

Economies for Healthier Lives Programme

Liverpool City Region

Findings from the Residents Survey 2023

Background and methods

The Residents Survey aims to capture experiences and/or perceptions of the health barriers that individuals may have, or have had, when trying to find work. The purpose was also to understand experiences and perceptions of using health services (for example, GP, Practice Nurse, Community Mental Health team, NHS Direct) and/or employment services (for example, Jobcentre Plus, Ways to Work, Talent Match).

The survey was hosted on Snap Surveys with participants recruited via a social media advertising campaign consisting of two Facebook adverts produced by the LCRCA Comms team and via email. The survey was live from 10 February 2023 to 31 March 2023.

Sociodemographic information

Responses were received from 117 participants. As shown in Figure 1, most of the sample were female (including trans female; 64%) and 33% were male (including trans male). A small proportion of the sample (3.5%) preferred not to say which category best described their gender or they preferred the use of another term. Half of the participants were aged between 35 and 54 years old, but there were respondents in each of the age categories (Figure 2). Most of the sample indicated that their ethnic group or background was White (94%) (Figure 3). A third of participants lived in Liverpool (35%) and another third in Sefton (38%). A smaller proportion of respondents lived in other parts of the Liverpool City Region, and 6 participants stated that they lived elsewhere or preferred not to say. Of these 2 participants stated that they lived in areas outside of the North West of England.

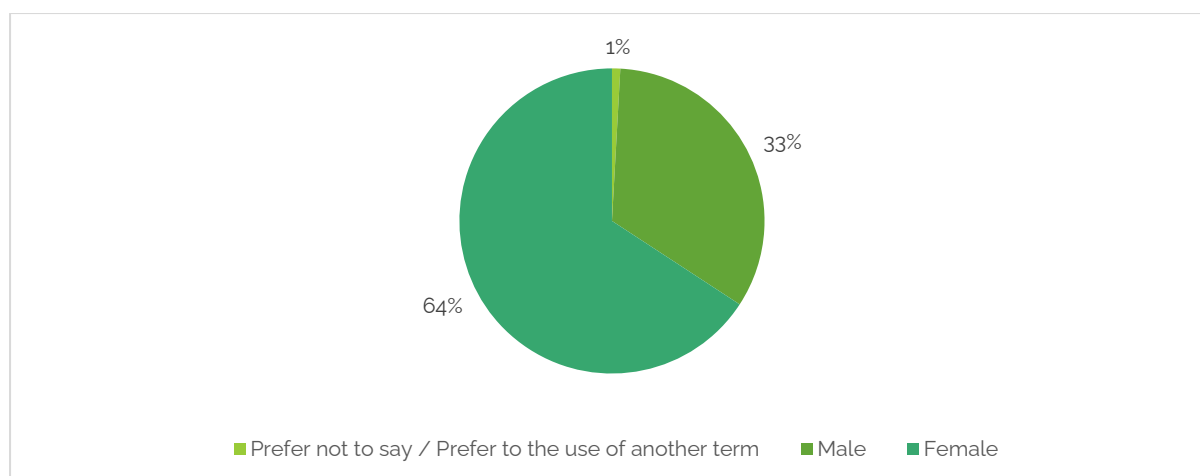


Figure 1. Which of the following best describes your gender?

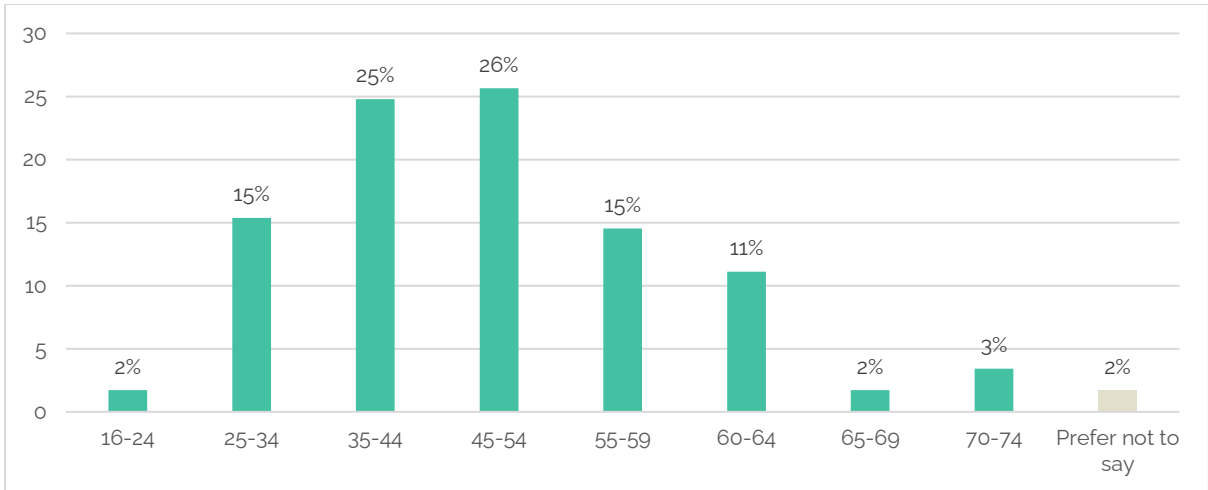


Figure 2. What age are you?

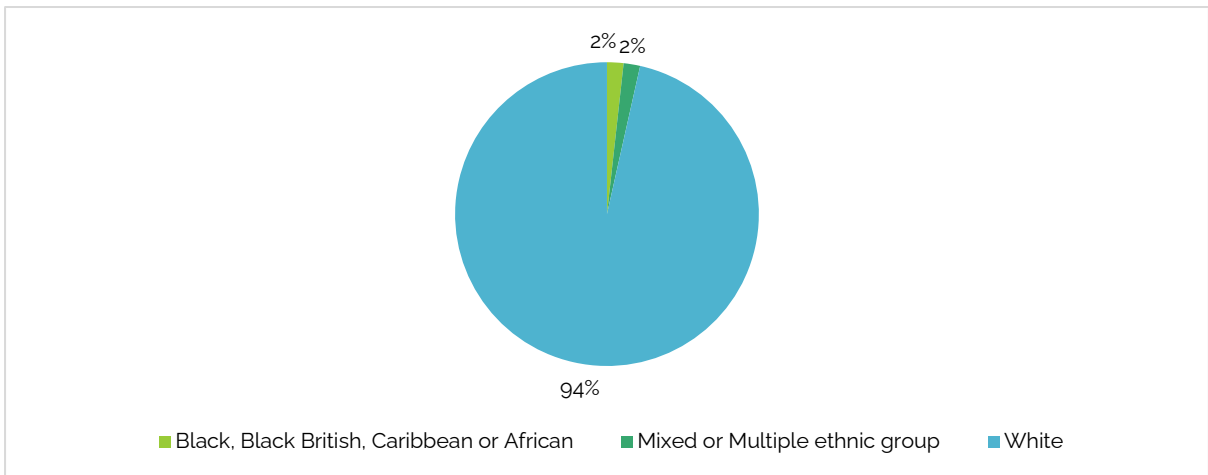


Figure 3. What is your ethnic group or background?

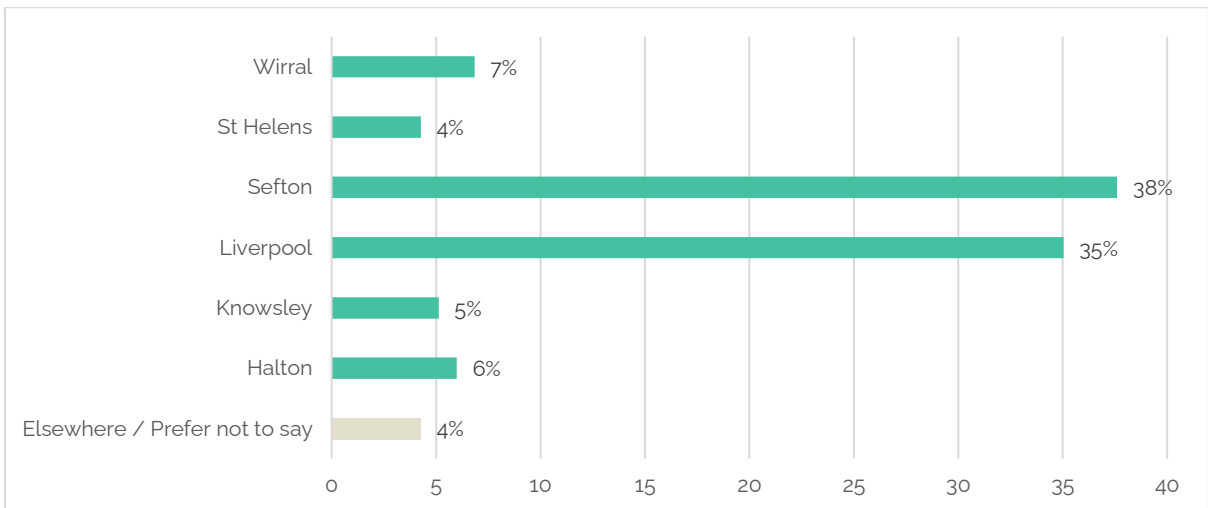


Figure 4. Which area of the Liverpool City Region do you live in?

Most of the respondents were in either full-time (73%) or part-time (15%) work, of which most stated that they were on permanent contracts (80%). A smaller number (20%) were on temporary contracts and less than 5 participants were on a zero hours contract.

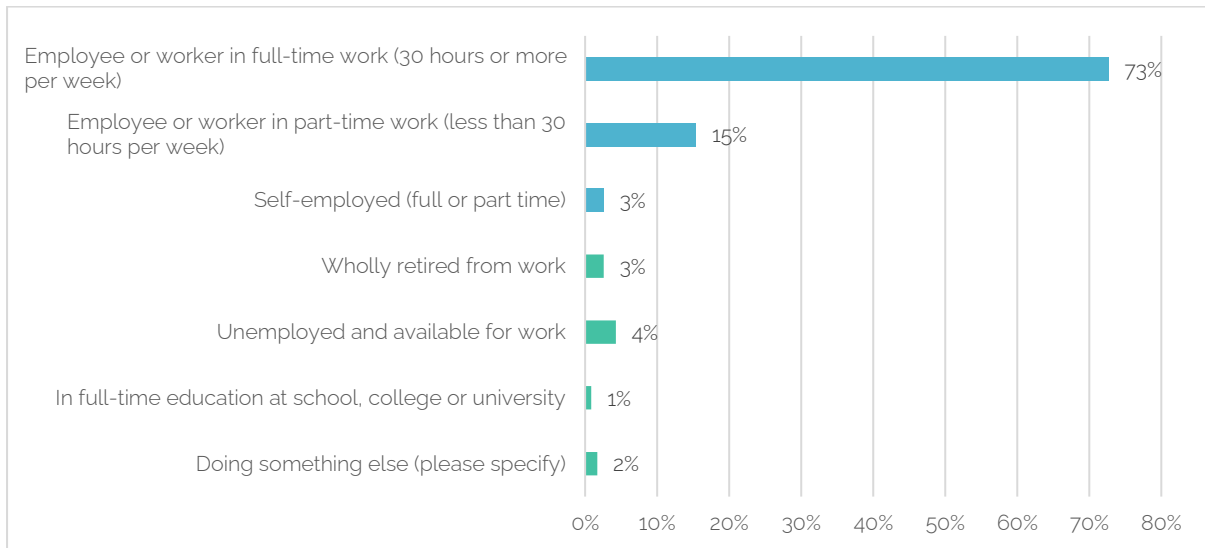


Figure 5. Which of the following best describes your current work status?

Among the whole sample of respondents, 32% (n=37) looked after someone because of a long-term physical or mental health condition or illness, or for problems related to old age (Figure 6).

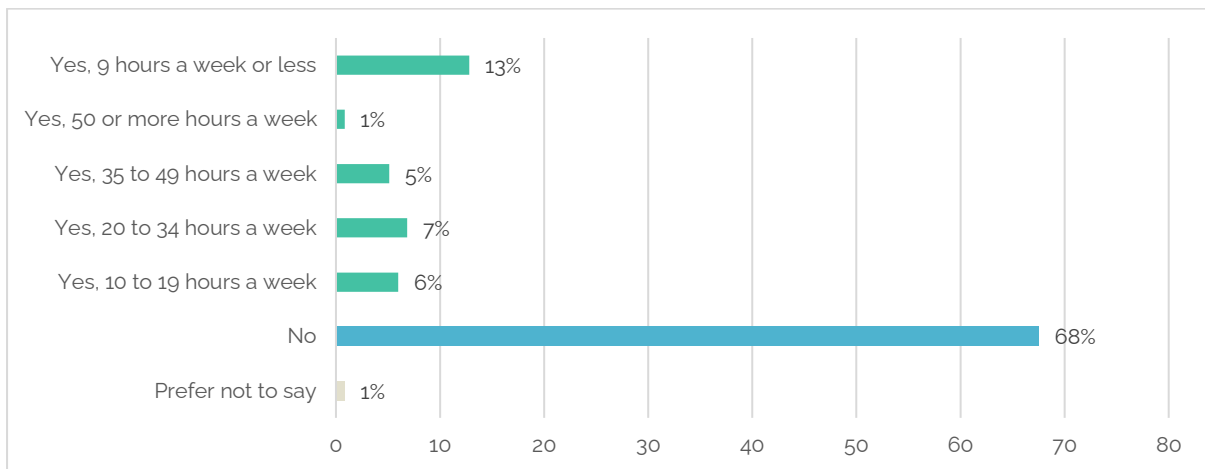


Figure 6. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illness, or problems related to old age?

Among the respondents, 51% (n=60) reported that they had a physical or mental health condition or illness that lasted (or was expected to last) 12 months or more and 7% (n=8) had a short term condition or illness. As shown in Figure 8, around a third of these respondents indicated that they had a long term mental health condition (20% of the whole sample). A range of other long term conditions or illnesses were also specified by 21 participants, including arthritis, asthma, osteoporosis, type 2 diabetes, an underactive thyroid and cancer.

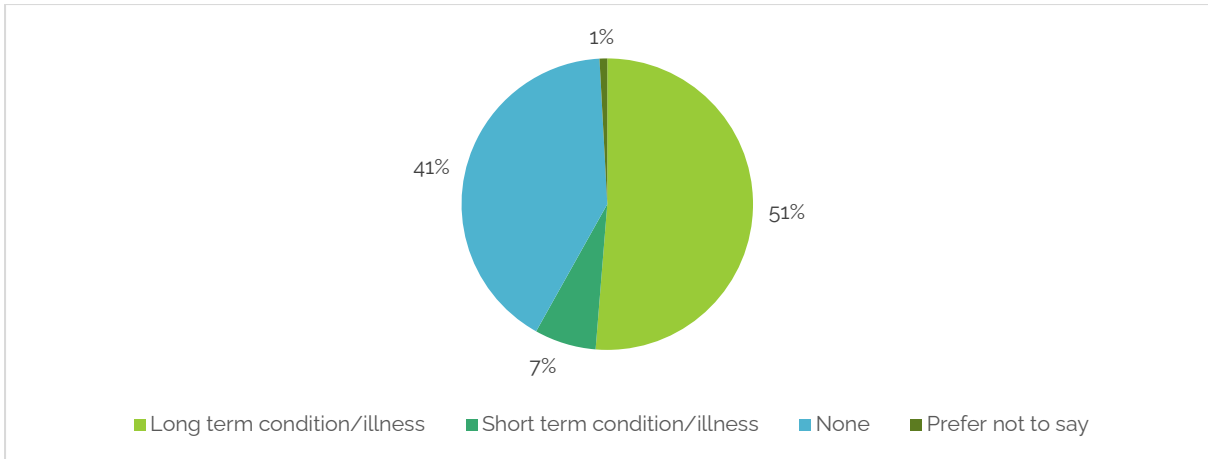


Figure 7. Do you have any physical or mental health conditions or illness?

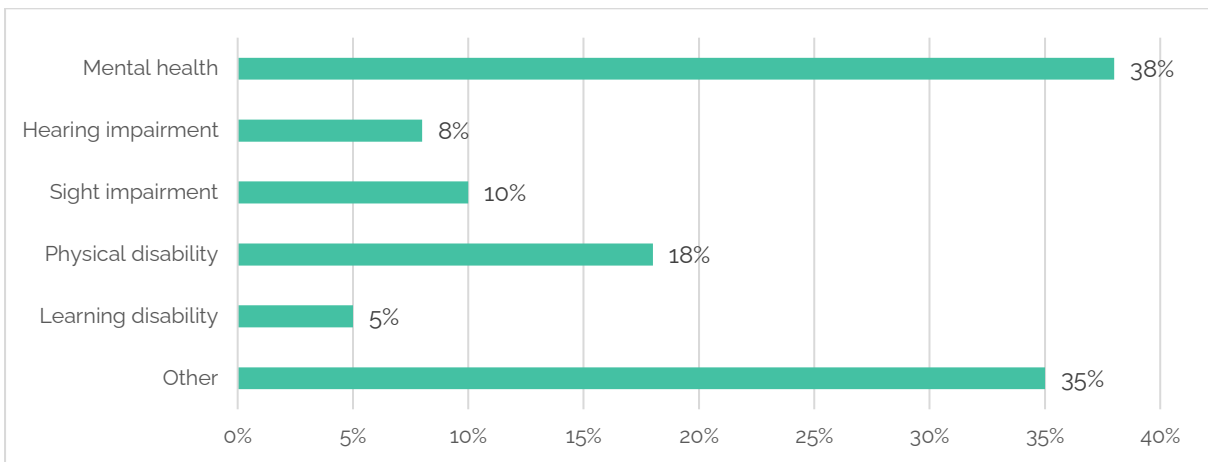


Figure 8. Physical and mental health conditions (n=60)

Of the 68 respondents who indicated they had a short or long term condition or illness, 74% stated that it reduced their ability to carry out day-to-day activities. Most respondents indicated that the condition/illness reduced their ability a little (57%) and a smaller proportion (16%) indicated the condition/illness reduced their ability a lot.

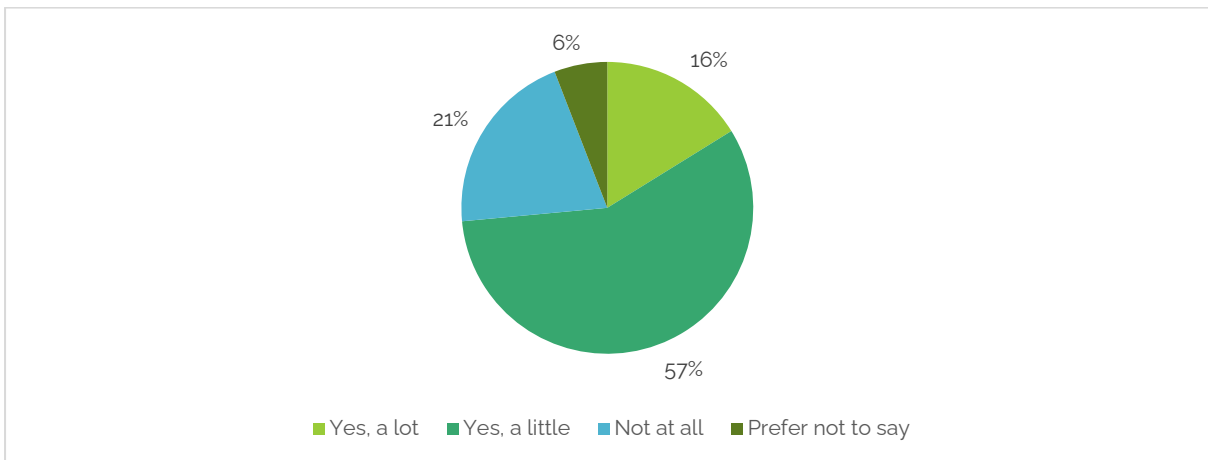


Figure 9. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

Results

Among the 117 respondents to the survey, 21% (n=24) reported that they had experienced barriers related to health when trying to find work, 77% (n=90) had not and 3% preferred not to say (Figure 10). Of the 24 respondents who had experienced barriers, over half (59%) were in full or part-time employment. All of the respondents who reported that they were unemployed (n=5) had experienced barriers related to health when trying to find work.

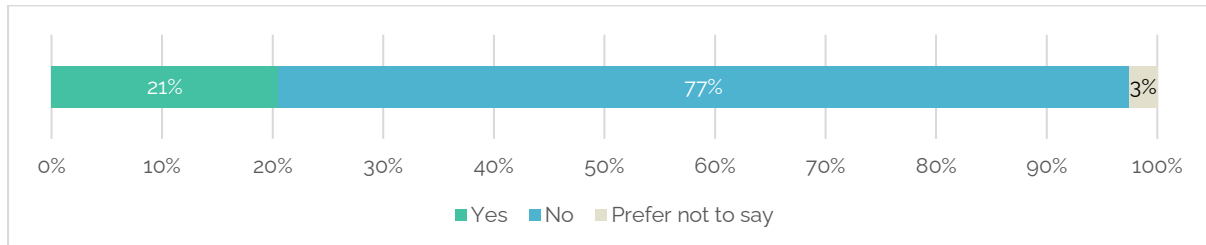


Figure 10. Have you ever experienced any barriers related to health when trying to find work?

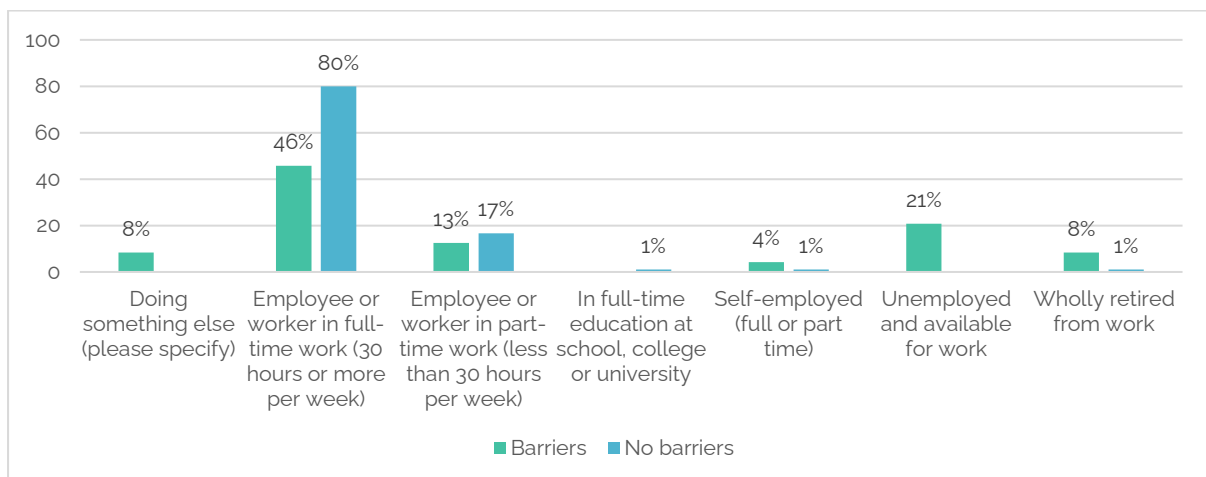


Figure 11. Which of the following best describes your current work status?

Most respondents who experienced barriers (n=22/24; 92%) had physical or mental health conditions or an illness that lasted or was expected to last 12 months or more. Of the participants with barriers, 83% (n=20/24) reported that the condition or illness reduced their ability to carry out day-to-day activities a little or a lot compared to 30% (n=27/90) of respondents who had not experienced barriers. Figure 12 shows the types of conditions among the respondents who had experienced barriers compared to those without barriers.

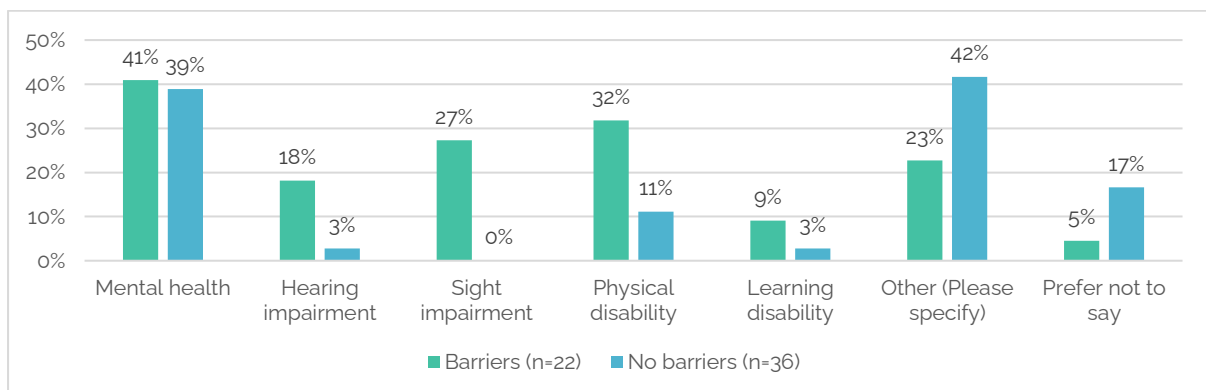


Figure 12. Do you have any of the following conditions?

Of those who had experienced barriers, 92% (n=22) described the types of barriers they had experienced, including physical challenges, financial challenges and problems associated with searching for jobs. Respondents had also experienced barriers in relation to worries about discrimination and prejudice they may face relating to their illness, disability or mental health. Respondents also mentioned experiencing barriers related to physical and emotional changes, for example, during the menopause for older women. Selected responses are shown below and the full set of responses can be found in Appendix 1.

Completing application forms as I am dyslexic... Websites for employers are often complicated to navigate, don't have friendly fonts, Browsealoud etc.

Due to previous periods of chronic illness, I place constraints on the type of employment I will consider (e.g., location, hours, working environment etc.) so as to feel confident any new job will be within my physical capabilities and to minimise the chances of becoming ill again.

Lack of understanding of my condition, getting reasonable adjustments and obtaining Access to Work funding can take months. I have a neurological condition and because it can't be seen, it's difficult to get people to understand the impact.

Assumptions by potential employers of what can and can't be done by someone with a disability (e.g., assuming accessibility problems will prevent use of a building, lack of awareness of the Access to Work programme)

In the last 12 months, 84% of the whole sample of participants had used the health service and 9% had used employment services. In total, 9 respondents (8%) had used both health and employment services. Among the 24 participants that had experienced barriers related to health when trying to find work, 88% (n=21) had used the health service and 29% (n=7) had used employment services (Figures 12 and 13). Five respondents who had experienced barriers reported using both types of service.

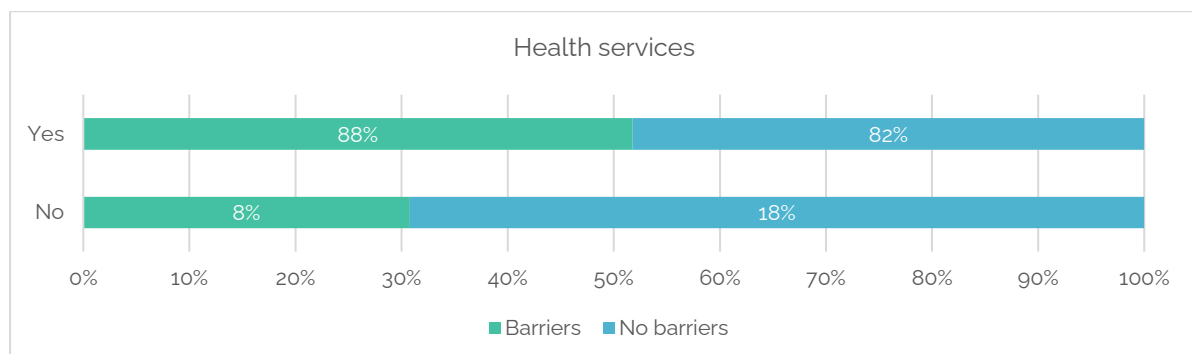


Figure 13. In the last 12 months, have you used health services?

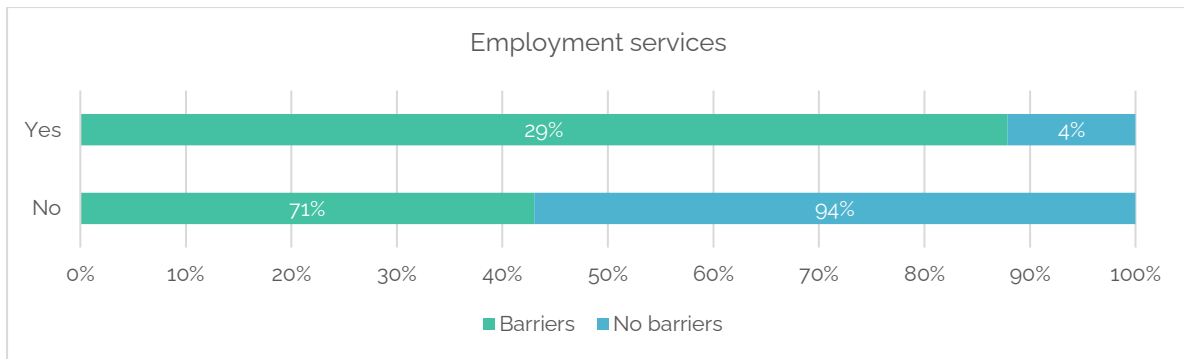


Figure 14. In the last 12 months, have you used employment services?

Among the whole sample, almost half (45%) felt that health services and employment services worked somewhat or very *ineffectively* together, compared to 12% who felt they worked somewhat or very *effectively* together (Figure 10). A third of the sample (32%) reported that they didn't know how well the services worked together (or it was not applicable to them). Broken down by service use in the last 12 months, just over half of the 9 respondents (56%) who had used both services felt that they worked somewhat or very *ineffectively* together.

Of the 24 respondents who had experienced barriers related to health when trying to find work, almost half (46%) felt that health services and employment services worked somewhat or very *ineffectively* together compared to 8% who felt they worked somewhat or very *effectively* together and 46% who felt they didn't know. For respondents who hadn't experienced barriers (n=90), 47% felt they worked *ineffectively*, 13% felt they worked *effectively* and 29% didn't know or it was not applicable.

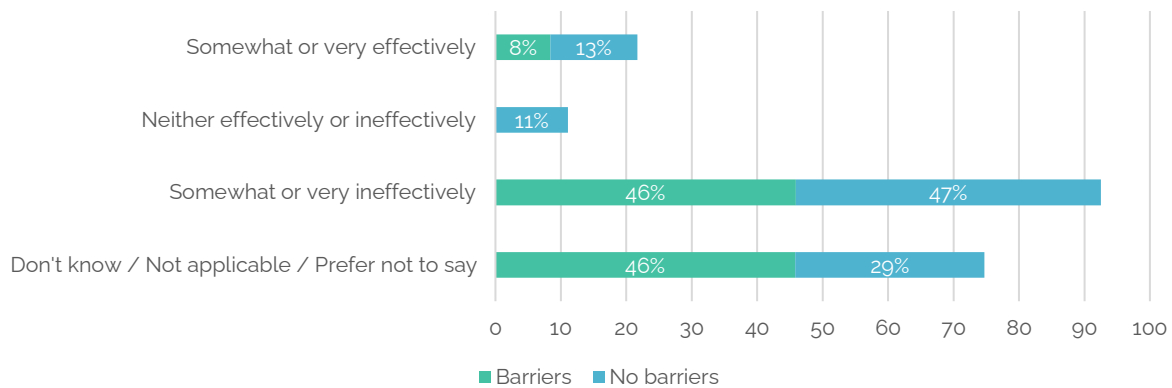


Figure 15. To what extent do you think health services and employment services work effectively or ineffectively together?

Three respondents (none of whom reported that they had experienced barriers) gave examples of how health services and employment services have worked effectively together. One noted the value of partnership working and of social prescribers, one referred to having access to occupational health services, and the final response was around enhancing special educational needs support and emotional wellbeing.

Within my current role I have access to occupational health services.

NEET collaborative group [for young people not in education, employment or training] with health practitioners looking at special educational needs...

Sharing information, toolkits on mental health services and working towards the THRIVE model to sign post clients.

I have found social prescribers really useful in terms of partnership working.

In total, 52 respondents shared ideas about how health and employment services could work more effectively together. Many respondents emphasised the need for collaborative working and integrated thinking, and for greater recognition of the interconnections between health and employment. There were also more specific recommendations about involving GPs, and increasing availability of advocates, social prescribers, and support services. Other ideas included that suggestion that a focus on employee health should be encouraged through incentives and offering flexibility to employees. Respondents suggested that inclusivity, legal rights and flexibility in employment should be promoted for individuals with health conditions and more support should be provided for people with long term conditions (e.g. through remote working options, training assistance, mentorship and childcare provision).

The full set of responses can be found in Appendix 1. Selected comments shared by respondents who had experienced barriers to work are provided below:

More advocates and social prescribers or other services that health professionals can use to give information to people about how you can work with health conditions and use Access to Work and other schemes to assist people within the workplace.

Links between occupational health and GPs must be better, Access to Work assessments should be implemented faster.

They could provide information on disability and health conditions to show that having a disability is not a barrier to working productively.

Organisations that deliver services to get people into work need to better understand how health conditions can impact on the process of looking for and attending work.

Yes, they need to communicate with each other. Not take ages to communicate with you.

Awareness of what a person can do, instead of being judged on what cannot do. Also specialised equipment/support needs.

Respondents were asked for further comments regarding health services, employment services or health and work and 33 responses were received. A common theme across these responses was the need for accessibility and improvements in access to, and coordination between, services. There were calls for more flexibility in appointment times for healthcare needs, for employers to be compassionate and understanding of people with long term conditions or physical or mental health support needs and for additional support for people with hidden disabilities. Respondents wanted funding to be available for projects to support issues related to health and work and for a focus on prevention. Strengthening of partnerships with community organisations was also requested.

*Most services are siloed due to a lack of medium to long term funding.
This means relationships between services are not created.*

*Work more closely with community organisations - be grassroots facing,
have a local outreach office, be visible to people - look like them speak,
like them and understand their culture, ethnicity and local area needs.*

*Mental health services need to be much better integrated into the schools
and employment services systems.*

*More of them, make it easier to get to the Jobcentre and make it easier to
get an appointment to see the doctor.*

Summary

- The Residents Survey was completed by 117 respondents, the majority of whom identified as female.
- Half of the respondents were aged between 35 and 54 years old and most of the sample was White and from a British background.
- A third of responses were from people who lived in Liverpool and another third were from people who lived in Sefton.
- Just over a third of respondents (32%) looked after or gave help or support (outside of paid employment) to someone.
- Three quarters of respondents were in full-time work and an additional 15% were in part-time work. Of those employed, either full or part-time, 80% were on permanent work contracts.
- Just under 6 in 10 respondents (58%) reported currently experiencing a short or long term physical or mental health condition or illness.
- 1 in 6 respondents (16%) who reported either a short term or long term condition or illness noted it reduced their ability to carry out day-to-day activities a lot.
- Mental health conditions were the most common type of condition or illness, reported by just under 4 in 10 respondents with a long term condition (38%).
- 1 in 5 respondents (21%) reported that they had experienced barriers related to health when trying to find work.
- Of the respondents who had experienced barriers, 1 in 5 (21%) were unemployed compared to none of those who had not experienced barriers.
- Among respondents who described the types of barriers they had experienced, physical challenges, financial challenges and problems associated with searching for jobs were the dominant themes.
- Almost half of all respondents (45%) reported that health services and employment services worked *ineffectively* together. Respondents emphasised the need for collaborative working and for greater recognition of the interconnections between work and health.
- A common theme in the comments provided by the respondents was the need for accessibility and improvements in access to, and coordination between, services.

Appendix 1

Q1a. Briefly, describe what barriers related to health you have faced when trying to find work?

- 1. Completing application forms as I am dyslexic, adding information in forms, following the PS and what to give examples of, competency application forms and the worst is the civil service. Websites for employers are often complicated to navigate, don't have friendly fonts, browse aloud etc. I also didn't know I could put down my dyslexia as a disability and get a guaranteed interview as long as I matched the PS etc. Having the monies to get interview clothes, travel to and from interview.*
- 2. Asthma, heart problem, menopause.*
- 3. I have a bad back and the pain sometimes make it difficult for me to move around.*
- 4. Due to previous periods of chronic illness I place constraints on the type of employment I will consider, e.g. location, hours, working environment etc. so as to feel confident any new job will be within my physical capabilities and to minimise the chances of becoming ill again. In the past I have been required to provide information about my sickness record when applying for a job and in one instance further information from my doctor was requested.*
- 5. I have dyslexia and often the application process is difficult.*
- 6. Lack of understanding of my condition, getting reasonable adjustments and obtaining access to work funding can take months. I have a neurological condition and because it can't be seen it's difficult to get people to understand the impact. I have Epilepsy and a brain injury but I also have two degrees, extensive work experience at a strategic level but as soon as I declare my disability on an application form I don't get interviews for jobs I am more than qualified to do.*
- 7. I am an older woman and as I get older I find that my body and my mood can change as I go through the menopause.*
- 8. I'm a fulltime wheelchair user who used to work for [name of organisation], when the office closed I tried to find work but nowhere in the town where I live where I could do the work that I trained for was accessible to wheelchair users*
- 9. Stigma and discrimination related to mental health challenges*
- 10. Being questioned on how much sick leave I would use, when I asked have they asked the other candidates this question they said no, they asked because I have a disability.*
- 11. I am worried that an employer won't understand how my condition affects me and that this might cause me to be treated unfairly*
- 12. Unable to drive due to visual impairment was a barrier in the housing sector which I previously worked*
- 13. I have dyslexia so completing online applications/forms has been difficult at times*
- 14. Getting an interview when you tell them you have a medical issue*

15. *Lack of understanding regarding my (hidden) disabilities. Unwillingness to consider reasonable adjustments*
16. *Being a diabetic doesn't help in getting work, if I didn't disclose it, then who is liable?*
17. *Had to leave my job as I was too unwell to continue. Recently diagnosed with autism so trying to understand how this will influence and affect me when looking for a new career/job.*
18. *Managing my anxiety and depression.*
19. *People not thinking you are able to do the work. Or not giving you an interview on what you have put on your application form. You need to be honest about your condition but they never ask if you are able. Or one Job wanted to fill a disability post.*
20. *Self doubt when hit by various health conditions as to how my existing skills and experience could be adapted to suit different working conditions. Also uncertainty as to how best to present myself and my health problems to prospective employers*
21. *Being physically able*
22. *Assumptions by potential employers of what can and can't be done by someone with a disability (e.g. assuming accessibility problems will prevent use of a building, lack of awareness of the access to work program).*

Q3b. How do you think health services and employment services could work more effectively together?

1. *Unfortunately my experience is that they are motivated (or governed) by targets and don't look at the individuals needs which would probably better served by collaborative working.*
2. *More joined up thinking, recognising the intrinsic link between employment and health and visa versa*
3. *More communication also employment services to have a better understanding of health conditions.*
4. *More advocates and social prescribers or other services that health professionals can use to give information to people about how you can work with health conditions and use access to work and other schemes to assisted people within the work place. I believe they don't know enough about it for there own staff and know of lots of people leaving jobs because of their own health or that of Familie members*
5. *Communication*
6. *Health services are over stretched and I feel staff will do what they have to do only and nothing further. I was off work and I got support from an organisation [name of organisation] who recognised that people can be off sick from work due to work issues and they in my experience working in employment services are the first addressing this issue. None seems to communicate even in the health professionals.*
7. *They could share information so I don't have to keep answering the same questions.*

8. *By more fully understanding the capabilities and experience those with health conditions can bring to employment and not just see them as a liability. Job seekers should know their legal rights and employers should be held to account for commitments, especially disability confident commitments. Work should be more flexible, job seekers are still often asked to choose between full and part time (not enough 3/4 day per week options) or need to go into the office (not enough remote options).*
9. *Not sure*
10. *Better communication between practitioners at both operational and strategic level.*
11. *Better communication and more funding*
12. *Whilst there are pockets of good practice, these are all too often based on relationships built between particular professionals, rather than a systemic approach. Mainstream health and employment services do not intersect as they should do. VCS provision within health and employment (e.g. between counselling services and employability programmes) do work effectively, when designed into programmes, so that services can cross refer seamlessly, using a step up, step down approach.*
13. *Tend to sit in silos, with employment services, looking at health, without engaging with health services, and health services not engaging with employment services*
14. *Co-location of services, joint commissioning of programmes and activities, better use of funding*
15. *A more joined up approach as this does not seem to exist currently (that I am aware of), particularly for people with disabilities/learning difficulties who are working.*
16. *More communication and sharing of information*
17. *Absolutely - sharing of information and working towards a common goal*
18. *There needs to be a more cohesive approach in order to improve the facilities and help for people with health needs to work more effectively together.*
19. *Better understanding of each others roles and responsibilities. Have a base, where possible in partners centres- I know this is already done with some agencies. Joint visits- attend multi agency meetings and network*
20. *Better sharing of information on understanding and supporting people with health conditions, e.g. mental health issues can actually be improved by work but people do not understand how to discuss this. More information on legislation, HR policies and support available to enable people to work - e.g. reasonable adaptations, Carer policies, mentors.*
21. *Links between occupational health and GPs must be better, access to work assessments should be implemented faster.*
22. *Better access to pathways.*
23. *For people who are employed health services should suggest holistic support for employees instead of medication & time off work. For those who are not employed but have a health condition, employment services should encourage volunteering (if possible)*

24. *Yes, I think it's important for health services to understand how assessments and diagnoses are important to individuals when they are learning to manage their health conditions, and in turn learning how this would affect them in employment.*
25. *Improved communication and easier linkages.*
26. *I think there could be tailored pathways suited to people with different illnesses such as mental health or physical health. Wheelchair able roles, I don't believe there is much networking between health and employment services to have adequate info or knowledge on this. Sometimes employment services aren't aware of what roles are suited or necessary dependent on different illnesses*
27. *More supportive, remove stigmas, less assumptive about limitations of some conditions, less judgement about mental health conditions, more understanding about menopause*
28. *Increase in government funding for more staff, bases and resources.*
29. *Better sharing of information and support in helping people into employment*
30. *More input with patient on barriers to work, and more understanding of limiting conditions and reasonable adjustments required to enable a healthy workplace.*
31. *There is a lack of communication between different areas of the Health Service*
32. *Incentivise staff to be more physically active and improve their health. Offering discounted leisure memberships and flexible working to allow people to be active during they day.*
33. *Greater communication between services, better understanding of what each service offers*
34. *Unfortunately I am unable to comment - I have always been in work during my health issues.*
35. *Better communication.*
36. *Sometimes individuals struggle to advocate for themselves. Often they can be given a diagnosis without understanding how this will impact them, especially in a working environment. It would be helpful for health services to provide more information to patients and provide letters for patients to take to other services they access. I don't feel a lot of employment services have enough time for their customers such as the job centre and their environments can be overwhelming.*
37. *Firstly future health professionals need to better understand the role employment plays in people's lives and health through placements with occupational health and unemployment services. Then we need health professionals embedded in the approach to return to work to be advocates of the health and wellbeing needs of people struggling to maintain employment.*
38. *They could provide information on disability and health conditions to show that having a disability is not a barrier to working productively.*
39. *First need to be able to screen out much more effectively those that are unable to work due to health conditions rather than the screening currently used. Then need much better ways of helping those who have long term health conditions who are*

able to work e.g. by home working; assistance with training; IT; mentoring; childcare if necessary

- 40. Having more understanding managers with relation to ongoing health issues that can make working difficult - Maybe some training and having maybe an external health service who is easily accessible when health issues start to affect work.*
- 41. There are a number of referral mechanisms in place which make it difficult for services to work together to support residents. Some services like social prescribers can not be accessed without a referral from GP. In reality GPs have little input in the persons progress and development outside of their booked appointment but are acting as gatekeepers to a useful service they could access.*
- 42. More efficient, transparent and effective referral process so that people are job ready. Event coordination to be linked and promoted in a joint effort to attract the whole community. Confidence, self-esteem, assertiveness booster programmes to support people to believe in their capabilities.*
- 43. I meet many people with health conditions that are not seen as detrimental to finding employment by the DWP when they should be. This then has further impact on individuals' mental health and becomes a bigger barrier to finding employment*
- 44. Work coaches need to have more knowledge of how certain health conditions effect employment. There also needs to be flexibility in the system they use to be able to make those distinctions. There also needs to be active incentives and education to employers about various health issues within there potential and current workforce and things they can do.*
- 45. By concentrating on what the client CAN do as opposed to what they CANNOT do*
- 46. More technology and automation. More integrated strategies, particularly in relation to public health.*
- 47. They don't speak to each other. Not enough integration.*
- 48. Organisations that deliver services to get people into work need to better understand how health conditions can impact on the process of looking for and attending work. The people I have come across have either shown only limited or no understanding of the impact that health conditions such as anxiety and depression can have on looking for work and attending a job.*
- 49. Clear links*
- 50. First of all trying to get an appointment is dreadful how are people supposed to get help if they kept getting told they can't see a health professional and that then puts people off and at risk it's disgusting the way the health service is now running*
- 51. Yes they need to communicate with each other. Not take ages to communicate with you. Never been asked what interests I have will it help me to look for work.*
- 52. Awareness of what a person can do, instead of being judged on what cannot do. Also specialised equipment/support needs.*

Q17b. Is there anything else you would like to add regarding health services, employment services (for example Households into Work or Ways into work), or health and work at this time?

- 1. The government are cutting all services, having a massive effect on the people I work with on [name of programme], my family, friends and their families and friends. I find I am giving much more information out of work to people working and at risk of losing jobs etc. due to health conditions or not being able to access services (e.g. mental health, addictions and getting the right financial advice and support). Now with the ridiculous cost of living changes, more and more people are struggling and I am seeing how this is affecting small businesses as people can't afford to buy their products or services, making areas like ghost town[s].*
- 2. More of them, make it easier to get to jobcentre and make it easier to get an appointment to see the doctor*
- 3. More flexibility to appointment times should be offered to accommodate regular check ups outside of work hours (I have these at 3-6 month periods, and usually require tests) and whilst employers are understanding at first, it soon becomes problematic.*
- 4. More support for people with ADHD accessing the work place and supporting them whilst in work*
- 5. Talent Match is a great example for how an holistic approach to employment and health can lead to sustainable outcomes. Therapeutic support is designed into and commissioned by the programme, as well as differentiated support for those who are neurodiverse or have disabilities. By addressing health issues, employment and training outcomes are more sustainable. This is basically Maslow's Hierarchy of needs - we must address physical and psychological needs before participants can reach their full potential.*
- 6. I have twice been asked to undergo assessment by an occupational health professional, in two different employments. Each time it was beneficial in enabling me to stay in work.*
- 7. You need to work more closely with community organisations - be grassroots facing have a local outreach office be visible to people - look like them speak like them and understand their culture, ethnicity and local area needs - be one of them not an officer in a suit that have no resemblance to the local population. Rotunda has local offices is a trusted organisation run by local people for local people is accessible and doesn't judge or patronise work more closely with grassroots organisations like Rotunda in localities that need health and wealth interventions they choose.*
- 8. There is a clear link between unemployment (long term), poverty and poor health - and more work should be done to align services to ensure that people are supported while in work, with health conditions, to ensure they can stay in work. And that people out of work are supported to ensure they don't become unwell, including those that already have illnesses to help them back to the workplace in a supportive environment.*

9. *We need more universal preventative activity for the impact of covid on our young people's mental health and wellbeing.*
10. *Health and work are just two areas of life; there needs to be a much more holistic approach to supporting people to live good lives. My experiences as a person who has suffered from depression will be very different to the next person's, likewise my experience as a Carer will not be the same as anyone else's. My bladder and bowel issues don't prevent me from working but they do stop me being able to do the things that keep me mentally well and able to cope with a full time job, caring for an elderly relative and supporting my child with her SEND child, which could them impact on my ability to work.*
11. *Better access to health services and better advice to manage my condition.*
12. *Improvements needed around trying to access GP appointments.*
13. *More accessible/quicker welfare rights provision as waiting lists can be lengthy. People want to know what their take home pay will be when making the cross from benefits to working.*
14. *Experience with family members is that some illnesses are unknown to the job centre and some health professionals. All disabilities are not outwardly seen therefore a lot of explaining to job centres needed to be done. Ways into Work were helpful with my [family member's] illnesses and indeed she has found a job that she loves.*
15. *I think sometimes getting back into work can exasperate health conditions which if not being treated in timely manners increases the likelihood the employee will remove them self from work again*
16. *Accessing health and related service as a f/t employee can be very difficult as access phone lines close at specific times that are not in line with working patterns.*
17. *Ongoing suspicion that employment is being pushed as the only goal disregarding that this might clash with wellbeing - not all jobs are good for wellbeing. While good, accessible, equitable work at good wages might be helpful for many people, there are many barriers such as poor working conditions, precarity of employment, poor pay, lack of public transport, difficulty in accessing health appointments at times that fit with work, lack of childcare, lack of alternative carers' support, ongoing stigma and discrimination around mental health.*
18. *I struggled during an early menopause and did not receive the right support. I suffered from depression as a result and lost my job. I was also in an abusive relationship, my husband was convicted for domestic violence and I eventually got the help I needed from a [domestic abuse] charity. Until that point nobody connected my health and difficulty at work with my home situation or the menopause. We need more people in health that understand there is a person behind the symptoms. My life almost spiralled out of control and I owe everything to the case workers who supported me.*
19. *Getting access to mental health service is very difficult, having access to this service would help keep people in work. The waiting time for a counsellor is far far too long.*
20. *The vagaries of support for people with long term illnesses often results in them being more stressed and sick, rather than supporting them.*

21. *There seems to be more of a focus on getting people into work who have a long-term condition, however, there could be more work done to support people with long-term conditions to stay in employment by helping employers to be more accommodating in their offer to their employees.*
22. *There are times when I would prefer not to visit my GP for help and instead get it from other services. But I don't know who they are where I live.*
23. *Most services are siloed due to a lack of medium to long term funding. This means relationships between services are not created. Existing referral mechanisms are not reviewed and adapted to the real world problems residents are suffering. This means many times these processes actually have a negative impact on residents as they are hitting these barriers to access simple support provisions.*
24. *People are better served with compassion including cognitive empathy rather than jeopardising their economic security. People want to access services promptly after being referred appropriately. The disparity in providing these simple transactions is detrimental to the efforts being made and causes widespread apathy and ambivalence.*
25. *I want to work but feel that no one wants to employ someone who has a problem with their health.*
26. *I think project such as Ways to Work should be funded and promoted heavily by local authorities across the board to enhance services for their local residents and not be externally funded and time limited. Ways to Work will not last forever and when it's gone in favour of mandated projects such as Restart it will again have a detrimental effect on local communities being able to access free, confidential, and impartial advice and guidance in their local communities.*
27. *An apprentice like scheme similar to the recent kickstart programme that helps both sides get into work and employ people with health issues. It will also provide safe spaces for people lacking in confidence to try gain employment and companies reluctant to take on employees like this because of perceived added cost and HR issues.*
28. *Mental health services need to be much better integrated into the schools and employment services systems.*
29. *It would be useful having a list of example reasonable adjustments to be made at work for those with disabilities somewhere online. Being able to easily request amends to the interview format to be more inclusive of people with ASD without needing to specifically contact the employer to say this e.g. a tick box of what adjustments can be made to the interview when submitting the application.*
30. *Yes there needs to be appointments available and stop making people wait around for a phone call to then be told they need to see a GP and then not getting an appointment. The appointments for GP especially is worse than its ever been and is making people worst and putting people's lives at risk. Its dreadful and shocking the way people are getting treated lately something needs to be done.*
31. *To give disabled people a chance to feel they are wanted in the employment market. The main thing is to encourage them. But to look at their Benefits because this could be the main reason for not looking for work. To give them a time scale that they can feel the work is right for them.*

32. *I believe it is important to have a more holistic approach to health and treat the whole person. Work and making a contribution to society has always been important to me and I believe that the loss of this ability can have a really bad effect on your mental health and well-being. I myself was "rescued" by my study doctor who headed up my 5- 6 year Clinical trial and who introduced me to the idea of voluntary work. My health including mental health improved a great deal when I started doing voluntary work involving the NHS, Bart's and various groups online including the Innovations Agency who are doing a brilliant job in the North. A shout out for them.*

33. *Hidden disabilities and issues need to be looked at. Such as fatigue or mental health. If a disabled person works it can mean it impacts their life somehow.*