

Executive Summary

Big Survey 24/25

Report

Questions



1. What do you think about it?

☐ Good

☐ Bad

☒ Not sure



Executive Summary

Inclusion Gloucestershire conduct a survey every two years to understand the areas of everyday life that cause concern for disabled people in Gloucestershire and any of their priorities.

This year we wanted to understand the areas of everyday life that are making disabled people unhappy or worried. We invited people who face disabling barriers to give us their opinions along with any ideas they have for improving things in 2024/2025.

A survey was produced asking people about how happy they are in 17 areas of their life, and the top 3 areas of concern were then further explored in 3 focus groups. The findings identify the 3 areas that people are most unhappy about: 'Mental Health', 'Discrimination' and 'Leisure'.

Mental Health

Mental Health was the top area people were most unhappy about in their life. From the data collected from both the survey and the focus group the following themes were identified under 'Mental Health'.

- **Accessibility** – Accessibility was an issue for receiving support due to a lack of face-to-face options, a lack of reasonable adjustments and a lack of available support based on where someone lives. Assumptions about what someone could do because of their disability was also a barrier, as well as the additional burden of getting to the service due to transport issues.
- **Wait times** - Participants experienced long wait times for mental health appointments, which exacerbated their mental health problems due to needing help in the moment with little accessible support offered in the meantime.
- **Time Limited Support** – Therapy was often time limited, with people on average having six sessions, which didn't feel like enough time to understand the person's situation and needs, and for the disabled person to gain trust with the therapist.
- **Hard to reach** - The process of getting a mental health related appointment and one that was suited to the person's needs was a particular challenge, with processes being complicated.

- **Overlooked**– When receiving mental health support, disabled people's mental health was overlooked by health professionals. Participants felt that professionals would only look at physical health or mental health separately. In some cases, physical health was the only focus despite attending appointments for their mental health.
- **Lack of Support** - People often felt unsupported when seeking help for their mental health and were only offered support if they were suicidal, with not enough support to prevent them from getting to that stage. There was not enough support for carers with children who have Special Educational Needs and Disabilities (SEND).
- **Lack of understanding** - There is a lack of understanding of disabilities and the 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, particularly for people with chronic conditions and autistic people.
- **Cost** – The cost of some accessible therapies were not an option for disabled people due to not having spare money for this, with disability benefits not being sufficient to cover additional costs.
- **Not person-centred** - Support was not person-centred, with little attempt to understand people as individuals when receiving mental health support.
- **Positive experiences** – Positive experiences of having support from family members, private support and medication.

Discrimination

The second biggest issue for disabled people was 'discrimination', where the following themes were identified:

- **Employment** – Experiences of employment-based discrimination and being treated differently in the workplace, being unfairly dismissed because of someone's disability, despite having the skills for the role. Employers did not understand the person's disability and did not put reasonable adjustments in place.
- **Physical Access** – A lack of physical access for wheelchair users, due to pavements, dropped curbs, potholes, doors in workplaces, shops, train ramps and toilets. This restricted access to activities, public transport and other aspects of daily life.

- **Attitudes** - People's attitudes towards disabled people were identified as discriminatory; through not directly talking to the person, making assumptions about what the person can do, being denied entry to places and seeing disabled people as making excuses.
- **Crime** – Experiences of abuse, harassment and being disbelieved.
- **Healthcare** - Discrimination within a healthcare setting from different health professionals, accessibility of language, treatment and not being taken seriously.

Leisure

The third biggest issue for disabled people was around accessing leisure activities, where the following themes were identified.

- **Inaccessible activities** - Accessibility of leisure activities is a barrier, activities were not always physically accessible for the person's interests, or were held in inaccessible older buildings, therefore excluding some disabled people from using this. Other factors include limited accessible toilets, infrequent public transport provision and health and safety concerns.
- **Restrictions** - Accessing leisure activities do not always feel like an option, with people feeling restricted as a result of their condition, because of decreased energy levels, pain flare ups and needing to prioritise energy, and having to forward plan for everything.
- **Transport impact** - Transport limits how often someone can do an activity and when they can do it, due to limited and expensive transport options. People told us about long journeys, very limited options for wheelchair accessible taxis and activities not being nearby increasing the likelihood of pain and tiredness.
- **Cost** - The cost of accessing activities is a barrier, with activities that require payment not being an option, the cost of getting to the activity and making sure support is there if needed.
- **Lack of support** - People found that they did not have enough support to access leisure activities and would need someone to go with them which is not always possible.
- **Adjusting** - Participants felt that they had to adjust and accept what things they can do and are no longer able to do, with feelings

of losing independence and confidence, creating a barrier to accessing leisure activities.

- **Lack of facilities** - There were a lack of leisure facilities available and accessible for disabled people in Gloucestershire, with not enough autism friendly activities and information on what's available.

On the basis of these findings, the following **recommendations** were made:

	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 people do not have any or very limited access to accessible transport.	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 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	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,

	conditions on mental health not considered.	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.	<p>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.</p> <p>Provision of more longer term talking therapy services that are accessible to disabled people.</p>
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.	<p>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.</p>
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.	<p>Make people aware that they can refer themselves for talking therapies (NHS Talking Therapies Service).</p> <p>Share examples where disabled people have had good experiences of getting support from private mental health services.</p>
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 and have lost confidence.	Promote and signpost groups and social hubs where people can feel less alone and receive support for worries.
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

		<p>state that they will provide people with an update within ten working days.</p> <p>Look at the accessibility of the Fix my Street reporting portal/app.</p>
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.	<p>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.</p> <p>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.</p> <p>Promotion of how to make leisure activities accessible to disabled people.</p>
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	<p>Suggested options to help:</p> <ul style="list-style-type: none"> • Adult soft play • Hydrotherapy pools • Activities for Neurodiverse LGBTQIA intersection • More information on accessible Gyms • More autism friendly activities • More groups to join 	Promote accessible activity options with relevant service providers.

	Barrier/Issue	Recommendation
DISCRIMINATION		
20	Discrimination in recruitment and in the workplace.	<p>Give employers the knowledge, understanding and tools to make the recruitment process 'inclusive by design' by:</p> <ul style="list-style-type: none"> • 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.	<p>Promotion of the benefits and skills that autistic and neurodivergent people can bring to the workplace.</p> <p>Promotion of ways to make the workplace accessible for autistic and neurodivergent people.</p>
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		<p>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:</p> <ul style="list-style-type: none"> • 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.

Read the full report on Inclusion Gloucestershire's website:

<https://www.inclusiongloucestershire.co.uk/research-strategy-and-partnerships/>

INCLUSION

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