Inclusive by Design

How service providers can reduce avoidable harm through inclusive design, accessible channels and human support

A report commissioned by Mova in partnership with AbilityNet
Research conducted by Dr Marie-Claude Gervais and Jay Jennings, Versiti

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Contents

Foreword by Ben Roome, CEO, Mova 3

Executive summary 4

Context by Ellen Martin, Research and Evaluation Manager, AbilityNet 14

Findings: 18

- Poor services cause real harm 19
- Service pain points 27
- Channel usage 35

What people value in service design 40

Conclusion 48

About Mova 49

Appendix 50

Foreword

At Mova, our work is guided by a simple belief: **innovation should reach everyone.** We exist to help the UK adopt important changes in communications infrastructure, without leaving people behind.

That belief is why we commissioned this research. Across the services people rely on every day, digital transformation is changing how support is accessed, how problems are solved, and how people are expected to manage their lives. Done well, this change can make services faster, simpler, and more accessible. Done badly, it can create barriers, deepen exclusion, and cause real harm.

This report gives voice to people who are too often missed by conventional research. Their experiences are individual, but the issues they describe are not isolated. They show how repeated friction across different services can build into something much more serious: stress, anxiety, lost confidence, financial loss, reduced independence, and a greater reliance on already stretched carers.

There is a useful test for any reader. If you have ever felt frustrated by a service that was hard to access, confusing to use, or slow to resolve a problem, imagine what that same experience might mean for someone with limited energy, poor health, low digital confidence, financial pressure or no one nearby to help. What is inconvenient for one person can be harmful for another.

In fact, so harmful that it has the potential to perpetuate, and compound, some individuals' vulnerability.

The findings are challenging, but they are also practical. They show that better service design is possible. People value clear communication, genuine channel choice, accessible digital tools, knowledgeable human support, and proactive help at the moments when they need it most.

The call to action is therefore straightforward. Service providers, regulators, industry bodies, and civil society need to work together to make inclusive service the norm, not the exception. Good design is good business. Designing for people who face the greatest barriers improves services for everyone.

I hope this report prompts reflection, collaboration and action. Most importantly, I hope it helps make services work better for the people who need them most.



Ben Roome
CEO, Mova

Executive Summary



Methodology

The report is based exclusively on qualitative research, conducted by Versiti between March and June 2026. Twenty in-depth, one-to-one telephone or video interviews – each lasting approximately 90 minutes – were carried out with carefully selected participants reflecting a broad range of FCA-defined vulnerabilities.

Participants were recruited in two ways: eight were identified from a database of vulnerable people who had approached Restore TV, a programme run by Mova that provides help to fix TV interference caused by mobile signals; twelve were recruited by professional market research recruiters. Participants ranged in age from 19 to 88, providing a representative cross-section of vulnerabilities. Most experienced multiple overlapping challenges, including physical and mental health conditions, financial hardship, digital exclusion, caring responsibilities, and significant life events such as bereavement.

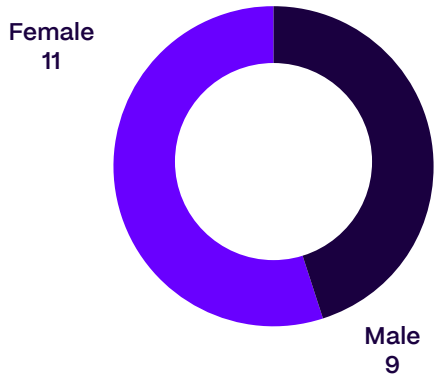
A qualitative approach was chosen to build on the existing quantitative evidence on the scale of vulnerability in the UK and go beyond what that data alone can show. This report gives a human account of vulnerable people's lived experiences, especially their interactions with service providers. It captures how vulnerability is lived, and how it deepens or eases. These insights shape the practical recommendations that follow.

It is important to note, however, that this research represents the tip of the iceberg: the most vulnerable individuals – those with advanced dementia, profound learning difficulties, or who are homeless or institutionalised, were not represented in this research. The challenges documented here are therefore likely to understate the full scale and severity of the problem.

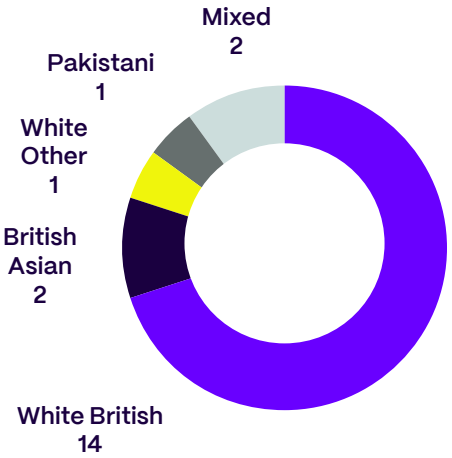
Participants

Full details on pages 58–59

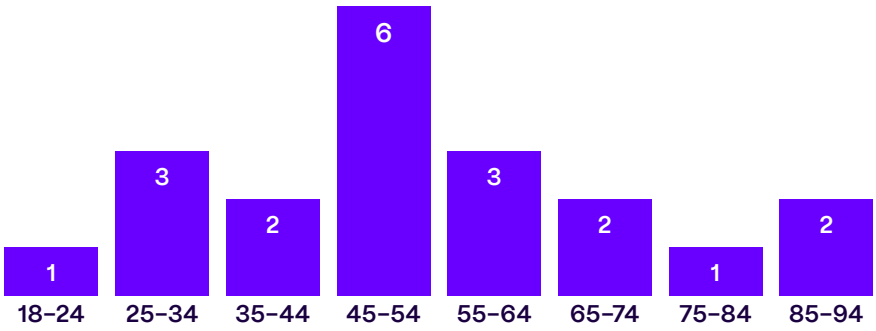
Gender Split



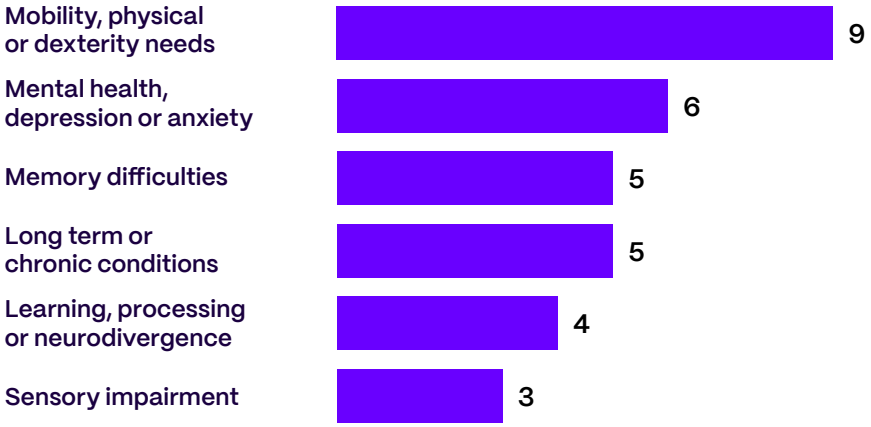
Ethnicity



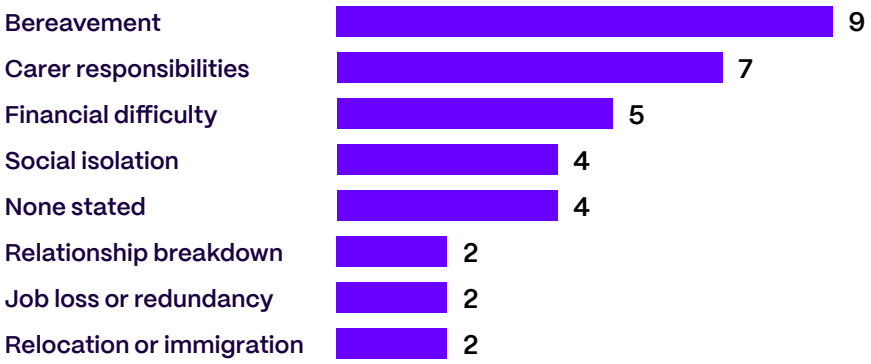
Age Range



Health Conditions



Life events



Key findings

Poor services cause foreseeable and preventable harm

Inaccessible digital services across all industries cause significant and multi-dimensional harm to vulnerable people. Psychological harm is pervasive: repeated, unsuccessful service interactions generate frustration, shame, self-doubt, anxiety, and dread, which can escalate into learned helplessness – a generalised belief that there is no point in trying. Physical exhaustion, social isolation, damage to personal relationships, and financial losses are also documented consequences. These harms are not incidental: they are the foreseeable and preventable result of services that fail to account for the diversity of their users' needs, capabilities and preferences.

Pain points are widespread and cumulative

Participants encountered persistent barriers across three broad categories: digital interface barriers (complex navigation, identity verification failures, inaccessible design); systemic communication and support failures (poor signposting, unhelpful scripted responses, lack of empathy); and pain points linked to specific life events (when the administrative burden becomes overwhelming). These challenges rarely occur in isolation; it is their cumulative effect across multiple services and providers that can tip already vulnerable people into crisis.

Channel use is shaped by need, accessibility and service experience

Vulnerable people do not reject digital services; many use and value them. Channel choices are driven by the complexity of the task, accessibility, and service quality. Telephone remains the preferred channel for complex or emotionally significant interactions for many, although it presents challenges for those with hearing or speech impairments. Online channels and digital tools are valued for their efficiency in relation to information-finding and routine transactions, but present accessibility barriers and rarely proactively identify unmet needs. Physical documents remain essential for those with limited digital access or low confidence. In-person, community-based services are a vital access point for some of the most vulnerable but are harder to access for those in rural areas or with some long-term health conditions or disabilities.

What works and why

Participants identified a range of features and approaches that make a meaningful positive difference by reducing the time, effort, cognitive load and digital skills required of them. These include:

- Direct telephone access to knowledgeable staff.
- Call-backs and push notifications that bypass the need for long telephone hold times.
- Biometric authentication that addresses identification barriers.
- Autofill and autosave functions that remove repetitive friction.
- Proactive, human communication at key moments.

The reliance on informal, overburdened carers is a serious threat

Almost every participant either relied on someone else to manage key aspects of their life or was themselves acting as a carer for someone more vulnerable. If, or when, these informal support networks break down, the consequences for vulnerable individuals, service providers, and the state will be substantial.

Recommendations

This research shows that poor service design can deepen vulnerability and create avoidable harm. Service providers should move beyond minimum compliance and design services around the reality of people's lives: their health, confidence, digital access, support networks, financial resilience and capacity to cope at moments of stress. Inclusive service is not about creating separate provision for a small group of people; it is about making essential services flexible, accessible and supportive enough to work for everyone, including those least able to absorb additional friction.

Recommendation 1
Agree a cross-industry minimum service standard

What this means

Service providers, regulators, industry bodies, and civil society organisations should work together to define a voluntary minimum level of inclusive service that vulnerable people and carers can expect across essential services. Restore TV, run by Mova, has been awarded the BSI Kitemark for Inclusive Service in pursuit of this goal.

Why it matters

Participants experienced inconsistent levels of support across providers, which made every interaction feel unpredictable. A shared standard would reduce anxiety, improve trust, and make it easier for people to know what help they can expect.

The need for greater consistency is reflected in wider research. The Connection Project's Misconnected report argues that people increasingly experience services as part of a connected system, yet support standards remain fragmented across sectors. A shared baseline for inclusive service would help create more consistent experiences across the services people rely on every day.

What service providers should do:

- Agree baseline expectations for accessible, inclusive service.
- Define how vulnerable people and carers should be supported.
- Share good practice across sectors.
- Compete by exceeding the standard, not by relying on minimum compliance.

Business and service benefit

A shared minimum standard improves consistency while allowing providers to differentiate through better service.

What Government and regulators should do:

- Engage with service providers to define minimum expectations for how vulnerable people and carers should be supported, regardless of provider or sector.
- Apply the same standards across government services and public bodies, demonstrating best practice through public service delivery.
- Encourage industry bodies to align around common outcomes and measures of success.
- Promote adoption of recognised standards and share examples of good practice across sectors.

Recommendation 2
Provide genuine channel choice

What this means

Services should offer meaningful choice across digital, telephone, paper, in-person and community-based routes, so people can use the channel that works for their needs and circumstances.

Why it matters

The research shows that no single channel works for everyone. Digital services are valued by many participants, but telephone, paper and in-person support remains essential for complex, urgent or emotionally significant issues.

What service providers should do:

- Maintain high-quality non-digital routes alongside digital services.
- Ensure customers can move easily between channels without starting again.
- Provide community-based or in-home support where remote channels are unsuitable.
- Make affordability part of accessibility, so cost is not a barrier to support.

Business and service benefit

Genuine channel choice helps resolve issues first time, reducing repeat contact, escalation and complaints.

What Government and regulators should do:

- Recognise channel choice as a core component of accessible service delivery across both public and private services.
- Ensure government services maintain appropriate non-digital access routes for people who cannot, or do not wish to, use digital channels.
- Encourage providers to measure outcomes based on successful access and resolution.
- Monitor the impact of service changes on vulnerable groups and address emerging barriers to access.

Recommendation 3
Make digital services accessible, usable and completable

What this means

Digital services should be designed so that vulnerable users can complete tasks without avoidable friction, unnecessary complexity or disadvantage.

Why it matters

Participants often abandoned essential tasks because of authentication barriers, inaccessible forms, time-outs, unclear instructions, multi-device requirements or absent save functions.

What service providers should do:

- Build in accessible design from the start, not as a later 'fix'.
- Use plain language, clear instructions and visible next steps.
- Offer autofill, autosave, information buttons and flexible authentication.
- Ensure online services can deliver the same level of outcome as telephone or in-person support.
- Make it easy to reach a human when digital routes fail.

Business and service benefit

Accessible digital services increase completion rates and reduce avoidable customer contact, operational cost and failure demand.

What Government and regulators should do:

- Embed accessibility, usability and vulnerability considerations into digital service standards, procurement frameworks and service design guidance.
- Ensure government digital services meet the same expectations for accessibility and completion outcomes expected of all service providers.
- Continue to promote a broader definition of digital inclusion, building on developments such as the Essential Digital Skills Framework, by focusing on successful task completion, not simply access to devices or connectivity.
- Support service providers in adopting inclusive design principles from the earliest stages of service development.
- Encourage the use of user testing and lived-experience research to identify and remove barriers before services are launched.

Recommendation 4
Communicate clearly, humanely and with authority to resolve issues

What this means

Communication should be clear, respectful, and designed to help people complete tasks. Frontline colleagues should have the knowledge, discretion and authority to resolve issues, not simply signpost people elsewhere.

Why it matters

Participants were often harmed by scripted responses, jargon, ignored emails, long hold times and repeated handovers. The most valued experiences involved knowledgeable staff, clear explanations, and immediate problem-solving.

What service providers should do:

- Use plain, jargon-free language across all channels.
- Tell people what they need, what will happen next, and when to expect a response.
- Provide step-by-step instructions, including images or videos where helpful.
- Equip frontline colleagues to exercise discretion and tailor support.
- Design communications to reduce repeat explanations and unnecessary transfers.

Business and service benefit

Clear, empowered communication improves customer satisfaction and helps people reach the right outcome first time.

What Government and regulators should do:

- Update service and consumer-facing policy frameworks to incorporate best practice on clear communication, vulnerability and customer support.
- Apply these principles consistently across government services, ensuring communications are understandable, actionable and accessible.
- Embed expectations around clear communication, realistic response times and effective issue resolution within service standards, guidance and regulatory frameworks.
- Promote workforce standards that empower frontline staff to resolve issues and support vulnerable customers effectively.
- Measure service success by whether people achieve positive outcomes, not simply whether information has been provided.

Recommendation 5
Design for continuous inclusion

What this means

Inclusive service design should be a permanent discipline, embedded into governance, product development, procurement, communications, and frontline training.

Why it matters

Vulnerability is fluid, user needs change, and services evolve. One-off fixes are unlikely to prevent harm unless providers continue to monitor, test and improve the points where users struggle.

What service providers should do:

- Monitor where vulnerable users drop off, repeat contact or fail to complete tasks.
- Use service signals, complaints and frontline feedback as early-warning evidence.
- Test changes with people who have lived experience.
- Create regular feedback loops with customers, carers and voluntary-sector partners.
- Review accessibility and vulnerability impacts as services, technologies and user needs change.

Business and service benefit

Continuous inclusion reduces preventable failure demand, complaints and escalation by identifying root causes earlier and improving services over time.

What Government and regulators should do:

- Embed continuous inclusion principles within regulatory frameworks, service standards and public service transformation programmes.
- Require government departments and public bodies to regularly review how their own services affect vulnerable and underserved groups in line with the above recommendations.
- Encourage providers to use customer feedback, complaints data and lived-experience evidence to identify emerging barriers.
- Facilitate collaboration between regulators, service providers, charities and consumer groups to share learning and good practice.
- Promote regular assessment of accessibility and vulnerability impacts as technologies, services and customer needs evolve.

Context

By Ellen Martin, Research and Evaluation Manager, AbilityNet



The Financial Conduct Authority (FCA) defines a vulnerable customer as ***"someone who, because of their personal circumstances, is especially susceptible to harm, particularly when a firm does not act with appropriate levels of care."***[1]

Vulnerability is commonly understood through four drivers: life events, physical or mental health, low resilience to financial or emotional shock, and low capability.[2] These drivers are often overlapping and fluid. **Almost half of UK adults are classed by the FCA as showing one or more characteristics of vulnerability,**[3] and in 2025, 60% of adults in Great Britain reported at least one characteristic that made them potentially vulnerable financial services customers.[4] Not all will experience harm, but they are at greater risk. **Anyone can become vulnerable, and vulnerability can change over time.**

In 2024, the FCA reported that 1 in 5 UK adults – 10.9m people – had experienced negative life events.[5] These can be sudden and unexpected and include experiencing bereavement or job loss. At best, many life events cause administrative stress. At worst, they can have long-term health impacts.



1 in 5

Adults in the UK had experienced negative life events.[5]

Health conditions

Poor physical and mental health is permanent for some, and temporary for others. Many people across the UK live with physical health conditions or diseases, impairments, and mental health conditions. 1 in 10 UK adults were reported as vulnerable due to poor health in 2024.[6] Others, including those with permanent conditions, may experience temporary poor health, such as after an operation or during a poor mental health episode.

1 Financial Conduct Authority, Guidance for firms on the fair treatment of vulnerable customers, 2021
2 NICA and FOCALDATA, The Changing Face of Vulnerability, 2025.
3 Financial Conduct Authority, Financial Lives Survey 2024, 2025.
4 YouGov, Consumer Duty: 60% of GB adults show at least one characteristic that makes them potentially vulnerable customers, 2025.
5 Financial Conduct Authority, Financial Lives Survey 2024, 2025.
6 Financial Conduct Authority, Financial Lives Survey 2024, 2025.

Low resilience

Low resilience is understood as a person's ability to cope with financial or emotional stress – which can be aggravated by life events e.g. the loss of a support network, reduced income, or lack of savings. This was the leading vulnerable characteristic in 2024, with 1 in 4 adults – 14.3m people – reported as having low resilience.[7] Financial vulnerability was the most prevalent driver of vulnerability, covering 43% of Great Britain's population in 2025.[8]

Low capability

Low capability can be understood as having low English proficiency, poor literacy or numeracy skills, or having learning difficulties. It can also be understood as having low digital skills or low confidence in managing money. 9.3 million UK adults had low capability in 2024 (17%).[9]

Digital-first approach

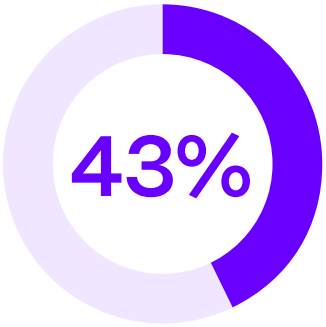
The level of someone's digital skill is also an increasing driver of potential vulnerability. As more key services become 'digital first', an individual's confidence, ability and access to the digital world becomes more important. Although there is limited information about the extent of service digitalisation across sectors, we do know that key services – such as local and national government, water, broadband, banking, electric and gas, insurance, and health – are increasingly using digital avenues to communicate with users. We also know that, currently, there is inconsistency across services, and a lack of choice. This report highlights the importance of choice for inclusive design.

This is consistent with The Connection Project's Misconnected report, which found that many people can engage digitally in some situations but struggle when tasks become complex or high stakes. It argues that barriers are often created by the design of services and systems. This research builds on that insight by examining the impact those barriers can have on people experiencing vulnerability.

Reframing vulnerability

Vulnerability is, of course, nuanced, and more complex than categories allow. Two people who have recently been bereaved may have completely different service access needs. Although it is important that the drivers for vulnerability are recognised, they cannot be fully supported without inclusive and flexible services.

When considering the drivers of vulnerability, it becomes clear that anyone can become vulnerable at any time. However, research shows that "many wouldn't self-identify as vulnerable, let alone discuss their circumstances with a customer service advisor".[10] Rather than individuals needing to self-identify, and therefore recognise themselves as vulnerable, this report suggests that services should provide inclusive design and choice for everyone.



Financial vulnerability was the most prevalent driver of vulnerability, covering 43% of Great Britain's population in 2025.[8]

To avoid the stigmatisation of vulnerability, and recognise the influence and power that services hold, this report applies the social model of disability to the concept of vulnerability. Developed by disabled people, the social model of disability describes people as being disabled by barriers in society, not by their impairments.[11] Therefore, if modern life was designed accessibly, and with impairments in mind, disabled people would not be excluded or restricted. This puts the onus to remove barriers on wider society – its structures, institutions, and organisations – rather than the individual. The same can be applied to vulnerability; it is the services that marginalise, or vulnerabilise, customers. The barriers put up in terms of service access, attitudes, and policies, that make people vulnerable.

This report recognises the drivers for vulnerability, and those individuals who are high risk – and brings their stories to the forefront, whilst also recognising that it is inaccessible services that make people vulnerable.



Ellen Martin
Research and Evaluation Manager, AbilityNet

7 Financial Conduct Authority, Financial Lives Survey 2024, 2025.
8 YouGov, Consumer Duty: 60% of GB adults show at least one characteristic that makes them potentially vulnerable customers, 2025.
9 Financial Conduct Authority, Financial Lives Survey 2024, 2025.
10 NICA and FOCALDATA, The Changing Face of Vulnerability, 2025.
11 Disability Rights UK, Social Model of Disability: Language.

Findings



Poor Services Cause Real Harm

Service providers should have due regard for the impact of their activities on customers, particularly vulnerable people, by treating them fairly, providing timely access to information and support, and taking proactive steps to identify and minimise foreseeable harm.

This research brings to light some of the harms experienced by vulnerable people in our sample as they interacted – or failed to interact – with different service providers.

Psychological harm

It is hard to overestimate the psychological damage caused by repeated, negative, unsuccessful interactions across different services. We observed a cumulative emotional chain – frustration and anger; shame and self-doubt; anxiety, dread and avoidance. Over time, this can undermine autonomy and confidence, leading some people to develop learned helplessness – a generalised belief that there is no point in trying. This discourages engagement and deepens exclusion.

Frustration and anger

We observed multiple pain points that generate considerable frustration and anger. These are familiar reactions to services that are hard to contact, slow to resolve issues, or lack empathy.

> *I used to get very frustrated. I would throw things or scream at my phone.*
>
> Alex, 35–44

The shame of feeling inadequate

When people start blaming themselves for difficulties and failures, they can develop a sense of learned helplessness.

Many vulnerable people describe feeling 'incompetent', 'useless', and 'stupid' in relation to digital technology. Older people may describe themselves as 'dinosaurs', and younger people may feel even worse because, as 'digital natives', they believe they 'should' be competent at navigating digital services that are supposed to be designed around them. In all cases, they share a feeling of shame when they are unable to work things out. This can lead to reluctance to seek help.

> *I get really annoyed with myself. I feel useless. I'm only 61. I think I'm quite an intelligent person. Not to be able to do something like that is...I actually get upset sometimes.* [*She fights back tears*].
>
> Jenny, 55–64

Self-doubt, anxiety and panic

The inability to get 'basic' things done creates a pattern of self-doubt, panic and anxiety. Identity verification failures are perhaps the most common trigger for this pattern. People realise that they should know their own name, email address, regular password, PIN, or mother's maiden name. When they cannot answer security questions, many begin to doubt themselves. They often try several alternatives, only to be frozen out of the system they need to access – sometimes for extended periods. Over time, the prospect of having to interact with services can induce anxiety and panic.

> *Last week, I could not log into my account. I thought I knew my name and my email. I think I know my password. I don't know what I am doing wrong... I get in a state, I get all anxious. I kind of panic. What am I doing wrong?*
>
> Maria, 18–24

Dread and avoidance

Multiple respondents speak of a specific emotional state that precedes significant service interactions: dread. They describe losing sleep, refusing to open post, preparing themselves a day in advance of undertaking a task, etc. This can become so overwhelming that the task simply does not get done, with costly consequences following.

> *It's almost like I have to prepare myself the day before, when I'm going to do a thing like that. I put things off because it involves the computer. It just gets me down and I just think I can't face it. I just can't face it. It makes my day really heavy.*
>
> Jenny, 55–64

Overwhelm and 'just giving up'

As a result of this accumulation of pain points and related emotions, people report, time and again, 'just giving up' or 'no longer even trying' to deal with services.

> ***Sometimes, if you are about to use something like government websites or filling job applications, you know, you get agitated because of the amount or the kind of information they want. If I'm struggling, I just leave it there, like just give up, really.***
>
> Ahmed, 25–34

Those without digital skills or support networks can be left in a desperate state. Eventually, 'giving up' can become a generalised attitude which impacts other aspects of life. It leads to further de-skilling and marginalisation. System failures, over time, can have profound consequences: they exclude people.

Miles has a chronic lung condition which severely restricts his mobility, has depression, lives in poverty, has no family or friends nearby, and is not even visited by social services – does not have a computer and never had to use one. He struggles with emails, finding it impossible to track what was sent or received. This effectively shuts him out of most official communication – but also of everything that digital inclusion enables.

> ***I wouldn't even know how to use [a computer] if I had one. [...] It's too complicated for me. I just sort of give up.***
>
> Miles, 55–64

Physical harm

Beyond psychological harm, service interaction pain points can have direct repercussions for some vulnerable people's physical health. People living with long-term physical or mental health conditions, in particular, report feeling exhausted following more complex digital interactions.

> ***It drains me. So then I become tired and that exhausts me. And then I lose my concentration and I start to struggle, concentration wise. So it becomes like a real vicious circle. So then I get stressed because I know that I am making mistakes, so then I get tired because I'm stressed.***
>
> Tricia, 45–54

Social harm

Deepening isolation

For several participants, the shift to online services has deepened their isolation. Vulnerable people describe how their precious human contacts – with the cashier at the bank, the library counter, the council office, the local shops, the post office – disappeared one by one. They also observe how impoverished 'social life' is for young people who are 'co-present' but not genuinely interacting.

> ***I find there is less real, physical contact between people now. It's all online, on Facebook, or WhatsApp or Zoom. That's fine but it's not the same.***
>
> Laura, 35–44

Online services are potentially helpful, and safer, to people like Dennis who, because he is immunosuppressed, limits in-person interactions. But offline and community-based services also have an essential role to play. Many vulnerable people rely on them to meet specific practical needs, but also to overcome social isolation and feel a sense of belonging. The closure of local services, and the removal of choice, can be especially harmful to some vulnerable people.

Damage to personal relationships

The shift to digital without appropriate alternatives or support also means that almost every participant we spoke to relies on other people – a daughter, a friend, a husband, a parent – to manage some aspect of their digital life, and general interactions with services. Most describe some loss of autonomy and privacy, and their guilt for burdening others.

Alex feared he was overburdening his father and tried to do things himself, failing and feeling worse. Maria described the tension between the independence that makes her happy and the reliance on her mother that reality requires – together with the loss of privacy that accompanies that dependency. Asma is entirely dependent on a single friend for almost all digital access. Aliya is getting resentful towards her mother, and her mother is getting upset with Aliya.

Overburdened carers

The people we interviewed were all vulnerable in their own right, but many were also de facto carers. They were called upon by loved ones even more vulnerable than themselves to shop, prepare food, keep a personal hygiene routine, make and attend health appointments, manage finances, engage with welfare agencies, submit tax reports and act as translators or interpreters. All the while dealing with their own challenges.

Not surprisingly, carers report 'dropping balls', 'feeling paralysed' by the weight of what they have to do, 'prioritising their loved ones' over themselves, and being anxious about what will happen to their loved ones when they can't look after them.

> ***It's a lot of stuff. I lie awake at night thinking about what would happen to him if something happened to me.***
>
> Carolyn, 55–64

Without professional support, clear expectations and boundaries, tensions creep in between carers and their loved ones. The most important personal relationships can be unsettled by the pressures of managing interactions with service providers; leaving all parties overstretched, frustrated and upset.

Aliya, who is 28, has recently come through a divorce, an abortion and a suicide attempt. She manages complex service interactions for her mother, who was recently diagnosed with cancer, does not speak English and has virtually no digital capability.

> ***I still go to my mum's every single appointment with her... Although the GP practices, the hospitals do offer an interpreter, but it's that level of, you know, I know my mum, and she's my mum.***
>
> Aliya, 25–34

Financial harm

Finally, failures of provision have a range of financial impacts. Vulnerable people in our sample reported a wide range of examples, including:

- Being unable to rectify administrative problems caused by providers and watching penalty costs mount as a result.
- Being scammed by people preying on vulnerable older people, or not availing themselves of a real benefit for fear of fraud.
- Losing out on benefits because they are not aware of their entitlements or because the application process is too daunting.
- Getting locked into expensive contracts, the terms of which were not fully understood.
- Having to take unpaid leave from work to manage complex service-related issues, such as benefits applications or bereavement administration.

> ***I lost out on three months' money because I just... I just didn't have the strength. It taxes my brain so much. [...] My savings ran out, then I had to sign on. It's taken a toll on my mental health as well.***
>
> Jenny, 55-64

Service Interaction
Poor services are harmful

What happened

Leroy's experience of setting up broadband after a house move shows how a simple administrative error can spiral into weeks of frustration for a customer and significant cost for a business. After discovering his installation had been registered to the wrong address, he was left trying to resolve the issue through online channels, spending hours struggling with unfamiliar equipment while caring for his six-year-old autistic son during a heatwave. The problem was only resolved when a technician arranged a video call and guided him through the setup in real time. What had proved impossible for a fortnight was fixed in minutes.

Challenges faced

- The address took two weeks to change in the system, he had to explain his situation to five different people.
- Forced to use an online chat with an unskilled agent who refused to call him directly, even though a specialist later did so easily.
- The "free tech expert" promised never showed up, the provider failed to confirm the appointment despite persistent follow-up calls.

Personal impact

- Mental health strain, extreme stress.
- Physical exhaustion.
- Compounded carer burden: the ordeal happened while Leroy was alone caring for his baby and disabled child.
- Wasted time and energy.

"My girlfriend eventually came home and she said: 'I've never seen you as stressed out and as down as that.' [...] *I suffer with mental health issues myself, and you don't like stress, struggles and things. I just don't want to make myself unwell."*

A simple broadband setup became arduous and harmful because the service was unreliable and inaccessible.

Unfortunately, this wasn't the only time things went wrong for Leroy, and we'll revisit his story later in the report.

Key Takeaways

Psychological harm is often cumulative

Repeated failed interactions can generate frustration, shame, anxiety, dread, and avoidance.

Service friction can affect physical health

Complex or inaccessible processes can cause exhaustion, stress and reduced capacity, especially for people managing long-term conditions.

Poor design can deepen isolation

The loss of human, local or offline support can reduce independence and connection.

Financial harm follows service failure

Inaccessible processes can lead to added costs, missed entitlements, unresolved problems, and lost income.

Implication for service providers

Services should be designed to reduce avoidable friction before it becomes harm, particularly for people already under pressure.

Service Pain Points

Many of the harms described could be avoided, minimised, or mitigated by tackling some of the challenges vulnerable individuals described. This chapter captures these 'pain points' in detail.

Digital interface barriers

Security and authentication barriers

By far the most common and damaging 'pain point' reported by vulnerable individuals was identity verification processes. These frequently act as impassable barriers, rather than protective measures.

- Two-factor authentication poses a significant challenge for those who struggle to navigate multiple platforms and can feel inaccessible for those who have only one device – both in terms of cost and cognitive load.
- CAPTCHAs are stressful, frustrating and sometimes altogether insurmountable.
- Participants also reported extreme frustration with rigid time-out systems that log them out before they can process information, and complex scanning requirements for ID verification.
- Remembering PINs is a hurdle for many.
- Getting through security systems based on voice recognition can also be impossible for people with speech impairments or voice alterations.

When faced with difficult authentication tasks such as these, many turn to friends or family members. Authentication hurdles sometimes result in vulnerable individuals completely abandoning essential processes; from medical registrations and financial claims, to starting businesses.

> ***All the passwords, UTRs and Companies House authentication code and government gateway passwords and whatever – I just gave up. It's impossible. So confusing... I couldn't pay to get help either. So, yeah, I closed the business. Couldn't deal with the stress.***
>
> **Ahmed, 25-34**

Identification and consent for *other* vulnerable parties

Vulnerable individuals are often mutually dependent, frequently sharing bank accounts, payment systems, telecommunications contracts or local authority accounts.

- Accessing accounts in joint names – or for another vulnerable parent or child – can feel almost impossible.
- The single most consistently reported barrier is the requirement for the person they support to prove their own identity in real time – often via face ID, fingerprint, voice recognition, or a physical PIN – before any transaction can proceed. This requirement, designed to protect the account holder, routinely prevents the other party from helping them.

Kenny explained that several key accounts are in his wife's name, but he is the one who manages them. When placing an order or making contractual changes, they insist on speaking directly to his wife – who faces her own health and memory challenges and is not digitally literate – as the named account holder. He is unable to discuss refunds or non-delivered items without his wife's direct authorisation. He has asked for accounts to be transferred to his name but been told it is impossible.

> ***They'll ask, "What's the first and third number of your pin number?" and Di doesn't always know that.***
>
> Kenny, 75–84

Aliya, who has been the default digital intermediary for her Urdu-speaking mother since she was fourteen, described the daily reality of this barrier:

> ***When I ring GP practice, or when I ring the hospital, or when I try doing things for her online banking, it's always: 'We need your mum's consent'. For every little thing, they need the person's consent and face IDs and fingerprints and signatures and whatnot. OK, but how can I get mum's consent? She's at home, I'm at work. She can't give consent, she doesn't speak English. When I try and do it online, it has to be my mum's face ID. If my mum's not with me, it's like, how do I prove to them that my mum doesn't speak English? And it's actually me who's doing all of these things.***
>
> Aliya, 25–34

Navigating digital processes

Processes for uploading information are often inaccessible, causing friction and stress for vulnerable users.

- Systems that require users to precisely balance a smartphone over a passport or a QR Code for identity verification can be challenging, both technically and practically. Participants frequently admitted having no idea how to begin the scanning process or being unaware that their smartphone camera can function as a scanner.
- The need to navigate multiple devices (e.g. needing a mobile phone to scan a code displayed on a TV screen) emerged as particularly hard. For individuals managing cognitive impairments, physical tremors or poor grip, these tasks can feel almost impossible and force them to rely on the help of others.
- Unclear instructions, repetitive data entry, and rigid time-out limits make form-filling particularly challenging for those who need more time than average. Excessive, multi-step processes, or the absence of a "save progress" function can lead to exhaustion, forcing them to abandon essential applications.
- Mobile-unfriendly layouts can be impossible to navigate, particularly for those who are only online via a smartphone.
- Small print is a challenge, particularly for people with sight loss.

> *My hand is not steady enough. I can't keep the phone in the right position long enough to scan it [QR-Code]*
>
> John, 45–54

> *There's no mechanism to kind of save the task a lot of the time. So for example, if you're filling out a form online or asking a query of a company, like a website submission form. There's no method to save it and come back. It doesn't tell you: 'This form will take you X amount of time to complete'. I just have to abandon it.*
>
> Sita, 45–54

Systemic communication and support failures

Unsupportive support services

Almost by definition, vulnerable customers contact service providers because of complex circumstances and needs – from negotiating inaccessible formats, to a lack of digital capability, or challenges linked to a bereavement, financial or health crisis. A lack of empathy, in these circumstances, can feel particularly tone-deaf and hurtful.

- Vulnerable people frequently reported that customer service representatives come across as more determined to run through a rigid script, meet their own targets, or get positive customer feedback on their 'politeness' than on delivering a solution to their needs.

> ***She asked me to go to their website to find the information, when I had just explained that I don't have a computer and, on my phone, I could not find anything related to my needs. How tone-deaf can you get?***
>
> **Miles, 55-64**

- Many participants stated that the emails they send to service providers are frequently ignored. This lack of responsiveness is a major barrier for those with limited energy or who are facing cognitive or mental health challenges, as they feel their queries are simply lost or blocked by 'no-reply' addresses. Indeed, some don't know if their messages reached the providers at all.

> ***Communication was challenging because more often than not [emails] would be ignored.***
>
> **Dennis, 65-74**



- Automated, long telephone menus can create significant challenges for vulnerable individuals: understanding, remembering and choosing the right option can prove difficult for people with brain fog, ADHD or other cognitive difficulties.
- Lengthy hold times, frequent handovers to different customer service representatives, and the exhausting retelling of their story to each new person – which can be especially taxing for those with complex circumstances and support needs – are wearing. This is especially true for people living with chronic fatigue, speech impairments and mental health issues. Interviewees often described having to plan for this, and create 'mental space', sometimes over several days.

Technical, jargon-heavy information

Communications about products, services or benefits can be technical and complex.

- When important product information is communicated verbally over the phone (even if this is then followed by a written or email update), vulnerable customers are at risk. They may sign up for something they do not want or need, without understanding the full nature of their commitment.
- Similarly, when meeting statutory obligations or accessing welfare benefits requires a great deal of time, effort or understanding of complex information, vulnerable customers are at risk.

> *There's times where I've rang companies and they've said, 'Well, this is accessible online,' after me waiting like 45 minutes on the phone to speak to someone... As a first time user, I've found that very daunting.*
>
> Alex, 35–44

> *The words are hard to understand so I ask 'Alexa' to explain and then I carry on. They could make it easier, like cut out the jargon or explain complicated words in the form itself.*
>
> Alex, 35–44

Lack of support through critical life transitions and events

Life transitions – such as immigration, relocation, retirement, relationship breakdown, job loss or bereavement – can significantly amplify the challenges vulnerable individuals face when dealing with service providers.

- These life transitions are inherently stressful and can be immensely fatiguing and costly. Critically, each requires a multitude of interactions with government departments and agencies, primary and secondary health service providers, local authorities, utilities providers, financial services companies, and charities, among others.
- They may entail the loss of vital support networks. Some interactions are – or should be – relatively routine and simple, but many are complex and consequential: stress can be overwhelming.
- Challenges pertain both to a perceived lack of empathy and flexibility in communications, and to a lack of integration and coordination between services. This leads to the repeated requirement to prove identity, change account details, submit documents, navigate online portals, and wait on hold.
- The current lack of integration between providers is particularly damaging during critical life transitions, where stressful events are made worse by having to deal with services one-by-one. Better integration, data-sharing based on informed consent, 'flags' for vulnerability and carer roles would go a long way to easing vulnerable people's experiences.

I've already explained myself to you, so then when I speak to the next person, I've got to explain myself again... sometimes it's five different people to no avail. And that happens with the doctor, the bank, the council, you know.

Leroy, 45–54

Maria, who has acute ADHD, found the barriers to accessing the university portal too great – thereby failing to access information about course content, reading lists, timetabling, or a way to submit her work. She also found registering with a new GP too complex, which meant that she could not get her medicine for ADHD and depression. Being kept waiting on the phone for a long time while needing mental health support nearly took her over the edge.

Ahmed found the challenges of settling into life in the UK without any onboarding, signposting or support overwhelming. He now suffers from anxiety and depression, in addition to physical comorbidities. A proactive, trusted, free, accessible source of practical guidance for students would have given him the knowledge he needed before the consequences arrived.

Service Interaction
Challenges interacting with services during bereavement

What happened

Leroy's mother died a month before this interview. When his mother was hospitalised for dementia, Leroy had to manage her affairs. The challenge was exacerbated by the fact that his mother's health and social care team were unsure whether she'd need to go into specialist residential care or could return home. During this uncertain period, utility providers and the local council continued to make charges. One utility provider put him on hold for four hours, only to then tell him that his mother (now deceased, and who had never used the internet) needed to go online.

Leroy later received a letter saying his mother owed even more money. To this date, Leroy has not managed to cancel his mother's TV subscription. He expects to get a bill which will need to be challenged, again. The situation was even worse with the local council, which claimed for overpayment of housing benefits covering the period when his mother was in hospital.

"When mum died, she had £8,000 in the bank. And the Council wants £5,500 of that for housing benefits when she didn't even live at home. Now, I don't believe that's right. I'm still challenging this with my MP. I even wrote to the Prime Minister."

Challenges faced

- Excessive hold times, inappropriate redirection online.
- Technical glitches with TV account login; inability to cancel mother's subscription.
- Lack of Power of Attorney forced the family to go through the local authority to become an appointee, which created additional challenges.
- Local Council required 24 months of bank statements to assess care home fees. Because his mother did not use online banking, Leroy's sister had to attend physical bank appointments, where staff initially struggled to provide the documents.
- Local Council asked for reimbursement of housing benefits, where discretion could be applied but systems are inflexible and seem unfair and uncaring.

Personal impact

- Financial impact.
- Emotional toll.
- Wasted time and energy.

Key Takeaways

Authentication often becomes exclusionary

Processes designed to protect users can block people from accessing essential services or helping someone they care for.

Digital interfaces place too much burden on users

Unclear instructions, inaccessible forms, time-outs and multi-device tasks can make simple processes unmanageable.

Poor communication compounds difficulty

Scripted responses, long waits, ignored emails and jargon force people into repeated workarounds.

Life transitions intensify service failure

Bereavement, relocation, illness and caring responsibilities increase the need for support at exactly the point when people have the least capacity.

Implication for service providers

True progress means designing services and communications around vulnerable users from the outset. This must involve simpler, more flexible, better integrated experiences capable of delivering tailored solutions.

Channel Usage

This chapter explores how vulnerable people choose between channels when interacting with service providers, and what makes each channel work or fail.

Telephone

For many participants, the telephone remained the preferred channel, particularly when a task is complex, personal, urgent, or requires a resolution. The reasons are consistent: affordability, familiarity, immediacy, the ability to explain nuance, the capacity for back-and-forth, and the presence of a human being who might actually understand, explain, take initiative, signpost, handhold, and, in the best cases, exercise a degree of discretion to solve a problem immediately.

> ***If it's something that's going to be a series of emails or waiting for an answer or come back, then I would rather do it on the phone.***
>
> Tricia, 45–54

This is especially useful for people who find reading difficult, cannot get online easily, and cannot solve their issue online. To work well, however, the telephone must provide quick access to the right person, who is both empathetic and able to solve a problem.

Online

Many vulnerable people genuinely value online service interactions. Those who have access to digital technology and at least basic digital literacy and skills often prefer online. They like the possibility of having remote access, from anywhere, at any time: this flexibility increases a sense of control. This is especially useful for people with chronic health conditions, mobility restrictions, speech or hearing impairments, weak immunity, fatigue, social anxiety, or simply no time to access services by phone or in person.

> ***When it's a simple transaction, it's fine online, you know, transfer my son money, right online.***
>
> Tricia, 45–54

To work well for vulnerable people, online services must be intuitive, remove the need for multiple devices, address issues around identification, be accessible and responsive to needs, and be safe. Critically, even the best-designed online service will sometimes reach its limits. And at that point, what matters most is that the person can immediately and easily reach a human being, through a different channel, who has the knowledge and authority to help. In practice, this usually means the telephone. When these conditions are not met, online stops working.

Physical documents

Some vulnerable people have a strong preference for communicating and interacting with services in a traditional, tangible way, such as through physical letters or offline 'pen and paper' forms. Being able to see and touch important information reduces stress and anxiety in ways that screens do not. Physical objects create a sense of control: the file is there, the letter is there, nothing can be accidentally deleted or lost. Paper supports understanding, notetaking, sorting and retrieval in ways that feel reliable. This contains the fear, common to many of our participants, of missing, forgetting, losing, being timed out, or otherwise having to redo something important.

> ***I need to have the four bits of paper out in front of me, that I can look from left to right and see them and do it like that.*** [...] ***I can file files in the right place, in the filing cabinet. I can see where they are. I just search and I find them. But trying to get all the files in the right place online, and move them all around, I find that more tricky.***
>
> Annabelle, 45–54

Non-electronic formats (that are accessible, where relevant, and written in plain English) remain preferred by some vulnerable people – especially those with cognitive or mental health difficulties, people with ADHD, and those who are not at ease digitally. Official documents that have serious practical, health and/or financial implications for users and which require action should be offered in physical formats: they cannot be replaced by digital communications without causing harm to some vulnerable people.

In-person

In-person interactions with providers are valued where they exist and mourned where removed. Although 'in-person is rarely used as a first port of call, both because it can be difficult and time-consuming to physically access a location, and because many providers actively try to dissuade people from engaging this way – these interactions are consistently described as the most reliable channel for tailored help and resolution.

> ***I much prefer to go into the shop. Face-to-face is easier to explain what I need and for them to understand me*** [***given my speech impediment***].
>
> John, 45–54

Social media direct messages (DMs)

Two participants mentioned using Instagram, Facebook Messenger, and WhatsApp for customer service, noting that they deliver faster access and better outcomes than other channels, perhaps because they remain underused. They only work for vulnerable people with good digital capabilities and confidence.

> ***If I find that a company has a business chat, whether that's on WhatsApp, Instagram or Facebook, I tend to use that as my first port of call, rather than put it in an email and it gets stuck in a queue because there's someone dedicated who's actually apparently going through all the social media messages, so it's a bit quicker.***
>
> Sita, 45–54

Chatbots and webchats

Chatbots and webchats are almost universally rejected. They are disliked for their rigidity, inability to answer all but the most basic queries, handle nuance, impersonation of humans, disconnection mid-session, and, in some cases, the loss of everything typed when a session expires.

> ***They've added that technology to allegedly make the process easier, they've actually made it less accessible. [...] It's more a barrier to filter people out than to help, I feel.***
>
> Tricia, 45–54

The single exception is John, whose brain injury makes speech comprehension unreliable on phone calls, and who finds it time-consuming and painful to draft long texts since he lost the use of his right-hand. For him, therefore, chatbots are preferable precisely because typing short questions bypasses the speech barrier.



Service Interaction

Identity verification – acting for a parent who does not speak English

What happened

Aliya has been the primary digital intermediary for her Urdu-speaking mother since the age of fourteen. When her mother's banking app was updated, her mother – who could previously navigate it with difficulty – could no longer use it at all, as the new interface made no sense to her. Aliya attempted to manage her mother's banking on her behalf but was repeatedly blocked by systems requiring her mother's face ID, physical presence, or verbal confirmation.

Challenges faced

- No Urdu language option on any banking app or major digital service her mother uses.
- Face ID and biometric verification systems require the account holder's physical presence, making remote support impossible, though these tools are found useful by respondents when managing their own accounts.
- No mechanism recognising a family member as a trusted intermediary in the absence of power of attorney, even where the account holder has full mental capacity.

Personal impact

The burden of being her mother's digital proxy – on top of work, her own mental health and personal life challenges – is relentless, time-consuming and emotionally costly.

"By the end of it, I'm frustrated with my mum, and bless her, she's my mum. It's not her fault. I am what I am because of her. But at the end of it, I am very frustrated with my mum."

"Her self-esteem hits the floor."

Key Takeaways

No single channel works for everyone

Telephone, online, paper, in-person and messaging channels all help some people and exclude others.

Telephone support remains essential

Many participants rely on it for complex, urgent or emotional issues, provided they can reach the right person quickly.

Digital channels work best for simple tasks

Online services are valued when they are intuitive, accessible and backed by easy human support.

Offline and in-person options remain necessary

Paper documents and community-based support provide control, reassurance and practical access for some users.

Implication for service providers

The provision of 'digital by default' services cannot mean the deprioritisation and under-servicing of non-digital services without harming vulnerable customers.

What people value in service design



There is a great deal to learn from looking at what the participants told us they value. Several features and practices emerged as being genuinely useful for some vulnerable people. This is not an exhaustive list, but intended to provide insight into what can make interactions quicker and easier, and life less stressful overall.

Biometric authentication reduces cognitive load

Biometric authentication tools, such as Face ID and fingerprint recognition, enable some vulnerable individuals to access digital services more easily. Those managing conditions like chronic fatigue syndrome described these tools as life-changing, since they bypass the need to remember specific security characters or navigate multi-step verification. As a result, they are less likely to experience the stress and frustration associated with forgotten credentials or digital lockouts.

> ***The passkey thing has been really helpful in the past few years, where you don't have to put in the passcode... just making signing into things easier.***
>
> Maria, 18–24

However, the same tools cause friction when friends, family or carers are trying to help vulnerable people, or manage accounts on their behalf.

Well-designed apps save time and money, and increase freedom and control

When they are well designed, intuitive and accessible, apps are hugely valued by vulnerable people with the digital capabilities to use them. The most frequently used and valued ones are online banking apps, NHS apps, WhatsApp, and taxi apps.

Online banking apps meet the need for financial control while significantly reducing the effort required to manage bank accounts. NHS apps similarly, help vulnerable people and their loved ones receive appointment reminders, get test results, or renew prescriptions at the click of a few buttons; reducing the cognitive load and helping to keep track of comorbidities. Both banking and NHS apps are used for routine, simple transactions.

> ***I used to use telephone banking, and then I swapped to the app. I can't even remember when, but quite early on. And I've got to be honest, that for me, has been life changing in that it's made my life so much easier.***
>
> Tricia, 45–54

Autofill & autosave functions reduce friction

Self-completion and autofill features on forms are valued because they significantly speed up the process by automatically populating standard information such as names, addresses, and credit card details. These tools reduce the burden of manual typing and help prevent errors that can lead to being locked out of accounts. As such, they are particularly useful for those managing cognitive or physical impairments, such as John and Ahmed, who both had limited use of one hand and found typing time-consuming and painful. Knowing from the start whether forms will automatically save progress is reassuring and enables users to plan accordingly.

> *Previously... you had to put everything in. And then there was a time where it didn't save it. But now I think they've just gone through a phase of amending everything... so now it's really helpful.*
>
> Sita, 45-54

'i' buttons improve confidence and accuracy

Information buttons on online forms give immediate, context-specific guidance (such as clarifying terminology or explaining exactly what information is required in a specific field). This can eliminate the need to leave the form to search for help – a detour that frequently leads to wiped progress. This built-in assistance makes daunting applications feel more manageable.

> *Information boxes... I find that very helpful, especially for like, a tax return.* [...] *If the information is not there, that's when I start to spiral...* [*the 'i' icon / info box*] *gives you more information.*
>
> Sita, 45-54

Telephone callbacks respect people's time and reduce stress

Telephone callbacks can reduce stress by cutting down on long hold times, enabling users to get on with their lives. This provides immediate reassurance and helps vulnerable individuals feel more in control of their time, as they are not tethered to a phone queue where they risk being cut off or "lost in the system".

> *You press a button and they call back... they are so polite, they're so helpful, and they genuinely want to help you.*
>
> Jenny, 55-64

Carer flags reduce repeated explanations and missed support

Carer flags and priority service registers enable proactive outreach by service providers and remove the burden of seeking support – or repeatedly explaining circumstances – from individuals or their carers. Having an individual's status flagged on a service provider's system allows for automatic identification of eligibility for benefits or community outreach. It can also ensure that vulnerable participants are prioritised during service disruptions, such as power failures.



When there's a problem with utilities or big service providers, you're going to be on their priority list and they will inform you and sort you out because they know you are kind of technically regarded as vulnerable.

Lauren, 45–54

Proactive contact helps people access entitlements

Proactive contact is cited as a rare positive example of service providers going above and beyond what is required of them. It makes vulnerable individuals feel valued rather than forgotten, and ensures that essential information, such as eligibility for winter fuel allowances, reaches those who need it most but may not be aware of their entitlement or lack the energy to seek it out. Proactive interventions give people the impression that a service provider is actively supporting them and their wellbeing.



I felt actually valued that they've actually re-contacted me and said, 'You know your name's on our system, we can see that you claimed winter fuel allowance last year. Now the eligibility window is now... open for you to apply for this year.'

Alex, 35–44

Clear, reachable providers reduce repeat contact

Providers that prioritise accessibility and clear communication make it significantly easier for vulnerable individuals to manage admin tasks. Utility providers such as Yorkshire Water and Octopus Energy are praised for answering calls immediately and resolving complex issues without forcing users online. When technical requests are made, service providers who offer explanations – or actually solve issues 'live' – foster trust and give a sense of control that vulnerable individuals often lack in many areas of their lives. It reduces both the human and business cost of failure demand.



Yorkshire Water, they're brilliant. I'll give them 10 out of 10. You can just ring them. You can get straight through to someone, even if you don't have the account details, you can speak to them and say, 'Well, I'm with my mum now, she's in and out of consciousness', and they cancel it straight away.

Leroy, 45–54

Expert in-home support remains essential where users cannot resolve issues

Where customers are vulnerable, problems are complex, caused by providers, or solutions cannot reasonably be expected to be implemented by users themselves, providers need to offer in-home visits. This is clearly the case for individuals with many health issues. It is also the case for infrastructural issues and technological set up.

For example, when vulnerable customers lost their Freeview TV signal, they found access to free in-home technical support by Restore TV easily and described it as an example of good practice.

> ***I went on the Google assist thing and said I have a problem with my TV and it said contact Restore TV. That was a good experience. The man came to my flat. He fixed the signal – fitted a filter. He was nice. Very polite.***
>
> Miles, 55-64

AI tools provide immediate, free, 'expert' and tailored information, and bypass multiple access barriers

Many participants – including those with very limited digital capability and multiple access barriers – use AI tools such as Gemini, Copilot and ChatGPT. These tools are valued for their ability to simplify the search for information and provide immediate, free, direct answers, when traditional service channels have failed. They remove the need to navigate complex service provider websites, write detailed emails, or wait extended periods, often without guarantee of a resolution. AI tools offer what feels like both expert guidance and a tailored solution, as vulnerable people can describe their specific needs, get answers, and add further details about their personal circumstances if needed, in an iterative and intuitive way.

> ***If I have an issue or a problem, or I want to investigate something, [Copilot] has told me what to do... it has been fabulous. I know it can make mistakes but it rarely has.***
>
> Carolyn, 55-64

As Carolyn highlights, while helpful to respondents, the reliance on AI tools introduces risk to both individuals and businesses. This is particularly true for those without the digital confidence or resilience to cross-check information.

Video support facilitates visual guidance and solves problems quickly

Vulnerable individuals find video calls particularly effective for technical troubleshooting, because they allow others to "see what they see," and facilitate real-time visual guidance through issues. YouTube serves as a valuable resource for learning and problem-solving. Being able to access step-by-step video guides to everything from device settings to clearing data from old smartphones gives vulnerable individuals a much-needed sense of agency and independence. Video calls are also described as an essential emotional lifeline, particularly by those with restricted mobility or family living abroad.

> ***Honestly, without WhatsApp or Teams or Zoom or whatever, without that, I would really struggle.***
>
> Carolyn, 55-64



Service Interaction
Restoration of TV signal

What happened

Lauren's experience with Restore TV is typical of the positive feedback we received from participants who had interacted with the service. Lauren, who is completely blind, experienced a significant loss of signal on her "talking" Freeview television. She initially contacted Freeview, who referred her to Restore TV to investigate the issue. Restore TV sent an engineer to her home to perform a signal check. Lauren's vulnerability made the interaction inherently more challenging: for a blind individual living at home, an unexpected or unconfirmed visitor can be a source of anxiety and potential risk. Lauren feels digitally isolated and requires assistance for technical as well as physical tasks, such as installations. The engineer successfully diagnosed the problem as signal interference and resolved it by replacing a cable.

What worked well

- Clear, proactive communication: Restore TV provided a specific arrival time and wrote to her in advance to confirm. This was a crucial workaround for her vulnerability; because she knew exactly when to expect him, she was not nervous and felt safe knowing the person at the door was the expected engineer.
- The engineer successfully diagnosed and resolved the issue.
- Professionalism and empathy: Lauren described the engineer as "very good" and noted that the service was a positive exception to what she experiences with other providers.

"He wrote to tell me when he was on his way and what time he'd be here. I knew it would be him... He was very good, he replaced the signal for interference on it and then replaced the cable [...] *I was very impressed with Restore TV."*

Personal impact

- Restoration of an essential service that enables her to access information and entertainment.
- Reduced anxiety through proactive communication.
- Confidence and trust in the service.

Key Takeaways

Helpful digital tools reduce friction

Features such as biometric authentication, autofill, autosave and information buttons can make routine tasks easier.

Human support remains vital

Callbacks, knowledgeable staff, proactive contact and in-home support help when needs are complex or problems cannot be solved online.

Clear communication builds trust

Accessible language, visible next steps and responsive providers reduce repeat contact and uncertainty.

Emerging tools show unmet need

Video support and AI tools are valued because they offer immediate, tailored help without complex navigation.

Implication for service providers

Inclusive design should combine accessible digital shortcuts with responsive human support, so people can get help in the way that works for them.

Conclusion

This research shows that service design matters. When it fails, it can make essential tasks harder, reduce independence, deepen vulnerability and cause real, avoidable harm.

Services need to reflect the real nature of vulnerability. The experiences shared in this report show that vulnerability is complex, often overlapping, and can be temporary, permanent, or change over time. People may face several barriers at once. They may also move in and out of vulnerability as their health, finances, confidence, caring responsibilities or life circumstances change.

The recommendations set out a practical route forward. Service providers, regulators, industry bodies and civil society organisations should work together to agree a shared minimum standard. They should protect genuine channel choice, make digital services accessible and completable, communicate clearly and humanely, and embed continuous inclusion into everyday service design.

Inclusive service is not about creating separate provision for a small group of people. It is about designing essential services around the reality of people's lives, so they work for the widest range of users.

Services that reduce friction, offer meaningful choice and provide timely human support help people stay independent, avoid harm and reach the outcomes they need. This benefits vulnerable people first but improves services for everyone.

About Mova

At Mova we believe in a UK where nobody is left behind by innovations in media and communications infrastructure.

We identify the challenges involved in delivering nationally important projects and develop and implement effective solutions. We are trusted partners for complex programmes with both public and private stakeholders, and are wholly owned by BT, Virgin Media O2 and VodafoneThree — the UK's mobile network operators.

Our work bridges infrastructure innovation with public benefit, ranging from expanding rural mobile coverage through the Shared Rural Network to mitigating TV interference via the Restore TV programme.

Mova is especially committed to supporting vulnerable customers. We're proud to be the first organisation in the UK telecoms sector to achieve the BSI Inclusive Service Kitemark™, recognising our commitment to supporting vulnerable customers and ensuring fair access to digital services for all.

Find out more about our work at **movauk.com**

Appendix

Alias	Gender	Age	Ethnicity	Vulnerability: Health conditions	Vulnerability: Life events
Sita	Female	45–54	British Asian	Chronic Fatigue Syndrome / ME; mobility difficulties; memory difficulties; lack of stamina; limited dexterity.	Bereavement Carer for parent
Tricia	Female	45–54	White British	Mobility difficulties; memory difficulties; mental health condition.	Bereavement Carer for parent
Alex	Male	35–44	White British	Hydrocephalus; learning, processing and memory difficulties.	Bereavement (loss of pet)
Laura	Female	35–44	White British	Hearing impairment; learning, processing and memory difficulties; neurodivergence.	Bereavement
Jenny	Female	55–64	White British	Mobility difficulties; memory difficulties.	Job loss or redundancy
John	Male	45–54	White British	Traumatic head injury; limited mobility; severe speech impediment; loss of use of one hand.	None
Maria	Female	18–24	Mixed	Neurodivergence; depression.	Relocation Social isolation
Leroy	Male	45–54	White British	Mental health condition: stress, anxiety and depression.	Bereavement Carer for autistic son Financial difficulties
Ahmed	Male	25–34	Pakistani	Diabetes (Type I); vision impairment, weak grip in one hand.	Immigration / student VISA; Bereavement; Social isolation (wife in Pakistan)

Asma	Female	25–34	White – Other	Learning, understanding, or concentrating difficulties; mobility difficulties; mental health condition, neurodivergence.	Relationship breakdown; job loss
Carolyn	Female	55–64	White British	None	Bereavement (both parents); Carer for husband with dementia and OCD
Kenny	Male	75–84	White British	Physical disability Long-term conditions: heart and chest, and Parkinson's	Carer for wife with limited mobility and long-term conditions
Lauren	Female	45–54	White British	Blindness	None
Dennis	Male	65–74	White British	Immunosuppression	Bereavement Social isolation
Juliet	Female	85–94	White British	Mobility difficulties (e.g. walking, climbing steps)	None
Miles	Male	55–64	White British	COPD; mobility restrictions; depression	Financial difficulties Social isolation
Mark	Male	65–74	White British	Prefer not to say	None
Daniel	Male	85–94	White British	Mobility difficulties	Financial difficulties Carer for elderly wife Carer for adult neurodiverse son
Aliya	Female	25–34	British Asian	Depression / suicidal ideation	Relationship breakdown Bereavement (abortion) Financial difficulties Carer for mother (no spoken English)
Annabelle	Female	45–54	Mixed	Neurodivergence; chaotic lifestyle; COPD	Financial difficulties

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