INCLUSION
RESEARCH
EXPERTS BY EXPERIENCE

Big Survey 24/25 Report

A report by
Inclusion Gloucestershire
July 2025

Contents

Executive Summary

To read the Executive Summary please see the Inclusion Gloucestershire website here: https://www.inclusiongloucestershire.co.uk/research-strategy-and-partnerships/

Introduction

Inclusion Gloucestershire wanted to understand the areas of everyday life that are causing worry or unhappiness for people in Gloucestershire who face disabling barriers.

We invited people who face disabling barriers to give us their opinions and experiences along with any ideas they have for improving things in 2024/2025.

The top concern in 2022 was Finances. We decided to ask for people's opinions again in 2024/2025 to see if anything has changed.

We would like to thank everyone who has taken part and given us their thoughts and opinions. It is so important that we are able to share the reality for disabled people in Gloucestershire.

How we found out what people think (Methodology)

A group of 3 people worked together to write a survey in a co-produced (joined up) way. This group involved staff members from Inclusion Gloucestershire with lived experience of disabling barriers.

The draft survey was shared and tested with 9 members of our Research Advisory Group who have lived experience, and changes were made.

The survey was open for 14 weeks in October 2024 - February 2025.

The survey was available online and in a paper version. The paper version was in easy read.

Support was available to anyone on request to have help to fill out the survey on the phone or in person.

The electronic survey could be translated into several different languages on request and was available in a paper format also.

Information about the survey was shared throughout Gloucestershire in many ways, including:

- Social media of Inclusion Gloucestershire, MHELO (Mental Health Experience Led Opportunities) and many of our partners.
- Direct mail outs to people known to us in Inclusion Gloucestershire.
- Direct mail out to partners in other voluntary sector organisations.

- Direct mail out to partners in local authorities and health organisations.
- Inclusion in various individual organisational newsletters and bulletins across the county.
- Inclusion in talking newspapers.
- At local meetings that disabled people, their carers or supporters and service providers attend such as the partnership boards.
- At the Research Engagement Network which is attended by NHS staff, voluntary sector organisations who do research with marginalised groups, research organisations and research champions.

We also met with people to get their responses in groups and one to one on a face-to-face basis through the Inclusion Gloucestershire Hubs, along with our Dramatic Change Drama group.

At the beginning of the online survey there was information explaining what the survey was about and what will happen if someone takes part. Following on from this consent was explained and participants had to answer several questions confirming that they agreed to take part. For people who completed a paper copy of the survey, an information sheet was provided, and consent form was completed. Participation was voluntary and consent was gained for each participant.

Participants also had to confirm that they were eligible to take part. This was confirmed with an eligibility criteria at the beginning of the survey. This included:

- Being aged 18 or over
- Disabled (This includes people with long-term health conditions, chronic illnesses, sensory impairments, learning disabilities and autistic people)
- Living in Gloucestershire

Every practicable measure was in place to ensure confidentiality. All data was stored in a safe folder on a password protected laptop, which only the research team had access to.

After data collection was completed for the survey, we decided to hold 3 focus groups on the top 3 areas that people were most unhappy about. These areas were **‘Mental Health and Wellbeing’, ‘Discrimination’** and **‘Access to Leisure’.** The focus groups were open to anyone who provided us with their contact details in the survey and anyone else who met the eligibility criteria above. Participation was voluntary and consent was gained for each participant that has been included in this report. Participants read and verbally consented to taking part in the focus groups.

For each focus group, the audio was recorded via Microsoft Teams and transcribed through the Microsoft Teams software, so the data could be analysed at a later date. Each participant was briefed and reminded that the focus group would be recorded.

During each session we asked people a series of open-ended questions that were developed based on the themes that were identified in the survey, these were prepared in advance. The questions were read aloud and displayed on a PowerPoint slide for people to see. It was anticipated that this may be a sensitive topic for some people so participants were reminded that they could leave if they felt uncomfortable and had the option to not answer the questions asked.

Data Analysis

After completion of both the survey and the focus groups, the research team immersed themselves in the data from the transcripts and the survey comments. As a guide for analysis, Braun and Clarke (2006) six steps of thematic analysis were followed. The analytical process commenced with the research team and volunteers familiarising themselves with the comments and focus group transcripts, and after reading the text multiple times, it was then highlighted and annotated developing initial descriptive codes. After the codes had been written, the process was repeated, and the team began looking for any commonalities that could be themes between the different responses.

How many people told us what they think? (Responses)

114 people gave us their views!

84 responses were received to the survey, and 30 people attended the focus groups, which is a combined total of 114 people.

- 18 people attended the first focus group on access to leisure. This was a face-to-face meeting.
- 7 people attended the second focus group on mental health and wellbeing. This was a hybrid meeting.
- 7 people attended the third focus group on discrimination. This was also a hybrid meeting.

We have only included responses from people who did consent to the focus groups.

Who told us what they think?

Here is a summary of the people who took part in the survey:

- (61.3%) identified themselves as female, (36%) as male and (2.7%) as non-binary.

- (2.7%) identified themselves as transgender.

- (77%) identified themselves as heterosexual, (4.1%) as homosexual (lesbian/gay), (13.5%) as bisexual. (5.4%) of people preferred not to say.

- The largest groups of people who gave us their ideas were aged 35-44, and 25-34. The next largest group were aged 45-54 and 55-64. (5.3% of people were aged 65-74, and 2.7% were aged 18-24).

- 97.3% used English as their first language, while 2.7% use two languages.

- 96% identified themselves as White British, 1.3% were Arab, 1.3% were Black or Black British- Caribbean and 1.3% were Black or Black British- African.

- Many people had more than one “type” of lived experience and the percentages will reflect this. 38.1% have lived experience of a mental health condition. 33.3% were people with a physical impairment, 32.1% were people with a chronic illness and 23.8% were autistic. 19% were people with a learning disability, 17.9% have a neurological condition, 15.5% have ADHD and 9.6% had a sensory impairment (sight or hearing loss).

- 35.1% live in Gloucester, 24.3% live in Cheltenham, 14.9% live in the Forest of Dean, 14.9% live in Stroud, 4.1% live in Tewkesbury, 5.4% live in the Cotswolds.

- 38.4% who gave their ideas are members of Inclusion Gloucestershire.

- 62.7% have not used Inclusion Gloucestershire’s services in the last 6 months.

How does this compare to people living in Gloucestershire?

The last census collected information about the identity of people living in Gloucestershire (Gloucestershire County Council, 2023).

We can compare who took part in our survey with what is in the census to see how well our survey represents people who are often not part of research:

People who took our survey	People in Gloucestershire
2.7% were transgender or non-binary	0.4% had a different gender identity from their sex at birth (transgender, non-binary or other)
17.6% were Lesbian, Gay or Bisexual	2.8% were Lesbian, Gay or Bisexual
1.3% were Black, Black-British Caribbean or Black British African	1.2% were Black people from a British, Welsh, Caribbean or African background

A summary of the areas of life making people unhappy

We asked people who gave us their ideas and opinions to tell us how happy they are about 17 areas of life. These areas were:

- Health Care
- Mental Health
- Social Care
- Advocacy
- Finances
- Housing
- Help to find work
- Education
- Leisure
- Social
- Sexuality and Gender Identity
- Concerns/Complaints
- Culture/ Religion
- Discrimination
- Accessible Information
- Access to services
- Personal safety

We asked people to tell us if they were:

- Very happy
- A little happy
- Not sure
- Not too happy
- Not happy at all **OR**
- Whether the area does not apply to them

In previous surveys we have used the negative concept of worries and concerns to reflect that people still face significant disabling barriers in society. Whilst this is still relevant, we decided to look at how happy people were about each area. After discussion with our Research

Advisory Group, it was felt that this was more neutral and less leading. This also reflects best practice in research using questionnaires (UCL, 2025).

We have looked at which areas of life people were most unhappy about.

Areas people are not happy about

We worked out the number of people (in percentages %) who were either “not too happy” or “not happy at all” in each of the 17 areas. The area that most people were most unhappy about was mental health (40.5%).

- Mental Health: 40.5%
- Discrimination: 39.3%
- Leisure: 34.5%
- Health Care: 34.5%
- Finances: 30.9%
- Accessible Information: 27.4%
- Access to services: 26.2%
- Personal safety: 22.6%
- Help to find work: 17.9%
- Social Care: 17.8%
- Social: 16.7%
- Concerns/ Complaints: 16.6%
- Housing: 15.5%
- Advocacy: 14.3%
- Culture/ Religion: 8.4%
- Education: 3.6%
- Sexuality and Gender Identity: 3.6%

Whilst the percentage of people who were unhappy may seem low, the comments made reflect very difficult experiences, barriers and in some cases discrimination. This encouraged us to do a deeper dive into these areas and hold focus groups, as those who were unhappy had very bad experiences.

Areas people are happy about:

We also worked out the number of people who were ‘very happy’ or ‘a little happy’ in each of the 17 areas. The top area that people were happy with was their social life (70.3%).

- Social: 70.3%
- Housing: 65.5%
- Finances: 57.1%
- Personal Safety: 52.4%
- Health Care: 52.4%
- Access to services: 44.1%
- Leisure: 40.5%
- Concerns/Complaints: 38.1%
- Accessible Information: 35.7%
- Help to find work: 33.3%
- Discrimination: 32.1%
- Mental Health: 32.1%
- Sexuality and Gender Identity: 26.2%
- Advocacy: 23.8%
- Culture/ Religion: 22.6%
- Social care: 15.5%
- Education: 8.3%

Findings: More information about what people said was making them unhappy

The top 3 areas that people are the most unhappy about are:

- Mental Health - 40.5% were either not too happy or not happy at all
- Discrimination - 39.3% were either very worried or a bit worried
- Leisure - 34.5% were either not too happy or not happy at all

Information about what people told us in each question and focus group has been analysed and put into different themes.

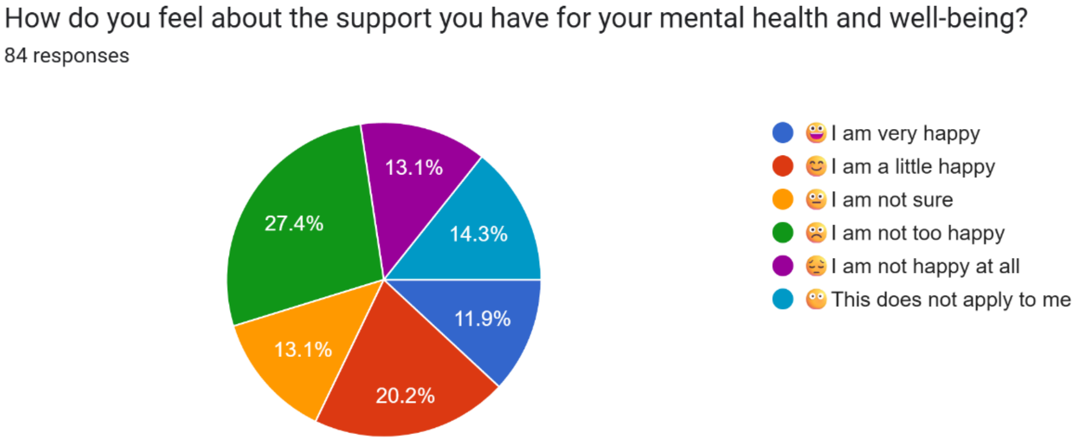
Please note: where we have quoted people's comments directly, spelling may have been slightly altered to improve readability.

Mental Health

We asked people **'How do you feel about the support you have for your mental health and wellbeing?'**

People told us:

1. 40.5% of people were either not too happy or not happy at all with the support for their mental health and wellbeing. This was 34 people.
2. 32.1% of people were either very happy or a little happy. This was 27 people.
3. 13.1% of people were not sure. This was 11 people.



People were unhappy with the mental health support they receive for various reasons, experiencing many barriers which have been explored below.

Accessibility

Many people expressed that accessibility was a barrier to receiving mental health support. People told us about not having reasonable adjustments and specialist equipment, a lack of services available in certain geographical areas, not receiving face to face support and no consideration of their transport needs. These factors were pertinent in the negative outcomes seen in people's experiences of mental health support.

The accessibility of receiving support from a mental health service is essential for disabled people to attend, however, this is something that should always be asked as each person will have different individual needs. One participant had assumptions made about what they could do because of their disability, restricting them from using a service that may have been beneficial for them, without consulting them. As a result of this, alternative support was offered but was not available leaving the person without any help for their mental health.

> *"I was told that there were group CBT sessions that I could be referred to however, they did not do it in the end as they felt that my hearing impairment would mean I wasn't able to interact with the group, they also felt that at the time I needed more 1:1 support before transitioning to a group however that was not available"*

This lack of available support was also evidenced based on where someone lives.

> *“I would say that the support services offered are not always accessible if you live on the border”*

Another participant identified the issue of accessing support due to transport barriers, as they rely on accessible taxis to get places. When an individual’s only option is public transport, getting to mental health support services can provide an additional burden.

> *“I have to get taxis so it'd be easier if they could either be more face-to-face home visit. I don't need your doctor's. So where you can get to me easily. But then if you can't get out easily, perhaps if they can do a home visit”*
>
> *“I don’t think there is a lot of face-to-face support, especially when you’re unable to go out and about”*

A lack of face-to-face support was also a barrier to receiving mental health support. Having face-to-face support, particularly in the form of a home visit is something that is vital for some disabled people if they are unable to travel to certain locations, as they would be unable to access support another way.

Wait Times

We heard from participants that waiting for mental health appointments is common at present and needs addressing. Some participants felt that when they needed support in the moment it was not there; this was particularly evidenced when needing crisis support.

> *“I just get tired and that's a very big problem because there are some things that need to be sorted out at a particular time, but having to wait sometimes can be so discouraging”*
>
> *“The other thing is in crisis; you need help in the moment. Weeks later you might be fine and not need the appointment anymore or not here”*

Another participant expressed how hard it is to remember appointments when they have been waiting for a long period of time. This long wait also exacerbates what they are already feeling as they are looking for a solution and help at a particular time. Whilst people are on waiting lists for support there is a lack of provision offered to people in the meantime.

> *"I need the support, and the waiting list of the doctors are huge, you know, they just weren't really given any support at all other than if they did go privately, was all went on online forums and rooms. You know, there was not an awful lot there"*
>
> *"I'm not sure where to go for support, and it's a long waiting list. I feel really low at the moment and I don't know where to go for help, if you go to GP you have to go onto a waiting list. When you get the call to say you're being spoken to you feel better by then*"

Another participant felt that by the time they had heard back from a professional the help was not necessarily needed. It is evident that many people need help in the moment, and due to long waiting lists or not knowing where to access mental health support this is not always possible.

Time Limited Support

Talking therapies are typically offered to people who are seeking mental health support. It was mentioned that many participants felt that when they were offered therapy it was time limited, on average only being offered six sessions. For many, this felt like therapists were trying to get people in and out without understanding their situation, being treated like they are a 'tick box exercise'.

> *"It was just time limited. Which I think and then you just end up back in the system again with like a revolving door system"*
>
> *"By the time I feel comfortable opening up, the sessions have gone. And then you back to square one again to wait for the doctor to resend you."*

As a result of only receiving a limited number of sessions, people had to go back through the referral process to receive more help. It can take time to build trust during these sessions and for some it felt as though the sessions had ended when they had just built confidence in the therapist. Another participant felt that the counselling sessions were 'too brief to address deeper issues'.

There is a great need for long term support, as a set number of sessions do not seem to be enough for many people.

> *“Treatment programmes end but I will always have my brain”*
>
> *“Health care professionals are great but there is no long-term support. Resources need to be available for continued support”*

Hard to reach

For some, the process of getting an appointment and one that was suited to their needs was a particular challenge. One participant experienced difficulties getting a GP appointment to begin the process of receiving mental health support due to them not being contactable.

> *“You wait weeks or months to hear back about assessments or getting any appointments and non-existent. I can't even see a GP. They sent me to see a nurse who will say, why are you here? You need to see a GP”*

Mental health related services in general have been identified as hard to reach, one participant registered to multiple mental health places and had no response despite chasing them. This resulted in having to access private support as they were in desperate need of help, however, this isn’t always an option for disabled people due to cost.

> *“It's so difficult to get through to them and they've got this 111 option too and that is just… it's difficult to get any help.”*

Overlooked

When receiving mental health support, we found that disabled people’s mental health was often overlooked and was not recognised by health professionals.

> *“But they didn't help me with it at all. They just saw your disability, physical disability and not your mental health. A lot of people overlook it.”*

Disabled people have more complex health issues than the general population, having a higher chance of depression, psychological distress and anxiety (Koenig et al., 2024). Participants often felt that professionals would only look at physical health or mental health separately, not recognising the impact of living with a disability and how these cannot always be separated.

> *“If you're in chronic pain, which is affecting your mental health, they seem to look at one or the other. They don't look at both together”*
>
> *“If you've got a dual diagnosis, they don't look at that either… A disorder plus depression, anxiety, mental health, and they don't look at the dual diagnosis”*

In some cases, physical health was the only focus despite attending appointments for just their mental health. Some participants felt that despite having a disability that has a large impact on their mental health, this was not considered.

> *“I am rarely asked about my mental health regardless of having a long-term condition which does at times impact my mental health.”*

Lack of Support

We found that people often felt unsupported when seeking help for their mental health and were only offered support if they were suicidal and ‘at rock bottom’. It was also identified that there is not enough support to prevent you from getting to that very low stage.

> *“Last time I was in hospital, they turn around and said we've got quite a few people in for their mental health. Are you feeling suicidal? Well, no. OK, then. Well, we can't help you tonight. And I was asked to leave, and this was at midnight when I had no way of getting back home at that time of night.”*
>
> *“The threshold for getting mental health care is too high. You have to be very depressed to get help when needed”*

For some people they felt that they had to contact the crisis team/ helpline as their only option due to not being offered support elsewhere. However, it was found that they couldn’t provide the help that many people need, and they are not always easy to understand.

> *“Can't get any support or help, fed up of being assessed then dropped or palmed off with contact [crisis line] or similar and the crisis team say they are unable to help me, so I'm left in limbo and scared”*

Another participant felt that there is not enough support generally for mental health and this can be heightened if you do not have family members or friends to support you.

> *“There's just nothing really supportive, unless people have got family that's there but not everybody's got family and it's very, very hard for those that are physically ill as well as mentally and vulnerable.”*

People also felt that there was not enough support for carers with children who have Special Educational Needs and Disabilities (SEND).

> *“There aren't services for people like me who care for a child/ children with SEND who have behaviour that challenges / are violent. Talk services won’t support me until "things calm down and you are able to complete the work / prep for sessions". I have been under the crisis team previously who helped but I was extremely vulnerable and was being beaten by my son and no one could help me with my mental health”*

Lack of understanding

It was identified that there is a lack of understanding of disabilities and the many health inequalities that disabled people face, this in turn highlighted that there is a lack of relevant services that are suitable and accessible for disabled people.

This was particularly identified for people with chronic conditions and autism. The lack of services available to disabled people was said to ‘contribute to low moods’ and some people were therefore not receiving any support for their mental health.

Chronic Conditions

Several participants felt that mental health professionals do not understand the comorbidities of living with a chronic illness and the impact this can have on daily functioning. One participant expressed how every outing involves forward planning and, in this case, having a toilet nearby that is accessible.

> *“They think I must be depressed because I am anxious, my anxiety is due to various aspects of my condition, e.g. I have Irritable Bowel Syndrome and Diverticulitis which makes me anxious when I’m socialising (always have to know where there is a toilet).”*

The impact of living with a disability is different for each person and mental health and wellbeing can be impacted by the medication that is needed to manage a condition.

> *“I really don't think that there is sufficient consideration or support for people with Rheumatoid Arthritis and their mental and emotional health which can be severely impacted by having this condition and being limited due to the nasty medication needed to manage it.”*

Autism

Lack of understanding and support for autistic people’s mental health was an area that was mentioned with participants feeling as though mental health professionals do not understand autism and how best to work with autistic people, therefore leaving people unsupported.

> *“Because I am autistic, there doesn't seem to be any mental health support for me”*
>
> *“Mental Health nurses have little understanding about autism linked to mental health conditions which means that they do not understand the links.”*

Autistic people have a higher chance of experiencing poor mental health compared to a non-disabled person (Chinn et al., 2014; Baou et al., 2023), yet our findings suggest that autistic people feel unsupported or misunderstood, having to explain autism to mental health professionals.

> *“There is little support for lower support needs autistic people in Gloucestershire. I'm amazed no one ever checks on me considering the higher risks of self-harm amongst the autistic community.”*
>
> *“The lack of support can also make mental health conditions worse. It can be harder for an autistic person to adjust.”*

Neurodivergence

One participant experienced being blamed for their poor mental health and their diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).

> *“It's because of my ADHD, and he even said I'm the reason for my deteriorated mental health because he believes I don't work towards getting better”*

Lack of understanding (General)

We also heard that there is a lack of understanding on the impact of having to travel to mental health assessments and appointments, especially when the service is unable to provide a service to the individual. This is also not considering the transport barriers that disabled people face.

> *“…Being told they can't help you. Why can't they write this in a letter rather than wasting time making you go all the way to the appointment? If I cancel an appointment I get penalised for it and discharged.”*
>
> *“Travelling hours to not be listened to and to be referred to someone else because they are not professionally qualified enough for that role.”*
>
> *“Long travel times to get to appointments, appointments offered at times when you're not able to attend and not listen to you. Appointments being cancelled on this day”*

Some people expressed that their needs often felt dismissed or not understood.

> *“I've said I can't do group therapy because I'm too empathic. I will pick up on everybody's negative energy in the room and I will walk out feeling suicidal, but they don't seem to care about that. Nobody seems to care that”*

Another participant felt that not everyone can handle group therapy sessions as you are taking on other people’s feeling and thoughts. Group sessions also tend to focus on one person and limits other people’s involvement.

There is a lack of understanding from professionals on the daily demands and impact of living with a disability. This lack of understanding of the additional challenges that disabled people face in their lives can impact on the support they receive.

> *“I don't think a lot of professionals know just how depressing it can be to be in physical pain all the time. I have pain all day, every day and it wears me down”*

This lack of understanding is detrimental because reasonable adjustments cannot be put in place if the professional does not understand the person’s needs. This can result in disabled people not feeling worthy of support because it isn’t accessible to them.

> *“In the past I’ve been told that I can’t start CBT because life at home is too chaotic (I need staff awake with me 24 hours a day) getting a stable care team with consistent faces has been almost impossible, this was a massive problem.”*

Cost

Having a low income can disproportionately impact disabled people (Pu & Syu, 2023). When the therapies that are available and accessible for disabled people are refused, alternative support is not an option due to not having spare money for this.

> *“Alternative therapies are fairly expensive, so not available for a lot of people who just can't afford these”*

> *“Art therapy, which I've done at [service] but it all seems to be about money”*

This also applies to different forms of support, including apps that advertise ways of helping people feel better.

> *“Although it claims when you look these things up it claims it's free, so you download it and then you know it suddenly comes up with a subscription which is not something that everybody can afford or feels like they want to commit to that.”*

For some, the worry about changes in benefits has worsened their mental health and can further complicate receiving support due to not being able to afford it. Disability benefits are often not sufficient to cover these additional costs.

> *“We've got now people are worried about benefit cuts. I think it's going to exacerbate people's mental health”*

Not person-centred

For some people the support was not person-centred, with no attempt to understand people as individuals. The lack of personalised care and offering of medication often left people feeling unsupported. Some participants referred to medication being offered as a quick solution rather than having therapy which they would have preferred.

> *"My experience of mental health professionals is that they lack in self-awareness, awareness of how institutionalised they are and they have a very narrow view of MH patients as lacking insight, lacking resilience, being dysregulated etc - there's no nuance or attempt to understand people as individuals."*
>
> *"I recently accessed 1:1 CBT through [service]. It was very much a box ticking exercise and not very personal. As a result I'm not clear as to whether it really assisted."*

Positive experiences

Some people shared a range of positive experiences in relation to mental health. Different things have contributed to people's positive experiences including support from family, having medication and support from specific mental health services, including private mental health support.

Family Support

Professional Support

“I no longer am on any Mental Health waiting list as I went privately and am now doing really well - my condition is physical”

“I am happy because I have an understanding therapist”

“My GP surgery are quite good at prioritising when issues arise with my mental health”

Discrimination

The second biggest issue for disabled people was ‘discrimination’. We asked people **‘Are you worried that you have been discriminated against in the last year? Discrimination is if you are treated differently because of who you are. This may be because you are disabled or because of your sexuality or because of your culture or religion. It may also be because of your age or your gender or because you are pregnant. It may also be because you are married or in a civil partnership.’**

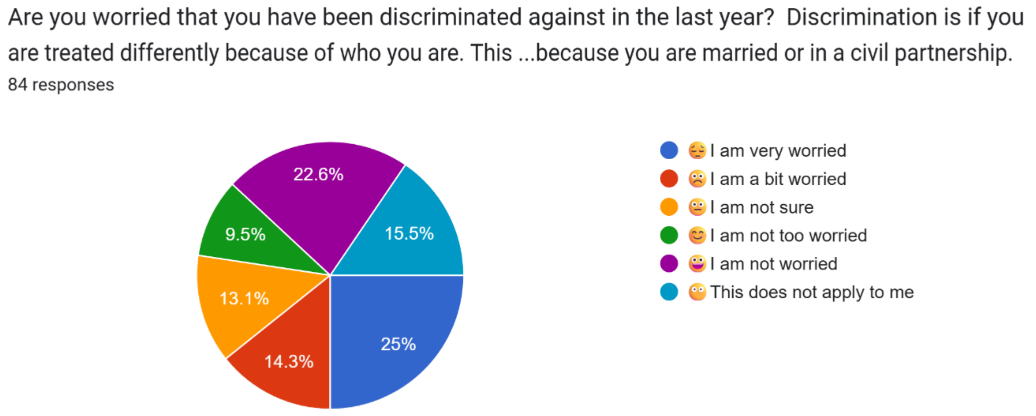
For this question, we decided to change the scale to suit the question better.

We asked people to tell us if they were:

- I am very worried
- I am a bit worried
- I am not sure
- I am not too worried
- I am not worried **OR**
- Whether the area does not apply to them

People told us

1. 39.3% of people were either very worried or a bit worried. This was 33 people.
2. 32.1% of people were either not worried or not too worried. This was 27 people.
3. 13.1% of people were not sure. This was 11 people.



Are you worried that you have been discriminated against in the last year? Discrimination is if you are treated differently because of who you are. This ...because you are married or in a civil partnership.

84 responses

Employment

People who are disabled face many inequalities in their everyday life, including discrimination, and one area where this has been identified is in employment. We heard from people that they experienced employment-based discrimination, one participant shared an example of how a disabled person was passed over for a job despite having the necessary skills.

> *"I know somebody who went for a job, told they were the best person on paper. They had excellent references, and when the*

> *interviewer saw them, they said, we couldn't possibly employ you because you'd be bullied at our work"*

Another participant was dismissed on their first day before having the chance to experience and understand the role. This left the person feeling that they were being treated less favourably because of their disability. It was expected that this person would pick up things instantly, not understanding the person's disability and putting reasonable adjustments in place to support this process.

> *"I had a job in the past where I feel was discriminated from day one because it got rid of me on day one. And then what needs to pick things up really quickly? Because I'm autistic, I can't do that… it'll take me a bit longer to learn things"*

Many people felt that they were treated differently in the workplace and were not considered or dismissed from jobs because of their disability.

> *"I feel I was discriminated against at work"*
>
> *"My workplace often fires neurodivergent people"*
>
> *"Not getting jobs, not getting identified for promotion"*

Physical Access

Participants felt that the lack of physical accessibility to many places is a form of discrimination, restricting access to activities, public transport and other essential aspects of daily life.

Access to public transport was frequently mentioned, with train ramps being inaccessible, not enough accessible parking spaces at the train station and the areas surrounding bus stops being unsafe.

> *"even accessing bus stops can be really difficult in terms of the quality of the of the pavements because it just seems that so fewer people use them. There's so many weeds and potholes that they're almost impossible to use unless you can walk"*
>
> *"Often discrimination I face is more around accessing buildings or transport. It is not necessarily directly at me personally more about a general attitude to disability"*

Participants also mentioned the accessibility of buildings, particularly having problems with doors.

> *“Raised an issue at work about automatic doors and power doors and I used to work at [Employer] and there are hundreds of doors and they were saying basically it was too expensive to be able to.”*

The use of heavy doors was a problem when accessing their workplace, however, no changes were made despite raising the inaccessibility of the building. Another participant had a similar experience with where they live:

> *“It wasn't until I've become a wheelchair user that I've realised just how ablest the general mindset is. A good example of that is where I live, the general age is quite high, I was using a mobility scooter at the time and there were concerns about speeding around the site. So, they put in some really high speedbumps and to the point that I couldn't get my mobility scooter over them and two years later, there's still nothing been done about it and I can only get about the sites by car.”*

> *“Not getting into places, like a road in Cheltenham- I can't get into half the shops because they are not wheelchair accessible”*

> *“There is also the issue of drop curbs being on one side of the road but there is nothing the opposite side of the road, so you have to go for miles before reaching it”*

Attitudes

People’s attitudes towards disabled people were recognised as discriminatory. One way that this was identified was through not directly talking to the disabled person and only engaging with the person who was with them, making assumptions of what the person can and can’t do and treating them as less of a person.

> *“And another thing I have witnessed with people I've been with is people taking over and assuming that they can't do things.”*

Another participant was denied entry to certain places, including pubs and nightclubs due to assumptions about them.

> *“I've experienced being with people who have maybe a speech defect or slowed speech that's been denied access to pubs and nightclubs because they've been told they were drunk and intoxicated and they've been told no; you can't come in when they are obviously clearly sober.”*

> *“The biggest barrier is attitudes and misconceptions, e.g. being denied entry to pubs and clubs because I am mistaken for being drunk”*

This attitude has also been evidenced in disabled people’s uses of public transport. A participant felt that the bus drivers have been unwilling to help them when needing an accessible space on the bus. This has left them feeling like an inconvenience and that they cannot use this transport.

> *“The best drivers are not willing to help, they're not willing, when you say I need that space and they say I can't make them move… And it seems like the attitude of the bus drivers in general, is that I'm an inconvenience.”*

The attitudes towards disabled people can install fear, and some participants have been left scared of what may happen in the future.

> *“I'm really scared that someone's going to take advantage of me because I am autistic and I don't understand.”*

> *“I’m very worried because of the way I’m being treated and I feel very bad about it”*

Another participant was told that they were making excuses in the workplace and made no attempt to understand the impact of living with a disability.

> *“Whilst I was in work, I was recovering from long COVID I was told by my manager to stop referring to some of the impacts it was having because people were getting tired of hearing excuses.”*

There was an overall message that the general public do not understand disabilities and therefore their attitudes reflect this. It was reflected from participants that disabled people are often ‘looked down on for being different’.

> *“There is a LOT of public misunderstanding re disabilities in general but hidden disabilities in particular”*
>
> *“Disability discrimination is rife; people just don’t understand that we are people!”*
>
> *“…I have faced discrimination for much of my life… people have a problem with the way I am… It’s like society doesn’t want people with mental health living amongst them”*

Crime

Being a victim of crime was mentioned with experiences of abuse and harassment. One participant was attacked by someone and now feels unsafe as a result of this, fearing that it could happen again.

> *“I have experienced discrimination and a campaign of abuse/harassment in the last year, and it has had a significant impact on my mental health”*
>
> *“The police has used my mental health to diminish my experience as a victim of a crime”*

Healthcare

It was identified that people experienced discrimination within a healthcare setting from different health professionals, with the language used, how they were treated and not being taken seriously.

A few participants felt that they were not believed about their experiences of pain because of their disability. Decisions and assumptions were made about the person rather than understanding the person’s experiences, they were in turn not treated the same as someone who was not disabled.

> *“I feel the doctors discriminate against me because I am autistic. They do not take my chronic pain seriously”*
>
> *“When I broke my leg the doctor said "any other 25-year-old we would operate" - my parents were able to challenge that view and the consultant then explained all of the options properly. Worried about what happens when I don't have people to advocate strongly for me”*

Another participant was also not taken seriously and experienced abuse at the hands of healthcare staff, now installing fear in this person if they ever need to go back to hospital.

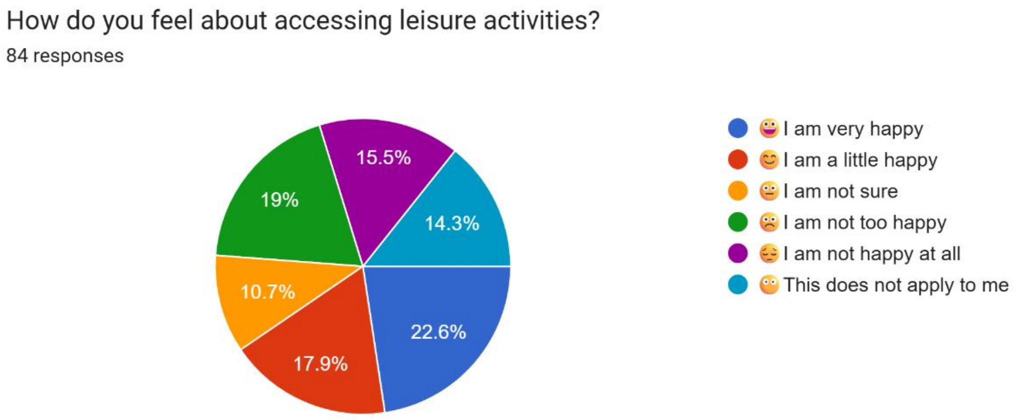
> *“Treatment by [Hospital] A&E nighttime staff - insistent on discharging with no care package and unable to walk. Threatened with police, disbelieved and made to feel a fraud, ignored, bullied, physically abused, medication placed out of reach. Terrified of having to use the service again, which is likely”*

Leisure

The third biggest issue for disabled people was around accessing leisure activities. We asked people ‘How do you feel about accessing leisure activities?’

People told us

1. 34.5% of people were either ‘not too happy’ or ‘not happy at all’. This was 29 people.
2. 40.4% of people were either ‘very happy’ or ‘a little happy. This was 34 people.
3. 10.7% of people were not sure. This was 9 people.



Inaccessible activities

General accessibility of leisure activities is a large barrier and limits what is available for disabled people. Some activities were described as not always physically accessible for the person's interests or were held in older buildings with many steps and no other ways of entering, therefore excluding some disabled people from using this.

> *"I can't access some activities because of the facilities. Most leisure arenas doesn't have facilities that makes movement easier for us"*

> *"More often than not a gym membership/payment is required to be able to access a leisure space that I feel comfortable to go to and isn't overcrowded, but even then, they can't cater for all my access requirements"*

Other factors preventing people from accessing leisure activities include limited accessible toilets, infrequent public transport provision and health and safety concerns.

> *"It's quite difficult because blind people are not always accepted. There's always a big issue around health and safety, sometimes this puts barriers up. It's very difficult for us to access activities"*

> *"I enjoy leisure activities when I can access them, but many venues aren't fully accessible, which limits my options. For example, a local community centre I'd like to attend has no wheelchair ramp, and transport to other locations can be costly. While there are some accessible options, they feel limited compared to what's available for others"*

Some accessible activities were also identified in the focus group, one in particular was having a viewing box at some cinemas, as typically accessible seating at performance venues is often restricted. Despite this being good, there was still accessibility issues with getting to the box.

> *"The cinema and the viewing boxes, those are really good. But to get in there, the lift is rubbish. It's very small."*

Restrictions

Another area that is making people unhappy is feeling restricted in what they are able to do because of factors such as feeling like their condition limits them and having to plan in advance for everything.

> *"But the whole idea is that again… I would argue that for all of us who have a disability, spontaneity goes out of the window."*

Most participants expressed that they do not have the opportunity to decide what they want to do on the day and that everything must be arranged far in advance. This is especially a problem when wanting to do something in the evening. This was because of lots of different factors including transport and needing someone with them.

> *"More people now are getting PAs but even with the PAs how easy is it to arrange a true activity. When you get to go out and we want to go out or do we go out when the PA is available?"*

Another participant shared that when a shop is inaccessible and they have someone with them, the person would need to go in instead however this restricts their freedom and ability to make their own choices to pick what item they want and experience this firsthand.

> *"If I wanted to go to a certain shop and somebody would go in for me but sometimes, I like to see what I want."*

Due to the difficulties leading up to accessing the activity desired, it has sometimes resulted in people settling and not taking part or attending potential activities because they feel they are restricted.

> *"People find that they don't get involved in things because of their condition."*

For many people, accessing leisure activities do not feel like an option, feeling restricted as a result of their condition, this was because of factors like decreased energy levels, pain flare ups and needing to prioritise what little energy they have.

> *"I struggle with this due to energy. I don't really have the ability to do anything other than work"*

> *“I can't afford added luxuries, and my chronic illness is getting to the point that I can't do anything after work or the weekends as my priority is resting”*

> *“I cannot access my hobbies or leisure activities in my spare time due to ADHD burnout, long covid / chronic fatigue and flare ups of my other conditions. To live I need to make sure I rest, but this means a lot of the time I am alone at home almost on bed rest”*

As highlighted above, many participants feel that they need to prioritise their energy for other things that feel more essential, like work and rest. However, this can be isolating and feeling like they are not living.

> *“I have had to suspend my gym membership since my Rheumatoid Arthritis diagnosis as I can no longer run (or sometimes walk!) so going to the gym is out. I would like to swim but don't have the energy to get undressed and showered and changed each time. I am determined to do more things for me this year if I can, but with 3 children and a limited budget it is always hard to engage in leisure activities physically, mentally and financially”*

Transport impact

Transport was a barrier for disabled people when trying to access leisure activities, limiting how often someone is able to do an activity and when they can do it. Limited and expensive transport options makes accessing leisure activities difficult or stressful.

People told us about long journeys, very limited options for wheelchair accessible taxis, and the unpredictability of relying on public transport. One participant expressed that the cost of accessing a taxi regularly has reduced the likelihood of doing a something that they enjoy.

> *“The taxi fare was going to be £17.50 each way, so that's £35 total per week. That's going to limit how often I do that.”*

The reliability of taxis was also a barrier; this is especially important as an accessible taxi may be the only means of travel for a disabled person.

> *“By 5:30 I cancelled the taxi because the session finished at 7:00, so by the time I got to the club it would be 6:00.”*

If a taxi cancels or doesn’t have any available bookings, then a disabled person will not be able to access the activities that they want to do. It was identified that there are not many wheelchairs accessible taxis in Gloucestershire.

> *“The taxis won't take a booking at the moment, none of the firms I found were actually booked for a few days in advance”*
>
> *“It's so hard to get a wheelchair taxi, the DLA doesn't cover this. I can't go to the leisure centre as I wouldn't know where it is, I would have to consider money for not just the lesson, but the transport, having a carer with me”*

Buses were also contributing to the likelihood of people accessing leisure activities, due to the infrequency of public transport and limited buses on certain days and times of the week.

> *“Transport around here is a big big issue, the bus only holds 1 wheelchair per bus and they are so infrequent… There is no room for spontaneity, you have to plan everything in advance into the day. You have to get off the bus at the wrong stop just to be able to get off the bus”*

Another participant shared that the time it takes to travel to activities that are not nearby can be too much due to experiencing unpredictable pain and tiredness.

> *“There is nothing that I both want to do and can do. I used to go to a hydrotherapy pool but it is too far away so we stopped because it was too painful spending that much time in the car.”*

Cost

The cost of accessing activities is an area that is making people unhappy, as it is often unaffordable due to living on a tight income. For some people, activities that require payment are not an option due to not having spare money for this, especially when disability benefits are not sufficient to cover this.

> *"I was referred to [service] which was brilliant but don't know of any other leisure activities available to me. Obviously anything that incurs a cost while on benefits is difficult to join"*

It was identified that it is not just the cost of the activity itself but the cost of getting to the activity, making sure support is there if needed and other factors.

> *"It's not just the ticket for the picture... there are things out there that are free, but it's about getting there and booking and finding out about these things."*
>
> *"The cost again is something that we need to be aware, I mean, one of the things that costs on activities is when we go away on holiday, it is so much more expensive."*

Often the additional costs for a disabled person are not considered including needing someone to support going out, for some people this is only possible if they have a personal assistant (PA) with them.

> *"I'm lucky I've got a PA as I get to go out with a group or on my own… if I didn't have my PA there would not be enough funding to support this"*

The general theme was that many disabled people can no longer afford leisure activities, as the cost is 'prohibitive' and this is not an option without support.

> *"I used to pay for the gym and enjoy swimming, however I can't afford this anymore"*
>
> *"As a retired person, it's not easy to find leisure activities I can afford"*

Lack of support

People found that they did not have enough support to access leisure activities and would not feel comfortable accessing them alone as this can be 'daunting'. One participant who lived in supported living felt that they hadn't been out in a while due to not having someone to take them.

> *“No one has taken me out for a while, no one has taken me out since May this year”*
>
> *“If I had somebody with me I would go out, but I wouldn't go out by myself”*

Adjusting

Some participants had to adjust and accept what things they can do and are no longer able to do and for some people they also had to adjust to no longer being able to do things alone and therefore losing their independence.

> *“I've found it quite difficult coming to terms with my limited disability, in fact that I couldn't do things I used to. I have come to terms with it and so I don't mind not doing things”*
>
> *“I rely on my husband for lifts, so I can’t socialise without him and it impacts on my independence.”*
>
> *“I find it very frustrating relying on other people because I can no longer do things for myself that I used to take for granted. I feel all spontaneity has been taken away from me and I have minimal control”*

This resulted in some people losing their confidence, which is a barrier for them to access leisure activities. One participant found it difficult going to a pub and adjusting to having someone else feed them.

> *“I just felt very self-conscious. I just felt that everybody was looking at me”*
>
> *“I don't feel confident at all or know where to begin”*

Lack of facilities

Lastly, there were a lack of leisure facilities available and accessible for disabled people in Gloucestershire. Here are some suggestions and areas to improve this made by participants:

- Adult soft play
- Hydrotherapy pools

- Activities for Neurodiverse LGBTQIA intersection
- More information on accessible Gyms
- More autism friendly activities
- More groups to join

Other findings

Health Care

We asked people **'How do you feel about the health care you receive? This might include your GP, hospital or other physical health support.'**

We identified several themes from people's comments on health care, these were:

- **Lack of understanding –** People felt that healthcare professionals had a lack of understanding of certain conditions, particularly Myalgic Encephalomyelitis (M.E.) and Autism.
- **Long waits –** People had long waits for different health appointments, including GP appointments, treatments and hospital appointments.
- **Lack of support –** A general lack of support for mental health and chronic conditions including M.E. and POTS. Lack of support from GPs, with a lack of face-to-face appointments and difficulties getting appointments.
- **Positive experiences**

Finances

We asked people **'How do you feel about your finances? This might include the money you have coming in, bills or debts.'**

We identified themes from people's comments on finances, these were:

- **Worries about money –** People's general worries about money and how this impacts their lives.

- **Receiving help from family members –** People have support from family members to cover their daily living costs and without this they would struggle financially.
- **Unhappy about benefits –** People were unhappy about benefits, because for they were not receiving enough money to live or had feared losing their benefits in the future. Some people were finding it hard to access benefits despite having a disability and needing extra support.
- **Lack of support –** Confusion around the processes for things involving money, like paying bills and not enough support for this.
- **Work related money problems –** Money impacted upon because of work, with experiences of workplace discrimination and health impacting on how often someone can work.

Accessible Information

We asked people **'How do you feel about getting the accessible information you need? This could be information from any organisations or services that you use e.g. councils, GP's, banks, leisure centres, buses etc'**

This is a summary of the key information we found out about accessible information, under the following themes:

- **Family and friends support-** People used support from family members and friends to help understand information and provide clarity.
- **Uncertainty of what's available-** Uncertainty about what accessible information was available and how to access it.
- **Lack of accessible information –** Not much accessible information available, using small fonts, non-easy read formats, complex information etc.
- **No changes required –** People received information in a format that was accessible to them.

Access to services

We asked people **'How do you feel about the accessibility of services and facilities you use (for example councils, GP's, banks, leisure centres, buses etc?)'**

This is a summary of the key information we found out about access to services.

- **Transport –** There is limited public transport available for disabled people, with infrequent bus times and only one wheelchair user per bus at a time. There were difficult routes to reach bus stops that were often very far away.
- **Healthcare –** Difficulties in getting to GP and Hospital appointments, the use of complicated online forms, lack of automatic doors and unclear signage.
- **Banks –** Banks as particularly inaccessible with hard-to-reach pin pads and screens.
- **Positive experiences –** Having support from family members when things are not accessible and finding out things for themselves.

Personal Safety

We asked people **'How do you feel about your safety when you are not in your home?'**

This is a summary of the key information we found out about personal safety.

- **Always accompanied** – Feeling safe due to always having someone with them, whether that be support staff, a partner or family.
- **Feeling Vulnerable –** Worries about safety and something bad happening to them and not being able to defend themselves.
- **Hate Crime and Abuse –** Experiences of hate crime and abuse leaving people to feel unsafe, feeling targeted because of their disability.

Help to find work

We asked people **'How do you feel about getting support to find or maintain paid work or voluntary work?'**

This is a summary of the key information we found out about help to find work.

- **No support –** There is not enough support to find work that is suitable for the person's needs.
- **Health issues –** Due to experiences of chronic pain or other health conditions people are unable to work which has caused concern.
- **Insufficient job funds –** Work does not provide enough money for people to live.
- **Employment –** Some people shared that they are employed either doing paid or voluntary work or they have now retired.

Social Care

We asked people **'If you get help from the social care team, how do you feel about your social care assessment or reviews of your support?'**

This is a summary of the key information we found out about social care.

- **Lack of communication** – Participants shared their experiences of a lack of communication from social care, not receiving regular contact or visits, no action taken from carers assessments and general delays.
- **Lack of support –** A lack of support from social care, with support plans not being reflective of a person's situation, rushed procedures and the need to focus on individual needs.
- **Positive experiences –** Easy to access support, with good support from social workers.

Social

We asked people **'How do you feel about being able to have regular contact with friends, family and other people who are important to you?'**

This is a summary of the key information we found out about social.

- **Difficult to socialise –** Difficulty socialising due to mobility challenges, lack of energy; this has sometimes resulted in losing friends.
- **Transport difficulties –** Unable to travel far to see friends, limited public transport means people are not able to see people as often

as they would like and difficulty affording a car or other means of transport to see people.

- **Lack of time –** Difficulties socialising due to not having enough time because of work and other areas.
- **Positive experiences-** People can maintain contact due to social media, phone calls and having supportive family and friends.

Concerns/ Complaints

We asked people **‘How do you feel about sharing concerns, complaints or compliments with any of the organisations who support you?’**

This is a summary of the key information we found out about concerns/complaints.

- **Not listened to –** Participants have raised concerns in the past and were not listened to, with no meaningful change as a result.
- **Hard to complain –** Some people shared that they find it difficult to raise a complaint or speak up when something is wrong and worry about the implications of providing feedback.
- **Able to advocate –** Some people felt confident to speak up when something isn’t right.
- **No support –** Not enough support available to help make a complaint and not knowing how to do this.
- **Family support –** Only able to raise a concern due to having family members do this for them.

Housing

We asked people **‘How do you feel about your housing?’**

This is a summary of the key information we found out about housing.

- **Future concerns –** Worried about what will happen in the future and how likely their housing will meet their needs.
- **Reliance on family –** People being heavily reliant on their parents for housing and the impact this has on independence.
- **Accessibility –** Housing not being accessible for the person’s health needs.
- **Lack of support –** There is a lack of support and slow progress when fixing things that are needed.

- **Positive experiences –** Owning own property and feeling content with housing.

Advocacy

We asked people '**How do you feel about getting advocacy support if you feel you need it? Advocacy is speaking up for yourself or asking other people to speak up for you'.**

This is a summary of the key information we found out about advocacy.

- **Hard to self-advocate -** Participants shared that they find it difficult to speak up for themselves, and it can be triggering.
- **Family support –** Reliance on family members to advocate for them, without this they would find this difficult.
- **Self-support –** Some people were confident in advocating for themselves and do not need support with this.
- **Uncertainty –** Many participants were unsure of what advocacy is and where to find resources to help them to do this.

Culture/ Religion

We asked people '**How do you feel about the services you receive meeting your cultural or religious needs?'.**

This is a summary of the key information we found out about culture/ religion.

- **Lack of awareness –** Lack of awareness of culture and religion, with both often being overlooked.
- **Lack of support –** Lack of support to attend places of worship and knowing where to find this support.
- **Inclusion –** Respectful and inclusive services, making people feel accepted.
- **Abuse/ Discrimination –** Experiences of abuse by people within their religion and outside.

Education

We asked **'If you are at school, college or university, how do you feel about the support you are getting?'.**

This is a summary of the key information we found out about education.

- **Positive experiences** – Good accessible support within the school setting.
- **Lack of understanding** – Lack of understanding of the impact of living with a disability and how this impacts education.
- **Uncertainty of what supports available** – Unsure of what support is available to them in educational setting and how to receive this.

Sexuality and Gender Identity

We asked people **'How do you feel about the services that meet your needs around sexuality or gender identity?'.**

This is a summary of the key information we found out about sexuality and gender identity.

- **Private** – For many, this is a private area that they are happy to manage alone or with family members.
- **Lack of support –** There is a lack of support related to sexuality and gender identity, with groups being inaccessible and little available for autistic people.

Anything else?

We asked people if there was anything else that was not covered in our survey that was an important concern for them. Whilst lots of people reiterated areas that had already come up, including employment, education, housing and mental health.

We also had some new areas, one of these was exercise which was mentioned by a number of people.

- Exercise
- Lack of understanding of their conditions
- Future worries
- Technology
- Caring responsibilities
- General life skills

What areas of life are people most unhappy about?

According to our results, support for mental health and wellbeing is the area that people are most unhappy about at the moment.

The comments that people have shared highlight how mental health services are not always accessible for disabled people and that there are not enough services for disabled people or professionals that have a good understanding of conditions. Two areas that were particularly found were lack of understanding of autism and chronic conditions.

It was also identified that there are many barriers which prevent people from seeking support for their mental health, making their pre-existing feelings worse.

Generally, more people were less unhappy about areas of their lives than last year. However, we cannot directly compare our findings from this year to last year due to using a different scale and some different questions.

We recognise that our survey results don't represent all disabled people, however, through using a mixed methods approach rich, impactful data was collected.

What has this told us and what will we do next? (Recommendations)

Who did we not reach with the research?

Some people were less likely to have been reached or filled in the survey, including:

- Those who identify as male (36%)
- Those who identify themselves as transgender (2.7%)
- Those who identify as non-binary (2.7%)
- Those who don’t identify themselves as heterosexual
- Those aged between 65 and 74, and those aged between 18 and 24.
- People for whom English is not their first language.
- People who identify themselves as from ethnic groups other than White British
- Those who live in Tewkesbury and the Cotswolds
- People with lived experience of a sensory impairment (sight or hearing loss).
- People with ADHD

However, taking into account the demographics of Gloucestershire although some of these percentages are low, they may be representative of the disabled population in the county. We will continue to increase our reach with future surveys.

Recommendations for expanding our reach

Inclusion Gloucestershire is committed to working with people from a diverse range of backgrounds and with diverse lived experiences. In the future we will try to reach more people by doing the following:

- Make sure that we are sharing marketing and information with groups that we know are under-represented in our services.

- Build wider and stronger partnerships with organisations and groups who are more connected with people we did not reach through our survey.
- Ensure that we are exploring more specific ways of reaching people from diverse communities, for example the use of WhatsApp groups to reach the Gloucestershire South Asian community and directly going out into the community more. Whilst the survey was advertised in several talking newspapers, it is important that all our research is advertised here and in as many as possible.
- Review the accessibility of our website.
- Review the accessibility of this survey and the research methods we used.

Recommendations from our findings:

	Barrier/Issue	**Recommendation**
	MENTAL HEALTH	
1	Not being offered or provided with reasonable adjustments when accessing mental health support.	Services need to ask patients about the reasonable adjustments that they need to access mental health support and implement these. At the initial assessment offer a phone or video call and ask the service user if any reasonable adjustments need to be made in order to access the services they need. Things to consider include: size of room, location of room to be used, do appointments need to be made for certain times to tie in better with using public transport or energy levels.
2	Transport barriers create an additional financial, time and emotional burden for disabled people attending appointments for mental health support. Some	Services should be able to provide the same level of support to all people through options such as providing a transport bursary, delivering online or phone

	people do not have any or very limited access to accessible transport.	appointments, home visits, or pop-up outreach clinics for people in more rural parts of the county.
3	Interaction between and/or impact of physical disability and mental health not considered. The impact of chronic or long-term conditions on mental health not considered.	Awareness raising of the mental health needs of disabled people and those with long term or chronic conditions. Hold annual reviews for people with multiple, co-occurring health conditions, so the patient and the GP have an opportunity to connect the dots and look at health holistically.
4	NHS or free talking therapy support for mental health support is too time limited to have an impact.	This indicates a gap in services for free longer-term support. Ensure that organisations are signposting to charities that may be more focused on the mental health need, which may have more scope for longer term therapy. Provision of more longer term talking therapy services that are accessible to disabled people.
5	Lack of understanding of the mental health needs of autistic people and of how to make reasonable adjustments so autistic people can access mental health services.	Autism training for mental health professionals (psychologists, psychiatrists, counsellors, GPs). Training should cover: Autism-specific mental health needs; Communication differences; Co-existing conditions (anxiety, depression, OCD, ADHD, etc.). Oliver McGowan Training delivery by Inclusion Gloucestershire for Mental Health Professionals. This includes the voices of those with lived experience in the training materials.
6	There are difficulties getting a GP appointment to access Mental Health support.	Some GP surgeries have Mental Health Nurses which is an example of good practice, it would be beneficial to have these in each surgery or a GHC employed nurse

		specialist that can educate GP surgeries.
7	There are difficulties getting a GP appointment to access Mental Health support.	Make people aware that they can refer themselves for talking therapies (NHS Talking Therapies Service). Share examples where disabled people have had good experiences of getting support from private mental health services.
8	Not being taken seriously about pain or experiences because of their disability.	Introduce patient advocates in health settings to ensure that the disabled person's voice is heard.
9	Waiting for non-crisis mental health support meant that concerns or worries passed by the time the support was available.	Interim support such as helplines, free private services, or non-urgent mental health supports from the Voluntary and Community Sector should be shared with people waiting for mental health support. It is important that awareness is raised around alternative options.
10	Not understanding the impact of being a carer on mental health.	Awareness of mental health needs of carers of SEND children.

	Barrier/Issue	**Recommendation**
		LEISURE
11	Bus drivers refusing to help disabled passengers.	Disability Awareness Training for bus drivers and other public facing transport workers, and to include information on visible and invisible disabilities and some practical guidance around reasonable adjustments, specific to the issues and barriers faced by disabled people when using public transport.
12	People have lost confidence to travel to access leisure activities.	Utilise travel training for people who may not be confident to travel on public transport alone https://www.inclusiongloucestershire.co.uk/travel-training-project/.
13	People aren't sure where to go socially	Promote and signpost groups and social hubs where people can feel less alone and receive support for worries.

	and have lost confidence.	
14	Difficulty affording leisure activities that are not free and the cost of getting to the activity.	Signpost disabled people to free leisure activities.
15	Physical access for wheelchair users, pavements, dropped curbs, potholes.	Promote the use of ‘Fix my Street’ https://fixmystreet.gloucestershire.gov.uk/ to report local issues like potholes, broken pavements etc. There is also an app that people can download. They state that they will provide people with an update within ten working days. Look at the accessibility of the Fix my Street reporting portal/app.
16	Lack of accessible leisure activities and information on what is available.	Signpost to inclusive leisure activities.
17	Multiple barriers to accessing leisure – transport, PA availability, cost, symptoms, lack of accessible options, lack of support to access, confidence, inability to be spontaneous.	Awareness raising (training) for mental and physical health practitioners that limited/restricted access to leisure activities has a significant effect on mental and physical health. The impact of these factors mean that disabled people will have poorer physical and mental health outcomes. The provision of mental health support for disabled people needs to take this into account – there is significantly less available to them to have a good quality of life compared to the general population and this will inevitably impact on their mental health. Promotion of how to make leisure activities accessible to disabled people.
18	Cost and availability of accessible taxis impact on ability to access leisure.	GCC to consider supporting the cost and availability of accessible taxis.
19	Suggested options to help:	Promote accessible activity options with relevant service providers.

	• Adult soft play • Hydrotherapy pools • Activities for Neurodiverse LGBTQIA intersection • More information on accessible Gyms • More autism friendly activities • More groups to join	

	Barrier/Issue	**Recommendation**
DISCRIMINATION		
20	Discrimination in recruitment and in the workplace.	Give employers the knowledge, understanding and tools to make the recruitment process ‘inclusive by design’ by: • Asking about reasonable adjustments ahead of interview • Make Job Adverts Accessible. Use plain language and clearly state that disabled applicants are welcome. • Offer ‘phone or video applications and interviews • Enquire whether reasonable adjustments are required in any way • Provide questions in advance if requested. • Focus on the skills the job requires • Support neurodivergent-friendly communication (e.g., written instructions, clear expectations). • Include disabled people in designing recruitment and workplace inclusion policies (co-production) • Provide mentorship programs pairing disabled employees with experienced peers. • Encourage flexible work styles that recognize different needs (e.g., remote, part-time).

21	Discrimination in recruitment and in the workplace.	Promote how inclusive recruitment works at Inclusion Gloucestershire.
22	Discrimination in recruitment and in the workplace.	To reduce discrimination in the workplace we need to make people aware about what true inclusivity means – for example: carefully choosing/designing a team building activity so everyone has the same level of involvement, regardless of their disability or impairment.
23	Discrimination in recruitment and in the workplace.	Give employees a better understanding of the law, their rights and how they can constructively challenge instances of discrimination in the workplace.
24	Autistic and neurodivergent people experiencing workplace discrimination.	Promotion of the benefits and skills that autistic and neurodivergent people can bring to the workplace. Promotion of ways to make the workplace accessible for autistic and neurodivergent people.
25	Discriminatory attitudes towards disabled people and those with mental health conditions causing fear, presumptions about abilities and not getting taken seriously by police etc.	General public awareness regarding disabled people and those with mental health conditions.
26	Discrimination in hospital or healthcare.	Share rights and avenues for complaints.

	Barrier/Issue	**Recommendation**
GENERAL		
27		Share this report directly with the people who took part and wanted to hear the results, along with appropriate supporting resources and raise awareness with other disabled people via: • Our website and social media

		• Partnership and strategic organisations • Events and opportunities over the upcoming months
28		Raise awareness of the research findings with key decision makers in statutory organisations, including commissioners, health and social care and relevant Partnership Boards, so they understand the context that disabled people are currently in.
29		Identify current partnership and new potential partnerships that can develop work in these areas to support disabled people's concerns.
30		Share the findings relating to access to mental health services when promoting the talking therapies study.

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Appendices

The appendices can be found on a separate document on Inclusion Gloucestershire's website. This will include the survey questions, the easy read survey and people's responses to the survey.

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