

# Advocating for consumers experiencing vulnerability: a typology and research agenda

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## Abstract

**Purpose** – This paper aims to introduce a typology of service advocates to address a gap in existing literature regarding how transformative service mediators (TSMs) manage both access to resources and empowerment for consumers experiencing vulnerability. The typology focuses on the role of advocates within service ecosystems and provides the illustrative case of young adults with psychosocial disabilities seeking employment to demonstrate the application of the typology.

**Design/methodology/approach** – Drawing on the Dialogue, Access, Risk Assessment and Transparency model, the paper expands existing classifications of TSMs. The research also uses an illustrative case to show how four types of service advocates - policymakers, gatekeepers, supporters and champions – work together to ameliorate vulnerability within a government-funded employment project for young adults with psychosocial disabilities.

**Findings** – The paper conceptualizes how the interplay between the roles and responsibilities of different service advocates influences empowerment and access to resources within a service ecosystem. The discussion focuses on how service advocates at different levels (macro, meso and micro) within a service ecosystem must collaborate to reduce consumer vulnerability. An illustrative case is used to show how effective service ecosystems build on the capabilities of different advocates to support consumers experiencing vulnerability, and how this outcome is sometimes undermined by conflicts and tensions embedded in the institutional logics of different service advocates.

**Originality/value** – This paper fills a critical gap in transformative service research by offering a more nuanced understanding of how service advocates manage empowerment and access to resources. A research agenda is provided to guide future research exploring opportunities for how the different types of service advocates can overcome obstacles to prevail in the fight against vulnerability.

**Keywords** Service ecosystems, Consumers experiencing vulnerability, Transformative service research, Transformative service mediators, Illustrative case

**Paper type** Viewpoint

## Introduction

Service ecosystems, comprising interconnected networks of actors, resources and institutional arrangements (Field *et al.*, 2021; Vargo and Lusch, 2016), are essential for addressing the complex needs of consumers experiencing vulnerability (Vink *et al.*, 2019). Indeed, the dynamic and changing nature of these needs (Mende *et al.*, 2024) requires the collaboration of a broad range of stakeholders to achieve effective and sustainable solutions (Koppenhafer *et al.*, 2023). To this end, Johns and Davey (2019) and Davey *et al.* (2023) have recently introduced the notion of transformative service mediators (TSMs), identifying two broad types – intermediaries and apomediarities. Primarily distinguished by their treatment of consumer empowerment and agency, Johns and Davey (2019) argue that intermediaries such as medical professionals act as stewards within the foster care ecosystem, operating at the meso-level (i.e. organizational level) to support service providers and ensure the safety of foster children in foster care. Conversely, apomediarities such as parents and carers act at the micro-level

(i.e. interpersonal level) to ensure that the voice of the foster child is not ignored. A critical tension between these roles relates to expectations around how resources are accessed and information is shared.

We commend the authors for introducing the concept of TSMs to the consumer vulnerability literature but contend, respectfully, that their model could be strengthened. While their classification of TSMs into intermediaries and apomediarities advanced our understanding of empowerment dynamics within service ecosystems, the original framework does not fully account for how institutional logics impact access and distribution of resources – a critical determinant of vulnerability (Verleye *et al.*, 2017). Defined as the socially

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constructed patterns of beliefs, values and practices that guide how people and organizations make sense of their world around them (Thornton and Ocasio, 1999), institutional logics inform the rules that ecosystem actors must play by. For instance, intermediaries' stewardship at the macro-level may inadvertently restrict equitable resource distribution at the meso-level due to rigid beliefs about risks, benefits and the need for transparency (McColl-Kennedy *et al.*, 2020). Similarly, apomediaries' micro-level advocacy can often ignore systemic requirements for fairness and justice at the meso-level in the way that resources are accessed (Fisk *et al.*, 2018).

The present paper addresses this short-coming via the introduction of a new typology that complements the original focus on empowerment with a consideration of resource access dynamics. Accordingly, intermediaries (stewardship-focused advocates) are further decomposed into policymakers (equity-focused advocates) and gatekeepers (equality-focused advocates) based on how their respective institutional logics inform the allocation of resources. Similarly, apomediaries (agency-focused advocates) are decomposed into champions and supporters based on preference for equity over equality, respectively. Notably, the potential influence of institutional logics on the roles and responsibilities of different advocates within service ecosystems has been hinted at within the research on service advocates in a range of disciplines, including public health, education and social policy (McColl-Kennedy *et al.*, 2020; Sandberg *et al.*, 2022). These fields emphasize the need for mediators to navigate institutional complexity and optimize service ecosystems to achieve their stated purpose (Fisk *et al.*, 2018).

By complementing empowerment (agency versus stewardship) with resource access (equity versus equality), our typology extends transformative service research (TSR) beyond dyadic classifications to address systemic tensions inherent in multi-level service ecosystems (Vargo and Lusch, 2016). This proposed two-dimensional typology also responds to calls for the research on service ecosystems to better reflect institutional complexity (Field *et al.*, 2021) and the tensions inherent in the different roles and responsibilities of different ecosystem actors (Johns and Davey, 2019). By mapping institutional logics, resource access and empowerment dynamics, practitioners can design interventions that better balance competing logics – such as aligning policymakers' long-term equity goals with gatekeepers' operational constraints (Verleye *et al.*, 2017) – while empowering frontline supporters to deliver consumer-centric care (Anderson *et al.*, 2018).

A case illustrating how these different service mediators, termed service advocates in this paper, support young adults with a psychosocial disability (PSD) seeking employment is used to demonstrate the unique and complementary responsibilities of each type of service advocate and show how they all need to be present and work together to make the service ecosystem more inclusive and supportive. For instance, our framework clarifies how champions' advocacy for individualized solutions in disability employment service ecosystems can complement policymakers' systemic reforms, thereby reducing economic exclusion (Fisk *et al.*, 2018). This is important because young consumers with persistent mental health conditions are significantly more likely to face unemployment and stigma (AIHW, 2024), which has been

shown to lead to vulnerabilities such as financial insecurity and worsening mental health (Mental Health Australia, 2022). In advancing and illustrating our new typology of service advocates, we respond directly to Johns and Davey's (2021) editorial calling for research that incorporates and expands our understanding of the roles and responsibilities of TSMs, particularly through identification of value co-creating processes that acknowledge and distinguish issues of equity and equality.

## Conceptual background

As conceptualized by Vargo and Lusch (2016), service ecosystems are not only complex networks of resource-integrating actors but also emergent, self-regulating and adaptive support systems. They operate within institutional contexts, influenced by norms, logics and shared meanings that guide interactions among actors and institutions. Understanding service ecosystems through the lens of such institutional logics is critical for conceptualizing how value is co-created among service advocates responsible for supporting and managing consumer vulnerability. Service advocates, defined broadly as those actors that "positively influence other's views" (Sweeney *et al.*, 2020), facilitate access, provide support, and foster engagement, helping consumers experiencing vulnerability connect with the resources necessary to manage and mitigate their vulnerability.

This framing of service advocates within service ecosystems is consistent with the extant literature on vulnerability within various disciplines, including nursing, social work and public policy, where service advocates play a critical role in protecting and promoting the rights of vulnerable populations (Abbasinia *et al.*, 2020). For example, in health care, patient advocacy functions include safeguarding, appraising, valuing, mediating and championing, which align well with the four service advocates identified in our typology (Abbasinia *et al.*, 2020). Similarly, in social work, advocates balance structural constraints with individualized support, paralleling the dual concerns of empowerment and access within our typology. Consistent with the well-established strengths-based approach to service advocacy that is commonplace in these fields (Russell-Bennett *et al.*, 2023), our typology acknowledges that the multi-layered nature of advocacy across a service ecosystems requires the cooperation of all actors.

While vulnerability has traditionally been understood in terms of powerlessness and susceptibility to harm or disadvantage (Riedel *et al.*, 2023), a contemporary perspective emphasize its dynamic and contextual nature, recognizing how both systemic barriers and a lack of individual agency contribute to vulnerability (Russell-Bennett *et al.*, 2023). Consumers experiencing vulnerability – such as those with disabilities, chronic illnesses or from marginalized groups – are thus not defined solely by powerlessness but also their capacity to navigate and resist inequitable systems (Davey *et al.*, 2023; Hill and Sharma, 2020).

Though these consumers are often marginalized within a service ecosystem due to their inability to engage independently and access the resources they need to thrive (Baker *et al.*, 2005), this is in part due to a failure of the service ecosystem to anticipate and provision for the needs of such consumers.

Accordingly, it is critical to improve our understanding about how different institutional logics dictate the way that service ecosystems can reduce rather than reinforce vulnerability. To gain a better understanding of these dynamics, a synthesis of the literature examining service ecosystems associated with consumer vulnerability is presented in Table 1. Key findings from this synthesis are discussed in subsequent sections of this paper.

### Institutional complexity and actor roles

Institutions within service ecosystems play a significant role in shaping actor behavior and guiding resource integration processes. The institutional logics that guide the behavior of actors within these institutions often create tensions conflicting priorities regarding the needs of consumers experiencing vulnerability and how resources will be distributed to affect positive change. McColl-Kennedy *et al.* (2020) explore these tensions and conflicts in health-care ecosystems, highlighting that service advocates adopt different worldviews and negotiate goals to co-create value for consumers experiencing vulnerability (i.e. patients with chronic health conditions). In this sense, vulnerability is not merely a passive state but is actively constructed and negotiated through the interactions and institutional arrangements governing the ecosystem.

Service advocates within service ecosystems are often constrained by institutional logics (i.e. the practices and beliefs inherent within institutions), which may either facilitate or hinder their ability to support consumers experiencing vulnerability (Alford, 1985). For instance, in highly bureaucratic or rule-bound service environments, such as public health-care systems, frontline workers (e.g. nurses and social workers) may find their ability to deliver compassionate, individualized care limited by rigid protocols or resource constraints. This institutional complexity adds difficulty for consumers experiencing vulnerability, whose needs often require flexibility and responsiveness. The challenge, therefore, is how service advocates within such ecosystems can reconcile these competing institutional demands to deliver inclusive services, which Fisk *et al.* (2018) define as the equitable design and delivery of services that ensure access, participation and dignity for marginalized groups.

The role of service advocates in navigating institutional constraints has conceptual parallels in other disciplines, such as health care and nursing. In particular, research on patient advocacy identifies functions that are essential for ensuring equitable access to care (Abbasinia *et al.*, 2020) that align with the service advocate roles proposed in our typology, suggesting opportunities for cross-disciplinary insights. For instance, in health-care ecosystems, nurses often mediate between institutional constraints and patient needs, much like how the “supporter” type of service advocate balance operational efficiency with consumer empowerment in broader service ecosystems. While this paper primarily focuses on service mediation within consumer vulnerability contexts, future research could explore how established advocacy frameworks from health care inform service design and delivery across connected service ecosystems.

Verleye *et al.* (2017) illustrate how competing institutional logics in public health services can lead to service failures when the legitimate interests of consumers experiencing vulnerability

are not adequately considered, suggesting that achieving inclusion requires a deep engagement with institutional contradictions and accountability mechanisms. Institutional theory helps to explain how service ecosystems can evolve to become more supportive of consumer vulnerability. Through the process of institutional work – defined as the deliberate actions to create, maintain or disrupt institutional arrangements (Lawrence and Suddaby, 2006) – service advocates can challenge exclusionary practices and push for greater inclusion. For example, in the #Caremongering online community studied by Thompson-Whiteside *et al.* (2023), consumers experiencing vulnerability and their supporters collaboratively developed new institutional arrangements or “proto-institutions”, that redefined vulnerability and resource integration practices. These grassroots efforts to reshape institutions demonstrate the potential for service advocates to engage in institutional change that enhances inclusion within service ecosystems.

This change must begin with an analysis of the institutional arrangements – such as norms, policies and power structures – that shape how service advocates within different institutions navigate systemic barriers to consumer empowerment (Lawrence and Suddaby, 2006). For instance, rigid protocols in public health-care systems reflect institutional logics prioritizing efficiency over equity, often marginalizing vulnerable consumers (McColl-Kennedy *et al.*, 2020). Addressing these challenges requires *institutional work*: deliberate efforts to disrupt exclusionary practices and create new arrangements that amplify consumer agency (Thompson-Whiteside *et al.*, 2023). Grassroots movements like #Caremongering illustrate how proto-institutions – emergent norms and practices – can help to redefine resource access in response to vulnerability (Thompson-Whiteside *et al.*, 2023). By framing advocacy through an institutional logic lens, we recognize the need for both a micro-level practices and a macro-level support if genuine, societal change is to occur (Fisk *et al.*, 2018).

### Power dynamics and consumer agency

A fundamental requirement for understanding service ecosystems rests in recognizing power dynamics and the distribution of agency among actors, particularly consumers experiencing vulnerability (Hill and Sharma, 2020; McColl-Kennedy *et al.*, 2020). Power in service ecosystems is not equally distributed; rather, it is often concentrated in the hands of different service advocates that set the rules and define the terms of engagement (e.g. policymakers and service providers). While these service advocates seek to work on behalf of consumers experiencing vulnerability, as these consumers typically possess less power and fewer resources, they have limited ability to influence the behavior of these service advocates to influence service processes and/or outcomes.

However, this does not mean vulnerability should be viewed purely as a deficit or passive condition. Rather, Mende *et al.* (2024) argue vulnerability is a dynamic state that can be mitigated through empowerment and the redistribution of agency and resources. This aligns with Russell-Bennett *et al.*'s (2023) call to reframe vulnerability beyond deficit-based narratives (e.g. powerlessness) toward a strengths-based lens that acknowledges consumers' adaptive capacities. For

Table 1 Literature on service ecosystems for consumer vulnerability

Study	Nature of interactions	Focus of investigation	Perspective on vulnerability	Strategies for managing vulnerability	Anticipated outcomes	Conceptual foundations
<b>Anderson et al. (2013)</b>	Interactions between service entities (employees, processes, offerings, organizations) and consumer entities (individuals, collectives, ecosystems)	Conceptualization of transformative service research (TSR) and its research agenda, focusing on well-being outcomes	Vulnerability arises from consumers' lack of control and agency in service contexts, particularly in areas like health-care and financial services	Not explicitly addressed in this conceptual paper, but the framework emphasizes the need to consider well-being outcomes when designing and delivering services	Improved well-being for consumers and employees at individual, collective, and ecosystem levels	Transformative consumer research (TCR), service research, concept of human dignity
<b>Anderson et al. (2018)</b>	Interactions between patients, families, and caregivers in the health-care system	The role of service design in improving well-being in health care	Health-care consumers are potentially vulnerable due to illness, lack of control, and emotional experiences	Consumer engagement and collaborative patient-provider relationships in the service design process	Improved health-care service outcomes, increased patient engagement, and collaborative patient-provider relationships	Transformative service research (TSR), service design, patient-centered care
<b>Davey et al. (2023)</b>	Interactions between indigenous Australian university students and transformative service mediators (TSMs)	How indigenous students leverage capabilities and strengths to enhance participation and completion in university education	Indigenous students face systemic disadvantages and vulnerabilities in higher education	Strengths-based co-creation, supporting student capabilities, providing support through networks of place, processes, and people	Improved retention and completion rates for indigenous students, reduced educational inequities	Transformative service research (TSR), strengths-based approach, service-dominant logic (S-D logic), capabilities approach
<b>Echeverri (2021)</b>	Interactions between vulnerable patients and service providers in a special transport service ecosystem	Value co-destruction in complex service ecosystems, particularly in health-care transportation	Vulnerable travelers/patients experience problematic situations due to ecosystem gaps and misalignments in practices	Addressing gaps between organizations, improving communication, reconciling policies, and developing clear information for customers	Improved value co-formation and well-being for vulnerable patients in special transport services	Practice theory, service ecosystems, value co-creation, value co-destruction
<b>Fehrer and Bove (2022)</b>	Interactions within service ecosystems during crises (focus on Australia and New Zealand during COVID-19)	Shaping resilient service ecosystems that can bounce back and forward from crises	Service ecosystems are vulnerable to disruptions and need to balance stability and change to be resilient	Stabilizing and destabilizing tactics to influence positive and negative feedback loops in service ecosystems	Increased resilience in service ecosystems, enabling them to adapt and thrive in the face of crises	Complex adaptive service ecosystems, organizational resilience, resilient systems
<b>Fisk et al. (2018)</b>	Interactions between service providers and customers, with a focus on marginalized groups	Design for service inclusion, aiming to achieve inclusion by 2050	Service exclusion occurs when services fail to include or adequately serve customers in a fair manner, due to factors like systemic bias, vulnerability, and discrimination	Designing service concepts, systems and encounters for inclusion, focusing on enabling opportunity, offering choice, relieving suffering and promoting happiness	Improved well-being and quality of life for all consumers, reduced service exclusion	Transformative service research (TSR), service design, social inclusion

(continued)



Table 1

Study	Nature of interactions	Focus of investigation	Perspective on vulnerability	Strategies for managing vulnerability	Anticipated outcomes	Conceptual foundations
<b>Gallan and Helkkula (2022)</b>	Co-creation of transformative value propositions (TVPs) between service organizations and customers experiencing vulnerability during humanitarian crises	How service organizations can alleviate customer vulnerabilities through cocreated TVPs	Humanitarian crises create and exacerbate customer vulnerabilities, particularly for those already disadvantaged	Co-creation of TVPs using different service innovation archetypes (output-based, process-based, experiential, and systemic)	Alleviation of customer vulnerabilities, enhanced well-being, and long-term positive impact	Transformative service research (TSR), service-dominant logic (S-D logic), social determinants of health (SDOH), service innovation archetypes
<b>Johns and Davey (2019)</b>	Interactions between service providers, consumers experiencing vulnerability, and transformative service mediators (TSMs)	The role of TSMs in supporting value co-creation for consumers experiencing vulnerability	Consumers experiencing vulnerability lack resources, capabilities, or authority to fully engage in value co-creation	TSMs act as intermediaries or apomedaries, facilitating resource integration and empowering consumers experiencing vulnerability	Reduced consumer vulnerability, enhanced well-being, and empowered consumers through transformative service experiences	Transformative service research (TSR), service-dominant logic (S-D logic), consumer vulnerability, agency
<b>Johns and Davey (2021)</b>	Interactions between service providers and consumers experiencing vulnerabilities, focusing on solutions to marketplace problems	Addressing marketplace challenges and inequities faced by consumers experiencing vulnerability	Vulnerabilities can be temporary or permanent, arising from individual characteristics, environmental forces, or the marketplace itself	Strengths-based approaches, support from transformative service mediators (TSMs), and adaptive service systems	Positive approaches to solving marketplace problems, addressing inequities, and promoting inclusivity for consumers experiencing vulnerability	Transformative service research (TSR), service inclusion, co-creation, mediation
<b>Kelleher et al. (2020)</b>	Interactions among family members (primary orchestrators, co-orchestrators) and dependent relatives (referent beneficiaries) in caregiving	How interdependent actors orchestrate value cocreation in service systems and its impact on value	Referent beneficiaries experience resource shortages and/or are unable to independently access or configure resources	Orchestration mechanisms: assembling, performing, and brokering, employed by nonreferent beneficiaries to coordinate value co-creation	Enhanced and balanced well-being outcomes for both referent and nonreferent beneficiaries through relational value co-creation	Service-dominant logic (S-D logic), relational perspective, value co-creation, well-being
<b>Leino (2017)</b>	Interactions between health-care /nursing service customers (primary customers) and their loved ones (secondary customers)	The status, vulnerability, and needs of secondary customers in care services	Secondary customers experience secondary vulnerability due to the primary customer's vulnerable state	Recognizing secondary customers and their needs, providing psychosocial support, communication, information, and cultural sensitivity	Improved well-being for both primary and secondary customers, addressing secondary vulnerability	Customer-dominant logic (C-D logic), service ecosystems, customer vulnerability
<b>Leino et al. (2021)</b>	Interactions between elderly residents (primary customers), their family members (secondary customers), and nurses in nursing homes	The interrelationship between primary and secondary customers' needs and their experiences of vulnerability in nursing homes, using a service inclusion lens	Both primary and secondary customers experience vulnerability, which influences their needs and well-being	Balancing service inclusion for both primary and secondary customers, acknowledging their separate, congruent, intertwined, and discrepant needs	Enhanced well-being for both customer groups, addressing secondary vulnerability and encouraging mutual service inclusion	Transformative service research (TSR), service inclusion, customer vulnerability, customer needs

(continued)

Table 1

Study	Strategies for managing vulnerability				Anticipated outcomes	Conceptual foundations
	Nature of interactions	Focus of investigation	Perspective on vulnerability	Collaborative service co-design involving multiple actors at different levels to implement and adapt telemedicine		
<b>Leite and Hodgkinson (2023)</b>	Interactions between patients, physicians, health-care managers, and policymakers in a public health-care system during COVID-19	How telemedicine was integrated into the health-care ecosystem to achieve system resilience in response to the crisis	COVID-19 overwhelmed the health-care system, necessitating adaptation and resilience		System resilience, reduced risk of contamination, increased health-care access and capacity, improved patient experience	Service ecosystem perspective, co-design, precursor resilience
<b>McColl-Kennedy et al. (2012)</b>	Interactions between health-care customers and various actors in their service network (medical staff, other customers, friends, and family)	Exploring how health-care customers cocreate value and identifying distinct styles of value co-creation practice	Customers can actively contribute to their own value creation through various activities and interactions	Five customer value co-creation practice styles: team management, insular controlling, partnering, pragmatic adapting, and passive compliance	Improved quality of life for health-care customers, particularly through team management and partnering styles	Service-dominant logic (S-D logic), consumer culture theory (CCT), social practice theory
<b>McColl-Kennedy et al. (2017)</b>	Interactions between health-care customers, medical staff, other customers, and friends and family	Investigating the effects of customer value co-creation practices on well-being across different ongoing illness contexts	Customers actively contribute to their well-being through various interactions and activities	Engaging in coproduction, diet, exercise, and interacting with friends and family positively impact well-being. Changing behavior may have negative effects, except in psychological illnesses	Enhanced well-being through customer value co-creation practices, highlighting the importance of customer-directed activities and social support	Practice theory, construal level theory, self-regulation theory
<b>McColl-Kennedy et al. (2020)</b>	Interactions between individuals with cystic fibrosis (CF), their significant others, and health-care professionals	Understanding tensions and trade-offs in multi-actor service ecosystems, focusing on the CF context	Tensions arise from differing worldviews and conflicting goals among actors	Actors resolve tensions through trade-offs, prioritizing certain goals and practices over others	Improved understanding of how actors navigate and manage tensions in service ecosystems to achieve desired outcomes, particularly in chronic disease management	Institutional logics, practice theory, service ecosystems
<b>Sandberg et al. (2022)</b>	Interactions between residents (primary customers), family members (secondary customers), and nurses in nursing homes	Core value trade-offs (autonomy vs. security) and spillovers in servicescapes for vulnerable customers	Vulnerability is a state of being subject to harm due to restricted access to and control over resources	Coping mechanisms: reactive (nondefensive, defensive), preventive, anticipatory, and proactive	Enhanced well-being for both primary and secondary customers through understanding and managing core value tensions	Transformative service research (TSR), service-dominant logic (S-D logic), consumer vulnerability (continued)

Table 1

Study	Nature of interactions	Focus of investigation	Perspective on vulnerability	Strategies for managing vulnerability	Anticipated outcomes	Conceptual foundations
<b>Thompson-Whiteside et al. (2023)</b>	Interactions between vulnerable actors in an online community network (#Caremongering) during the COVID-19 pandemic	Emergence of new service ecosystems and institutional arrangements in response to service ecosystem disruption	Vulnerability arises from resource insufficiency and lack of control, prompting adaptive behavior and collaboration	Formation of a network, shared conception of vulnerability, and development of new practices (proto-institution)	Increased value co-creation, resource integration, and resilience in the face of crisis	S-D logic, institutional theory, ecosystems perspective
<b>Verleye et al. (2017)</b>	Interactions between various actors (patients, employees, managers, regulatory bodies) in a public health service network	Causes of imbalance in complex service networks, using the Mid-Staffordshire NHS trust case as an example	Imbalance occurs when the legitimate interests of at least one actor are not secured, often due to competing institutional logics	Driving accountability, communication, engagement and responsiveness to manage balance between competing logics	Improved value co-creation and reduced value destruction in complex service networks	Service-dominant logic (S-D logic), stakeholder theory, institutional logics
<b>Present paper</b>	Interactions between service advocates supporting consumers experiencing vulnerability	Roles and responsibilities of service advocates	Vulnerability arises from the failure of service advocates within a service ecosystem to understand and respond to the needs of consumers experiencing vulnerability	Mutually beneficial value co-creation	Reduced disadvantage and improved well-being for consumers experiencing vulnerability	Transformative service research (TSR), institutional logics, service ecosystems
Source(s): Authors' own work						

instance, in disability employment contexts, consumers' lived experiences often leads to resilience that transforms vulnerability into a catalyst for co-created solutions (Gallan and Helkkula, 2022). To this end, service advocates play a critical role in managing power dynamics by acting as intermediaries that support consumers experiencing vulnerability in navigating complex service systems. By helping consumers access and integrate resources, service advocates can reduce the power imbalances that often perpetuate vulnerability and restrict access to the resources needed to improve well-being outcomes. Characterized using a strength-based perspective, as seen in Davey *et al.* (2023), consumers are esteemed as active participants within a service ecosystem who possess unique capabilities that can be harnessed to co-create value for themselves and other actors, including service advocates. This approach challenges the conventional view of vulnerability as a static condition, instead emphasizing consumer agency and the potential for empowerment through service ecosystems (Raciti *et al.*, 2022).

Yet, the redistribution of agency and the dilution of the barriers that typically restrict access to resources requires careful consideration of the institutional contexts within which service advocates operate. In complex ecosystems like health care, service advocates such as medical professionals, caregivers and families must navigate entrenched power structures and institutionalized practices that often favor expertise over lived experiences. McColl-Kennedy *et al.* (2012) illustrate this through identification of different styles of value co-creation practices in health care, noting that some patients adopt a "passive compliance" approach, whereas others engage in "team management" or "partnering" styles, which allow for greater collaboration and shared decision-making in the provision of services and access to resources. Importantly, consumers who are supported by service advocates to take a more active, engaged role in the design and delivery of the services affecting them have been shown to experience enhanced well-being, as they can exercise greater control over their service interactions (Raciti *et al.*, 2022; Mende *et al.*, 2024).

### Role of service advocates

The purpose of a service advocate is, therefore, to work with consumers experiencing vulnerability to ensure they have access to the resources they need to thrive (Davey *et al.*, 2023) while also giving them a voice in how service ecosystems deploy those resources (Johns and Davey, 2019). In the marketing literature, "restrictions on access" and "powerlessness" have been identified as the primary drivers of vulnerability (Baker *et al.*, 2005). This is similar in TSR, highlighting how barriers to access and power asymmetries amplify vulnerability when ignored or inadequately addressed (Anderson *et al.*, 2013).

Although empowerment and agency were considered by Johns and Davey (2019) in conceptualizing the roles of TSMs within a service ecosystem, we seek to extend this work by including consideration of resource access. Drawing on Prahalad and Ramaswamy's Dialogue, Access, Risk Assessment and Transparency (DART) model, Johns and Davey (2019) distinguished intermediaries and apomediarities by the extent that dialogue (two-way communication), access (availability of services), risk assessment (operational

challenges) and transparency (effective policy solutions) combine to support the empowerment of consumers experiencing vulnerability. Apomediarities working alongside consumers experiencing vulnerability, for example, are seen as more sensitive to individual agency as demonstrated by dialogue that emphasizes consumer needs, the use of co-design to facilitate tailored services, risks assessments that focus on benefits and policy processes that allow opportunities for consumer input. Intermediaries, on the other hand, act as stewards, standing between consumers and the resources they need (Johns and Davey, 2019). They subsequently control information flow within dialogues, choose which services to integrate and provide access to, emphasize risks over benefits and focus on the application and governance of policies.

Despite acknowledging the impact of institutional logics on the roles played by TSMs, Johns and Davey (2019), we argue, could have gone further in their classification of the service mediator roles to explicitly consider how institutional logics impact availability and access to resources needed to respond to vulnerability. This paper extends the original binary classification by including crucial differences in handling of resources – a key requirement in managing and responding to consumer vulnerability. We assert that a more nuanced classification of TSM roles is needed to more effectively consider issues of equity (i.e. providing customized support based on individual needs) and equality in the distribution of resources (i.e. uniform treatment to all consumers regardless of their circumstances), in addition to the treatment of empowerment (i.e. agency vs stewardship).

The proposed typology therefore reclassifies the original mediator roles resulting from the DART framework using two dimensions – empowerment and resource access. Risk assessment and transparency impact the desire for equitable distribution of resources as espoused by policymakers and champions, whereas access limits the availability and distribution of resources by gatekeepers and dialogue reinforces the need for fairness in the way resources are distributed by supporters. While these four new mediator roles are elaborated upon in the next section, we note that the authors of the TSM model appear to acknowledge this limitation of their original classification in a subsequent paper, where they suggest that structural differences in how mediators operate at the meso- and micro-levels impact consumer access to resources (Davey *et al.*, 2023).

### Proposing a new typology

The typology presented in this paper was developed through an iterative conceptual process, drawing on theoretical insights from the TSR (e.g. Anderson *et al.*, 2013; Fisk *et al.*, 2018) and TSM literature (e.g. Johns and Davey, 2019, 2021). Rather than being derived directly from the illustrative case, the typology was initially shaped by an examination of institutional logics, resource access and empowerment dynamics within service ecosystems. The illustrative case was then incorporated to demonstrate the applicability of the typology rather than serving as the basis for its construction. Future empirical research may further refine and validate the typology through systematic data collection and analysis.



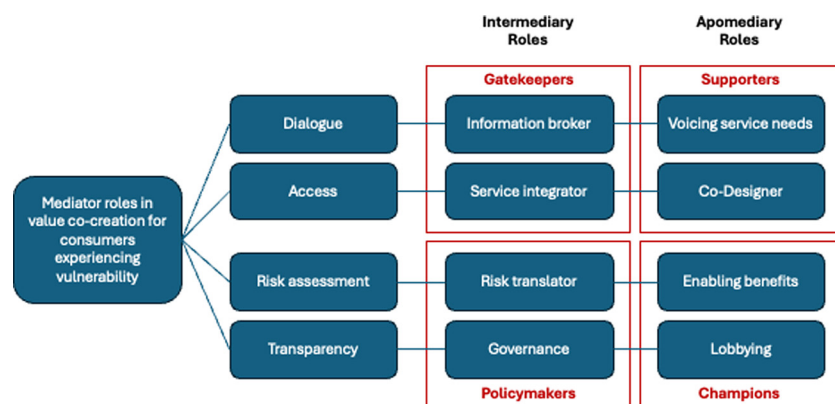
Our identification of four different types of service advocates is based on an extension and refinement of the classification undertaken by [Johns and Davey \(2019\)](#) and expanded in [Davey et al. \(2023\)](#). As discussed in the previous section, the service mediator roles derived by [Johns and Davey \(2019\)](#) using [Pralhad and Ramaswamy's \(2004\)](#) DART framework are reclassified using two dimensions (empowerment, resource access) to identify four new service mediator roles. Defined as service advocates, these four mediator roles – Policymaker, Gatekeeper, Supporter and Champion are shown in [Figure 1](#) and discussed below.

The proposed typology presents a more nuanced classification of the different TSMs introduced by [Johns and Davey \(2019\)](#), providing an understanding of how the institutional priorities of different mediators influence their roles and responsibilities within an ecosystem, and ultimately, the way they engage with consumers experiencing vulnerability and other actors within a service ecosystem. [Figure 1](#) illustrates how the DART framework and the original TSM model were decomposed to identify four types of service advocate from within intermediaries and apomediarities. In [Figure 2](#), we show how these four types of service advocate arise as a consequence

of reclassification based on two dimensions – empowerment and resource access. Empowerment is defined as the degree to which service advocates prioritize consumer agency (i.e. enabling self-determination) versus stewardship (i.e. safeguarding resources through institutional control) ([Johns and Davey, 2019](#)). Resource access refers to whether resources are distributed equitably (i.e. tailored to individual needs) or equally (i.e. uniform allocation regardless of circumstances) ([Fisk et al., 2018](#); [Verleye et al., 2017](#)).

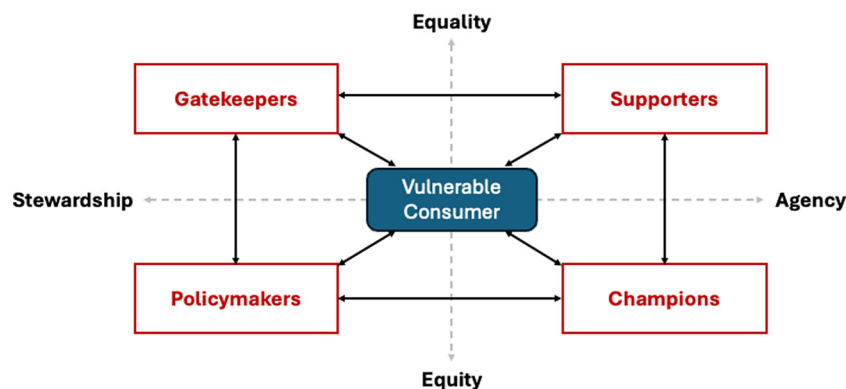
These dimensions were selected to reflect and distinguish the institutional logics of the different service advocates, and to address systemic tensions that arise within service ecosystems due to these competing logics. Empowerment captures the tension between individual autonomy and institutional oversight, whereas resource access reflects competing priorities of customization and standardization ([Pralhad and Ramaswamy, 2004](#)). Policymakers and gatekeepers operate under stewardship logics, emphasizing systemic control ([Johns and Davey, 2019](#)), whereas supporters and champions prioritize agency, advocating for consumer-driven solutions ([Davey et al., 2023](#)). Similarly, equity-focused advocates (policymakers, champions) tailor resources to vulnerability contexts, whereas

**Figure 1** Typology of service advocates



Source: Adapted from [Johns and Davey \(2019\)](#)

**Figure 2** Conceptual framework for service advocacy



Source: Authors' own work

equality-focused actors (gatekeepers, supporters) prioritize uniformity to ensure broad accessibility (Fisk *et al.*, 2018). This distinction enables service advocates to diagnose gaps where empowerment and resource access priorities clash – for example, when gatekeepers' equality-driven protocols undermine champions' equity-focused advocacy:

- *Policymakers* work at a macro level, influencing regulatory frameworks and governance processes to ensure that services are inclusive and equitable. As a key intermediary in a service ecosystem, policymakers seek to reduce risk and promote more transparency in how services are delivered. This requires that policymakers liaise with other stakeholders to ensure that the needs of consumers experiencing vulnerability, who might otherwise be excluded from a service ecosystem, are appropriately considered (Fisk *et al.*, 2018). Where a failure of the market to provide adequate or necessary services is observed, as is often the case with servicing the needs of the most vulnerable, policymakers may also oversee the translation of policy into appropriate market-facing interventions via program funding mechanisms. For example, the Australian Government's National Disability Insurance Scheme (NDIS) exemplifies policymakers' stewardship role. By engaging in iterative dialogue with advocacy groups (e.g. People with Disability Australia), policymakers revised eligibility criteria to prioritize equity for individuals with psychosocial disabilities, ensuring tailored access to employment programs (AIHW, 2024; NDIS, 2024). This aligns with the DART framework's emphasis on transparency and dialogue, as policymakers translated stakeholder feedback into systemic reforms (Pralhad and Ramaswamy, 2004).
- *Gatekeepers* are meso-level actors responsible for deciding what services are delivered to support consumers experiencing vulnerability. A key challenge for this type of intermediary is balancing how the services are aligned with the unique needs of individual consumers while ensuring operational and financial sustainability for the business (Johns and Davey, 2019). Gatekeepers must, therefore, liaise with key internal and external stakeholders to ensure that services have access to the necessary resources and that these services are integrated across the business. Their advocacy centers on ensuring fair access to services without compromising policy objectives (Johns and Davey, 2019). For instance, in a hospital setting, administrators (gatekeepers) allocate limited mental health resources by standardizing waitlist protocols to ensure equal access. However, this equality-driven approach may conflict with frontline staff advocating for prioritized care for high-risk patients (McColl-Kennedy *et al.*, 2020). Such tensions reflect the DART framework's risk-assessment pillar, where gatekeepers balance institutional efficiency with individualized needs through dialogue with supporters (Verleye *et al.*, 2017).
- *Supporters* are micro-level actors focusing on operational processes, ensuring services are delivered effectively. This type of apomediary emphasizes the importance of efficient service provision while remaining attuned to the unique needs of vulnerable populations, facilitating direct engagement between providers and consumers

(Davey *et al.*, 2023). Supporters operate at the frontline of service provision, balancing the challenge of delivering customized services to meet the needs of individuals in a cost-effective and timely way. For example, employment consultants in disability services act as supporters by co-designing personalized job training with participants. By maintaining open dialogue with champions (e.g. families), supporters adjust training schedules to accommodate mental health needs, operationalizing the DART framework's emphasis on two-way communication (Johns and Davey, 2019). This micro-level dialogue ensures that their clients receive fair access to resources while adhering to gatekeepers' operational constraints (Anderson *et al.*, 2018). Notably, we can understand that the closeness of the supporter to the client might suggest an emphasis on equitable access to resources, however, the institutional constraints that govern the behavior of supporters places limits their advocacy to ensuring fairness.

- *Champions* directly represent consumers experiencing vulnerability, working to empower them and ensure their voices are heard in service design and delivery. The role of this apomediary is essential in promoting equity and agency, often working to reduce barriers and advocate for individualized solutions that meet the specific needs of consumers (Johns and Davey, 2019). In this sense, their advocacy's key focus is just access to resources. These service advocates can operate at both the micro- and meso-levels. For instance, the #FixMentalHealth campaign in Australia mobilized grassroots advocates to demand equitable access to crisis housing. By leveraging lived-experience narratives in dialogues with policymakers, champions secured funding for trauma-informed shelters (Mental Health Australia, 2022). This illustrates the DART framework's transparency pillar, as champions amplify marginalized voices to reshape institutional priorities (Davey *et al.*, 2023).

This interdependency among the different service advocates is also consistent with Gummesson's (2008) concept of balanced centricity, which emphasizes the need for equilibrium between the needs and interests of all actors within a service ecosystem. The empowerment dimension (stewardship vs agency) reflects institutional tensions between centralized control and consumer autonomy. Stewardship, aligned with institutional logics of risk mitigation (McColl-Kennedy *et al.*, 2020), for example, prioritizes systemic oversight to safeguard vulnerable consumers, whereas agency emphasizes self-determination and participatory decision-making (Hill and Sharma, 2020). Vargo and Lusch (2016) argue that for service ecosystems to thrive, actors must balance institutional governance (stewardship) with resource integration through consumer agency – a duality critical to addressing vulnerability (Davey *et al.*, 2023).

The resource access axis (equity vs equality) addresses systemic tensions between standardization and customization. Equality-driven approaches, rooted in Rawlsian distributive justice (Fisk *et al.*, 2018), ensure uniform access to mitigate exclusion. Equity, on the other hand, focuses on tailored interventions to address disproportionate needs (Verleye *et al.*, 2017). For example, in disability employment ecosystems,

equality ensures baseline access to job training programs, but equity requires individualized accommodations (e.g. flexible schedules for mental health needs) to achieve substantive inclusion (Anderson *et al.*, 2018). These distinctions align with the DART framework's emphasis on *access* as a pillar of value co-creation (Pralhad and Ramaswamy, 2004), where equitable access fosters dialogue between advocates and consumers, whereas equality ensures procedural fairness.

This two-dimensional framework is also empirically grounded in prior research on service ecosystems. For instance, McColl-Kennedy *et al.* (2020) demonstrate how health-care gatekeepers' equality protocols (e.g. standardized waitlists) often conflict with supporters' equity-driven adjustments (e.g. prioritizing high-risk patients), highlighting the need for frameworks that can reconcile these tensions. Similarly, Russell-Bennett *et al.* (2023) show that empowerment without equitable access risks perpetuating marginalization, whereas equity without stewardship may destabilize service ecosystems. By integrating these dimensions, Figure 2 can be used as a diagnostic tool to identify gaps where institutional logics misalign with consumer needs (Field *et al.*, 2021). Importantly, as these different perspectives often lead to tensions within the service ecosystem, balance is necessary to achieve the desired outcome of reducing consumer vulnerability within the given resource constraints of a particular service ecosystem.

## Illustrative case

The typology of service advocates delineates four key mediators – policymakers, gatekeepers, supporters and champions – each fulfilling distinct roles in promoting access and empowerment within a service ecosystem. To elaborate on the different types of advocacy provided by the four key mediators, we provide an illustrative case of disability employment services intervention in Australia. Following is an overview of the objective and purpose of the case, the rationale for case selection and a brief summary of some key considerations relating to the data and analysis.

**Objective and purpose.** An illustrative case is a qualitative research approach used to describe and explain a particular phenomenon by providing vivid, real-world examples. This approach is often employed to simplify complex concepts, theories or practices, making them accessible to a wider audience (Yin, 2017). The primary objective in using this approach in the present paper is to offer clarity regarding the roles of different service advocates in an applied context, often through storytelling, rather than testing or generating new theories (Flyvbjerg, 2006). This approach is particularly applicable in the present paper where a practical example is sought to clarify the abstract ideas introduced in the typology. However, its reliance on a limited scope of cases means findings are not inherently generalizable, a critique common to all case-related methods.

**Rationale for case selection.** The illustrative case approach typically draws from a single case example that is exemplary or representative of some broader context. These cases are selected to demonstrate specific characteristics or issues in an engaging and relatable way (Stake, 1995). The illustrative case presented in this paper explores the roles of different service advocates engaged in a government-funded program to assist young adults with PSD to gain employment in the Australian

retail sector. Unemployed young adults with PSD in Australia are particularly vulnerable as consumers due to a combination of socio-economic and structural challenges.

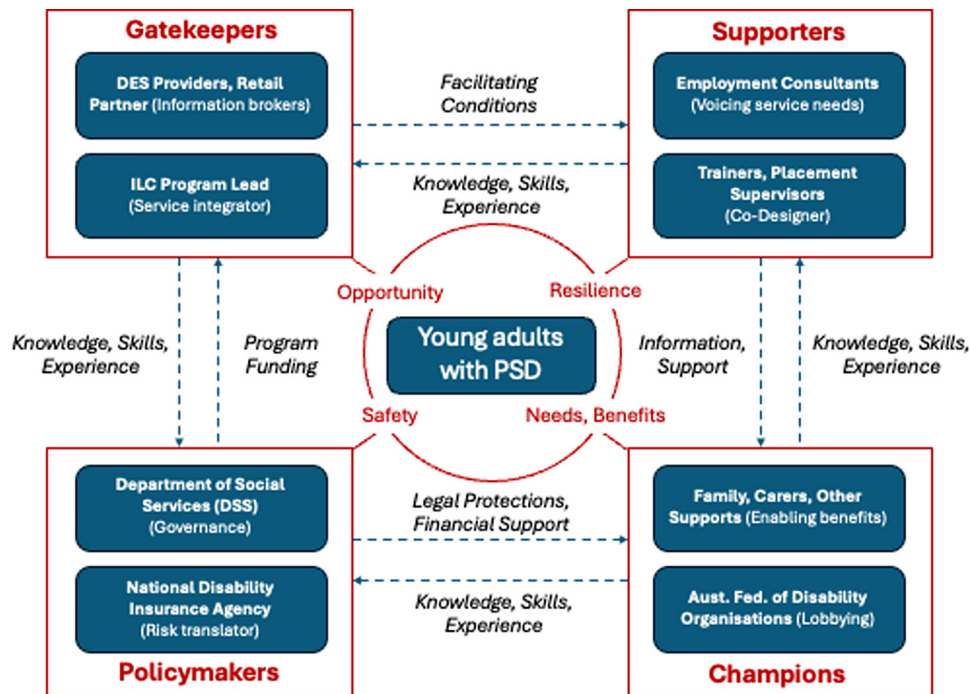
Defined as a disability arising from a persistent mental health condition (NDIS, 2024), young adults with PSD are more than twice as likely to be unemployed (25%) than young adults without disability and more than five times as likely to be unemployed than the average Australian (AIHW, 2024). This is because underlying mental health conditions like anxiety or depression can hinder work participation (Chen and Lal, 2020), and stigma surrounding PSD exacerbates this by limiting job opportunities (Beatty *et al.*, 2019), leading to financial insecurity that worsens mental health conditions (Mental Health Australia, 2022). Unfortunately, the situation is made worse by the lack of adequate and affordable mental health services (Beyond Blue, 2024) and the failure of current support services to reflect the needs of young adults (Brown *et al.*, 2016). To help address these shortcomings, the Australian Government Department of Social Services funds short-term projects (interventions) via its Information, Linkages and Connections (ILC) program.

**Data and analysis.** This paper reports on one such ILC project undertaken by the authors to develop and evaluate an intervention to assist young adults with PSD in securing entry-level retail jobs. In developing the intervention, the authors used the three-stage Management and Interaction Design for Service (MINDS) method to design the service concept, the service system and the service encounter (Grenha-Teixeira *et al.*, 2017). The first stage in our use of the MINDS approach (i.e. designing the service concept) aimed to identify key stakeholders involved in supporting participants to find work. The second stage focused on the complementary roles and responsibilities of these different actors and the third stage explored options for exploiting the resources available from these actors to facilitate delivery of the intervention, which in our case involved a four-week skill training program followed by a two-week work experience placement.

Each stage of the MINDS approach was facilitated using online co-design workshops involving a mix of the different service advocates, with 8–10 participants in each workshop. The first workshop involved presentation of an initial “strawman” service concept, with discussion focused on identifying any missing actors and capturing information on their respective roles. This information was then used to develop a preliminary service system design that was scrutinized and redesigned as part of the second workshop to highlight the specific resources needed and who would provide these. The final workshop focused on the design of the service experience for participants, with attention given to three key phases – recruitment, training and placement. While a detailed discussion of the resulting intervention and its effectiveness is outside of the scope of the present paper, Figure 3 provides an overview of the key findings related to the main objective of the paper – to clarify the roles of different service advocates in a specific context.

## Key findings

The inner circle in Figure 3 shows how value is co-created with consumers experiencing vulnerability and the four different types of service advocates. The dotted lines joining the service

**Figure 3** Service advocates in the disability employment service ecosystem

Source: Authors' own work

advocates show the flow of resources required to enable employment outcomes. Starting at the bottom left, we can see that the Australian Government is the primary policymaker responsible for ensuring that the ecosystem is governed effectively and that policies provide clear and transparent expectations for how service advocates will engage in the service ecosystem. This responsibility falls on the Australian Department of Social Services (DSS) and the National Disability Insurance Agency (NDIA), the two statutory authorities with responsibility for overseeing Australia's Disability Strategy 2021–2031 – the primary governance instrument outlining Australia's commitments under the United Nations Convention for the Protection of the Rights of People with Disability (United Nations, 2007), including commitments relating to employment and financial security. With operational responsibility for implementing this strategy, DSS is focused on governance while the NDIA acts as a risk translator, developing legislative protections and funding programs that support economic participation and promote the well-being of Australians with disability, including young adults with PSD.

The arrows to and from the policymakers box show how the Australian Government has the primary aim of creating safety for young adults with PSD. Achieving this aim relies on champions' and gatekeepers' knowledge, skills and experience. In exchange, DSS provides financial resources (e.g. welfare payments for carers, grants to the Australian Federation of Disability organizations [AFDO] and its members and funding for relevant programs such as the ILC program) and, where necessary, enacts relevant legislative protections to ensure that the rights and safety of young adults with PSD are preserved

(e.g. Social Security Act 1991, National Disability Insurance Scheme Act 1993). In these roles, the Australian Government acts as a macro-level steward emphasizing the equitable distribution of resources to deliver supports that ensure the safety and economic participation of young adults with PSD.

The box in the top left corner captures the roles of the gatekeepers in the service ecosystem. The service integrator is the lead organization responsible for implementing the ILC program. This organization must administer the resources received to achieve the specific aim of the funded project – to create an opportunity for young adults with PSD to enjoy greater economic participation. The service integrator must work with information brokers that can connect the ILC project with young adult job seekers (i.e. Disability Employment Services providers) and job opportunities (i.e. a major Australian retail chain) to achieve this aim. In addition to providing feedback to DSS via regular reporting, the gatekeepers work together to provide the facilitating conditions for the project (e.g. salaries for frontline staff, promotional resources, training facilities, catering, etc.). In these roles, the gatekeepers act as meso-level stewards emphasizing the fair distribution of resources to ensure that all participants have equal access to the opportunities available within the project.

The top right box shows how supporters contribute to the project's aim. Constrained by the resources provided by the gatekeepers and informed by the expressed needs of the champions, these frontline support workers select and directly assist the project participants. Trainers and placement supervisors work with participants to co-design a learning experience aligned to the specific preferences of each person,



aided by the participant's employment consultant (i.e. caseworker) who has responsibility for ensuring that the participant has access to additional supports (e.g. travel support, clothing support). The employment consultants also liaise with family, carers and clinicians to monitor the participant's mental health needs during the project. Notably, the project was not intended to be a clinical intervention but rather focused on providing behavioral support to build participants' resilience so that they could better cope with any mental health challenges triggered by the work environment. In these roles, the supporters act as micro-level agents with an emphasis on ensuring that all participants have equal access to the support needed to develop resilience.

The bottom right box indicates the important role of champions within this service ecosystem. Those closest to the participant (i.e. family, carers, therapists and other professionals) are focused on ensuring that the participant's individual needs are met and that the benefits promised from involvement in the program are realized. Representative champions were consulted on the design of the recruitment, training and placement processes associated with the project, with all champions encouraged to provide direct feedback on the deliverables during the operational phase of the project. This feedback is collated and reported to policymakers and gatekeepers via their advocacy to supporters. The champions can also request and receive progress updates from the frontline support staff (if approved by the participants).

With a special focus on ensuring that the human rights of participants are protected, AFDO and their members have both a macro-level input into policy (i.e. response to public inquiries and lobbying) and a micro-level input into the design and implementation of specific projects (i.e. primary research and participation on the project advisory board). In these roles, the champions act as agents with an emphasis on ensuring justice via equitable access to supports tailored to the needs of individual participants. Notably, service advocates such as AFDO also play an important role in monitoring and feeding back information to other service advocates (particularly policymakers) when they identify role conflicts and tensions that undermine the performance of the service ecosystem.

## Toward a research agenda

Despite their shared objective of supporting consumers experiencing vulnerability, the divergent institutional logics that guide their roles can result in significant conflicts and tensions. These conflicts and tensions are not merely operational but reflect deeper systemic issues inherent in achieving balanced centricity, which Gummesson (2008) defines as the desired state of an ecosystem where the mutual needs of all stakeholders have been met. Analyzing these conflicts and tensions requires consideration of how institutional constraints, power dynamics, and resource distribution intersect with the responsibilities of these actors. While there is potential for a wide range of conflicts and tensions, we will discuss the main four that we observed during the project's operational phase.

*Competing logics of equity and efficiency.* Policymakers function at the macro level of service ecosystems, where their primary concern is establishing governance frameworks and regulatory

mechanisms to ensure effective and inclusive service delivery. As the architects of governance, their role is inherently strategic and long-term, emphasizing risk mitigation, transparency and systemic stability (Field *et al.*, 2021; Vargo and Lusch, 2016). Conversely, gatekeepers operate within meso-level institutions, where their responsibilities are more operational, focusing on the allocation of resources and the pragmatic delivery of services to vulnerable populations (McColl-Kennedy *et al.*, 2020). Gatekeepers face the challenge of balancing the specific needs of individual consumers against the need for organizational sustainability and efficiency.

This inherent tension is a classic manifestation of conflicting institutional logics, where policymakers' commitment to equitable access can conflict with gatekeepers' prioritization of operational efficiency. The emphasis policymakers place on creating broad, equitable service frameworks may result in regulations that limit gatekeepers' flexibility to respond to market forces and individual consumer needs, leading to service gaps (Verleye *et al.*, 2017). Our typology directly addresses this gap by providing a structured approach for organizations to audit their advocacy roles. For example, transformative service initiatives (TSIs) in health care might use the framework to redesign workflows that align gatekeepers' resource allocation protocols with supporters' needs for flexibility, thereby reducing service exclusion (Fisk *et al.*, 2018). Moreover, gatekeepers must navigate these regulatory constraints while ensuring financial viability, creating potential tensions when policymakers impose requirements that may be operationally impractical or financially unsustainable. This conflict reflects a deeper institutional contradiction: while equity mandates suggest the need for customized service delivery, economic realities may require standardization, leading to the exclusion of consumers experiencing vulnerability from services ostensibly designed to support them (Johns and Davey, 2019).

*Strain between operational control and consumer-centricity.* Supporters who engage directly with consumers operate on the micro level and are focused on the personalized delivery of services that address the specific vulnerabilities of individuals (Anderson *et al.*, 2018). Their roles often involve navigating the complexities of vulnerability in real time, which demands flexibility, empathy and adaptability (McColl-Kennedy *et al.*, 2012). However, their ability to effectively fulfill these roles is often constrained by gatekeepers' resource and operational limitations. The primary role of gatekeepers is to control the flow of resources and manage the delivery of services in a way that balances organizational sustainability with consumer needs (Verleye *et al.*, 2017).

The tension between gatekeepers and supporters is exacerbated when gatekeepers' focus on operational control and efficiency restricts supporters' ability to deliver personalized care. While supporters may advocate for more tailored interventions, the gatekeepers' focus on maintaining resource constraints may lead to the implementation of rigid protocols, reducing the flexibility required to address individual consumer vulnerabilities. This tension highlights the broader challenge of reconciling institutional demands for efficiency with the micro-level need for consumer-centered service. This tension is particularly acute in service ecosystems with limited resources (McColl-Kennedy *et al.*, 2020).

*Advocacy vs practical constraints.* Champions, such as family members, caregivers or consumer advocacy groups, operate at the micro and macro levels, advocating for the rights and needs of consumers experiencing vulnerability (Johns and Davey, 2019). Their role is inherently protective, aiming to ensure that voices of consumers are heard, and services are designed and delivered in ways that meet individual needs (Davey et al., 2023). Champions frequently push for greater consumer agency and services tailored to each consumer's unique circumstances, which can conflict with supporters who face practical limitations in service delivery.

While supporters aim to deliver services efficiently, they often must navigate constraints related to staffing, resource allocation and institutional policies that restrict their ability to provide the level of personalized care champions advocate for (Anderson et al., 2018). Champions, focused on empowering consumers experiencing vulnerability, may view the compromises supporters make as inadequate or even harmful, particularly when those compromises result in the continued marginalization of the consumer. This tension reflects a broader societal issue: the gap between the ideals of empowerment and agency championed by advocacy groups and the institutional and practical limitations faced by service providers (Sandberg et al., 2022; Leino et al., 2021).

*Systemic change vs immediate consumer needs.* The relationship between policymakers and champions is fraught with tensions rooted in the differing temporal and institutional perspectives that guide their actions. Policymakers are concerned with systemic change and long-term governance, which may involve designing frameworks that enhance equity and access over extended periods (Fisk et al., 2018). In contrast, champions are often focused on the immediate needs of consumers experiencing vulnerability and may push for rapid changes that directly impact individuals in the short term.

This divergence in focus creates inherent contradictions: policymakers' efforts to enact systemic changes are often too slow or too generalized to address the urgent, individualized needs that champions advocate for (Verleye et al., 2017). Moreover, champions may argue that policymakers' long-term frameworks fail to account for consumers' specific and evolving needs, leading to service gaps and the perpetuation of existing inequalities. This conflict underscores the broader challenge of reconciling the need for systemic change with the demand for immediate action in service delivery (McColl-Kennedy et al., 2020).

The conflicts and tensions between policymakers, gatekeepers, supporters and champions within service ecosystems reflect deeper institutional contradictions between competing equity and empowerment priorities. These conflicts and tensions highlight the complex interplay between institutional logics and the practical realities of service delivery for consumers experiencing vulnerability. There is a critical need for more research to guide service ecosystems to adopt more flexible, responsive frameworks that balance efficiency demands with the imperative to provide individualized, equitable care. Table 2 presents a summary of key research questions relating to the four types of service advocates introduced in this paper and the conflicts and tensions between these service advocates.

## Conclusions

In this paper, we discuss how a special type of service mediator – service advocates – support empowerment and resource access for consumers experiencing vulnerability within service ecosystems. Responding to a recent call for more research into different types and roles of service mediators (Johns and Davey, 2021), we identify four service advocates – policymakers, gatekeepers, supporters and champions. Operating at macro, meso and micro levels within a service ecosystem, we provide an illustrative case to show how these advocates work together to reduce systemic barriers and ensure that consumers experiencing vulnerability can access the necessary support and resources to thrive.

Our main contribution is in highlighting that an effective response to consumer vulnerability requires balancing the different competing institutional logics that inform the roles and responsibilities of different service mediators. The resulting frameworks (see Figures 1 and 2) advance the vulnerability literature by bridging institutional theory with TSR, demonstrating how service advocates' roles are shaped by institutional logics and the two dimensions of empowerment and resource access – a duality overlooked in prior frameworks (Johns and Davey, 2019; Vargo and Lusch, 2016). For the different mediators within a service ecosystem, our framework provides actionable guidance. Policymakers can leverage the typology to design adaptive governance structures that empower gatekeepers to allocate resources equitably (Fisk et al., 2018), whereas supporters and champions can use it to advocate for institutional flexibility in frontline service delivery (Anderson et al., 2018).

The framework and typology can also serve as diagnostic tools to support the development and improvement of TSIs targeting consumers experiencing vulnerability. For instance, the framework can be used to illustrate how gatekeepers' equality-driven resource allocation (e.g. standardized welfare programs) fails to address the unique needs of marginalized groups. Similarly, champions can leverage their agency/equity focus to advocate for policy adjustments (Fisk et al., 2018). For TSIs, the typology clarifies how conflicting priorities between advocates (e.g. systemic change vs immediate needs) can be mitigated through collaborative institutional work, such as co-designing protocols with champions to align long-term policy goals with short-term consumer demands (Verleye et al., 2017).

By synthesizing institutional theory with TSR, we demonstrate how service advocates can reframe vulnerability through a strengths-based lens (Russell-Bennett et al., 2023), challenging exclusionary practices while amplifying consumers' agency in driving institutional change (Verleye et al., 2017; Davey et al., 2023). This integration offers a new avenue for future research (see Table 2), suggesting that institutional work – creating, maintaining or disrupting institutional arrangements – is essential for building more inclusive service ecosystems.

Furthermore, as noted by one of the reviewers, institutional theory provides a robust lens for analyzing how advocacy roles are shaped by structural arrangements (Lawrence and Suddaby, 2006). Future research could explore how institutional work – such as disrupting exclusionary logics or creating proto-institutions (Thompson-Whiteside et al., 2023) – enables service advocates to improve consumer agency while navigating systemic constraints.

Table 2 Indicative research questions

Type of service advocate	Research questions	Conflicts and tensions	Research questions for conflicts and tensions
<b>Policymakers</b>	1. How do policymakers balance the need for equity with the realities of limited resources in service ecosystems? 2. What role does transparency in policymaking play in reducing consumer vulnerability? 3. How can policymakers create more flexible regulatory frameworks that adapt to changing consumer needs?	Equity vs efficiency	4. How can gatekeepers and policymakers co-create service frameworks prioritizing flexibility and operational efficiency? 5. What strategies can mitigate the rigidity of policies that hinder personalized care in ecosystems servicing consumers experiencing vulnerability?
<b>Gatekeepers</b>	6. How do gatekeepers navigate the tension between financial sustainability and providing personalized services to consumers experiencing vulnerability? 7. What decision-making frameworks can gatekeepers use to ensure fair resource distribution? 8. How can gatekeepers be more effectively integrated into the long-term strategic planning of service ecosystems?	Operational control vs consumer-centricity	9. What are the best practices for aligning gatekeepers' operational constraints with supporters' need for flexibility in delivering individualized care? 10. How can data-driven insights improve the responsiveness of gatekeepers to frontline supporter demands?
<b>Supporters</b>	11. How can frontline supporters ensure that the voices of consumers experiencing vulnerability are incorporated into service design? 12. What challenges do supporters face in delivering individualized care within resource-constrained environments? 13. How can supporters be empowered to advocate for greater flexibility within institutional frameworks?	Practical constraints vs consumer agency	14. How can champions and supporters collaborate more effectively to prioritize consumer needs without overburdening operational resources? 15. What frameworks can support equitable power-sharing between champions and supporters in advocating for consumer needs?
<b>Champions</b>	16. How can champions ensure their advocacy leads to systemic change rather than short-term fixes? 17. What role do champions play in co-designing services with consumers experiencing vulnerability? 18. How do champions navigate power imbalances between consumers and other service actors?	Systemic change vs immediate consumer needs	19. How can champions influence policymaking to address immediate consumer needs and long-term systemic issues? 20. What are the most effective advocacy strategies for ensuring short-term consumer demands do not conflict with policymakers' long-term goals?

Source(s): Authors' own work

Such work would deepen our understanding of advocacy as both a micro-level practice and a macro-level institutional force. Moreover, institutional theory offers a pathway to connect advocacy roles with broader societal transformation. For example, the typology's emphasis on policymakers and champions highlights how macro-level governance and grassroots activism can co-evolve to dismantle systemic barriers (Lawrence and Suddaby, 2006). Future research could examine how institutional work – such as lobbying for policy reforms or creating community-led support networks – enables advocates to balance equity and efficiency at scale (Verleye *et al.*, 2017). Such efforts not only advance theoretical understanding of institutional complexity but also empower marginalized groups to reshape service ecosystems in ways that reflect their lived experiences (Davey *et al.*, 2023). This societal focus aligns with TSR's mission to promote well-being and justice for vulnerable populations (Anderson *et al.*, 2013).

Practically, our typology provides actionable insights for policymakers and service organizations responsible for designing and delivering services supporting consumers

experiencing vulnerability. Policymakers can use our findings to create more inclusive regulatory frameworks that address the specific needs of marginalized populations, such as individuals with disabilities or those facing socio-economic disadvantages stemming from unemployment (Fisk *et al.*, 2018). Likewise, by recognizing their role as gatekeepers we hope that our findings encourage service providers to work more closely with frontline support staff to understand how bureaucracy can present a barrier to accessing the resources needed to curate an effective solution with consumers to address their vulnerability.

For supporters, our typology advances human-centered care principles by revealing how institutional logics shape the feasibility of flexible, consumer-driven approaches. While human-centered design is widely advocated (Bate and Robert, 2007), our framework identifies systemic barriers: gatekeepers' equality-driven protocols (e.g. rigid resource allocation) often clash with supporters' efforts to tailor services (McColl-Kennedy *et al.*, 2020). For instance, in disability employment contexts, supporters' ability to co-design personalized training



hinges on gatekeepers' willingness to reallocate resources – a tension understudied in prior human-centered frameworks (Fisk *et al.*, 2018). By mapping these role-based conflicts, our typology offers actionable strategies for aligning institutional priorities with consumer agency, such as redesigning workflows to enable micro-level adjustments without compromising meso-level efficiency (Verleye *et al.*, 2017). This extends human-centered care beyond individual interactions to address systemic inequities, a gap highlighted in recent consumer vulnerability research (Russell-Bennett *et al.*, 2023). Future research could also draw from patient advocacy literature to enrich our understanding of service advocacy roles. Studies in health-care settings highlight advocacy dimensions such as safeguarding and mediating, which mirror the responsibilities of service mediators in our typology (Abbasinia *et al.*, 2020). Examining these parallels may help refine the theoretical foundations of service mediation and inform best practices for empowering consumers experiencing vulnerability.

While this paper presents a conceptually developed typology, future research could use empirical methods to systematically validate and refine these classifications. For instance, qualitative case studies, ethnographic research or survey-based approaches could provide further insight into the roles and interactions of service advocates within different service ecosystems (McColl-Kennedy *et al.*, 2020). Such studies would enhance the generalizability and applicability of the framework, contributing to a more comprehensive understanding of service mediation for consumers experiencing vulnerability. Future research could also explore service mediation through a multidisciplinary lens, drawing on insights from health care, law, and social work to enrich the theoretical foundation of advocacy roles (Abbasinia *et al.*, 2020). While this paper introduces a new typology focused on service advocates, empirical studies could examine how similar mediation roles function in different institutional settings, further strengthening our understanding of how service ecosystems mitigate or exacerbate consumer vulnerability.

Finally, our study extends advocacy literature by demonstrating how champions' micro-level activism (e.g. #FixMentalHealth campaigns) disrupts policymakers' macro-level inertia, accelerating systemic reforms. While prior work acknowledges consumer participation (Gallan and Helkkula, 2022), our typology explicates how champions leverage lived experiences to reframe institutional logics – such as shifting policymakers' focus from equality (uniform policies) to equity (tailored solutions) – a dynamic absent in traditional human-centered models (Johns and Davey, 2019). Engaging with these advocates helps organizations and policymakers create more responsive and inclusive service designs (Johns and Davey, 2019). This approach has the potential to improve service outcomes and overall well-being for consumers experiencing vulnerability, especially when aligned with a strengths-based approach (Davey *et al.*, 2023).

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