

Islington disability and long-term health conditions employment project

Final Report

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1. Executive Summary

The aim of this research, conducted by London Metropolitan University in partnership with the London Borough of Islington, is to identify the levels of unemployment among residents with different disabilities and long-term health conditions including deafness and visual impairment living in the Borough and the extent to which existing employment services in the Borough support them getting into work. The research had two key elements: a quantitative analysis of economic inactivity and employment to identify both the levels of unemployment among people with disabilities but also whether there are people with particular disabilities and long-term health conditions who suffer more from unemployment, and secondly, a series of focus groups with those groups of people with particular disabilities to further investigate the barriers to employment they experience. The key point here is that 'disability' is an umbrella term and that people with particular disabilities and health conditions have different experiences and needs which need to be addressed if they are to be enabled to successfully access work.

The research is part of the London Metropolitan University, London Met Lab Empowering London initiative, which aims to engage the University with its community partners.

The key barriers to assessing work emerging from the research were:

The key barriers identified by participants in the focus groups are highlighted below.

- **Unfair treatment, discrimination and lack of awareness, training and support from employers** – perhaps the key barrier to emerge across all focus groups was unfair treatment and discrimination both in trying to get a job and when in the workplace.

The issues highlighted time and again were a lack of awareness and support by employers in the workplace and associated issues of stigma, stereotyping and ignorance concerning people with mental health conditions, neuro-diverse people, people with learning disabilities, deaf people and people with visual impairment in particular. Many examples were given of the lack of support and awareness of the needs of neuro-diverse people or people with mental health conditions or of deaf people in the workplace. A number of participants in the deaf focus group had left jobs as a result of discrimination from managers and co-workers.

There was a general emphasis on the need for disability awareness in workplaces.

'in terms of reasonable adjustments, some organisations don't know how to do that, it's training. I think it's about training and educating companies, organisations about how to support and how to make reasonable adjustments' (Mental health focus group participant)

A related issue was that of disclosure and the uncertainty and lack of clarity over at what point and to whom to disclose information about a health and especially a mental health condition. Participants in the focus group with people with mental health problems among others identified a sense that employers are scared of dealing with mental health issues in the workplace.

Deaf participants had experienced discrimination extensively both in the workplace and in applying for jobs and raised a number of issues concerning the need for deaf awareness in the workplace including simple changes such as fire alarms for deaf people and more widely to challenge the endemic and harmful stereotyping of deaf people cognitive and overall abilities which prevents them securing employment.

- **Lack of opportunities in deaf and learning disability and general disability aware work environments.**
- **Recruitment processes** – the recruitment process was also highlighted as a key barrier to people with disabilities across all the focus groups although the reasons varied for particular groups. Telephone interviews especially for people with learning disabilities were given as one example of a barrier to accessing work while more widely, issues of online application processes and digital literacy were raised.

- **Digital literacy and exclusion** –the increasing shift to online recruitment processes present a major barrier for people with lower levels of digital literacy or who lack access to a laptop and broadband at home as many people with disabilities on low incomes in the focus groups did.
- **History of low skilled and low paid employment** – the experiences of many participants was of having access at best to low paid and low skilled employment. While this results in feelings of low confidence and expectations it also has the effect of pushing people with disabilities, sensory impairments and health conditions into poverty and many of the participants found themselves struggling with the cost of living.

‘The deaf people I work with tend to apply for and are more successful in working in less skilled sectors. These include cleaning roles, hospitality, care sector and retail positions’ (Employment support services stakeholder focus group)

- **Lack of confidence and low expectations** – because of the discrimination and unfair treatment people with disabilities, sensory impairments and long term health conditions experience in accessing employment, there was a very strong sense of having low expectations about the possibility of finding a job let alone a well-paid or skilled job. Many people reported having a lack of confidence and self-esteem.
- **Low level of educational qualifications** – whilst there was a spread of qualifications across the participants in focus groups, with high levels of qualifications amongst many people with mental health problems and neuro-diverse conditions, in general and amongst people with learning disabilities and deaf people in particular, participants had low levels of educational qualifications.
- **Negative experiences of education** – participants with learning disabilities and deaf participants in particular voiced their negative experiences of mainstream education at both school and college. Again, this reflected both a lack of awareness of needs and lack of appropriate support.

‘I went to a deaf school and it was fantastic, I had all the access there that I needed. I was very lively person in the classroom. And then I went on to further education and I felt I was just completely knocked.’
(Deaf focus group participant)

- **Literacy** – levels of literacy, especially literacy in the use of English amongst deaf participants whose first language is British Sign Language (BSL), was raised as a barrier to accessing employment and recruitment processes.
- **Complexity of the benefits system** – for many participants a major concern and barrier is how getting a job will affect their benefits. In particular, people with learning disabilities or people with mental health conditions returning to work after a gap in employment, may need to try work in more than one workplace before they find something which suits their needs and are fearful of the impact this will have on their benefits.

- **Lack of disability awareness and support in services** – the DWP and Job Centre were perceived by some participants and groups as having a lack of awareness and providing little support for people with learning difficulties and mental health problems in particular. There was a perception that support workers were not as supportive as they should be and that personnel changed frequently. However, many of the deaf participants had nothing but praise for the one deaf aware and BSL trained support worker in the local Barnsbury Job Centre who provided a crucial service to deaf service users, and highlighted the importance of deaf aware staff and support.

‘that one person is excellent. She's got the awareness, if that person wasn't there, we wouldn't have that access. Really, it's to do with her. We love her. She's really supportive of deaf people’ (Deaf focus group participant)

- **Lack of BSL support** – the focus group with deaf participants highlighted the lack of BSL support as a barrier in accessing both education and employment.

‘lack of access to support in BSL is a barrier to deaf people in applying for job roles and navigating the employment system’ (Deaf focus group participant)

- **Length and cost of diagnosis for neuro-diverse conditions** – a number of participants had received late diagnosis of autism and ADHD and raised issues concerning the length of time and cost of diagnosis as well as the lack of support for neuro-diverse employees in the workplace including a lack of consideration of needs in terms of workspace, lighting and methods of communication.
- **Cost of living – and cost and lack of access to gym and swimming facilities essential for rehabilitation** – living on a low income is a reality for many people with disabilities and health conditions and was a key issue raised by participants. Almost all participants in the focus group with people with physical disabilities were struggling with the cost of living and identified a need in particular, for affordable, regular access to the gym or swimming pool for their rehabilitation.

2. Recommendations and targets

2.1. Recommendations

There is a significant employment gap in Islington between people with disabilities and non-disabled people. People with disabilities and long-term health conditions experience considerably higher rates of unemployment than do non-disabled people. The evidence and findings from the research point to the need to develop more joined-up, integrated, long-term and well-funded approaches and services addressing the barriers to employment and skills development experienced by people with disabilities, impairments and long-term health conditions if this employment gap is to be reduced. **This involves integrating health and wider employment and income support and other needs of people with disabilities and health conditions.** The difficulties experienced in accessing certain groups of people with disabilities for the research also highlights the need for such an integrated approach to be based on the further **development of outreach teams and practice** in employment support and wider service delivery.

Of key importance is tackling the discrimination people with disabilities and health problems confront in accessing work and when in the workplace – facilitating a widespread programme of disability awareness and training among local employers. In addition, there is a need to focus on the abilities of people with disabilities and health conditions and to challenge assumptions that people with disabilities can only access low skilled and paid, entry level jobs – such expectations permeate throughout employment support agencies and among people with disabilities themselves as a consequence of their lived experience.

The key recommendations based on the findings from the research are that the Council should:

1. Work with partner organisations to target employment support and related services to people with disabilities, impairments and long-term health conditions

- Employment support and related services should be targeted at people with disabilities and long-term health conditions as the evidence shows that these groups of resident's experience high unemployment, significant barriers to accessing employment and are often living on low incomes
- In particular, employment support and related services should be targeted at people with mental health problems, with long-term health conditions and with muscular-skeletal and physical disabilities as the evidence suggests these groups experience particularly high levels of unemployment. However, people with learning disabilities, deaf people and people with visual impairment should also be targeted and a priority, as the evidence suggests these groups experience especially significant barriers to accessing employment (The proposed targets are set out in section 2.2. below).

2. Prioritise an outreach approach to employment support and related services which targets people with disabilities and long-term health conditions, reaching out to them in the community

The fact that in the process of conducting the focus groups, it was difficult to access some groups of people with disabilities together with the fact that many of the participants had no knowledge of council employment support and related (income maximisation) services, highlights the need for the Council to work with partner organisations to develop an employment support outreach strategy to reach out to people with disabilities, impairments and long term health conditions which should:

- Include all employment support and related services in the Borough and
- Start with reaching out to those groups highlighted in point 1 above as experiencing the highest levels of unemployment and greatest barriers to accessing employment
- Include outreach and community development roles and skills within existing and new job positions within iWorks

In developing an outreach strategy, the Council and partner organisations should:

- Map the community spaces used by people with disabilities, impairments and long-term health conditions
- Identify and seek to work jointly with key 'intermediaries'
- Promote the co-location of employment support and related services including Adult Learning and Income Maximisation services
- Set up an effective iWork presence in key spaces used by people with disabilities and long-term health conditions
- Establish an outreach team to work specifically with people with disabilities and long-term health conditions which includes people with BSL training
- Make computers available for target groups to use in community settings

3. Provision of wrap-around, holistic services for people with disabilities and long-term health conditions based on a case-working model of service delivery

The evidence points to the need to support and develop integrated and wrap-around services for people with disabilities and long-term health conditions in the Borough that work holistically with the individual on their health and wellbeing, employment and related needs including income maximisation, benefits and cost of living support. This is also the conclusion reached and the key recommendation made in the CLF (2022) report on people with disabilities and long-term health conditions accessing employment.

Islington already has some very good models of wrap-around and holistic services, such as the Work and Health Programme and Hillside Clubhouse, that provide support to people with mental health problems in particular on both their health needs and on accessing employment, alongside other support. Evidence suggests these models work well and should be further supported and rolled out more widely to support other groups of people with disabilities, impairments and long-term health conditions.

The Elfrida Society also provides a holistic service to people with learning disabilities but would require further funding to expand and continue this role.

The LBI (2019) *Employment Support in Islington. Mapping Provision and identifying need* report has previously highlighted that what has worked is the models and approaches to supporting residents with mental health and learning disabilities, such as Hillside Clubhouse that provide a 'wrap-around support and centre that is run by users and helps them gain skills and move closer to jobs'

Evidence also suggests that given the complexity of needs faced by many people with disabilities and long-term health conditions and impairments, tailored support and a case-working model of delivery is best with highly trained specialist advisors providing bespoke support. Evidence also suggests the importance of consistency and of low case-loads (CLF. 2022).

The Council should work with appropriate partner services to:

- Further develop wrap-around, integrated employment support and related services that offer holistic support to people with disabilities covering both their health and employment support needs targeting those groups which have particular high levels of unemployment and/or experience barriers to accessing employment including people with mental health conditions, physical and long-term health problems, learning disabilities, neuro-diverse conditions, are deaf or visually impaired
- Continue to support existing models such as Hillside Clubhouse and the Elfrida Society that offer integrated support to people with mental health conditions and learning disabilities
- Ensure people with disabilities have access to one-to-one case workers in employment support services, with highly trained advisors with specialist skills in working with the target groups provide bespoke support
- Review the signposting of employment support and other services in the Borough to engage more directly with people with disabilities and long-term health conditions

4. Coordinate a programme of disability awareness and training with local employers

The evidence suggests disability awareness and training among employers is perhaps the single most important way forward if people with disabilities and health conditions are to be enabled to access employment.

The Council should:

- play a key coordinating role with local employers increasing disability awareness
- provide a one-stop service for employers to go for advice and support on disability awareness to include help in understanding the kind of adjustments that might be needed for an employee with an impairment or health condition
- either directly or with partners, offer and promote disability awareness training with employers
- seek to improve employers understanding of the value of employing people with disabilities

- work with employers to develop work experience and placements that connect people with disabilities directly to employers in the Borough
- work with employers to review recruitment or application processes to ensure they reflect disability awareness including clarification on disclosure
- develop bi-annual Job Fairs for people with disabilities
- develop an online data platform of best practice case studies to share with other employment support services in the Borough
- ensure its networking links and activities including Islington Working and the Employability Practitioner's Network prioritise supporting people with disabilities into employment and using existing structures such as the Anchor Institutions Network and Town Centres groups to promote disability awareness with local employers
- better promote existing schemes such as Access to Work which provide support and funding to people with disabilities to help support them in accessing work
- look into providing grant support to local businesses to become disability aware and for small investments in disability aware support such as alarms systems

5. The Council as employer

The London Borough of Islington is one of the largest single employers in the Borough and has a wide range of job roles and vacancies. As such it can play a lead role in employing people with disabilities and long-term health conditions and in providing people with disabilities with the flexibility and disability awareness that would act as a good practice model to other local employers.

The Council should:

- Review its targets for employing people with disabilities and long-term health conditions
- conduct an audit of the numbers of staff employed with disabilities and health conditions
- Review recruitment processes to ensure they are disability aware
- Conduct a disability awareness audit to ensure the needs of people with neuro-diverse conditions, learning disabilities, people who are deaf and people with impaired sight are addressed
- Undertake a programme of disability awareness training with line managers in service departments
- Work with employment support services to recruit people with disabilities

6. Self-employment

Given the experiences of people with disabilities of discrimination within workplaces and in accessing employment, self-employment was considered an attractive option by some participants.

The Council should work with partner organisations to:

- Promote and target self-employment opportunities including advice and guidance, and information on funding opportunities to people with disabilities

7. Further develop the co-location and outreach provision of services, including Adult Community Learning

The Council should work with partner organisations and services to:

- Set up the co-location of Adult Community Learning (ACL) together with employment support services targeted at the needs of and engaging with people with disabilities and long-term health conditions
- Target ACL services to reach groups of people with disabilities
- Ensure BSL trained interpreters are available to support deaf students across all council services including ACL

8. Further develop the co-location and outreach provision of services, including benefits and income maximisation and other services

People with disabilities both experience higher levels of unemployment and are concentrated in lower paid jobs, but the evidence suggests they are frequently not accessing advice and support on benefits and income maximisation.

The Council should work with partner organisations and services to:

- Develop an outreach strategy for its income maximisation and cost of living services that targets people with disabilities and health conditions
- Co-locate income maximisation services together with employment support services in community spaces used by and accessible to people with disabilities and long-term health conditions

9. BSL support

The report highlights the need for BSL support to be available in all services and especially so in employment support services

The Council should work with partners to:

- Ensure BSL trained staff are available to deaf service users across all service areas, including employment support services

2.2. Inclusive Economy and Jobs – performance indicators 2023/24 for supporting people with disabilities and long-term health conditions into jobs

The economic inactivity rate for disabled residents in Islington (at 38%) is twice as high as for the non-disabled economically inactive population. Based on the quantitative analysis of ONS, DWP and LBI data, which identified those disabled groups suffering from the highest levels of unemployment in the Borough (as discussed in section 4 below), the following targets are proposed for supporting different disabled groups into employment for 2023/24.

Target 2,000 disabled and non-disabled residents into work

The target is for the Council to support 2,000 Islington residents into employment in 2023/24. NOMIS 2022 ¹ reports that there are 31,500 economically inactive working-age residents in Islington. The out-of-work, working-age, disabled population is 13,619. This means that people with disabilities who are economically inactive in Islington account for 43% of the total number of economically inactive people in the Borough. It is therefore proposed that 43% of the 2,000 residents supported into employment should be residents with disabilities, a total of 860 residents with disabilities.

Furthermore, we know that the overall category of people with disabilities who are economically inactive in Islington can be divided into more specific sub-categories which indicate that 28% of the overall total is made up of people with mental health conditions, 26% is residents with a long-term health condition with a further 26% comprising people with physical health conditions and 11% people with neuro-diverse conditions. We propose setting targets that aligns with this sub-category breakdown as follows:

Sub group 1 – Mental health condition (28%) – target 240

Sub group 2 – Long-standing illness (≥ 12 months) (26%) – target 223

Sub group 3 – Physical disability/impairment (26%) – target 223

Sub group 4 – Neurodiversity e.g., Autism, ADD (11%) – target 95

Sub group 5 – Sensory impairment (4%) – target 34

Sub group 6 – Learning disability (3%) - target 25

Sub group 7 – Other (3%) - target 25

3. Research aims and methodology

3.1. Disability employment gap in context

Evidence indicates that 11,200 people were claiming sickness/disability benefits in Islington in 2019 which was the 2nd highest proportion of working age population claiming sickness/disability benefits (6%) in London. Of these, approximately half were claiming due to mental ill health. Within Islington, Finsbury Park, Holloway and Tollington wards had the highest proportion of sickness/disability claimants (LBI).

¹ <https://www.nomisweb.co.uk/reports/lmp/la/1946157251/printable.aspx>

2019. *Employment Support in Islington. Mapping Provision and identifying need*). Furthermore, research conducted by Central London Forward (CLF) (2022) which includes Islington along with 11 other central London authorities, highlights that the employment rate for people with disabilities is 52.7% in the CLF area as compared with an employment rate of nearly 80% for those who were not disabled. The report points out that the disability employment gap is well documented in the literature and that the disability employment gap was higher in the CLF area (at 27.2%) than for London or nationally. In addition, the disability pay gap has increased over recent years as a consequence of the concentration of people with disabilities in part-time and low-paid jobs. The CLF report also highlights that a growing number of disabled people have fallen out of work since the start of the pandemic with evidence suggesting that the pandemic has further undermined the employment position of disabled people, with a particularly detrimental impact on participation rates among younger adults, men and those with mental health conditions and learning difficulties and disabilities. The CLF report further highlights that employment rates vary across different disabilities and health conditions, being lowest for adults with more significant impairments, for older disabled people and for those with mental health conditions (CLF (2022) *CLF Integration Hub. Employment and skills mapping – interim report*. L&W Learning and Work Institute).

This is the context in which this research on the employment and unemployment experiences of people with disabilities and long-term health conditions in Islington has taken place. As indicated above, there are a large number of Islington residents who are not in work because they have a disability, a long-term health condition or are deaf or visually impaired. These residents are one of the Council's priority groups for receipt of employment support.

Several employment services focus specifically on providing support for residents with disabilities and long-term health conditions. In addition, there are other non-specialist employment support services who report residents with disabilities or long-term health conditions access their programmes.

However, the data available on employment outcomes for this cohort is often provided at a high level making it difficult to determine any detail about the categories of disability, the kinds of jobs being secured and the extent to which support programmes are useful for disabled residents.

This research project aims to segment the general 'disability and long-term health condition' category to allow us to see in greater detail the employment circumstances of sub-groups of people with disabilities and health conditions to provide a more targeted intervention offer of support.

It should be noted that while the terms people with disabilities and long-term health conditions are used throughout the report, the terms themselves are inadequate. One key aim of the research was to move beyond this categorisation.

It should also be noted that accessing groups of people with a physical disability or a visual impairment, taking just two examples, was not straightforward and some of the focus groups conducted were consequently relatively small in numbers but this also both vindicates the importance of the research project and highlights the difficulties the Council has in engaging some groups of people with disabilities and hence the

need for further outreach work as outlined in the recommendations in Section 2 above.

3.2. Aims of the research and key research questions:

The aims of the research project are as follows:

1. To research the extent and nature of disability and long-term health conditions among Islington residents.
2. To examine the extent of unemployment within sub-groups of people with disabilities and long-term health conditions (for example, visually impaired, learning disability)
3. To examine the availability and effectiveness of employment support for Islington residents with disabilities or long-term health conditions.
4. To make recommendations on how residents with disabilities or long-term health conditions could be better supported to find work.

The key research questions are set out below:

1. How many Islington residents have disabilities and long-term health conditions, and what kinds?
2. What is the extent of unemployment among Islington residents with disabilities and long-term health conditions including how/if rates vary according to nature of disability.
3. Intersectionality: to what extent do factors such as age, gender, ethnicity, sexual orientation affect employment rates among residents with disabilities or long-term health conditions?
4. What is the availability of employment support for residents with disabilities and long-term health conditions – including the extent to which some kinds of disabilities and conditions are better or less well catered for?
5. To what extent are support services effective at supporting those with disabilities/health conditions into work when these residents enrol or register on programmes?
6. What employment sectors those with disabilities/health conditions are supported to enter – are there patterns or trends?
7. What are the issues and barriers to employment faced by those with disabilities or health conditions?
8. What disability/health condition categories are not taking up support or are not well catered for with support?
9. What key recommendations could LBI take forward?

3.3. Methodology

The research involved both quantitative data analysis and qualitative data collection and analysis. The quantitative data analysis included the analysis of a range of Office of National Statistics (ONS), Department for Work and Pensions (DWP) and

National Health Service (NHS) data alongside data provided by the London Borough of Islington including RSS²(Resident Support Scheme), iWork³, iMax⁴ and Central London Forward⁵(CLF) engagement data. The key purpose of the quantitative data analysis was to highlight which groups of people with disabilities and long term health conditions in the Borough suffer the highest levels of unemployment and least access employment support services. This data then allowed us to identify which groups experience the highest level of unemployment and to carry out focus group interviews with these groups of residents.

The quantitative data was analysed using descriptive and correlational research methods. Descriptive research methods are used in the initial data analysis to explore, find, and explain the current employment status of the disabled subgroups in Islington. Data published by the Office for National Statistics (ONS) and Department of Work and Pension (DWP) covering the period 2000-2021 are the main resources used for the study. However, data from the ONS and DWP are typically at a high granularity level with no disabled subgroups. The key aim of this research was to identify the subgroups of people with disabilities who experience some of the highest levels of unemployment in the Borough in order to better target services.

The main challenge of this study was to formulate meaningful disabled subcategories and map them with other data sources. Unlike any other personal identity such as ethnicity, age or sex, the definition of a person's disability was purely based on medical diagnosis. Certain disability conditions can be categorised into groups based on the purpose and knowledge of data collectors. It was noted that, disabled people can have more than one disability where they are identified with a primary disability that are reported in some systems but not in others. Therefore, the quantitative analysis used several data sources to identify common patterns to derive meaningful statistics. To obtain a more detailed view of the disabled subgroups in Islington, common disability categories were formulated using Islington specific data. The study used 2021-22 data on residents who are out of work in Islington from Islington Council and correlational research methods were applied to investigate further the relationship between employment and other key factors.

The quantitative data analysis highlighted the following sub-groups as experiencing the highest levels of unemployment in Islington. Focus groups were then conducted with these sub-groups in order to get more detailed information on the barriers they are experiencing in accessing employment:

² RSS grants awards to Islington residents on a low income. for example, crisis payments for people with no money coming in, community care awards for people setting up home for the first time or without certain items such as washing machines and discretionary housing payments to top up people's shortfalls in their rent.

³ The iWork employment service offers 1-2-1 tailored coaching and mentoring support to get unemployed Islington residents into jobs they want to do.

⁴ Imax advises people on their benefit entitlement and helps people claim benefits and challenge unfavourable decisions.

⁵ Central London Forward (CLF) is the strategic sub-regional partnership for Central London covering the local authorities. The goal is to improve the lives of our residents by working together to drive inclusive growth within the Central London area.

1. **Mental health condition** - Moderate mental disorders (Depression, Anxiety, other moderate mental disorders)
2. **Long-standing illness (of more than 12 months)** - Long term health condition (Diabetes, IBS, heart, asthma, other chronic disease, chronic pain, Hypertension)
3. **Physical impairment** - Musculoskeletal or mobility disorder (osteoarthritis, rheumatoid arthritis, problems with legs, arms, CFS, Fibromyalgia, back, spin, muscle condition)
4. **Neurodiversity e.g., Autism, ADHD** - neurological disease (epilepsy, MS)
5. **Sensory impairment** - Sensory disability (hearing, blind)
6. **Learning disability or difficulty** - Moderate or mild form of learning disability
7. **Other** - behavioural disorders (alcohol drugs abuse)

A total of 6 focus groups were conducted. One focus group was conducted online with providers of employment support services in the Borough and included a total of 6 participants and two written submissions, covering 8 employment support organisations in total.

In addition, 5 focus groups were conducted with residents with different disabilities, long-terms health conditions or impairments. These 5 groups were identified from the quantitative data analysis as experiencing the highest levels of unemployment and economic inactivity in the Borough and are listed below (it should be noted that neuro-diverse residents were represented in a number of focus groups as were residents with long-term health conditions):

1. Residents with learning disabilities
2. Residents with mental health problems
3. Deaf residents
4. Residents with visual impairments
5. Residents with physical disabilities

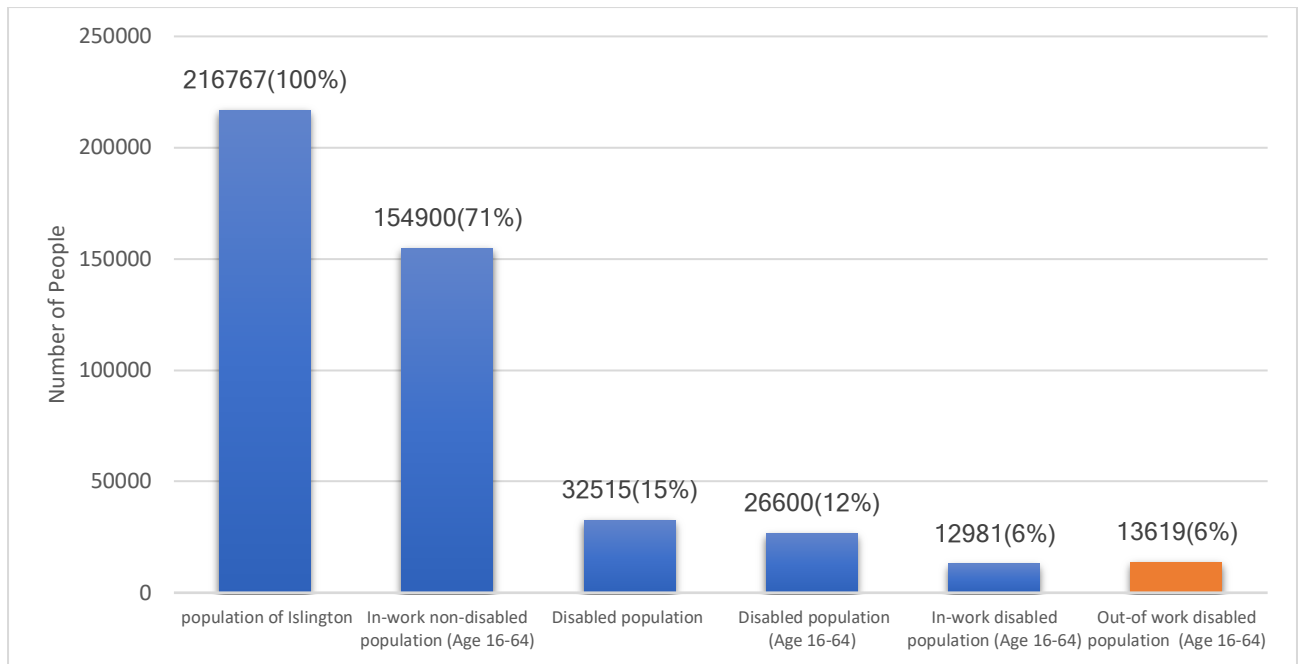
Each focus group included between 4 and 12 residents. The conversations from the focus groups were recorded and transcribed and the analysis and recommendations from the focus groups recorded in the report.

4. Quantitative data analysis and findings

4.1. Overview: economic activity rates of people with disabilities

Overall, it is estimated that 15% of the population in Islington have a disability, a total of 32,515 people (Figure 1). Altogether, 26,600 people of working age have a disability in the Borough. Figure 1 shows that of the working age population with a disability in Islington, 48.8% (12,981) are in work whilst 51.2% (13,619) are out of work. This highlights a significant employment gap when comparing people with disabilities and those without disabilities and long-term health conditions.

Figure 1 – Economic activity and disability in Islington



The difficulties in accessing data which records the particular disabilities and long term health conditions has been highlighted above in the Methodology section of the report. Putting together data from a range of sources including Islington data on service users (see appendix II for details of data sources), suggests that the people with disabilities and long-term health conditions who suffer the highest levels of unemployment include people with mental health problems, physical impairments, sensory impairments and learning disabilities. The data indicates that the highest proportion of people with disabilities who are out of work are those with mental health problems. Figure 2(a) demonstrates that 28% of the working-age out-of-work disabled population in Islington have mental health issues followed by 26% with long-standing illness and physical impairment, 11% with neurodiversity, 4% with sensory impairment and 3% with learning disabilities 3%. The figures are similar to figures for the UK as a whole (Figure 2 (b)).

Figure 2(a) - Islington Out-of-work Disabled Population into Identified Sub-groups

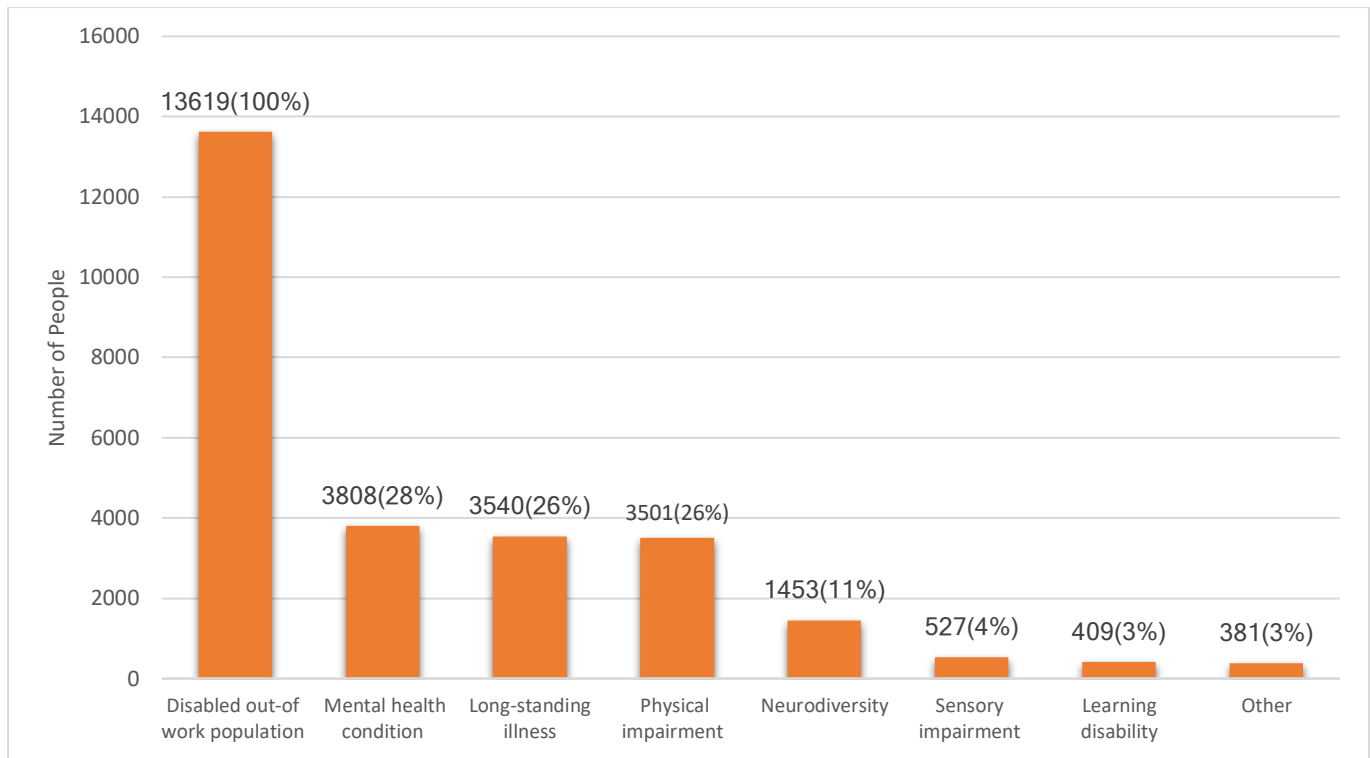


Figure 2 (b) – UK Working-age Disabled Population into Identified Sub-groups

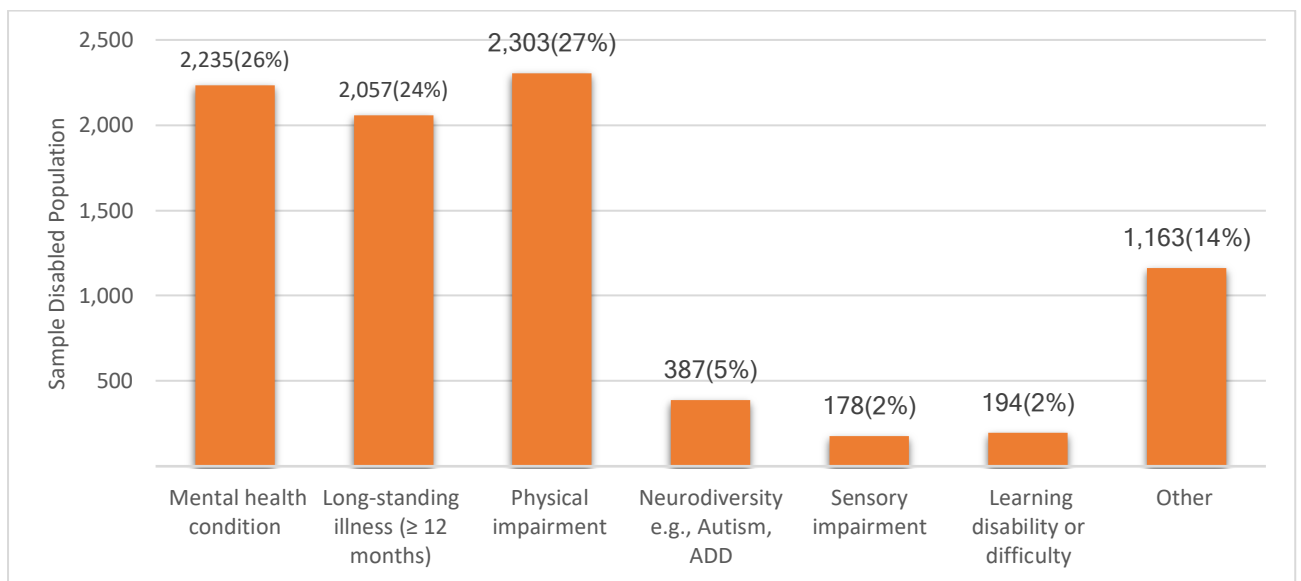
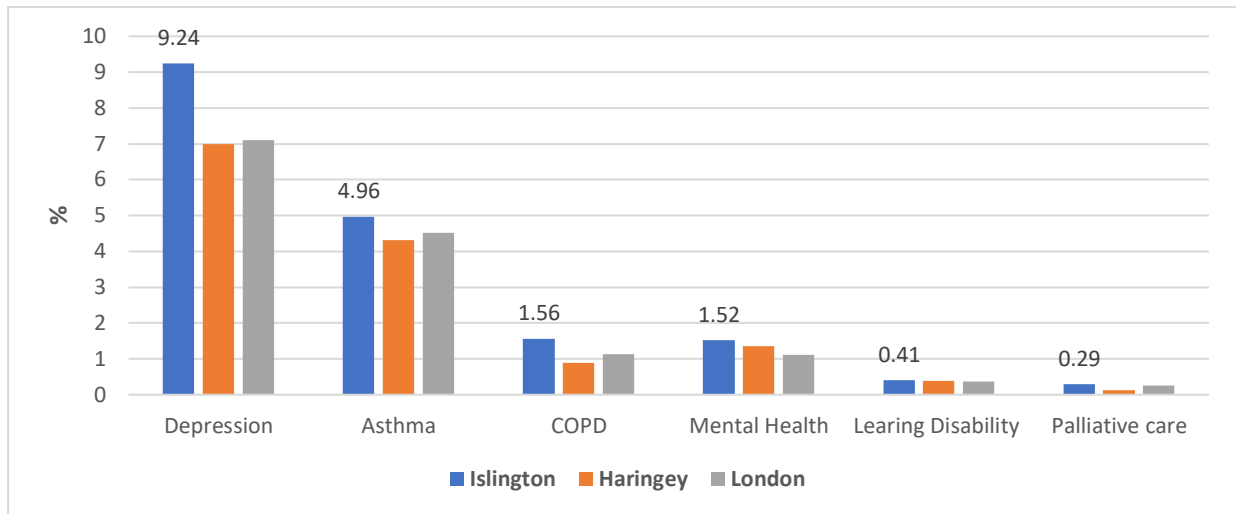


Figure 3 presents NHS data highlighting the most prevalent illnesses in Islington as compared with neighbouring Haringey and London as a whole. According to NHS data, Depression, Asthma, COPD, other mental health conditions and learning disabilities have a higher prevalence in Islington than in London with depression figuring as especially high.

Figure 3 – Comparison of NHS Prevalence of Diseases in Islington



The significant employment gap experienced by people with disabilities and long-term health conditions is highlighted in Figure 4 below. While 16% of people without disabilities were economically inactive in Islington in 2021, the figure for people with disabilities was over twice as high at 37.5%.

Figure 4 – Islington Economically Inactive Population

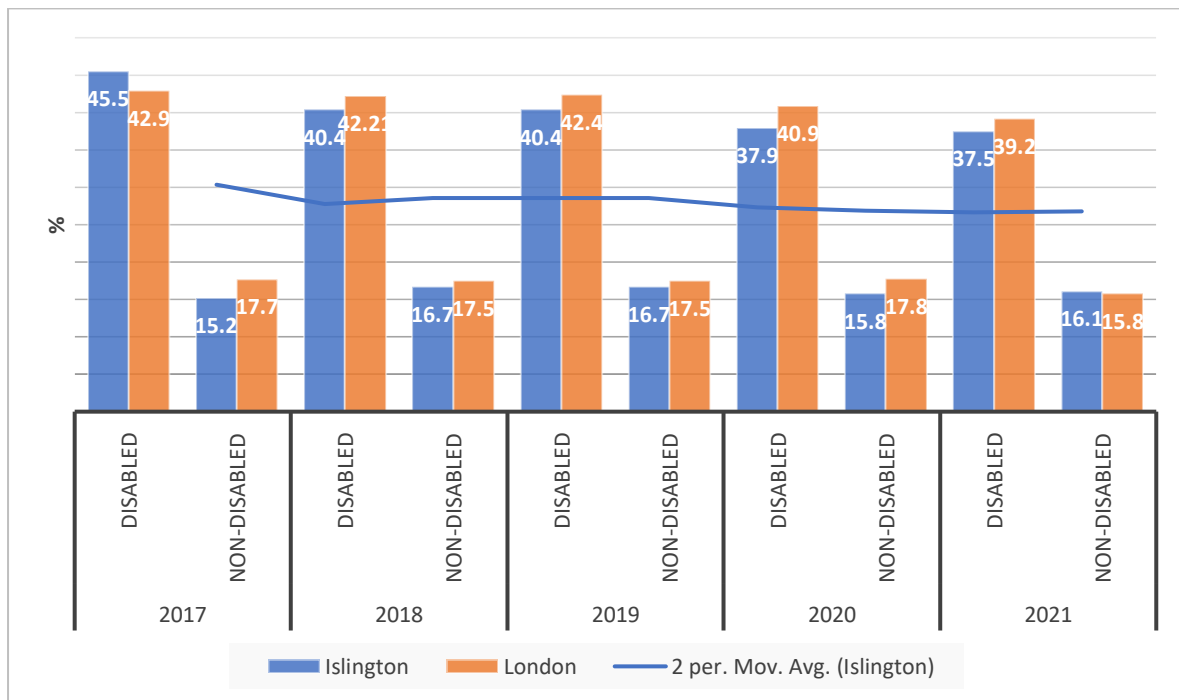
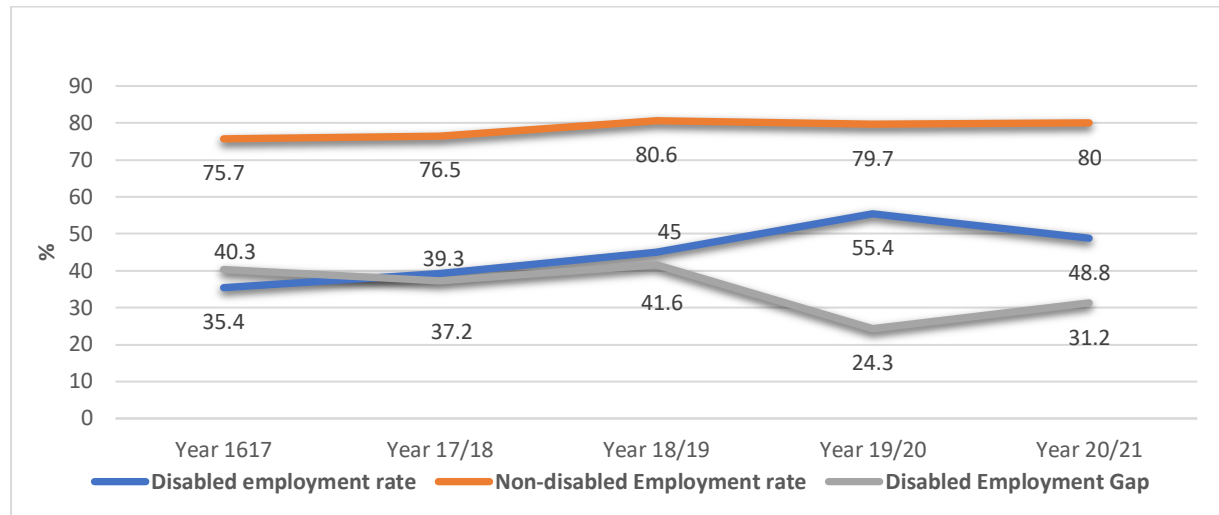


Figure 4 also indicates that there has been a decline in the disabled economically inactive (as defined by the ONS as those who did not have a job or could not start a job within two weeks of the survey) population in Islington over the period 2017-2021.

The employment gap is further highlighted in Figure 5 below which indicates that while 48.8% of people with disabilities are in employment, this compares with 80% of people without disabilities. The data also indicates that the disability employment gap has increased over the period from 2019/20 to 2020/21.

Figure 5 - Islington Disabled and non-disabled employment rates and gaps



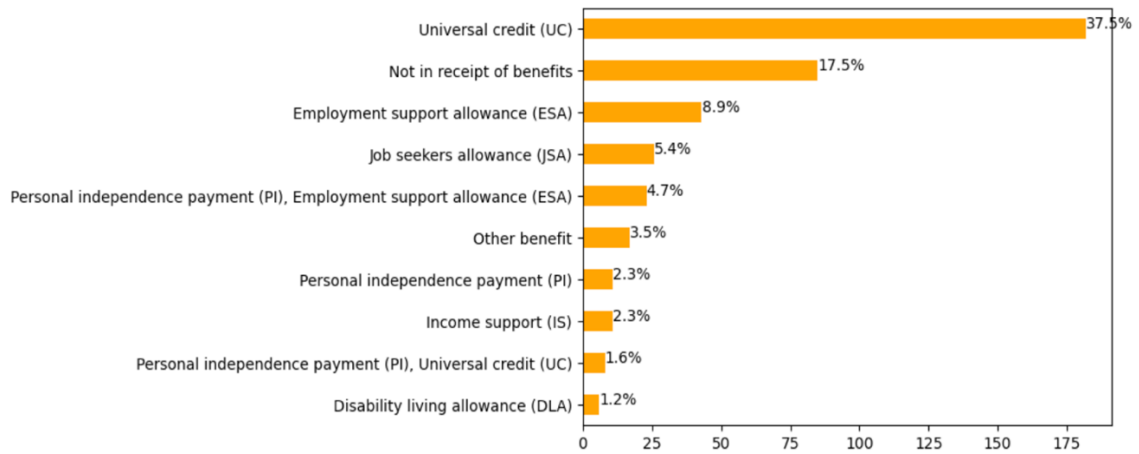
For the UK, the DWP data indicates an increase in the disability employment rate to 52.6% as compared to 82.5% for non-disabled people. The disability employment rate began to fall (year-on-year) at the start of the coronavirus (COVID-19) pandemic before showing signs of recovery. It should also be noted that the disability employment gap increases with age with those aged 50 to 64-years-old having the largest gap (31.7 percentage points compared to 18.7 percentage points for 18 to 24-year-olds). The gap between the employment rates of disabled women and men has been closing for several years with the rate for both in 2021/22 now estimated at 54.3%

4.2. Out-of-work people with disabilities in Islington

The following section highlights some characteristics of the out-of-work population with disabilities in Islington.

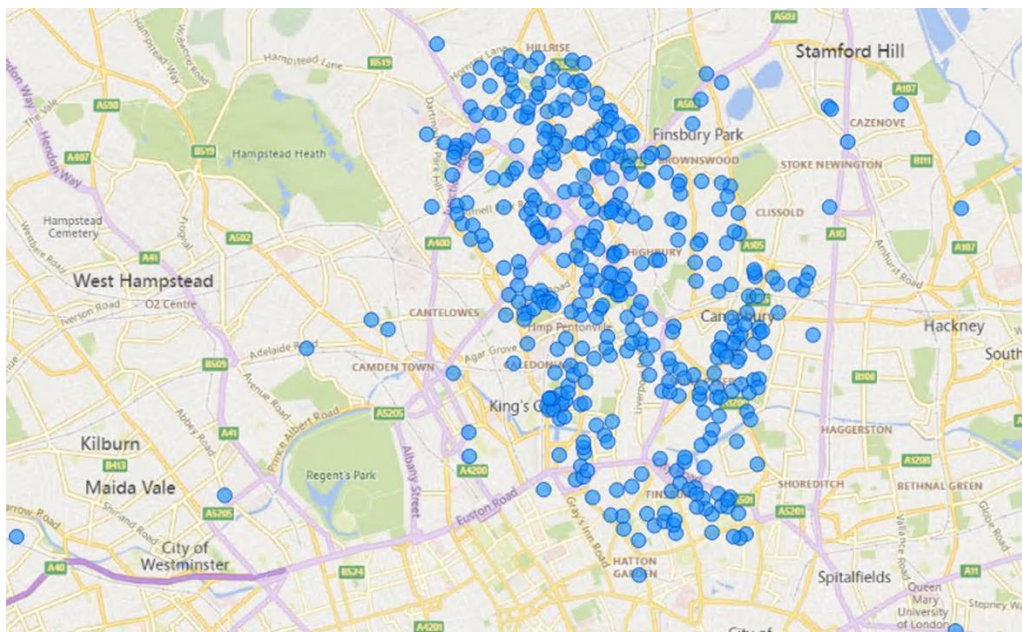
The DWP data indicates that 11 638 Islington residents with disabilities receive Personal Independence Payments (PIP), 10697 are claiming housing benefits, 5225 are receiving Disability Living Allowance, 2867 are receiving attendance allowance, 178 are receiving incapacity benefits and Severe Disablement Allowance; and 4175 are receiving Carers Entitlements support. Of those 577 people with a recorded disability recorded in the iWork data as using the iWork service, 485 were unemployed and while 17.5% were not in receipt of benefits, the majority were in receipt of Universal Credit (37.5%) and Employment Support Allowance (ESA).

Figure 6 – Benefits received by out of work disabled service users of iWork (iWork data)

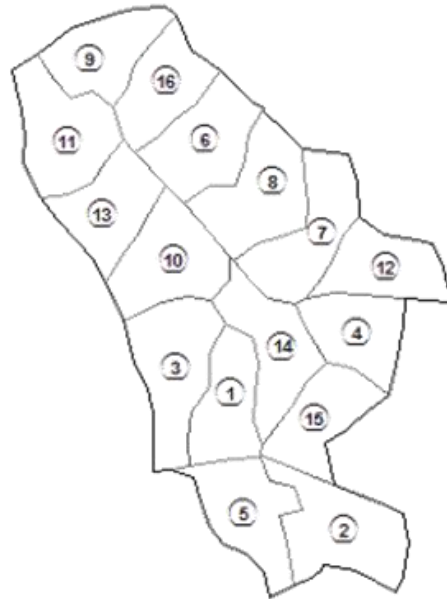


Among those unemployed people with a disability using the iWork service, the highest proportion lived in Holloway, Finsbury Park and Tollington wards, also areas in the Borough with highest levels of deprivation.

Figure 7 - Islington Disabled Unemployed Population Distribution, iWork Data

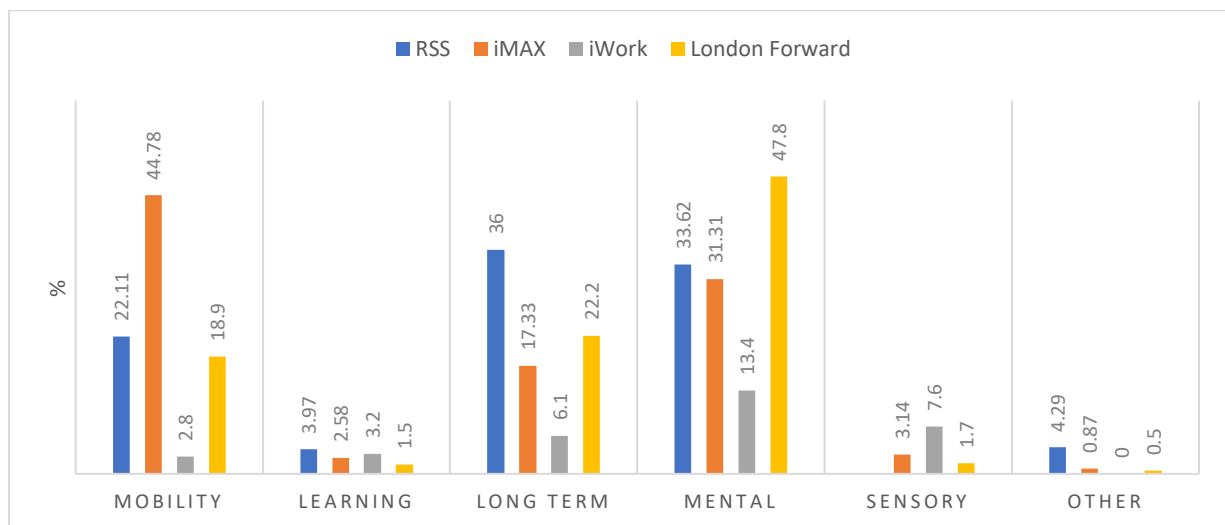


1	Barnsbury	2.7%
2	Bunhill	5.0%
3	Caledonian	7.1%
4	Canonbury	5.4%
5	Clerkenwell	3.3%
6	Finsbury Park	9.1%
7	Highbury East	4.1%
8	Highbury West	5.8%
9	Hillrise	5.2%
10	Holloway	9.3%
11	Junction	4.4%
12	Mildmay	3.5%
13	St George's	4.6%
14	St Mary	5.6%
15	St Peter's	4.6%
16	Tollington	7.5%



Data was collected from a number of employment support and related services in Islington which enables us to highlight the numbers of people with disabilities using these services. Overall, the data highlights that iWork has supported 1,193 people with disabilities, Central London Forward has supported 1,378 people with disabilities, IMAX 5,194 and the RSS service has supported 11,531 people with disabilities. While some of these services are targeted towards people with particular conditions, such as mental health, Figure 9 indicates the health conditions of residents using these services.

Figure 8 - Out of work disabled population supported by known local services



Analysis of service users the Council’s income maximisation service indicates that a high proportion of service users with a disability are women in older age-groups and are residents with a physical or mental health problem or disability. UK data highlights a higher employment gap among disabled older people from 50-64. iWork data also indicates a majority of disabled service users are women (58%), although it should be noted that UK data suggests the disability employment gap is higher for men than for women.

Figure 9 – iMax service users with a disability by age and health condition

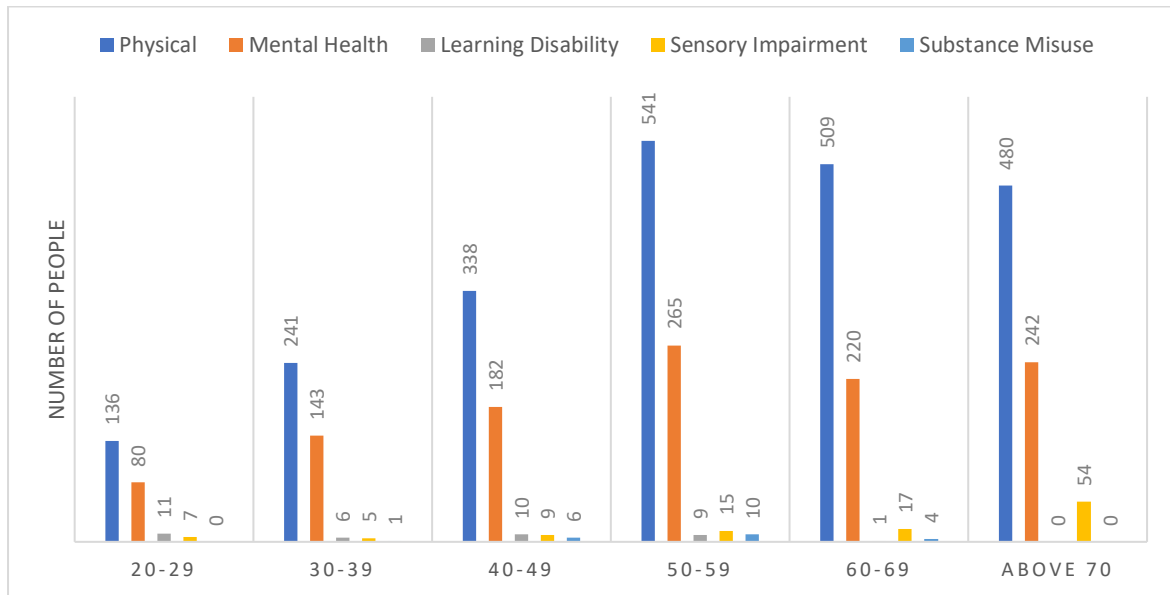
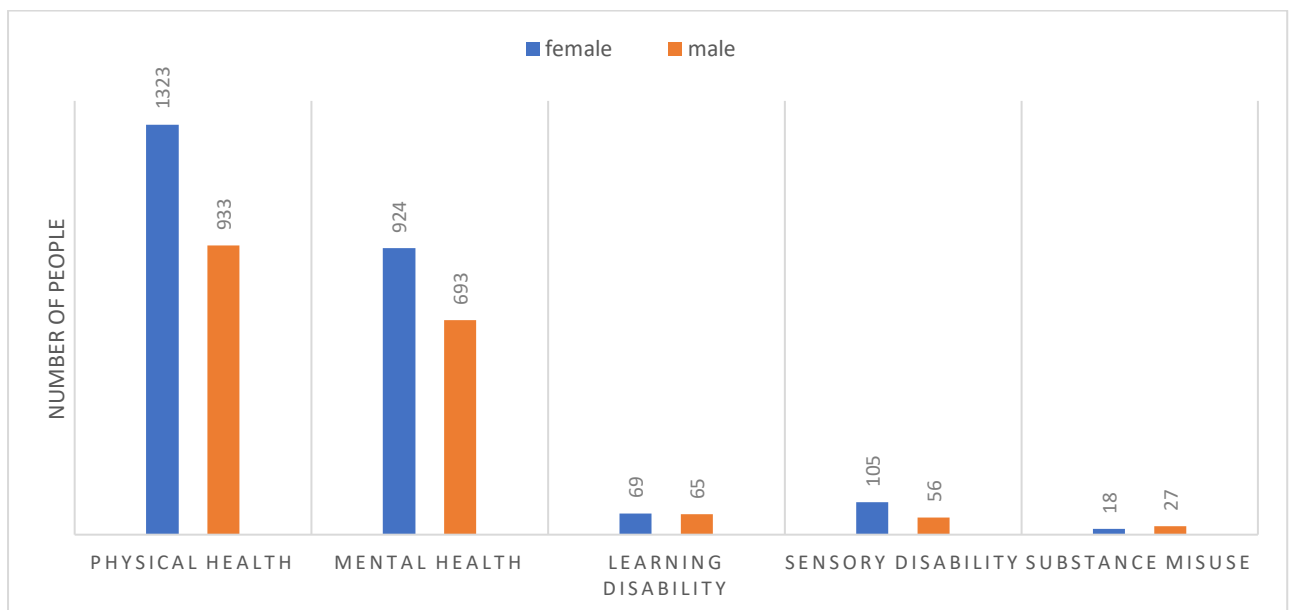
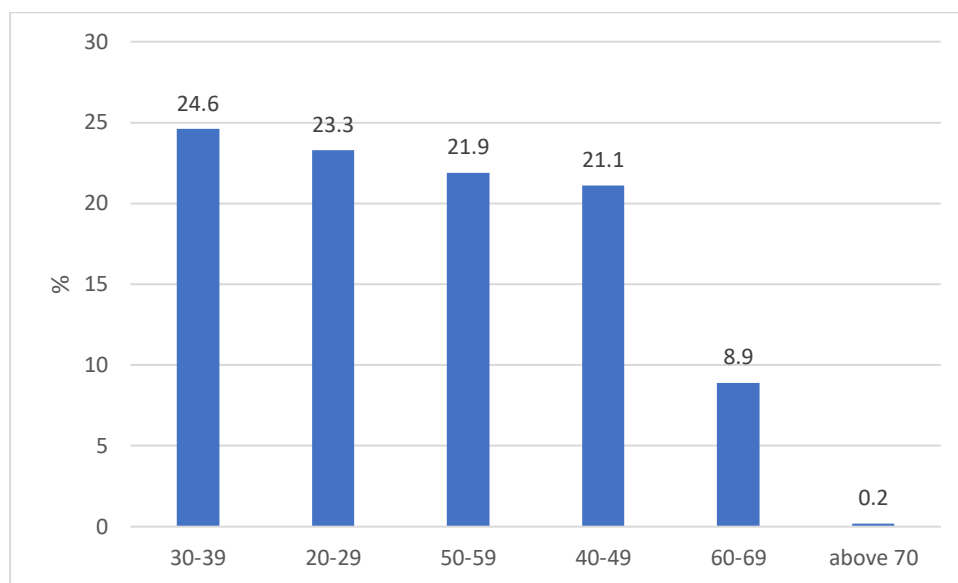


Figure 10 – iMax service users with a disability by gender



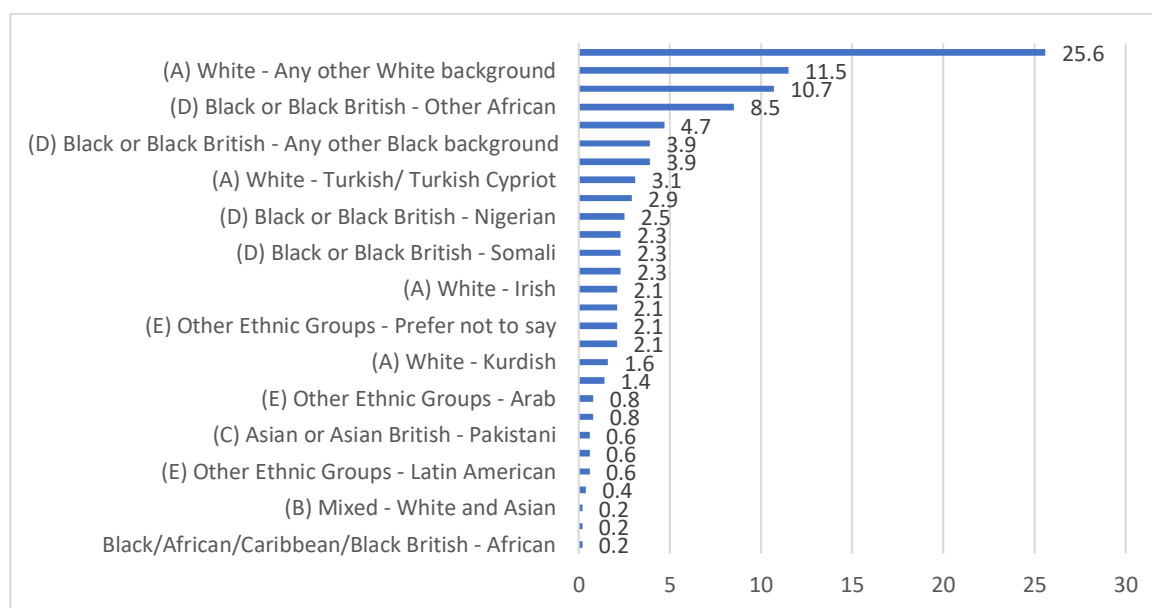
In contrast with iMax service users, iWork service users with a disability tend to be spread more widely across age groups, with higher proportion of younger unemployed people with disabilities.

Figure 11 - iWork out-of-work disabled users service by age



iWork data also highlights that a significant proportion of out-of-work disabled service users are black or black British or Turkish.

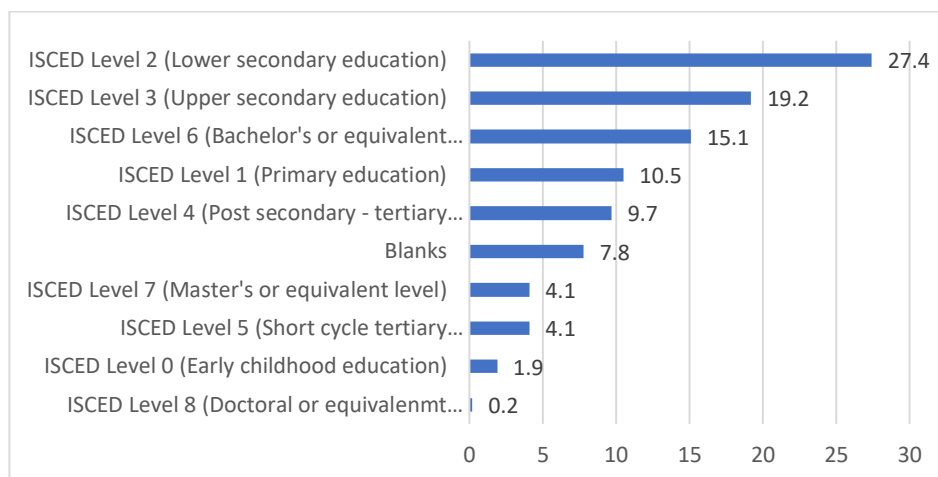
Figure 12 – iWork out-of-work disabled service users by ethnicity



Whilst the iWork data highlights that service users with a disability have a spread of qualifications (Figure 13), with 15% having an under-graduate degree, it also highlights a high proportion of disabled service users with low level qualifications at

level 2. It should be noted that UK wide statistics indicate that the disability employment gap is higher among disabled people with no qualification.

Figure 13 – iWork out-of-work disabled service users, educational qualifications



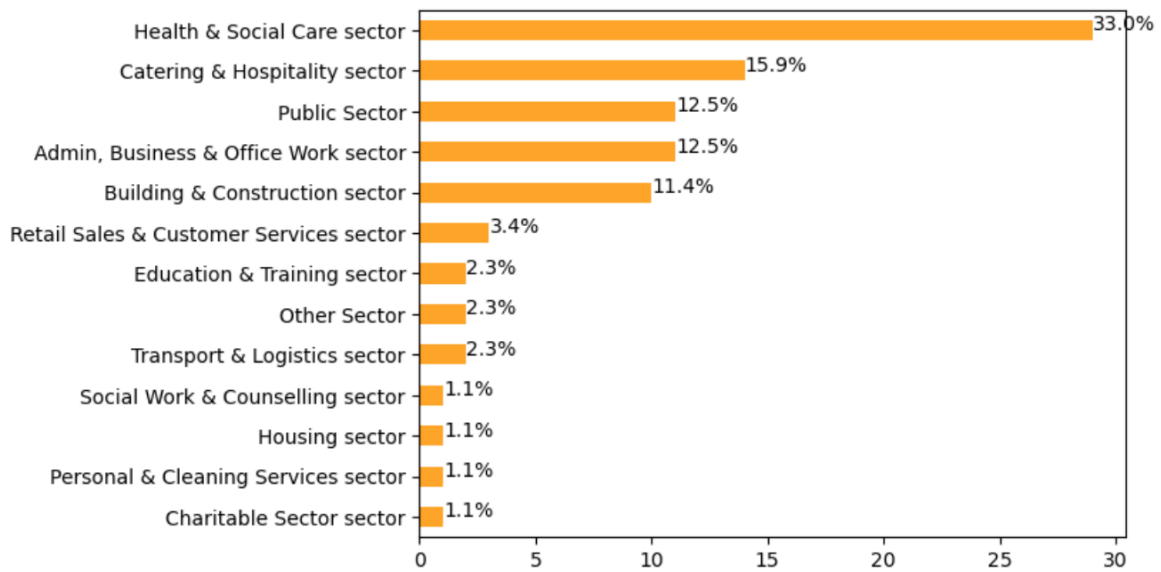
4.3. Employment position of people with disabilities in Islington

The iWork data was the only data set available for Islington which included people with disabilities in employment although the numbers were small. Out of the 577 people with a recorded disability supported by iWork over the period 2018-2021, 92 were in employment. Again, a majority (54%) were women and again, while there was a spread of ages, a high proportion were younger aged between 20-39 with a further significant proportion aged 50-59.

The iWork data highlights the concentration of a significant proportion of employed people with disabilities in particular sectors and jobs. One third of employed people with disabilities using iWorks worked in health and social care with a further 16% working in catering and hospitality (Figure 14). These sectors are characterised by low paid jobs. Indeed, in terms of jobs employed people with disabilities using iWorks were doing, the majority were employed as support workers, care assistants and kitchen assistants.

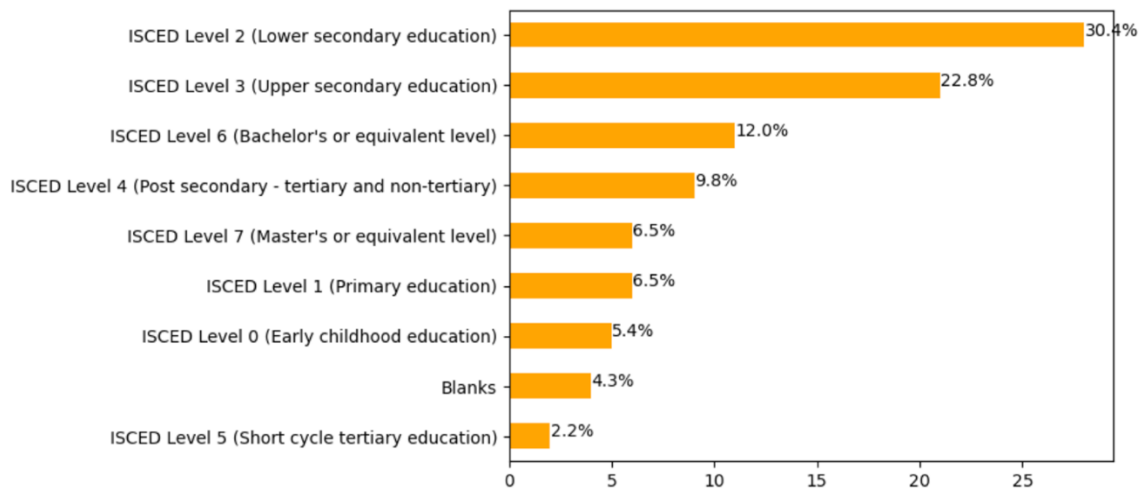
UK data indicates that in 2021/22 people with disabilities were more likely than non-disabled people to be working in health and social care, retail and education and in lower-skilled occupations, whereas disabled workers were most likely to be under-represented, compared to non-disabled workers, in professional scientific and technical activities, construction, manufacturing, information and communication and in finance and insurance. Disabled workers are more likely than non-disabled workers to be self-employed and working in public sector. It is also noted that one in three disabled workers are working part-time. On average, between 2014 and 2021, disabled workers moved out of work at nearly twice the rate (8.9%) of non-disabled workers (5.1%) while unemployed disabled people moved into work at nearly one-third of the rate (9.7%) of workless non-disabled people (26.8%) (UK Government. 2022).

Figure 14 – iWork employed service users with a disability by job sector



Whilst not quite as significant as among the unemployment people with disabilities in the iWorks data, there were over 30% of employed people with disabilities using iWorks who had level 2 educational qualifications.

Figure 15- iWork employed service users with a disability by educational qualification



Whilst there was also a slightly smaller proportion people with disabilities among those employed than among those unemployed using iWorks who were in receipt of benefits, a significant majority of 58% of employed service users with disabilities were in receipt of benefits.

4.3. Key findings from the quantitative data analysis

Islington is an Inner London Borough with a population of 216,767, according to ONS data, 15% (32,515) of whom are residents with disabilities, long-term health conditions or impairments. One in six of the working-age population is estimated to have a disability. In 2021, the employment rate in Islington for people with disabilities was 48.8% as compared to 80% for the non-disabled population. Amongst out-of-work people with disabilities in Islington, mental health is the single largest health condition accounting for 28% of people with disabilities and long-term health conditions who are not in work. This is closely followed by people with long-term health conditions, people with physical impairments and people with neuro-diversity.

As ONS data does not break down into details of different disability groups, to obtain a better understanding of the unemployment situation in Islington, DWP, NHS, iWork, iMAX, RSS and Central London Forward engagement data have been used which reveal the following significant findings:

- 15% (32,515) of people in Islington have a disability, long-term health condition or an impairment
- 51% (13,610) of people with a disability in Islington are out of work
- the employment rate for people with a disability in Islington is 48.8% as compared with 80% for non-disabled people
- mental health is the single largest health condition accounting for 28% of people with disabilities and long-term health conditions who are not in work. This is closely followed by people with long-term health conditions (26%), people with physical impairments (26%), people with neuro-diversity (11%), people with sensory impairment (4%) and people with learning disabilities (3%). These are the key groups that should be targeted in terms of employment support.
- The Blank/unknown category is an important issue raised in some data sets which affects the overall accuracy of analysis and decision making and may be associated with trust and confidence.
- iWork data suggests higher levels of unemployed people with disabilities in the Borough live in Holloway, Finsbury Park and Tollington wards.
- Whilst there is a spread of education qualifications amongst unemployed people with disability in the Borough, a high proportion have lower level qualifications
- People with disabilities who are in employment in Islington are heavily concentrated in a narrow range of sectors and jobs working in the health and

social care, catering, and hospitality sectors and in job roles such as care assistant, support worker, and kitchen assistant, as indicated by the iWork sample dataset. This is very similar to national trends in terms both of the sectors and jobs in which a significant proportion of people with disabilities work. These are mostly low-skilled and often part-time jobs (DWP)⁶.

5. Focus Groups: Key Findings

As noted in Section 3 above, six focus groups were conducted to get a more detailed picture of the barriers to employment experienced by the specific groups of residents

⁶ <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2021/the-employment-of-disabled-people-2021>

with disabilities and long-term health conditions most affected by unemployment in the Borough. This section outlines the key findings from the focus groups (the questions asked and topics covered are available in Appendix II).

It should be noted that, each focus group included people with widely different life experiences and that what follows is an attempt to highlight some key issues emerging. There were experiences, such as discrimination and prejudice which were common to people in all of the groups but there were also barriers and experiences which were specific to people with particular disabilities, health conditions and impairments. The following attempts to highlight and capture both the common and particular experiences.

It is also important to highlight that many people have complex needs. This was evident from both the resident focus groups and the focus group with employment support services. Many people have multiple health conditions. Many participants with learning disabilities, many deaf participants and many participants with physical disabilities, for example, suffered poor mental health. In addition, many people with mental health conditions and with learning disabilities were also neuro-diverse.

Intersectionality is also important, as many participants noted, their disability or health condition, gender, ethnicity, age and sexuality were all key parts of their experience in being excluded from work. Indeed, the Islington BAME Employment Project Final Report (LMU, 2022) identified poor mental and physical health as perhaps the most significant barrier to residents from black, Asian and minority ethnic communities in the Borough from accessing work. Mental health problems were identified by men in the Algerian and Bangladeshi focus groups in particular and there was also a high proportion of participants reporting physical health problems, especially back pain and mobility problems, many linked to heavy lifting and long hours standing in low skilled and paid employment as chefs, kitchen porters and care workers. Significant numbers of the participants with disabilities and long-term health conditions were black, Asian and minority ethnic residents whose experience of accessing employment was compounded by both their health conditions and ethnicity. Some participants in their late 50s across a number of groups also mentioned their age as counting against them in applying for work.

5.1. Key barriers to accessing employment for people with disabilities and long-term health conditions:

In England, a person is considered having a disability if they “have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on [their] ability to do normal daily activities” (Equality Act, 2010). Overall, 18% of the English population report having a disability (ONS, 2023), many of whom are of working age. According to the Equality Act (2010), people with disabilities are protected against discrimination in the labour market, and the employer and educational institutions have to make ‘reasonable adjustments’ to support people with disabilities participating in education and work life. Despite this, however, people with disabilities are considered the most vulnerable group in society due to higher unemployment rates (ONS, 2020), poverty and in-work poverty rates (JRF, 2020), combined with lower educational attainment (ONS, 2019).

Despite a decreasing employment gap between disabled and non-disabled (ONS, 2020), a gap yet remains. The LCF (2022) report highlights the key barriers to employment faced by people with disabilities and long-term health conditions identified in the literature as:

- limitations associated with having an impairment or health condition
- lack of relevant work experience, skills and qualifications
- digital exclusion and
- established employer attitudes and workplace practices which limit the availability of job opportunities offering sufficient flexibility to be accessible.

The LCF (2022) report goes on to show that the literature divides the barriers to engagement into two types - individual barriers and structural barriers. Individual barriers include disability or health-related issues which include the fact that:

- the specific nature of an individual's disability/impairment or health condition may impact directly upon their capacity to undertake work or training and restrict the kinds of work or workplaces which they can access
- many individuals with disabilities/long-term health conditions have multiple clinical needs (for example, both physical and mental health needs). However, the fragmented nature of the health system means they struggle to get the joined-up health-related support they require to optimise management of their conditions and lessen the impact of these on their everyday lives
- the education and employment histories of many disabled adults place them at a disadvantage with a lack of recent work experience due to time out of employment (for some people, this can be years or even decades); lack of "work readiness"; low levels of education and skills; low levels of confidence in their own prospects; and, for those in work, low levels of confidence to change jobs and progress their careers
- adults with disabilities/long-term health conditions often also experience a range of other challenges which can compound their disadvantage and hamper their ability to engage with employment and skills development, such as low income, housing vulnerability, limited access to transport, financial difficulties and debt.

The structural barriers identified relate to the ways in which the functioning of the labour market excludes and disadvantages adults with disabilities or health conditions and includes:

- Lack of suitable jobs to meet the needs of many disabled individuals for part-time and flexible roles
- For those who acquire a disability/health condition while in work, a lack of flexibility and support from employers which can force them to exit employment.
- Unfair treatment and discrimination on the grounds of their disability/health condition, both in trying to get a job and in the workplace, such as bullying and harassment and negative attitudes from employers. (Plant et al. LCF. 2022)

The extensive reference to the findings from the LCF (2022) report authored by Plant et al is highlighted at the start of this section as many of the same barriers to

assessing employment were highlighted from the focus groups with residents with disabilities in Islington, as can be seen in the analysis below.

5.2. Key barriers to work emerging from the focus group interviews

While some of the participants with both physical and mental health conditions were not in a position to be looking for work at this particular time, the overwhelming majority were either looking for work, working (often in part-time and low skilled roles) or wanted to move into employment at some stage. Many participants had a fear of being completely excluded from employment and dependent on benefits due to the lack of awareness and of support available from employers in particular and from employment support organisations such as the DWP.

The key barriers to accessing work identified by participants in the focus groups were:

- **Unfair treatment, discrimination and lack of awareness, training and support by employers and in the workplace** – perhaps the key barrier to emerge across all of the focus groups was unfair treatment and discrimination both in trying to get a job and when in the workplace. The issues highlighted time and again were a lack of awareness and support by employers in the workplace and associated issues of stigma, stereotyping and ignorance concerning people with mental health conditions, neuro-diverse people, people with learning disabilities and deaf people and people with visual impairments in particular. Many examples were given of a lack of support and awareness, indeed of a fear of the needs of neuro-divergent people or of people with mental health conditions or of deaf people in the workplace. All groups spoke of the need for disability awareness among employers and in the workplace.

‘in terms of reasonable adjustments, some organisations don’t know how to do that, it’s training. I think it’s about training and educating companies, organisations about how to support and how to make reasonable adjustments’ (mental health focus group participant)

A related issue raised was that of disclosure and the uncertainty and lack of clarity over at what point and to whom to disclose information about a health and especially a mental health condition. Participants in the focus group with people with mental health problems among others identified a sense that employers are scared of dealing with mental health issues in the workplace.

Deaf and visually impaired participants had experienced discrimination extensively both in the workplace and in applying for jobs and raised a number of issues concerning the need for deaf and visual awareness in the workplace including simple changes such as fire alarms for deaf people and more widely to challenge the endemic and harmful stereotyping of deaf people cognitive and overall abilities which prevents them securing employment.

'there's always barriers. It's not easy, and there isn't much support – cleaning - I've had lots of experience working in mechanics and engineering, but I've been given no opportunity to use those skills. I've been blocked every turn, basically' (Deaf focus group participant)

A number of participants in the deaf focus group had left jobs as a result of discrimination from managers and co-workers.

'I work as a cleaner – I've done several jobs – offices, pubs, restaurants, retail - my third job was Nando's, cleaning again, doing shift work but I left that as well, because again, there was discrimination in the workplace. And now I'm also working in a pub, cleaning. And In the gym, in the leisure centre I was cleaning and I had discrimination basically because of my deafness' (Deaf focus group participant)

Participants in the visually impaired focus group raised similar experiences and concerns.

'I studied at London Met. I got my degree from there. I studied pharmaceuticals, but that's of no use now because I've got no sight. There's no lab in this land that's going to take me on to do lab based experiments for drug treatments. No one is going to take me on. So, from that period, I did a lot of menial jobs like hospitality and security work. If I go to a job interview, and I tell them, I'm visually impaired, you won't get the job, as soon as I've mentioned, visually impaired, "sorry we can't take you on" (Visually impaired focus group participant)

- **Recruitment processes** – the recruitment process and a need to review recruitment processes were also highlighted as a key barrier to people with disabilities across all the focus groups although the reasons varied for particular groups. Telephone interviews especially for people with learning disabilities were given as one example of a barrier to accessing work while more widely, issues of online application processes and digital literacy were also raised. Visually impaired participants noted that recruitment processes were not designed for people who are visually impaired.
- **Digital literacy and exclusion** –the increasing shift to online recruitment processes present a major barrier for people with lower levels of digital literacy or who lack access to a laptop and broadband at home as many people with disabilities on low incomes in the focus groups did.
- **History of low skilled and paid employment** – the experiences of many participants was of having access at best to low paid and low skilled employment. While this results in feelings of low confidence and expectations, it also has the effect of pushing people with disabilities, sensory impairments and health conditions into poverty and many of the participants found themselves struggling with the cost of living.

'The deaf people I work with tend to apply for and are more successful in working in less skilled sectors. These include cleaning roles, hospitality, care sector and retail positions' (Employment support worker)

A history of broken employment and of being out of the labour market for a long period of time or intermittently was also a barrier.

- **Lack of confidence and low expectations** – because of the discrimination and unfair treatment people with disabilities, sensory impairments and long term health conditions experience in accessing employment and in the workplace, many participants (as identified in the many quotes above) had low expectations about the possibility of finding a job let alone a well-paid or skilled job. Expectations were low and many participants were looking for work as cleaners and support workers.

Many participants also had low levels of self-confidence as indicated in the quotes below:

'Those rejection issues, with neuro-divergence, you often have that because it comes from years of years of negative experiences' (Mental health focus group)

'Well, firstly, I've got a mental health problem. And my confidence is very low at the moment, to be honest. But on the other hand, I'm trying to feel positive and think positively. And it's really hard. But on the other hand, I'd love to go back to work. Personally, to get my confidence back and get back into the real world' (Mental health focus group)

- **Low level educational qualifications** – while the participants had a wide range of educational qualifications and professional work experiences, there was also a high proportion of participants who had low level educational qualifications particularly among deaf participants, those with learning disabilities and those with physical health conditions.
- **Negative experiences of education** – participants with learning disabilities and deaf participants in particular voiced their negative experiences of mainstream education at both school and college. Again, this reflected both a lack of awareness of needs and lack of appropriate support.

'I went to a deaf school and it was fantastic, I had all the access there that I needed. I was very lively person in the classroom. And then I went on to further education and I felt I was just completely knocked' (Deaf focus group participant)

Differing levels of support available in Further Education (FE) as compared with Higher Education (HE) contexts were also mentioned by deaf participants, including the lack of BSL trained support staff in some FE contexts.

- **Literacy** – levels of literacy, especially literacy in the use of English amongst deaf participants whose first language is British Sign Language (BSL), was raised as a barrier to accessing employment and to being effective in the recruitment process.

Barriers in support services:

- **Complexity of the benefits system** – for many participants a major concern and barrier is how getting a job will affect their benefits. In particular, people with learning disabilities or people with mental health conditions returning to work after a gap in employment, may need to try work in more than one workplace before they find something which suits their needs and are fearful of the impact this will have on their benefits.

‘sometimes the first job is like the person is just testing the water, they might not have worked for many, many years. And they need a first job to see if they can cope. That’s one of the barriers we have with a lot of people, the benefits system. Although it’s a system that should help people, it becomes an actual hindrance when someone does find a job and it doesn’t work out. And for a lot of our client group, it’s not the first job that’s necessarily going to work out, Sometimes, it takes two or three jobs before they find the job that they like, but in the meantime, their mental health deteriorates between jobs because it’s going back to signing loads of different forms, probably losing their benefits for a couple of weeks. So, we actually find the benefits system and the complexity of it all is a massive barrier to the point where we’ve had job offers but no candidates because they’ve become anxious about ‘If this doesn’t work out, and I lose my benefits’” (Employment Support worker focus group)

There is currently much debate about the impact of the benefits system on people with disabilities. The focus groups were carried out before the March 2023 Budget in which further changes to the benefit system for people with disabilities were announced including the abolition of the Work Capability Assessment. Whilst the detail of these changes is not discussed here, the concern is that claimants will be assessed more regularly by a work coach and that sanctions will be further increased.

- **Lack of disability awareness and support in services** – It should be emphasised that a number of the focus group took place in good-practice service hubs providing support for people with disabilities and long-term health conditions. The focus group with people with mental health problems took place in Hillside Clubhouse and the focus group with people with learning disabilities took place at the Elfrida Society. Participants spoke highly of their experiences of both of these service providers and this is reflected in the recommendations above which emphasise the importance of providing ‘wrap-around’ and holistic services which support people in relation both to their health conditions and their access to employment.

There was however, a sense that services more generally needed to be more supportive of people with disabilities and more disability aware and that there was a lack of disability support workers and services in general.

There were mixed experiences of the DWP and the Job Centre. The Job Centre was perceived by some participants and groups as having a lack of awareness and providing little support for people with learning difficulties and mental health problems, for example. There was a perception that support workers were not as supportive as they should be and that personnel changed frequently and of a lack of disability awareness staff. The key point emerging was the need for disability support staff in every service provider and for disability awareness amongst all staff in all organisations and how much difference this can make.

For example, many of the deaf participants had positive experiences of one deaf aware and BSL trained support worker in the local Barnsbury Job Centre who provided a crucial service to deaf service users and which highlighted the importance of deaf aware staff and support.

‘they know what my needs are and that's really important. I have a very good connection with them, you know. And they're supportive, encouraging. I want a job you know, in my life I don't want to always be on benefits’ (Deaf focus group participant)

‘that one person is excellent. She's got the awareness, if that person wasn't there, we wouldn't have that access. Really, it's to do with her. We love her. She's really supportive of deaf people’ (Deaf focus group participant)

There was however concern over what would happen if this member of staff left and of an over-dependence on one individual.

A number of other organisations were also identified by participants as having supported them in accessing work or education and training including Ambitious about Autism, Scope and the RNIB.

There was also a lack of awareness highlighted of the support which is available such as the Assess to Work scheme.

- **Lack of opportunities in deaf and learning disability and disability aware work environments** – many participants mentioned the importance of working in disability aware environments, however many noted the lack of opportunities and the losses of jobs in many of these roles. The Elfrida Society was one good example here. The organisation provides work placements and work experience for people with learning disabilities but only has 10 places in total due to limited funding. In addition, it was noted that people get stuck in these posts as there are few opportunities locally for them to move on to which also means there are no new opportunities for people to move into these roles.

- **Lack of BSL support** – the focus group with deaf participants highlighted the lack of BSL support and the lack of awareness about deaf issues and BSL as a barrier in accessing both education and employment.

‘lack of access to support in BSL is a barrier to deaf people in applying for job roles and navigating the employment system’. For deaf sign language users, it is the lack of access to professionals who understand the barriers deaf people face and can support them to navigate the system of applying for roles and being successful at interview and the lack of awareness of sign language and understanding about having a deaf employee that are the main gaps’ (Employment support worker focus group)

- **Length and cost of diagnosis for neuro-diverse conditions** – a number of participants had received late diagnosis of autism and ADHD and raised issues concerning the length of time and cost of diagnosis as well as the lack of support for neuro-diverse employees in the workplace including a lack of consideration of needs in terms of workspace, lighting and methods of communication.
- **Cost and lack of access to sports and leisure facilities for physiotherapy** – almost all participants in the focus group with people with physical disabilities were struggling with the cost of living and in particular highlighted the fact that they were unable to afford to regularly access a gym or swimming pool which was essential to their treatment of muscular-skeletal conditions.
- **Cost of living crisis** – being excluded from employment and from all but low paid and low skilled employment has meant that many of the participants with disabilities and long term health conditions in this research were seriously struggling with the cost of living. For many participants, their health condition has resulted in them and their families living in poverty. All of the participants in the focus group with people with physical disabilities and health conditions were struggling with the cost of living, coping with both their poor health and the impact of their health on their income, struggling with health, housing, benefits, paying heating and other bills and looking for work. Many had little awareness of the services available, such as the Council’s iMax service to support people on low incomes.

6. Individual focus groups: Key findings

6.1. Residents with Learning Disabilities

Six people, four men and two women, three BAME and three white residents, with learning difficulties attended the focus group which took place at the Elfrida Society with one of their workers present. One of the participants was currently in paid employment while four were working up to four hours a week for the Elfrida Society. One participant was not currently looking for work.

Complex needs – participants had a number of health conditions, three had a learning disability, autism and mental health problems including depression and anxiety.

Specialist services – organisations such as the Elfrida Society have a major role to play in supporting people with learning disabilities to get back into work. Four of the participants were working for up to four hours per week at the Elfrida Society in a variety of roles which gave them vital work experience and confidence. All were also enjoying the range of support Elfrida provides. The barriers here were that most participants wanted to work more hours or to move on into other jobs, but had negative experiences of applying for and seeking work. Elfrida is unable to provide more hours' work experience due to its limited funding and the lack of opportunities for participants with learning disabilities to move on to jobs elsewhere means they are stuck and opportunities cannot be offered to other new recruits. One participant in work had found Links with Ambitious about Autism and Scope supportive in helping him get into work.

Lack of support from employers and employment support agencies such as the Job Centre- participants identified a lack of support from employers and from the Job Centre and other services as a major barrier to them accessing work. It was felt that many support workers were not as supportive as they might be and in particular did not understand the needs of people with learning difficulties and mental health conditions. Relationships with employers were seen as key and the fear of employers employing people with learning disabilities was highlighted. The role of the employer in terms of awareness, support and flexibility is key. Working with employers who provide a safe and supportive environment would be important for all participants, many of whom are vulnerable and have complex needs.

Participants identified the need for a job coach specialised in learning disabilities would help build confidence and the importance of individual case workers including for people with mental health disorders, a one-to-one case worker who should always be someone understanding and available to talk with them because there are always challenges and perhaps crisis periods when they need support.

Poor experiences of education – a number of participants had negative experiences of education, one who was currently in employment hoped to return to education:

'I just felt that the education system was a bit of a bumpy ride for me, the education system did not understand me, I didn't get much out of the education system But when it came to like mainstream college, I really felt that my morale collapsed because my disability was not really seen for what it should have been... my mental health problem because it's been the education system that didn't understand me, and it has really dealt a traumatic blow to me' (Participant with learning disability and autism)

Low expectations and confidence – a consequence of past experiences in terms of education, employment and health had left many participants with low self-confidence and expectations. It was mentioned that rejection and a feeling of uselessness were damaging for people with mental health conditions.

Benefits support and advice – as with participants in the other focus groups, a number of participants with learning disabilities were concerned with the impact of benefit changes and the impact of getting or changing jobs on their benefits. They wanted more clarity about how benefits are affected in the case of working and were fearful of being completely excluded from paid employment and living exclusively on benefits with a low standard of living.

6.2. Focus group with residents with mental health conditions:

There were six participants in the focus group with people with mental health conditions, all women, three BAME and three white British, aged between 26 and 57. Most were currently looking for employment and three had returned to education. This was a very diverse group, both in their qualifications and employment histories and their health conditions. A number of the women were highly qualified to undergraduate and post-graduate level, having previously worked in professional jobs. In terms of health, their experiences were again varied and complex with some experiencing mental health conditions including depression, psychosis, anxiety and eating disorder and a number having received recent and late autism and ADHD diagnosis in their late 30's and early 40's. The focus group was held at Hillside Clubhouse.

Employer mental health and neuro-diverse awareness, support and training – probably the key finding and barrier from participants with mental health problems and neuro-diverse participants was the need for employer awareness, training, support and a change in employer and workplace attitudes and behaviours.

Participants had experienced a lack of support from existing employers of their mental health conditions, with Human Resources supporting the employer rather than the employee in a number of cases. Participants felt that employers were scared of dealing with mental health issues in the workplace. A need for mental health and neuro-diverse training and awareness was seen as important going forward.

Employer awareness and support in relation to neuro-diverse employees was identified as key. Recognising difference in relation to social interaction and communication skills for example and putting in place practical steps such as quiet spaces or soft lighting, in recognition that sensory overload such as light and noise can be challenging.

Disclosure – in terms of the job application process, participants were unclear and searching for advice on when and with whom it was best to disclose mental health and neuro-diverse conditions to prospective employers. This question of disclosure caused participants a great deal of stress and concern.

Low confidence – many participants experienced low confidence as part and parcel of their mental health condition and/or as a consequence of the ways in which particularly with neuro-diverse conditions they have been treated over many years.

‘Those rejection issues, with neuro-divergence, you often have that because it comes from years of years of negative experiences. People often blame things for character, personality, not even knowing that there’s an underlying condition’ (neuro-diverse participant in mental health focus group).

This participant spoke of the polarity experienced being someone with neuro-diversity, being praised for high-level functioning in some areas of a job role and criticised and challenged (and eventually asked to leave) for not coping with other aspects of the work environment.

Specialist service providers - Hillside Clubhouse – a key issue emerging from the focus group with people with mental health conditions was the role of Hillside Clubhouse as a good-practice ‘wrap-around’ and holistic service. The participants all spoke highly of the support and range of services available to them at Hillside from the initial contact and assessment of their mental health, to the courses and links with the Camden Working Men’s College, activities and skills training in IT, social media, food preparation, reception available, to the social activities programmes, the arts and crafts and gardening. Participants had been referred through a variety of mechanisms including the Early Intervention Service (EIS), an NHS therapist, the Job centre and Care coordinator, followed up by a phone call and appointment, a model in which Hillside reaches out to them.

Other services – participants were in touch with a number of other services including Help on Your Doorstep, Islington Mind and the Autism Hub with many

preferring face-to-face service delivery but some finding online therapy and support more suited to their needs. There was a request for better sign-posting of services and for information to be more readily available.

Neuro-diverse, Autism and ADHD diagnosis – one issue highlighted in the group was the problems caused by the late diagnosis of autism and ADHD especially among women and the additional problem of the cost and length of waiting time to get an autism or ADHD assessment and diagnosis.

‘I got diagnosed, got my result as being autistic and yeah, so I'm finding it difficult to manage my problems. But it's interesting, because, you know, I've been working many years in my life. And then finally, at this age, well, I'm actually 40. I've just been diagnosed after all these years. And really, it's like, throughout these years, when I was working, I had problems like mixing in with people in the workplace. So, you know, I did things well on the job. But it was so hard for me to speak out about problems I was having amongst all these people because I just found it difficult. And they were putting more work on me and more work. But I did do it, you know, managed it. And I couldn't speak out, but now having to realise that I've got this diagnosis, maybe if I do get back into work, perhaps I could inform the employer. I don't know how I will do that’ (Participant diagnosed with autism, mental health focus group)

Another participant had also recently been diagnosed in her late 30's with ADHT:

‘The anxiety and depression are as a result of the late diagnosis of ADHD’ (participant diagnosed with ADHD, mental health focus group).

6.3. Deaf residents

A total of 12 participants attended the focus group with deaf residents, 8 women and 4 men, 6 BAME residents and 6 white British, aged from 20 to 59. The participants had different degrees of deafness and four participants also reported mental health issues including depression, panic attacks, anxiety and PTSD. The focus group was conducted jointly with two BSL trained interpreters. Of the 12 participants, seven were unemployed and looking for work and five were in employment working as cleaners, a kitchen assistant, a support worker and one self-employed part-time.

Employer discrimination, stereotyping and lack of deaf awareness and training – perhaps more than any other group, the key finding to emerge from the focus group with deaf participants was the lack of employer deaf awareness and that employer discrimination and stereotyping was the main barrier to deaf people assessing work. Sometimes these were relatively straightforward and practical

issues such as the need to equip buildings with fire alarms for deaf people, to use pagers, texting and review other forms of communication. The participants felt strongly that they were discriminated against by employers in applying for jobs and many had experiences of discrimination in workplaces which lead them to leave their jobs. It was felt that harmful, negative stereotypes of deaf people perpetuate in the workplace and prevent them from accessing jobs. Participant after participant retold their experiences of applying for jobs and not getting them because of their deafness and of being treated with a lack of respect by work colleagues. It was felt that the lack of deaf awareness in workplaces perpetuates harmful stereotypes regarding deaf peoples cognitive and other abilities, preventing them from getting jobs, results in accessible communication and alarm systems not being put in place and creates power imbalances between deaf people and their fellow co-workers who can perceive misunderstandings caused by not using accessible communication as a shortcoming of their deaf counterparts.

The following are some examples of the evidence deaf participants gave of the discrimination they have experienced both in applying for work and whilst in the workplace:

'Where do I start? Okay, a couple of months ago I thought I will go back to work and try and find a job. I went to the Job Centre and I was offered a couple of interviews; didn't get those jobs. It was in a school and I just sensed that they were like, "Oh my goodness, how are we going to have a deaf person working in our school?", I felt a sense of panic and uncertainty. I could just see it on their faces, but I went along to the interview and answered all the questions. The interviewer said, "Actually, I thought you did really well there", they gave me some feedback that " if you thought you answered those questions, right? Well, let's see what happens". They said the we'd been in touch. The first job I didn't get, second job the same, but I just felt like they didn't even want to interview me and they did interview me and then were reluctant to employ me. I think they're thinking of how would a deaf person work with our school children who don't use sign language? So, it was for meal supervisor in the school, just lunchtime monitoring and play time. So that was the jobs I was going for. But I think yeah, there was a sense of panic and thinking: "how on Earth could we employ a deaf person?". There were lots of questions about what would you do if there were an accident and the child fell over and so on, and I answered all of those questions. I think they're probably doing it for health and safety reasons, they had to ask all those questions. I've got another one coming up, the Job Centre have arranged that for me, so let's see what happens there. I'll keep trying. I do want to work in a school, I'd love to work with children and have my own children so need a school hour's job. I showed the feedback to the person at the Job Centre who supported me and we both feel - it wasn't there in black and white - but we think deafness was a big problem in getting the job' (Participant in deaf focus group)

'I went to the Job Centre as well and that women there is so helpful, she's really lovely. I've been going there for three years, but I haven't got a job yet. I've been trying to work in shops and H&M, but they didn't give me the job, I don't know why. But it's always to do with communication as a deaf person' (Participant in deaf focus group)

'Recently in September, I went to the Job Centre. I want if possible to work at Battersea Dogs Home working within supporting people with disabilities who are deaf and their dogs. And they were questioning my ability to be able to work with them because I'm deaf. And how would I communicate with the dogs, so I haven't been working for a number of months now. And I still get these barriers about my deafness being the issue to find employment and that isn't an actual issue. I have a degree, certificates, have worked as a personal trainer, support worker but I'm facing these barriers continually' (Participant in deaf focus group)

And in terms of experiencing discrimination in the workplace:

'In terms of discrimination, my friend's experience that I don't mind telling you about; she was a cleaner and she cleaned for Sky and the manager would say "Always the deaf and dumb girl!" always say that, and then people point her out. She said please don't call me deaf and dumb, use my name and don't just call me the deaf and dumb girl. But and the person just said "Oh, it's just a habit. I can't stop doing it." And she left the job because again this was going on and she didn't like it, she was being disrespected and she said I've got a name stop saying to everyone I'm the deaf and dumb girl" (Participant in deaf focus group)

'I worked as a cleaner in several jobs in offices, pubs, restaurants, retail, my third job was Nando's, cleaning again, doing shift work but I left that as well, because again, there was discrimination in the workplace. And now I'm also working in a pub, cleaning. And In the gym, in the leisure centre I was cleaning and I had discrimination basically because of my deafness. I applied to clean at Heathrow but I was told that because of the lack of alarms in the building that I wouldn't be able to work there' (Participant in deaf focus group)

Need for deaf aware employers and deaf awareness – the participants main point was the need for deaf awareness and deaf awareness training in workplaces. It was pointed out that deaf people were in the best place to provide this training to employers and within workplaces.

'I think that all employers should be deaf aware and should be taking into consideration that there is equality there, and that's how it should be, and that we're all the same. It's not just in workplaces: the police, public sector, all these different organizations, domains, the bigger society, they also need to be deaf aware. There's lots of situations in which we don't have that equity or equality.' (Participant in deaf focus group)

'It's that sort of level of awareness that communication, just be kind to us. It can be done, it's just basic awareness of what a deaf person needs to be able to communicate, really. Equipment as well might make life easy for us, just to make things accessible. Like fire alarms, also pagers, writing things down, texting, So, there are ways around it, it's not that difficult. It's that level, when we're talking about awareness, it's just basic stuff that people just don't get. It's simple, it's not expensive. It's just simple stuff.' (Participant in deaf focus group).

Not many employment opportunities available in Deaf educational/work environments – given the discrimination experienced in many workplaces, some participants identified deaf work environments as ones in which they would like to find work however, participants emphasised how precarious working in these settings can be, as these opportunities can be few and far between, logistically unrealistic and in some cases reliant on specific users, meaning that once the user moves on their job role becomes obsolete. One participant had previously worked as a support worker for deaf people with mental health problems while another young woman had been working as one-to-one support worker in a deaf primary school but there was no budget to keep her on when child moved on to secondary school and not many deaf educational opportunities available locally.

Experience of predominantly low paid and low skilled employment – one of the key findings emerging from the focus group with deaf participants was the extent to which participants were either working in currently or previously or were looking to work in low skilled and low paid jobs particularly as cleaners, kitchen assistants, school meals assistants and support workers.

Education experiences and lack of BSL support – there was some poor experiences particularly of mainstream education:

‘I went to a deaf school and it was fantastic, I had all the access there that I needed. I was very lively person in the classroom. And then I went on to further education and I felt I was just completely knocked.’

Also, the different support services provided at different educational levels was raised, with differences between Higher Education in which BSL trained interpreters were provided and Further Education in which Communication Support Workers (CSW) many who were not BSL trained. Participants pointed to the varying quality and consistency in support available:

I went to Uni, the government gives you Disability Student Allowance, they give you the funding. So, I had a note taker and a BSL interpreter. But like, that's only if you go to Uni, if you go to college or something, there BSL interpreters is not required. So how can you expect us to go for it when we don't understand what is being said. The Communication Support Workers (CSW) in college/FE are not fully qualified interpreters, one or two had had CSW who's 'signing was appalling', note taker appalling and sometimes CSW didn't turn up' (Deaf focus group participant)

Literacy and BSL – BSL is the first language for deaf people and many deaf people have difficulties with literacy in English which can make applying for jobs, in terms of filling in forms especially online, difficult.

Employment support services – Participants had varying knowledge of the services available to them and of the full scope of what those services could assist them with. Many were aware of and used the Job Centre, with one local Job Centre with a BSL trained member of staff providing vital support to many of the participants:

'they know what my needs are and that's really important. I have a very good connection with them, you know. And they're supportive, encouraging. I want a job you know, in my life I don't want to always be on benefits.' (Deaf focus group participant)

'that one person is excellent. She's got the awareness, if that person wasn't there, we wouldn't have that access. Really, it's to do with her. We love her. She's really supportive of deaf people' (Deaf focus group participant)

'to have a good connection with someone at the Job Centre is really important' and it all relates to having someone at the Job Centre that can support' (Deaf focus group participant)

Accessible and deaf aware services were seen as needed as standard, with far more widespread availability of BSL interpreters. It was felt that deaf people proficient in BSL should also be employed in support roles in organisations providing services.

Access to Work was mentioned by one participant as a useful resource in need of being better promoted.

6.4. Blind and partially sighted residents

The focus group with visually impaired participants include four people, two face-to-face and two online. Two were volunteering and looking for paid work and both found a lot of barriers when trying to find a job while one was working as a tutor part time. Again, as with other focus groups, the impact of being visually impaired on your mental health was emphasised.

Recruitment process – the recruitment process was seen as a considerable barrier to finding work. For many visually impaired participants it can take a long time and be highly stressful, particularly the online process.

'That is one of the big barriers that I find, you know, even the big words that they do on the application forms, and they give a full list of the role. Perhaps you won't be doing half of that list, but they say it like it's better to put more so

we take as much as possible from the person. But again, being visually impaired, it's not that easy' (Participant in visually impaired focus group)

Digital literacy and access to online recruitment – it was stressed that applying for jobs online is not something designed for visually impaired people

I already mentioned my biggest barriers is technology. I'm not that good at technology. Most of the bits are happening now online, even I can appreciate that. But I struggled to attach things like a CV or to complete a form online. And especially when it comes to registration, you have to create my account, things like that. (Participant in visually impaired focus group)

Opportunities restricted to low paid and skilled jobs – again as with the other focus groups, participants in the visually impaired focus group felt that their impairment severely curtailed the job opportunities available to them, restricting them to predominantly low paid and low skilled jobs relative to what they may have been doing in the past:

'I studied at a London Met. I got my degree from there. I studied pharmaceuticals, but that's of no use now because I've got no sight. There's no lab in this land that's going to take me on to do lab based experiments for drug treatments. No one is going to take me on. So that has pretty much gone to the wayside. So, from that period, I did a lot of menial jobs like hospitality and security work and this kind of stuff. If I go to a job interview, and I tell them, I'm visually impaired, you won't get the job. I've been sent out of interviews, as soon as I've mentioned, visually impaired, "sorry we can't take you on". For them, it's too risky. It's red tape, we don't take one we don't want an accident to happen, and you turn around and sue us, or something goes wrong for one of the clientele. They won't take you on. So, I had employment from two years, I was doing basic cleaning' – now got 15-hour job with a charity, SHP, plus with jobs there's 1,000 people applying for any job. Why would they take a visually impaired person? That's my experience I've been to so many job interviews, the minute I mention, visual impairment, "can't take you on". (Participant in visually impaired focus group)

Again, as with experiences from other focus groups, working for a Charity and volunteering are seen as two of the opportunities most open to people with a visual impairment.

Employer awareness and discrimination- again as with the other focus groups, the lack of employer disability awareness and discrimination were seen as the key barriers to accessing work.

‘But the initial hurdle is there that the companies are not forced to take you on, it’s their choice. And as long as that choice is there, I’m only saying this because I’ve practically experienced going to a job interview mentioned that I’m visually impaired and looking at the look on their face of what the f... do we do with this person. He is blind. Oh shit, what do I do with this blind person. I wonder what they can see. You can see it on their faces; they don't know what they're dealing with’ (Participant in visually impaired focus group)

‘I went to the Job Centre. There was an open day there. I actually saw a Job Centre advisor, who had a care job. Okay, so I said, I can try for that, I don't mind. So, she rang up the care company and said to them on the phone, I've got a candidate here visually impaired, can he apply? And they said yeah, sure, you can apply, I said okay. So, I applied, they liked my interview, they offered me a job, they made me do online training. So, I did all the various modules online, then they made me come in and do further training. And I thought, they gave me a client as well to start with. And I've told them about my visual impairment all the way through, never hidden it. And then the next day, they rang me up and said, oh, sorry, because you will be dealing with medication, and the writing is really small, and possibly the client could out walk you when you're taking them to the appointment, and you could lose them, we can't take you on. This is only about a month ago that this happened’ (Participant in visually impaired focus group)

Participants highlighted the need for disability awareness training with employers.

Self-employment – it was felt that self-employment might be the best option for people with a visibility impairment and that it would be useful if the Council could support people with visibility impairments and disabilities in general into self-employment.

6.5. Residents with physical disabilities and health conditions - muscular-skeletal long-term health conditions

The focus group with people with physical disabilities included six participants, four women and two men, all BAME residents including one asylum seeker, aged between 34 and 64. Three attended face to face and three online.

Significantly, two members of the group had been reached out to by the iWork outreach team and worker who had supported them in a holistic way, helping with CV's but also with getting a laptop and helping with income maximisation.

Complex health needs – participants with physical health conditions all experienced a range of health conditions and had complex and changing needs. Many had been badly impacted by Covid with operations and follow-up treatments cancelled and delayed which had had an impact on delaying and acting as a further barrier to accessing employment. A number of participants had back problems but most had a number of different and complex health conditions including both physical and mental health and all were in some way coping with and managing pain. This group of participants were experiencing long-waiting times for operations and physiotherapy appointments.

Cost of living – perhaps more than any of the focus groups, the impact of poor health on the standard of living of participants in the group was highlighted. One

woman with bad lower back and shoulder was working in a part-time 25 hour a week job but looking for a further part-time position because of the cost of living, two of the other participants were working and two were not currently looking for work due to ill-health but all were struggling with the cost of living and more than anything wanted support with how to pay and delay paying rents and bills. The participants highlighted the need for wrap-around services to include benefits and income maximisation services, signposting and advice.

'I can't even put on the heating these days because my electricity is gone high. That is the cost of living so I have to like minimize them. Like once a day I will put it on early in the morning when they wake up for school is so freezing cold because my kids are just I want to make sure they're okay. The bedroom is like freezing, I think something is wrong in the building. And I tried to call people, they are not helping me and that is affecting my health, my asthma, even during summer. You know, because of the damp and mould there was mould, every time they come they just paint it and go. Now it's starting in my bathroom. I go in depression. I cry every day every night. My kids are in the bedroom, I will cry. Sometimes they will hear me someone is can they will come What's wrong, Mummy?' (Single mum with complex health conditions including heart, asthma and depression)

'Yes, I am working at the moment. Yes, I am still on part time but it's not enough for me, so I need to do some extra job to pay off all this, so I've been trying to find extra work, but I couldn't get it. (Participant with chronic back pain, working 25 hours)

'there's supposed to be a Household Support Fund. I don't know anything about it. I don't know if anybody else knows anything about it. But how could that help us, who are, you know, suffering these extreme costs, because that will help us also to get a foot on the ladder for work. But when you're bogged down by these extreme costs, it's very difficult, have listened to (participant working part-time) talk about you know, sometimes, but having petrol to go to work and those sorts of things. And this is somebody who is working. Even if it's some help to get these gym memberships, that will help our health and work as well, in terms of, I know what I need, I just can't afford it. You know, if I need to go to the gym, to have a sauna every three to four weeks, so the swelling in my leg goes down and I've got a back problem. I can't afford that (Woman participant with chronic back condition)

Access to gym and swimming facilities– again a key finding emerging from the focus group with people with physical disabilities was the importance of facilitating free access to gym and swimming and steam room facilities as a vital part of rehabilitation and ongoing therapy for muscular-skeletal health conditions. This was mentioned by each of the participants and ties in with the low-incomes people with physical disabilities are having to struggle with.

'The most important that's really helped me more is water aerobics and swimming' (Participant with chronic back pain, working 25 hours)

Employment support services – while participants overall had little awareness of services which could support them, a number of them had been in contact with the Council's iWork service and spoke positively about their contact with and experience

of the outreach team and work undertaken by iWork. This included successful outreach to a hotel locally housing asylum seekers and suggests the outreach model is having some success in reaching groups that may have not previously been accessing employment support and iWork services.

6.6. Focus group with Employment support service providers

The focus group with employment support services in Islington included 6 participants plus a further two written submissions. The key findings from the focus group with employment support service providers were, perhaps not surprisingly, very similar to those from residents with disabilities and long-term health conditions and are outlined below.

Need for ‘wrap-around’, holistic employment and health service - first and foremost it was emphasised that people with disabilities, impairments and long-term health conditions need ‘wrap-around’ services that work holistically with the individual on their health and employment needs. It was also emphasised that Islington does have some excellent services such as the Work and Health Programme and Hillside Clubhouse that do combine help with managing health conditions and employment.

Lack of staff and pressure of caseloads means people do not receive the support they deserve – one-to-one support is the most effective way of supporting many people with disabilities and long-term health conditions and yet lack of funding can often mean this is not available

Employer awareness and training – again, as with the focus groups with residents with health conditions, the key finding was the need to work with employers on increasing disability awareness. Stigma, ignorance and fear and misunderstanding

among employers was identified as perhaps the single major barrier to people with disabilities and health conditions accessing work. Stigmas and stereotypes around mental health were especially emphasised;

‘It doesn’t matter how much positivity there is in the media about mental health, day to day there is still a lot of stigma and actual ignorance about mental health, especially from employers. The sort of things we come up against, ‘how dangerous is this individual?’ So, for us, stigma continues to be a massive barrier’
(Employment support services focus group participant)

Gaps in employment which are common for many people with disabilities and long-term health conditions are often seen negatively by employers.

Disability awareness and training was seen as the key way forward if people with disabilities and health conditions are to be enabled to access employment.

‘in terms of reasonable adjustments, some organisations don’t know how to do that, it’s training. I think it’s about training and educating companies, organisations about how to support and how to make reasonable adjustments’
(Employment support services focus group participant)

Improve employers understanding of the value of employing people with disabilities – it was argued that employers need to understand the value of employing people with disabilities, such as that they often stay longer and are more loyal employees

The Council should play a key coordinating role with employers on increasing disability awareness - it was highlighted that moving forward, the Council should play a key coordinating role promoting disability awareness with employers including holding thematic sessions for employers, promoting disability confidence schemes with employers, employer job fairs where employers can come face to face with people with disabilities in a calm and neutral location, creating an easy to access link with disability-friendly employers and sharing best practice case studies between providers.

Prioritise work with small and medium sized companies – it was argued that perhaps it might be more effective to work with small and medium-sized employers where communication and interaction could be more personal and consistent.

Access to Work scheme – again as with the resident focus groups, it was highlighted that the Access to Work Scheme needs to be more widely promoted as it is not known about enough and yet can provide funding to get a job, for a support worker, for certain adaptations, for taxis, for example.

Non-disclosure – again as in the resident focus groups, participants raised the fact that people are often hesitant to disclose their health conditions because of stigma and that this then means that reasonable adjustments cannot be made

Lack of confidence and self-esteem – a major barrier identified for people with disabilities and health conditions is a lack of self-confidence

Recruitment or application process is a barrier – participants spoke of the problems caused by the recruitment and application process for many people with disabilities, especially learning disabilities but also visually impaired and deaf people. Telephone interviews were highlighted as a key barrier;

‘I find that telephone interviews are a big barrier, as are video interviews for an initial first impression, for some people it is difficult to decipher some of the jargon, they find it tough to liaise on an ad hoc basis if they get a call from an employer. The online process can be a significant issue too, a lack of digital literacy. It can be stressful applying online. Also, some jobs don’t require skills needed to fill in long application form and yet this is what applicant has to do, it can be especially hard for people with learning disabilities’ (Employment support service focus group participant)

Digital skills and exclusion – as highlighted above it can be difficult and more stressful, especially for people with some disabilities and impairments, to apply for jobs online. In addition, many people with disabilities are on low incomes and do not have access to a laptop or fast broadband. ‘it’s all online’ can be a significant barrier as it can be when employers might say ‘We’re sending you an interview date by Google diary’.

Benefits system highly complex – again as with the resident focus groups, the issue of the complexity of the benefits system was highlighted and especially of people with disabilities and health problems concerns and fears of losing their benefits if they accept a job;

‘sometimes the first job is like the person is just testing the water, they might not have worked for many, many years. And they need a first job to see if they can cope. that’s one of the barriers we have with a lot of people, the benefits system. Although it’s a system that should help people, it becomes an actual hindrance when someone does find a job and it doesn’t work out. And for a lot of our client group, it’s not the first job that’s necessarily going to work out, Sometimes, it takes two or three jobs before they find the job that they like, but in the meantime, their mental health deteriorates between jobs because it’s going back to signing loads of different forms, probably losing their benefits for a couple of weeks. So, we actually find the benefits system and the complexity of it all is a massive barrier to the point where we’ve had job offers but no candidates because they’ve become anxious about ‘If this doesn’t work out, and I lose my benefits’” (Employment support service focus group participant)

Cost of living crisis – the fear and complexity of the benefits system is especially acute for people with disabilities and long-term health conditions who are often living on low incomes and are struggling to pay rents and bills in Islington, again if a job doesn’t work out and lose Housing Benefit for a while, this can be a significant barrier to accessing work

Voluntary jobs can be a ‘double-edged sword’ – participants noted that while the experience is good and useful, people can get stuck in voluntary jobs, with no movement to a paid work role. Indeed, there was a lot of evidence of this from the

resident focus groups. Employers might take advantage and people end up working on voluntary basis for years and not getting paid job when comes up.

BSL support for deaf people – the lack of access to BSL support for deaf people was also raised by participants working with deaf clients:

‘lack of access to support in BSL is a barrier to deaf people in applying for job roles and navigating the employment system’ and lack of awareness about deaf issues and BSL, as are poor literacy skills of deaf people whose first language is BSL.

‘The deaf people I work with tend to apply for and are more successful in working in less skilled sectors. These include cleaning roles, hospitality, care sector and retail positions’

‘For deaf sign language users, it is access to professionals who understand the barriers deaf people face and can support them to navigate the system of applying for roles and being successful at interview. Lack of awareness of sign language and understanding about having a deaf employee are the main gaps.’ (Employment support service focus group participant)

Appendix I

References for quantitative data analysis figures

Quantitative Data Sources – Public data on disability is presented in national-level figures rather than based on local authorities. Furthermore, the public data presented is not categorised into disability groups and are often presented as a percentage based on sample sizes. Therefore, figures in this report are taken or calculated from multiple data sources and verified as they do not come from one particular file or source.

To obtain a more detailed view of the disabled subgroups in Islington, common disability categories were formulated using Islington specific data and verified their content with a medical consultant at Kings College Hospital⁷. This was important as the recorded disabilities of the national and local datasets were presented with the name of the illness rather than the type. Hence the subgrouping has to happen with an expert in the field. The study used 2021-22 data on residents who are out of work in Islington from Islington Council are used and correlational research methods applied to investigate further the relationship between employment and other key factors.

The data sources for each of the Figures in section 4 of the report are listed below:

⁷ Dr Abdallah Abdelwahed surgeon at King’s College Hospital

Figure 1: The number of disabled people is calculated based on UK disability statistics. House of Commons (2022) and State of Equality report - estimated number of Islington residents with a disability in (2021). The working disabled population is retrieved from the employment rate by disability ONS and in work population is from NOMIS – Labour Market Profile

Figure 2: The above disabled category names are provided by Islington Council. There are no national/public datasets available on the above categories. These are estimated figures based on the local support services data provided by the Council (iWork, IMAX, RSS, Central London Forward), NHS primary care data (provided by the council) and DWP – PIP (Personal Independence Payment claimants) statistics. The recurring themes of illnesses presented in the dataset are mental, physical, sensory and learning disability.

Figure 3: NHS, North London Partner NHS Prevalence of Diseases percentage of people with long term health condition registered with GPs (11,164.) in Islington. Quality and Outcomes Framework (QOF), 2019, Provided by Islington Council.

Figure 4: Annual Population Survey

Figure 5: DWP. The Employment of Disabled People

Figure 6: iWork Dataset from 2018-2021. Out of all people supported by iWork, 577 recorded a disability and around 485 were unemployed.

Figure 7: iWork Dataset from 2018-2021.

Figure 8: Local data sources given by Islington Council (iWork, Central London Forward, IMAX, RSS)

Figures 9 and 10: iMAX local data is another data source that records disability sub-groups and ages from 3542 records

Figures 11, 12 and 13: iWork Dataset from 2018-2021. Out of all people supported by iWork, only 577 recorded disability and around 485 were unemployed

Figures 14,15, 16 and 17 iWork Dataset from 2018-2021. Out of all people supported by iWork, only 577 recorded disability and around 92 were employed

Appendix II

Resident Focus Group questions

Islington disabilities and long term health conditions employment project

Topic guide for focus groups with residents with disabilities and health conditions or who are deaf or visually impaired:

Participants will be asked to fill in an anonymous but individual form along with the consent form before the focus group starts

Introductions and welcome

Ice breaker going around the group (Qu 1): are you working or unemployed at the moment?

- 1. Are you looking for a job at the moment?**

How long have you been looking for a job?

If you are working, are you looking to change your job? why?

Have you applied for a job in the last six months? If you didn't get it, why do you think you didn't get it?

- 2. What sort of job are you looking for? Is this the job you would like?**

3. What are your recent experiences of looking for a job?

What barriers have you experienced in finding a job Is this harder as a person with a disability/learning disability/health including mental health condition?

4. Could you say a little about your health condition and how you have found it a barrier to you getting a job?

5. How/where do you look for jobs? Would you go to the Council?

Do you look for jobs online?

Any problems using IT (IT skills or access to laptop and broadband at home)? If not got access at home, where do you go to access IT?

6. Have you used any services in the Borough to help you get a job? which ones?

How did you find out about them? Were they easy to get access to/to use?

Were they useful? In what ways?

Could they have been more useful or easier for you to use? in what ways?

When you stopped using the service, was there any follow up?

7. Are you aware of any services in the Borough to help you get a job? Which ones do you know about?

How did you find out about this/these service/s?

8. If not used any, what barriers have you experienced in getting to use any of these services?

9. Do you want to develop new or existing skills?

Would this involve further education/training?

What are your experiences of education/training as an adult? Have you experienced any barriers in getting access to education/training? what sort?

What should be done to make it easier to access education/training?

10. What do you think could be done to help you get a job/the sort of job you would like?

How could the employment support services work better to support you getting a job? Or a more skilled/well paid job?

11. Any other points you'd like to add

Thank-you

Questions please contact Jimmy Flynn Jimmy.Flynn@islington.gov.uk

Employment Support Services Focus Group questions

Islington disabilities and long term health conditions employment project

Topic Guide for stakeholder focus group:

- Thank everyone for joining/taking the time
- Introduce focus group leads – Jane Lewis (LMU), Jimmy Flynn (LBI)
- Introduce the Project – the aims and partnership LBI/LMU
- Take you back over information sheet and consent form – confidentiality, leave the group
- Start - Introductions - can you briefly introduce yourself and your organisation and what it does to support Islington residents into work
- **Questions/topics:**
 - 1. What do you think are the main barriers faced by specific groups of people with disabilities and long term health conditions in terms of getting access to jobs?**
 - **In your experience, are there particular sub-groups of people with disabilities (in terms of those suffering particular long term health conditions) that have more difficulty than others in getting jobs?**
 - **Are there particular BAME sub-groups who, in your experience, face greater difficulty and if so which and why?**
 - **Are there specific issues faced by women with disabilities or long term health conditions?**
 - 2. Are there particular employment sectors or jobs that you find people with disabilities tend to be more concentrated in or tend to want to work in (if so, why do you think this is)?**
 - 3. Do you have data available on your service users in terms of the specific disabilities or long term health conditions they experience (broken down**

in terms of ethnicity/gender?). What does this data tell you? Would we be able to access any of this data for the project?

- 4. What employment support in the Borough works well and why?**
- 5. What do you think are the main gaps in employment support to unemployed residents with disabilities – are there particular groups that are not accessing advice/support?**
- 6. In your view, does your organisation successfully reach out to different unemployed residents with disabilities in the Borough?**
- 7. How can employment support services better support unemployed and job seeking people in the Borough with different disabilities?**

Bibliography:

Central London Forward (2022) *CLF Integration Hub. Employment and skills mapping – interim report.* (L&W Learning and Work Institute) Plant et al.

London Borough of Islington (2019) *Employment Support in Islington. Mapping Provision and identifying need*