An Insight Report into Reasonable Adjustments in Torbay

October 2025

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Executive Summary

Under the Equality Act 2010, NHS and care providers must make reasonable adjustments for people with disabilities. This insight report uses case studies to examine how effectively these duties are being implemented in Torbay.

Key Findings

Although hospital passports, digital flags and liaison roles are in place to support equitable care, their impact is often limited by inconsistent use, low awareness and wider system barriers. People with learning disabilities, neurodivergence and mental health conditions face additional challenges in securing reasonable adjustments, leading to delays and difficulties in accessing timely and appropriate support.

Key Observations

- **Tools need simplification** – passports and digital flags are often overly complex or overlooked.
- **Small, personalised adjustments** – such as quiet spaces, flexible communication and staff continuity – can make a significant difference.
- **Training matters** – neurodiversity-informed training improves outcomes and must include agency staff.
- **Listening builds trust** – proactive, compassionate communication reduces distress, particularly during crises.
- **Transitions are a pressure point** – families describe the move to adulthood as a "cliff edge" and need to be actively involved in planning.
- **Carers are essential partners** – their insight is critical when individuals cannot fully express needs.
- **Flexibility is vital** – automated and digital systems can unintentionally exclude those needing human support.
- **Complexity requires more support, not less** – people with multiple needs require tailored adjustments.
- **Culture change is key** – consistent, person-centred practice must be embedded across services.

Recommendations

In line with NHS England guidance and the Devon LeDeR report, all services should review processes to ensure individualised adjustments are routinely provided and to achieve compliance with the Reasonable Adjustment Digital Flag Information Standard.

About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community effectively and gives residents of Devon, Plymouth & Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

Background

What are reasonable adjustments?

Reasonable adjustments are specific changes made by service providers to make it easier for people with disabilities or impairments to access and use services fully, ensuring they are not disadvantaged compared to others. Reasonable adjustments are mandated by key policies and legislation:

- **Equality Act 2010**: Requires public bodies to make reasonable adjustments for disabled individuals.
- **NHS Long Term Plan**: Emphasises personalised care and reducing health inequalities.
- **Accessible Information Standard (AIS)**: Legal duty for NHS and adult social care providers to meet information and communication needs of disabled service users.

Who needs reasonable adjustments?

People with Disabilities: Under the Equality Act 2010, healthcare providers must make reasonable adjustments for anyone with a disability. This includes:

- Learning disabilities (e.g. Down's syndrome)
- Autism spectrum conditions
- Sensory impairments (e.g. visual or hearing impairments)

- Physical disabilities
- Mental health conditions (if long-term and substantial)
- Long-term conditions (e.g. multiple sclerosis, chronic fatigue).

Older Adults: They may need adjustments for mobility issues (e.g. wheelchair access), memory/cognitive decline or communication support.

People with Communication or Language Barriers: This includes those who are deaf, use British Sign Language (BSL), need Easy Read or large print formats, or require an interpreter.

Neurodivergent People: Individuals with autism, ADHD, or Tourette's may need quiet waiting areas, longer appointments, or clear communication.

People with Mental Health Needs: Some may struggle with attending appointments, communicating their symptoms or understanding care plans. Adjustments might include longer appointments or mental health advocates.

People with Cognitive Impairments: Those with dementia, brain injury, or intellectual disabilities may need a support person, visual aids, or simplified communication

People with Temporary Injuries or Conditions: Even non-permanent conditions (e.g. post-surgery recovery) may require adjustments, such as home visits or alternative formats.

Reasonable Adjustments vs. Other Service Issues

At Healthwatch we listen to people’s experiences using local health and social care services. While feedback on waiting times or service closures is common, it's important to distinguish reasonable adjustments from issues of general access and quality of care. While there is some overlap, they are distinct.

Reasonable adjustments are specific, legally mandated changes to remove a disadvantage, whereas access and quality of care refer to the broader efficiency and standard of the service provided to all users.

The table in the Appendix illustrates the kinds of aspects of service provision that relate to reasonable adjustments in comparison to issues about access and quality.

What we already know

Healthwatch England (HWE) and regional Healthwatch organisations have consistently highlighted issues relating to reasonable adjustments, including:

Accessible Information Standards (AIS): The 2022 HWE campaign 'Your care, your way' found that AIS were not being met, particularly for people with hearing or sight impairments and learning disabilities. Working with partner organisations and policy makers, recommendations were made to improve communication, accountability and prioritise AIS in training, commissioning, and information systems.

Recent Insights: In June this year, HWE's blog 'How accessible is your healthcare?'[1] highlighted a lack of face-to-face appointments, booking difficulties, inaccessible formats, and issues with British Sign Language (BSL) support. It also cites the overall impact on quality and accessibility of care.

Local Reports: Local Healthwatch organisations across England have reported a lack of reasonable adjustments in various areas, including antenatal care[2], pharmacies[3], long Covid[4], GP online sessions[5], dentistry[6], orthodontics[7] and carers for people with dementia[8]. For example, Healthwatch Dorset found in their pharmacy report that 32% of respondents – including disabled people, deaf people and those with MS - felt no reasonable adjustments were made.

Missing Focus: Importantly, these reports largely overlook reasonable adjustments for people with neurodiversity or mental health conditions.

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[1] https://www.healthwatch.co.uk/blog/2025-06-05/how-accessible-your-healthcare

[2] https://nds.healthwatch.co.uk/reports-library/antenatal-sessions-lived-experience-and-staff-views-provision-bristol-north

[3] https://nds.healthwatch.co.uk/reports-library/local-pharmacies-peoples-experiences-using-services-dorset

[4] https://nds.healthwatch.co.uk/reports-library/post-covid-19-nhs-staff-report

[5] https://nds.healthwatch.co.uk/reports-library/online-gp-services-patient-views-and-experiences

[6] https://nds.healthwatch.co.uk/reports-library/learning-disabilities-and-dentistry

[7] https://nds.healthwatch.co.uk/reports-library/nhs-orthodontic-care-views-and-experiences-parents-carers-children-and-young-people

[8] https://nds.healthwatch.co.uk/reports-library/carers-people-dementia-experience-access-primary-care

Why Focus on Torbay?

Torbay, a coastal town with a population of about 140,000, has a significant need for reasonable adjustments due to several key demographic factors:

Ageing Population: Torbay has a higher proportion of residents aged 65+ (27.8%) compared to the national average, with future predictions showing this trend will continue.[9] The older population also faces a higher risk of conditions like sight loss, and with Torbay having a higher proportion of people aged 75+ than the rest of England,[10] they will require extra support.

Challenges for Children and Young People: The area has high rates of children in care, low-income households, and significant challenges related to physical and mental health, including high rates of self-harm and tooth decay.[11] Many of these children and families require extra support.

High Prevalence of Disabilities: Torbay has a higher prevalence of physical disabilities, learning disabilities, and long-term health conditions.

Mental Health Issues: Residents struggle with mental health problems, with 1 in 8 adults having depression. The area also has high rates of suicide and self-harm, especially among young adults.

Deprivation and Health Inequalities: With 27% of residents living in the 20% most deprived areas in England,[12] Torbay experiences significant health inequalities that exacerbate barriers to healthcare access.

Given these factors, the need for effective reasonable adjustments in Torbay is particularly significant.

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[9] https://www.torbay.gov.uk/council/policies/planning-policies/hena/hena-4/

[10] https://www.southdevonandtorbay.info/media/o3fjphg1/torbay.docx

[11] https://www.torbay.gov.uk/council/policies/health/joint-health-and-wellbeing-strategy/#intro

[12] https://www.torbay.gov.uk/democraticservices/documents/s141290/JSNA%202023%202024.pdf

Our Approach

Initially, the issues around reasonable adjustments emerged from all of the data we collected; we heard from 70 individuals and groups with a range of issues ranging from 'staff not being trained to understand people with learning disabilities' to 'not being able to access online forms'.

We also received two case studies; both highlighted an absence of reasonable adjustments being made, regretfully, with serious consequences for the patients and their families. Responding to this, we sent out requests for experiences from service user groups and made contact with a few key individuals.

Our approach also included a review of the literature from 150 other local Healthwatch organisations throughout England.

We acknowledge and are grateful for all the individuals, groups and group representatives who contributed and shared their experiences with us.

Detailed Findings

This section presents the findings as segmented themes.

Please Note: *All commentary featured in this report is included as verbatim to illustrate the themes identified from the data analysis. Not all comments are included in this report and some comments relate to more than one theme.*

Hospital Passports and the 'Reasonable Adjustment Digital Flag'

The **hospital passport** is a system designed to help those who find it hard to interact or advocate for themselves while in hospital. Hospital passports can be seen as a great step towards meeting people's needs and certainly as a reasonable adjustment to improve understanding and communication. However, further collaboration is needed with user groups to make sure they serve their purpose.

> *'Passports are too big and too lengthy. They are not practical as no one has the time to read them. They are just like Education Health Care Plans (EHCPs) - nobody has time to read them. There just needs to be something with big labels like 'Autistic/OCD/Mute/ADHD – it just needs to be a snap shot. People don't know about them – should they print them? Is there a flag on the system to say there is a passport'?*
>
> ***SEND Family Voice***

The concern is whether too much information is actually inhibiting staff from using them, particularly in A&E. Torbay Autism Ambassadors developed a **Health Passport** – specifically for people with autism, much smaller in length and simpler to use – this potentially could be a good reasonable adjustment as long as people know about it and it is available in formats suited to all users – for example, those with learning disabilities **and** autism.

The **Reasonable Adjustments Digital Flag** is also a recognised way of enabling staff to make reasonable adjustments. But some feedback suggests that it 'just does not work'. For example, A&E is often noisy and overcrowded and this can be a triggering and distressing place for neurodiverse people. It was felt that <u>if</u> the first point of contact – i.e. the receptionist or check in staff member was alerted to their individual needs via the flag system - they would at least have a chance to have a conversation about what adjustments might make them more comfortable, but this does not always happen. Referring to a hospital admission, one respondent said:

> *'Despite having previously had reasonable adjustments logged on the computer more than 6 times, nobody read previous notes or took any action whatever to make reasonable adjustments'.* ***Torbay Mencap***

Another mother shared her experience of when a GP receptionist gave her and her child '*disapproving and dirty looks*' as the child was stimming (repeated movements and behaviour), running and touching walls in the waiting room - a result of his neurodiverse anxiety from being in the surgery. A more positive scenario would be that the child's needs were flagged up and the receptionist could then have a conversation about what might make them more comfortable.

Inconsistency

We heard from the mother of a grown-up son with learning disabilities about their care at a local hospital when they were admitted with a suspected stroke. In terms of meeting his neurodivergent and learning disability needs, she found that the provision of reasonable adjustments for her son was inconsistent; at some stages of his journey, his nurse *'went out of his way to make sure he was comfortable and had everything he needed. He was reassuring 'C', who was very frightened'.* Yet during the same hospital stay, the mother described being sent home as it was out of visiting hours and having to '*leave him as a 'crumpled heap on the bed while he was yelling and crying 'Mummy don't leave me'*. In this feedback, she felt that in relation to his disabilities and his needs, reasonable adjustments were just hit and miss. Some staff understood he had specific needs and others didn't make any adjustment, in fact one nurse asked, '*what is a learning disability?'*.

The situation of this family instantly improved by the arrival of the Learning Disability Liaison nurse. These nurses work together with patients, their families and carers and medical staff to ensure they get the best outcome. This starts before the patient is due to come in – they can arrange pre-visits before surgery to walk around the space, meet the team. They can provide easy read materials that show what the procedures are with photos of all the staff they might come in to contact with. They even have a list of things to bring from slippers to toiletries. This is a great example of reasonable adjustments being tailor made to suit the needs of the individual. However, there are only two nurses in Torbay fulfilling this function so, by their own admission, they are not able to be there for everyone.

The difference training can make

Feedback referring to neurodiversity, learning difficulties and mental health issues frequently mentioned '*lack of training*'. Yet it is known that people with neurodiversity often mask and field questions as they are asked and that it takes training and skill to fully interpret this.

There were also issues around permanent staff having been trained in Oliver McGowan[13] training but not agency staff. Yet, lack of understanding of people's learning or mental health needs has a huge impact on the outcome of their experience.

One person commented that they felt that as they entered the local hospital, they could tell which departments and individuals had received training in reasonable adjustments for understanding neurodivergent individuals and those that had not.

> *'It feels like everyone at the Paediatric Physiotherapy department at Torbay Hospital has been trained in how to handle children with neurodivergence. Even from the first appointment, they closed the curtains and shut the windows to suit my child. They avoided using his name, which is a trigger for him. They just get it as a whole team. They gave me a telephone number to call so I can call ahead and let them know what they are likely to need to do to make my son feel comfortable.'*

Another parent said:

> *'The foot surgeon started gently talking to E, he had a great way with him and it turns out he had an autistic daughter so he*

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[13] The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training. The Health and Care Act 2022 introduced a statutory requirement that CQC-registered providers must ensure their staff receive learning disability and autism training appropriate to their role.

understood. His whole team were great. They were all trained and when she went for day surgery she was given a side room with the lights off.'

The parent continued to say that the impact of these small adjustments was massive. Their child had really found it challenging to attend appointments at the GP surgery and other departments at the hospital where she felt judged for her son's behaviour.

It's the little things that make the difference

Although there is a legal requirement to make reasonable adjustments and to ensure health care is accessible to everyone, what came from our data was that it was the little acts that made the difference to the encounter, especially in relation to neurodivergence. One parent said:

'When I went for my MRI scan, I was nervous to be in a confined space, so they offered me music, ear plugs and showed me a mirror by my feet, which showed that the scanner was, in fact open at the other end. It was such a simple thing, such a simple adjustment but it made such a difference to me.'

In the context of neurodivergence, learning disabilities or mental health issues the small acts of care and consideration **are** the reasonable adjustments for people with these needs. Focusing on the individual is the key.

A local learning disability nurse explained another situation where she managed to bring in a patient with learning disabilities and extreme anxiety to the hospital for a 'practice run' of the dental procedure he was due to have. She encouraged him to come with family and carers and introduced him to all the staff, showed him the equipment and facilitated his understanding. The operation was a success but only because the nurse made the reasonable adjustments necessary for that individual.

Communication/listening and the 'human touch'

Good reasonable adjustments are not just about actions but a change of the way people think.

'Reasonable adjustments are a legal obligation, but they are not the

best way. Good reasonable adjustments are seeing people as individuals. There needs to be a change in culture. It's like reasonable adjustments are being done to people from the top down, not with people.' **SEND Family Voice**

An area of service delivery where Healthwatch frequently hear about poor communication and loss of the human touch is in relation to **digital access**. On one level, this is about access and not reasonable adjustments but if the person trying to reach the GP surgery or book an appointment is elderly or has memory loss then not meeting their needs becomes about reasonable adjustments. One healthcare professional said:

'My current GP service is graded outstanding by CQC but I don't know how. The staff are rude disparaging the clinical side is even worse! The health centre has lost its human touch everything must be done online and I pity the elderly and disabled that can't use online services. As a healthcare professional I'm disappointed in the service our patients receive here'.

Another shared example from our feedback centre:

I have metastatic cancer and I can't get to see my GP. All contact is via an online form and I can't go online. I did call but the caller insisted on completing the form ***for*** *me but I did not want that so I still haven't seen a doctor.*

Another partially sighted elderly client (80-84yrs) complained of not being able to access adult social care pages:

I am registered blind and I have epilepsy which prevents me from looking at screens. So I can't fill in the online assessment . I can't ask my friends for help as they are all elderly and don't know how to use computers. I find all of this is a barrier and it stops me being independent.

Several people commented about just how awful waiting is when dealing with neurodivergence, mental health and learning disabilities. While people accepted that nothing could be done to change the length of the waiting time, they felt that if they had better communication (specifically, human interaction in the form of a phone call) while they were waiting it could help.

> *'People wait 16 months on waiting lists with nothing but letters. Repeated letters and signposting. But people need people while they are waiting. Instead of sending another letter, just pick up the phone and say 'sorry, I can't tell you where you are on the waiting list, but I'm just checking in'. Instead of the endless letters. They send reams of paper but what if you can't read? Often parents who come to us can't read. Also, it arrives in piecemeal fashion – health, education, social care – no joined up thinking and nobody thinking 'what does that family need?'* ***Send Family Voice***

Another parent said, 'when you are the parent of a neurodiverse child, there is no such thing as "*waiting well*". For some groups then, is the reasonable adjustment just the very act of speaking to a human being or organising their care through an individual rather than an automated service?

Actively listening to people with mental health issues

For people with some disabilities, the reasonable adjustment provision could be clear but for others it is not. The feedback suggests that active listening might be a reasonable adjustment that could be made for people with mental health issues. One mother shared her story with us:

> *"My child suffers from Bipolar Disorder and was having a crisis and was suicidal. The GP advised her to go to A&E so I took her immediately. The mental health team were WORSE THAN USELESS! Yes, I shouted that. Sitting there saying prevention was better than cure. They said they would refer her- didn't know how long it will be. Or they couldn't prescribe her anything but come back if it gets worse. Basically, they told her -come back when you've actually tried to kill yourself but haven't been successful and we'll be interested. She was completely fobbed off and left A&E worse than when she went in. She was sobbing as we left. We phoned the GP surgery back and begged to be seen. We were seen that evening by a wonderful locum doctor. I don't know her name. She* ***actively listened*** *to my daughter, gave her advice, swapped her medication*

> *round a bit and gave her a tablet to make her sleep and let her brain reset. Again, my daughter cried but this time with relief. I believe this GP saved my daughter's life. Credit also to the receptionist who realised how serious the crisis was and made the appointment. Mental health services in Torbay are abysmal. A suicidal person needs help immediately. They should not be told they will be referred and seen in due course. Due course meaning weeks or months. This is costing lives."*

The importance of the physical space

It is widely known that people with learning disabilities and/or neurodiversity might be anxious in brightly lit, noisy public spaces yet there seems to be nowhere in A&E to take adults and sometimes nowhere for children. One Mum said *'A&E should have a quiet space for people with learning disabilities'* explaining that on the occasion they visited, there was no quiet space or even any seats. Once on the ward, there were 5 other people all with dementia, one required a security guard. It was very noisy. In the discharge lounge, it was noisy and upsetting and a very long procedure for someone with LD and autism.

Another carer said that on twelve separate occasions at A&E with mental health crisis and suicide attempts, not once were they offered a sensory/quiet room.

Visiting Times and accompanying carers/parents

We received feedback about visiting times and how hard it is when you are the parent or carer of someone with learning disabilities. We were told that some wards are very strict with visiting times and parents/carers have been asked to leave their child until 2pm the next day. This causes distress and is disempowering for all concerned. On a positive note, one parent said:

> *'After some difficult experiences with tests and scans, the staff realized it would be less traumatic if they were to allow us parent carers to accompany him. Once they had done this, it was less stressful for all. Also, when the physio permitted the family to help, it was easier for us to explain what he needed to do'.*

It was recognised by this family that once the learning disability nurse specialist was on the ward – everything improved. After being told to abide by strict visiting hours, the situation was more positive the following morning when the Learning Disability Nurse made contact with the family at 7.15am.

> *'At that time, we were not being allowed onto the ward until visiting times to reassure and comfort C. My husband arrived at the hospital car park around 8am and phoned the ward to make sure it would be ok to for him to come up and see to C, the attitude of the sister on duty had changed completely and she told him to come up to the ward. My husband proceeded to the ward, where much to his surprise, he found them very welcoming'.*

From this point on, the parent carers were able to stay with their son and help interpret his needs to the staff. In a conversation with the Learning Disability Acute Liaison nurse, she said that what she did, above all, was just talk to the families.

Changes and cancellations/ delays

We receive lots of feedback about waiting times and delays, cancellations and changes to appointments. But recent feedback shared with us shows that neurodivergent individuals find change and cancellations to their planned appointments particularly difficult to cope with. The family of a patient with autism, made contact with us to share that while they were an inpatient, their MRI was cancelled 5 times over 5 days. It took a great deal of reassuring, persuading and management by the family to get their family member to agree to the MRI so this caused him and his carers/family distress as it was repeatedly changed.

Neurodivergence/ learning disabilities and mental health

There is a sense that some reasonable adjustments are easier to make than others. To make reasonable adjustments for a person who is visually impaired – the law and advice is clear – provide access and materials that are accessible to the needs of the individual. Equally, a physically disabled person in a wheelchair, will need adjustments and communications that cover door width, ramps, electric openings etc. But what about making adjustments for people with neurodiversity where one person's needs are different to another person's needs? Where one person is more comfortable in a bright and airy room but the other is triggered by this? Some patients have complex needs and it is difficult to know where to start with reasonable adjustments:

> *'I am autistic. I also have c-PTSD, extreme social anxiety and I self harm etc. I am told frequently that I am too complicated for services and I am put back on waiting lists.... I receive no help'.*

The Healthwatch contact centre recorded the following situation from a parent about obtaining mental health treatment for a child with a neurodivergent condition.

> *'Client's 11-year-old child has severe anxiety and panic attacks leaving the house. He is unable to attend school. The client has been referred to CAMHS more than once. At the last referral, the GP helped the client to complete the paperwork. The referrals were refused by CAMHS who cite they cannot offer appropriate treatment due to his neurodivergent condition. The NHS service covering autism restricts its remit to diagnosis and signposting self-help. The GP advised the client to go private' (Private Psychiatrist)*
>
> *The child's mental health condition is worsening, and the child is now a non-school attender. In addition, he cannot leave the house for most other journeys and when they can get him out it takes hours to persuade him to get in the car. There is a high impact on the child and the family.'*

However, we heard from another parent that *'there are only one or two private child psychiatrists in Devon but their cost is extortionate and therefore way out of reach for the majority of parents'.* In this situation, the provision of reasonable adjustments is hardly even a consideration. It seems the more complex the issues faced by the individual, the harder it is to provide reasonable adjustments.

Masking (from NHS guidelines)

This refers to an autistic person's management of their social presentation to try and minimise or mask autistic traits from others. Not all autistic people mask, but those who do may not always be aware they are engaging in masking behaviour. Some may struggle not to engage in masking even when consciously trying. It is worth noting that masking may interfere with an autistic adult's ability to communicate their distress or symptoms during an appointment with a healthcare professional. This mother recalled her visit to A&E with her child: *'I took my youngest to Torbay – he'd had a broken wrist before, said it felt the same, the nurse twisted his wrist and because he didn't cry or express pain they dismissed it. So I requested an x-ray and it came back fractured! The nurse kept making excuses about how he should have been more visibly in pain!'*.

Masking has also been associated with an increased risk of suicidality. In terms of reasonable adjustments, recent feedback about a local mental health facility informed us that:

> *They do not follow the NHS guidelines on working with young people with autism ever. If a carer requests these* (reasonable adjustments)*, they are treated as a 'difficult' parent… Key workers are not well trained or qualified…. Lots of things offered are tick box exercises that offer no support at all. A change in culture is required so that patients and carers are listened to'.*

Furthermore, issues with the type of therapy being offered to local autistic community has provoked some feedback – several people explained that they'd only ever been offered CBT – but this is well known to not be very effective for those with autism.

A local learning disability nurse said that she could help people with learning disabilities and autism but once any mental health came into the picture, she was no longer allowed to help. These people must be referred to the MH team, however, they can't take people with learning disabilities.

Legitimacy to even ask for reasonable adjustments

According to the feedback collated, perhaps one of the most repeated themes was the sense of powerlessness people (particularly parents) felt at not being listened to. This was especially evident in relation to mental health, learning disabilities and neurodiversity. One parent said that she knew precisely what adjustments would make the difference between a successful or disastrous consultation, but she was rarely listened to. Several parents said they felt over ruled and their knowledge of what would help their child (closed curtains, a quiet environment, lack of physical touch etc.) and what would cause triggers, was ignored.

“Despite the ‘Treat Me Well’ work at A&E, even though the neurodiversity of the attendee was mentioned, no provision was made whatever and indeed both the carer, (me) and patient were made to feel very uncomfortable.” **Torbay Mencap**

Another parent of a child with selective mutism could not get a nurse in A&E to understand that it would be more successful to speak through her about her child’s foot injury. Instead, the nurse took the child’ s foot and pressed it hard to ascertain the level of pain. The child did not/could not speak and then, over months, the situation got worse with the child refusing to return. It resulted in an operation in Exeter. The parent is certain that this could have been avoided if the nurse had made a reasonable adjustment in the beginning and included her in the conversation or talked ‘through’ her.

In addition to not feeling listened to, another mother was made to feel that she overly concerned, fussy and ‘just a worrying mother’ by medical staff. She felt completely disregarded yet she knew her neurodivergent child better than anyone.

One mother of a neurodivergent child said she has been told by medical staff to ‘*teach your child some manners’* and *‘you need to learn when to say ‘no’ to them’* so it is no wonder the mother does not feel empowered to request that reasonable adjustments are made.

The situation is amplified and often becomes extreme for parent carers of adult children with the multiple diagnoses of learning difficulties, neurodivergence and mental health issues. Feedback shows that parents have felt unwelcome on the ward or at appointments. One parent said:

‘The key worker had not received the Oliver McGowan Training and did not understand autism in young women, specifically her language processing needs and her masking. No reasonable adjustments were made or offered. [We] tried but no one was receptive and I was made to feel like I was a nuisance’.

Disregarding parental knowledge and support can have serious, even fatal consequences. One parent told us that she made many attempts to inform staff about her child’s deterioration, her planned suicide attempts and her highly skilled masking, but she was not listened to and eventually lost her daughter after multiple attempts at suicide.

Conclusion

Feedback gathered for this report indicates significant room for improvement in how reasonable adjustments are provided in Torbay. The findings highlight particular shortcomings in healthcare services for individuals with neurodivergence, learning disabilities, and mental health conditions. Tools like hospital passports and digital flags often have a limited impact due to a lack of awareness, poor implementation, or being overly complex.

There is a clear need for better staff training, especially in neurodiversity and mental health. The data emphasises the importance of personalised, human-centred care, as small acts like offering quiet spaces, using simple language, or showing empathy can make a significant difference. Inconsistent care across staff and departments is a recurring issue, with some individuals receiving empathetic support while others face misunderstanding or hostility.

A major theme is the frustration and powerlessness experienced by patients and carers, who are often ignored when advocating for necessary adjustments. This is compounded by inflexible systems, digital-only access, long waiting times, and repeated appointment cancellations. Parents, in particular, report feeling dismissed despite having deep knowledge of their child's needs. Ultimately, the report calls for a shift from one-size-fits-all approaches to personalised, human-centred care, better communication, and a broader cultural change across all services.

Key Observations

- **Tools require simplification and clearer usage**: Current passport and flag systems are often too complex or overlooked. Co-designed, streamlined alternatives could increase effectiveness.
- **Simple, individualised actions have real impact**: Adjustments like quieter spaces, familiar faces, or flexible communication help create more inclusive care environments.
- **Training makes a difference**: Where staff have had neurodiversity-informed training, outcomes improve. Agency and temporary staff must also be included.
- **Communication and listening are core adjustments**: Proactive, compassionate communication can prevent distress and improve trust - particularly for those in crisis.

- **Families and carers are key collaborators:** Their insights are often essential, especially when individuals are unable to communicate needs themselves.
- **Digital and standardised systems must remain flexible**: Automation and online-only services can unintentionally exclude those who need human support most.
- **Complex needs should not equal reduced support:** People with overlapping or less visible conditions require tailored, not fewer, adjustments.
- **A cultural shift is needed:** Sustainable improvement will come not only from better systems, but from consistent, person-centred thinking across services.
- **Childhood to adulthood transition**: Often described as a 'dropping off a cliff' moment by parents/carers. Transition teams need to consult with parents as to which specific reasonable adjustments would help.
- **Building trust**: people with learning disabilities, neurodivergence or mental health conditions may need more time to establish trust and cooperation.

Recommendations

1. In agreement with NHS England's guidance, we encourage all services to achieve compliance in the implementation of the Reasonable Adjustment Digital Flag Information Standard by December 2025 [14].

2. In line with the Devon LeDeR report (Learning from lives and deaths of people with a learning disability or autistic people)[15] We recommend a full review of your processes in the following areas:
    - Simple, individualised adjustments need to be made to provide quieter spaces, familiar staff and flexible communication.
    - Digital and standardised systems must stay flexible to avoid excluding people needing more human support.
    - Compassionate, proactive communication is key and prevents distress and builds trust, especially in crisis situations. Staff need the

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[14] https://www.england.nhs.uk/long-read/the-reasonable-adjustment-digital-flag-action-checklist-what-you-need-to-do-to-achieve-compliance/

[15] https://onedevon.org.uk/download/leder-annual-report-2022-2023/

opportunity to build consistent and trusting relationships with those with learning disabilities, neurodivergence, or mental health conditions.

- Families and carers need to be seen as essential partners, offering insight when individuals cannot express needs. They need to be welcomed and supported.
- Inclusive practice needs to be embedded through culture and training. Neurodiversity and learning disability-informed training improves outcomes and must include agency and temporary staff.
- A sustained cultural shift toward person-centred care is needed across all services.
- Transitions to adulthood should be co-planned with families to maintain continuity and adjustments.
- People with complex or overlapping needs require tailored, not reduced, support.

Stakeholder Response from Torbay and South Devon NHS Foundation Trust

“We are grateful to Healthwatch in Devon, Plymouth and Torbay for bringing together people’s experiences of reasonable adjustments in Torbay. The themes in this Insight Report reflect what we hear locally: small, personalised changes and consistent, human centred care make a big difference - particularly for neurodivergent people, those with learning disabilities, and people with sensory or communication needs.

How we’ll take this forward

We share the ambition to make reasonable adjustments part of everyday care, not the exception. At the same time, we need to be realistic about the constraints we work within. That’s why we’re focusing on practical steps we can take now, while carefully planning for what comes next.

The national deadline for implementing the Reasonable Adjustment Digital Flag (RADF) has now been extended to September 2026, which gives us additional time to get this right. Much of this work depends on the functionality within our new electronic patient record (EPR), EPIC, which goes live in April 2026. This will enable better recording, sharing and visibility of reasonable adjustments across services.

Right now

- Continue to focus on the “little things” that make a big difference: encouraging teams to offer quieter spaces where available, reduce sensory triggers and use plain English, accessible information - as small, practical steps we can take now. We’ll continue to strengthen staff awareness so that reasonable adjustments are offered earlier and encourage teams to build in small, personalised adjustments wherever they can.
- Building staff confidence in identifying and recording adjustments: colleagues in our equality and inclusion team are reviewing training options to help staff recognise reasonable adjustment needs, understand how to flag them, and feel confident in having compassionate conversations with people about what would help. This includes work already underway exploring available training to support colleagues to recognise needs and record them accurately and sensitively.

- Listening and carer involvement: reinforcing local guidance to involve families and carers where this helps tailor adjustments, recognising that ward space and staffing can limit how far this can go.
- Training touchpoints: continuing to promote learning disability and autism training (Oliver McGowan). Our uptake has exceeded the national target, with one of the highest rates of staff completion in the country. This means more colleagues understand how to recognise needs and respond in ways that reduce anxiety and improve trust. We are also strengthening induction materials for temporary staff - noting that comprehensive coverage for all agency staff depends on provider contracts and availability.

From April 2026 (EPR enablement)

- Reasonable Adjustment Digital Flag (RADF): using the new EPR to record and surface flags more reliably at check in/triage and on ward workflows, so teams can see the information they need and act on it. As the EPR comes online and with the national deadline extending to September 2026, we will phase improvements, test what works with patients, carers and staff, and build on the small changes already making a difference.
- Simplified, co designed passport options: working with local user groups to create a shorter, clearer passport format and test how it integrates with the EPR and front door processes - creating something that works for both the people who use it and the staff who need to act on it, avoiding duplication and keeping it easy to find and apply.

Longer term

- Quiet/sensory spaces: assessing where we can create or repurpose calmer areas in urgent and discharge settings, incorporating these requirements into future estate plans where feasible.
- Proactive communication while waiting: piloting check in calls and clearer “what to expect” updates for people on waiting lists, then reviewing workload impact and benefits before wider roll out.

How we’ll work with Healthwatch and partners

- Co design and testing: involving Healthwatch and local user/carer groups to shape and test practical changes - especially passport simplification and how flags are used at the front door.
- Transparency: sharing an action summary when the EPR is live and we have clearer sight of what is technically and operationally achievable.

- Learning and review: reporting progress publicly and adjusting plans based on feedback, data and capacity.

Our promise

Every number is a person, and behind every adjustment are colleagues doing their best within the realities of a busy service. We will keep listening and keep improving - carefully, practically and in partnership - so that reasonable adjustments become part of how we care, every time.”

Acknowledgements

Healthwatch in Devon, Plymouth and Torbay would like to thank everyone who contributed their experiences to this report particularly the members of the public who shared their feedback and experiences.

Appendix

Access	Quality of care	Reasonable adjustments
Specifically concerns whether a person can actually get to a service, afford it, and understand how to use it, including removing physical, financial, cultural, and informational barriers.	This is about the standards of care provided, ensuring it is effective, safe, and respectful.	These are specific changes made by service providers to make it easier for people with disabilities to access and use services, ensuring they are not disadvantaged compared to others.
Physical accessibility: Ensuring buildings and services are physically accessible to people with mobility impairments. **Financial accessibility:** Making sure services are affordable and accessible for those with limited financial resources. **Cultural and informational accessibility:** Providing information and communication in accessible formats (like easy read or sign language) and understanding diverse cultural needs.	**Effectiveness:** Services should be clinically effective and meet the needs of the patient. **Safety:** Services should be safe and minimize the risk of harm. **Respect:** Services should be provided in a way that is respectful and supportive.	**Procedural adjustments:** Providing longer appointment times, allowing for breaks, or scheduling appointments at quieter times, providing reminders, or contacting carers, allowing family members to stay during appointments or offering flexible visiting hours. Offering pre-appointment visits to familiarize with the environment. Providing consistent appointment times, locations, and clinicians to reduce anxiety and promote familiarity. **Physical adjustments:** Adjusting the sensory environment (reducing noise, dimming lights, providing a quiet space), offering fidget toys, and ensuring comfortable seating. As well as ramps, wider doorways, accessible bathrooms. **Communication adjustments:** Providing information in multiple formats (written, verbal, visual), using clear, simple language, avoiding jargon, providing easy read materials, interpreters, or alternative communication methods. Giving clear instructions and expectations and offering support for completing paperwork.

Access Feedback	**Quality of care Feedback**	**Reasonable Adjustments Feedback**
'The staff at the hospital are great and caring. But it's a major headache parking at the hospital. 18 months ago, my husband was an 'end of life' case. Three times I was called in as his breathing was worse. I could not park as the car parks were full of people queuing … parking is totally inadequate…'	*'The staff at Torbay Hospital went above and beyond to help my 13-year-old with appendicitis. The nurses, doctors and HCA, food staff, surgeons and anaesthetists – every single member of staff were just brilliant. The surgeon even got the football up in his phone when my son woke from surgery upset as he knew he wanted to know the score.'*	*'The client was unable to access social care pages as she is registered blind (partially sighted) and she had a condition that prevents her from looking at screens – epilepsy. The client cannot complete all the online assessments as all of her peers are also elderly and not able to use the IT. The client finds it impacts on her independence'.*
'Three members of the group (local autism group) commented that it feels like you cannot get an appointment for anything unless you constantly pester and chase. One member said that it is very hard for those with autism who are already feeling ill or low. Another member believes the current system only work for people who can advocate for themselves'.	*'One member (of a local autism group) said they had recently attempted suicide, and despite the police being heavily involved, there was never any follow up from the crisis centre or team'.*	*A local autism group reported that there were 'issues with recognition of the role of assistance/guide dogs. One member told us of countless problems with reasonable adjustments not being adhered to. They often get told by health and social care settings that the guide dog cannot come in due to 'potential allergies'.*

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