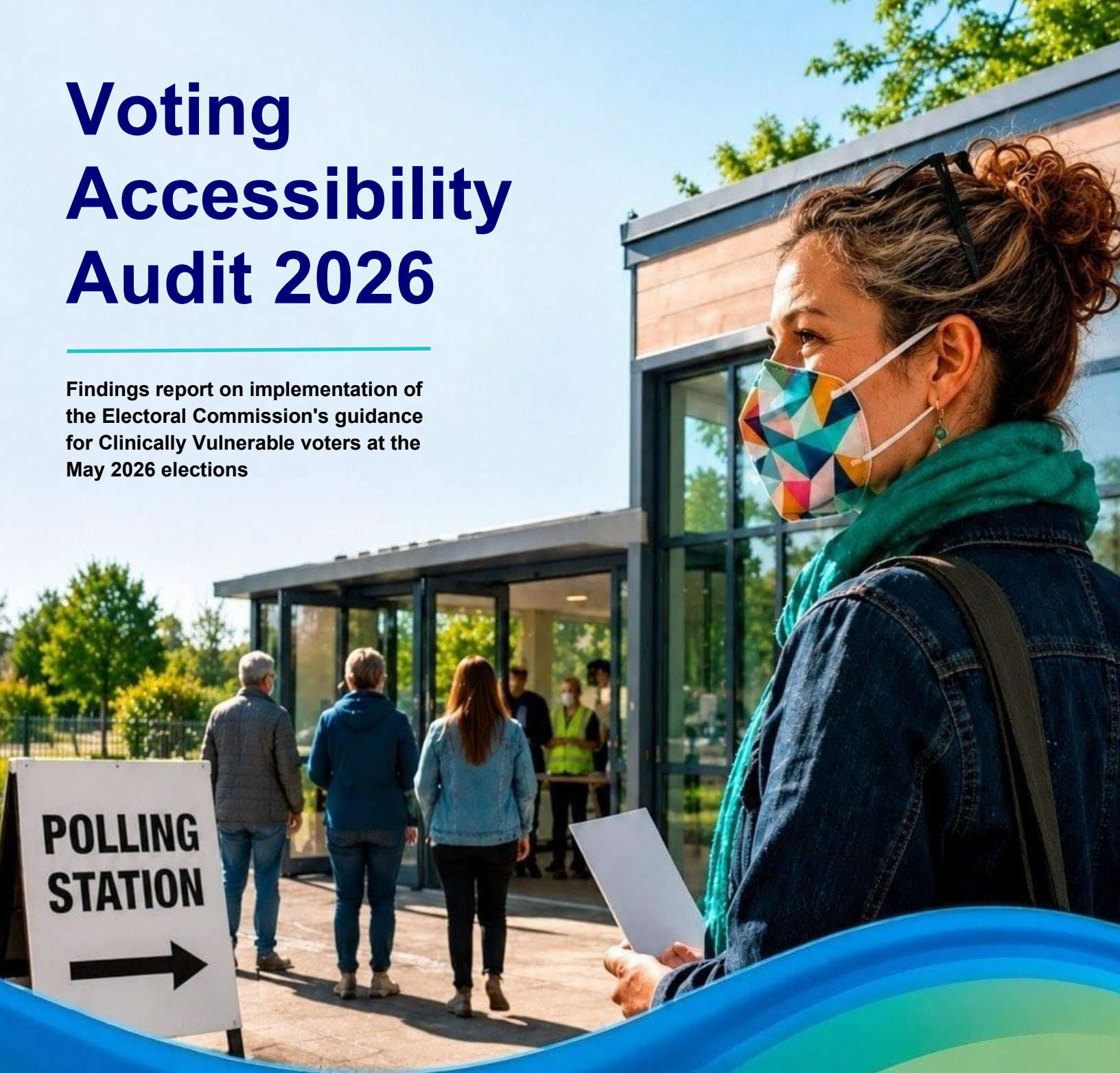


# Voting Accessibility Audit 2026

Findings report on implementation of the Electoral Commission's guidance for Clinically Vulnerable voters at the May 2026 elections



Clinically Vulnerable Families  
June 2026



## Executive summary

This audit assessed whether the Electoral Commission's revised guidance for Clinically Vulnerable (CV) voters was being implemented at polling stations. The clearest finding is a democratic participation outcome: the guidance appears to have enabled a number of Clinically Vulnerable voters to return to in-person voting. Around a third of respondents said the changes had enabled them to return to voting in person, and a further 6% would have done so had they learned of the changes in time.

In 2024, CVF documented evidence in our first accessibility audit that voter identification requirements were creating barriers for some Clinically Vulnerable voters, particularly those who rely on respiratory protection such as high-filtration masks. Following evidence provided by CVF, the Commission revised its guidance for the May 2026 elections — a change CVF warmly welcomed — explicitly recognising the needs of CV voters and pointing to measures including reciprocal masking by staff (“see a mask, wear a mask”), improved ventilation, and the possible use of air filtration, within Returning Officers' wider duty to make reasonable adjustments under the Equality Act 2010.

The findings are cautiously encouraging. Respondents reported multiple examples of polling stations applying the revised guidance, and where masked voters knew to request an outdoor ID check it was almost always granted (11 of 13). Ventilation was maintained at levels similar to 2024, with most recorded CO<sub>2</sub> readings within commonly accepted indoor-air-quality thresholds.

Implementation was nonetheless uneven. The most protective option when a mask must be removed is an outdoor check, yet most masked voters were checked indoors: of 32 in-person ID checks in 2026, only 11 were conducted outdoors, and 8 required a voter to remove their mask in a shared space. Reciprocal masking by polling-station staff was rarely observed, and awareness of the guidance varied considerably between locations. Several respondents also reported learning of the changes only after they had already arranged a postal or proxy vote.

Part of this stems from the guidance itself, which permits these protective measures without requiring any of them, and whose voter-facing accommodations address privacy rather than the infection risk that is the barrier for Clinically Vulnerable voters.

**The revised guidance was a welcome and effective step. The priorities now are to close the gap between what the guidance describes and what voters experience in practice, and to consider whether greater consistency in the provision of these adjustments would further improve accessibility for Clinically Vulnerable voters.**

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## Key findings

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- **Increased participation.** Of the 51 respondents who addressed the question, 16 said the changes enabled them to return to in-person voting; a further 3 would have done so had they known in time.
- **ID checks mostly indoors.** The most protective option when a mask must be removed is an outdoor check, but of 32 in-person ID checks in 2026 only 11 were outdoors. The other 21 were indoor — 13 mask-on (where the voter's face was not shown to be checked against the photo) and 8 requiring mask removal (exposing the voter to risk). The adjustment works when invoked. Where voters knew to request an outdoor check, it was almost always granted (11 of 13 in 2026; 18 of 19 in 2024) — so the gap is awareness and offer, not feasibility.
- **The guidance permits but does not require.** The protective measures are framed as options a Returning Officer "can" use, not requirements, and the voter-facing accommodations address privacy rather than infection risk — so the medical need is acknowledged but not guaranteed.
- **Ventilation and air quality.** Around 82% of polling stations (42 of 51) had at least one external door or window open, unchanged from 2024; most CO<sub>2</sub> readings were below 800 ppm.
- **Reciprocal masking.** Staff reciprocating masking when assisting a masked voter was rarely reported — the least-implemented element of the guidance.
- **Staff awareness.** Familiarity with the revised guidance varied widely between locations, from proactive support to apparent unfamiliarity.
- **Communication gap.** 7 of 51 respondents (4 unaware in time; 3 too late to switch from postal/proxy) did not benefit from the changes because they learned of them too late or not at all.
- **Engagement.** 52 submissions from approximately 50 locations across three nations — which is a comparable evidence base to 2024 given the much smaller 2026 electoral footprint.

## Headline figures

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Finding	Result
Returned to in-person voting because of the changes	16 voters
Masked ID checks conducted outdoors (most protective option)	34% (11 of 32)
Polling stations with open doors or windows	82% (42 of 51)
Respondents who did not benefit through late or absent awareness	14% (7 of 51)

## What the guidance got right

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It is worth stating plainly that the evidence suggests the policy framework is broadly effective. The Electoral Commission's response to CVF's evidence delivered concrete, positive change:

- **Dedicated CV guidance was introduced** for the first time, explicitly recognising Clinically Vulnerable voters and the health risk of requiring de-masking (Electoral Commission, 2025)<sup>1</sup>.
- **Outdoor ID checks work when used** — where requested, they were almost always granted (11 of 13), confirming the central adjustment is operationally straightforward.
- **Ventilation was maintained** at 2024 levels, with most stations open to fresh air and most CO<sub>2</sub> readings within suitable thresholds.
- **Voters returned to the ballot box** — 16 respondents attributed their return to in-person voting directly to the changes.

**The guidance has the potential to improve accessibility for Clinically Vulnerable voters. The priority now is ensuring that the measures it describes are consistently communicated, understood and implemented.**

# Scope and method

## How the audit was conducted

The audit was an anonymous online survey, run on Google Forms, completed by CVF's community and supporters. Respondents were recruited through CVF's social media channels, including Facebook, X, Bluesky, Threads and LinkedIn. The form was configured to restrict multiple submissions, limiting duplicate responses. Polling-station locations were self-reported by respondents. Where respondents recorded a CO<sub>2</sub> reading, they were asked to use their own monitor and to take the indoor measurement in parts per million (ppm) at head height, around 50cm from other people, allowing over 30 seconds for the reading to settle. The survey also included free-text fields; illustrative comments from these inform the qualitative observations in this report.

The audit captures lived experience at specific polling stations rather than a representative national survey, and it is a self-selecting sample; the figures should be read as indicative of conditions experienced by respondents. The implications of this are discussed under Methodological caveats.

## Electoral context

The two audits were conducted under very different electoral conditions, which is important context for reading them alongside one another. The 2024 audit accompanied the UK General Election of 4 July 2024, when the whole of the UK went to the polls and voter ID applied across three nations. The 2026 audit accompanied the local and devolved elections of 7 May 2026 — the Scottish Parliament, the Senedd, and English local elections in 134 of England's 317 councils. There were no elections in Northern Ireland, and voter ID was not required in Scotland or Wales, so the photo-ID requirement that gives rise to the de-masking issue applied only in England.

Against that much smaller electoral footprint, participation in the audit held up well: **52 detailed submissions from approximately 50 distinct locations across the three nations**, a comparable depth of evidence to 2024 relative to the far smaller number of contested areas.

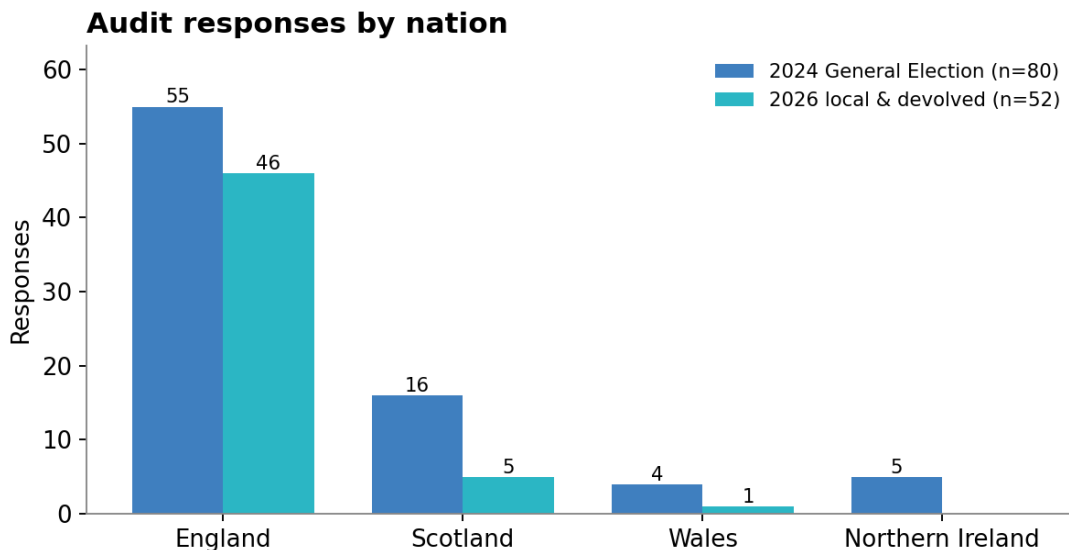


Figure 1. Geographic coverage of the audit by nation. With no elections in Northern Ireland, and voter ID applying only in England in 2026, the audit's reach reflects where elections were held.

Measure	2024 (General Election)	2026 (Local & devolved)
Voter ID in force	All four nations	England only
Nations with elections	Eng, Sco, Wal, NI	Eng, Sco, Wal (no NI)
Distinct locations in audit	~77	~50
Audit submissions	80	52

The 2026 audit also welcomed other mask wearers alongside CV voters; 28 of 52 respondents identified as Clinically Vulnerable themselves, which broadens the range of observations gathered and should be borne in mind when interpreting responses.

## Background and policy context

The Electoral Commission's guidance for Returning Officers on assistance with voting for disabled voters<sup>i</sup> now includes, for the first time, a dedicated section on support for Clinically Vulnerable electors. It advises Returning Officers to:

1. **Improve ventilation** — by opening windows and doors, or using HEPA filters where they cannot be kept open.
2. **Provide masks for staff** — ensuring face masks are available for polling staff, on a “see a mask, wear a mask” basis, and promoting social distancing.
3. **Offer safer ID checks** — staff training should cover offering photographic ID checks to mask wearers, including “whether checks could be conducted outside”.

Crucially, the same guidance identifies, as a barrier to access, **polling staff lacking awareness of the health risks** of asking a Clinically Vulnerable voter to remove a face mask for the ID check (Electoral Commission, 2025)<sup>i</sup>. The Commission therefore expressly recognises that requiring de-masking can place Clinically Vulnerable voters at risk. The ID check itself, including the brief removal of a face covering, remains a legal requirement (Electoral Commission, 2023)<sup>ii</sup>; these provisions concern how that check is conducted, and the steps taken to reduce the risk it creates, within Returning Officers' wider duty under the Equality Act 2010 to make reasonable adjustments.

The need for change was clear from the 2024 audit: over 70% of Clinically Vulnerable respondents said they no longer felt able to vote in person and had moved to postal voting; around 42% were asked to remove their mask indoors; 26% removed their mask although they did not want to; and approximately 1% were unable to vote at all (Clinically Vulnerable Families, 2025). The revised guidance was introduced to reduce these barriers — by recommending measures that make the polling environment safer, and by reinforcing Returning Officers' duty to make reasonable adjustments for those at higher risk.

# Findings

## Confidence in in-person voting

Respondents were asked whether the guidance changes had affected their confidence to vote in person. Sixteen reported that they had returned to in-person voting as a direct result of the changes, and three more indicated they would have done so had they learned of the changes in time. This represents a tangible accessibility outcome: respondents who had previously relied on postal voting, or felt unable to vote in person, reported returning to polling stations following the changes. A further 20 respondents had always voted in person; a smaller group remained with postal or proxy voting either by preference (3) or because they did not feel sufficiently safe despite the changes (5).

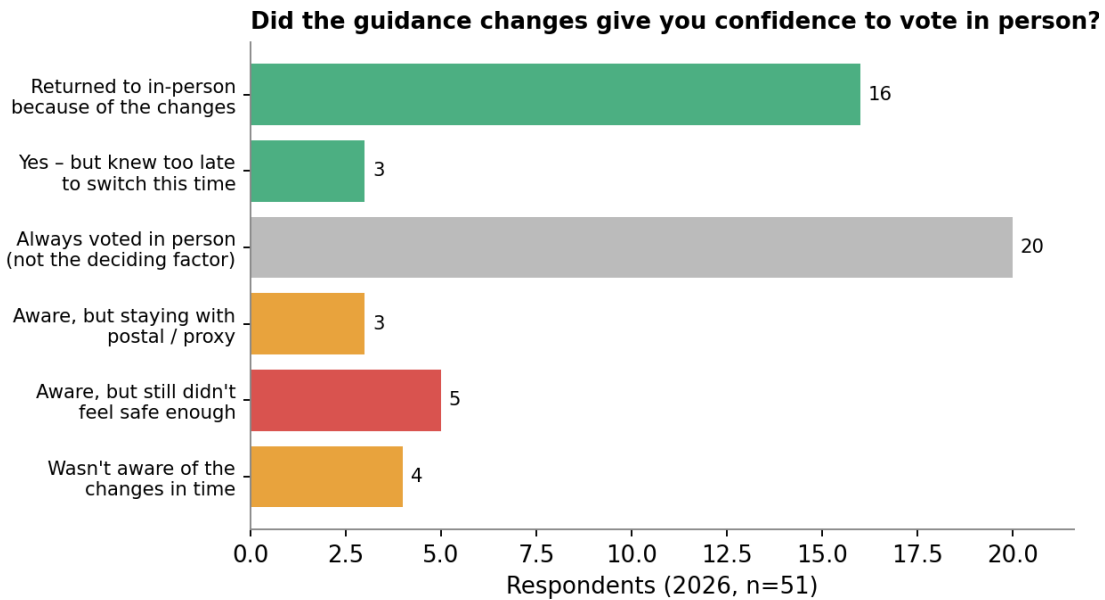


Figure 2. Effect of the guidance changes on confidence to vote in person (2026, n=51).

## Outdoor ID checks

An outdoor ID check, where a masked voter steps outside to briefly remove the face covering for the legally required check - rather than doing so in a shared indoor space, is the reasonable adjustment most directly observable in the data; the guidance advises that staff training cover “whether checks could be conducted outside” for these voters<sup>ii</sup>. Thirteen masked respondents requested an outdoor check and eleven were accommodated, an accommodation rate of approximately 85%. This is consistent with the 2024 audit, in which 18 of 19 such requests were granted, and indicates that the adjustment is operationally straightforward where staff are willing. Provision nonetheless still depended on individual staff willingness on the day: refusals were uncommon but not absent, with two respondents declined an outdoor check, one of whom did not vote and one of whom removed their mask indoors.

While only a single reported case, it is notable that one respondent chose not to vote after being refused an outdoor check. This illustrates how the availability of reasonable adjustments can affect participation for some Clinically Vulnerable voters.

There were also examples of good practice:

*"I was offered an ID check outside twice, by different stewards."*

— Clinically Vulnerable respondent

### Voter ID checks and mask removal

The voter-ID check requires staff to confirm the voter's face against the photograph, which means a face covering must be briefly removed — a requirement set in law, which the Commission has stated it cannot change (Electoral Commission, 2023)<sup>ii</sup>. For a masked Clinically Vulnerable voter, the guidance describes a range of measures Returning Officers can use to reduce the risk this creates: ventilation, staff masking, social distancing, and offering the check outside, including "whether checks could be conducted outside for these voters" (Electoral Commission).

**In CVF's view, where a mask must be removed, an outdoor check is the most protective of these, because it is the only option that removes the indoor-air exposure altogether.**

The other measures the guidance describes — ventilation, improved staff masking, social distancing — do reduce risk in the short term, but none addresses the core issue: a Clinically Vulnerable voter breathing indoors during the indoor ID check. An outdoor check is the only option that eliminates exposure to indoor air.

Most masked voters who had an in-person ID check were not given that option. Of 32 such checks recorded in 2026, only 11 were conducted outdoors. The remaining 21 were conducted indoors — 13 with the mask kept on, and 8 requiring the voter to remove their mask in a shared indoor space.

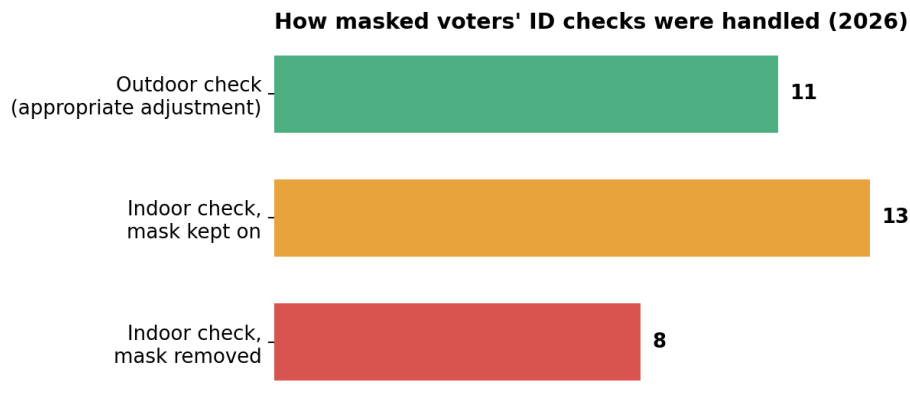


Figure 3. How masked voters' in-person ID checks were handled (2026, n=32). Only the outdoor check is the appropriate adjustment; both indoor outcomes indicate it was not offered.

Both indoor outcomes are a concern. An indoor check with the mask kept on does not actually satisfy the legal requirement to confirm the face against the photograph, so it is not a valid ID check; an indoor check with the mask removed exposes a Clinically Vulnerable voter to the very risk the adjustments are meant to prevent.

**Taken with the rarity of reciprocal staff masking (below), the pattern indicates that the protective measures the guidance describes were not being applied consistently. This is an implementation and**

training gap — but, as set out later, it is also shaped by the fact that the guidance permits these measures without requiring any of them.

*“They were happy to ID us with masks on; we offered to go outside, but they said there was no need.”*

— Clinically Vulnerable respondent who returned to in-person voting

*“I felt judged for wearing a mask.”*

— Audit respondent

Encouragingly, where voters did know to request an outdoor check, it was almost always granted — 11 of 13 requests in 2026, and 18 of 19 in 2024 — which confirms the adjustment is operationally straightforward and acceptable to staff. The gap appears to not be one of feasibility, but whether it is offered.

### Ventilation and air quality

The guidance advises improving ventilation by opening windows and doors or using HEPA filters where they cannot be kept open. On this measure, provision was broadly maintained at 2024 levels: in both audits, approximately 82% of polling stations (42 of 51 in 2026) had at least one external door or window open. Recorded CO<sub>2</sub> readings were similar between years (a mean of around 700 ppm in both 2024 and 2026), with the majority below the 800 ppm threshold commonly used as an indicator of adequate ventilation. More respondents took an actual CO<sub>2</sub> measurement in 2026 (18) than in 2024 (14), despite the smaller sample. No respondent reported seeing an air filter in use; none was expected, as no funding had been provided for them, but their inclusion in the guidance is a welcome recognition that clean air is part of accessibility. Participants found that around one in six stations had all doors and windows closed, meaning that no obvious natural ventilation was present at the time of observation.

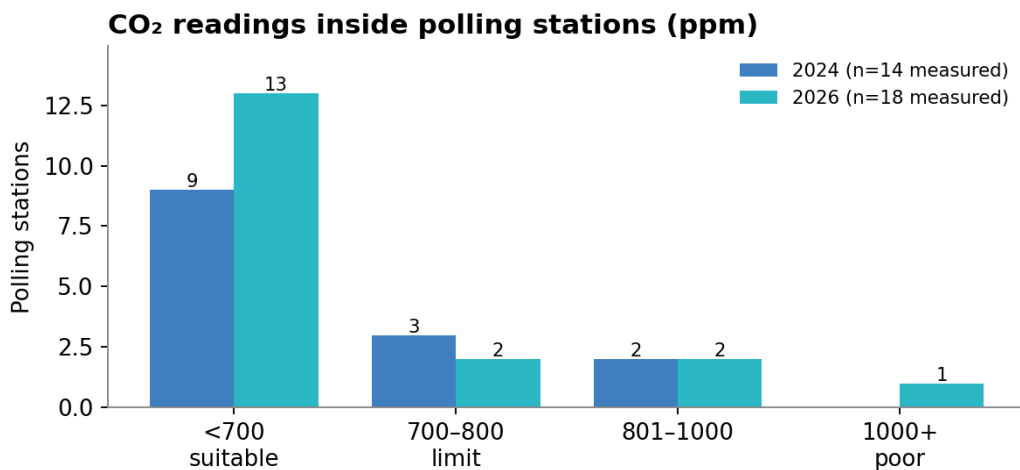


Figure 4. CO<sub>2</sub> readings inside polling stations. Most readings were within the suitable (<800 ppm) range in both years.

## Staff awareness of the guidance

Awareness of the revised guidance among polling staff varied considerably between locations. Some respondents described staff who recognised returning voters, offered an outdoor check without being asked, or displayed accessibility information at the entrance. Others reported staff who appeared unfamiliar with the provisions, were uncertain about the outdoor ID option, or applied none of the recommended measures. The guidance places these expectations squarely within staff training (Electoral Commission, 2025); the variation recorded here suggests that training reached front-line polling staff in at least some areas, but not consistently.

*“Staff friendly. Seemed confused about outdoor ID check.”*

— Clinically Vulnerable respondent

## Reciprocal masking

The guidance advises that face masks be provided for polling staff on a “see a mask, wear a mask” basis when assisting Clinically Vulnerable voters. This was the least frequently observed element in practice: respondents repeatedly noted that staff did not put on a mask when assisting them. As the measure depends on staff awareness and willingness rather than on the building or its facilities, it is the element most readily addressed through briefing and clear instruction, and the one where current practice falls furthest short of the guidance.

*“No one put on a mask when I entered masked.”*

— Clinically Vulnerable respondent

## Communication and the awareness gap

A recurring theme was that the guidance changes were not communicated to the public in a way that reliably reached those they were intended to help. Four respondents reported that they were not aware of the changes in time, and three learned of them only after arranging a postal or proxy vote — together, **7 of the 51 respondents who addressed the question**. Respondents who did return to in-person voting attributed their awareness largely to CVF's own communications rather than to official election information.

This points to a structural limitation that the Commission is uniquely placed to address. CVF's reach is far smaller than the Electoral Commission's official communications. Because most respondents learned of the changes through CVF, they represent a comparatively informed group who knew to request reasonable adjustments; the experience recorded in this audit is therefore likely to be better than that of the wider Clinically Vulnerable population, many of whom will not have encountered the changes at all. Publicising the provisions through official channels would reach the far larger group of voters that CVF cannot.

The same gap was visible at polling stations where no accessibility information was on display. A change that is not publicised cannot achieve its intended effect; improving the visibility of the provisions — both in advance and at the station itself — is the most cost-effective improvement available, and the clearest priority arising from this audit.

# Consistency

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## Voter-facing information

The audit also highlighted the importance of ensuring that voter-facing information keeps pace with developments in accessibility guidance. The Electoral Commission's public information on checking photo ID while wearing a face covering explains accommodations such as conducting the check in private, using a female member of staff where possible, and providing a mirror. These measures appropriately address concerns relating to privacy and dignity.

The Commission's more recent guidance for Returning Officers, however, also recognises measures that may be particularly relevant to some Clinically Vulnerable voters, including outdoor ID checks, improved ventilation and reciprocal masking by staff. These adjustments address a different accessibility need: enabling voters who rely on respiratory protection to participate more confidently in the voting process.

The audit findings suggest that awareness of these provisions remains limited among both voters and polling staff. As a result, some Clinically Vulnerable voters may not realise that additional adjustments could be available to them. Reviewing voter-facing materials to ensure they consistently reflect the full range of available adjustments may therefore help improve awareness and support more consistent implementation.

## Outdoor ID checks

The audit provides a strong evidential basis for elevating outdoor ID checks from optional to expected practice. Where voters knew to request an outdoor check, it was granted in 11 of 13 requests in 2026 and 18 of 19 in 2024. Some polling stations offered them proactively, without being asked.

The audit found no evidence that outdoor checks created operational difficulties — they are deliverable. The inconsistency this audit found is not a matter of feasibility but of expectation: the guidance frames these checks as something a Returning Officer "can" do, leaving the decision to local discretion. Moving from "can" to "should offer" would not introduce a new burden but would clarify the expectation for an adjustment that is already practical and, where used, protective. The variation in implementation reflects not the difficulty of the measure but the optional framing of the guidance itself.

## Recommendations

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The following are grouped to help identify where to focus. The first three are the priority actions; the remainder support and reinforce them.

□ ***Communication and awareness:***

1. Communicate the new provisions to the public
2. Review and align the voter-facing information with guidance on face-covering checks

***Implementation at the polling station:***

3. Proactively offer adjustments for mask wearers
4. Embed the guidance in front-line staff training
5. Reinforce reciprocal masking explicitly “See a mask, wear a mask”

□ ***Strengthening the framework:***

6. Strengthen the guidance from optional to expected.

□ ***Monitoring***

7. Continue monitoring effectiveness

## Conclusion

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### **The Electoral Commission's revised guidance has improved accessibility for Clinically Vulnerable voters, but inconsistent implementation is limiting its full impact.**

The Electoral Commission's revised guidance is improving access for Clinically Vulnerable voters, but it stops short of requiring the protective measures it describes, and implementation remains inconsistent — both of which limit its full impact.

The evidence indicates that the guidance has had a measurable positive effect where it was applied. Respondents reported improved access and greater confidence in voting in person, and a number returned to in-person voting as a direct result of the changes. At the same time, implementation was uneven: reciprocal staff masking was rarely observed, a significant minority of voters were unaware of the changes in time to use them, and most masked voters were checked indoors rather than being offered the more protective outdoor check. In one reported case, in 2024, a voter who was refused an outdoor ID check did not vote, illustrating the continuing importance of consistent provision of reasonable adjustments.

The challenges now are threefold:

- to make these practices routine across all polling stations;
- to communicate them to the voters they are designed to support;
- and to strengthen the guidance itself, so that the protective measures are expected rather than optional and medical masking is recognised as a need.

The guidance was a genuine and welcome step forward; the task now is to ensure it delivers in full. CVF would welcome continued engagement with the Electoral Commission to that end.

Finally, there is also a legal consideration. For voters who are disabled under the Equality Act 2010 — including those with cancer, HIV infection, or multiple sclerosis — the anticipatory duty to make reasonable adjustments is already engaged from diagnosis. The protective measures the guidance describes are therefore not optional extras but potential means of meeting that duty. Listing them as discretionary understates the obligations Returning Officers already hold under equality law.

## Limitations and context

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- **Self-selecting, informed sample.** Respondents were reached largely through CVF's own communications and are therefore more likely than the general CV population to have known about the available adjustments and to have requested them. Given that CVF's reach is far smaller than the Electoral Commission's official channels, the audit probably understates the barriers faced by Clinically Vulnerable voters who did not encounter CVF's work. The figures reflect lived experience rather than a representative national sample, and the numbers are small.
- **Different elections.** 2024 was a UK-wide General Election; 2026 was a partial set of local and devolved elections, with voter ID applying only in England. Year-on-year comparisons are indicative rather than like-for-like.

## References

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- <sup>i</sup> Electoral Commission (2025) *Assistance with voting for disabled voters: Equipment to be provided as a minimum*. Available at: <https://www.electoralcommission.org.uk/guidance-returning-officers-assistance-voting-disabled-voters> (Accessed: 4 June 2026).
- <sup>ii</sup> Electoral Commission (2023) *Checking your photo ID if you wear a face covering*. Available at: <https://www.electoralcommission.org.uk/blog/checking-your-photo-id-if-you-wear-a-face-covering> (Accessed: 4 June 2026).