Dear team

I have attached my feedback on the draft public consultation for the GICOP and will included feedback on the Vulnerability Framework.

Unfortunately, due to experiencing vulnerability, as well as extremely poor insurer conduct, claims handling and complaint management I have been able to respond earlier.

Re : Vulnerability Framework - I thought I had put comments on this but seems I either did not or did not save it. My notes

- I don't think it protects consumers enough from insurer's poor conduct that as I have found can replicate the coercive control already experienced with DFV and does not explicitly point out that insurer's must not cause trauma/ add further trauma- there is a massive power balance already
- Relevant to section 2.1
    - Chat GPT
    - an organisation must integrate trauma knowledge into its policies, procedures and practices while **actively resisting re-traumatisation**. Its principles include levelling power differences and preserving empowerment, voice and choice- https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs.
    - Australian Human Rights Commission - organisations should **actively seek to resist re-traumatisation through organisational policies and environments**, reduce power imbalances and centre the affected person in decision-making.
    - does not recognise that **firm conduct can create, intensify or prolong vulnerability**.
    - FCA- defines vulnerability by reference to susceptibility to harm, particularly where a firm is not acting with appropriate care. Its research found that a combination of vulnerability and firm behaviour can produce detrimental outcomes and that problematic conduct may cause or exacerbate consumers' difficulties.https://www.fca.org.uk/publication/research/vulnerability-exposed-research.pdf?utm_source=chatgpt.com
    - Vulnerability is not solely a characteristic of the customer. It may be created, intensified or prolonged by insurance products, claims processes, delays, information asymmetry, repeated administrative burdens, poor supplier conduct or the insurer's exercise of decision-making power.

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- a complaint may reflect a customer’s need for reassurance or progress updates **“rather than raising a substantive concern.”**
    - this risks minimising substantive concerns raised in complaints.
    - The vast majority of complaints will not reflect needy customers, but reflect issues with insurer's communication or conduct or potentially an unidentified vulnerability
    - I find this incredibly patronising
- Identify needs, not labels.
    - Please update sub-section heading
    - "Identify how to best support"

- .“What might this person need right now to access, understand, and receive a safe experience with insurance"
    - How can we best support this person whilst actively ensuring the organisation does not retraumatise/ cause harm

- Consumer co-design or consumer feedback with focus interviews offered to improve and refine
- 1. Assess the signs – is there a risk of vulnerability based on the claim, circumstances, or interactions
    - E.g. I stated multiple things that flagged vulnerability that were not recorded in the claim notes - this could be how exhausted they are, that finances are already incredibly tight, raising concerns around conduct

- Why not assess all people claiming for vulnerability as standard practice - that would benefit both parties in the longer term

- 3.1.1.
- Resilience – including reduced ability to manage financial or emotional shocks, caregiving stress, poverty.
- Capability – limited literacy, digital access, financial knowledge, or cultural
- Familiarity.
    - this language needs reframing - it implies there is something lacking/ wrong with the person

I don't think the below is right - but it is an improvement over - resilience - where this may be someone who has needed to be very resilient or capability - that is just insulting

c) Pre-existing stresses/ pressures — caregiving demands, poverty, or other ongoing pressures that may leave a customer with less capacity to in times or stress or to absorb the impact of delays, errors, or poor conduct on our part.

(d) Access barriers — literacy, language, or other barriers that may make impact on understanding , accessing or claiming financial or insurance information/ products or their ability to make a complaint

Cash settlements - should have additional protections to avoid pressure being exerted on vulnerable people to accept cash settlements

DFV- needs expanding to ensure that it covers how this impacts even when it does not relate to financial abuse/ financial hardship or immediate threats to safety - survivor-centred approach that preserves safety, autonomy, dignity, voice and informed choice. The insurer must not use claims or complaints processes in a manner that replicates dynamics of coercion, forced compliance, intimidation, financial control, disbelief, isolation, restricted autonomy or reversal of responsibility

I had the vulnerability manager share a confidential text with the EDR team for their benefit without consent, that also discussed how a staff member's conduct reflected the coercive control I have experienced and continue to experience. They also denied being aware of the DFV asking if they could record despite at least 3 previous disclosures and it being documented multiple times in the claim notes, including in the referral to the vulnerability team and in her own claim notes (I also told her in the call).

In a subsequent phone call, she was rudely seeking me to prove the DFV - asking about protection orders and if I had been to the police in a very unpleasant tone - this was not about my safety at all - it was her trying to prove it did not exist.

I informed her than I had needed to engage a solicitor to file an urgent return order for my son - but I should not have been forced to disclose this - especially when it was not in any way to assist me. She was clearly a bit shocked - offered several things that were not necessary but did nothing about the claim manager whose conduct absolutely replicated coercive control still managing my claim or about multiple breaches of the Code and Legislation by the insurer

Her support was non-existent - deeply traumatising and a complete waste of the limited capacity I had - it was simply a tick box exercise with the opposite of extra care provided.

I do not think that the draft updated GICOP or the draft Vulnerability framework would have made a difference as the insurer's duty to not cause further harm is not explicit.

Overall, I think there needs to be stronger means to discourage insurer's not complying with the GICOP - currently they blatantly breach it over and over as there is little to discentivise them from doing this

I would be happy to clarify or discuss further if required.

Thank you.

Kind regards

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