



Accessing Information 'What we heard'

Summer meetups 2023

In Summer 2023 we held a series of meetups on the accessibility of information.

A total of 66 people came to 6 in-person and 2 online meetups.

The people who came were mostly disabled people and people with mental health conditions; at some there were a few professionals. This report is a summary of what we heard.

Key themes

Challenges:

Positive experiences:

Ideas:

Lack of accurate Information

Inaccessible information

Helpful organisations

Good types of communication Collaboration and awareness

Better training

Poor attitude and skills

Technology issues

Good technology

More accessible information

Accessible technology and support

Lack of human interactions

Better sources of information and support

Part 1 – Barriers and challenges

At Barnwood Circle meetups disabled people and people with mental health conditions shared barriers and challenges that they experience when accessing information in Gloucestershire.

Key themes:



1. Lack of accurate information

- Lack of proper/clear signage.
- It is rare to get information about accessible hair salons.
- No toilet signs can cause anxiety.
- No information about times/dates of when public toilets can be used.
- ♦ Not enough information out there to support people.
- Hidden or hard to find information e.g., DWP.
- Information around social prescribing has not been made public.
- Lack of information on bus routes.
- The council don't provide blue badge information about where to park easily and this restricts movement.
- O Not knowing options available unless you ask e.g., gluten free menus.
- Using lots of jargon when sharing information makes it unclear and inaccessible.
- Out of date noticeboards can be frustrating as they can be a good way to get information.
- Often changing location without informing people of the changes.
- Sharing information to only attract tourists and forgetting locals.

"The local job club has changed locations several times and no one has a clue when they move."

"I find it difficult to find information on accessibility for a family member with a disability i.e., whether venues have accessible toilets, where to get RADAR keys etc."

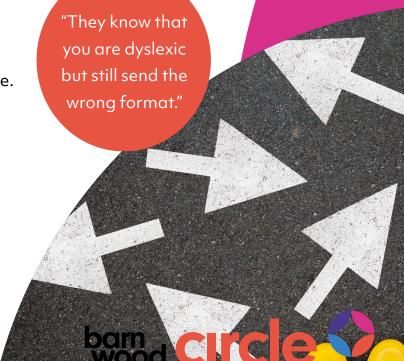


2a. Inaccessible information - general

- Providing too much information makes it hard to sift through and can be overwhelming i.e., too many questions on a form.
- Not being able to access the building where information is held.
- Accessible braille not widely used.
- Written contact/communication preferences i.e., easy read, braille, languages etc. not being catered for.
- Menus in restaurants are not accessible i.e., font size, handwriting, chalkboards, QR codes.
- Paper or background is too bright or shiny, making it hard to read.
- Badly designed posters.
- Emails don't read well in some screen readers.
- Hard to read bus timetables due to font size.
- Using lots of jargon when sharing information makes it unclear and inaccessible.
- Lack of support to those who cannot read nor write.
- Some desks are higher than wheelchairs making it hard for people to take and receive information.
- O Poor physical environment i.e., lighting or acoustics can affect access to information.
- Plastic screens can hinder communication, making it hard to be seen or heard.

"It can feel as they put in barriers deliberately."

"What's
accessible for
one person is not
accessible for
another."



b. Inaccessible information - healthcare

- Doctors handwriting can be difficult to read.
- GPs not giving access to information because there is no proof of consent having been given.
- Getting information about a disability is hard and waiting to be diagnosed can take ages.
- Access to information is restricted. Sometimes this is done to protect decision makers. This leads to rights not being upheld.
- Different levels of understanding among professionals leads to what information is passed on and provided to you as a service user. Too many assumptions.
- Lack of continuity of information given by healthcare services.
- Money saving as an excuse for a barrier being caused.
- NHS letters sometimes provide the wrong information.
- Accessibility audits cover physical accessibility but not cognitive accessibility.
- Booking appointments through the app can be daunting;
 it can be hard to tell if the app works.

"It is very difficult
for me to talk to GP at
my son's surgery because
they can't see that consent
has been given for me to
advocate with and for my son.
This prevents me giving or
accessing information
about his health."

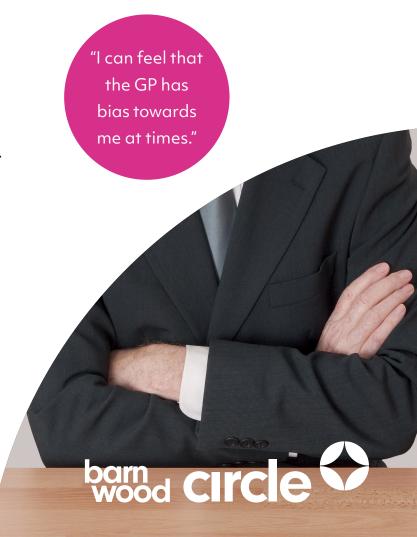
"I have asked the NHS to send me information via email, because that would be easier for me to read on my iPad. But they have refused to do this saying that it's "more secure in the post."



3. Poor attitude or skills

- People are not interested sometimes; they don't even look at you.
- Not responding and putting up barriers to stop you from getting a service.
- Speaking to you in a condescending way i.e., speaking to me as if I am stupid or a child or speaking over me, addressing my PA over my head.
- Not offering reasonable adjustment and keeping information from you.
- Being sent back and forth between departments and services.
- Lack of patience to understand my needs.
- You need to use keywords to get the information from the gatekeepers.
- Feeling like you are a burden to them.
- Sometimes the receptionist at the front desk is not welcoming nor helpful.
- Staff taking advantage of their position when providing information e.g., DWP.
- Lack of trust in services due to bad experiences, when needing information.
- People are biased when giving information or on how they treat you.
- People don't often know sign language.
- Speaking to the right person in an organisation. Staff often don't know the correct information even within their organisation.
- Staff are not supported in the right way to provide information and deliver care e.g., safeguarding issues/whistleblowing procedures.
- Deing made to advocate for yourself but having little right left.
- No social capital; not having any family or friends.

"DWP think you are stupid if they think you have a disability."



4. Technology issues

a. Phone systems

- Accents can be hard to understand.
- Automated phones very frustrating.
- Too many options on phone lines can be a barrier especially if the option you need is unavailable e.g., Barnwood Trust, Council offices.
- Calling on the phone for information is very time consuming. This is a barrier for those who work full time.
- There are mobile signal dead zones throughout the Forest of Dean.
- Deing put on hold; not getting a human to speak with.
- When a call requires choosing an option and I cannot see the phone.
- Giving the wrong information despite waiting on the phone for a long time.

Audio information is hard to digest, and you can get distracted when listening e.g., radio, phone.

"People with
disabilities are being
treated the same
but we are different
and require different
things."

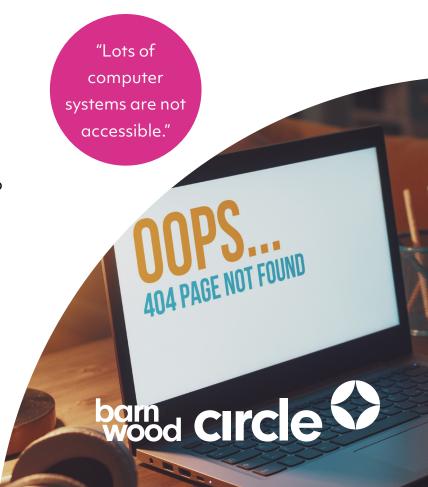
"I am rarely able to get a real person on the other end of the phone."



b. Internet

- Fear of being scammed and vulnerable to scammers.
- No internet access due to locality (i.e., Forest of Dean).
- It can be expensive to access the internet.
- Not knowing how to use the internet e.g., older people, people with learning disabilities etc.
- Hard to find information not advertised; information not held up front but hidden inside a web page.
- Broken website links.
- O Too much information online can be overwhelming.
- Lack of alternatives when receiving/getting information online.
- Filling forms online can be complex, giving room for mistakes.
- Not everyone wants to use the internet.
- Most online sites want you to sign up before accessing their sites. This leads to them bombarding you with emails.
- Too many security checks e.g., passwords to remember.
- Intermittent internet issues e.g., Alexa, Wi-Fi.
- Computers can be tricky for my eyesight.
- It's easier to remember physical materials than a book-marked web link.

"I need help when I use the internet, so I lose independence when there isn't help on hand."



c. Touch screens and voice recognition

- Physical buttons on cash points or domestic appliances are being replaced with touch screen, which is not accessible for people with visual impairments because they can't feel the buttons.
- Staff and real people being replaced by touch screens and self-service.
- O Touch screens in railway stations are not accessible.
- Speech recognition devices gets things wrong too often.
- High cost when buying/installing these devices.

"Touch screens
are a step
backwards for
people with visual
impairments."



5. Lack of human interaction

- Receiving or giving information is done mostly online; there is lack of face-to-face information.
- No physical place to go to i.e., a person at the CAB or library.
- Hard to read/understand a person's body language over the phone or online.
- No opportunity to speak to a human.
- Unable to get support when in the shops.
- Most assessments are done online or over the phone i.e., healthcare assessments.
- No consistency: no staff available to support with getting off the train, after being helped to be put on it.
- Not knowing who people are outside of their email addresses. No room for face-to-face meetings.
- Not knowing the right people to speak with; word of mouth can make things elitist.
- Presentations without slides are better, verbal only.
- No clarity when speaking the phone e.g., call centres.

information about my
medical condition for a recent
PIP review. This was done over
the phone. They no longer do
them face to face. I felt I wasn't
being assessed properly over
the phone, which resulted in me
feeling misrepresented
and not heard."

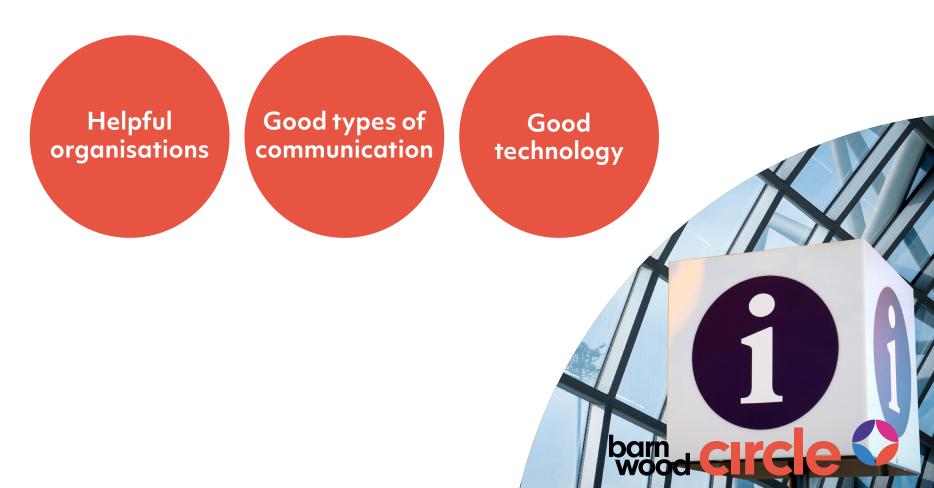
"I need to be able to ask questions and clarify things. I want to do my banking in person."



Part 2 - Positive experiences

At the meetups people shared positive experiences of accessing information. They talked about helpful organisations, good communication, and the use of technology.

Key themes:



1. Helpful Organisations

- Enablement through social service support. i.e., social workers helping.
- Some places in Stroud have good noticeboards e.g., Sunshine, Curio Lounge, supermarkets etc.
- Cotswold friends are helpful.
- The Local Answer is a good magazine and its free.
- Maggies is a good charity that works.
- Libraries staff are helpful.
- ♦ Good accessible websites e.g., Disability Now, University of Gloucestershire (very clear and offers support for disabled people and people with mental health conditions).
- Fairytale Farm help kids learn about animals.
- Applying for a blue badge online is a very easy process.
- Parent Carer Alliance is good to get information.
- Online courses for autism awareness are good e.g., Sarah Hendericks.
- The National Autistic Society can tell you about a local group or club.
- Contacting the ADHD group in Tewkesbury or Young Gloucestershire or the Library group for parents with children out of school.
- Pagan Hill has the Octagon which is a community initiative where you know you can get information.
- Tax office sends out a PA to help with form filling when requested.
- Some call centres can give you longer if needed e.g., Sky, utility companies.
- Citizen Advice Bureau is helpful when giving information.

"The enablement team help me."

"The Consumer gives local information about what's going on in the community."

"The Citizen
Advice Bureau were really good for giving information and taking information from me. They were really helpful and the best thing about it, was it was done in person."



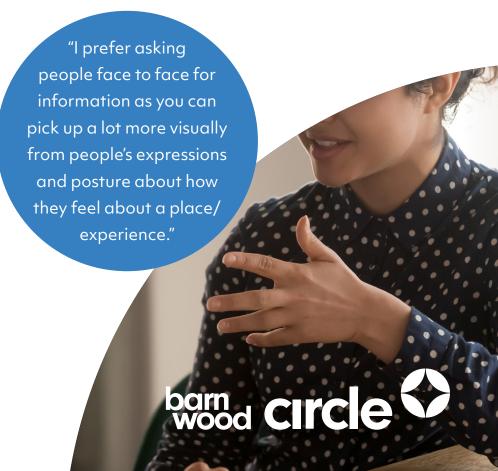
2. Good types of communication

- Word of mouth i.e., sharing information between peers.
- The local library
- Local publications i.e., booklets through the door.
- Information centres, noticeboards, local community groups and booklets.
- Printed maps help for directions.
- Podcast.
- Information stalls and markets.
- Face to face for important information.
- Phone calls for reminders
- Written information is very helpful as it acts as evidence.
- Letters e.g., looking for a pen-pal via Sense charity.
- TV is a useful source of information, especially if you are on your own.
- Local radio is a good way for people to receive information.

"My dentist
will call a few
days before my
appointment as a
reminder."

"I prefer information to be written down so I can read it again as I am a visual learner."

"Radio is one of
my favourite ways of
accessing information,
woman's hour on radio 4 helps
me understand my condition
when I hear like-minded
people talking about
my condition."



3. Good technology

- Audio versions of magazines.
- Talking newspapers i.e., Cotswold Listener.
- Zoom works better than Teams.
- Using Siri/Alexa to make fonts bigger.
- Talking smart meters.
- Talking appliances.
- Assistive technology text to speech reader to highlight text.
- Recording devices/software for important information i.e., doctors' appointments.
- Google maps street view.
- Apps that support accessibility.
- Having the right training to use assistive technology.
- RNIB CD guide.
- Emails and phone support for clarification e.g., Barnwood Trust.
- WhatsApp and video calls
- Text messages/apps for non-important information.
- The internet/social media platforms such as Facebook and YouTube.



Part 3 - Opportunities, ideas and solutions

People offered ideas on how access to information can be improved for disabled people and people with mental health conditions.

Key themes:





Collaboration and awareness

- Involve people with lived experience in decision-making and planning. Make this mandatory.
- Collaboration amongst organisations to create better engagement and sharing of information.
- Making other organisations aware of who is doing what. Avoid repetition.
- There needs to be innovative ideas for connecting people and ensuring information is shared across all generations.
- Projects should be funded to provide accessible information and communication.
- Making data and knowledge available to all.
- Consistency of services and access.
- Campaigning and fighting for rights.
- Need to find ways of altering cultures within organisations.
- Knowing what you are legally entitled to.
- Accessibility audit reviews should be documented on venue websites, so people can see what efforts have been made to make a building accessible and what they still need to work on.

"Get the
decision makers to
understand better
and make decisions
based on lived
experience."



2. Better training

- Mandatory training on accessible information as part of any job i.e., designers, decision makers.
- Oisability awareness training offered more widely to help people learn how to pass information.
- People with lived experience to be part of the training of service staff.
- Accessible education.
- Cultural awareness training could help with how information is provided.
- Kids to learn sign language at school.
- Staff training i.e., knowledge of disability law, customer service, active listening, common sense.

"Training on accessible communication, how important it is and how significant it is for vulnerable people to be able to access information about their healthcare. Can Barwood Trust do a training package around this?"



3. More accessible information

- Different formats when advertising or applying for jobs online e.g., videos, audio.
- Clear and focused information i.e., layout, bullet points, plain language.
- More options and choices when giving or receiving information.
- Simple language and text are always best.
- There should be a standard practice across the board for people's communication preferences in any public services e.g., G.P., Council, Government.
- It helps to acknowledge/support people when they fill out a form online i.e., when they have/haven't filled out the form correctly.
- The way information is communicated needs to match the actual information.
- Having information in bite-size chunks.
- All text should come in large writing or braille.
- Follow up information in writing.
- Better and considered phone options on Barnwood phone i.e., options for different support.
- Information to and from GPs should be streamlined.
- A legal obligation for companies to keep up with making information accessible for people with disabilities.

"It's about respecting choice and different needs."

> "It would make things better to be given extra time to do things."



- Adjustment passports being linked to your GP/NHS file to ensure every NHS department send me information how I require it.
- It is useful to have an agenda before a meeting.
- Keeping conversations short and factual.
- Colours help with seeing things.
- Having a range of different formats.
- Audio cues when driving is far more helpful than visual information.

"Different coloured paper for things that are printed so I can see better."



4. Accessible technology and support

- Having no touch screens.
- Peer to peer training for privacy settings on social media.
- Fibre optic broadband.
- Parent apps.
- There is need for good IT systems so that NHS staff can see what is going on for a patient.
- Websites should be maintained for accessibility by a trained person not just an afterthought.
- OPOlicies, procedures, and computer systems that talk to each other.
- Greater awareness of scams and how to spot them.
- More training courses offered on how to use the internet and access online banking safely.
- Wi-Fi on lamp posts so you can access internet anywhere.
- A library of tablets that could be rented out, so everyone has access to equipment.
- Having online aid in-person makes it more accessible.
- Some internet providers provide social tariffs. These should be more widely advertised.
- Better internet access.
- Having the right assistive technology/equipment and knowing how to use it.
- Sasic/standard accessibility on all websites e.g., screen readers and bigger font size.
- Video calls are easier for sign languages and to read body language.



5. Better sources of information and support

- More and better volunteers/support staff to help access information.
- Someone to support with filling forms.
- Every GP surgery to have a disability expert on site.
- Barnwood Trust could have coffee mornings with guest speaks e.g., DWP.
- A translator or somebody with appropriate social skills and the awareness of neurodiversity to be able to explain information in a way that works and that can be understood.
- We could produce our own media in the Forest of Dean.
- Using community buildings in a more multi-purpose way as an information hub.
- There should be an official noticeboard for every village. They used to have this at all churches, but it could be anywhere that's accessible within each town.
- Focused advertising in GP surgeries. Making it more accessible to people to find out more information about other linked organisations.
- Regular maintenance of signs for pedestrians.
- Helplines options to call someone if information online doesn't work.
- Something in all communities for word of mouth and people to link up with their communities.
- Sus timetables displayed on screens in rural areas (not just in town centres).
- Bring back council leaflets. Online is not always better.

"I like having prompts in stores, so I know what to do. I am worried I will get it wrong."



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