



TREATING DONORS FAIRLY

FUNDRAISING WITH PEOPLE IN VULNERABLE CIRCUMSTANCES

About the Institute of Fundraising

The Institute of Fundraising (IoF) is the professional membership body for UK fundraising. We support fundraisers through leadership and representation; best practice and compliance; education and networking; and we champion and promote fundraising as a career choice. We have over 500 organisational members who raise more than £9 billion in income for good causes every year, and over 6,000 individual members.

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INTRODUCTION

Fundraising should be a positive experience for all, whether an individual is an existing donor or potential new supporter. Through engaging the public in the work of charities, fundraising gives people the opportunity to support the issues they care about, connecting them with the cause.

It is inevitable that fundraisers will come into contact with people who may be in a vulnerable circumstance, or need additional support to make an informed decision. There will also be times when fundraisers inadvertently approach people who may not have the mental capacity to make a decision to donate. We have produced this guidance to help fundraisers recognise those situations and provide practical advice on the appropriate actions they can take to treat donors fairly and respond to their needs.

About this guidance

Our hope is that fundraisers reading this guide will develop a greater understanding and confidence in responding to supporters appropriately, where issues of vulnerability might arise.

This guidance is not intended to be a manual which provides all the 'right answers', but a resource to help fundraisers think through their approach, the questions and issues that you may come across, and provides our thoughts and suggestions on how to respond appropriately.

There will be times where it is difficult for fundraisers to make a clear cut decision as to whether or not someone is in a vulnerable circumstance or lacks capacity, and what they should do next: the potential donor may not be known to the fundraiser, the interaction can be short-lived, and there may not be an opportunity to ask further questions or have a one to one conversation with the individual.

This guidance sets out what is meant by a 'vulnerable circumstance', outlines what kind of additional care and support might be needed to help someone make an informed decision to donate, and addresses some key questions on mental capacity and when charities can refuse and return donations. Developed from a previous edition of 'Treating Donors Fairly', this guide also covers data protection, as well as including the legal requirements of the Charities Act 2016, and guidance around developing a fundraising policy that sets out the organisation's approach to supporters in vulnerable circumstances.

This guidance does not constitute a set of rules or standards by which charities will be formally judged or for complaints to be adjudicated against. Any issue about whether a charity has breached the Code of Fundraising Practice will be determined by the Fundraising Regulator. In addition to this, where legislation is referenced in this document it relates to England and Wales. Separate legislation may apply in Scotland and Northern Ireland.



Treating donors fairly – our approach

Every donor is an individual with a unique background, experience, and circumstance and every interaction between a fundraiser and donor is different. We do not believe that it would be right to have an approach which advocates treating some groups of individuals differently based on a personal characteristic (such as disability or age) as this could lead to discriminatory practice; everyone should have the opportunity to

donate if they want to do so. However, there are times when donations should not be taken or where a donor needs additional care and support to make an informed decision.

Our aim is to provide a foundation of awareness and knowledge which enables fundraisers to respond appropriately to people in vulnerable circumstances, putting the needs of the individual first, above and beyond securing a donation.

Four key principles underpin our approach

Respect

Always be respectful. This means being mindful of and sensitive to any particular need that a donor may have. It also means striving to respect the wishes and preferences of the donor.

Fairness

Treat your donors fairly. This includes not discriminating against any group or individual based on their appearance or health conditions.

Responsive

Respond appropriately to the individual needs of your donors. The responsibility lies with fundraisers to adapt their approach (tone, language, communication technique) to suit the needs and requirements of the donor.

Accountable

Take responsibility for your actions, ensuring that your fundraising is carried out in line with the Code of Fundraising Practice. Consider what processes and procedures your charity may need in place to ensure this happens and that the needs of people in vulnerable circumstances are met.

How is fundraising regulated?

Fundraising in the UK is subject to a self-regulatory system which sets and enforces clear standards of conduct for fundraising.

The standards, which have been developed to ensure that fundraising is legal, open, honest and respectful, are set out in the Code of Fundraising Practice.

The Fundraising Regulator is there to hold charities to account for their fundraising, investigating allegations of poor practice, protecting public trust and confidence.

Charities have different systems of fundraising self-regulation depending on where they are registered. Please see the websites of the Office of the Scottish Charity Regulator (OSCR) and the Charity Commission for Northern Ireland (CCNI) for more information on fundraising self-regulation in Scotland and Northern Ireland.

The Fundraising Regulator's role is to:

- Set and promote the standards for fundraising practice (the Code of Fundraising Practice and associated rulebooks) in consultation with the public, fundraising stakeholders and legislators;
- Investigate cases where fundraising practices have led to significant public concern;
- Adjudicate complaints from the public about fundraising practice, where these cannot be resolved by the charities themselves or the complainant is dissatisfied with the way the charity is handling the situation;
- Where poor fundraising is judged to have taken place, impose proportionate sanctions.

What are the rules that fundraisers need to follow?

The rules for fundraising are set out in the Code of Fundraising Practice, which includes relevant legal requirements as well as the standards set by the Fundraising Regulator.

We encourage all fundraisers to regularly review the Code of Fundraising Practice to ensure that all charity fundraising is compliant with the rules it sets out.

The Code of Fundraising Practice includes some specific rules and standards relating to fundraising with people in vulnerable circumstances. See more at <https://www.fundraisingregulator.org.uk/code-of-fundraising-practice/>



While the UK has a self-regulatory framework for charity fundraising, there are also statutory laws in place for charities.

Fundraising activity is also covered by additional legislation that is not specific to the charity sector – e.g. gambling, data protection etc.



Charities Act 2016 requirements

The Charities (Protection and Social Investment) Act 2016 introduced new legislative requirements for charities to protect the vulnerable and to ensure that any third parties fundraising on their behalf maintain the same high standards.

For more guidance and advice for charities on working with third parties and fundraising agencies, take a look at our guidance 'Successful partnerships for sustainable fundraising: a practical guide for charities working with agencies' at www.institute-of-fundraising.org.uk/thirdpartyguidance.

Under the Charities Act 2016, written agreements with certain third parties must include information on:



- Any fundraising standards that the commercial organisation has committed to be bound by.
- How the commercial organisation will protect people in vulnerable circumstances and others from unreasonable intrusion into their privacy, unreasonably persistent approaches or undue pressure to donate to the charity.
- Any arrangements in place that will enable the charity to monitor compliance with the requirements in the agreement.

It also requires that charities include a statement in their annual report which sets out:

- Whether a professional fundraiser carried out any fundraising activities.
- Whether that professional fundraiser is bound by the regulatory system for fundraising.
- Whether the charity monitored the activity carried out by professional fundraisers and how.
- The number of complaints that have been received about fundraising activity
- What the charity has done to protect vulnerable people.



MENTAL CAPACITY AND VULNERABLE CIRCUMSTANCES



Mental capacity to make a decision

Mental capacity is the ability to make a decision. Decisions can range from everyday decisions such as what to have for lunch, to more significant decisions such as who to marry. There is a presumption that a person has capacity unless it is established that he or she lacks capacity, and it is important to note that what some people may regard as an unwise decision is different from that person not having capacity to make that decision.

If a fundraiser reasonably believes that an individual is unable to make a decision then they should not accept a donation from that person. If the donation has already been made, and at the time of donating the individual lacked capacity (and the charity receives evidence of this) the charity must return that donation.

It is important to recognise the distinction between an individual lacking the capacity to make a decision (legislated through the Mental Capacity Act) and someone who has the capacity to make a decision but may be vulnerable at that moment in time. While both situations require a fundraiser to respond appropriately, the fact that issues around mental capacity have a legal context means that it needs to be understood as a discrete part of this area.

In terms of assessing whether or not someone has capacity to make a decision, there are different tests which may apply depending on the circumstances, (see Appendix 1).

Vulnerable circumstances

All individuals may, at some stage in their life, be considered vulnerable or require additional care and support, depending on their own personal circumstances, health, bereavements, life events and more.

An individual who may need additional care and support, or may be considered to be in a vulnerable circumstance, can still have capacity to choose to donate to a charity.

Instead, it is the context and circumstance that they may be in at the time of making a decision about whether to donate that is relevant. For example, a recently bereaved person may need additional support, but this may change as time progresses. At the time of bereavement they could still have the capacity to make a donation, but might need additional support to help them make their decision.

Additional support may include: delaying acceptance of the gift to give the donor further time to consider their donation; including a 'cooling off' period if the donor changes his or her mind; or suggesting the donor gets advice from family/friends.

The important distinction is whether the individual has a complete lack of capacity to make a decision, or needs more information and support to be able to make a decision to donate. Fundraisers need to be aware of this difference so that they can make a reasoned judgment and act appropriately when dealing with existing or potential donors.

Identifying someone who lacks capacity or may be vulnerable

It is not possible to provide a comprehensive set of factors or characteristics which would enable fundraisers to be able to always identify an individual who may be vulnerable, require additional support or lack capacity. Instead, our checklist (opposite) gives some examples of indicators or triggers which could signal that someone may be in a vulnerable circumstance or lack capacity. Please note that the presence of these indicators alone will not necessarily indicate that an individual is in a vulnerable circumstance. It is, however, important that all fundraisers are alert to potential indicators of vulnerability.

The display of physical difficulties by the donor does not necessarily indicate any issues of vulnerability or mental capacity. However, if a donor is experiencing or exhibiting any form of physical difficulty or distress, this could impact on their ability to make an informed decision on their donation at that time.

Examples of indicators which could mean that an individual is in a vulnerable circumstance or needs additional support could include:

- Physical and mental medical conditions
- Disability
- Learning difficulties
- Times of stress or anxiety (e.g., bereavement, redundancy)
- Financial vulnerability (where a gift from a donor may impact on their ability to sufficiently care for themselves or leave them in financial hardship)
- English not being the donor's first language
- Influence of alcohol or drugs.

Further Reading: Appendix Two: Understanding Vulnerability (page 33)

Checklist to help identify signs that an individual may be in a vulnerable circumstance.

Is the individual:

- Asking irrelevant and unrelated questions, or displaying signs of forgetfulness?
- Unable to read and understand the information they are provided with, and asking for it to be continually repeated?
- Responding in an irrational way to simple questions?
- Saying 'yes' or 'no' at times that it is clear they haven't understood?
- Taking a long time or displaying difficulty in responding to simple questions or requests for information?
- Repeating simple questions such as 'who are you', 'what charity is it' and 'what do you want'?
- Wandering off the subject at hand and making incongruous statements?
- Saying that they are not well or not in the mood to continue?
- Displaying signs of ill-health like breathlessness or making signs of exasperation or discontent?
- Giving a statement such as 'I don't usually do things like this, my husband/wife/son/daughter takes care of it for me'?
- Indicating in any way that they are feeling rushed, flustered, or experiencing a stressful situation?
- Having trouble remembering relevant information, for example that they are already a regular donor to that charity or have recently donated?
- Donating an unexpectedly large gift with no prior relationship? (The being no prior relationship before a gift is made does not on its own constitute 'vulnerability': many legacy and major donor gifts to charities are given without the existence of a relationship between the donor or charity).

Some signs will be more or less apparent depending on the nature of the communication and fundraising interaction. For example, talking to an individual face to face will likely enable the fundraiser to spot these signs more readily than in some other interactions. What is important is that fundraisers are alert to any signs given which indicate that the individual may not be able to make an informed decision about their donation.

Older people

Older people and those aged over 60 are often the most generous charity supporters. As such, it is likely that they will be contacted and engaged by fundraisers. When communicating and fundraising with older people, fundraisers should be mindful of the triggers identified on page 10 which may indicate that an individual may need additional support.

We do not advise that fundraisers avoid approaching or engaging in fundraising with people because of their age. If fundraisers were to actively avoid approaching older people, this may constitute as discrimination by denying someone the opportunity to give because of their age.

Instead, when communicating or fundraising with someone who is older, the fundraiser should take reasonable steps to ensure that they understand the information and donation. The fundraiser should be aware of signs that may indicate that the individual needs additional care and support to make an informed decision and take appropriate steps to meet that need. If they reasonably believe the individual lacks capacity to make that decision then a donation should not be taken.

Fundraisers should also be mindful of how older people will respond and react to both the volume and tone of the fundraising material or interaction that takes place. Individuals must not be put under undue pressure to donate and when thinking through campaigns and communications fundraisers should be thinking about the effect these might have on a supporter. Fundraisers should consider that this age group may well receive more approaches for funds than others, and that this itself can create greater sensitivity and/or vulnerability. Be aware of the impact of some of the messages and understand that those in a vulnerable situation may find it harder to say 'no' to a donation ask.

Steps you can take to review your fundraising activity:



- Review the volume of communications/fundraising material that you send – are there some materials that might be less suited to older people?
- Get to know your donors where you can, so that you can respond appropriately to their preferences.
- Test communications and fundraising materials: how do your donors react and respond?
- Give individuals clear information and opportunities to change how, when, and if they want to hear from your charity in the future.

HOW FUNDRAISERS CAN RESPOND TO THE NEEDS OF INDIVIDUALS



How fundraisers can respond to the needs of an individual will be dependent on the nature of the interaction and engagement. Fundraisers should be responsive to the needs of an individual and adapt his or her approach to suit those needs and the context.

Examples of how a fundraiser can respond to the needs of an individual:

- Talk clearly, avoiding words and phrases that may be hard to understand (but avoid shouting)
- Repeat information
- Try to reflect the terminology used by the donor which may help to increase their understanding
- Be patient and do not rush the individual
- Provide alternative formats of fundraising materials (different language, accessible formats)
- Be upfront and tell the person why you are communicating with them and check they are happy to continue
- Ask if they would prefer to be contacted in a different way (email, letter) or at a different time
- Ask if they would like to talk to anybody else before making a decision
- Check their understanding at relevant parts of the interaction and ask if there is anything that needs further explanation

Accepting or declining donations

A decision to refuse a donation or to return a donation requires careful consideration. Depending on the size of the donation this may need to be a decision made by the trustees and it is recommended for the charity to have a policy on accepting and refusing donations, which also sets out the level of authority for making the decision. Consider including a specific reference to people in vulnerable circumstances within any such policy and the risk factors that fundraisers should take into account. For more information see IoF Guidance on Acceptance and Refusal of Donations.

If the fundraiser has reasonable grounds for believing that the supporter lacks the capacity to make a decision then a donation should not be taken.

After the donation, if the charity receives evidence that the person lacked capacity to make the decision to donate, then the charity can and should return the donation because the original donation was invalid.

It is less clear cut in other circumstances (e.g. where a person had capacity to give but lacked information or was in a vulnerable circumstance at the time) but the usual considerations on accepting and refusing donations apply. Charities must weigh up the benefits of receiving a donation versus the reputational damage that may be caused by accepting the gift. For a donation to be refused, or returned, the charity must be reasonably satisfied that the damage caused by accepting the donation will outweigh the monetary benefits.

Where a donation is of low value, a charity may reasonably conclude that it requires a disproportionate amount of time and resources to investigate and evaluate whether or not the donation should be refused or returned, and the charity may simply have a policy of returning/refusing donations below a certain value in such circumstances.

If the trustees feel that there is a moral obligation to return the donation then there is scope for the Charity Commission to authorise a charity to refund a donation (section 106 Charities Act 2011). Further guidance is available from the Charity Commission.

Ending the conversation or interaction

If a fundraiser believes that an individual may be in a vulnerable circumstance or unable to make an informed decision, then they should end that interaction. Care should be taken in order not to cause offence or upset the individual. A fundraiser could politely explain that they are ending the interaction by saying, “I’ve taken up enough of your time today, thanks for listening”, or “Maybe you might want some more time to consider whether you’d like to support us.”

In some cases it may be necessary to take the donation details and then re-assess the case within the fundraising team to decide any further action, such as confirming the donation again with the supporter.

When ending fundraising activity, if there is the opportunity to do so, a fundraiser should check an individual’s preferences as to whether they would like to be contacted again in the future.

Preventing future fundraising approaches

If a donor is found to lack capacity, the organisation should put in place measures to ensure that donations are not solicited from them in the future.

An individual who may need extra support or may be vulnerable at one point in time may not be in that position later on in their life. For example, medical conditions, or times of particular stress (such as financial hardship) may improve over time. Fundraisers should take a pragmatic and common sense approach and may want to take steps to ensure that that person is not contacted again for a set term (i.e. 6 months or 1 year depending on the circumstance). When contacting that individual in the future, fundraisers should take extra care to ensure that the individual is content to be contacted and be alert for any signs of potential vulnerability.

At any point, if an individual states that they do not want to be contacted again, or not through a particular method, then the fundraiser should respect their wishes.

Signposting and providing advice to people in vulnerable circumstances

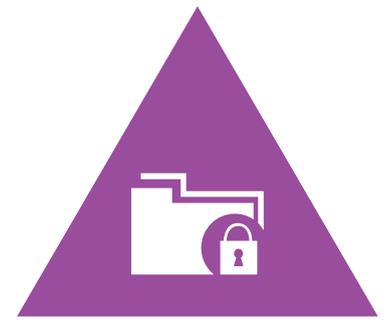
If fundraisers are speaking with or in contact with an individual who may be in a vulnerable circumstance they can have a role in providing help, advice, or support to that person. Part of treating donors fairly is thinking about the donor as a person and responding appropriately, beyond a fundraising ask. For example, if there was a phone call where an individual is expressing signs of being distressed and tells you that they are in a particular situation (e.g, they are recently bereaved, or have been diagnosed with a medical condition) then part of responding appropriately can be to let them know that there is a charity or service which might help them and passing on a phone number or website address if the individual is interested.

Checklist for taking donations



- Check the donation against your charity’s gift acceptance/refusal policy
- See whether the individual has donated to you before or if there is a prior relationship
- Consider whether the donor was given any additional support to help them make an informed decision
- Attempt to contact the donor to check that the donation, and amount, was intended
- Make a judgment on whether you think that the person is able to make an informed decision – and if not, then do not take the donation.

**DATA
PROTECTION
AND RECORDING
SENSITIVE
PERSONAL
INFORMATION**



If a charity is communicating with someone who they think may need additional care and support to make a donation, a common question from fundraisers is what records they should keep, or not. It may well be that a charity wants to record some information about an individual which helps them to stop that person from receiving fundraising communications, or so that they know that they should refuse a gift if that person makes a donation in the future. It can also make sense from the point of view of good supporter care e.g. if an individual has had a personal experience of a medical condition, or has been a service user of the charity in the past, having that information to hand can help to make sure that any conversations or communications with that individual in the future can be appropriately, respectfully and sensitively handled.

While there can be obvious benefits to recording information, charities have to be aware of their responsibilities under the Data Protection Act 1998 (DPA) – particularly where the information that they are recording is ‘sensitive personal data’ – including any details of views or opinions about a person’s physical or mental health conditions. Data relating to living individuals must be treated fairly and lawfully. This includes an obligation on charities to tell people that the charity is holding their personal data and an explanation of the purpose(s) for which it is holding that data.

For full information about the requirements of the DPA we recommend that fundraisers review the information provided by the Information Commissioner’s Office at www.ico.org.uk.



Information that should be recorded

It is right and legitimate, as well as being in the interests of the individual, to record any communication preferences that an individual may have and keep that on your database including any preferences for communication channels (such as phone, mail, email etc.) and particularly any requests from individuals for a charity to stop sending them fundraising messages by any

or all means. Charities should avoid recording information about an individual’s physical or mental health conditions or any other sensitive personal data without the awareness and permission of that person. The DPA requires that sensitive personal data is stored with the knowledge and in most cases explicit consent of the individual. The DPA also requires that all information stored about a person, including medical information is accurate, relevant, not excessive and up-to-date. Therefore charities should ensure that they regularly review any notes/comments that fundraisers make as part of their records.

Importantly, no charity or fundraiser should record any judgment or assessment about what they perceive an individual’s physical or mental condition to be.

Example of a quality assessment for a telephone fundraiser:



“On 5th May I, Jane Smith, had a telephone conversation with Mr John Edwards. I did not think the telephone call went well, I had difficulty hearing the responses and I wouldn’t recommend calling this individual again.”

What charities need to be aware of

All individuals have the right to make a subject access request to any organisation processing their personal data and get a copy of the information that is held about them by that organisation.

The DPA does not set out any specific minimum or maximum periods for retaining personal data. Instead, it says that: ‘Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.’ In practice, charities will have to make a judgment as to how long to keep personal data relating to their supporters, and this will be informed by a range of factors, including the nature of the information, the purposes for which it is used and the type of relationship with the charity.

Recording a quality assessment

Fundraisers can record their own 'quality assessment' of an interaction with a donor or member of the public. This should not be any assessment of the individual's condition or circumstance, but a review of the quality of the interaction from the fundraiser's point of view. The quality assessment could be noted and recorded within the charity's database so that it can help guide and inform future fundraising activity.

It is important for fundraisers to exercise caution when recording any assessments of an individual, avoiding opinions which may constitute personal data. Such information would need to be disclosed if the individual ever made a subject access request.

For example, if the statement had included an opinion about Mr John Edwards' health, the charity may be required to disclose that statement if Mr Edwards ever made a request to see the personal data held about him by the charity.

An individual's 'personal declaration'

While in most circumstances charities can't record sensitive personal data without the individual's permission, all individuals can freely give information to a charity that they would like that organisation to keep a note of. The charity can then record the information on the database which can help manage their communications to that individual as well as tailor them to be appropriate and sensitive.

If an individual provides information to the charity that contains sensitive personal data, for example by making a statement about their condition or circumstance, the charity could ask the individual if they would like the information to be recorded so that they can best manage their communications in the future. A personal declaration can be given in writing or by a verbal statement.





Example of a written personal declaration:

- An individual sends in a donation and a filled in response form with their personal details and consenting to future marketing. Alongside the donation they include a note that says, “I do not have much money as I have been receiving treatment for cancer and so have been unable to work, but I would like to give what I can.”
- The charity writes back, thanking the donor for their gift and confirming that the individual has consented to receiving future communications – giving them the choice of opting out or changing their preferences. The charity may also ask whether the individual would like the charity to make a note of the situation, to ensure that any future contact from the organisation is appropriate and sensitive situation so that if anyone from the charity is in touch in the future they are aware.
- The individual replies, confirming that they would like the charity to keep the information on record.
- The charity can now update it’s records and make sure that any fundraising communications it sends are appropriate to the individual’s situation.
- The charity should also keep a clear record of the individual’s consent and, where possible, evidence of that consent. (In this example this would be the written confirmation from the individual that they would like their details kept on record).



Example of a verbal personal declaration:

- “I, John Smith, wish anyone working in this organisation to be aware that I suffer from depression which can sometimes affect my ability to make a decision. Please give me some time to think about any donation and double check with me, in writing, at a later date to confirm that I am happy with any gift I make.”
- In the event that someone makes this statement to a fundraiser verbally, the fundraiser should check with the individual that they are happy for this information to be recorded on the charity’s database so that the charity can be sure of dealing with his request. Assuming consent is given, the charity should make a note of that verbal consent.
- Where an individual does not provide consent to information about their circumstances being recorded, then the fundraiser can make a note and record details which do not contain sensitive personal data but which makes clear either that the charity should not make further contact, or should not contact the person to ask for a donation for instance “No contact”.

**A STEP BY
STEP GUIDE TO
DEVELOPING
AN INTERNAL
POLICY ON
FUNDRAISING AND
VULNERABILITY**



Having a policy for your organisation's fundraising and its approach to people in vulnerable circumstances has multiple benefits: it demonstrates good governance processes; expresses the values of the organisation; and provides a framework so that all staff and volunteers know what's expected of them. It can also be used to explain to supporters or the public how you are going about your work and aid transparency and accountability.

These are the steps and considerations for preparing any fundraising policy.

1. Define why you want a policy and what you want it to achieve

- Consider what the purpose/aims/objectives of the policy are – why are you putting a policy together? What do you hope that this policy will achieve? What do you intend to do with it? Are you creating a policy to address an existing problem or to direct a future way of working?
- Consider a range of viewpoints and perspectives (beneficiaries, supporters, staff, funders and trustees) Consult with all relevant stakeholders to ensure their input is gathered at the front end of the process?
- Establish which groups or individuals are likely to be impacted by this policy. Are there any unintended consequences or practical issues you need to think through?

2. Creating your policy

- Does your organisation have a framework or protocol that it follows when creating a policy?
- Organisational policies should be approved by your Board of Trustees – check your protocols and processes for reviewing and setting new policies within your organisation

- Build in a test and reflection stage(s) to take a step back and review your progress – are there any unexpected issues? Do you need to get a sense check or feedback from others?
- Consider how you will enact the policy, who will need to be involved and what processes or systems may need changing.

3. Define and agree the content and application

- Will it apply to all employees, volunteers, trustees, ambassadors, third party organisations (e.g. third party agencies and professional fundraisers, commercial partners)?
- Will it overlap with any existing policies (e.g. acceptance of gifts, complaints policy)?
- Discuss and agree what you think the expectations and outcome should be – how will you know that this policy is achieving its aims? What evidence, information, feedback will you need to gather and consider?
- Consider how employees and others will engage with this policy? Will it form part of new inductions, part of training? Will individuals be assessed as to how they perform in relation to it? Will there be any sanctions if they breach or disregard the policy?

4. Consider Exceptions

- Where possible, consider if there are any exceptions that could apply? Would there be any cases where this policy wouldn't apply? For what reason? There may be a genuine and justified reason why not following the policy could be the right thing to do – what would be the process to best deal with this?

5. Consult and engage relevant stakeholders

- Don't create the policy in a vacuum, the best policies are created with input from all those who are affected by them – consider your employees, volunteers, trustees, supporters, donors, service beneficiaries and providers.
- The final version may not be able to reflect all viewpoints, but it is important to ensure that all stakeholders opinions are heard, to allow all the risks to be considered and addressed to minimise the risk of unintended consequences.
- You may well decide that your policy becomes publicly available – think about how others will view it and what they'll be looking for.

6. Agree language/terminology

- Be as clear as possible, using straightforward language to avoid confusion or alternative interpretations. If this is to be public, or available to supporters, then make sure you avoid (or explain) any difficult terminology, internal 'shorthands/phrases' and acronyms.
- If using phrases to indicate required behaviour or action, use clear words like 'MUST' and 'WILL' to avoid any implications that it is an optional policy. Where the individual is expected to use their own judgement, be equally clear that this is the case.
- Ensure that your policy is inclusive and does not risk isolating those in vulnerable circumstances or curtail their equal opportunities. Consider the Equalities Act and use inclusive terminology e.g. people in vulnerable circumstances not vulnerable people.

7. Test and review

- Think about a testing or pilot period to establish whether the policy is having the expected and desired impact. Test it with different teams and campaigns (telephone, community, volunteer fundraising) and encourage feedback and comment.

- Ask for views from those using the policy: did they feel confident? Did they feel they adequately understood it?

8. Consider contact points / references

- Identify which role(s), within the organisation will be responsible for administering/enforcing this policy and/or for providing guidance on it. Try to avoid naming/specifying individual employee names – instead use roles and non-personalised contact details – to avoid updates due to changes in personnel.
- Ensure that the person holding that role is aware of this responsibility and what it means, do they need any support or training?
- What happens if that individual is sick or on leave? Who else will be the contact point?

9. Making people aware

- How will you launch this policy and ensure all affected are aware of its existence? An all-staff briefing, emails, presentations? Will it be part of future inductions and training?
- Think about other partners and stakeholders – how will you make any agencies or partners aware of your policy and will they need to embed it in their work?
- Do you have volunteer managers and community fundraisers? Ensure that those that need any support or training have access to it and do not feel under pressure.
- Will you make your policy(ies) publicly available? Consider publishing and promoting the policy or a summarised statement about it, making all your audiences aware of your commitment to taking care of your supporters.

PUTTING THIS INTO PRACTICE: CASE STUDY FROM OXFAM GB



James Terry, Head of Fundraising Compliance and Paul Mullins, Head of Supporter Services & Operations
- Oxfam GB

What we wanted to achieve:

At Oxfam we are committed to ensuring that our donors have the best experience of fundraising and that if we are ever in touch with an individual who is in a vulnerable circumstance our staff are able to respond appropriately. A challenge for us was in thinking about how we could embed best practice in this area across the whole organisation so that all of our fundraisers have the relevant skills and knowledge to treat donors fairly and be confident in dealing with any difficult situations.

What we did:

We believed that there wasn't just one simple easy answer – it wasn't just a case of copy and paste some words into a document – we know that compliance can't just be a tick box exercise. Instead what we needed was a combination of actions and steps to engage and reach staff, provide them with the resources and support needed, and get a joined-up approach, led by our senior management team through all of our work, including relationships with any third party fundraising agencies.

Steps we've taken include:

- Adopted an external-facing policy on Fundraising & Vulnerable Persons, with trustee and senior management approval and involvement, and linked to our public Fundraising Policy <http://oxf.am/JuH>
- Created internal guidance materials for our front-line supporter services team including a simple one-page summary outlining the relevant sections of the IoF Treating Donors Fairly guidance, with particular emphasis on the underlying principles and the indicators to listen out for. This also included gathering and incorporating advice from other relevant sector experts.
- Providing training sessions for supporter-facing teams using the above guidance, and also included this in our compliance training activity, for example our session on Telemarketing compliance for all relevant fundraising teams included a section on how to monitor calls from potentially vulnerable supporters.
- Reviewed our fundraising suppliers' contracts. Provided guidance and training regarding people in vulnerable circumstances (PIVCs) to ensure that we have a consistent approach across all channels and touch points.
- We have introduced a revised process to identify any instances of telemarketing agencies failing to deal correctly with PIVCs as picked up during our call monitoring programme. This information will be shared with our Fundraising Leadership Team and will supplement the existing reporting on complaint levels and PIVC escalations.

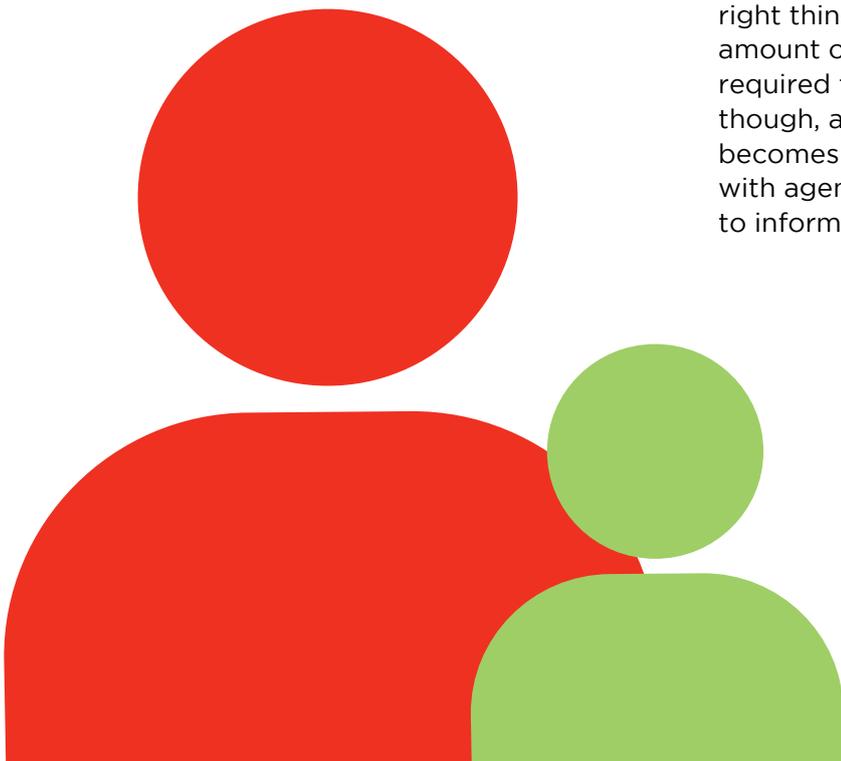
-
- We have implemented a detailed quarterly compliance report to Board and Trustee level. This includes specific PIVC measures such as the number of escalated cases and number of donations returned.
 - We have also reviewed and enhanced our processes for reviewing supporter feedback and complaints to ensure that we spot concerns around vulnerability, pressurised fundraising or similar poor practice. Regular monthly meetings are held with supporter care and fundraising campaign managers to review this feedback and any related actions.
 - We also recognised that we needed to make a structural change to create a dedicated fundraising compliance role. This forms a focal point for guidance and process review and is delivering significant benefits in terms of risk management and quality assurance. Our Head of Fundraising Compliance has now been in post since December 2015.

What we have learned:

While this is a difficult and complex topic – there are always elements of subjectivity and every interaction with an individual is different – it's such an important area that we wanted to do what we can to get it right. While we think that it is right to respond to an individual's situation and need, we decided that we needed to agree an overall approach and make sure we stuck to it. For example, we ensure that trainers have clear, approved, scripted training support so we can be more confident of consistency.

It was really important that we worked with cross-functional teams (supporter care and fundraisers) to make sure we were being consistent and also to bring in different perspectives to review any case that needed to be reviewed or escalated. Senior management was a fundamental part of this too, showing commitment and leadership that they created the space to allow us to do things differently.

We deliberately took a very cautious approach, reviewing every relevant document, procedure and policy. We were clear that this was the right thing to do, but underestimated the amount of effort required. The level of work required to maintain our approach is reducing though, as the process and knowledge becomes embedded – for example in our work with agencies and gathering data and insights to inform future activities.



FREQUENTLY ASKED QUESTIONS



Q. How does all this relate to fundraising agencies or professional fundraisers?

Where professional fundraisers or agencies solicit money and fundraise on behalf of a charity, that charity has a responsibility to ensure that fundraising activity is compliant with the Code of Fundraising Practice requirements and take reasonable steps to ensure that compliance.

The Code of Fundraising Practice includes some specific rules and standards relating to fundraising agencies and professional fundraisers. See more at <https://www.fundraisingregulator.org.uk/code-of-fundraising-practice/>



Charities therefore should take steps so that they can be confident that agencies or professional fundraisers who work on their behalf take reasonable steps when fundraising with people who need extra support, may be in vulnerable circumstances, or lack capacity.

The IoF also has guidance on working with fundraising agencies and third parties, available at www.institute-of-fundraising.org.uk/thirdpartyguidance

Q. When should/can a donation be returned?

If the individual was found to lack capacity at the time of donating then the donation should be returned. In cases where the person was in a vulnerable circumstance or unable to make an informed decision on their donation, the charity should consider the same tests as set out in section 'Accepting or declining donations'. If unsure of whether they are able to return the donation, the charity may seek an order from the Charity Commission confirming they can return the donation.

In this situation, if it is the donor that has made the request, the charity may want to ensure that any direct debit or regular gift is terminated, as well as taking steps to ensure that the individual is not contacted again in the future. It would be recommended to confirm any amendments or changes in writing.

If someone with power of attorney for the donor contacts you to say that, at the time of donating, the individual concerned was not able to make an informed decision, the charity should return the gift.

Q. What should we do if we're contacted by a third party on behalf of a supporter?

Sometimes a third party e.g. a family member, may contact a charity on behalf of the donor to communicate a request. For any financial matters (e.g. cancelling a direct debit), the charity must be satisfied that the third party making the request is entitled to act on behalf of the individual, which is usually demonstrated through a written authority on behalf of the donor, or might be a more general power of attorney for the third party to administer the donor's affairs. It is the third party's responsibility to provide evidence of this entitlement.

For some requests (for example, around communication preferences) a third party may not have written authority or a general power of attorney. In these cases, where the charity is satisfied that the individual is acting in the best interests of the supporter, we suggest that the charity responds to the request.

Q. What about internal procedures and staff training?

Charities, fundraising agencies, and professional fundraising agencies may want to develop their own internal guidance which addresses issues covered in this document and makes it specific to them. Depending on the cause, number of fundraisers, supporter base, and fundraising activity that is carried out, the production of an organisation's own guidance could help ensure consistency and appropriate fundraising activity. Having this shared through the organisation, owned by senior leadership, and approved by trustee boards will demonstrate an organisational commitment to best practice in this area.

In-house inductions and training programmes could include a section on understanding the organisation's approach to vulnerability to help the charity ensure that their fundraisers are fundraising appropriately.

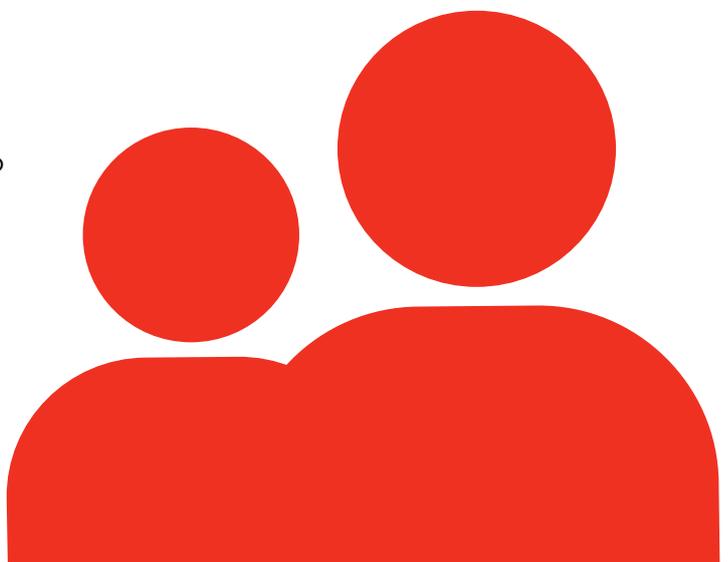
An individual person, or team, within the charity could be tasked with responsibility for this area of work so that any fundraiser who has doubts about a particular situation and what they should do can pass it through to an individual or team that may be best placed to deal with it.

Although fundraisers may be concerned about causing offence by not accepting a donation or seeming to question an individual's capacity to make an informed decision, they should be encouraged to use their judgment when they encounter any difficult situation. The risk of taking donations from someone who is unable to make an informed decision outweighs the risk of causing offence to an individual by checking and confirming that they really do want, and are able, to make the donation.

Positive recognition of the actions of a fundraiser who identifies an individual who may need further support, or does not have capacity, is to be encouraged. Fundraisers should not feel pressurised or worried that they will be penalised by not taking a donation if they are concerned that they are dealing with someone who may be in a vulnerable circumstance.

Q. How does this relate to planning general fundraising activity?

When designing and implementing fundraising campaigns, think about the needs of people who may need extra support to make an informed decision or may be in a vulnerable circumstance and consider what appropriate actions may be needed to accommodate their needs.



APPENDIX ONE: TESTS TO ASSESS MENTAL CAPACITY

A range of tests are available to help identify signs that individuals may or may not have mental capacity.

Some tests have been developed by the courts when looking at particular cases (called “common law tests”, which include the capacity to make a will, gift, contract, to litigate or enter into marriage.

There is also a statutory test set out in The Mental Capacity Act 2005.

Under the MCA 2005, a person lacks capacity in relation to a particular matter if at the material time he or she is unable to make a decision for himself or herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. This is therefore a two tier test:

- (a) does the person have an impairment of, or a disturbance in the functioning of, the mind or brain?
- (b) does the impairment or disturbance mean that the person is unable to make the specific decision at the time that it needs to be made?

Cases related to a person’s capacity may be either brought before the Court of Protection, or brought in the High Court. Where cases are decided before the Court of Protection that court will apply the test under the MCA 2005. However, they will have regard to the common law tests as well.

Where cases are decided by the High Court, that court will apply the relevant common law test. However, there is nothing to stop the High Court having regard to the test under the MCA 2005 as well.

For this reason, we have set out below an overview of both tests, although again we recognise that fundraisers are not trained as experts in the field of capacity assessment. This is provided as guidance to develop a greater understanding of capacity issues.

There are several common law tests of capacity. For capacity to make a gift, it is necessary to show that the person understands the transaction. The amount or scope of information a person must be capable of understanding, retaining and weighing in order to have capacity to make the decision themselves will vary depending on the nature of the transaction. For instance a simple gift e.g. giving a one-off donation of £5 requires a lower degree of understanding than setting up a regular donation worth hundreds of pounds, which requires a more significant degree of understanding on the part of the donor.

Impairments of the mind or brain

The following examples are given of an impairment of, or a disturbance in the functioning of, the mind or brain:

- Conditions associated with some forms of mental illness
- Dementia
- Significant learning disabilities
- The long term effects of brain damage
- Physical or medical conditions that cause confusion, drowsiness or loss of consciousness
- Delirium
- Concussion following a head injury
- The symptoms of alcohol or drug use

Determining mental capacity

The second part of the test is to determine whether that person is unable to make a decision. This will be the case if he or she is unable to:

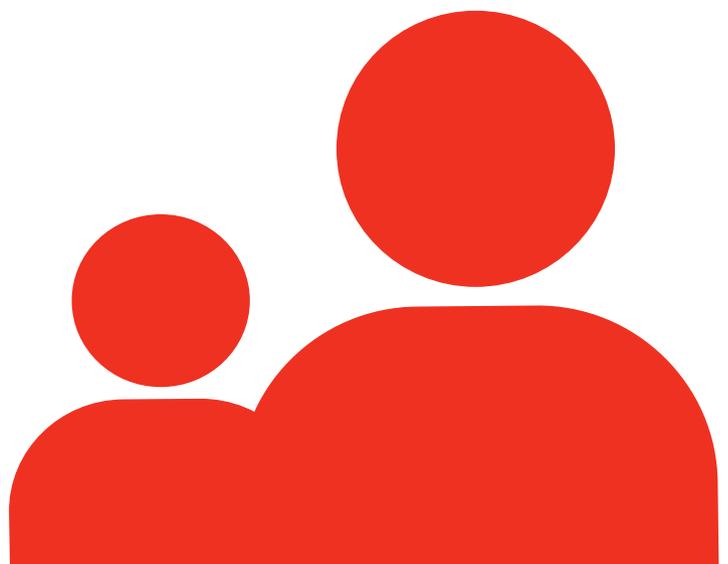
- (a) understand the information relevant to the decision,
- (b) retain that information,
- (c) use or weigh up that information as part of the process of making the decision, or
- (d) communicate his or her decision (whether by talking, using sign language or any other means).

If someone cannot undertake any one of these four aspects of the decision-making process, then he or she is unable to make the donation.

Under the Act, a number of statutory principles are established, including:

- A person must be assumed to have capacity unless it is established that they lack capacity (which is the same as the common law principle);
- A person is not to be treated as unable to make a decision unless all practicable steps to help him or her to do so have been taken without success; and
- A person is not to be treated as unable to make a decision merely because he or she makes an unwise decision.

For more information about the MCA 2005 generally there is a detailed Code of Practice available at www.gov.uk/government/publications/mental-capacity-code-of-practice



APPENDIX TWO: UNDERSTANDING VULNERABILITY

DEMOGRAPHIC FIGURES AND LANGUAGE OR COMMUNICATION NEEDS

The UK's population is hugely diverse. There are over 65 million people in the UK – that means 65 million individuals all with different characteristics, preferences, and needs. If charities broadcast a TV appeal, place a newspaper advert, or have a flyer in a local library, it can be impossible to predict who will receive that message or read the information. As well as making sure that the fundraising communication (whether a letter, advert, or newsletter) is appropriate and respectful, the more that fundraisers are aware of the needs of an individual, or group of individuals, the more tailored individual communications can be, as well as being prepared to respond appropriately to an individual's circumstances in the future.



THERE ARE 850,000 PEOPLE LIVING WITH DEMENTIA IN THE UK TODAY (1.3 PER CENT). BY 2025 THE NUMBER IS EXPECTED TO RISE TO OVER ONE MILLION AND BY 2050 IT IS PROJECTED TO EXCEED TWO MILLION.¹

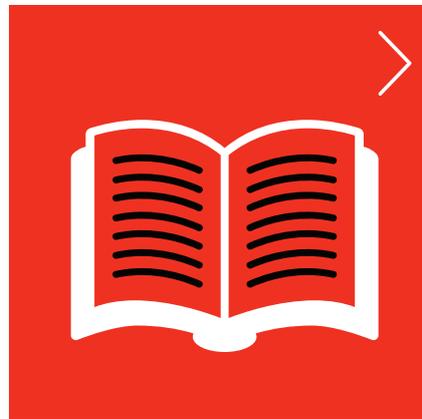
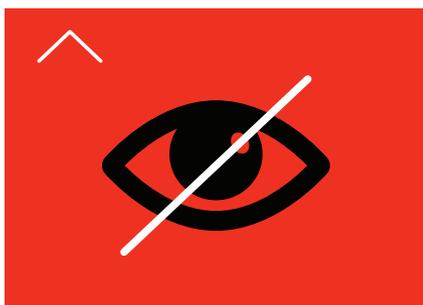
- 1 <http://www.alzheimersresearchuk.org/about-dementia/facts-stats/10-things-you-need-to-know-about-prevalence/>
- 2 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true
- 3 <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>
- 4 <http://www.ons.gov.uk/ons/rel/rdit2/internet-users/2015/stb-ia-2015.html>
- 5 <http://www.nhs.uk/conditions/Dyslexia/Pages/Introduction.aspx>
- 6 <https://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/statistics.aspx>



OVER TWO THIRDS (69%) OF PEOPLE AGED 85 AND OVER IN THE UK HAVE A DISABILITY OR LIMITING LONGSTANDING ILLNESS.²

SIGHT LOSS

ALMOST TWO MILLION PEOPLE IN THE UK LIVE WITH SIGHT LOSS. THAT'S AROUND ONE PERSON IN 30. AND BY 2050, THE NUMBERS OF PEOPLE WITH SIGHT LOSS IN THE UK WILL DOUBLE TO NEARLY FOUR MILLION.³



DYSLEXIA

IT'S ESTIMATED THAT UP TO 1 IN EVERY 10 TO 20 PEOPLE IN THE UK HAS SOME DEGREE OF DYSLEXIA.⁵



INTERNET ACCESS

IN 2015, 11% OF ADULTS IN THE UK (5.9 MILLION) HAD NEVER USED THE INTERNET.⁴

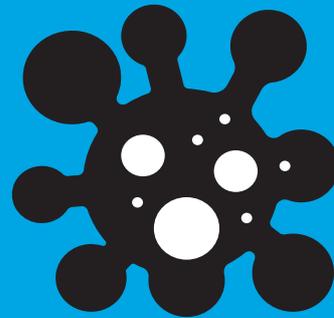
HEARING LOSS

MORE THAN 900,000 PEOPLE IN THE UK ARE SEVERELY OR PROFOUNDLY DEAF.⁶



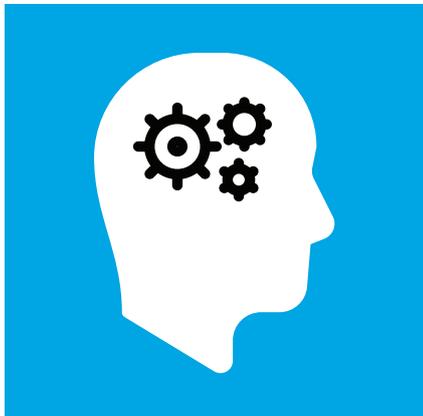
CHRONIC ILLNESSES AND CONDITIONS

At any stage of their lives, people can develop conditions and illnesses which have a long-term impact on their life. Chronic illnesses and conditions can go through different stages and affect people more severely at certain points. Having a particular condition does not in itself make an individual 'vulnerable' and fundraisers should not be mindful not to treat people in a discriminatory way just because someone suffers from a chronic illness. However, having a condition or illness could lead to an individual being in a 'vulnerable circumstance' and lead to them needing additional care and support to make an informed decision on their donation. We should also recognise that chronic illnesses and conditions also affect family members, friends and carers.

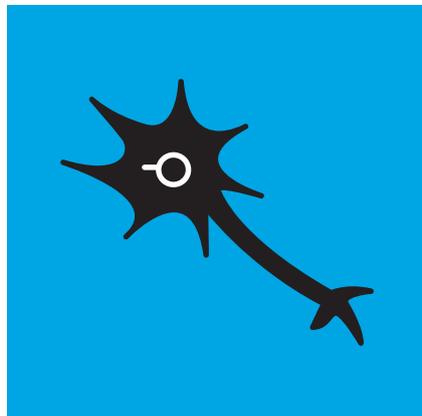


THERE ARE AN ESTIMATED 2.5 MILLION PEOPLE IN THE UK TODAY WHO HAVE HAD A CANCER DIAGNOSIS. AND BY THE END OF 2016, MORE THAN A THOUSAND PEOPLE WILL BE DIAGNOSED WITH CANCER EVERY DAY IN THE UK.¹

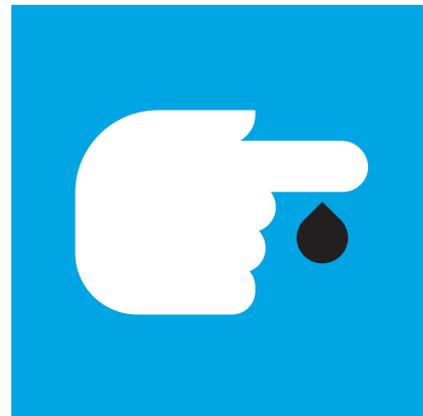
- 1 <http://www.macmillan.org.uk/Aboutus/WhatWeDo/Ourresearchandevaluation/Researchandevaluation/Keystatistics.aspx>
- 2 <http://www.parkinsons.org.uk/content/facts-journalists#sthash.5CYf7Gt8.dpuf>
- 3 https://www.mssociety.org.uk/sites/default/files/MS%20in%20the%20UK%20January%202016_0.pdf
- 4 https://www.diabetes.org.uk/Documents/Position%20statements/Diabetes%20UK%20Facts%20and%20Stats_Dec%202015.pdf
- 5 <http://www.alzheimersresearchuk.org/about-dementia/facts-stats/10-things-you-need-to-know-about-the-impact-of-dementia/>



PARKINSON'S
EVERY HOUR,
SOMEONE IN
THE UK IS TOLD
THEY HAVE
PARKINSON'S.
ONE PERSON IN
EVERY 500 HAS
PARKINSON'S.
THAT'S ABOUT
127,000 PEOPLE
IN THE UK.²



MS
ONE IN EVERY
600 PEOPLE
IN THE UK HAS
MS, AND EACH
WEEK, 100
PEOPLE ARE
DIAGNOSED
WITH MS.³



DIABETES
IT IS ESTIMATED
THAT BY 2025
THERE WILL BE
OVER 5 MILLION
PEOPLE LIVING
WITH DIABETES.
APPROXIMATELY
700 PEOPLE
ARE DIAGNOSED
WITH DIABETES
EVERY DAY -
ONE EVERY
TWO MINUTES.⁴



CHRONIC ILLNESSES/CONDITIONS AFFECT
THOSE SUFFERING WITH THEM. THEY ALSO
AFFECT FAMILIES, FRIENDS AND CARERS -
THERE ARE APPROXIMATELY 700,000
INFORMAL CARERS IN THE UK CARING FOR
THEIR LOVED ONES WITH DEMENTIA, THIS IS
EXPECTED TO RISE TO 1.7 MILLION BY 2050.⁵

MENTAL HEALTH AND NEUROLOGICAL CONDITIONS

As a society we are more and more aware of the importance of mental health issues and how conditions can affect individuals. There are also neurological conditions which can affect the brain and nervous system. Very similar to considerations about chronic illnesses or conditions, the existence of a mental health or neurological condition does not necessarily make someone 'vulnerable' - but may mean that there is a need to take all reasonable steps to appropriately respond to any additional need or support that individual requires to make an informed decision about their donation. Fundraisers should also be aware of the issues around mental capacity and an individual's ability to make a decision - further information can be found in our guidance and resources available at www.institute-of-fundraising.org.uk/treatingdonorsfairly



MENTAL HEALTH MIXED ANXIETY & DEPRESSION IS THE MOST COMMON MENTAL DISORDER IN BRITAIN, WITH 9% OF PEOPLE MEETING CRITERIA FOR DIAGNOSIS.¹



NEUROLOGICAL CONDITIONS THE NUMBER OF NEUROLOGICAL CASES IN ENGLAND HAS NOW REACHED 12.5 MILLION.⁴

- ¹ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-most-common-mental-health-problems>
- ² <http://www.time-to-change.org.uk/mental-health-statistics-facts>
- ³ <http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>
- ⁴ http://www.neural.org.uk/store/assets/files/381/original/Final_-_Neuro_Numbers_30_April_2014_.pdf

1 IN 4 PEOPLE WILL EXPERIENCE A MENTAL HEALTH ISSUE IN ANY GIVEN YEAR²

OCD 1.3 IN 100 PEOPLE³

PANIC DISORDER 1.2 IN 100 PEOPLE³

POST TRAUMATIC STRESS DISORDER 3 IN 100 PEOPLE³

350,000 PEOPLE WITH 'SUDDEN ONSET' CONDITIONS (INCLUDING, STROKE, TRAUMATIC BRAIN INJURY, MENINGITIS)⁴

2.2 MILLION PEOPLE HAVE STABLE CONDITIONS WITH CHANGING NEEDS (INCLUDING CEREBRAL PALSY, NARCOLEPSY, TOURETTE'S)⁴

7.4 MILLION PEOPLE WHO HAVE CONDITIONS WITH INTERMITTENT NEEDS (INCLUDING EPILEPSY, MIGRAINE, CAVERNOMA)⁴

2.6 MILLION PEOPLE WITH PROGRESSIVE CONDITIONS (INCLUDING DEMENTIA, BRAIN TUMOUR, HUNTINGDON'S DISEASE)⁴

LIFE EVENTS

An individual does not have to have any medical, physical, or mental condition to be in a 'vulnerable circumstance'. Instead, something could have happened in someone's life that makes things difficult for them, means that it is harder for them to make decisions, or is a time of particular stress or anxiety. Our approach is not to label and categorise people as 'vulnerable', but instead to recognise that any individual can be in a vulnerable circumstance at any and different stages of their life. Vulnerability can be transitory with people moving in and out of vulnerable circumstances as their situations and life stages change. By recognising and understanding more about the life events that people go through, fundraisers can prepare their plans and respond appropriately to the needs of individuals.

1 <http://themoneycharity.org.uk/money-statistics/>

2 <http://themoneycharity.org.uk/money-statistics/>

3 <https://www.mind.org.uk/media/273469/in-the-red.pdf>

4 <http://www.macmillan.org.uk/Documents/AboutUs/Research/Keystats/StatisticsFactsheet.pdf>

5 <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2015>

6 <http://www.hscic.gov.uk/catalogue/PUB15943/drug-misu-eng-2014-rep.pdf>

7 <https://www.alcoholconcern.org.uk/help-and-advice/statistics-on-alcohol/>



**DEBTS AND
FINANCIAL
VULNERABILITY**
**209 PEOPLE
A DAY ARE
DECLARED
INSOLVENT
OR BANKRUPT.
THIS IS
EQUIVALENT
TO ONE
PERSON EVERY
6 MINUTES 53
SECONDS.¹**

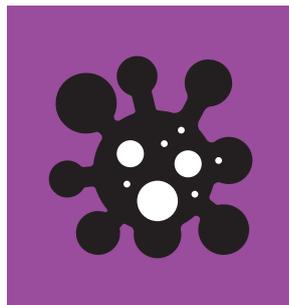


1,121 PEOPLE A DAY REPORTED THEY HAD BEEN MADE REDUNDANT BETWEEN SEPTEMBER AND NOVEMBER 2015.²

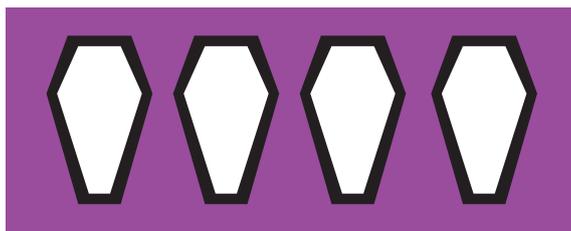


PEOPLE WITH EXPERIENCE OF MENTAL DISTRESS ARE THREE TIMES MORE LIKELY TO BE IN DEBT.

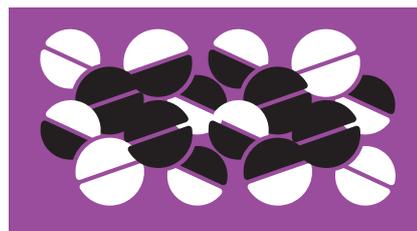
PEOPLE WITH A DIAGNOSIS OF BIPOLAR DISORDER OR SCHIZOPHRENIA ARE FOUR TIMES MORE LIKELY TO BE IN DEBT.³



MORE THAN A THOUSAND PEOPLE WILL BE DIAGNOSED WITH CANCER EVERYDAY IN THE UK BY THE END OF 2016 AFFECTING NOT ONLY THE PATIENT BUT ALSO THEIR FRIENDS AND FAMILY.⁴



BEREAVEMENT
THERE WERE 529,655 DEATHS REGISTERED IN ENGLAND AND WALES IN 2015 - EACH ONE AFFECTING THE FAMILY AND FRIENDS OF THE DECEASED IN A RANGE OF EMOTIONS FROM GRIEF, ANGER AND DEPRESSION.⁵



ADDICTION
IN ENGLAND AND WALES IN 2013/14 AROUND 1 IN 11 ADULTS AGED 16 TO 59 HAD TAKEN AN ILLICIT DRUG IN THE LAST YEAR.⁶



ALCOHOL
10.8 MILLION ADULTS DRINK AT LEVELS THAT POSE A RISK TO THEIR HEALTH.⁷

NOTES



For more information from the Institute of Fundraising,
including research, resources, and guidance, go to:

www.institute-of-fundraising.org.uk



TREATING DONORS FAIRLY

FUNDRAISING WITH PEOPLE IN VULNERABLE CIRCUMSTANCES

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