



Health and care needs of socially isolated, physically Disabled adults

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Contents

Health and care needs of socially isolated, physically Disabled adults	0
1. Introduction and recommendations	2
1.1 Context	2
1.2 Executive summary and recommendations	2
1.3 Community engagement methodology	6
1.4 South West London Integrated Care Board – community services	7
2. Who we heard from	8
2.1 Demographics	8
2.2 Age	8
2.3 Gender	9
2.4 Sexuality	9
2.5 Ethnicity	9
2.6 Physically Disabled participants	9
2.7 Carers	9
3. Needs of socially isolated, physically Disabled adults: Workshop responses	10
3.1 What Disabled people told us about 'NHS services'	10
3.2 What Disabled people told us about 'social care services'	12
3.3 What Disabled people told us about 'social activities and other services'	13
4. Conclusion, recommendations and next steps	21
4.1 Socially isolated, physically Disabled adults recommendations:	21
4.2 Thank you and next steps:	22

Health and care needs of socially isolated, physically Disabled adults

1. Introduction and recommendations

As your local health and social care champion, [Healthwatch Kingston upon Thames](#) worked collaboratively with [Kingston Centre for Independent Living](#) (KCIL) to ensure our 'Health and care needs of socially isolated, physically Disabled adults' community engagement was inclusive of Disabled people.

Our use of the term **social isolation** in this report means being alone a lot and not having people to talk to or do things with. It can happen when someone struggles to get out, make friends, or join activities.

For physically Disabled people, this can be made worse by transport, support, or accessible places. This can make people feel lonely, left out, and unhappy.

Everyone should have the opportunity to be part of their local community, to feel included and treated equitably.

1.1 Context

Healthwatch Kingston undertook a community engagement scoping exercise via its formal decision-making process. Our prioritisation process clearly identified a need for us to gather experiences of, and views about local services for, physically Disabled people.

1.2 Executive summary and recommendations

Healthwatch Kingston upon Thames engaged 39 residents through four workshops and online contributions to explore the experiences and challenges of socially isolated, physically Disabled adults in Kingston. The aim was to better understand their health, care, and community participation needs and identify improvements to support inclusion and wellbeing.

Social isolation was defined in this engagement as being alone frequently and having few opportunities to interact with others—often intensified by barriers

such as inaccessible transport, lack of support, or limited accessible venues. Many participants expressed a strong desire to feel included in their community, but current systems, services, and infrastructure often hinder this.

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.

Kingston Council, NHS providers, VCSE organisations, and transport authorities are requested to consider the following **recommendations**:

Healthwatch Kingston 'Socially isolated, physically Disabled adults' 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.

This summary reflects the voices of those with lived experience of physical Disability in Kingston. Their message is clear: inclusion is not optional—it is a right. Local services must be designed with and for Disabled people, ensuring equity, dignity, and access for all.

1.3 Community engagement methodology

We wanted to better understand the health and care needs of socially isolated, physically Disabled adults in Kingston.

Healthwatch Kingston facilitated four community engagement workshops at venues recommended by KCIL as they have good Disability access. The face-to-face workshops were held at Hook and Chessington Library, United Reformed Church (URC) in Kingston town centre, Searchlight Centre in New Malden, and our fourth workshop was held online in the evening (via Zoom) to enable participation from people who worked during the day or were less physically mobile to attend a face-to-face workshop.

Workshop dates:

- Friday 24 January 2024– Chessington Library (daytime)
- Tuesday 28th January 2024– Kingston United Reformed Church (daytime)
- Thursday 6th February 2024– Online via Zoom (evening)
- Monday 10th February 2024 – Searchlight Centre (daytime)

The Searchlight Centre workshop was held during an [Eco-Op](#) 'day centre' session, and attracted a diverse group of attendees, including people with physical and learning disabilities, and their carers (family and professionals).

Our workshops were divided into three sections that asked participants about their experiences of and views on NHS, social care services, local social activities and other local services.

Healthwatch Kingston raised awareness about our community engagement workshops through:

- Healthwatch Kingston website, social media and our e-news mailing list
- Kingston Centre for Independent Living mailing list
- Healthwatch Kingston Open Meetings
- Printed information at other community engagement and outreach events
- Kingston All Age Learning Disability Partnership Board
- Kingston Mental Health and Wellbeing Group
- Kingston Disability Network
- Kingston and Richmond Comms and Engagement Group
- Kingston Voluntary Action and other local VCSE newsletters

The final report has been informed by 39 people. 37 of these attended workshops, and a further two contributed their feedback online. Some workshop attendees completed workshop surveys with their carers so only 27 health and social care surveys were completed during the four workshops.

1.4 South West London Integrated Care Board – community services

Our original workshops were created to better understand the health and care and social isolation needs of Disabled adults in Kingston.

Before we launched our engagement, Healthwatch Kingston agreed to add a series of South West London Integrated Care Board (SWL ICB) questions to our workshop survey. These included questions about use of the following [NHS Community Care Services](#):

- Falls and bone health
- Community and district nursing

- 2-hour urgent community care
- Intermediate care – Rehabilitation, reablement and recovery
- Enhanced health in care homes
- Virtual wards
- Community palliative care
- Community podiatry
- Community physiotherapy
- Community occupational therapy
- Community speech and language therapy
- Specialist nurses – Diabetes, heart failure, continence, respiratory
- Proactive anticipatory care.

Anonymised responses to these SWL questions were shared with SWL ICB to help inform NHS stakeholders exploring a new 'community care services' service specification for south west London.

2. Who we heard from

39 people participated in our community engagement exercise to create this report and recommendations.

2.1 Demographics

The workshops were attended by a diverse group of Disabled people, and other residents, including unpaid family/professional carers. As the surveys used during the workshops to prompt community engagement and conversation were anonymous, and the engagement group vulnerable we did not ask attendees to provide a full set of demographic information, and the demographic element of the surveys were optional.

From those that supplied demographic information at the four workshops, the findings are as follows:

2.2 Age

- Only 18 out of the 27 workshop participants completed the question about age range:
 - 9 were between 25–49 years old.

- 1 was between 50–64 years old.
- 8 were between 65–79 years old.

2.3 Gender

- Only 15 out of 27 responded to the question on gender:
 - 9 of which identified as women.
 - 6 of which identified as men.

2.4 Sexuality

Only two workshop participants commented on sexuality, and both responded as 'straight' to this question.

2.5 Ethnicity

- 11 people responded to this question:
 - 1 participant noted they were: Asian/Asian British: Any other Asian/Asian British background.
 - 6 responded as: White: British/English/Welsh/Scottish/Northern Irish.
 - 4 responded as 'Other', these included 'Mixed', 'Afghans', Iraqi and' white Caucasian.

2.6 Physically Disabled participants

- 8 out of 39 participants were wheelchair users
- 9 said they had physical impairment
- 8 said they had 'other disabilities' (such as a Learning Disability or visual impairment).

2.7 Carers

Some of the carers at our workshop told us they had disabilities while caring for Disabled family members. Healthwatch Kingston noted this as part of our [Pulse Check Programme](#), that focused on the health and care needs of people with long-term conditions. There is a theme of fear and concern of carers trying to manage their own conditions whilst supporting someone in the family who has a worsening condition.

During the workshop we heard about concerns from carers, regarding 'who will look after' the person they care for as they age, or their own conditions worsen. The Disabled person also fears what will happen to them when their unpaid carer (family/friend) is no longer capable of supporting them, especially in relation to day-to-day activities, traveling to social occasions, and within the home.

Of the attendees:

- Care providers attended to represent the people they care for 9
- 4 group leaders contributed to the workshops on behalf of the people they support
- Eight unpaid carers attended to support the people they care for
- Ten family members attended to share the views of the disabled people they support who could not attend.

3. Needs of socially isolated, physically Disabled adults: Workshop responses

We have grouped responses about improvements into the following themes based on content:

3.1 What Disabled people told us about 'NHS services'

We asked, '**What in NHS services is working well?**' but there were limited responses to this question. One example noted by several people was the use of text reminders for appointments and when an appointment is booked, that the service provided is often excellent quality.

We also asked, '**What in NHS services could be improved?**'

We have grouped responses about improvements into the following **themes** based on content:

- **Communication and continuity of care:**
 - *"Lack of communication between NHS departments (multiple complex needs)."*
 - *"One person to take ownership of person – care navigator?"*

- *"Medical notes not being looked at."*
- *"Never seeing the same doctor – need continuity of care."*
- *"When an acute professional is unclear of what to do, do not refer back to GP."*
- *"Being passed around GP – GP – 111 – ambulance – GP appt (111 said had to book ambulance rather than drive self). Too much red tape, jumping through hoops and wasting time."*
- **Access to services and appointments:**
 - *"Appointments made and cancelled because people get stuck on community bus and still on there when they should have arrived at hospital and already been seen."*
 - *"Not being able to access appointments on time because of transport issues, being sent back to GP or having to reschedule appointments because of lateness, beyond their control."*
 - *"Too long between podiatry appointments."*
 - *"Difficult to get a physio as an adult. When I was a child, we had one at school. Now it's so much harder to see one."*
 - *"Hard to navigate what services are available."*
 - *"Waiting lists cause a significant issue with meeting needs."*
- **Transport and mobility challenges:**
 - *"Hospital transport hard to get, private ambulance expensive (£200 a time) must find funds from somewhere."*
 - *"Out of date assessments for hospital transport. Deteriorating conditions not recognised."*
 - *"Must reapply for the hospital transport when already accepted, but harder to reapply after being denied which ignores deteriorating conditions."*
 - *"Many residents have eligibility removed after reassessment."*

- *"Long wait times for ambulance is a concern, 40-minute wait while completing CPR."*
- **Staffing and support:**
 - *"Staff retention issues."*
 - *"PALS and hospital volunteers not always supportive or understanding i.e. the need to physically show somewhere where to go."*
 - *"Don't always feel involved. Sometimes when in reviews they do not allow me to speak out."*
- **Facilities and accessibility:**
 - *"Disabled toilets at Kingston hospital inadequate. In A&E disabled toilet not working and no sign on it. Used the other toilet next to it and fell trying to sit on it. Could not get up from floor. My daughter went to get help, and four staff members came and were lovely and used a hoist. Problem was my trousers and pants were down, and toilet door opens into main waiting area so had an audience. Very humiliating."*
- **Mental health and emotional wellbeing:**
 - *"Mental health getting worse as isolation grows."*
- **Positive feedback:**
 - *"Support following a stroke has been good."*

3.2 What Disabled people told us about 'social care services'

We asked, **'What in social care is working well?'** people said:

- *"Respite for carers [is working well] but there could be more."*
- *"Good care and adaptations made to home."*

We also asked, **'What in social care could be improved?'**

We have grouped responses into the following **themes** based on content:

- **Isolation, mental health and emotional wellbeing:**

- *"Lack of support for social activities – only carers for personal care."*
- *"Some people do not meet threshold for support but would benefit from information on services to combat isolation."*
- *"Mental health getting worse as isolation grows."*
- *"Struggling to find a befriending service for 'bed bound' resident. Church has a visitor for another resident; staff do not have time to provide companionship to resident. Can see health deteriorating as get lonelier."*
- **Carer capacity and support:**
 - *"Carers only have 15 minutes, don't have a lot of time for anything else"*
 - *"Carers not paid for travel."*
 - *"Unpaid carers need a day of rest."*
 - *"Using an 'adult worker' for support on special occasions such as birthday and anniversary of accident."*
- **Service information/access, coordination and delivery:**
 - *"Social services could be more proactive."*
 - *"Better marketing of services available."*
 - *"Need a one stop shop for information."*
 - *"Lack of multi-disciplinary teams/coordination."*
 - *"I know Connected Kingston exists, but I find it difficult to find what I'm looking for."*

3.3 What Disabled people told us about 'social activities and other services'

We asked, **'What is working well with social activities and other services?'**

We have grouped responses into the following **themes** based on content:

- **Accessible places and facilities:**

- *"Kings Centre – brilliant, accessible."*
- *"Kingston University was very accessible. – Could more happen at the university?"*
- *"Lots more ramps to access things now, some really good buildings like URC and Kings Centre."*
- *"The Bentall Centre and Rose Theatre are positive examples of being accessible."*
- *"Rose Theatre is good."*
- *"Rose Theatre jazz café."*
- *"Changing places being built."*
- *"App for phone tells you where accessible toilets and changing places are. – not all on there."*

- **Transport and mobility support:**

- *"Bus is good."*
- *"Train OK."*
- *"[Nimbus Card](#) – but doesn't always run smoothly."*

- **Social and physical activities:**

- *"Chair based exercises at New Malden. Both exercise and social companionship."*
- *"Danceability."*
- *"Relaxed performances available, including in the West End."*
- *"Specialist services are great such as: [Mencap](#), [KCIL](#), [Yorda Adventures](#) (when younger)."*
- *"Direct information from groups – Valentine's Disco at Searchlight."*

- **Community organisations and services:**

- *"[Alfriston outreach services](#) were seen as a good service."*
- *"VCSE groups, good for information."*

- **Churches and spiritual support:**

- *"Churches are highly thought of."*
- *"Churches very comforting – very inclusive, kind, respectful."*

- **Community information and communication channels:**

- *"Activities are happening (but not always advertised well)."*
- *"[Nextdoor](#)."*
- *"[Chessington Chat](#) and [Village Voice](#) – but may have stopped."*
- *"Information in libraries."*
- *"Facebook and social media."*
- *"Notice boards for events – but can get out of date."*
- *"Word of mouth."*

- **Cafés and social spaces:**

- *"Square one Café and similar cafes were seen as positive but need more promotion and more support."*

- **Navigating Services / Self-Advocacy:**

- *"Personally, having a big voice, [like] 'Victor Meldrew', to get what you are entitled to."*

We also asked, **'What could be improved with social activities and other services?'**

We have grouped responses into the following **themes** based on content:

- **Access to activities, events, and venues:**

- *"Knowing what is available."*

- *"Accessible activities not local."*
- *"Services which used to be at Kingfisher [Leisure Centre] – no longer happening."*
- *"New Malden activities not accessible."*
- *"Limited activities aimed at young adults with physical disabilities."*
- *"Boccia not being local, I enjoyed it in the past."*
- *"Wheelchair racing at [Kings Centre](#), rumoured to be increasing prices. Worried will price people out of accessing the activities."*
- *"Some venues, cafes, etc. still not step free – Costa on Victoria Road as an example."*
- *"On another note, my husband and I were members of the [Bradbury Centre](#) which was £75 annually. After COVID it now costs approx. £40 per day and is cost prohibitive for us. As a result, I do feel very isolated and miss it."*
- *"Relaxed performances not respected or understood – asked to leave as 'making noise', which is one of the main purposes of the relaxed performance."*
- *"Relaxed performances at West End not well advertised, I have to search."*
- *"Asked to leave a panto performance, as making noises. Panto full of small children making noises, so why were we asked to leave?"*
- **Transport, travel, and mobility:**
 - *"Wheelchair access to trains across the borough."*
 - *"Bus routes and transport routes not always straight to venue – takes long time."*
 - *"Too often problems with train."*
 - *"Tube – NO! awful to access the tube."*

- *"Lots of things not working at train stations."*
- *"Not knowing if trains will be accessible, some old trains are harder to get on and you never know which one is in use."*
- *"Not all platforms are accessible (no lifts) trains moved to the platform you can't access."*
- *"No seats on some platforms hard for those with physical impairments, but not in a wheelchair."*
- *"Lifts not being accessible for larger wheelchairs."*
- *"Priority seats on bus not always near doors."*
- *"Bus driver not knowing how to lower the bus to path level to allow access."*
- *"Buses – not close to pavement, pole inside of wheelchair access point, old buses on some routes (not as good)."*
- *"Buses not having ramps or drivers not knowing how to use them."*
- *"Wheelchair spaces not respected."*
- *"Must wait for next bus when no spaces."*
- *"Do dial a ride, taxi card and TFL work together?"*
- *"Lack of taxis."*
- *"Wait for taxi too long."*
- *"WC users need to travel one at a time."*
- *"Larger WCs can be difficult in public transport and taxis."*
- *"No announcement/support to clear a way for people on transport."*
- *"People not giving up spaces in priority areas of public transport."*
- *"Training and attitude of bus drivers."*
- *"Prevention of abuse when travelling, including threats to damage wheelchair while in London."*

- *"Awareness campaigns from TFL, like they used to do to be reinstated. Drivers not willing to intervene when spaces not respected, not enough time to get safely on bus."*
- **Physical infrastructure and accessibility:**
 - *"Toilets not being accessible – security key not Radar keys. Radar keys everyone can have access to, security keys are for staff only."*
 - *"Not enough toilets – central London app not available in Kingston."*
 - *"Toilets at Kingston cinema are hard to use on your own."*
 - *"Toilets are generally not looked after (dirty)."*
 - *"Accessible toilets used as storage."*
 - *"Changing Places in Kingston running behind schedule for big 'Kingston 2025' False promises, voices of Disabled people need to be on committees."*
 - *"Staff (in supermarket) unsure what/where changing places are."*
 - *"Cinema seats (for WC users) always too close to screen."*
 - *"Timing of pedestrian crossing lights not long enough. Specifically, the first crossing by Fairfield bus garage going towards the Odeon. Not safe!"*
 - *"Cllr spoke to SEND parents, concerned about lack of toilet provision for Kingston 2025 celebrations."*
- **Information, communication, and digital exclusion:**
 - *"Improved communication of events."*
 - *"Better advertising of services."*
 - *"Connected Kingston awkward to use."*
 - *"Could the search engine on Connected Kingston be better? How do people with a physical disability know something is accessible?"*
 - *"Digital excluded people – need accessible information, not just online."*

- *"Digital exclusion – people can't book when online, alternative options (phone) need to be more obvious."*
- *"Not knowing where to get information from. – What is happening, what support can I access, wheelchair accessible vehicles. Could there be a newsletter?"*
- **Service design, policy and inclusion:**
 - *"Legal requirement of access to public spaces not being followed."*
 - *"Lack of investment in accessible facilities."*
 - *"Too much 'number based' analysis of activities, activities for Disabled people often have low numbers so they will choose to host something else."*
 - *"Meaningful discussions about future provision for Kingston to involved people with physical disabilities."*
 - *"Lack of choice. I am not isolated by a Disability; it's the lack of options."*
 - *"[Disability Rights UK](#) survey says people not getting out as worried will be seen as 'not Disabled' and lose benefits."*
 - *"Should not have to 'shout' to get what you want."*
- **Health, mental health, and wellbeing:**
 - *"Mental health impact on being isolated."*
 - *"Mental health getting worse as isolation grows."*
 - *"Pressure on carers to provide some companionship."*
 - *"Taking a group of residents out very difficult. One van, not enough space."*
 - *"Complexity of residents needs and larger wheelchairs make it difficult to go out together."*
 - *"CQC asking why they are not organising trips, but failing to see the obstacles faced in organising trips (i.e. Kew Gardens)."*

- *"Paid for carers for social outings."*
- *"More accessible events for younger people (25 – 65 years)."*
- *"Hydrotherapy pool in Teddington is good but oversubscribed only 30-minute session each. A lot of work travelling, changing, hoisting, for 30 minutes."*
- *"Swimming pools too cold now. No longer accessing pools at all (not even for 15 minutes)."*
- *"Asked to leave swimming pool because someone else was not happy with a Disabled person being there, no reason given. Perfectly safe swimming with carer."*
- **Personal expression and preferences:**
 - *"Knowing that activities are accessible. He loves cars and DIY but doesn't know what's around and if he can attend (limited movement following a stroke)."*
 - *"Hard to find something that suits both interest and needs."*

4. Conclusion, recommendations and next steps

We know services cannot make improvements without hearing the views and experiences of the people that use them. As well as encouraging those that run local services to act on what matters to local people, we anonymise and share what we hear from local people with the NHS, Kingston Council and other decision makers, to provide insight for consideration in future service developments. Our recommendations, based on what we heard from local socially isolated, Disabled adults about their health, care and social activity needs are provided below.

4.1 Socially isolated, physically Disabled adults recommendations:

Kingston Council, NHS providers, VCSE organisations, and transport authorities are requested to consider the following **recommendations**:

Healthwatch Kingston 'Socially isolated, physically Disabled adults' 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.

4.2 Thank you and next steps:

Healthwatch Kingston and Kingston Centre for Independent Living would like to thank everyone that participated in this community engagement exercise and all others that have supported our work.

Healthwatch Kingston acknowledge that there is additional, rich data not shared in this summary report. We will review this and consider how best to publish this as part of our planned 5-year data review by the end of March 2026.

Healthwatch Kingston will also arrange one-to-one meetings with some NHS, and social care providers to explore learning from this community engagement. We will also share this report with the Kingston Transport Liaison meeting to raise concerns with South Western Railway.

In addition to the engagement with Disabled adults, Healthwatch Kingston has supported Youth Out Loud! to create a series of podcasts, by and for young people called 'Care access issues for young Disabled people'. **You can listen to their insights and their thoughts for change via the following link:**

[Youth Out Loud! Talks: Care access issues for young Disabled people | Healthwatch Kingston](#)



Healthwatch Kingston is an independent statutory service (not part of the NHS nor Kingston Council). You can find out more about us on the [Healthwatch Kingston website](#).

Healthwatch Kingston was set up by the [Health and Social Care Act of 2012](#) to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#) who make sure that the government put people at the heart of care nationally.

Tell us what you think about your NHS and social care

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