

Inclusive communications

the experiences of older and disabled consumers



COMMUNICATIONS
CONSUMER
PANEL



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1 Executive summary

Background

The Research Institute for Consumer Affairs (Rica) interviewed 41 older and disabled people on behalf of the Communications Consumer Panel and the Ofcom Advisory Committee on Older and Disabled People during February and March 2015. Participants discussed their experiences of communications services and communications providers. The semi-structured in-depth interviews took place in the participants' homes in most cases.

Participants were selected to represent a range of types and severities of impairment, including: cognitive, communication, dexterity, mobility, hearing and visual impairments.

Key findings

Communications services enable older and disabled people to overcome barriers to inclusion and to preserve and increase their social capital

- Communications services are important to all of us, but can have even greater significance for older and disabled people by helping to mitigate some of the potentially disempowering effects of age or disability.
- They can help to mitigate vulnerability by giving people access to services they cannot easily obtain through other channels. Accessing services online from home is of particular importance to participants who have difficulty with speaking, hearing or mobility.
- Communications services can help overcome social isolation by providing networks and channels for participation. Use of social media, in particular, has helped people extend their friendship networks without needing to leave the house.
- Communications services offer a lifeline, allowing access to support groups and services and providing a means of accessing information resources from home.
- For some of the participants, communications services provide a vital support service, which they rely on for their safety; e.g. community alarms.
- Communications services facilitate participation and inclusion.

The internet, and increased ownership levels of portable connected devices such as tablets and smartphones, have been liberating and have helped make life easier for many

- Home broadband, in particular, has provided a channel which enables participation in the outside world on a more equal footing.
- Portable connected devices such as laptops, tablets and smartphones have allowed access to the internet from wherever people are, both inside and outside the house. For many, this is empowering.
- Device size and screen size, alongside swipe-screen functionality, are particularly important for people with dexterity problems.

For some, fixed-line services are of decreasing importance, while for others they offer security and comfort, or access to vital services

- Many participants claimed they rarely used their landline, preferring to use a mobile phone or alternative channels (e.g. Skype, instant messaging, and company web chat services). Cited reasons for this include: calls on the landline are often nuisance calls; mobile phone packages include free calls and a mobile phone or the internet, or web-based services are simply more convenient.
- However, some participants continue to use their fixed-line service. For some it provides a sense of security and continuity; for others it offers access to vital safety services.

Mobile phone use is not universal

- Not all participants used a mobile phone or smartphone, while some said they kept them for emergencies only. Infrequent use can cause difficulties, as unused mobiles can run out of battery charge, and credit, even if they are not being used.

An inclusive service is one that provides equal access to all users using the same mechanisms. Where the nature of the service or of an individual's impairment(s) makes this impossible, communications providers need to be able to adapt the service to meet the individual's specific needs

The extent to which a person requires special provision to access a service is affected by the individual's capabilities as well as by the inclusiveness of the service itself.

- Some of the participants believed strongly that all services should be fully inclusive and that there should be no need for special measures to provide accessibility. Some people felt special measures were sometimes necessary. Other participants,

particularly those with hearing and sight impairments, had specific requirements which meant that they needed services to be adapted to their needs.

Systems-related issues such as passwords and call routing systems can act as barriers to inclusion

- Some of the standard features of customer service systems can present a barrier for older and disabled people. These barriers include menu systems, which require dexterity for keypad responses, and good memory recall when presented with extensive lists of options in a call routing system. Password recall can also be a challenge for some.
- The research also indicates that some systems are not set up to allow companies to support customers using assistive technology and that call centre staff are not necessarily aware of the existence of this technology. For example, delays in text relay calls can result in calls being cut off by operators. Similar problems can occur with the use of communications apps/voice synthesizers, where voice technology makes a real person's voice sound like a computer call, resulting in the service centre operator terminating the call.
- Channel-specific deals (e.g. offers that can only be accessed by internet or phone) offered by communications providers can create disadvantages. If deals are exclusive to one communication channel, people who do not communicate via that channel are automatically excluded.

Customer service issues such as inflexible customer service responses and poorly trained customer service agents can also cause problems and frustrations

- Call centre staff may lack the skills to communicate with callers with specific needs. Their lack of sensitivity and understanding can introduce barriers to access for disabled consumers: for example, asking people with physical disabilities to check equipment when they are unable to do so or causing people to feel embarrassed about needing extra time to understand what is being said to them.
- Even when people's specific needs have been registered they are not always taken into account, and the options offered are not always appropriate.

There is also a lack of awareness – among service users and communications providers' staff – of specific rights for disabled people relating to equivalent access

- Many of the research participants were unaware of specific rights of equivalent access, but felt sure they should have some. This lack of awareness is compounded by the

failure of some companies to effectively promote specific provisions and rights of equivalent access.

People use a variety of strategies to help overcome barriers to inclusion

- The most practical way to mitigate the impact of disability when contacting organisations is to choose the channel of communication that best suits the individual's needs and capabilities.
- Making contact with a named individual is another common strategy.
- Some people employ methods of short-circuiting call routing systems in order to speak to a person.

Some (but certainly not all) think that disclosing their impairment is a useful strategy to get a better experience

- There was a range of different attitudes towards disclosure. Some people are perfectly happy to discuss their disability, especially if it helps them to get what they need. Some feel strongly that it is their choice whether to disclose or not, and they will do this only if it is relevant to the issue at hand. Others feel they shouldn't have to disclose their disability in order to receive the service they need; they consider it unnecessary and they don't want special treatment.
- The positive consequences of disclosure are that it can result in a better experience, as it allows service providers to respond more appropriately.

Being assertive and making complaints are other ways of combating poor treatment

- Assertiveness can help individuals achieve positive outcomes. Some people are aware of their power as consumers, and are prepared to threaten to change provider in order to get a problem resolved or to secure a better deal.
- Some people reported needing to ask for help from third parties; they recognised the need to be assertive but didn't feel able to be so.
- Few had made formal complaints. Most were focused on the resolution of problems and the strategies they used to achieve that, including, on occasions, escalating to someone with greater authority.
- Some said they had considered switching provider when service levels had been extremely poor. But a high level of inertia meant that many were inclined to leave things as they were; they could not face the effort involved in setting things up with a

new provider. This can affect disabled people disproportionately as they may have gone to considerable effort to set up their service as they need it.

Best practice

Older and disabled people want customer service that is inclusive where it can be and accessible where it needs to be. Communications providers need to operate in a flexible way that is sensitive to the needs of the customer. Where adapted services are offered they must suit the needs of the individual and be consistent and well sign-posted.

Customer service

The ideal service is one that is inclusive – that provides equal access to all users regardless of any impairments they have

All staff should have disability awareness training

Customer service agents must have the appropriate skills to communicate with callers with specific needs

Provide clear communication – customer service agents should be capable of expressing themselves clearly

Be willing to offer a flexible solution and take extra time to explain details when required

Match communications systems to individual needs

Ensure contact channels are inclusive, or provide appropriate and equivalent alternative methods of access and communication

Ensure that those using assistive technologies can contact customer services without being disconnected

Communicate in the way that best suits an individual's needs and abilities

Keep a record of needs and ensure that all contact is in a suitable accessible format, including outgoing as well as incoming communications

Offer flexible third-party arrangements

Have a dedicated disability team or register of individual needs

Ideally there should be a dedicated person or team to deal with disabled customers; staff should have personal experience of disability, including age-related disability, or be recruited for empathy

Offer a named contact or dedicated disabled lines or agents across all channels

In some cases it is appropriate for the customer's specific needs to be documented; all staff dealing with a customer should consult this document before making contact for any reason

Better promote equivalent access channels and other GC15 service provisions

Proactively offer equivalent access channels

Actively promote services and rights of equivalent access in line with GC15, including priority fault repair, and make these rights visible in communications

2 Background and methodology

2.1 Background

In 2013 the Communications Consumer Panel published its research report, *Going round in circles?*¹. This report explored consumers' perceptions and experiences of communications providers' customer service and complaints handling. A key finding of the report was that older and disabled people seemed to be at a particular disadvantage in their dealings with communications providers, whose systems are not always as inclusive as they need to be. This new research has been commissioned by the Communications Consumer Panel (the Panel) and the Advisory Committee on Older and Disabled People (ACOD) to explore in detail how accessible communications providers are to customers with additional communication support needs, such as people with disabilities and impairments, and older consumers (aged 75+).

The primary objective of this new research was to explore and understand the experiences of disabled and older people, some of whom who may need additional support when contacting communications providers and other large organisations. The research was also designed to identify examples of best practice and opportunities for improvement.

Specifically, the Panel and ACOD wanted to understand:

- people's perceptions and experiences of contact with communications providers;
- what opportunities exist for improving contact with communications providers;
- what barriers people face and what coping strategies they use when communicating with communications providers; and
- whether people are aware of accessibility alternatives, and how transparent these alternative provisions are.

In order to present the performance of communications providers within a wider context, the study was designed to explore people's experiences of communications providers alongside their experience of other large organisations that provide a service to them.

The research was conducted by Rica (Research Institute for Consumer Affairs), a specialist research organisation working with disabled and older consumers. Forty-one in-depth interviews were completed, representing a range of different impairments. Each interview explored the participant's individual experiences of how accessible communications

¹ <http://www.communicationsconsumerpanel.org.uk/downloads/going-round-in-circles-ipsos-mori-annex.pdf>

providers are, how inclusive their points of contact are, the quality of the service they deliver via these channels, and how well they meet the needs of people requiring additional support.

2.2 Methodology

The study consisted of a series of interviews with 41 older and disabled people, conducted across the UK during February and March 2015. Participants were drawn chiefly from Rica's 450-member Consumer Research Panel, with additional participants being recruited through community groups in Rica's network of contacts. Participants were selected to represent a range of types and severities of impairment, including: cognitive, communication, dexterity, mobility, hearing and visual impairments. The sample included people with multiple or complex impairments and people who were 75 or older. See the Appendix for more information about sampling and methodology.

Each semi-structured in-depth interview lasted around 90 minutes. Thirty-two interviews were carried out in the participant's home; nine interviews were carried out in community centres. Assisted interviewing was offered where appropriate. Two of the deaf participants were interviewed with help from a BSL² interpreter and a third used lip-reading.

The names of the participants have been changed in this report to protect their identity.

The views and opinions expressed in this report are the personal responses of the participants who took part in the research. The experiences recalled have not been verified by Rica or the Communications Consumer Panel/ACOD.

² British Sign Language

3 The role of communications services

Overview:

This section discusses the importance of communication services. It discusses how communications services enable older and disabled people to overcome barriers to inclusion and to preserve and increase their social capital. It also examines how the internet and the rise in take-up of portable connected devices such as tablets and smartphones has been liberating, and has helped make life easier for many older and disabled people.

Communications services enable older and disabled people to overcome barriers to inclusion and to preserve and increase their social capital

Communication services are important to all of us. They can, however, have even greater significance to older and disabled people by helping to mitigate some of the potentially disempowering effects of age or disability. They can help to mitigate vulnerability by giving people access to services they cannot easily obtain through other channels. They can help overcome social isolation by providing communications networks and channels for participation. They can provide a means for gathering information and advice, and they can provide access to vital support services and networks.

Accessing services online from home was of particular importance to participants who had difficulty speaking or hearing.

Some participants also valued online 'web chat' services, as an alternative to a shop visits or a telephone call.

Participants with mobility impairments, or with bladder or bowel problems, often preferred to shop, and to access entertainment and other services, over the phone or online.

"Your landline is your... passport to the outside world."
(Alexander, 70, dexterity impairment, rural Wales)

The power of communications services to overcome isolation and improve wellbeing is demonstrated by the following quotation:

"I had a spell of staying in a nursing home... I ended up very poorly, emotionally, and feeling very, very self-destructive... It didn't help that the nursing home was in a corner with ... no mobile phone signal for most of the time I was there, in most of the areas, and none for my bedroom. They hadn't provided any phones for residents to use either, so then you end up completely cut off, and it's horrible. It makes a huge difference when things happen to avoid it becoming as isolating as that... And when I got similarly unwell a few years later I had a touch screen tablet ... I had my Kindle, and I had my smart phone, and the internet. And I was just as unwell, and just as

stuck in bed, but I wasn't bored and I wasn't lonely, and that changed everything."
(Sarah, 30, multiple impairments, urban North England)

Others reported using the phone, email and social media to coordinate meetings and events for support groups and other organisations, and to access information resources to help them with their condition:

"On average the landline, I might use it for, sort of, two or three calls a day. I probably spend half an hour/an hour on the phone a day. Sometimes I can spend longer because I get a lot of people ringing asking me for advice on technology and things because they know I know about them, so I'd say an hour or so a day on the landline."
(Paul, 62, blind, urban North England)

Social media has helped people extend their friendship networks without needing to leave the house:

"I get several hundred emails a day because apart from the work that I do, I'm on lots of friendship groups. I like talking to people on email, you know, wherever they are in the world."
(Paul, 62, blind, urban North England)

For some of the participants a reliable communications service provides a vital support service that they rely on for their safety. The quotation below demonstrates the importance of a fixed-line service to support a community alarm system:

"That's my safety net. That's the one that won't break or fail or get turned off ... And it's... I suppose it gets some credit just for being the thing that I'm used to from my childhood... And it's the one... if you need to call 999 you call it on your landline because you know that they will know where you are³... even if you leave out all the Telecare applications which I've had bits and pieces of in the past, and panic buttons and so on, which only worked on landlines."
(Sarah, 30, multiple impairments, urban North England)

Communications services facilitate participation:

"I think when everything's running fine in terms of communications networks, I'm not as disabled as I might be."
(John, 41, multiple impairments, urban South England)

³ It should be noted that location information is available on mobile phones although this may not have been known to this particular participant.

The internet, and increased ownership levels of portable connected devices such as tablets and smartphones, have been liberating and have helped make life easier for many

Home broadband, in particular, has provided a channel that enables participation in the outside world on an equal footing:

“I feel I can be part of the outside world with my internet. And nobody needs to know how I’m feeling or how I’m looking on any particular day. So, it’s actually, I put that above everything.”

(Gail, 53, multiple impairments, Urban North England)

Portable connected devices such as laptops, tablets and smartphones allow people access to the internet from wherever they are, whether inside or outside the house. For many this is empowering. Device size and screen size, and swipe-screen functionality, are particularly important for those with dexterity problems. This participant has dexterity and memory impairments caused by her MS:

“It’s a smartphone that I’ve got. I can pick up my emails, Facebook, Google searches... it’s a nice big one, so. And it’s got like the pen so I can keep my notes, because my memory’s not good, so I’ll take the notes on it and things like that [...] It’s a kind of lifeline.”

(Eileen, 48, multiple impairments, urban Scotland)

“I play games and sometimes, I go to a day centre two days a week, and sometimes at the end of the day I’m usually the last to be lifted because I get a taxi and so I got a phone that Helen could put my games on for me.”

(Nicola, 65, multiple impairments, rural North Ireland)

For some, fixed-line services are of decreasing importance, while for others they offer security and comfort, or access to vital services

Many participants reported rarely using their landline, preferring to use a mobile phone or alternative channels (e.g. Skype, instant messaging, and company web chat services). They cited reasons including: calls on the landline are often nuisance calls; mobile phone packages include free calls; and mobile phones or web-based services are simply more convenient.

“My house phone’s not even plugged in ...I find the home phone is all sales calls, PPI and I just unplug it and don’t use it. [...] You don’t use your phone as much because you’ve got your mobile and you have so many minutes on it that are free [...]”

(Eileen, 48, multiple impairments, urban Scotland)

However, some participants continue to use their fixed-line service. For some it provides a sense of security and continuity; for others it offers access to vital safety services, as

previously mentioned. This participant has fixed-line phone handsets all over the house to ensure she doesn't miss calls from family and friends:

"I have phones all over the house. I have four phones connected, so that I don't have to run"

(Margaret, 73, mobility impairment, suburban Scotland)

Mobile phone use is not universal

Not all participants used a mobile phone or smartphone, and of those who did, some had them only for emergencies when they were out and about. Some people reported that this sort of infrequent use could cause difficulties as unused mobiles can run out of both battery charge and credit, even if they are not being used.

"When the contract expired, I went in and I said, look, I'll pay-as-you-go. You know, I'll put £10 on and when that's gone I'll top it up. And I found that this money was draining away. I wasn't using it but when I wanted to it had been used up in some form or another [...] And so I went in to them and they said, oh, well, there must be something in your phone that you're tapping into, maybe unknowingly, and it's making a charge."

(Bill, 84, urban Wales)

4 Experiences with communications providers – customer journeys

Overview:

This section details some of our participants' experiences with communications providers. These eight stories describe experiences that illustrate the inclusivity of customer contact, and what provisions, if any, are made to accommodate the particular communications needs of older and disabled people.

CASE STUDY 1: ERIC, 34, DEAF, URBAN SOUTH ENGLAND

Eric works in a secondary school as a part-time freelance teacher of BSL and also works in schools to promote the educational inclusion and achievement of deaf and hard of hearing pupils.

Eric sees the usefulness of communications technology and plans to explore new services and technologies to see if they work for him. He uses the next generation text relay (NGT) service, iPad Air, Skype and text-phone, and wishes all his devices were interconnected with Bluetooth. Eric changes his communication methods according to whichever best meets his needs. He shares information about technology with other members of the Deaf community.

Eric has had numerous problems with his fixed line service. He has contacted his provider about this (by text relay and through the provider's web chat service) but they have been unable to diagnose the fault. They offered to send an engineer to investigate, but warned Eric that he would be charged if the fault turned out to be with his equipment. He was unwilling to take this risk, so the problem has still not been resolved. If he were not deaf, Eric considers that he would be able to check for himself whether the phone line was working - as he could hear the dialling tone - and he feels he is being disadvantaged by the inflexible approach of his provider. He thinks they should send an engineer to check his line and equipment without charging him.

CASE STUDY 2: ANN, 65, MOBILITY IMPAIRMENT, RURAL SCOTLAND

Ann lives in Fife, Scotland, alone in rented accommodation. She has adult daughters who live nearby. She worked until she was 60 as a customer services agent for a bank. She has a pay TV package and uses a mobile phone and a tablet computer.

Ann had polio as a child and uses a powered wheelchair. She has a hoist to get it in and out of her car. She frequently travels into Edinburgh by train, for which she does not book assistance. She feels that people sometimes look down on you if you are disabled and does not like to make an issue of it.

She recently had a problem with her television service. She called the customer service line for help with it. The agent asked her to go behind her TV set to reset the digibox, which she reluctantly explained she could not do because of her wheelchair.

The agent offered to send an engineer without charge to resolve her problem, since she wasn't able to do it herself. Ann welcomed this offer but refused, as she knew her daughter was visiting later that day and could easily perform the necessary operation for her.

CASE STUDY 3: LUCY, 28, LEARNING DISABILITY, URBAN WALES

Lucy lives in a small town in west Wales. She lives alone in a house on the high street.

Lucy has a learning disability, which affects her ability to manage her affairs and her social relationships. Despite this she is able to take responsibility for her own affairs to a great extent. Her parents live nearby and they help her from time to time; she also uses the services of a community group that supports people to live independently. She works in their community centre near where she lives.

Lucy uses a mobile phone for making calls and texting. She bought the phone herself at a supermarket and set it up with help from her parents. She has a land line and home broadband. The contract for these services was set up by her parents, but she is able to look after it. She has good experiences of dealing with service providers generally, *"as long as they are kind"*.

She recently had to call her provider when her internet service stopped working (a friend helped her find the number) and they were able to talk her through the procedure to check and restart her router, which seemed to resolve the problem. The agent she spoke to was very understanding. Lucy did not disclose her learning disability, but felt the agent must have been able to tell. She was pleased that they were able to resolve her problem without making her feel under pressure.

CASE STUDY 4: GERALD, 32, HEARING AND SPEECH IMPAIRED, RURAL NORTHERN IRELAND

Gerald was born with one ear not developed at all and problems in his other ear. He is in close touch with his mother who he relies on for third party help with day to day communications with companies and so on.

Gerald can lip read, and has functional, if indistinct, speech so if he has a cooperative communication partner he can make himself understood.

Gerald's accounts with his providers are in his mother's name, which always complicates his contacts with them. Once when he was trying to contact his mobile phone provider, to find out how much time was remaining on his contract, they would not tell him and he had to go to his mother's house and get her to ring them.

Recently his broadband service stopped working. He phoned his provider to try to resolve the situation, but they couldn't understand his speech. When he did manage to make himself understood (on another phone call), they again refused to deal with him as he was not the account holder⁴. Eventually, Gerald took his mother to the provider's booth where they had first signed up for the service and spoke to a sales agent there, who phoned customer services for them and booked an engineer. The service was restored after six days' delay, which was extremely inconvenient to Gerald as it left him without internet services for that time.

⁴ Gerald would be eligible for third party bill management where he is the account holder and his mother is nominated as a registered third party.

CASE STUDY 5: EILEEN, 48, MULTIPLE DISABILITIES, URBAN SCOTLAND

Eileen is in her late 40s. She lives with her two daughters, who are in their late teens. She developed multiple sclerosis around 10 years ago and was forced to give up her job and her house. They now live in a rented bungalow. Eileen does craft activities and has begun to sell her work at fairs and online.

Eileen uses a smartphone with a large screen for calls, texting and internet access. She has a landline but does not use it much. She does not pay for television services.

Her MS affects her memory and confidence as well as her dexterity and mobility. She finds it helpful to mention this at the start of calls to customer services, so that the agent she's talking to has the opportunity to react appropriately.

The nature of her disability fluctuates from day to day. When she is experiencing particular difficulty in resolving a problem she asks her fiancé for help.

Eileen has recently renewed her mobile phone contract. She wanted to stay with her existing provider, but found a better deal with a different provider. She phoned her existing provider and asked them to match that deal, which they agreed to. She says she is able to do things like this when she feels up to it. On other days she will ask her fiancé.

CASE STUDY 6: MARY, 65, MOBILITY IMPAIRMENT, RURAL NORTHERN IRELAND

Mary lives with her husband in a rural part of Northern Ireland. She has recently retired but previously was very active in the disability world in Northern Ireland, running a chain of mobility shops as well as a variety of community groups.

Mary had polio as a child, which has affected her mobility and caused scoliosis (curvature of her spine). She uses a wheelchair most of the time but sometimes uses a mobility scooter for going out into the countryside.

Mary is an enthusiastic user of new technologies and has a smart phone and tablet as well as a desktop computer: *"I'm very into computers, I just love the technology."*

Mary recently had a problem with her triple-play service (broadband, television and telephone), for which she had to call the provider's customer service line. She did not tell them about her disability until the agent asked her to turn the power off on the router. She did feel that the agent had been very patient with her up to that point and that he reacted appropriately to her disclosure. She explained that it would take her some time to turn the power off and she was concerned that the call would be disconnected and she wouldn't be able to get the same agent back again if it did so she asked if he could call her back if she got disconnected.

The agent initially said that he couldn't do that, but after speaking to a supervisor agreed to do so, which Mary found reassuring.

5 Impact of disability and age on experiences

5.1 Inclusion and accessibility

Overview:

This section explores the effects of participants' disabilities on their interactions with communications providers. While the effects of disabilities on experience vary significantly between individuals, both within and between groups, the section draws out some common themes about experiences, needs and preferences.

An inclusive service is one that provides equal access to all users using the same mechanisms. Where the nature of the service or of an individual's impairment(s) makes this impossible, communications providers need to be able to adapt the service to meet the individual's specific needs.

The extent to which a person requires special provision to access a service is affected by the individual's capabilities as well as by the service itself. Some of the participants believed strongly that all services should be fully inclusive and there should be no need for special measures to provide accessibility.

"... you want to be treated like any ... I was going to say 'normal person' but I am a normal person. You want to be treated like everybody else; you don't really want special... you don't want to be treated any differently."

(Ann, 65, mobility impairment, rural Scotland)

Some people felt that special provision was sometimes necessary:

"I don't want to be treated differently because I've got a disability, but I need to in some instances, or some occasions whatever. But if I say to people I've got a brain injury, but I don't want to be treated differently, and they don't treat me differently, that's great to me."

(Annette, 50, cognitive impairment, rural Northern Ireland)

Other participants, particularly those with hearing and sight impairments, had specific requirements, which meant that they needed services to be adapted to their needs:

"You know, you get fed up with it. I mean, it's a service they need to provide for your needs, not just one service. Not everybody's the same. They have to think of everybody's communication needs."

(Eric, 34, deaf, urban South England)

The following sections set out the views and experiences of the different disability groups. What the people in these groups have in common is that what they want is simply good

customer service that they can access in the same way. Where they differ is the extent to which they need the service to be adapted to their needs, and the nature of the adaptation that they need.

5.2 Cognitive impairments

Participants in this group included people born with learning disabilities and those with brain injuries acquired through stroke or trauma. One participant had a behavioural disability and some participants with multiple sclerosis also experienced cognitive impairments such as loss of memory and lack of ability to concentrate.

- The participants in the study are aware of their impairment, so are able to disclose it if necessary. Cognitive impairment may be evident in conversation, so explicit disclosure may be unnecessary in many situations.
- People with cognitive impairments can be sensitive to other people's attitudes towards their disability, and they may resent treatment that they perceive as condescending. They may avoid discussing their disability and prefer not to be singled out for special treatment.
- All the participants reported finding certain situations stressful, usually when they are put on the spot. This stress can make it even harder to deal with the situation, and lead to failure. Fear of stress-induced failure can lead to avoidance.

Some people with cognitive impairments use strategies such as checking what they're hearing by repeating it back to the speaker, and taking notes. Some prefer to use email as this gives them time to understand and formulate a response. Some use third-party support if the situation is too daunting or if they feel it is particularly important to get the right outcome.

5.3 Impaired speech

Participants in this group included people with acquired brain injuries (through stroke or trauma), which have affected their ability to communicate. Most had difficult and indistinct speech, and some had a degree of aphasia.⁵ One of the participants had very difficult and indistinct speech as well as dexterity and mobility impairments.

⁵ Aphasia is a condition that affects the brain and leads to problems using language correctly. People with aphasia make mistakes in the words they use, sometimes using the wrong sounds in a word, choosing the wrong word, or putting words together incorrectly. Aphasia also affects speaking and writing in the same way. Many people with the condition find it difficult to understand words and sentences they hear or read. – NHS

- Speech impairments may not be immediately obvious to other people, especially if the impairment is not severe. This can cause difficulties for both parties.
- People with speech impairments are often frustrated by other people's inability to understand them. This frustration is worsened if they are not given enough time to speak.
- People with speech impairments can sometimes be falsely assumed to have a cognitive impairment.

People with speech impairments use strategies including early disclosure, using online services and, for some, dealing in person wherever possible.

5.4 Hearing impairments

Participants in this group included two life-long deaf people, one person with fairly recently-acquired deafness and one person with age-related hearing loss. The first two are part of an extensive network of deaf people and use BSL; the other two are not, and do not use BSL.

- Deaf people are excluded from many services that require them to understand speech.
- Many deaf people communicate with mainstream services in writing (by letter or email), though this is not suitable for all BSL speakers.
- Some embrace technologies to assist communication, including text relay calling.

Deaf participants use strategies including always using the same individual as a contact point, and using branches or services where staff are known to be deaf-aware. For BSL users, an interpreter is their preferred option for face-to-face contact.

Next generation text relay

The next generation text relay service (NGT) allows deaf people to communicate with hearing people by phone. They use a text interface to give and receive messages through a relay assistant who speaks to the other person for them and relays their responses. It works through fixed and mobile phone networks, so can be used everywhere. One deaf participant told us that he used a tablet computer linked to a smartphone to access the service, and said it worked very well. He had not been charged for using the service and assumed that, because NGT uses the voice channel of the mobile phone, he was using the free call minutes that come with his mobile contract.

Another deaf participant complained that text relay calls take longer, so are more expensive than calls for other people. This participant was not aware that he was entitled to a special

tariff to compensate for the additional time taken for relay calls. He said he had largely given up on text relay.

One participant had used the text relay service before the 2014 upgrade, and had had a number of problems with it. Because there is a delay when the call is connected, the call recipient sometimes assumed that it was an automated call, and hung up before the relay assistant could speak. As some providers' call routing systems did not allow sufficient time, it took time for the relay assistant to relay the options back to the caller, and this would cause the system to time-out. This participant had stopped using the service.

5.5 Visual impairments

Participants in this group included four blind and four partially-sighted people. Two of the blind participants use braille. Two also have mobility impairments.

- Blind and partially-sighted people expect accessible, although not necessarily inclusive, services. Because they can communicate freely by speech, in most situations they are able to speak on the phone without the other party being aware of their impairment.
- Many blind and partially-sighted people embrace technology for finding and recording information. They share information and these technologies with other blind and partially-sighted people.
- However, many relevant technologies depend on specialist equipment, which makes them expensive, and some take considerable time to learn. For both these reasons, some blind and partially-sighted people are inclined to stick with the equipment that they have, which they know how to use and which they know they can rely on.

Blind and partially-sighted people use the tools at their disposal to limit the effects of their impairment. These include scanners and magnifiers, screen reader software and specialist hardware.

5.6 Dexterity and mobility

These groups included people with dexterity and mobility impairments acquired due to illness (arthritis, MS, polio, post-polio syndrome) or trauma. Some acquired their impairment as adults, while two had life-long impairments. The people with mobility impairments use walking frames, scooters and (manual or powered) wheelchairs for their mobility needs, sometimes in combination (using different aids for different purposes). Many have adapted their homes and vehicles.

- Many people with dexterity or mobility impairments are highly reliant on communications services.

- People with dexterity or mobility impairments prefer to be able to access mainstream services that are inclusive, although most recognise that there are limits.
- They are not usually reluctant to disclose their impairment, if necessary. However, some reported receiving condescending treatment as a result of disclosure.

Participants with mobility and dexterity impairments make greater use of the internet and phone to access services. Many have laptops, tablets and smartphones that make it easier for them to use these services.

5.7 75+ year-olds

This group comprised four people. All have acquired some degree of sensory or physical impairment as a result of their age, though not all of them fully acknowledge this.

- Older participants told us they tend not to disclose impairments unless they are directly relevant.
- The older people we interviewed valued loyalty and service, and preferred to deal with people they knew.
- Most of the older people we interviewed were happy using email and the internet. One participant preferred these to face-to-face communication, as they give him more time to consider his response.

Older people may be less comfortable with new technologies. They will often seek help from friends or relatives to set up IT systems (e.g. broadband services) or if they have problems with these.

5.8 Lived experience

People who have long standing impairments view them differently from people who have more recently acquired them. In most cases they have been able to come to terms with their impairment and put systems in place to help them manage the consequences – to prevent them from being disabled or disadvantaged by their impairment.

This possibility may be affected by the impact of the impairment: some long-standing impairments have greater impact: they are difficult to manage away because of the severity of the impairment or the way it interacts with majority social systems (e.g. deafness). People whose impairment falls into this category are often more inclined to expect allowances to be made to provide for their equality and also less inclined to conceal their impairment.

“You know, you get fed up with it. I mean, it's a service they need to provide for your needs, not just one service. Not everybody's the same. They have to think of

everybody's communication needs.”
(Eric, 34, deaf, urban South England)

People with more recently acquired impairments may still be coming to terms with their disability. In some cases they will be able to quickly put systems in place to overcome the effects of the impairment, but in others it will take longer.

The impact of recently acquired impairments can also be great. The size of the impact on the individual makes it harder for them to put systems in place to manage the effects of the impairment. Even with support, many people who experience this kind of sudden change take time to get back into a position where they are managing their own affairs.

5.9 Progression

Another significant difference is between progressive and non-progressive conditions (those that change over time and those that do not). People whose condition is non-progressive know, with some confidence, that their capabilities will remain as they are in the future whereas those with a progressive condition need to plan for a decline in their capabilities.⁶

For some people, the change in their capabilities is predictable and perceptible. They know they have a progressive condition and that they will experience some decline in their capabilities. For other people this may not be the case. Decline in capability through aging is often imperceptible and unacknowledged.

People with progressive conditions, whether perceptible or not, can find themselves locked in to arrangements they made at a time of greater ability and which may no longer suit their needs. They may forget or be unable to carry out the processes they need to follow to interact with service providers, lose passwords or find it difficult to cancel a service they no longer need.

5.10 Variable conditions

Conditions like multiple sclerosis can make it difficult to predict capability from one day to the next, and many people also find that their capability declines as they become tired or stressed. People with variable conditions have particular problems dealing with service providers:

“Sometimes you can't find any words. Sometimes I'm perfectly good.”
(Tracy, 55, cognitive impairment, suburban South England)

⁶ Here we do not consider the effects of recovery from impairments. Survivors of stroke often experience a degree of recovery of function after the initial trauma. The survivors of stroke we interviewed had been in a stable condition for many years.

People with variable conditions need to be able to choose when they carry out tasks, rather than doing them at a time that suits the service provider. They may also need more time to respond to letters and other communications, if these arrive when they are not well enough to deal with them.

6 Barriers to inclusion

Overview:

This section discusses barriers to inclusion. Some participants identified systems-related issues such as passwords and call routing systems as sources of frustration. Customer service issues including inflexible customer service responses, poorly trained customer service agents and a lack of sensitivity can also be problematic. There was widespread lack of awareness of specific rights for disabled people relating to equivalent access; this can act as a barrier to inclusion. This lack of awareness is compounded by the failure of many companies to effectively promote special provision and rights to equivalent access.

6.1 Systems and processes

Some of the standard features of customer service systems can present a barrier to older and disabled people. This participant, whose memory is affected by her MS, finds it difficult to remember passwords:

“They’ll ask you for your passwords and memory is a big thing for me... I honestly can’t tell you what my password is, because they give you the password.”

(Eileen, 48, multiple impairments, urban Scotland)

Call routing systems can also present particular problems for people with cognitive or dexterity impairments, and for people who are unfamiliar with the technology for any reason. It can be physically difficult to press buttons on the keypad during a call:

“And it’s hard as well, like if you’re having... if you’re having a bad hand day, because holding phones can be a problem and the pushing the buttons and remembering.”

(Eileen, 48, multiple impairments, urban Scotland)

These systems can also cause difficulties for people who are not familiar with mobile phone functionality:

“They ask you to key in numbers, and when you’ve got the mobile phone, I’m sure there is a way of doing it, but I’m not privy to that information, therefore all I could do was hang up.”

(Alexander, 70, dexterity impairment, rural Wales)

Problems also arise when callers are required to remember an extensive list of options in a call routing system:

“By the time they get to number five or number six I can’t remember what number one was, and then I have forgotten and I have to hang up and then I have to start again... “

(Nicola, 65, multiple impairments, rural Northern Ireland)

Some issues are related to software compatibility. A blind participant discussed how the screen reading software on his PC had prevented him from getting his internet service back:

“What they want to do is to get onto your computer and share your screen. I can’t do that with them because I’ve not got a screen [...] because I’m using a bespoke device configured for blind people, so I have to say to them I’m sorry, you can’t go on my screen.”

(Paul, 62, blind, urban North England)

Channel-specific deals can also put disabled people at a disadvantage. One deaf participant was told that he had to apply for a particular deal over the phone, and he wouldn’t be able to apply online, which is his preferred mode of communication because he can’t hear:

“I tried online to get that cheaper, but they wouldn’t do it, for some reason. I tried different routes, you know, online, but I couldn’t. And they said, oh, you can’t, [...] you have to do it by a call. You have to sort it out... if you want the discount, you’ve got to physically make the call.”

(Eric, 34, deaf, urban South England)

The research identified a number of cases in which people felt that adapted services did not meet their needs. In some of these cases this was because the accessible service on offer was not appropriate for the individual. For these customers, it is not enough to use off-the-shelf responses to resolve what might be a complex and variable need.

“I’m not blind but I just have an eyesight problem and it’s somewhere in-between. “Oh, we’ll provide braille.” Well, I don’t read braille; I don’t actually understand braille so it’s no use to me at all.”

(John, 41, multiple impairments, urban South England)

Another participant felt she was being penalised for asking for paper bills:

“And then they said, if you want a paper you’ve got to pay £3 extra, which I don’t agree with, because it doesn’t cost £3 to post a letter.”⁷

(Carole, 51, multiple impairments, rural North England)

Some channels that appear to offer help may not deliver what is expected:

⁷ Carole would be eligible for large print bills which would be provided free of charge.

“I’ve found that most services, when they have an online service, that’s really just pushing the selling bit, you know. Trying to get you interested in other things. It’s not that that I want. I want consumer help.”

(Eric, 34, deaf, urban South England)

6.2 Customer service

In addition to problems of exclusion resulting from call centres’ standardised systems, call centre staff may lack the training skills to communicate with callers with specific needs. Their lack of sensitivity and understanding can introduce barriers to access for disabled consumers.

“... you’re talking to robots. They’re not understanding. Especially when you’ve got cognitive dysfunction, like I have. No understanding whatsoever.”

(Tracy, 55, cognitive impairment, suburban South England)

There may be a complete lack of understanding of the customer’s impairment:

“I think that someone was so shocked when I explained that I couldn’t go and unplug wires, and things. That really summed it up, that it was just completely alien to them. And, you know, I’m quite sure that whoever it was that I spoke to was very well aware that disabled people exist, but there was not room in their world view for the possibility that they might be speaking to somebody who just couldn’t physically do what they were suggesting. And clearly there’s no room in the company’s world view to provide a service accessible to me.”

(Sarah, 30, multiple impairments, urban North England)

There can also be problems with comprehension and the ability to hear what the agent is saying. Some participants reported having particular difficulty with overseas call centres, as their hearing impairment made it more difficult to understand foreign accents.

“Because when you phone them they speak or mumble too fast and I can’t hear, and I just said “oh I give up [...] I’m partially deaf can you speak very slowly” but they never speak slowly, they always mumble.”

(Aurora, 45, deaf, urban South England)

In other cases, barriers were possibly due to poor training of customer service agents:

“I’m thinking of one particular time saying, look, I’m sorry, I’ve got a brain injury... don’t speak to me like... I hate people talking down to me. But in my own head I just have to make sure things are right, and I’ve got the right point.”

(Annette, 50, cognitive impairment, rural Northern Ireland)

Some participants reported occasions when they had registered their specific needs with a service provider, but these were not always taken into account. This seems more likely to occur when the service provider is contacting the customer. One participant had registered

as a deaf customer with all the organisations he deals with, and specified that he should be contacted by text only. He still gets many calls and cannot tell what they are about. This participant reports a similar experience:

“Even though on some occasions they’ve said we’ll mark it down in the future and you won’t need to tell us again ... for some reason it’s not gone on their standard database. It would be nice if it came up with: this customer is blind and has a special device, so just give them a new password if that’s what they ask you.”
(Paul, 62, blind, urban North England)

Assistive technologies do not always interact well with customer service agents. Text relay delays can result in calls being cut off:

“I tried this number with text relay, there’s a delay which the people at the other end just hear, you know, the phone ringing and then a long delay and so they kept cutting it off. When I eventually got through they said we just thought it was a cold call.”
(Gerald, 32, deaf, rural Northern Ireland)

A similar situation applies with communications apps/speech synthesizers:

“I have a communications app on my phone, ...of course, you sound like you might be a computer, and most people will not hang on long enough to find out whether you are a computer or not... if the first thing somebody hears down the phone is a mechanical voice saying ‘Hello’, the next thing that happens is that they hang up.”
(Sarah, 30, multiple impairments, urban North England)

Using a third party presents particular difficulties. Companies need assurance that they have the account holder’s authority to speak to the third party, and this is not always straightforward. It is sometimes possible for a caller to simply tell the agent they are handing the phone to someone else. However, where the organisation needs to establish their identity and authority this can cause difficulties.

The case of Gerald above provides an example where third party support was not managed well. Gerald’s mother had set up his account, and when he phoned later with a problem, Gerald’s provider would not speak to him, as he was not the account holder.

6.3 Non-promotion of rights of equivalent access

Lack of awareness about specific rights for disabled people, relating to equivalent access requirements, acts as a barrier to inclusivity. This lack of awareness is driven by a failure among some communications providers to effectively promote special provision. The General Conditions are a set of rules made by Ofcom that apply to providers of communications services in the UK. Within these Conditions all providers of publicly

accessible telecommunications services in the UK must offer their disabled customers a range of services that enable equivalent access⁸.

Despite an obligation to take reasonable steps to ensure that services provided under General Condition 15 (GC15) are widely publicised in appropriate formats and through appropriate channels for disabled users, the majority of disabled participants in this study said they were unaware of their rights.

“I don’t know of any such thing. When you join somewhere like (communications provider X) or anyone – (communications provider Y, Z)... there’s no box to tick saying “By the way, I’m disabled and...” they don’t seem to ask that question.”
(John, 41, multiple impairments, urban South England)

Many were not surprised to learn that they had protected rights, but none were sure of the details, or which body/bodies enforced them. One participant, who had a long-standing progressive visual impairment and a background in IT, was aware of priority fault repair and free directory enquiries. However, he was not sure if this still existed.

When participants were informed about Ofcom’s GC15 many expressed surprise that these rights were not communicated to them.

“I didn’t know that either, and especially with having nobody at home, help is pretty fragile so that would be something that would be really important to know, actually. I’m quite shocked that I didn’t know that.”
(Sarah, 30, multiple impairments, urban North England)

Some communications providers do, however, promote accessible services:

“...they put me through to this disabled line and it was a young lady I was talking to. She said, while we’re at it have you got any other problems and I explained to her that my eyes are playing up. Oh, she said, well we can ... send you a large print bill. I said okay then, that will be fine. It came about during a conversation, you know, and she was quite chatty and very helpful. That’s how it came about.”
(Beth, 78, suburban South England)

⁸ GC15 requires communications providers to offer disabled customers services which include: provision of free directory enquiries for blind or partially sighted people; access to a text relay service for deaf and speech-impaired people; provision of a priority fault repair service for users with disabilities who have a genuine need for an urgent repair; provision of a safeguard scheme for disabled users who are dependent on the telephone, which must provide for third-party bill management; mobile SMS access to the emergency services for users with hearing and/or speech impairments; provision of bills and contracts in accessible formats for blind or partially sighted users.

7 Coping strategies

Overview:

This section discusses the various coping strategies used by disabled people in dealing with communications providers. It describes how people use a variety of strategies to help overcome barriers to inclusion. These include choosing the channel of communication that best suits their individual needs and capabilities, disclosure of impairment to ensure that needs are considered, being assertive, and making complaints.

7.1 Selecting the best channel of communication

The most practical way to reduce the impact of disability during communications with communications providers is to choose the channel that best suits the person in question. For some, this is face to face:

“...it's easier face to face with somebody ... when you have a disability ... I explained to the fellow what I wanted and he sorted me out there and then, there was no, you know, and I didn't have to try and explain it a dozen times, just the once...”

(Nicola, 65, multiple impairments, rural Northern Ireland)

For others, it is email:

“Everything for me must be done via email. ... It's there all the time and with my cognitive dysfunction if it's there I can ... respond to one sentence at a time so I can keep reading it, then respond, whereas if you've got to try and remember a whole letter and type to it you can't.”

(Tracy, 55, cognitive impairment, suburban South England)

Another common strategy is to contact a named individual and return to the same person every time. One hearing-impaired participant discussed visiting a known individual at a kiosk about their services. This person had been helpful and understanding, and had given the participant her mobile number, so that he could text her if she was not there when he needed help. She rang the provider on his behalf to insist that he got a priority repair for his TV and internet service, because it was so important to him.

Some of the people we interviewed told us about strategies they used for short-circuiting call routing systems and getting to speak to a person. One participant was trying to resolve an issue where her provider was continuing to bill her after she had switched provider. She asked to speak to a technical advisor, even though she didn't really need one, and then when she was through to a person she asked to be transferred 'to a human' in accounts. Others use similar approaches, such as using the sales line instead of customer services:

“And ringing up, I think it’s still the press one for this, press two for that, press X for that. So, if you really want to get hold of somebody quickly you phone one of the sales lines.”

(Peter, 64, blind, suburban Northern Ireland)

7.2 Disclosure of disability

The people interviewed expressed a range of attitudes towards disclosure. Some felt that they shouldn’t have to disclose their disability in order to receive the service they needed; they felt it was unnecessary, and they didn’t want special treatment.

“Well, as I’ve been blind since birth everything I’ve done I’ve done as a blind person, so it doesn’t affect me perhaps as much as it would affect people who have lost their sight. I find practical ways round problems. ... I can go anywhere I want, no worries at all. I use braille, I use talking devices when necessary, and the rest I just deal with and find ways round.”

(Paul, 62, blind, urban North England)

“I mean, with my disability, I actually used to ignore it part of the time. I mean, because I’m at work people don’t... a lot of people I work with don’t even know. My manager does, and a few people, but the new staff we get in they don’t know, and you just get treated like anybody else.”

(Carole, 51, multiple impairments, rural North England)

Some felt strongly that it was their choice whether to disclose or not, and that they would only do so if it were relevant to the issue at the time.

“That information should be mine to give, not somebody else’s to take. And it might be that sometimes I feel it’s irrelevant. And, actually, with comms I feel it’s very relevant and I would definitely choose to tell them, but I wouldn’t want somebody else to judge whether or not they needed to know. It needs to be my decision whether or not they need to know.”

(Sarah, 30, multiple impairments, urban North England)

Other participants prefer not to discuss their disability because they don’t like to be made to think about it themselves.

“I did come to terms with the idea that I’m disabled, which I don’t like being, but there you go, I am. It is a condition, multiple sclerosis, because it’s a medical condition [...] I’d rather be a ‘normal’ customer... or they consider to me to be as normal as needs be.”

(John, 41, multiple impairments, urban South England)

But in other cases, their reluctance is because of the way in which people react to their disclosure.

“... the minute they see the wheelchair, or the minute you mention wheelchair on the phone, ... the tone goes down ... you can almost see their body language and... They're not all like that but a lot of people ... they assume that you haven't got a brain cell, you know.”

(Ann, 65, mobility impairment, rural Scotland)

There was some further discussion of being treated differently once an impairment had been disclosed.

“When I said “I've got a brain injury” they said “Are you okay?” [speaking very slowly] And I thought, we've just a conversation of half an hour, of course I'm okay, why are you saying it like that...? I thought, it's heart-breaking, and it's off-putting, and it puts me off contacting them again if I don't have to.”

(Annette, 50, cognitive impairment, rural Northern Ireland)

Others are perfectly happy to discuss their disability with anyone, especially if it helps them to get what they need.

“Oh, I don't care. I'll tell the world. It really doesn't worry me. Most of my friends don't even think of me as disabled. Because I don't make an issue of it.”

(Margaret, 73, mobility impairment, suburban Scotland)

Others are more reluctant and only disclose when forced to.

“I remember saying, if I'm repeating everything that somebody's saying to me, and I can hear them then, after a few minutes I'll go like, their tone of voice kind of changes, you know. Like they're getting fed up with me. I will sometimes say, look I'm sorry, I've got a brain injury, that's why I'm just making sure everything is correct here.”

(Annette, 50, cognitive impairment, rural Northern Ireland)

This participant prefers face-to-face contact, because her disability is then evident without her having to draw attention to it:

“When I go in their shop with my wee trolley in front of me, with my leg being dragged, as it does tend to, behind me, and I start to talk to a person, they can see; if you're at the end of a phone that man has no idea that there's anything wrong with me, I have to tell him, I have to explain, look, I had a stroke, I have aphasia, so sometimes I get muddled.”

(Nicola, 65, multiple impairments, rural Northern Ireland)

“I don't tend to, ... on the phone say, ... explain that, other than to the NHS. [...] I can't speak for everybody, but there are people who tend not to bring attention to their disability ... I don't see the point in bringing it up, unless it's... unless there was some relevant thing to it.”

(Edward, 58, dexterity impairment, rural Scotland)

And there are clearly benefits to individuals when they contact those organisations that do register customer disabilities:

“I have learned over the years that it's, it behoves me to let them know that because you go on the list and ... for my provider, for, well, for all services, they do have a special list and a special number that can get through quicker if they know, you know, you're having to struggle a bit. But in the beginning I did find it hard to have to admit that.”

(Rosemary, 64, dexterity impairment, rural South England)

7.3 Assertiveness

Assertiveness can help individuals achieve positive outcomes. Some participants are aware of their power as consumers, and are prepared to threaten to change provider in order to get a problem resolved or to secure a better deal:

“I have occasionally complained to them about the costs and they've done a deal with me. I'm amazed that they can knock so much money off when it suits them and I say well, I think you're too expensive I'm looking at somebody else. And then they come up with this deal and take one...one time they took £50 off my bill. And I said if you can do that you're overcharging me in the first place then.”

(Beth, 78, suburban South England)

Some participants reported asking for help from third parties because they recognised the need to be assertive but didn't feel able to be.

“I have had help sometimes, from my fiancé, who sort of intervenes and takes over conversations because he can deal with it a lot better than I can. You know, he's... I'm not very quick at coming out with things any more. I've got to really think about it, so you tend to be off the point and think, I never said this and I never said that, whereas he's really good.”

(Eileen, 48, multiple impairments, urban Scotland)

Few participants had made formal complaints. Most had focused on resolving problems and the strategies they used to achieve that. Some participants had been able to resolve their problems by escalating them to someone with more authority:

“I explained to the lady on the phone that my mum is very ill in the hospital and I said could I possibly put my phone on? She said ‘No, not until you pay your bill of £100’. I then spoke to the manager and I explained to the manager I said mum's very ill she's in hospital and dying I really need my phone on and she said ‘yes I'll put the phone on for you’ and I said ‘I will pay my bill as soon as everything is all over’”

(Julie, 37, cognitive impairment, urban Scotland)

7.4 Switching

If service levels are poor, it is sometimes necessary to consider switching provider. One participant told us how he had been able to resolve a problem with his television service by threatening to change provider.

Eventually, they listened, and the reason they listened is because, as I say, I shall cancel if you don't. If you don't believe me, just watch me. I said that and they came round with this system."

(Marco, 67, speech impairment, urban South England)

Good customer service practice in competitor organisations can help eliminate inertia and reluctance by making the switching process easy and reassuring. One participant described a good experience of switching, made easy because customer services staff explained exactly what the process would be and what needed to be put in place.

"When I rang (communications provider X) about changing from (communications provider Y) to (communications provider X), we were on for about an hour, and she explained everything, and everything she explained to me was exactly how it happened, but she was happy to be on the phone for an hour with me because I had to have it right here before I could move. I needed it to be right set in my head, everything about how the process would work, and they were quite happy to do that."

(Nicola, 65, multiple impairments, rural Northern Ireland)

However, inertia does exist and some people are inclined to leave things as they are. People often do not want to face the effort involved in setting up services with a new provider. This is particularly acute if the service user has had to go to trouble to set up the service to match their needs. Some participants reported not feeling confident they would be able to get everything set up correctly with a new provider.

"It seems quite hard. Quite daunting. You know, having known it for a bit, and then, sort of, moving through the processes of getting it all back up and running, and feeling like there wouldn't be very much help, actually, to get it done."

(Sarah, 30, multiple impairments, urban North England)

"Whether I could go through the hassle or not again ... am I going to get passed from pillar to post? Are they going to tell me to ring back ... on a different number? Am I going to get speaking to the same person again, or am I not, or? So no, it's not worth it all."

(Annette, 50, cognitive impairment, rural Northern Ireland)

8 Best practice and ideal service

Overview:

This section looks at examples introduced in earlier sections, and uses them to illustrate good practice. Best practice includes: providing multiple channels of contact to suit differing needs and preferences; maintaining customer service levels and the attitudes of customer service agents; and dedicated disability teams and customer prioritisation.

The section ends by describing examples of poor practice.

8.1 Best practice

The participants in this study told us that, like everybody else, they want a customer service experience that meets their particular requirements without them having to take special measures to get it. However, many also recognise that there are cases where the nature of the service or of the customer's impairment means that the service has to be adapted to meet their needs.

Both of these aims (inclusion and accessibility) require flexibility, understanding and respect for the customer. Communications providers that operate in a flexible way that is sensitive to the needs of the customer give good service to all customers, and are able to extend that service to cater for individual needs where appropriate.

The extent to which a person requires special provision to access a service and the nature of the adaptation that has to be made are affected by the individual's capabilities as well as by the inclusiveness of the service itself. This means that communications providers need to be able to offer a range of adaptations and to record the customer's requirements so as to be able to present them with the access methods that best suit their needs on every contact.

Customer service

The ideal service is one that is inclusive – that provides equal access to all users regardless of any impairments they have

All staff should have disability awareness training

Customer service agents must have the appropriate skills to communicate with callers with specific needs

Provide clear communication – customer service agents should be capable of expressing themselves clearly

Be willing to offer a flexible solution and take extra time to explain details when required

Match communications systems to individual needs

Ensure that contact channels are inclusive, or provide appropriate and equivalent alternative methods of access and communication

Ensure that those using assistive technologies can contact customer services without being disconnected

Communicate in the way that best suits an individual's needs and abilities

Keep a record of needs, and ensure that all contact is in a suitable accessible format, for outgoing as well as incoming communications

Offer flexible third-party arrangements

Have a dedicated disability team or register of individual needs

Ideally there should be a dedicated person or team to deal with disabled customers; staff should have personal experience of disability, including age-related disability, or be recruited for empathy

Offer a named contact or dedicated disabled lines or agents across all channels

Better promote equivalent access channels and other GC15 service provisions

Proactively offer equivalent access channels

Actively promote services and rights of equivalent access in line with GC15, including priority fault repair, and make these rights visible in communications

Many of the points raised above have already been detailed within this report. Others are discussed in further detail below.

Customer service attitude

Staff need to be able to respond appropriately to callers and their diverse needs. This can include tone:

“Well, they just sounded as if they were interested in me It wasn't just a task that they had to complete, you know, they talked to me as if I was a person....”
(Elizabeth, 66, partially sighted, rural North England)

And attitude/awareness:

“And giving ... plenty of time, being very much aware... yes, I felt that she was trained well in both areas. ... She didn't make me feel it was a problem because she

was spending so long, you know, just kept trying different things to try and sort it out.”
(Rosemary, 64, dexterity impairment, rural South England)

Other good points include consideration and sensitivity:

“I’m sure I speak to the same one quite a lot but I’ve never said that to her. But they’re very... you know, I’m saying, well, it’s going to take me a minute to bend down and unplug that. Take your time, there’s no rush at all with the service, you know, there’s no hurry. So it’s very sensitive ...”

(Sandra, 77, suburban South England)

In this example, a blind participant talks about his communications provider’s flexible attitude, which helped him resolve a technical issue:

“She must have had ten minutes extra on the phone waiting for me to do one thing and then another thing, you know, it was so comfortable to do that, and she was so good. Because it wasn’t a pressurising complaint, it wasn’t a complaint even, we were just having a conversation to improve my service.”

(Paul, 62, blind, urban North England)

Empathy is also important:

“I think if you could have a bit of empathy from them. You don’t want sympathy and, oh, you poor thing and all this. You just want them to... if you’ve given them that information you want them to make allowances for that, and so if they’re not making allowances for that you know that they don’t care, they’re just doing things by rote.”

(Elizabeth, 66, partially sighted, rural North England)

Customer service training

Training is vital:

“...have people that are better trained in terms of, you know, dealing with people with disabilities, who may be embarrassed by it, and don’t want to bring it up..”

(Edward, 58, dexterity impairment, rural Scotland)

It is important that agents are willing to explain the details of complex matters such as switching, as extra time may be needed for the user to understand the details, and be reassured, before they can make a decision.

Many participants particularly valued their communications service because of their disability. Some needed a higher level of service and some had spent time organising their service to suit their needs.

“I really would see service as more important than cost. I’d say it’s worth paying that little bit more for better services, really. But that would have to be taken into

consideration, not just the cost. It would have to be ease of operating; ease of access, you know. That's why you're [unclear], I suppose. Television's I think different from gas and electric, because gas and electric's is the same wherever you are. It's just something to cook and heat with, and light with. But telly's different [...] It's the channels, they've got different... what you can and can't get."

(Dougal, 59, dexterity impairment, suburban Scotland)

Some disabled people put an added emphasis on customer service because of the way it can put people into vulnerable situations:

"So I changed ... and although it was a bit more expensive, the customer service side of it is a lot better, lot more helpful, can get through... can get through to speak to somebody. And on the whole, I would say that the service of that, doesn't have any problems either, if you know what I mean, so a better investment."

(Eileen, 48, multiple impairments, urban Scotland)

"I mean, that was probably one of the main reasons I left my provider. So, it wasn't that they didn't want to speak on the telephone; they just didn't have any understanding of my difficulties, not just with the laptop but my physical difficulties."

(Ann, 65, mobility impairment, rural Scotland)

Match communications to individual needs

Disabled consumers are best served by organisations that allow them to communicate in the way that best suits their needs and abilities:

"With my previous provider you're stuck. There's nowhere to go. But with my new provider, you can physically go along to a shop. That's a nice feeling. And staff are very friendly. And generally they solve any problems."

(Eric, 34, deaf, urban South England)

In some cases consumers need alternative means of communication such as video relay services (VRS) or video remote interpreting (VRI) for deaf customers to contact them.

"My provider was good because... they can go through a service whereby they will access an interpreter. So I can chat in front of my computer. I can chat and the interpreter is on the other end with a mouthpiece, talking to my provider. So that was good. I enjoyed that service."

(Eric, 34, deaf, urban South England)

Dedicated disability team and register of individual needs

Many participants felt it would be beneficial if organisations were able to keep a record of their needs.

“Given that they’re so fond of their flowcharts, maybe their flowchart needs a little side screen that says, customer is disabled, and then a few little bits. You know, if part of the problem is that they’re tied into flowcharts and boxes, then add a box.”
(Sarah, 30, multiple impairments, urban North England)

This would reduce frustrations by not have to explain and repeat yourself every time you need to make contact.

“I think what’s good about it... you know they’ve got a record of you. You know they know what your problems are, so you don’t have to explain every time you phone. It comes up and they know that there’s a problem and they are really, really nice.”
(Eileen, 48, multiple impairments, urban Scotland)

Ideally there should be a dedicated person or team to deal with disabled customers:

“...if organisations had a specific person even, who dealt with disabled people. They could, one person could focus more on disabilities, how disabilities can affect people. What disabled rights are. Or what rights people with disabilities have. They would know more of the rights, and the people with disabilities could speak to the same person each time.”
(Annette, 50, cognitive impairment, rural Northern Ireland)

And good third-party arrangements:

“So it means if you give them your password it allows the person to speak on his behalf, which is good.”
(Jim, 66, multiple impairments, urban Scotland)

Fault repair prioritisation

Many participants felt they could benefit from priority fault repair, because they used community alarms or depended on the phone for their safety in some other way. Some participants had had cause to ask for accessible communications or priority repairs in the past, and received these. There were others who would have benefited from these and other provisions, but were not aware that communications providers should be offering these services.

“She said, well, we can put you back on again, but it’s going to be seven days, so... and she said, and you might not get your old number back ... because this other company’s applied to take it over. And so I said, well, that’s disastrous. ... I laid it on thick, I said I’m disabled and I’m virtually housebound and I need the phone and the internet. And she said, I’m sorry, that’s all I can do. But she wasn’t sorry; she had this really snotty voice... And she said, well, can’t you use the internet in the library and email people? You know, sort of “pffff!” I said, “I’m telling you, I’m virtually housebound!” And, anyway, she wasn’t... that wasn’t cutting any ice with her at all”
(Elizabeth, 66, partially sighted, rural North England)

This participant, who has a mobility impairment caused by MS, felt that even a priority repair service was not enough to meet her needs:

“They said they'd try to get it up. It was a priority, but it takes so many days to... That's 'priority'.”

(Carole, 51, multiple impairments, rural North England)

Equivalent access

Where alternative access channels exist, communications providers must ensure they are proactively promoted to disabled consumers who could benefit from them.

They must also ensure that they give equivalent access to services and that they do not disadvantage disabled consumers. Web chat services should give full access to customer service departments and alternative bill formats should not exclude customers from early payment discounts or other benefits.

8.2 Good practice in other sectors

The interviews included discussion of good practice experienced in other sectors. This participant explicitly contrasted the behaviour of his bank with that of his communications provider:

“But the banks are pretty good now, the banks that I use are pretty good at sending braille, and so are the gas and electric companies. They send me actual ordinary correspondence in braille as well as the bills... and my communications provider... I'm sorry, they don't.”

(Paul, 62, blind, urban North England)

Similarly, this participant contrasts her bank's provision of a named contact with the service she receives from her television provider:

“I'm not embarrassed about ringing [named bank adviser]. Because I know I don't have to go through that again. Whereas, you know, tomorrow, say I was, I'd ring, I don't know, [a communications provider] I'd have to go through it again and again and again and again and you can only do so much of that before you literally go and crawl away and die.”

(Gail, 53, multiple impairments, Urban North England)

Energy providers and other utilities were discussed as being particularly good at providing information about special provision for disabled consumers. One participant talked about receiving a leaflet from their water provider regarding registering their disability.

The same participant found her way onto the Priority Services Register for her energy supplier after being asked about her disability during a phone call on another matter:

“I think we actually rang up about something and they said are you on the disability thing which we weren’t so they filled all the forms in there and then and sent us all the information.”

(Jane, 66, mobility impairment, suburban South England)

8.3 Poor practice

Poor practice is discussed under the following headings:

- **inflexibility:** staff who lack the skills to communicate effectively with a diverse range of customers, and organisations whose systems are unable to adapt to different needs, give poor service to disabled consumers.
- **vulnerability:** inflexible practices can place disabled customers in more vulnerable positions.
- **inappropriate response:** service providers can disadvantage disabled consumers when they put in place adaptations that either do not meet the needs of the customers they are meant to serve, or do not give the same access as mainstream communication channels.
- **not promoting rights:** the best service providers promote disabled users’ rights and proactively offer additional support.

Inflexibility

Many examples of inflexibility are discussed in Section 6 *Barriers to inclusion*.

- Call centres, passwords and call routing systems were both identified as sources of frustration for participants.
- Call centre staff sometimes lack training and the skills to communicate with callers with specific needs.
- Some participants reported having particular difficulty with call centres, as their hearing impairment makes it more difficult to understand unfamiliar accents.
- Call routing systems can present particular problems to people with cognitive or dexterity impairments, or who are unfamiliar with the technology.

Vulnerability

Some practices can have the effect of disadvantaging the service user – potentially putting them in a vulnerable position. In this example, a deaf participant is talking about his telephone service provider disadvantaging him because he is unable to check his line as a hearing person would. A more flexible approach would have been to offer to send out an engineer without charge.

“I don't know if it's the set, the unit itself, the Minicom that's not working, or whether it's the actual phone line. I don't know. I have asked my provider to come along and have a look, but they said if the line is working then they would charge me. So maybe I just need a hearing person to come in and just pick up the phone and say, yes, there's noise there. It's working.”

(Eric, 34, deaf, urban South England)

An earlier quotation illustrated how a participant with a visual impairment was told she would be charged extra for requesting paper bills.

Channel-specific deals can also put disabled people at a disadvantage if they can't access a deal via the channel(s) on which they are offered.

Inappropriate response or non-response

“Well, they just sounded as if they were interested in me and getting, you know, the job done, you know. It wasn't just a task that they had to complete, you know, they talked to me as if I was a person... And that surprised me as well because, you know, you can almost imagine some of them tutting and rolling their eyes in the background, can't you...? I didn't get any of that feeling with them.”

(Elizabeth, 66, partially sighted, rural North England)

Some organisations publish dedicated textphone numbers, but they do not always answer calls to them:

“I just tried to ring somebody about housing benefits, and nobody would pick up. It just rang out. There was a special number for deaf people. If you're deaf, use this number, and nobody ever picked up the phone. So really frustrating, you know, it was just like just sitting there, and it felt like a ghost number, you know. The phone just sits there ringing. That's it.”

(Eric, 34, deaf, urban South England)

The example below might have been prevented by call centre staff training:

“I think they have quite a high turnover of people who work in call centres, you know, so they have little experience, I think, in dealing with people who are different... In their basic training, and I know it's all money and everything's cost and, you know, even if it was only four or five sentences taken within their training saying, you know - you may get a person whose speech is poor or, you know, whose skills are poor in general - try to be understanding... do not assume that these people are stupid people and don't treat them like idiots... don't talk to me like that, you know. I'm not a blithering idiot, you know, I'm a person.”

(Nicola, 65, multiple impairments, rural Northern Ireland)

Examples of communications providers' inappropriate responses to service users' disabilities include providing adaptations that are not suitable. For example, offering only braille rather than large print or audio versions to people with sight problems, who may not read braille.

Sometimes there are shortcomings in the communication method offered:

“So the communication by text is never as good as if you're talking to somebody face to face or even on the phone.”

(Gerald, 32, deaf, rural Northern Ireland)

Not promoting consumer rights

Communications providers do not routinely inform their disabled customers of their specific rights under consumer protection and equality legislation, or under Ofcom's General Conditions. In our research, we found that utility companies commonly do this; many disabled consumers would like their communications providers to offer them priority treatment as a matter of course.

APPENDIX - Method

1 Overview

A series of 41 depth interviews was carried out during February and March 2015 by a team of four researchers. Interviews were carried out mostly in participants' homes (32), with the remainder being conducted in community centres at the choice of the participant.

Interviews were recorded and transcribed. Video recording were made of selected points, to be converted into video clips for presentation purposes.

Interview data was subjected to thematic analysis to identify relevant themes and common patterns. Thematic analysis also makes it possible for researchers to interpret data to provide clear answers to the research questions.⁹

2 Sampling

Participants were drawn chiefly from Rica's 450-member Consumer Research Panel, with additional participants being recruited through community groups in Rica's network of contacts. Participants were selected to represent a range of types and severities of impairment, including: cognitive, communication, dexterity, mobility, hearing and visual impairments. The sample included people with multiple or complex impairments and people who were 75 or older.

The guiding rationale for participant selection was as follows:

- The sample is not intended to be representative of any population (either of the UK in general or disabled/older consumers in particular).
- The sample is intended to provide coverage of 8 groups (7 disability groups, people aged 75 and over). Each group to include severely and less severely affected individuals.
- At least 5 participants will have two or more different types of disability (likely some of the other participants will too, especially those in the over 75 age group).
- The sample will provide coverage of all regions/nations of the UK and of both rural and urban settings.
- We will provide roughly equal numbers of male and female participants.
- Participants must manage their own affairs and have had dealings with at least one communication provider and one other relevant organisation in the last 12 months.

⁹ G. Guest and N. MacQueen. Introduction to Applied Thematic Analysis. Applied Thematic Analysis, 2012.

- At least six participants will use alternative/assistive communication (3rd party, text relay etc.)

A telephone screening script (see below) was used to ensure all the participants satisfied these requirements. The breakdown of the sample achieved can be seen in Table 1 and Table 2.

Table 1 Sampling by disability

Disability	Mild/Moderate	Severe	Total
Cognitive	2	2	4
Communication	2	2	4
Dexterity	3	2	5
Hearing	1	3	4
Mobility	2	4	6
Visual	4	4	8
Multiple	6		6
75+	4		4
Total			41

Table 2 Sampling by location

Nation	Total	Setting	Total
England	24	Town	20
N.Ireland	6	Suburb	10
Scotland	7	Rural	11
Wales	4	Total	41
Total	41		

3 Interviews

The fieldwork research team consisted of four experienced senior researchers: two from Rica and two from Independent Social Research Ltd (ISR). In-depth interviews which lasted approximately 90 minutes with a short refreshment break scheduled two thirds of the way through were carried out where possible in the interviewee's home. Informed consent was sought at the start of the interview and the wellbeing of the participant asked about.

The interviewers followed the structure of a Topic Guide and recorded any significant points of interest on a record sheet for the participant. Where appropriate the participant was encouraged to discuss further issues consistent with our research and as such the interviews were semi-structured.

If during the interview the participants found it difficult to recall who their service providers were for each mode of communication, a reminder sheet was shown displaying the logo images of the most popular providers. Information about rights, regulations and the law were also made available during the interview. The audio and written data collected during the interviews was anonymised and the participants received £40 for their time.

All materials are presented below.

4 Video recording

Participants were invited to recount some of their notable experiences to a camera at the end of the interview. These clips were recorded on a video device and where possible the audio captured with a lapel microphone. It was stressed that their participation in being filmed was not imperative to the research but would be welcome nonetheless. Informed consent for this was included in the earlier consent form.

A total of 113 clips were collated and organised into themes, see Table 3. A number of these clips were selected for further processing and make up the body of a supplied video library.

Table 3 Numbers of video clips

Disability	Themes				
	Vulnerability & Assertiveness	Accessibility & Disclosure	Dynamic of disability	Robots & People	Attitudes & Values
Cognitive	2	2	0	1	3
Communication	1	2	1	3	1
Dexterity	5	3	0	3	3
Hearing	3	4	1	2	3
Mobility	7	3	0	3	4
Visual	3	17	0	7	4
Multiple	1	5	0	3	2
75+	3	3	0	1	4

5 Analysis

The audio data was transcribed and treated with a thematic analysis. This is one of the most common methods of analysis for qualitative research involving extracting themes, or patterns, across data sets, based on specific research questions.

Although we approached our data with no theoretical position we do bring certain expectations with us about communication difficulties experienced by older and disabled people. As experienced researchers we acknowledge these are present and counter such bias with an inductive treatment of the transcribed data. Codes were developed and themes identified by two separate groups of two researchers. The following eight steps describe the analysis process with steps 2 to 6 are iterative.

1. Generate overarching research questions from project objectives
2. Explore data
3. Choose points of interest from data that fit into our overarching code descriptions
4. Explore points of interest and cluster
5. Inform and create new clusters from researcher perspectives
6. Develop code frame
7. Revisit data to tag events/stories to codes – code matrix
8. Extrapolate themes

The researchers met and critically viewed each of the thematic maps to test inter coder reliability. During this meeting the codes and themes were viewed through a lens of previous reports and in-house experience.

The following five themes emerged during the analysis process and are fully explored in section 4 of this report.

- **Vulnerability & Assertiveness**
- **Accessibility & Disclosure**
- **Dynamic of disability**
- **Robots & People**
- **Attitudes & Values**

Six overarching research questions were used to inform the choice of codes to extract from our interview data.

- RQ 1. What are the perceptions and experiences of contact with communication service providers (CSPs)?
- RQ 2. What examples and opportunities exist for improving contact with CSPs?
- RQ 3. What are the barriers, coping strategies and tipping points when communicating with CSPs?
- RQ 4. How are complaints handled by CSPs?
- RQ 5. Are people aware of their rights and accessibility alternatives?

RQ 6. What are people’s experiences and attitudes towards switching service providers?

The code frame in table 4 shows which themes are predominately aligned to the above research questions.

Table 4 Research questions to themes code frame

Overarching research questions (CPS)						
	Contact: perceptions & experiences	Improving contact: examples & opportunities	Contact: barriers, coping strategies & tipping points	Complaints handling	Rights & accessibility awareness	Switching service providers
Themes	Accessibility & Disclosure	Robots & People	Accessibility & Disclosure	Attitudes & Values	Accessibility & Disclosure	Attitudes & Values
	Attitudes & Values	Vulnerability & Assertiveness	Robots & People	Vulnerability & Assertiveness	Vulnerability & Assertiveness	Accessibility & Disclosure
	Robots & People	Accessibility & Disclosure	Attitudes & Values	Robots & people		Robots & people
		Dynamic of Disability	Vulnerability & Assertiveness			

6 Materials

6.1 Recruitment screening questionnaire

Introduction

Good morning/afternoon/evening, my name is from Rica, the research organisation. I'm phoning you because you are on our Consumer Panel. We are inviting people to take part in an important piece of research about communications services. May I ask you a few questions?

If you take part in this research it will be a chance for you to discuss your views of your telephone, broadband and television services; and your thoughts about the quality of customer service. The research is being conducted on behalf of The Communications Consumer Panel (CCP). The CCP is an independent panel of experts set up to encourage Ofcom, Government and other organisations to consider issues through the eyes of consumers, citizens and small businesses. The Panel advises Ofcom, the Communications Regulator.

The research would involve your taking part in a face-to-face interview in your home at a time convenient for you. It will last no more than 2 hours and you will receive £40 as a thank you for taking part. Does that sound like something you would be interested in?

We've got quite specific requirements for this research so I'm going to ask you a few questions to see if you fit. It should take about 15 minutes. Is that OK?

Screening questions

<p>Q.1 Confirmation</p> <p>1.1 You have told us that you have Is that still correct?</p>	<p>Confirm age/disability info from Panel data.</p>
<p>IF NO – out</p>	
<p>1.2 Would you say the place you live was:</p> <ul style="list-style-type: none"> • In a town or city? • In the countryside? • In a suburb? 	<p>Record home setting</p>
<p>IF EXCEEDS QUOTA – out</p>	
<p>Q.2 Services</p>	

<p>2.1 Do you use any of the following types of service?</p> <ul style="list-style-type: none"> • Fixed landline telephone • Mobile phone • Fixed broadband internet access (e.g. connecting a computer or laptop with through a phone line or cable service – perhaps using a Wi-Fi router) • Mobile broadband internet access (e.g. connecting via a USB stick or dongle, or built in connectivity in a laptop or netbook or tablet computer) • Pay television (satellite, cable, streaming service) • <p>2.2 Do you have full, main or joint responsibility for dealing with the companies that provide these services?</p> <ul style="list-style-type: none"> • Which? 	<p>Record services for which responsible</p>
<p>IF YES – IF EXCEEDS QUOTA – out</p> <p>IF NO – out</p>	
<p>2.3 Do you use assistance to contact these companies?</p> <ul style="list-style-type: none"> • using a third party (friend/relative/PA) • text relay, video relay • bills and contracts in alternative formats (Braille, audio, large print, easy read, ..) 	<p>Record assistance services</p>
<p>IF NO – IF EXCEEDS QUOTA – out</p>	
<p>Q.3 Contacts</p> <p>3.1 Have you, or whoever deals with these companies on your behalf, been in contact with one of these companies over the past year?</p> <p>3.2 If so which ones?</p> <ul style="list-style-type: none"> • Fixed landline telephone 	

<ul style="list-style-type: none"> • Mobile phone • Fixed broadband internet access • Mobile broadband internet access • Pay television 	Record contacts in 12 months
aim for broad coverage	
<p>3.3 Have you, or whoever deals with these matters on your behalf, been in contact with any other large organisation or company over the past year? eg:</p> <ul style="list-style-type: none"> • Utility Company • NHS (hospital, GP, etc) • Government departments (DWP, HMRC, DVLA, Passport office ...) • Bank, Mortgage or Pension provider • Local authority • Police service • Other 	Record contacts in 12 months
aim for broad coverage	

Interview information

Just to remind you, the interview would take place at your home and take no more than two hours in total. We might ask you to say a few words about what we discussed to a camera at the end of the interview. We would pay you £40 for your time.

Q.4 Availability

4.1 Are you available for an in home interview between 16 February and 13 March?

IF YES –

Thank you. We will put your details on our shortlist for this project. It is likely that you will be selected for interview, but it is possible that you will not be. We will contact you again in the next 5 days to let you know, and to arrange an appointment if appropriate.

Thank you for time and can I remind you that all our research is to be kept confidential.

6.2 Topic guide

Introduction and practicalities	5mins
<p>Introductions</p> <ul style="list-style-type: none">▪ I would first of all like to thank you for agreeing to take part in this study ...▪ Introduction to self, Rica, CCP/ACOD and Ofcom <p>Introduction to the study and why we are doing it, including</p> <ul style="list-style-type: none">▪ Length of time for interview▪ Interested in how easy it is to talk to companies that provide communication services, by which we mean telephone including mobile telephone, internet access or pay TV▪ Can pause or stop the interview at any time▪ What happens after the interview <p>Explain confidentiality and data protection</p> <p>Now there are a few practicalities I would like to go over with you</p> <ul style="list-style-type: none">▪ Ask how they feel today, is today a good or bad day▪ Ask for permission to record audio of the interview▪ Ask for permission to record video vox-pops at the end of the interview (will be seeking renewed consent at end)▪ Ask for them to read (or have read to them) the consent form and sign▪ Ask if they are happy to continue with the interview	
Background	5 mins

Home

- Have you lived where you are for long?
- Do you have many/any family or friends that live nearby?

Life experience

- Are you currently doing any paid or unpaid work?
- If so what?
- Do you have any other responsibilities?
- What have you done in the past?

Nature and impact of disability/impact of age

- Do you find that your age has affected your daily life?
- Do you have any disability/impairment that currently, or periodically, affects your daily life?
- What is it?
- How does it affect you?

Use of communication services

15 mins

Communication services

- You've told us that you use the following services. Can you tell me the name of the company that provides each one? [Refer to recruitment data and prompt cards]
 - Landline/fixed line telephone
 - Mobile phone/smartphone
 - Internet
- → Paid for television
- Probe for attitude/satisfaction

Thinking just about the ones that you say you do use:

- Which are the most important, and why?
- Which do you use most, and why?
 - What sorts of things do you use it for? Why?
- Which do you use least, and why?
 - What sorts of things do you use it for? Why?

- Are there any communications services that you are not able to use that you would like to?
- Why is that? Probe for impact of age/disability

Impact of age/disability on use of services/communication method

- Are you able to contact the companies that provide these services if you need to? How easy is it to do so?
- [If difficult] What makes it difficult? Probe for impact of age/disability
- What might make it easier?
- You've told us that you use [assistive technology/service to contact some of these companies – see recruitment questionnaire]. Can you tell me some more about that? How well does it work?
-

OR – AS RELEVANT:

- Have you tried any alternative ways of contacting these companies?
 - using a third party (friend/relative/PA)
 - text or video relay
 - bills and contracts in alternative formats
 - website
 - instant messaging
- [If yes] How did that work?
- [If no] Why not?
 - not relevant/needed
 - not offered by company
 - didn't know it was available

Interactions with **communication** service providers

- You've told us that you have been in touch with these companies in the last year. Is that right?
[per recruitment questionnaire]
- Are there any other **communication** companies that you've been in touch with?

FOR EACH:

- Overall how do you feel about the contact you've had with this company?
- How many times have you been in touch with them in the past year?
- [If more than one] Please tell me first of all about the most memorable positive experience and then the most memorable negative experience.

FOR EACH:

→ What did you contact them about?

[general enquiry, sales, problem resolution etc]

→ Did you contact them, or did they make the first contact?

→ How did you contact them?

[may be more than one channel]

→ How did you find out how to contact them?

→ Did you find that easy/satisfactory?

→ How did they contact you?

[may be more than one channel]

→ Did you find that easy/satisfactory?

- Thinking about the disability/impairment you have described, was there anything about this contact that was particularly difficult for you? What?
- What improvement could have been made?
- Still thinking about your impairment/disability, do you have any particularly good experiences to report from this contact?
- What went well/what was made easy for you?
- Did you use alternative means of communication (see above)?
- If yes: Did they offer them, or did you have to ask? Did it help?
- If no: Did you ask? Would it have helped?

Interactions with other service providers

- You've told us that you have been in touch with these other companies/organisations in the last year. Is that right?
[per recruitment questionnaire]
- Are there any other large companies/organisations that you've been in touch

with?

Examples:

- Utilities (gas, electricity, water, ..)
- Health services
- Government services
- Financial services
- Local authority
- Police service/emergency services

FOR EACH, SUBJECT TO TIME:

- Thinking about how you got in touch with them and how they got in touch with you. Can you think of anywhere you had a particularly good experience that you think other companies and organisations could learn from in terms of dealing with people with a disability/impairment like yours?
 - → How did you get in touch?
 - → What was good about it?
 - → What is the lesson that other services could benefit from learning?

Pause

5 mins

Take some time to rest. Have a drink of water if necessary.

Reflection

20 mins

Generalise over individual experiences

- We have been talking about your experiences of dealing with companies that provide phone, internet and TV services and also to a lesser extent, companies and organisations that provide other sorts of services.
- From your perspective, and taking all your experiences into account, what helps to make dealing with service providers a good experience?
-
- Is there anything in particular that helps make a good experience for someone who has an impairment or disability like yours?
Probe for specifics and for examples where possible.
- From your perspective, and taking all your experiences into account, what are the things that service providers tend to get wrong when it comes to people with an impairment/disability like yours?
Probe for specifics and for examples where possible.
- What do they need to do to address this? What order of priority?

Choices

10 mins

Preferences

- What is it that you value or look for most in the companies that provide mobile, telephone, internet and TV services to you?
Probe fully. Let them use their own words.
- What are your preferred means of communicating with these organisations?
[May be different for different orgs/purposes]
- Why?
- If you could pick and choose from each of the service providers any attribute to make an 'Ideal World' service provider, what would it look like?

Switching

- Have you wanted to switch any of the companies that provide you with communication services over the past year or two?
- [If yes] Why?
 - Price
 - Service
- What was your experience of switching supplier?
- [If no] Why not?
- Have you used a switching website to compare providers?

New services

- Thinking about the different communication services you don't currently use, are there any you think you might be interested in getting in the future?
- If you were interested in getting new communications services or equipment, what would you do about it?
Probe for sources of information/advice.
- What would make it easy/difficult for you to do this?

Awareness of rights

- There are rules about things that that communications companies have to do for consumers – what do you know about these things?
- What do you know about the things they have to do specifically for disabled consumers?
- Do you know about any organisations that exist to make communications companies obey these rules?
- Do you know where you can go to find out about these things or to get help if you think you haven't been treated right?
-

[Interviewer needs to refer to guidance on rights – see crib sheet]

- [if relevant]
Looking back at [an experience] you told me about, do you think it would have helped you to have known about these rules?
Why?
Were you aware of these rights? Did you feel able to enforce them?

Close

5 mins

- Is there anything else you would like to tell me about communicating with communications service providers that we have not covered during this interview?
- Thank you for taking part in this research we value your input which will inform
- If you would like further information about Ofcom, Rica or CCP/ACOD, you can find it
- Please remember that all our research is confidential.

Setup for video

5 mins

As I said at the beginning, we would like to take some film of you repeating some of the things you said during the interview. I'm particularly interested in what you said about [as appropriate]. Do you think you would be able to say that to camera for me? These videos will be used by CCP/ACOD in internal presentations, and in presentations to Communication

Service Providers. CCP/ACOD and Rica may use them on the internet.

[Respondent to sign consent form]

I'm just going to set up the video equipment. Then I'll ask you each of the questions in turn. When you're answering please bear in mind the following:

- Look at me, not the camera.
- Try to answer as naturally as you can.
- Try to give full answers:- my question probably won't appear on the film, so what you say has to make sense by itself.
 - → eg if I ask 'What is your experience of mobile phone providers?' Don't say 'The first one was ok, but this new one is no good.' Say 'My first mobile phone provider was ok, but this new one is no good.'
- I'm trying to get each issue on a separate clip, so please just talk about the thing I'm asking you about.
- If you make a mistake, don't worry. We can just do that bit again.

Video record	Clip number

6.4 Consent form



Rica
Research Institute for
Consumer Affairs
50 -52 Wharf Road
London N1 7EU
Telephone: +44 (0)207 872778
Email: mail@rica.org.uk

Title of Project: Inclusive communications research

Research partners: Rica, Ofcom and CCP

This research project is intended to explore and understand the experiences among a sample of disabled and older (aged 75+) people who may need additional support when contacting communications providers, and other large organisations, so that opportunities for improvement can be taken and best practice promoted.

This will be a chance for you to discuss your views of your telephone, broadband and television services; and your thoughts about the quality of customer service and how enquiries and complaints are handled.

We want to stress to you that your personal details are entirely confidential – you will not be identified at any stage within this research to Ofcom, the CCP or any other third party, unless you expressly tell us that this may be done.

Your participation in this study will be video and audio recorded. These videos and audio recordings will be viewed in full by members of the project teams for purposes of analysis. The video recordings and stills from them may be used by Rica, Ofcom or CCP in in-house publications and presentations.

The data we collect throughout this study will be kept anonymous and your confidentiality will be preserved. Your personal details will not be shared.

Please tick or initial each box

I understand that my participation in this study is voluntary and that I am free to withdraw at any time, without giving any reason.

I give permission for video and audio data collected throughout the study to be viewed by all members of the project teams, Rica, Ofcom and CCP

I give permission for clips, quotes and images from video data collected throughout the study to be used in publications and presentations.



I agree to take part in the above study.

Name of Participant Date Signature

Researcher Date Signature

6.5 Information – background to project



COMMUNICATIONS
CONSUMER
PANEL



'Inclusive communications: A qualitative investigation into the experiences of older and disabled consumers when contacting large organisations'.

1. Rica

Rica is a research charity that focuses specifically on issues of concern to disabled and older consumers. With grant funding they research and publish free consumer reports. They are all based on rigorous research and provide practical information needed by disabled and older consumers.

They also carry out commissioned research work with manufacturers, service providers, regulators and policy makers to improve products and services. Their aim is to increase their awareness of the needs of disabled and older consumers through specialist research.

2. The Communications Consumer Panel and Ofcom

Ofcom is the UK's communications regulator. They regulate the TV and radio sectors, fixed line telecoms and mobiles, plus the airwaves over which wireless devices operate.

The Communications Consumer Panel works to protect and promote people's interests in the communications sector. They are an independent body, which carries out research, provides advice and encourages Ofcom, Government, the EU, industry and others to look at issues through the eyes of consumers, paying particular attention to the needs of older people and people with disabilities, the needs of people in rural areas and people on low incomes and the needs of micro businesses.

There is also cross-membership with Ofcom's Advisory Committee on Older and Disabled People (ACOD). This means that members, in their ACOD capacity, also provide advice to Ofcom on issues relating to older and disabled people including television, radio and other

content on services regulated by Ofcom as well as about issues concerning the postal sector.

3. Background to the new research: Exploring the inclusiveness of communications

This research project is intended to explore and understand the experiences among a sample of disabled and older (aged 75+) people who may need additional support when contacting communications providers, and other large organisations, so that opportunities for improvement can be taken and best practice promoted.

This will be a chance for you to discuss your views of your telephone, broadband and television services; and your thoughts about the quality of customer service and how enquiries and complaints are handled.

We want to stress to you that your personal details are entirely confidential - you will not be identified at any stage within this research to Ofcom, the CCP or any other third party, unless you expressly tell us that this may be done.

If you want to know more or have questions or concerns, please contact Jasper Holmes at Rica (020 7427 2460) or Jenny Borritt at CCP (020 7123 3686) or Vanessa Hyland at Ofcom on 020 7981 3817 or 07855 372004.

With many thanks for your help - it really does make a difference.

6.6 Information – consumer rights

Rights, regulations and laws

1. General Conditions

Ofcom has produced a set of conditions, which it requires communication service providers to meet.

Communications providers have an obligation to comply with General Condition 15 (GC 15). GC 15 contains a number of special measures for disabled end-users of communications services. As well as providing special services they are also required to publicise the availability of the services for disabled consumers.

The services for disabled consumers mandated in GC15 are:

- Access to an approved text relay service
- Free directory enquiries for customers who are unable to use a printed directory because of a disability
- Priority fault repair (fixed line only) for customers who depend on the telephone because of severe ill-health or disability and have an urgent need for a repair
- Third party bill management, enabling a nominated friend or relative to act on behalf of someone who needs help to manage their affairs
- Bills and contracts in formats such as large print and Braille on request

Ofcom requires communications providers to provide an accessible dispute resolution service. If you have a complaint against a provider you should contact them to find out how to access this service.

2. Equality Act 2010

You also have rights under the Equality Act 2010. Companies that provide services are not allowed to discriminate against customers because of a disability. This is a legal matter, so if you think you have been excluded from a service or charged more because of your disability you should take legal advice.