

'Health and care needs of socially isolated, physically Disabled adults'

report key themes

Access to NHS and social care services

- Limited continuity of care, poor communication between services.
- Delays in referrals and appointments, especially for podiatry, physiotherapy, and community transport.
- Carers and Disabled people alike felt excluded from decision-making, with missed appointments sometimes caused by inaccessible transport.
- Experiences with social care varied; while some praised respite and home adaptations, others felt let down by rushed visits and rigid eligibility criteria.

Transport and mobility

- Significant barriers included inaccessible train platforms, poor bus design, insensitive drivers, and an apparent lack of joined-up mobility schemes.
- Wheelchair users frequently encountered obstacles when travelling, with many forced to wait for multiple buses, face out-of-service lifts or rely on expensive private transport.
- A strong desire for reinstated TFL disability awareness campaigns and better public attitudes was evident.

Physical accessibility and infrastructure

- Participants reported an inadequate number and unhygienic public toilets or being misused as storage and 'Changing Places' facilities being delayed.
- Many public venues, cafes, and community centres were still not step-free.
- Poor pedestrian crossing design also raised safety concerns for wheelchair users.

Mental health and social isolation

- Social isolation was linked directly to declining mental health, with many reporting feelings of loneliness, depression, and loss of purpose.

- The mental wellbeing of unpaid carers was also a concern, especially those balancing their own health conditions while supporting Disabled family members.

Inclusive and accessible social activities

- Participants praised inclusive venues like the Kings Centre and activities such as Danceability and accessible performances but also highlighted gaps for adults aged 25–65.
- Relaxed performances were often misunderstood, leading to public complaints and exclusion.
- The cost of leisure activities, limited transport, and lack of variety were frequently raised as barriers to participation.

Information and digital exclusion

- Many were unaware of available services or struggled to navigate platforms like Connected Kingston.
- A lack of offline options and digital literacy support left some residents unable to access help or book activities.
- Participants called for a “one-stop shop” for accessible, clear, and up-to date information.

Representation and involvement

- Disabled residents want to be involved in shaping local policy and planning—especially around major events like Kingston 2025.
- There was a recurring concern that decisions were being made without the voices of Disabled people.

‘Health and care needs of socially isolated, physically Disabled adults’ report recommendations

Service delivery and coordination

1. Develop integrated care coordination across health and social care for Disabled adults.
2. Improve continuity of care and communication between NHS services and other providers.
3. Ensure transport options are not a barrier to attending appointments.
4. Ensure consistent respite and longer visit times for carers, especially those supporting individuals with complex needs.

Accessibility and infrastructure

5. Increase investment in accessible infrastructure including public toilets, crossings, ‘Changing Places’ facilities, and step-free access.
6. Provide more physically accessible and affordable venues for activities, particularly for adults 25–65.
7. Reinstate and strengthen disability awareness training for transport staff and the public.

Information and communication

8. Improve the usability and accessibility of Connected Kingston and other local information platforms.
9. Offer printed, phone-based, and in-person information channels to reach digitally excluded residents.
10. Promote a centralised, regularly updated “what’s on” guide, including details about accessibility.

Inclusion and representation

11. Ensure Disabled people are involved in all stages of service design, especially in major public planning.
12. Embed cultural competence and anti-discrimination training in all frontline services.
13. Recognise the impact of social isolation on mental health and invest in community-led befriending, peer support, and inclusive events.

Tell us what you think about your NHS and social care

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