



DISSERTATION TITLE: A QUANTITATIVE ANALYSIS OF DISABILITY SUPPORT SERVICES PROVIDED BY BRISTOL CITY COUNCIL TO PEOPLE AFFECTED BY DISABILITIES

Independent Project. Model Code: BMSW6009



JULY 11, 2025

JOY BALL

2209284

Lecturer: Arpu Kumar

Key abbreviations:

Bristol City Council: BCC

Disability Support Services: DSS

Abstract

In this study, the effectiveness of these disability support services (DSS) provided by Bristol City Council (BCC) will be accessed through quantitative survey involving 40 participants. The study used a positivist quantitative approach to examine service accessibility; service usage patterns, satisfaction, and barriers encounter to produce the service line strategy. Overall, high levels of contentment were reported by 60% of the participants. A large proportion, 65%, used service support services daily or weekly. Mobility (27.5%), mental well-being (25%) improved significantly. Yet, 25% of respondents had faced accessibility barriers, hinting at areas they should be working on. Suggestions include simplifying the user pathway to service, by, e.g., developing a single point of referral service which would ensure that only one organisation would guide employment applicants through the system; encourage greater use of employment support, which was used by only 5% of eligible people; and incorporate effective mechanisms to collect regular user feedback. The small sample size and the reliance on self-reported data are acknowledged. Future work should utilise larger, more diverse samples and mixed method designs to learn more about user experiences and to better tailor service delivery.

Contents

Abstract	2
Chapter 1: Introduction	3
1.1. Background.....	3
1.2. Rationale/Problem Statement	5
1.3. Aim and objectives.....	6
Chapter 2: Literature Review	6
2.1. Introduction to Disability and Support Services	6

2.2. Theoretical framework	7
2.3. Facilitators of Accessibility and Effectiveness of Disability Support Services	8
2.4. Barriers and Challenges in Accessing Disability Support Services	9
2.5. Role of Stakeholder in Disability Support Services	11
2.6. Conclusion.....	12
Chapter 3: Methodology	13
3.1. Research Design.....	13
3.2. Research Approach	14
3.3. Sampling Strategy.....	14
3.4. Data Collection and Instrumentation	15
3.5. Data Analysis	15
3.6. Ethical Considerations.....	16
Chapter 4: Analysis of Data and Discussion of Results	16
4.1. Introduction	16
4.2. Finding and discussion.....	16
4.3. Discussion of implications	24
4.4. Chapter Conclusions	25
Chapter 5: Conclusions and recommendations.....	27
5.1. Summary of Findings services.....	27
5.2. Key Recommendations	27
5.3. Limitation and Future Research	28
References	30

Chapter 1: Introduction

1.1. Background

The disability support services are vital to the lives of disabled individuals, in making them live with dignity, independently and with a satisfactory livelihood. WHO (2023) reports that about 15% of the global population (or around one billion people) experience some type of disability, and this figure rises due to ageing populations and the incidence of chronic communicable disease. According to Kirk-Wade (2024), there are reported to be 16.1 million people in the United Kingdom (UK) who have a disability (measured as 24% of the population). The legal tool that protects disable individual's

rights under the Act 2010, which requires organisations to make reasonable adjustments to assist disabled people to take a full part in society (Renz & Cooper,2022). Despite all this, individuals with disabilities still face large accessibility, inclusion, and support service problems.

With a population of around 472,000 people, about 8.3% of Bristol's population identifies as disabled (ONS,2023). BCC is a significant entity that offers disability support services to its disabled population in their diverse need. There available services are home adaptations, personal care assistance, mobility support, financial assistance, and educational and employment support (BCC,2025).

In addition, local charities and community organisations work with BCC's Adult Social Care Services to ensure the care and support of disabled individual.

However, although these services are available, they remain accessible, effective, and adequate to the multifaceted challenge individuals with disabilities face.

However, the Bristol Disability Equality Forum (2023) reports that many disabled individuals struggle to work through the system and have delays in service provision and varying standards of support (BCC,2025a). Moreover, economic inequalities, cultural hurdles, and systemic problems within the service delivery regimen frequently intensify these changes to a point where individuals are often ill-positioned to duly harness available resources.

1.2. Rationale/Problem Statement

The reason for analysing disability support services offered by BCC is to understand the lived experience of disabled individual. Although quantitative data can tell us much about service usage and satisfaction rates, it can fail to provide us with the contextual nuances that qualitative research can provide (Lim,2024). Focusing on personal experiences, this study aims to understand the complexities of getting and finding disability support services in Bristol. Recent reports suggest that being disabled does put people who are disabled off for use of public services. When accessing social care services, 40.1% of disabled adults in the UK faced barriers such as those found on the Opinions and Lifestyle Survey (OPN) (ONS,2022).

Moreover, it was established that 56% of disabled people in the UK believe that local authorities do not provide sufficient consideration of their needs as part of the planning and delivery of services (Coleman,2024). These statistics underpin the importance of tracking such barriers and suggesting how to solve them.

Additionally, local councils have been deeply affected by austerity measures, meaning they are less likely to offer all-around support. In 2018, BCC was criticised for slashing £5 million from the pot for children with special needs' funds (BBC,2021). These restrictions lead to service fragmentation, reduced staffing, and longer wait times, making it even more difficult for individuals with disabilities to access the right funding.

Given the nature of the subject matter discussed, this research is particularly well-suited for a qualitative, interview-based study to gather subjective experiences and perspectives of people involved in the phenomena encapsulated by the subject matter (Bell et al., 2022).

Using semi- structured interviews, people can share problems, anticipated results, and recommendations for service improvement (Peterson et al., 2020).

This enables a deeper understanding of how the provision of disability support services has affected these individual emotional and practical lives. Additionally, qualitative research helps researchers to discover patterns and themes which may not be perceptible from quantitative data. This study can provide insight into the success and failures of current services and what barriers keeps people from using them by talking directly with these service users. These results will inform evidence-based recommendations about enhancing disability support services in Bristol. In additional, this study takes an interpretivist approach, acknowledging that how people experience disability is informed by their interactions and personal experiences (Mweshi & Sakyi, 2020). The research will examine these dynamics to uncover the systemic issues that disabled individual deal with and offer policy recommendations based on lived experiences.

1.3. Aim and objectives

The project aims to evaluate the impact of disability support services provided by BCC on the lives of individuals with disabilities. Key objective is:

- . To assess the accessibility and effectiveness of disability support services provided by BCC.
- . To identify key challenges and barriers faced by disabled individuals in accessing and utilising these services.
- . To devise potential improvements in policy and service provision to enhance the quality of life for disabled individuals in Bristol.

Chapter 2: Literature Review

2.1. Introduction to Disability and Support Services

The concept of disability is a multifaceted, complex one, which has changed much in literature as well as in policy. There are two primary models regarding how disability is viewed: the medical model and the social model.

From the medical model lens, disability is seen as a defect or impairment in normal people model which requires a medical solution or rehabilitation (Shakespeare, 2006). On the other hand, the social model, which was developed by disability rights activists in the 1970s and 1980s, is based on the premise that disability is caused by the social, physical, and systemic barriers in the society that prevent and disadvantage people with impairments (Barnes, 2019). As a result, the need for inclusive and enabling environments has been realised.

Globally, the World Health Organisation (2023) estimates that over 1 billion people (i.e. approximately 15% of the world's population) experience some form of disability. These people often face problems accessing equal health care, employment, education, and participation in public life.

In this chapter, the literature on DSS is cautiously reviewed from the perspective of accessibility, effectiveness and challenges encountered in the process. It starts with the theoretical frameworks that are applicable for the evaluation of support services. It then reviews barriers to access and the ability to meet needs in the future, and the reasons why it might be helpful to suggest services for individuals. Also, this foundation

complements the broader purpose of this dissertation, which is to assess the effect of DSS at the local level on the lives of disabled individuals.

2.2. Theoretical framework

To comprehensively assess the impact and provisions of disability support services, the research should be theoretically grounded. This research uses the Resource-Based View (RBV) of organisations and the Capability Approach development by Amartya Sen.

Primarily, the Resource Based View (RBV) theory, a well-known theory in strategic management, argues that an organisation's competitive advantage exists where the firm can acquire and utilise rare, valued, inimitable and non-substitutable resources (Barney, 1991).

In the case of public services like those provided by local authorities like Bristol City Council (BCC), this perspective provides an insight into how service quality and service effectiveness are derived from internal capacities- the capable personnel, the financial resource, the adaptive infrastructure, and the technology. Kosiol et al. (2023) used RBV in the context of public sector innovation to argue that the public authorities cannot mobilise enough resources to deliver services in health and social care. For example, when the disability support services cannot find the resources to meet their support obligations, they find it difficult to respond to complex user needs both in terms of coordinated care and tailored interventions.

A humanistic alternative to the RBV is given by the Capability Approach (Sen, 1999), which enables the evaluation of support services not by money allocated for their supply but by what individuals can do or be (their capabilities). Sen further opines that true development or providing social justice is not only defined by providing services but is about giving people the power to lead lives of their choice. This is a widely adopted approach in disability studies for examining how intimate agency is affected by policies and intervention towards creating a fair distribution of social and individual resources (Terzi, 2005). In this sense, Parvez and Ahmed (2023) assessed the extent to which disability inclusive services impacted education and livelihoods using the Capability Approach. Its focus on individual agency, conversion factors, and the context of service access is especially useful in explaining why people with similar impairments fare differently when their socioeconomic or cultural background is different.

Overall, these two frameworks are complementary. Theory based on constraints and capacities of organisation (RBV) and normative concerns about the true enhancement of the freedoms and well-being of disabled individuals (*the Capability Approach*) inform an institutional understanding of service delivery. This dual approach ensures that the analysis does not stop at the level of operational efficiency and includes the human

side of the operations, looking into such characteristics as dignity, equity, and inclusion. In combination, these theories furnish a well-worked analytical based to appraise Bristol's disability support services, facilitating an examination of service-level structural aspects and the lived experiences of individual participants. Further in this literature review, the subsequent section identifies accessibility facilitators, barriers, and stakeholder roles in providing useful opportunities to individual with disabilities.

2.3. Facilitators of Accessibility and Effectiveness of Disability Support Services

The success and accessibility of disability support services are dependent on a host of interrelated factors. Accessibility means more than ensuring the physical accessibility of services. It also means to the extent that individuals with disabilities can meaningfully engage and benefit from them. Meanwhile, effectiveness refers to the extent to which these services meet desired outcomes like increased autonomy, quality of life, and social participation. It is shaped by infrastructure, information, and finance.

Physical infrastructure (accessible buildings, public transport, inclusive housing, etc.) helps or hinders access. Stafford et al. (2022), urban areas are a primary source of the exclusion of individuals with disabilities, being that the latter encounter inaccessible environments first. Similarly, Kett et al. (2020) point out that in many low-and middle-income countries, basic infrastructure facilities such as ramps, elevators and toilets do not exist or poorly maintained that mobility and service are restricted.

Moreover, awareness and disseminating information are also necessary. However, there is a lack of outreach or limited channel of communication to reach individuals with disabilities and their caregivers who are unaware of the availableness of the services. Chidiac et al. (2024) argue that inaccessible information in formats other than Braille, sign language, and so on, form significant barriers for people with sensory or cognitive impairments. Hence, awareness campaigns and an inclusive communication strategy become important facilitators. Affordability further influences service uptake. Some disability services are publicly financed or subsidised, however, others impose high out-of-pocket cost, especially for assistive technology, special education, and therapeutic intervention. Banks et al. (2021) suggest that this problem is further compounded by the economic vulnerability of many of these disabled individuals and suggest that expending appropriate efforts to develop and/or implement such sliding scale pricing and financial aid schemes in support systems would make these even more accessible.

Another key facilitator is service delivery models. These models are broadly institutional, community-based, and in increasing model, digital or hybrid-based.

Traditionally, institutional care means a provision of services by specialised staff at dedicated facilities. Though they concentrate expertise, these settings also enable dependency and segregation. Numerous scholars have advocated using the *community-based rehabilitation (CBR)* model (Shumba et al., 2020).

Adjusting, integrating and participation, the World Health Organisation's (WHO) emphasis to deliver service term within the community settings, are part of the CBR framework. As per Ayalew et al. (2020), CBR models give local actors a voice and allow services to be tailored to the local people's needs and cultural contexts and, as a result, are both more accessible and more relevant. Telehealth, mobile apps, e-counselling platforms, and other digital service delivery are fast emerging as enablers of access, especially in remote areas. Tsatsou (2021) argued that digital inclusion can fill in service gaps, provided accessibility is a matter of design. While digital literacy and access to the internet remain important barriers, particularly among older adults and lower-income people with disabilities, it also holds another set of challenges within the realm of accessibility.

Further, assessing the effectiveness of disability support services necessitates the existence of structured frameworks and indicators. A widely used model is the WHO's International Classification of Functioning, Disability and Health (ICF), which embraces body functions, activities limitations, participation restrictions and environmental factors (Jaiswal et al., 2024). Multidimensional assessment is enabled, and it is rights based in its perspectives on disability. The outcomes-based model of evaluation looks at improvements in the domains of physical health, emotional well-being, independent living, and social inclusion.

According to Bainbridge and Townsend (2020), outcome evaluations can help quantify and document in impact of interventions, direct resource allocation, and provide accountability. Participatory evaluation methods, among others, are increasingly recognised through the involvement of service users in assessing them. According to Costanza-Chock (2020), user-led evaluations not knowledge production but also generate richer and more complex accounts of service efficiency.

2.4. Barriers and Challenges in Accessing Disability Support Services

Despite the existence of so many disabilities support services in the world, there are still certain access and utilisation barriers. The causes of these challenges lie deep in socio- economic disparities, institutional constraints, physical and technology barriers, and societal attitudes. Poverty and social disadvantage are among the most important barriers to accessing support services. As per Pettinicchio et al. (2022), the unemployment, underemployment, and low-income rates of people with disabilities are disproportionate compared to those without disabilities. Consequently, they find it hard to afford assistive devices, healthcare, transportation, and housing, all of which

are requirements for reaching out for support services. According to scholars like Ryan (2020), disability and poverty create a vicious cycle of lack of access to services, making people vulnerable. Disability is compounded by cultural perceptions of disability. Some communities see disability as a source of shame or stigma, and families will hide family members with disabilities or avoid the chance of seeking external support. Cultural taboos and religious beliefs, Budu-Ainooson et al. (2020) further note, could prohibit help-seeking behaviour, especially among women with disabilities, who are often neglected as disabled persons.

Importantly, services can be out of reach when there are missing inclusive policies at a systemic level. There is a lack of comprehensive disability legislation and national action plans in many nations that guarantee service provision across sectors. Although policies may exist, enforcement is often inconsistent, conducted poorly, financially, or with a fragmented governance structure (Levy, 2021). Bureaucratic complexity also limits institutions. Often, it is a labyrinth process to receive disability benefits, services, and/or assistive technologies, especially if you have cognitive or communication problems. From the lens of Kapsalis et al. (2024), policy systems developed without use by the user are often rigid and inaccessible (i.e., disabled by design), being continued to keep the dependent going rather than to make the going independent.

Moreover, the challenge of physical inaccessibility continues to exist widely. Most of the public buildings, transportation systems, healthcare facilities and educational institutions do not comply with the universal design standards. As per Badawy et al. (2020), globally, public infrastructures are much less accessible to persons with disabilities. As a result of this, participation in routine activities and access to services are severely restricted. Increasingly, technological barriers are relevant in the digital era. Although technology offers a promise inclusive service delivery, people with disabilities are excluded if technology is not designed or if it is affordable, or if they lack the digital literacy to use it. Simeoni et al (2023) argue that principles of universal access should be embedded in the very origins of assistive technologies and digital platforms rather than retrofits. Communication barriers also exist and are particularly regular for people with hearing, visual, or cognitive disabilities. Sign language interpreters, Braille materials or plain language documentation may be the only way of knowing information is absent.

According to Badcock and Sakellariou (2022), communication exclusion is a crucial but overlooked barrier to health and social care outcomes. More importantly, stigma is a cross-cutting barrier that impacts individual behaviour as well as institutional responses. Disabled individuals are often subject to negative stereotypes, portraying people who have disabilities as dependent, burdensome, or incapable (Santuzzi & Cook, 2020) and discouraging the use of services and decreasing faith in the support system. Often, internalised, these attitudes cause lowered self-esteem and reluctance

to seek help. In addition, they are socially excluded through discrimination in their education, employment, and healthcare. Numerous researchers document that discrimination continues against people with disabilities in developed countries like the UK, even when services are nominally available, and it presents them with fewer opportunities and unequal treatment (Kim et al., 2020; Pettinicchio et al., 2022). This discrimination is often intersectional, affecting those with multiple identities as members of different marginalised groups, like ethnic minority ethnicities or LGBTQ+ individuals and other vulnerable categories with disabilities.

Furthermore, combatting stigma requires deliberate awareness raising, education and the representation of LGBT people in the media. According to Scior et al (2020), some programs in which disabled and non-disabled community dialogue is fostered, disability rights are promoted, and stereotypes are challenged have been successful in reducing stigma. However, these initiatives are underfunded and unevenly implemented throughout regions. Thus, the barriers to disability support services are complex and multifaceted. Overall, socioeconomic disadvantage, policy gaps, infrastructural deficits and attitudinal biases collectively preclude equitable access and effective utilisation of services. Such barriers are essential in the design of responsive, inclusive, and sustainable interventions which best meet the varied needs of people with disabilities.

2.5. Role of Stakeholder in Disability Support Services

Providing disability support services is multi-dimensional and involves many players with roles that are important in defining the response and quality of the service and in increasing its accessibility. Mosia and Lephoto (2023) assert that governments and policymakers, non- governmental organisations (NGOs) and community-based organisations (CBOs) families and caregivers, as well as innovators and technology providers all have a stake in this issue. They are a deal or no deal situation concerning the life experience of people with disabilities. Here, governments and policy makers are the key actors in fixing the legislative and institutional background for disability support, As Shikako et al. (2023) note, social protection schemes and legal instruments based on international standards like the UN Convention on the Right of Persons with Disabilities (UNCRPD) are created by governments to define the rights of the disabled and the obligations on behalf of providers. They must also fund, monitor, and regulate services within all these sectors, including health care, education, transportation, employment, and so on. Yet, as demonstrated in studies like Ahmed et al. (2022), although several countries have adopted disability inclusive policies, there are usually implementation gaps, particularly in coordination across sectors and inclusive budgeting.

Moreover, filling service delivery gaps, especially when the state capacity is limited, is also performed by NGOs and CBOs. Typically, they have stronger links to the

communities they support and are more able to respond to local needs. For example, as Gale et al. (2022) cite, Handicap International and CBMs have contributed to developing community-based rehabilitation models, advocating rights-based approaches, and distributing assistive devices and health services. NGOs also advocate on the issues and build capacities of disabled people's organisation (DPOs) to influence policy and demand accountability. However, sustainability and scale are still major questions since these services typically require external funding and project-based interventions (Ned et al., 2020).

Importantly, another vital stakeholder group includes families and informal caregivers. Families are the primary source of care, emotional support, and advocacy for the individual with disability in many contexts. Johnson et al. (2021) argue that a caregiver is not just a practical role but also a relational one that imparts well-being and agency to disabled individuals. However, the caregivers frequently suffer from high level of stress, economic burden, and social isolation when formal support systems must support caregivers through the provision of respite services, training, and financial assistance. Furthermore, technology and innovation providers become ever more important stakeholders. Digital tools, assistive technologies, and data driven systems are integrating to redefine the landscape of disability support. For instance, as Jamwal et al. (2022) depicted, screen readers, augmentative and alternative communication (AAC) devices, and smart home technology can improve autonomy and participation. In addition, mobile service delivery platforms, like teletherapy and virtual peer support, are expanding the service in formerly inaccessible areas. However, according to Almufarreh et al. (2024), equitable access to technology is still a problem as technology must be designed with inclusion in mind and must also be affordable.

2.6. Conclusion

Overall, this chapter offers a comprehensive review of disability and support services literature to provide a foundational insight into the theoretical, structural, and social dimensions of providing support services for people with disability. The article starts by introducing medical and social models of disability, the global prevalence of disability, and the necessity of effective and inclusive support systems. To apply a dual lens on the organisation capacity and individual empowerment in service delivery, two theoretical frameworks were discussed, including the Resource-Based View (RBV) and Capability Approach.

Accessibility and effectiveness of disability support services are dependent upon a series of factors, particularly infrastructure, affordability, dissemination of information and services delivery model. Community-based and digital services seem promising approaches and should offer communication that is inclusive and evaluation that is robust. Despite this, there are still several barriers to service use such as socio-

economic, stigma from culture, policy gaps, bureaucratic restrictions, and physical and technological impediments. This chapter also identified the various roles that governments, NGOs, families, and technology providers can play in fulfilling this role.

Specifically, these actors play a unique role in shaping both the quality and reach of support services, despite the literature suggesting a role for improved coordination and long-term sustainability strategies.

Yet, much research has been done globally, and the gaps are big. Specifically, there are very few quantitative studies that bring out the lived experiences of people with disabilities in specific local contexts. The existing literature offers limited scholarly attention to the UK context, especially as there are no such studies on cities like Bristol. Thus, there is an opportunity for this dissertation to provide original/novel insight into all elements of the disability support services access, experience and evaluation used

by service users in a defined geographical area. Overall, this chapter serves as the basis for the empirical investigation that follows in the next chapters.

Chapter 3: Methodology

3.1. Research Design

This study embraced a positivist research design to explore the effect and availability of disability support services to individuals with disabilities. According to them, the positivist paradigm assumes that reality is objective, observable, and measurable by empirical means (e.g., surveys) (Chang et al., 2020). The perspective taken for this study as it quantified the participants' responses to structured questions of their experiences in disability support services which enabled generalisable insights to be obtained. The positivist design prioritised observable facts over subjective interpretation and allowed the study to make statistical patterns, relationships, and trends, which were then critically analysed and interpreted with the use of minimum researcher bias.

In social and business research, when the study is quantitative, positivism is highly effective (Ghauri et al., 2020). Positivism was used in this study because it met the objective of the study, which was to evaluate accessibility, effectiveness, and user challenges relative to service using measurable variables. To keep objective and replicability of data and to keep transparency in data interpretation, the study was conducted using standardised instruments and setting numerical data as the focus. By designing it this way, methodological consistency was ensured, and a framework was provided that was structured to explore perceptions, frequencies, and levels of satisfaction about disability support services.

3.2. Research Approach

A quantitative approach was used to collect and analyse data. As such, this was preferred because it enables a qualitative exploration of measurable phenomena while it can also be utilised to apply statistical techniques to derive meaning from numerical data (Peterson et al., 200). The quantitative method was chosen given the nature of the study's objectives in which accessibility, usage patterns and the users' satisfaction were to be evaluated.

The quantitative approach enables the conversion of participants' experiences and opinions into quantitative metrics. This afforded the ability to systematically scan across a relatedly large sample. In addition, it made it possible to employ statistical tools like measures of central tendency and dispersion and produce meaning summaries of the dataset (Chang et al., 2020). This method, in turn, allow the identification of the accessibility level, effectiveness of services and common barriers of disabled individuals, as reflected through standardised indicators. Also, the study was quantitative in nature, making the findings reliable and generalizable. Bias and uniformity of the data collection process were reduced by using standardised survey instruments. This also allowed for analysis across different demographic groups-age, gender and spectrum of disability-deepening and stringency on the analysis.

3.3. Sampling Strategy

In this study a convenience sampling method was used, in which the researcher utilises the available participants accessible for the study and willing to participants accessible for the study and willing to participate (Mweshi & Sakyi, 2020). Given the practical factors of time, resources, and access to the full list of individuals with disabilities, this sampling technique was considered suitable, as a probability sampling method was not feasible to use. To recruit participants, online disability support forums, community networks, and such media platforms as social media were used, as well as directly accessing support organisation. Forty participants of the final sample were self-identified people with physical, sensory, cognitive, or psychosocial disabilities. The participants were aged 18 and over and were experienced in providing/handling any disability support service during the 12 months. This ensured that participants had applicable and latest experiences to discuss for the study.

Although convenience sampling might restrict the generalisability in findings given selection bias (Scholtz, 2021), it was appropriate for the explanatory nature of the study. In no way was it the aim to try to infer the rest of the population of disabled people, but to get data that may give indicative patterns to what things may be issues that merit pursuing. In addition, the sampling strategy allowed participants from different backgrounds and disability categories to be included, thereby allowing richness and breadth in the data collected.

3.4. Data Collection and Instrumentation

The data used in this study was gathered using a self-administered online survey questionnaire. To capture quantitative data regarding accessibility, usage, satisfaction and perceived effectiveness of disability support services, the questionnaire was constructed. The survey was conducted online on an online platform where participants could conveniently complete it remotely. It was a combination of closed ended and Likert-scale questions (Aithal& Aithal, 2020), which included demographic, awareness and access to services, usage frequency, perceived barriers, satisfaction levels, and suggestions for improvement sections. The researcher estimated that it should take 10 to 15 minutes to complete the questionnaire. Screen-reader compatibility and font customisation options were built in for participants with visual and cognitive disabilities. Then, participant could only proceed to the survey if they consented to digitally. It should be noted that participation was entirely voluntary, and at any stage, participants could withdraw without any consequence before submission.

3.5. Data Analysis

The survey data were compiled and analysed by descriptive statistical techniques upon collection. The data were processed and interpreted with the aids of SPSS. Participant responses were summarised by measures of central tendency (mean, median, etc.) and measures of dispersion (standard deviation, etc.) to understand the variability in the data. Categorical variables such as gender, age group, type of disability, and accessed type of services were calculated into their respective frequency distribution and percentages. The responses were grouped and analysed for questions of satisfaction and effectiveness to discern common trends and levels agreement. Tables, pie charts, and bar graphs were used to display the results so that they would be clear and attractive to the eye. This visual representation also allowed the dominant patterns and areas of concern to be identified, e.g., services perceived as inaccessible or ineffective.

In addition, the relationships of different variables were explored with the help of the cross tabulations between the type of disability and the perceived accessibility or between the age group and the satisfaction level. It facilitated a more nuanced reading of the findings and helped to identify subgroups within the demographic groups that may face more challenges or express more positive experiences. Moreover, standard deviation scores were calculated to measure the consistency of responses on key items to find out if participant' experiences were homogeneous or heterogeneous. This provided an additional layer of analytical depth upon which a researcher could base conclusions concerning central tendencies as well as distributions of responses (Lo et al., 2020).

3.6. Ethical Considerations

Approval from ethical considerations was obtained from the School of Social and Health Sciences at the University of Wales Trinity Saint David before data collection. An in-depth ethical clearance process was done going through the research proposal, survey instrument, consent procedure and data-handling protocol to ensure that they adhere to required institutional and national guidelines. Before accessing the survey, all participants gave informed consent digitally. Information about the study objectives, the voluntary nature of participant, the expected time commitment to participate in the study, and measures of guaranteeing confidentiality and data protection were also provided on the consent form.

Before submitting their responses, participants were given explicit information that they could withdraw from the study anytime, or if they feel it could cause recalling bad experiences and emotional stress, no reason was needed, and there were no repercussions attached to the time. To protect anonymity, encrypted platform was use, no individually identifying information, such as contact details or IP address, was collected from participants, and the responses were secured on a password-protected server, accessible only by the researcher.

Chapter 4: Analysis of Data and Discussion of Results

4.1. Introduction

The findings and discussion coming from a descriptive analysis of 40 survey participants providing or receiving DSS at Bristol City Council (BCC) are presented in this chapter. The survey focuses on gauging the service effectiveness on issues of effectiveness, service utilisation time, frequency of use, level of satisfaction, ease of access, level of satisfaction, ease of access, barriers faced during access, and the realisation of the improvement brought by the service on quality of life. The data were meticulously analysed and interpreted and further contextualised based on relevant academic literature. A structured analysis of these findings also underpins existing strengths and important areas of improvement in service to give a robust understanding of user experience and satisfaction. The information from the findings forms a solid foundation for evidence-based policy development to enhance BCC's disability support framework in the final chapter.

4.2. Finding and discussion

What is your age group?

Data from Table 1 and Figure 1 provide the distribution of the age of service use. Some 36.8% of participants are 31-50 years old, closely behind them are the 18-30s with a

share of 43.2%. Nearly 29% are made up of older participants aged 51 to 65 and those aged 65+. This distribution shows that BCC's disability services are used by a wide range of age groups, however, particularly by working-age adults. These patterns illustrate the need for services to be flexible to support a great variety of age-targeted needs. Verbrugge et al. (2017) rightly emphasised the significance of age-sensitive disability services that focus on adapting services for different transitional periods from younger to older adulthood.

Table 1: Age Group

Age Group	f	%	Valid %	Cumulative %
18-30	13	34.2	34.2	36.8
31-50	14	36.8	36.8	71.0
51-65	6	15.8	15.8	86.8
65+	5	13.2	13.2	100.0
Total	38	100.0	100.0	

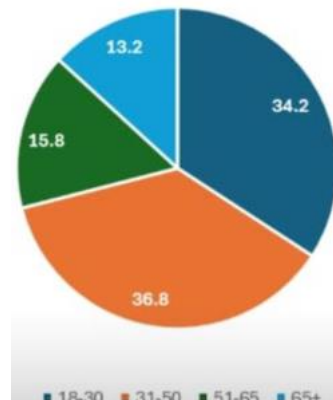


Figure 1 Age group distribution (%)

What type of disability do you have?

Table 2 and Figure 2 indicate that the findings show that most physical disabilities are the most dominant among the participants, accounting for 37.5% among the response. This resonates with larger literature that shows that impairment in a physical sense frequently call for a whole spectrum of support, from accessibility adaptation to daily care services (Step toe & Di Gessa, 2021).

Mental health conditions follow with 22.5%, as there is a growing recognition and reporting of mental health problems, and local authorities do play an important role in delivering effective DSS targeted at them (Robinson et al., 2022). The remaining responses were sensory disabilities, learning disabilities and other categories, which support the need for multiple and multi-disciplinary support within BCC's framework and Guerin (2022) whereby disability support is a diversification.

Table 2: Disability Type

Disability Type	f	%	Valid %	Cumulative %
Physical	15	37.5	37.5	37.5
Mental health condition	9	22.5	22.5	60.0
Sensory	6	15.0	15.0	75.0
Learning disability	5	12.5	12.5	87.5
Other	5	12.5	12.5	100.0
Total	40	100.0	100.0	

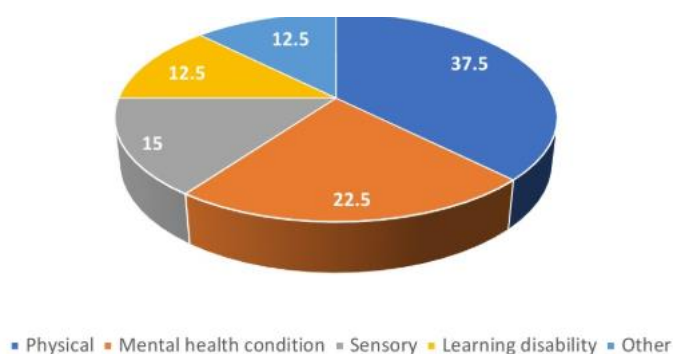


Figure 2: Disability Type (%)

How long have you been using Bristol City Council's DSS?

In the case of the service duration, most users have been receiving services for 1-3 years (32.5%), almost the same number of users between 6 months to 1 year (27.5%) (Table 3, Figure 3). This demonstrates a high level of current involvement, meaning that, in general, customers are satisfied with the services provided. For 20% longer-term uses (over 3 years), it suggests effective retention with good service delivery as well as quick response to diner' changing needs. Literature supports the idea that there is an existing principle of DSS that keeps its users engaged since it understands the changing nature of user needs and expectations over time Johnson et al., 2020).

Table 3: Timeframe for BCC DSS use

Duration	f	%	Valid %	Cumulative %
1-3 years	13	32.5	32.5	32.5
6 months-1 year	11	27.5	27.5	60.0

More than 3 years	8	20.0	20.0	80.0
Less than 6 months	8	20.0	20.0	100.0
Total	40	100.0	100.0	

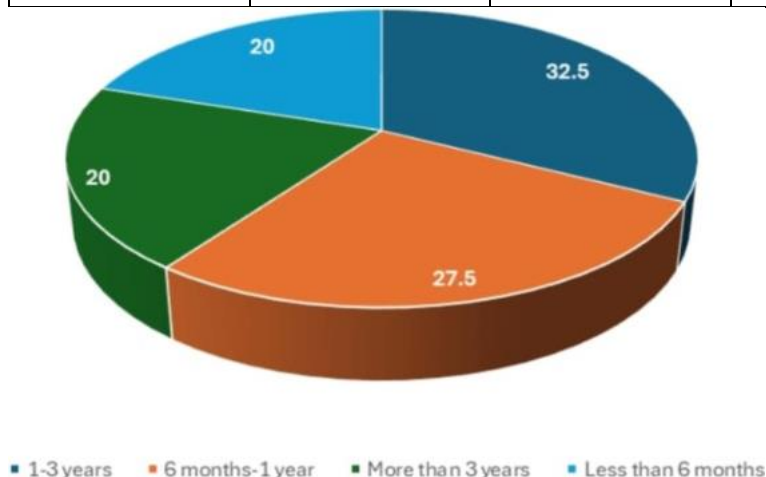


Figure 3: Timeframe types for BCC DSS use (%)

Which of the following services have you used?

As illustrated in Table 4 and Figure 4, this study analysed the utilisation of services and understood that home care (27.5%) is the most common service used, because regular, personalised services at home are rather inevitable. However, community activities and financial assistance were also extensively used. Huang et al. (2020) make the argument that home-based care services are important in enabling independence and reducing institutional care needs. The findings further noted weaker service usage of employment support, which implies gaps or a lack awareness of such service effectiveness and user independence can be improved through the enhancement of awareness and accessibility of the available different kinds of services.

Table 4: Services Used

Services Used	f	%	Valid %	Cumulative %
Home care	11	27.5	27.5	27.5
Community activities	6	15.0	15.0	42.5
Financial assistance	5	12.5	12.5	55.0
Other	5	12.5	12.5	67.5
Mental health services	4	10.0	10.0	77.5
Housing support	4	10.0	10.0	87.5
Accessible transport	3	7.5	7.5	95.0

Employment support	2	5.0	5.0	100.0
Total	40	100.0	100.0	

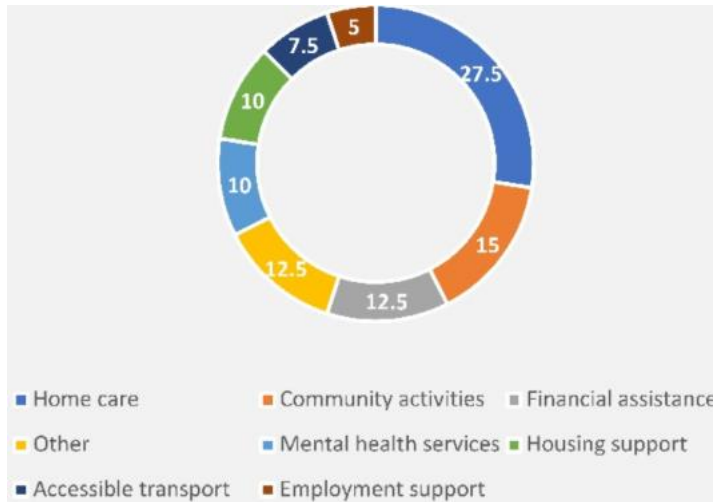


Figure 4: Services Used (%)

How often do you use these services?

As shown in Table 5 and Figure 5, the most frequented services are weekly or daily accessed (32.5% each). The consistent use of these services shows how important they are in helping in life management of disabled individuals. Findings of Devine et al. (2020) asserted that persistence in receiving services is a determinant to enable an individual with disability to remain stable and healthy.

Table 5: Frequency of services

	f	%	Valid %	Cumulative %
Weekly	13	32.5	32.5	32.5
Daily	13	32.5	32.5	65.0
Monthly	10	25.0	25.0	90.0
Occasionally	4	10.0	10.0	100.0
Total	40	100.0	100.0	



Figure 5: Frequently of services (%)

How satisfied are you with the quality of services provided?

According to Table 6, the levels of satisfaction were significantly positive, and 35% ranked their satisfaction as level 4 and 25% as level 5.

Thus, BCC's services have been proven to be effective and are overall approved by the positive satisfaction rating. Received responsiveness, service quality, and personalised support are likely to result in high satisfaction (Idayati et al., 2020). While 15% of the respondents reported lower satisfaction rating (1 and 2) of the hospital, these ratings indicate room for improvement, possible unmet needs, or service gaps, and necessitate interventions targeting specific needs, thereby making continuous service improvements necessary (Fisher et al., 2022).

Table 6: Satisfaction Level

Satisfaction Level	f	%	Valid %	Cumulative %
5	10	25.0	25.0	35.0
4	14	35.0	35.0	60.0
3	10	25.0	25.0	85.0
2	4	10.0	10.0	95.0
1	2	5.0	5.0	100.0
Total	40	100.0	100.0	

How easy is it to access the services you need?

The metrics regarding ease of service access predominantly passed with relative ease, as shown in Table 7 and Figure 6, 30% of respondents rated it as “very easy”, and 27.5% rated it as “somewhat easy”. These are findings of good outreach, good process for service users is confirmed by Battistin et al. (2021) as ways to ensure equitable service provision. Yet, 20% of those who have difficulty imply persistent barriers which need to be resolved through clarification of informational content and procedures in securing access, in line with literature calls for organised attempts to improve accessibility (Harrison et al., 2021).

Table 7: Ease of Access

Ease of Access	f	%	Valid %	Cumulative %
Very easy	12	30.0	30.0	30.0
Somewhat easy	11	27.5	27.5	57.5
Neutral	9	22.5	22.5	80.0
Very difficult	4	10.0	10.0	90.0
Somewhat difficult	4	10.0	10.0	100.0
Total	40	100.0	100.0	

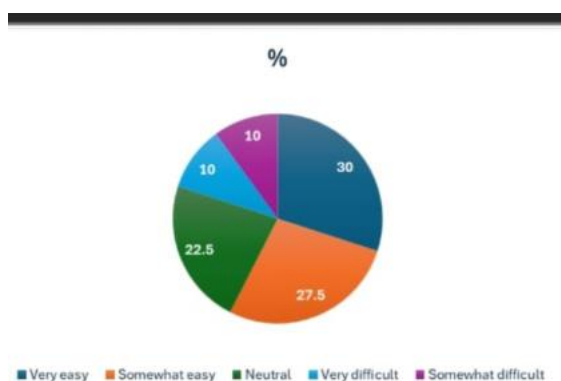


Figure 6: Ease of Access (%)

Have you experienced any barriers in accessing services?

Results in Table 8 show that 75% of respondents stated that they have no barriers when accessing services, which indicates that service provision mechanisms are going well.

Nevertheless, it is worrying that out of the 25% who faced barriers, there may be barriers to accessibility. According to Saputra (2024), barriers commonly cited in existing research (including bureaucratic complexities, inadequate information dissemination, and physical accessibility matters) continue to pose challenges for the provision of such services. Proper mitigation of these barriers is crucial for improving

service, as recommended by Lewin (2021) who emphasises proactively addressing barriers to achieve a sufficient and inclusive provision of service.

Table 8: Experienced Barriers

Experienced Barriers	f	%	Valid %	Cumulative %
No	30	75.0	75.0	75.0
Yes	10	25.0	25.0	100.0
Total	40	100.0	100.0	

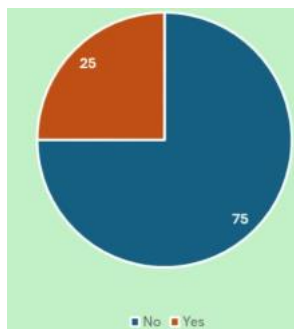


Figure 7: Experienced Barriers (%)

How has using these services improved your quality of life?

In terms of quality-of-life improvements (Table 9, Fig.8), most of the participants express drastic improvements in their quality of life, such as improved mobility (27.5%), as well as enhanced mental well-being (25%). These findings reinforce previous studies that highlight the importance of support services in improving individual' independence and emotional stability of disengaged people (Glendinning et al., 2019). Considering the number of respondents who showed a non-significant improvement (7.5%), Cantrell et al. (2020) recommend further investigating the efficacy of the service carried out and developing individual case management to maximise the results on all user categories.

Table 9: Improvement

	f	%	Valid %	Cumulative %
Improved mobility	11	27.5	27.5	27.5
Improved mental well-being	10	25.0	25.0	52.5
Increased independence	9	22.5	22.5	75.0
Better Financial stability	7	17.5	17.5	92.5

No significant improvement	3	7.5	7.5	100.0
Total	40	100.0	100.0	

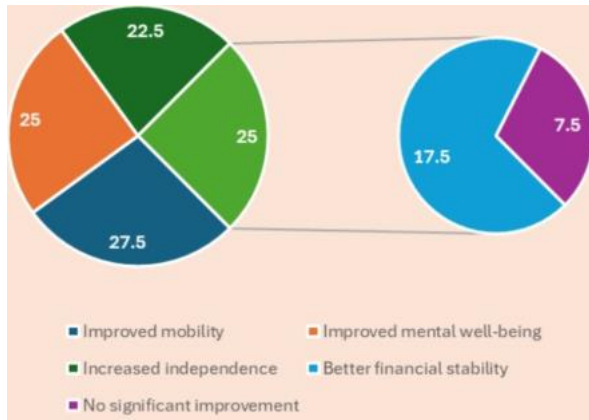


Figure 8: Service Improvement (%)

4.3. Discussion of implications

The results of these findings have relevance in the delivery of BCC and DSS to people in practice and policy.

Primarily, the high level of satisfaction of service users indicates that activities concerning home care and in the community are well-pitched in line with the practice of necessary services by the council. The positive outcomes of this operational framework developed by the council have effectively covered most of the core user requirements, to which all the stakeholders have responded. Such a finding is encouraging to continue inviting such investment and even scaling of already successful practices in places where they have been demonstrated to bring great positive effects into mobility, independence, and mental health, as the research indicates (Cantrell et al., 2020).

Nevertheless, owing to these findings, 25% of participants also report accessibility barriers that have implications for future policy directions. So long as they remain barriers, it means that services in general have been effective, but not for everybody.

Therefore, using streamlined bureaucratic processes, staff training and digital technology integration, BCC must critically review and provide a solution to these accessibility issues (Saran et al., 2020). These barriers would also be addressed and would include a tremendous increase in overall user satisfaction and service reach on par with the trends now playing out increasingly in the broader society towards creating open and ubiquitous support structures.

Further, there is also underutilisation of some services, particularly employment support and transport, which are accessible. However, these users are getting low engagement, which means either they are not aware of these areas or are not meeting some of the user's basic needs. Targeted communication campaigns, community engagement programs, and collaboration with local disability advocacy groups call all be used to improve awareness and utilisation rates (Saran et al.,2020). In this regard, it may be necessary for the council to revisit the service delivery models of these specific areas to make sure that the models comply with user expectations concerning the needs of disabled persons in employment and transportation.

Furthermore, the service provision model should be flexible enough for a pool of respondents who are not only diverse, but also diverse in terms of their disability representation. Considering that varied disabilities necessitate different degrees of support, BCC should further develop an array of support services for persons with disabilities. Tailored interventions for users with physical disabilities, sensory and learning impairments, and mental health conditions could enhance the effectiveness and relevance of the services (Tinland et al., 2020).

Importantly, there is a longer-term message surrounding the need for continued and consistent service provision, which the high level of continued service use in the current study reinforces. A reliable, uninterrupted service provision is required for maintaining the user trust and stability, and the council is responsible for this.

Moreover, continuous monitoring of global views would gather as well as regular feedback and adaptation mechanisms in collaboration with adaptive management, where BCC would respond to altering user needs and expectations (Hwang et al., 2020). All these changes will dramatically improve the sustainability and effectiveness of the council's delivery of DSSs.

4.4. Chapter Conclusions

In this chapter, survey results from 40 participants accessing BCC's DSS were analysed to gain helpful insights into service effectiveness of the service effectiveness. Positive feedback was largely positive; features cited were home care provision, use frequency, and obvious improvement in the ability to mobilise, be independent, and enhance mental well-being. While the findings revealed areas for improvement, they also identified critical areas needing urgent action, namely, addressing accessibility barriers; improving the satisfaction of the dissatisfied users; and expanding awareness and usage of the less frequently used service, such as employment support. For the general enhancement of overall service effectiveness and inclusivity, these are the areas that must be addressed. This chapter highlights the need for responsive and user-

centred improvements that seek to improve the experience and outcome for users of DSS.

Chapter 5: Conclusions and recommendations

5.1. Summary of Findings services

The purpose of this study was to assess the efficacy of support services related to having a disability within BCC through a detailed survey of 40 participants). The impacts showed that the users, by and large, had varied yet positive experiences. Demographic analysis showed a wide age distribution (with the main part falling into the working age groups, 18-50), confirming the necessity of providing the kind of services for which younger and middle-aged adults are interested. These include physical disabilities, in line with national prevalence, and mental health conditions, demonstrating that the council requires a wide and holistic approach to meet the range of the council's diverse and complex needs. Strong ongoing engagement was seen in service usage duration, when considering that the majority accessed the services between one and three years. This consistent use of provided support means satisfactory service is provided and effective. The most often used home care services stress the key role that they played in keeping people living in their own homes. Moreover, notable contributions of the community activities and financial assistance lie in user reliance on other aspect of social community inclusion and financial stability supports.

Most participants reported a regular pattern of service use daily or weekly, and the results highlight the importance of services for daily living management.

On the levels of satisfaction, most participants gave a positive rating of with 60% giving a highly satisfied rating.

However, certain levels of dissatisfaction rose to significant levels, suggesting potential quality of services lapses or unmet individual needs. Accessibility was largely positive, but many remained handicapped in some areas, with priority given to areas that are accessible to most, BCC's support services have resulted in improvements to their mobility, independence, and mentality. Yet, some minority respondents noted only limited or no improvement, signifying areas for bettering and maximisation of overall effectiveness.

5.2. Key Recommendations

From these findings, several strategic recommendations ensue. To begin with, BCC needs to improve its accessibility by adjusting bureaucratic processes and the distribution of information. Reporting of barriers such as lengthy application processes and the challenges of accessing user-friendly digital platforms could be alleviated significantly by streamlining application processes and utilising simplified digital platforms. Additional user experiences can be improved by providing further training to support

staff in accessibility awareness and customer service, which will address the practical and interpersonal aspects of the service provided.

Second, employment support and accessible transportation are potential underutilised services that need to be further published, and utilisation enhanced. To increase service uptake targeted outreach campaigns well as partnerships with local employers and comprehensive communication strategies, could be employed.

Employment programs that involve tailored guidance and support programs for the disabled could increase the employment opportunities of the disabled and thereby contribute to economic independence and integration.

Third, to be able to identify gaps in service and respond quickly, mechanisms for input of regular and structured feedback must be put in place to capture user experiences. BCC could respond to the needs of people and improve the effectiveness of services through regularly administering surveys and feedback sessions, and by holding participatory forums with services users.

Fourth, it is important to make more investments in mental health services for sensory disabilities. The responses to survey questions indicate increased demand and specific training of service providers, and expanded mental health support services could help meet this demand. Sensory aids services could also be improved through more equipment and support systems capable of prompting specifically to users' needs.

Lastly, it is important to ensure long-term sustainability and consistency of delivery service. Proactive management and adaptive resource allocation for BCC should be aimed at maintaining high quality uninterrupted service provision. To keep user satisfaction and effective outcomes going in the long term, consistent evaluation, monitoring, and adjusting of service frameworks will be necessary.

5.3. Limitation and Future Research

The first limitation concerns the relatively small sample size of 40 participants, which means that the results cannot be easily generalised by the wider population of service users. Future research should be aimed at involving larger, more representative samples to increase external validity and include greater comprehensiveness.

Secondly, quantitative survey methods that restrict deep exploration of individual exploration of individual experiences and perceptions were employed. Semi-structured interviews or focus groups, as qualitative methodologies, would be able to offer more contextual, nuanced insights into the user's experience, barriers, and arrays of dissatisfaction. Future studies could incorporate mixed method approaches to attain a fuller understanding of the effectiveness of the service.

Thirdly, the self-reported data used in this analysis would not be resistant to response bias. This could bias satisfaction or barriers due to personal biases or inaccurate recall on the part of respondents should consider triangulating survey data with some other information, like observational data or a service usage record, to have a more reliable result.

Fourth, the research did not delve into other possible demographic variables that could constitute determinants of service experiences, including socioeconomic status, ethnicity, and place of residence. Further research could examine these variables to see where possible imbalances in such service accessibility and effectiveness occur and how they can be dealt with.

Finally, the study noted that certain services were not being used to their full potential, but it did not go in depth enough to identify important underlying causes of the problem. Specifically, extending this research may include conducting further research on why engagement to services (some such as employment support) is very low and what could be done to improve and tailor these reasons for using both qualitative and quantitative approaches would greatly enhance service uptake as well as its effectiveness.

References

- Ahmed, S. K., Jeffries, D., Chakraborty, A., Carslake, T., Lietz, P., Rahayu, B., Armstrong, D., Kaushik, A., & Sundarsagar, K. (2022) Teacher professional development for disability inclusion in low-and middle-income Asia-Pacific countries: An evidence and gap map. *Campbell Systematic Reviews*, 18(4), pp.1-10.
- Aithal, A., & Aithal, P. (2020) Development and validation of survey questionnaire & experimental data-a systematical review-based statistical approach. *International Journal of Management, Technology, and Social Sciences (IJMTS)*, 5. (2), pp. 233-251.
- Almufareh, M. F., Kausar, S., Humayun, M., & Tehsin, S. (2024) A conceptual model for inclusive technology: advancing disability inclusion through artificial intelligence. *Journal of Disability Research*, 3(1), pp. 1-19.
- Ayalew, A. T., Adane, D.T., Obolla, S. S., Ludago, T. B., Sona, B. D., & Biewer, G. (2020) From community-based rehabilitation (CBR) services to inclusive development. A study on practice, challenges, and future prospects of CBR in gedeo zone (Southern Ethiopia). *Frontiers in Education*.
- Badawy, U. I., Jawabrah, M. Q., & Jarada, A. (2020) Adaptation of accessibility for people with disabilities in private and public buildings using an appropriate design checklist. *International Journal For Model Trends in Science and Technology*, pp. 1-19.
- Badcock, E., & Sakellariou, D. (2022) "Treating him...like a piece of meat": Poor communication as a barrier to care for people with learning disabilities. *Disability Studies Quarterly*, 42(1), pp. 23-30.
- Bainbridge, H. T., & Townsend, K. (2020) The effects of offering flexible work practices to employees with unpaid caregiving responsibilities for elderly or disabled family members. *Human Resource Management*, 59(5), pp.483-495.
- Banks, L.M., Davey, C., Shakespeare, T., & Kuper, H. (2021) Disability-inclusive responses to COVID-19: Lessons learnt from research on social protection in low- and middle-income countries. *World Development*, 137, pp. 105178.
- Barney, J. (1991) Firm resources and sustained competitive advantage. *Journal of Management*, 17(1), pp.99-120.
- Budu-Ainooson, A., Nakua, E. K., Donkor, P., Mock, C., & Kernic, M. A. (2020) Use of support services and help-seeking behaviors among abused Ghanaian women with disabilities. *Journal of Family Violence*, 35(8), pp. 815-826.
- Bell, E., Bryman, A., & Harley, B (2022). *Business research methods*: Oxford University Press.

BBC (2021). Bristol council acted illegally with special needs cuts. *BBC News* [online] 3 Aug at: <https://www.bbc.co.uk/news/uk-england-bristol-45060272> [Accessed 10 Jun.2025].

BCC (2025a). *Bristol Disability Equality Forum*. [online] Bristol.gov.uk. Available at: <https://www.bristol.gov.uk/bristol-local-offer/parents-and-carers/things-to-do/send-service-finder/send-service?id=84> [Accessed 10 Jun.2025].

BCC (2025b). *Disability*. [online] Bristol City Council. Available at: <https://www.bristol.gov.uk/residents/social-care-and-health/adults-and-older-people/disability> [Accessed 10 Jun. 2025].

Battistin, T., Mercuriali, E., Zanardo, V., Gregori, D., Lorenzoni, G., Nasato, L., & Reffo, M.E. (2021) Distance support and online intervention to blind and visually impaired children during the pandemic COVID-19. *Research in Developmental Disabilities*,108, pp. 103816.

Boland, G., & Guerin, S. (2022) Connecting locally: An examination of the role of service providers in supporting the social inclusion of adults with intellectual disabilities in their neighborhoods. *Journal of Policy and Practice in Intellectual Disabilities*,19(3), PP. 288-299.

Cantrell, A., Croot, E., Johnson, M., Wong, R., Chambers, D., Baxer, S. K., & Booth, A. (2020) Access to primary and community health-care services for people 16 years and over with intellectual disabilities: a mapping and targeted systematic review. *Health and Social Care Delivery Research*, 8(5), pp. 1-142.

Coleman, C. (2024). *Challenges faced by people with disabilities*. [online] House of Lords Library. Available at: <https://lordslibrary.parliament.uk/challenges-faced-by-people-with-disabilities> [Accessed 10 Jun.2025].

Chidiac, S., Reda, M., & Marjaba, G. (2024) Accessibility of the built environment for people with sensory disabilities-review quality and representation of evidence. *Buildings*, 14(3), pp.707-720.

Costanza-Chock, S. (2020) *Design justice: Community-led practices to build the worlds we need*: MIT Press.

Devine, A., Vaughan, C., & Kavanagh, A. (2020) If I had stable housing I would be a bit more respectful to having a job. Factors influencing the effectiveness of Disability Employment Services reform. *Work*, 65(4), pp. 775-787.

Fisher, M. H., Sung, C., Kammes, R. R., Okyere, C., & Park, J. (2022) Social support as a mediator of stress and life satisfaction for people with intellectual or developmental disabilities during the COVID-19 pandemic. *Journal of Applied Research in Intellectual Disabilities*, 35(1), pp.243-251.

Gala, L., Gillis, S., & Grills, N. (2022) Determining the vocational competencies required to deliver community-based rehabilitation and inclusive development services in India. *Disability and Rehabilitation*, 44(17), pp.4924943.

Ghauri, P., Gronhaug, K., & Strange, R. (2020) *Research methods in business studies*: Cambridge University Press.

Harrison, R, A., Bradshaw, J., Forrester-Jones, R., McCarthy, M., & Smith, S. (2021) Social networks and people with intellectual disabilities: A systematic review. *Journal of Applied Research in Intellectual Disabilities*, 34(4), pp. 973-992.

Huang, W., Bin, H., Wang, Y. H., Junan, W., & Jia, Z. (2020) Disability severity and home-based care quality in older adults: the mediating effects of social support and caregiver competence. *Journal of Nursing Research*, 28(6), pp. 122.

Hwang, J., Li, W., Stough, L., Lee, C., & Turnbull, K. (2020) A focus group study on the potential of autonomous vehicles as a viable transportation option: Perspectives from people with disabilities and public transit agencies. *Transportation Research Part F: Traffic Psychology and Behaviour*, 70, pp.260-274.

Idayati, I., Kesuma, I. M., Aprianto, R., & Suwarno, S. (2020) The Effect of Tangible, Empathy, Reliability, Responsiveness and Assurance (TERRA). *SRIWIJAYA International Journal of Dynamic Economics and business*, pp.241-252.

Johnson, E., Lincoln, M., & Cumming, S. (2020) Principles of disability support in rural and remote Australia: Lessons from parents and carers. *Health & Social Care in the Community*, 28(6), pp. 2208-2217.

Jaiswal, A., Paramasivam, A., Budhiraja, S., Santhakumaran, P., Gravel, C., Martin, J., Ogedengbe, T. O., James, T. G., Kennedy, B., & Tang, D. (2024) The International Classification of Functioning, Disability and Health (ICF) core sets for deafblindness, part 11 of the systematic review: Linking data to the ICF categories. *European Journal of Physical and Rehabilitation Medicine*, 60(5), pp.893.

Jamwal, R., Jarman, H. K., Roseingrave, E., Douglas, J., & Winkler, D. (2022) Smart home and communication technology for people with disability: a scoping review. *Disability and Rehabilitation Assistive Technology*, 17(6), pp. 624-644.

Johnson, S. S., Sowa, M., McCann, R., Cohen, S.A., Nash, C. C., Greaney, M. L., Alexander, R. A., Kasten, J., Martin, M. P., & McEntee, M. L. (2021) Knowing Well, Being Well: well-being born of understanding: Addressing the Caregiving Crisis: The Roles for Employers and Policy Makers. In (Vol.35, 1028-1047): SAGE Publications Sage CA: Los Angeles, CA.

- Kapsalis, E., Jaeger, N., & Hale, J. (2024) Disabled-by-design: effects of inaccessible urban public spaces on users of mobility assistive devices-a systematic review. *Disability and Rehabilitation: Assistive Technology*, 19(3), pp.604-622.
- Kett, M., Cole, E., & Turner, J. (2020) Disability, mobility and transport in low- and middle-income countries: a thematic review. *Sustainability*, 12(2), pp.589.
- Kim, E. J., Skinner, T., & Parish, S. L., (2020) A study on intersectional discrimination in employment against disabled women in the UK. *Disability & Society*, 35(5), pp. 715-737.
- Kosiol, J., Fraser, L., Fitzgerald, A., & Radford, K. (2023) Resource-based view: A new strategic perspective for public health managers. *Asia Pacific Journal of Health Management*, 18(1), pp. 8-19.
- Kirk-Wade, E. (2024). *UK disability statistics: Prevalence and life experiences*. [online] Available at: <https://researchbriefings.files.parliament.uk/documents/CBP-9602/CBP-9602.pdf> [Accessed 13 June. 2025].
- Lim, W. M. (2024) What is qualitative research? An overview and guidelines. *Australasian Marketing Journal*, pp. 1-10.
- Levy, J. J. (2021) Revanchism via pedestrianism: Street-level bureaucracy in the production of uneven policing landscapes. *Antipode*, 53(3), pp. 906-927.
- Lo, F.- Y., Rey-Mati, A., & Botella- Carrubi, D. (2020) Research methods in business: Quantitative and qualitative comparative analysis. In (Vol. 115, pp.221-224): Elsevier.
- Lewin, B. (2021). Making the law invisible: How bureaucratic resistance makes support inaccessible. In *Accessibility denied. Understanding inaccessibility and everyday resistance to inclusion for persons with disabilities* (pp. 171-185): Routledge.
- Lindsay, S., Fuentes, K., Ragunathan, S., Li, Y., & Ross, T. (2024) Accessible independent housing for people with disabilities: A scoping review of promising practices, policies and interventions. *PloS one*, 19(1), pp. 1-19.
- Mosia, P. A., & Lepphoto, M. N. (2023) Non-governmental and community-based organisations as enablers of inclusion in education. In *Inclusion in Southern African Education: Understanding, Challenges and Enablement* (pp. 209-221). Springer.
- Mweshi, G. K., & Sakyi, K. (2020) Application of sampling methods for research design. *Archives of Business Review- Vol*, 8(11), pp. 180-193.
- Ned, L., Tiwari, R., Hess-April, L., Lorenzo, T., & Chikte, U. (2020) A situational mapping overview of training programmes for community-based rehabilitation workers in Southern Africa: strategies for strengthening accessible rural rehabilitation practice. *Frontiers in Public Health*, 8, pp. 569279.

ONS (2022). *Disabled people's access to products and services, Great Britain- Office for National Statistics*. [online] [www.ons.gov.uk](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabledpeoplesaccesstoproductsandservicesgreatbritain/februarytomarch2022). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabledpeoplesaccesstoproductsandservicesgreatbritain/februarytomarch2022> [Accessed 30 Jun,2025].

ONS (2023) *How life has changed in Bristol: Census 2021*. [online] sveltekit-prerender. Available at: <https://www.ons.gov.uk/visualisations/censusareachanges/E06000023/> [Accessed 30 Mar. 2025].

Peterson, M. F., Arregle, J.-L., & Martin, X. (2020) Multilevel models in international business research. In *Research Methods in International Business*, pp. 417-432.

Parvez, M., & Ahmed, S. T. (2023) The ways of improvement for the livelihood approaches of persons with disabilities: A case study on Kachia, Bhola Sadar. *Journal of Contemporary Philosophical and Anthropological Studies*, 1(2), pp.23-30.

Pettinicchio, D., Maroto, M., & Brooks, J. D. (2022) The sociology of disability-based economic inequality. *Contemporary Sociology* 51(4), pp.249-270.

Ryan, F. (2020) *Crippled: Austerity and the demonization of disabled people*: Verso Books.

Robinson, S., Carnemolla, P., Lay, K., & Kelly, J. (2022) Involving people with intellectual disability in setting priorities for building community inclusion at a local government level. *British Journal of Learning Disabilities*, 50(3), pp.364-375.

Saputra, A. V. (2024). Implementation of bureaucratic reforms to support public services for disabled groups in Central Java. *Journal of Gender Equality Disability Social Inclusion and Children*, 2(1), 33-44.

Saran, A., White, H., & KUPER, H. (2020) Evidence and gap map of studies assessing the effectiveness of interventions for people with disabilities in low- and middle-income countries. *Campbell Systematic Reviews*, 16(1), pp. 1070.

Stephoe, A., & Di Gessa, G. (2021) Mental health and social interactions of older people with physical disabilities in England during the COVID-19 pandemic: a longitudinal cohort study. *The Lancet Public Health*, 6(6), pp. 365-373.

Santuzzi, A. M., & Cook, L. (2020) Stereotypes about people with disabilities. *Stereotypes: The incidence and impacts of bias*, pp. 243-263.

Renz, F., & Cooper, D. (2022) Reimagining gender through equality law: What legal throughways do religion and disability offer? *Feminist Legal Studies*, 30(2), pp. 129-155.

Scholtz, S. E. (2021) Sacrifice is a step beyond convenience: A review of convenience sampling in psychological research in Africa. *SA Journal of Industrial Psychology*, 47(1), pp. 1-12.

Scior, K., Hamid, A., Hastings, R., Werner, S., Belton, C., Laniyan, A., Patel, M., & Kett, M. (2020) Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe. *Journal of policy and practice in intellectual disabilities*, 17(2), pp. 165-175.

Sen, A. (1999) Health in development. *Bulletin of the World Health Organization*, 77(8), pp. 619.

Shakespeare, T. (2006) The social model of disability: *In The disability studies reader* (pp.16-24). Routledge.

Shikako, K., Lencucha, R., Hunt, M., Jodoin, S., Elsabbagh, M., Hudon, A., Gignac-Eddy, A., & Ananthamoorthy, N. (2023) How did governments address the needs of people with disabilities during the COVID-19 pandemic? An analysis of 14 countries' policies based on the UN convention on the rights of persons with disabilities. *International Journal of Health Policy And Management*, 12, pp. 7111.

Shumba, T. W., Haufiku, J., & Mitonga, K. H. (2020) The evolution of community-based rehabilitation (CBR) programmes: A call for mixed evolution methodologies. *Journal of Health Research*, 34(6), pp.505-514.

Simeoni, R., Pirrera, A., Meli, P., & Giansanti, D. (2023) Promoting universal equitable accessibility: an overview on the impact of assistive technology in the UN, UNICEF, and WHO web portals. *Healthcare*,

Stafford, L., Vanik, L., & Bates, L. K. (2022) Disability justice and urban planning. *Planning Theory & Practice*, 23(1), pp.101-142.

Tsatsou, P. (2021) Is digital inclusion fighting disability stigma? Opportunities, barriers, and recommendations. *Disability & Society*, 36(5), pp.702-729.

Tinland, A., Loubiere, S., Boucekine, M., Boyer, L., Fond, G., Girard, V., & Auquier, P. (2020) Effectiveness of a housing support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: a randomised controlled trial. *Epidemiology and Psychiatric Sciences*, 29, pp.169.

Verbrugge, L. M., Latham, K., & Clarke, P.J. (2017) Aging with disability for midlife and older adults. *Research on Aging*, 39(6), pp. 741-777.

WHO (2023). *Disability and Health*. [online] World Health Organization. Available at: <https://www.who.int/news-room/fact-sheets/detail/disability-and-health> [Accessed 13.Mar. 2025].