Citizens Advice new access procedure begins with an assessment – known as a gateway assessment – in which assessors listen to the client’s presenting problem and ascertain what the client needs. Through careful listening and questioning, the trained assessors also establish if there are any other underlying issues which the client has not identified. The adviser then assesses if the client has the capacity and capability to deal with the issue independently after receiving guidance or information; if they should be signposted or referred to other services; or if they require a face-to-face appointment with an adviser.

An important driver behind the development of the gateway assessment was to ensure that vulnerable clients are provided with the method of access most appropriate to their needs and circumstances, while encouraging efficient allocation of resources. Early assessments show that the gateway assessment has helped bureaux to increase the number of clients by 50 per cent, on average, and reduce waiting times by 50 per cent, on average, while Islington CAB reports that 95 per cent of their clients would use their service again, and 92 per cent would recommend it to others.

²⁸ *Do the right thing – Advisers’ and creditors’ experience of best practice in debt collection*, Citizens Advice, February 2010.

Appropriate support targeted to the user's needs

Organisations with a proactive approach will seek to understand and provide the most effective method of meeting the particular needs of their users. This often involves partnership work with other providers.

Coventry children's services Multi Disciplinary Teams (MDT) are working with Coventry CAB to encourage vulnerable clients to engage with services and advice. The MDT family support workers, who visit families in their homes, were faced with complex debt, benefit and housing issues which they were not trained to deal with. The local authority judged that it would be more cost efficient and beneficial to fund the CAB to deliver a benefits and debt advice service.

With the client's written permission, all information is shared between both agencies, to ensure that families receive a comprehensive service which meets all of their needs. This also stops clients from having to repeat the same information to different agencies, which can cause frustration and increases the risk of miscommunication.

Coventry CAB says: "The pilot has enabled the bureau to develop systems that can be replicated for other potential services. This enables the bureau to access new funding streams and increase accessibility further".

Partner organisations such as Macmillan, the Primary Care Trust and children's services have expressed their strong support for the use of CAB expertise in engaging with vulnerable and hard-to-reach groups.

An enabling approach to service users and customers

Successful services enable users to manage their own interaction with the provider. Many services are complex and difficult to navigate – especially the current welfare benefits and tax credits systems. We continue to urge Government to improve the accessibility of its services, and Citizens Advice is contributing to the



plans for the welfare reforms, based on the new benefit, universal credit. In the meantime, enabling advice services aim to give clients the confidence to manage their own affairs.

The Citizens Advice service has outreaches in over 200 children's centres across England and Wales, offering generalist advice. Evaluations of the programmes show how helping families deal with their immediate problems – most commonly associated with benefits and debts – often helps to relieve financial concerns and associated feelings of stress. More importantly, advisers take an enabling approach, which equips clients with the confidence and knowledge to deal with their finances in the future. Funding such services is cost-effective, as this early intervention reduces the need for expensive remedies later on.

Willingness to help resolve problems

Debt collection is an area which has been notorious for aggressive practices, and yet there is an increasing recognition that a willingness to help clients to manage their debt results in better outcomes for all parties.

Sovereign Housing Association in the South and South West of England asks residents with rent arrears to attend a pre-court panel, before they begin court proceedings. The panel includes debt and welfare benefits advisers, and the resident receives a full benefit check, budgeting and debt advice. Two thirds of the people who attend the panels repay their debts without the need for court action. This not only helps the residents pay their debts and keep their homes, but also reduces costs for Sovereign Housing Association.



Accurate recording of personal information, establishing follow-up procedures and early investigation of non-compliance

One of the most valuable measures in active and inclusive services is for organisations to hold accurate and up-to-date information about their customers, to establish relevant follow-up procedures related to that information, and to explore reasons for apparent non-compliance.

Some organisations fail to keep such records at all; some gather the information, but have no procedures to follow up on it; while others have procedures to follow up when customers are known to be vulnerable, but do not automatically explore non-compliance *unless* the person is known to be vulnerable. We believe that it is just as important for providers to take a proactive approach to apparent non-compliance, and for their procedures to include early investigation as to why the person has not responded as expected.

In response to the case of a particularly vulnerable client, Taunton CAB worked with the local authority to develop a Vulnerable Persons Policy.

The client was 24 years old, and dependent on alcohol and drugs. She was unemployed and had been accommodated in a one bedroom flat, which gave her a sense of stability and was necessary to her recovery and rehabilitation. Unfortunately, her housing benefit was restricted to the shared room rate which meant that she could not afford to pay all of her rent and council tax. Even though the local authority knew that she was vulnerable, they had no policy or system in place to stop bailiffs being instructed to collect council tax arrears. One visit from the bailiffs pushed the client away from the services she needed so badly. Eight months later, the CAB was struggling to re-engage her and she faced escalating debt and possible eviction.

The CAB held a number of meetings with the local authority, which was very receptive, and the resulting Vulnerable Persons Policy is now integral to the collection of council tax arrears. If a client falls into arrears, the bureau becomes involved, and if the bureau identifies the client as a vulnerable person, the local authority assigns a named revenues officer to the client's account, who works with the client and the CAB to agree a suitable payment plan.

The local authority was proactive in implementing the policy, and by December 2010 they had identified 60 users as vulnerable, and referred them to the CAB for further assistance. The Principal Revenues Officer gained agreement from the bailiff company that all of its employees should be made aware of the policy, and if a bailiff thinks a person might be vulnerable, they are encouraged to flag the case to the local authority.

The bureau is now in discussion with the benefits department, as well as Jobcentre Plus at district level, to extend the policy. They hope to involve other third sector organisations – Age UK, Shelter, and Compass Disability – in the practice, while the Principal Revenues Officer is promoting the policy to other local authorities in Somerset.

Respect for and trust in intermediaries/advocates

For some people, their vulnerability means that they can best access services only through a third party or trusted intermediary. Inclusive services will establish the credibility of the intermediary and then ensure that their procedures facilitate reliable access for the user through the intermediary.

Mains gas and electricity suppliers are required by law to offer a number of additional, free services to eligible vulnerable consumers, for which they use a priority service register (PSR).²⁹ Energy suppliers have also invested significant amounts of funds in voluntary social programmes.³⁰

The programmes involve a range of activities designed to support vulnerable and fuel-poor consumers, including:

- Working with third parties such as Citizens Advice, Age UK and the WRVS to identify and engage hard-to-reach consumers.
- The six main energy suppliers all operate dedicated telephone lines for use by Citizens Advice Bureaux and Age UK advisers, which are staffed by teams with experience in handling issues relating to vulnerable customers, as well as debt and disconnection.
- Social and discounted tariffs, rebates, energy efficiency measures and grants.
- Pledging to abide by the Energy Retail Association's (ERA) *Safety Net for Vulnerable Customers*.³¹ The Safety Net requires member companies to take measures to ensure that vulnerable customers are protected from being knowingly disconnected.

²⁹ See Ofgem's website: www.ofgem.gov.uk

³⁰ See www.energymadeclear.co.uk

³¹ *Energy Made Clear – Protecting Vulnerable Customers from Disconnection*, Energy Retail Association.

Appropriate data-sharing to improve customer service

Data-sharing is a vital element in ensuring that vulnerable users receive the best services. It can be daunting and disabling for some people to constantly approach separate service providers, when their needs are better served by joint provision of associated services.

The Data Protection Act 1998 is often used as a reason not to share information. Citizens Advice recognises that personal data should *only* be shared on the basis that it is proportionate, relevant and necessary to meeting the client's needs, and rigorous safeguards must be in place to guarantee the security of personal data, as well as compliance with legal requirements. Within those boundaries, however, there are several examples of service providers simply asking users for permission to share information, which helps the user, and avoids duplication for the providers.

An area where the sharing of client information between agencies is particularly important is in helping people with mental health problems to address their debt issues. The Royal College of Psychiatrists and the Money Advice Liaison Group (MALG) have developed the Debt and Mental Health Evidence Form (DMHEF).³² The DMHEF is a standardised set of questions used by advisers and creditors to obtain relevant information from health and social care professionals about a consenting client's mental health problem.

The information is used to assess if, and how, the client's mental health problem is affecting their debt situation. The assessment and the evidence then inform the adviser's or creditor's decisions on how they can best provide for the client's needs.

The DMHEF was developed to address the difficulties that advisers and creditors commonly encountered when trying to gather information from health and social care professionals. These included: variability in the amounts of evidence requested; unclear instructions and unrealistic expectations; poor quality and unfocused information; delays; and the refusal to provide evidence.

A range of organisations have used the DMHEF with success since it was introduced in 2008.

³² The MALG *Good practice awareness guidelines for consumers with mental health problems and debt* suggested that a standardised tool was needed to facilitate the lawful, efficient and sensitive sharing of data.

Engaging one agency to coordinate access for very vulnerable people

Research suggests that the most vulnerable people benefit from a single point of contact to coordinate the different agencies whose services they need.³³

Westminster City Council has developed a multi-agency programme for extremely vulnerable families, 'at risk of losing their children, home, or liberty'.³⁴ Two lead workers for each family gather information and coordinate support from the various agencies who deal with the family's issues, including any or all of the following: adult mental health, anti-social behaviour, benefits, domestic violence, education, health visiting, housing, police, children's social work, substance misuse and access to training and work.

Eighteen families were given this support in the first year, at a cost of around £19,500 per family. Success is measured in improvements in the families' situations, and estimated avoidance of future costs to public services. Improvements include increased engagement with health and mental health services, increased school attendance, avoidance of eviction, and reduced levels of criminal behaviour. Early estimates of average cost avoidance per family amount to just over £40,000 in the year during which the family is engaged. In just one year, some well-engaged families who had previously suffered from complex and entrenched problems changed their behaviours to such an extent that up to an estimated £136,000 in costs had been avoided. As a pilot area for community budgets, Westminster will be given additional funding to continue to work with vulnerable families.

³³ *Making every adult matter – A four-point manifesto for tackling multiple needs and exclusions*, Making Every Adult Matter Coalition, September 2009.

³⁴ See Westminster City Council website www.westminster.gov.uk

SECTION FIVE

Conclusion and recommendations

Through examples and case studies, this report has shown that there are strong moral, legal and business arguments for public-facing organisations to provide inclusive services. Inclusivity must be embedded in service design, and supported by comprehensive staff training. Good practice examples illustrate that multi-channel access, co-location of services, and proactive attitudes can all contribute to improvements in customer satisfaction, and savings to providers.

Citizens Advice recommends that:

- For legal, moral and business reasons, all public-facing organisations must take responsibility for providing goods and services on equal and inclusive terms.
- Organisations should devise mechanisms for identifying people who need extra help, or alternative methods, to access their services. Signs may include:
 - explicitly stated need
 - obvious indicators
 - behavioural triggers.
- Providers should design integrated systems and train all staff to ensure that all users and potential users have equal access to their products or services.
- Essential elements of inclusive services are:
 - Choice of access method for service users and customers.
 - A preventative approach.
 - A proactive approach to identifying vulnerability.
 - Appropriate support aimed at meeting the user's needs.
 - An enabling approach to service users and customers.
 - A willingness to help resolve problems.
 - Accurate recording of personal information, establishing follow-up procedures and early investigation of non-compliance.
 - Respect for and trust in intermediaries/advocates.
 - Appropriate data-sharing to improve customer service.
 - Engaging one agency to coordinate access for very vulnerable people to provide a holistic problem-solving service.
- All public-facing organisations should consider adopting BSI standard 18477.

Our aims

- To provide the advice people need for the problems they face.
- To improve the policies and practices that affect people's lives.

Our principles

The Citizens Advice service provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. It values diversity, promotes equality and challenges discrimination.

Written by:
Lizzie Iron and Christie Silk

Citizens Advice
Myddelton House
115–123 Pentonville Road
London N1 9LZ

Telephone: 020 7833 2181
Fax: 020 7833 4371

www.citizensadvice.org.uk
www.adviceguide.org.uk

Citizens Advice is an operating name of The National Association of Citizens Advice Bureaux.
Registered charity number 279057

Published March 2011.

Design by wearemash.com