Care Initiative

Caring for the vulnerable

Objectives

At the end of this training event you will;

❑ Better understand the term vulnerability

❑ Understand alternatives to the concept of vulnerability

❑ Appreciate that vulnerability is complex and changeable

❑ Have tools to help you recognise vulnerability

❑ Develop methods to help deal with vulnerability

❑ Increase confidence and sensitivity towards vulnerability

❑ Know more about essential facets of sensitive service

❑ Become a champion for vulnerability in your organisation

BACKGROUND

Why is training necessary?

- ❑ Companies make or take calls from people who have difficulty making informed decisions

- ❑ Includes diagnosed conditions like dementia, undiagnosed or temporary mental health conditions such as severe anxiety, or learning difficulties, literacy or language issues

- ❑ There's little understanding of how to identify signs of vulnerability, or how to handle situations with care and respect

- ❑ Staff are often not equipped or lack confidence

- ❑ Often there's no policy for addressing problems

- ❑ Organisations may not deliver consistent service

- ❑ There is a potential risk of harm to individuals or company reputations

DMA white paper and survey

The DMA Contact Centre and Telemarketing council created a Care Initiative working hub to create;

❑ White paper Guidelines for call centres dealing with vulnerable consumers

[The DMA Contact Centre's White Paper](#)

❑ Followed by, contact centre research to uncover frontline agent experience
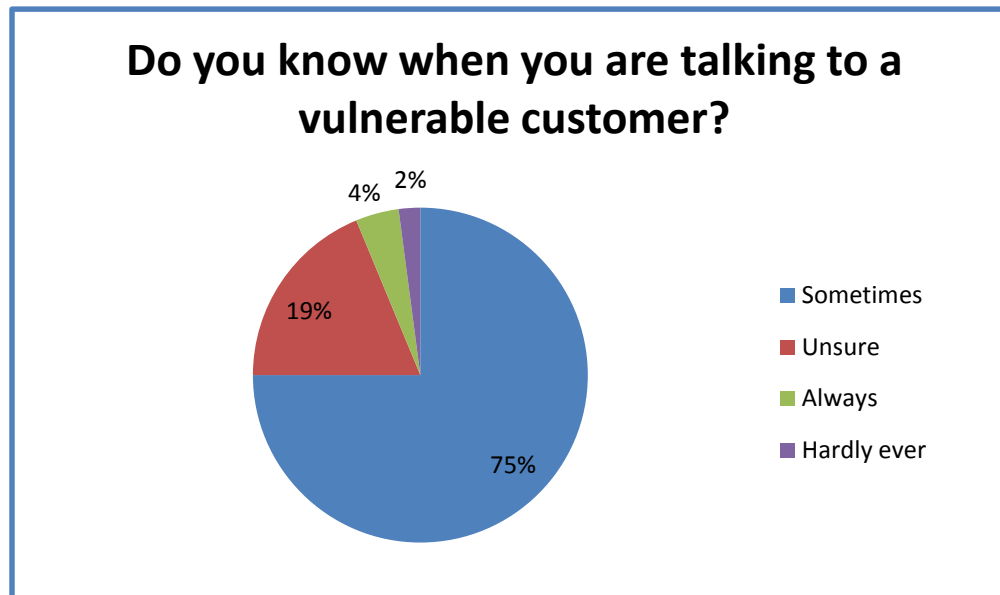
❑ Leading to this training event

Our survey tells us…..

FACT Only 4% of respondents claim they *always* know when they are speaking with a vulnerable person

People need help to identify when they are speaking to someone who may be vulnerable

Do you know when you are talking to a vulnerable customer?

4% 2%

19%

75%

- Sometimes
- Unsure
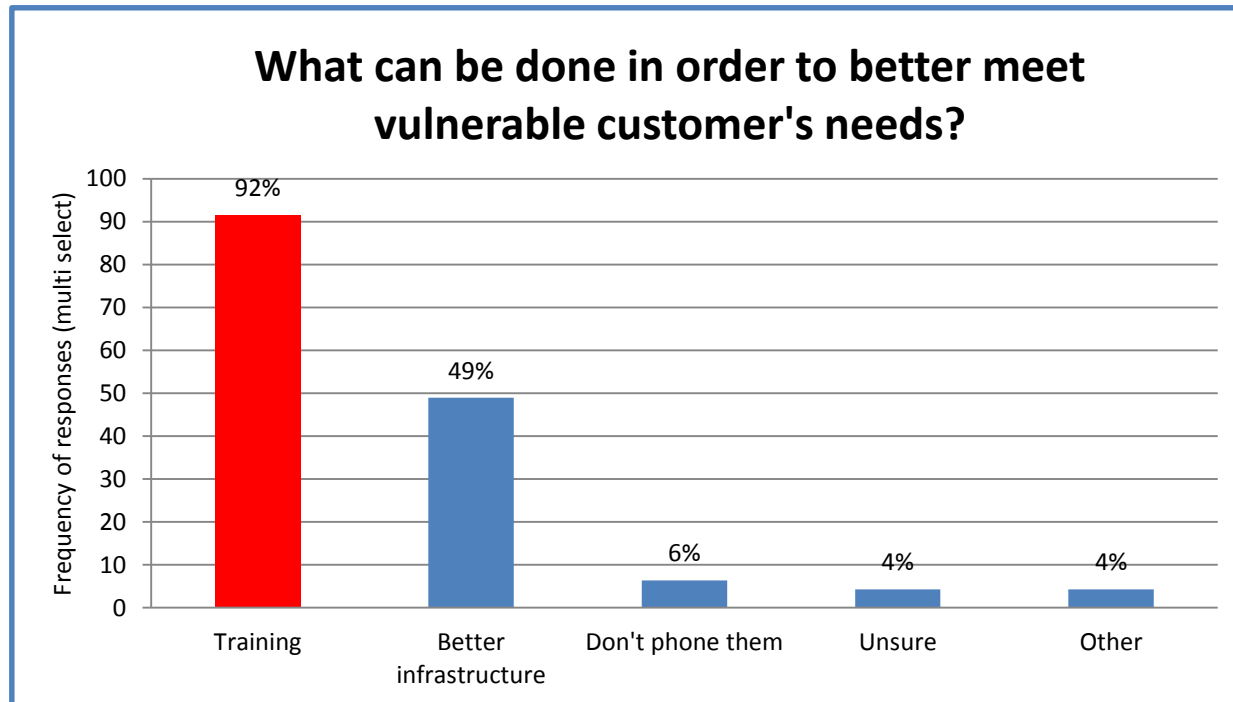- Always
- Hardly ever

Our survey tells us.....

92% of agents say *training* would help to better meet vulnerable customers needs

There is a clear demand for training

What can be done in order to better meet vulnerable customer's needs?

Bar chart — Frequency of responses (multi select):
- Training: 92%
- Better infrastructure: 49%
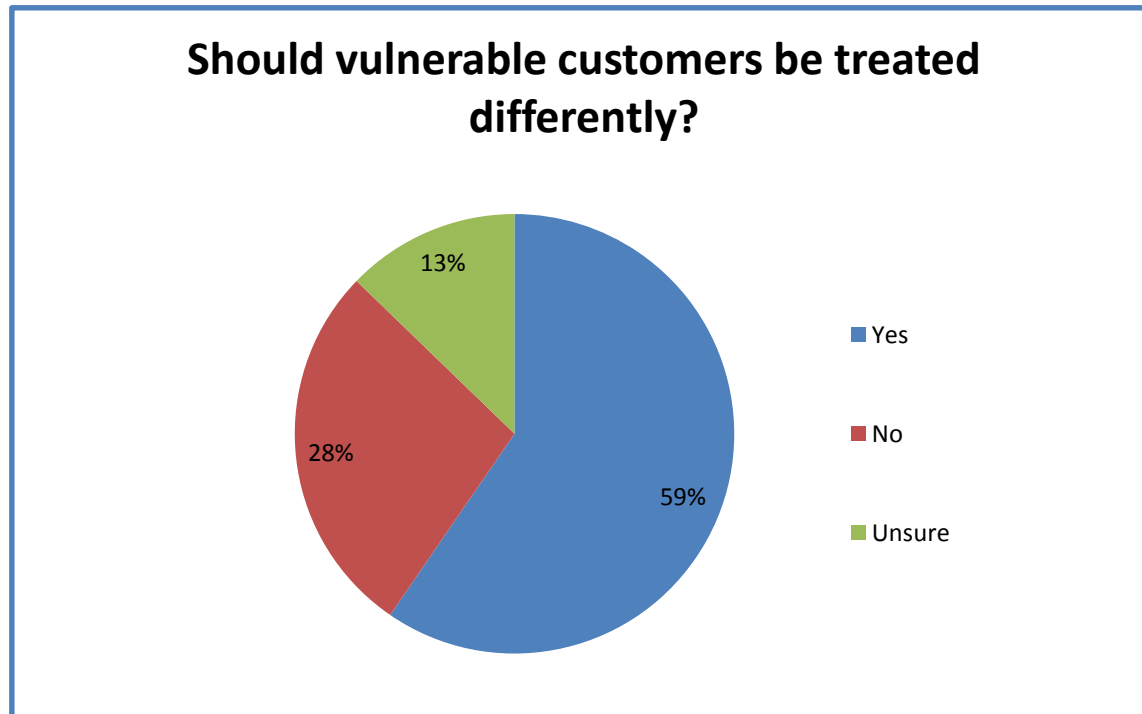- Don't phone them: 6%
- Unsure: 4%
- Other: 4%

Our survey tells us…..

59% of respondents felt that vulnerable customers should be treated differently

Agents are concerned about consistent quality

Should vulnerable customers be treated differently?

- Yes — 59%
- No — 28%
- Unsure — 13%

Our survey tells us…..

FACT

30% said no specific training is given

FACT

49% said that training is ad hoc

FACT

Only 36% receive 'regular' training

What training are you given to help you meet the needs of vulnerable customers?

Frequency of responses (multi select)

| Category	Value
No specific training given	30
Ad hoc e.g. after a complaint	49
One off training e.g. induction	36
Regular training	36
Unsure	2
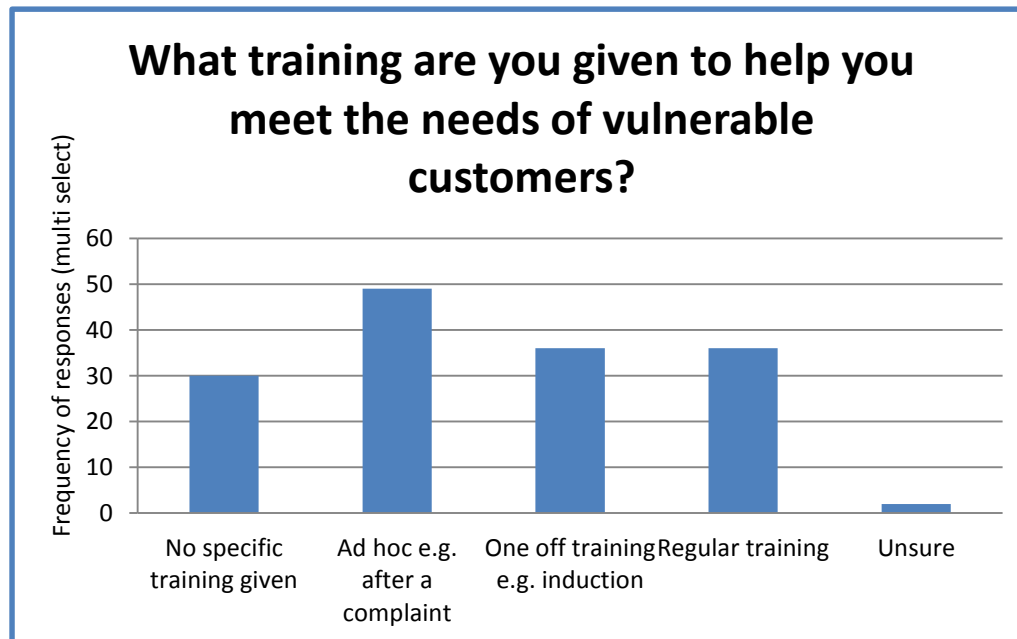
Our survey tells us.....

FACT

66% feel they're 'always' able to deal with vulnerable customers to a high standard

A third feel they only sometimes deal with vulnerable customers to a high standard

FACT

How often would you say you are able to deal with vulnerable customers to a high standard?

2% 2%

30%

66%

■ Always   ■ Sometimes

■ Hardly ever   ■ Unsure
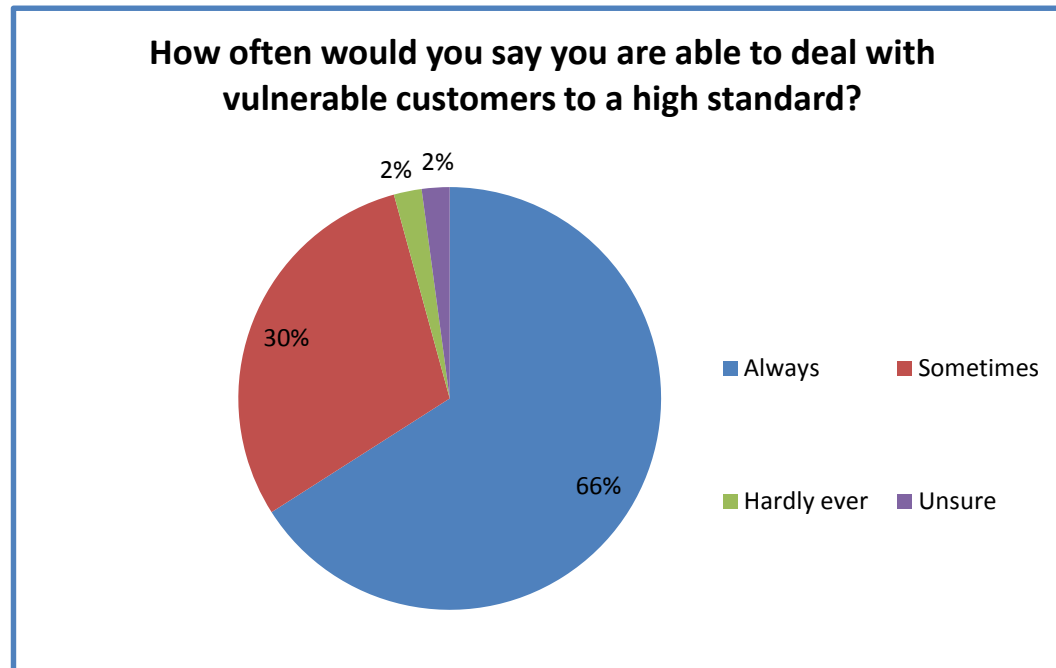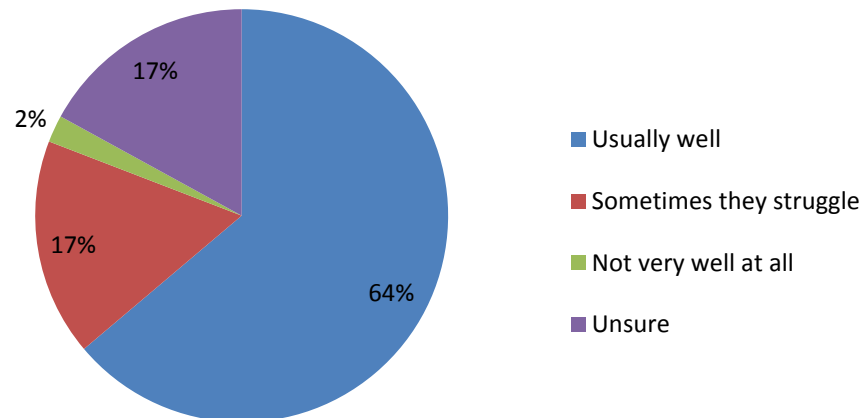
Our survey tells us…..

20% feel their colleagues struggle to understand the needs of vulnerable customers

Peer to peer support systems could help

How well do your colleagues understand the needs of vulnerable customers?

- 64% — Usually well
- 17% — Sometimes they struggle
- 2% — Not very well at all
- 17% — Unsure

EXPLORING VULNERABILITY

Definitions

❑ There are many definitions and understandings of the concept of vulnerability.

❑ The following slides contain just a few of them, from the academic to the everyday

❑ There is no single right or wrong definition

What is vulnerability

❑ Professor George G Brenkert; defines the vulnerable population as one that is **susceptible to harm by others**. Whilst technically, everyone is susceptible to harm by others, from the marketing ethics perspective, we are not all vulnerable.

❑ Brenkert isolates the "**specially vulnerable**" as the relevant population.

Brenkert's view

❑ According to Brenkert, the **specially vulnerable** have 3 characteristics;

1. There is a classification 'type'

   Physical e.g. sensory or physical disability

   Cognitive e.g. cognitive immaturity, dementia

   Motivational e.g. grief, severe illness

   Social e.g. poverty, addiction

2. Due to factors largely **beyond their control**

3. Make them **more susceptible to harm by others**

Vulnerability – a controversial label

❑ 'Vulnerability' is an **imposed** category that some so-called vulnerable groups challenge

❑ It's generally held that vulnerability refers to those individuals or groups who due to;

  ❑ Age

  ❑ Ill-health

  ❑ Infirmity

  ❑ Minority status

  ❑ Otherwise disempowered status in society

may be **open to exploitation** (whether physical, emotional or psychological)

Lancaster University, Lancaster LA1 4YT, UK

Vulnerability explored

- **International Federation of Red Cross and Red Crescent Societies**

    "Vulnerability can be understood as the diminished capacity of an individual (or an interconnected group) to anticipate, cope with, resist and recover from the impact of significant or even everyday events"

- **East Cambridge District Council**

    "A vulnerable person is someone who is, or may be, **in need of support** due to age, illness or a mental or physical disability. Who is, or maybe, unable to take care of himself / herself or us unable to protect himself / herself against harm or **exploitation"**

- **Age UK (Richard Powley, Head of Safeguarding)**

    "Vulnerability is not something that affects other people. Any of us, at any time, could need care and support"

MEET THE NEIGHBOURS

Meet the neighbours

❑ We share the world with many other people

❑ We're all different, whether by culture, age, social class or by our needs and preference

❑ Understanding the unique 'world view' of those we come into contact with is not easy but is critical

❑ It is important to note that vulnerability can be either permanent or transitory (temporary)

A typical neighbourhood

This is Peter

❑ Peter was diagnosed with schizophrenia at 18

This is Aisling

❑ Aisling is suffering with post natal depression

This is Frank

❑ Frank has dementia and can get very angry

This is Lucy

❑ Lucy has autism and can find it hard to relate

This is Fatma

❑ Fatma finds it difficult to explain things in English

This is Janet

❑ Janet has recently been bereaved and is grieving

What does vulnerability look or sound like?

Volatility and anger

❑ Does your company have a policy about handling 'abusive' or volatile customers?

    ❑ What does it say?

❑ How many of us consider action to discontinue the call e.g. issue a warning and then end the call?

❑ Could we ever learn to see anger as non-threatening?

❑ Who goes to work to be screamed or sworn at?

❑ Anger is a strange and complex emotion that is often masking deeper anxieties, for example feelings of being threatened or afraid

❑ **With a little patience and humility, we can choose our responses and how to think or relate to particular situations**

National cultures

- Academic studies tell us that culture can be a source of conflict or misunderstanding (Hosftede)

- People for different national cultures often respond differently to certain influences e.g. The concept of risk avoidance may mean some people find discussing financial matters more stressful than others

- We can't understand all national cultural differences but simply accepting they exist can help us to exercise patience

- Vulnerability compounds the effect of cultural or language differences, making people harder to understand or giving rise to anger, hostility or offence

- People who struggle with language can be harder to understand especially when cross or frustrated. They may swear or become difficult to reason with

I can't help you!

You don't understand me
I don't understand you
So you can't listen to me or 'hear' me
And I can't listen to you or 'hear' you
If I give you time, if I care about you
You'll find it easier to express yourself
And I'll find it easier to understand
So we both leave the conversation happier
My kindness and patience can help you
I want to help you

A simple poem by a contact centre agent

Paradigms

❑ What happens when we see what lies behind someone's pain, fear or anger?

    ❑ We find ourselves seeing the situation differently

    ❑ We have empathy for them

    ❑ We want to help or reach out

❑ This is what we call the paradigm shift, when we find a new way of looking at something

Paragigm shifts

❑ Paradigms are deeper than attitudes or behaviour

❑ They change how we learn how to view things

❑ Definitions

    ❑ **Paradigm:** the way you see, think and understand the world

    ❑ **Paradigm shift:** to have a sudden change in perception, a sudden change in point of view of how you see things or pick your responses to things

❑ A paradigm shift takes thinking to a different level, or breaking artificial or self imposed limitations in the way we think

    e.g. "This person is aggressive and rude, I don't want to speak to them. I don't come to work to be abused"

Based on Stephen R. Covey – 7 habits of highly effective people

Stephen R Covey's paradigm shift

I remember a mini-paradigm shift I experienced one Sunday morning on a subway in New York.

People were sitting quietly -- some reading newspapers, some lost in thought, some resting with their eyes closed. It was a calm, peaceful scene.

Then suddenly, a man and his children entered the subway car. The children were so loud and rambunctious that instantly the whole climate changed.

The man sat down next to me and closed his eyes, apparently oblivious to the situation. The children were yelling back and forth, throwing things, even grabbing people's papers. It was very disturbing. **And yet, the man sitting next to me did nothing.....**

Stephen R Covey's paradigm shift

*It was difficult not to **feel irritated**.*

*I could not believe that he could be so **insensitive** as to let his children run wild like that and do nothing about it, taking no responsibility at all.*

It was easy to see that everyone else on the subway felt irritated, too.

So finally, with what I felt was unusual patience and restraint, I turned to him and said,

"Sir, your children are really disturbing a lot of people. I wonder if you couldn't control them a little more?"

Stephen R Covey's paradigm shift

The man lifted his gaze as if to come to a consciousness of the situation for the first time and said softly,

"Oh, you're right. I guess I should do something about it.

We just came from the hospital where their mother died about an hour ago. I don't know what to think, and I guess they don't know how to handle it either."

Can you imagine what I **felt** at that moment?

My paradigm shifted. Suddenly **I saw things differently**, and because I saw differently, I thought differently, I felt differently, I behaved differently. **My irritation vanished**.
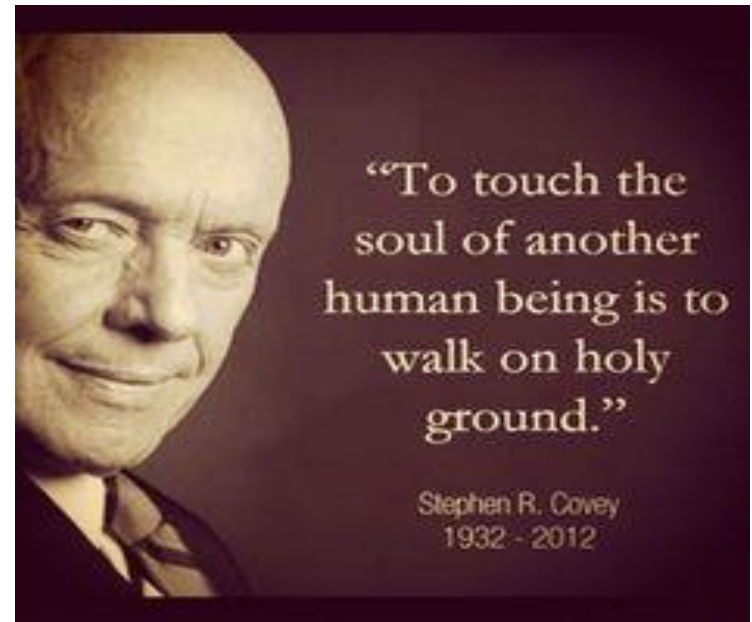
Stephen R Covey's paradigm shift

I didn't have to worry about controlling my attitude or my behaviour; **my heart was filled with the man's pain***.*

Feelings of sympathy and compassion flowed freely.

"Your wife just died? Oh, **I'm so sorry***!*

Can you tell me about it? **What can I do to help?"**

Everything changed in an instant.

"To touch the soul of another human being is to walk on holy ground."

Stephen R. Covey
1932 - 2012

Critical thinking and assumptions

- What assumptions do we hold about vulnerability
- How does it make us react
- What are the limitations presented by our assumptions, feelings, or fears
- What is a 'value judgement'
- What are relevant and irrelevant behaviours
- How can we make a difference

HOW DO WE KNOW ☹

We don't and can't know

- Vulnerability is a complex and under researched topic that people are uneasy about

- There are few hard and fast rules or lessons

- Questioning our own assumptions and treating everyone as unique is helpful

- Building shared learning and enlightened practice is key to creating a sustainable future for consumer brands

SERVICE NEEDS AND EXPECTATIONS

Service needs and expectations

❑ What are the differing needs of groups

❑ Are there common behaviours

❑ How do you recognise a need

❑ How to avoid diagnosis

❑ Are there particular drivers such as debt, fear or bereavement

❑ Lets consider the needs of our neighbours
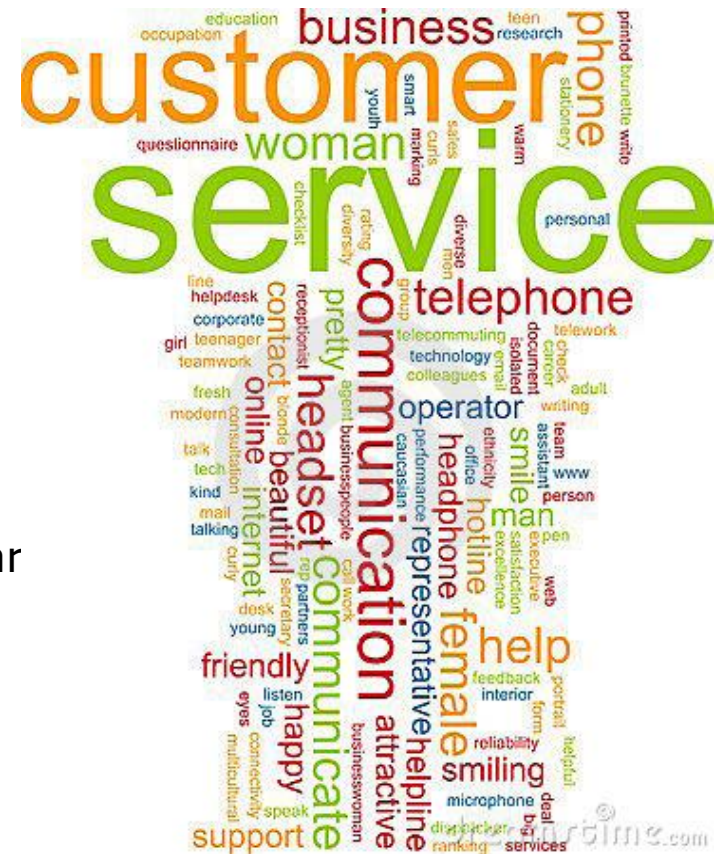
Our neighbours

Schizophrenia and Peter

Schizophrenia is a long-term mental health condition that causes a range of psychological symptoms including delusions and hallucinations. It's one of the most common serious mental health conditions.

❑ About 1 in 100 people will experience Schizophrenia in their lifetime, with many continuing to lead normal lives.

❑ Schizophrenia is most often diagnosed between the ages of 15 and 35.

❑ Men and women are equally affected.

❑ Changes in thinking and behaviour are the most obvious signs of schizophrenia, but people can experience symptoms in different ways.

❑ The symptoms of schizophrenia are usually classified into one of two categories: positive or negative.

❑ Positive symptoms represent a change in behaviour or thoughts, such as hallucinations or delusions.

❑ Negative symptoms represent a withdrawal or lack of function, for example seeming emotionless, flat and apathetic.

Source http://www.nhs.uk/conditions/Pages/hub.aspx

Post natal depression and Aisling

Postnatal depression is a type of depression some women experience after having a baby

It can develop within the first six weeks of giving birth and affects 1 in 10 new mothers

Women from all ethnic groups can be affected and teenage mothers are particularly at risk. Postnatal depression can sometimes go unnoticed

❑ Symptoms of postnatal depression include low mood, feeling unable to cope and difficulty sleeping, irritability and episodes of tearfulness

❑ Some women try to ignore postnatal depression because they fear being seen as a bad mother

❑ Postnatal depression is an illness. If you have it, it doesn't mean you don't love or care for your baby

Source http://www.nhs.uk/conditions/Pages/hub.aspx

Dementia and Frank

Dementia is not a disease but a collection of symptoms that results from damage to the brain. The most common cause of dementia is Alzheimer's disease.

Dementia is common affecting around 800,000 people in the UK. Risk of developing dementia increases with age mainly affecting the over 65s.

❑ Two-thirds of people with dementia are women.

❑ The number of people with dementia is increasing because people are living longer and it's estimated that by 2021 around 1 million will be living with dementia

Source http://www.nhs.uk/conditions/Pages/hub.aspx

Autism and Lucy

Autism is a spectrum disorder which means you can have it to various degrees of severity.

It affects social interaction, communication, interests and behaviour. It includes Asperger syndrome.

The main features typically develop in childhood, although the impact may not be apparent until there is a significant change in the person's life such as a change of school.

❑ In the UK, it's estimated that about one in every 100 people has Autism

❑ There is no 'cure' for it, but a wide range of treatments including special educational methods, and behavioural support can help people overcome the effects of Autism

Source http://www.nhs.uk/conditions/Pages/hub.aspx

Language issues and Fatma

Language problems mean Fatma can't always get the right help or support

❑ Her physical disabilities are overlooked if she can't describe where the pain is or how she's affected. She may become unable to access the right treatment, and could become isolated or marginalised

❑ People who are vulnerable and cannot communicate effectively often find their problems become compounded. They can become frustrated or angry when others don't understand, or if they feel that they are being treated as if they are stupid

❑ Fatma's independence is important to her. She doesn't think she is vulnerable and wants to be treated the same as everyone else. Speaking slowly and clearly, repeating vital information and checking for understanding can help.

Sadness and grief and Janet

Grief is a natural process, but it can be devastating. Most people will cope with help and support from family and friends.

Everyone experiences grief differently and there is no 'normal' or 'right' way to grieve. People who have been bereaved may want to talk about the person who has died. One of the most helpful things you can do is simply listen, and give them time and space to grieve. Offering specific practical help, not vague general offers, can also be very helpful.

Source http//www.cruse.org.uk/about-bereavement/how-to-help

Meeting needs

❑ Be prepared to vary your language or style

❑ Put the customer at the heart of your thinking – what do they need from you, as opposed to what you need to achieve from the call

❑ Try to visualise a person in your mind to help you relate to them better

❑ Try and home-in on their dominant needs first e.g. matters concerning their need for security

❑ Always reassure and check if any repetition is needed

❑ Giving customers a choice helps put them in charge e.g. ask about communication preferences

❑ Take your time, give them time, and remember the difference human kindness can make

Recognising needs

- ❑ Outbound call – Ask 'Is this a convenient time to speak?'

- ❑ Inbound call – Ask 'Would you like me to call you back?'

- ❑ Thinking – what do they need from you, as opposed to what you need to achieve from the call

- ❑ Try to visualise a person in your mind to help you relate to them better

- ❑ Try and home-in on their dominant needs first e.g. matters concerning their need for security

- ❑ Always reassure and check if any repetition is needed

- ❑ Giving customers a choice helps put them in charge e.g. ask about communication preferences

- ❑ Take your time, give them time, and remember the difference human kindness can make
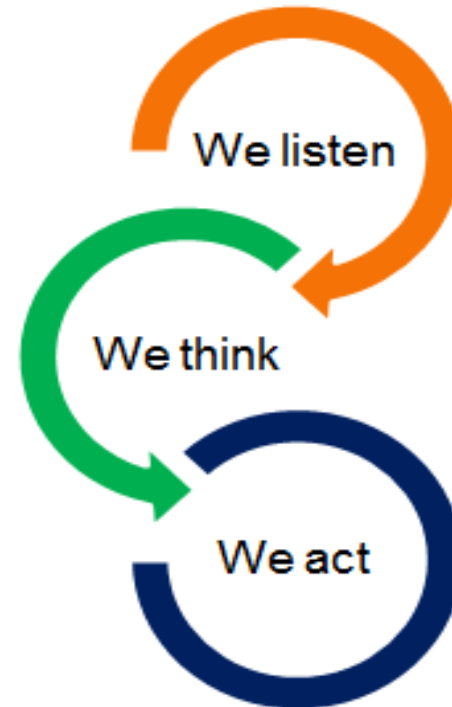
WHAT CAN WE DO

What can WE do

❑ Techniques – build library, champions to own and live and breathe

❑ Speech patterns

❑ Space to think

❑ Open-mindedness

❑ Learning from good and bad experience

We listen

- o Pitch

- o Tone

- o Pace

- o Clarity

- o Repetition

- o Projection

We listen

We think

We act

We CARE

Comprehend   Is your customer able to follow and understand the discussion taking place

Assess   Do they appear able to weigh up the information, ask rational questions or probe for appropriate detail

Retain   Does your customer appear able to retain the information you are giving them, can they recall details or are you having to repeat

Evaluate   How well do they express, explain or communicate their decisions. Is the dialogue genuinely two-way or are they simply agreeing with what you say

PACE yourself

Appropriate call structures help guide

you through your calls and

prompt desirable outcomes

Probe   – question to gather information needed

Agree   – what is needed and whether to proceed

Confirm   – explain 'so this is what happens next'

Exit   – check for questions and leave the call

Decision making matrix

❑ Designed to help prompt **objective** and rational decision making

❑ Enables a standardised approach to call management

❑ Aimed at helping agents make decisions

❑ Based on two key dimensions;
1. How relaxed the customer appears to be - Comfort
2. How well they appear to understand- Cognitive ability

The tool is **not intended for diagnosis** or judgement, its and should be a compliment to organisational protocol

...lets **KISS**

Keep

It

Simple and

Succinct

❑ Language should be clear and simple without long sentences or over-descriptive language

❑ Any terminology should be carefully explained giving examples and scenarios where possible

❑ Be clear about the next steps, timelines, costs

❑ Ask where possible if written follow up would be helpful

REFLECTIONS

How do we know if we are succeeding?

❑ How do we know if we are changing outcomes through enhanced service?

❑ How can you practice what we have learned?

❑ What 3 things will you do differently as a result of this training?

❑ How do you think this will change the conversations you have?

❑ What will be the impact of this training to – you / organisation / customer?
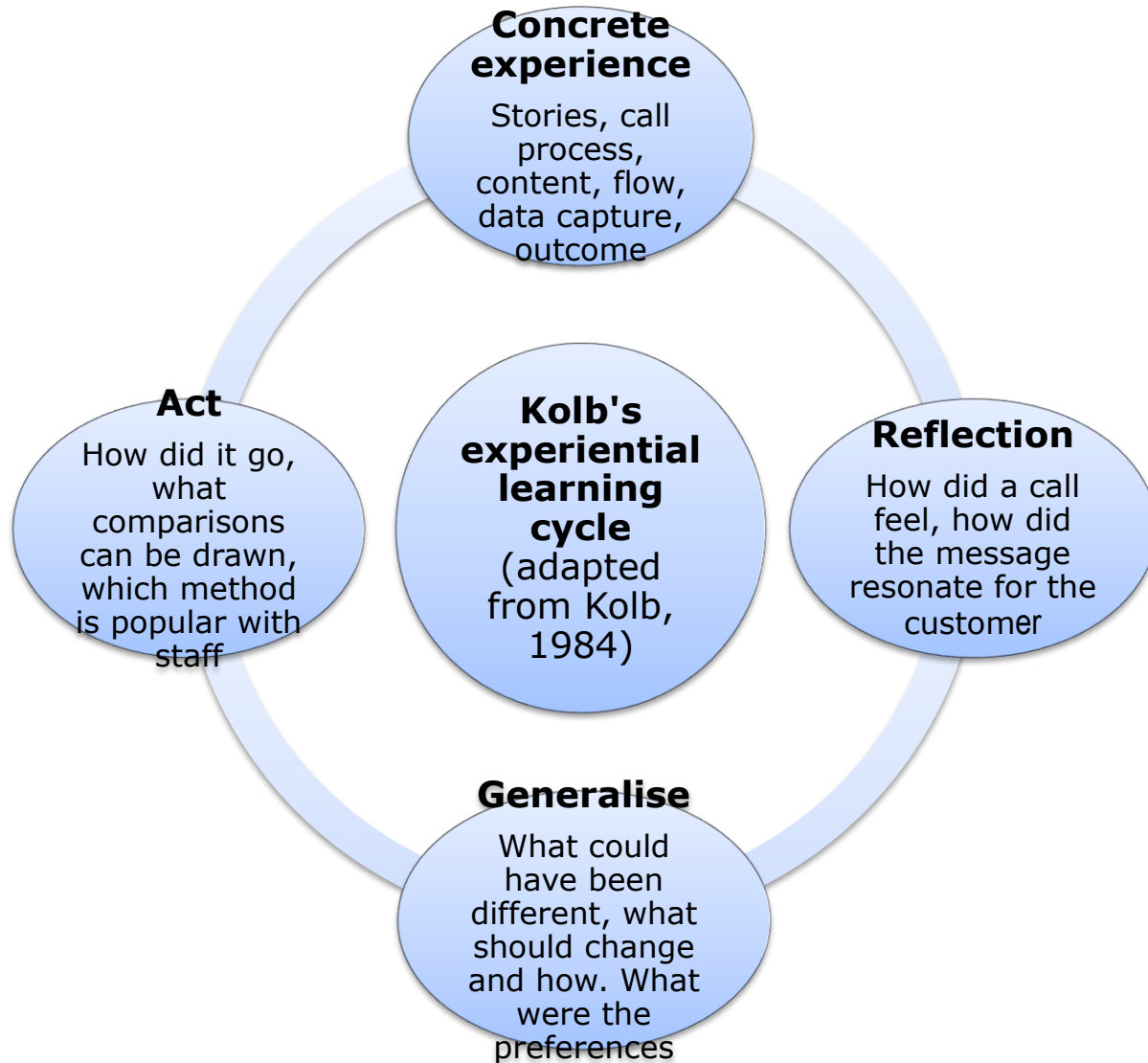
Organisational goals

❑ How does this help my customers

❑ How does this help my organisation

❑ Why is this good for me

❑ What process or systems can be implemented to ensure customer service is consistent across all groups

❑ What knowledge or skills will help deliver consistent service

Organisational opportunities

- ❑ Company policy for vulnerable consumers / responsible communications

- ❑ Guidance notes for induction

- ❑ Ambassadors / champions within business

- ❑ Kolb created the concept an experiential learning cycle for companies where experience continuously feeds change in practice. So things are always changing for the better and are lead by the customer experience

Kolb's 'how to learn from experience'

Concrete experience
Stories, call process, content, flow, data capture, outcome

Act
How did it go, what comparisons can be drawn, which method is popular with staff

Kolb's experiential learning cycle
(adapted from Kolb, 1984)

Reflection
How did a call feel, how did the message resonate for the customer

Generalise
What could have been different, what should change and how. What were the preferences

Why should we adopt ethical and socially responsible practices?

❑ Corporate Social Responsibility

❑ Agency – long term ethics in short term action

❑ Corporate stewardship

❑ Stakeholder management

❑ Sustainability

❑ The BIG question: What is business for and who does it serve?

❑ Good business is about playing an active and positive role in the societies we engage and serve

A final thought....

Kindness

When I **dropped** my crayon box
In **rainbow** **s**livers on the floor
one person stopped to **help** me
gather rolling crayons (sixty four).

Crawling on **our** hands and knees
We picked up bits of **green** and **blue**.
When **someone** else spills all their crayons
I will stop to **help** them too.

© Amy Ludwig VanDerwater

And lets remember that
Everyone belongs to someone