People's experience of health in relation to employment

May 2026

Report written by:

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Context

Academic evidence suggests a combination of health issues, personal circumstances, and workplace related factors can make it difficult for some people to work.

Long-term sickness is currently one of the most significant factors, with around 2.8 million working-age people in the UK not working due to health conditions, such as mental health: depression and anxiety, musculoskeletal disorders, and chronic illness.

Introduction

Through our community engagement activities, we heard that some people struggle to find or sustain employment due to health challenges and we wanted to explore and understand this better and undertook a small survey to collect local lived experience around how health affects employment and work for people.

We wanted to explore the challenges and barriers that can prevent people from working, as well as their experiences of accessing health, wellbeing and support services. This included identifying what works well and where improvements could help make support more effective.

39 people completed the survey and although a small statistical sample, it has helped to identify some key themes, challenges, barriers and patterns relating to how health and access to support can impact on employment and work.

Thank you

We would like to thank everyone who has taken the time to complete the survey. We would also like to thank a **Department of Work and Pension** (DWP) Disability Employer Advisor for their support with the survey.

Survey findings

Responders background

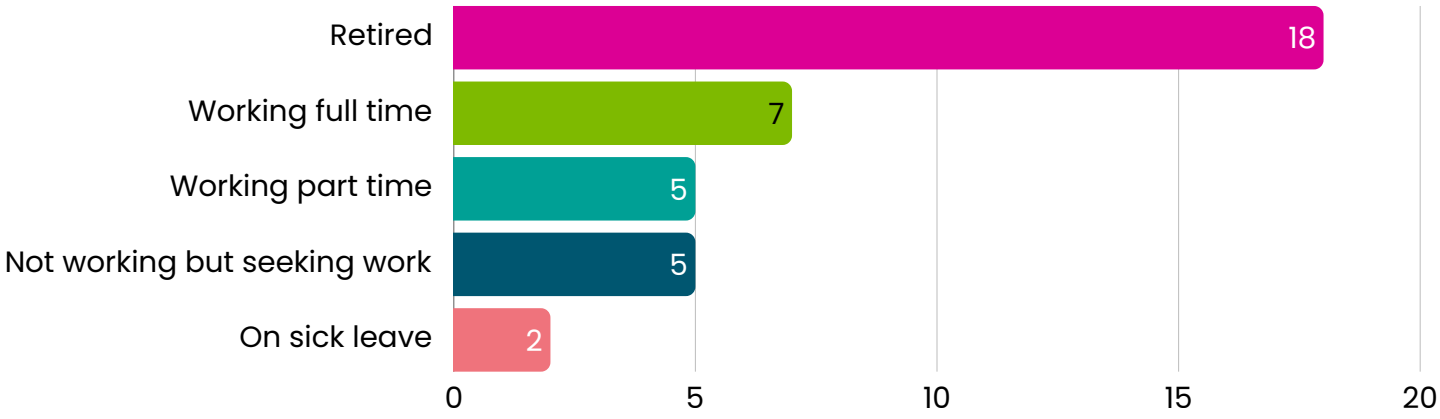
61% (22)
people live in Horsham and Mid Sussex Districts

14% (5)
aged from 51 to 60 years

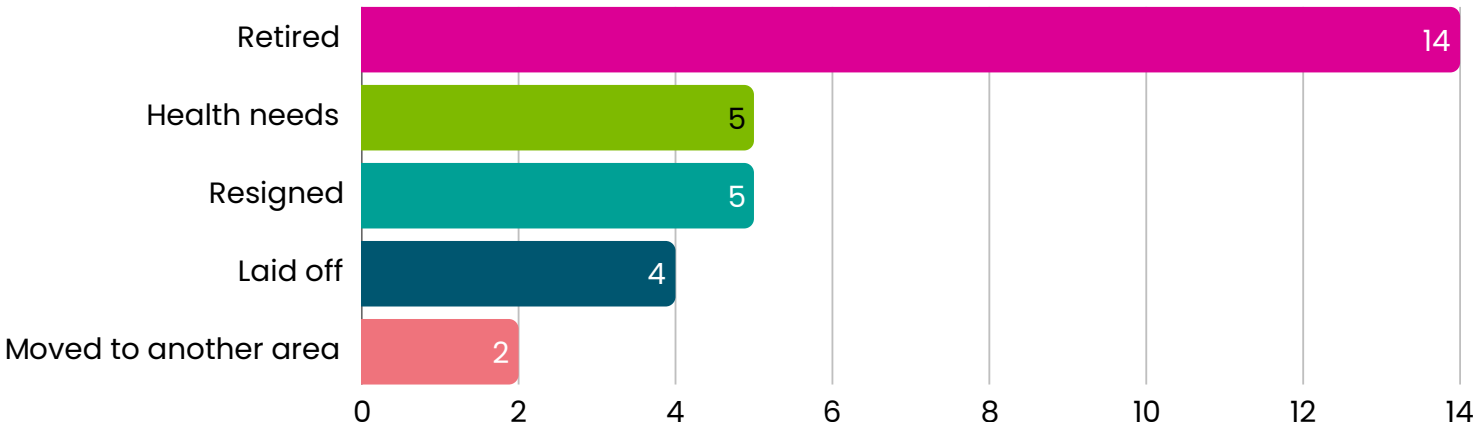
42% (15)
aged from 61 to 69 years

33% (12)
aged above 70 years

The current work status of responders



Main reasons for leaving their last paid job



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Primary reason for leaving their last job

Retirement

Health

Being a carer

Not feeling useful

Responders shared the primary reason for leaving their last job was due

Poor physical health due to lifelong MSK condition.

Current role awful due to my disability and looking for a way out.

Not facilitating reasonable adjustments and have been off with stress.

Stopped being useful.

Health barriers

64% (n23) of people felt that their last paid role **utilised their skills and abilities**. However, **25% (n9), did not feel** their skills and abilities were **being utilised.**

83% (n30) of people shared they **are not** currently **seeking** a new paid job.

Tried for years went to interviews and got knocked back so many times.

Told: too old, had too much experience, that older workers didn't feel comfortable with me in a junior role because they'd have to supervise someone who knew more than them.

Told I couldn't do the job because of my disability even with adjustments. On many occasions was told that I wasn't a good fit for the team. My mental health just crashed, and it made my physical health problems 1,000 times worse.

Primary goal of respondenets fell into the following categories:

Living a good life

Being independent

Keeping active

Staying healthy

Begin studying

Being useful

Remain employed longer

Being healthy and mobile

Personal wellbeing and employment goals

Enjoy my life, doing the things I've been blessed to have been gifted with love, and simply being in the moment for the rest of the time.

Enjoy life and manage health.

Remain well enough to remain in employment.

Control schedule of work to maintain a good standard of health and quality of life.

Support gaps

29% (10) of people confirmed they have **accessed health and mental health support** during their job search.

Felt forced to get a formal autism diagnosis by DWP, and that term caused me severe anxiety and depression once I had the diagnosis, so I had counselling.

78% (28) of people shared they felt **there is no support** that the NHS or GP could provide which would help them return to work.

If there HAD been support, I might have been able to return to work.

Need MSK help but can't get it as a year waiting list.

I already have support from my GP.

Health support to stay active in retirement - yes but not for work purposes.

86% (n30) of people shared they **didn't feel that support** from the DWP, Social Services, Community groups etc. would help them return to work.

I'm unsure of any benefits I can claim.

DWP benefit assessment process is not fit for purpose -exists to deny benefit.

DWP is hard work and very slow!

Many comments suggested frustration with accessing services, long waiting lists and confusion with the benefits process.

Wellbeing

Respondents were asked to self-rate their emotional, mental and physical health, using a five-point scale.

Emotional and mental health self-ratings appear slightly improved for people who were in work and then out of work. However, physical health self-ratings has worsened with more people currently rating their health as fair and poor.

Loneliness, isolation, confidence and motivation

To gauge isolation and loneliness the 3 item Loneliness Scale (2004) was used.

Loneliness was a major theme:

33% (12) felt **left out** of things.

33% (12) felt **lonely**, **isolated** or **socially excluded** some of the time or often.

Respondents shared pro-active support they have accessed to help reduce isolation

Community Groups

Volunteering

Exercise

Studying

Owning a pet

Social contact

Low confidence (32%, 12) and low motivation (40%, 15) to socialise could be a concern.

Summary and Recommendations

The survey findings suggests that support should focus on helping people manage their health condition alongside work to help reduce the barriers to employment.

This could be achieved by strengthening community-based support that improves wellbeing, confidence, motivation and social connection.

Prevention.

Joined-up support between health, employment and community services. Develop clearer referral routes between GP practices, NHS services, Jobcentre Plus, Social Prescribing, Voluntary Sector Organisations and local community groups, so that people can access practical and timely support before their health issue(s) become a long-term barrier to employment and work.

Promote early conversations about reasonable adjustments.

The benefits of employers and support services discussing flexible working, phased returns, adapted duties, workplace adjustments and health management plans at an early stage. This is particularly important for people with long-term physical or mental health conditions.

Strengthen access to practical employment support.

Providing tailored guidance for people who may want to return to work, change role, retrain, increase hours gradually, recognising that confidence, motivation, health, age, caring responsibilities and previous negative experiences can affect someone's confidence.

Address gaps in health and wellbeing provision.

Use pro-active measures to help reduced timeframes for waiting lists and difficulties accessing service such as: GP services, MSK, mental health support etc. Identify where local pathways could be clearer communicated and better connected to employment-related goals.

Build on community strengths to reduce isolation.

Continue to support and promote community groups, volunteering, exercise, learning, peer support and social activities that help people maintain confidence, motivation, routine and a sense of purpose.

Use lived experience to shape future services.

Share the survey findings with local partners and involve people with lived experience in designing future support that reflects the real barriers such as health, confidence, access to services, discrimination, complex processes and social isolation.

Next Steps & Opportunities

Publish report and share survey findings.

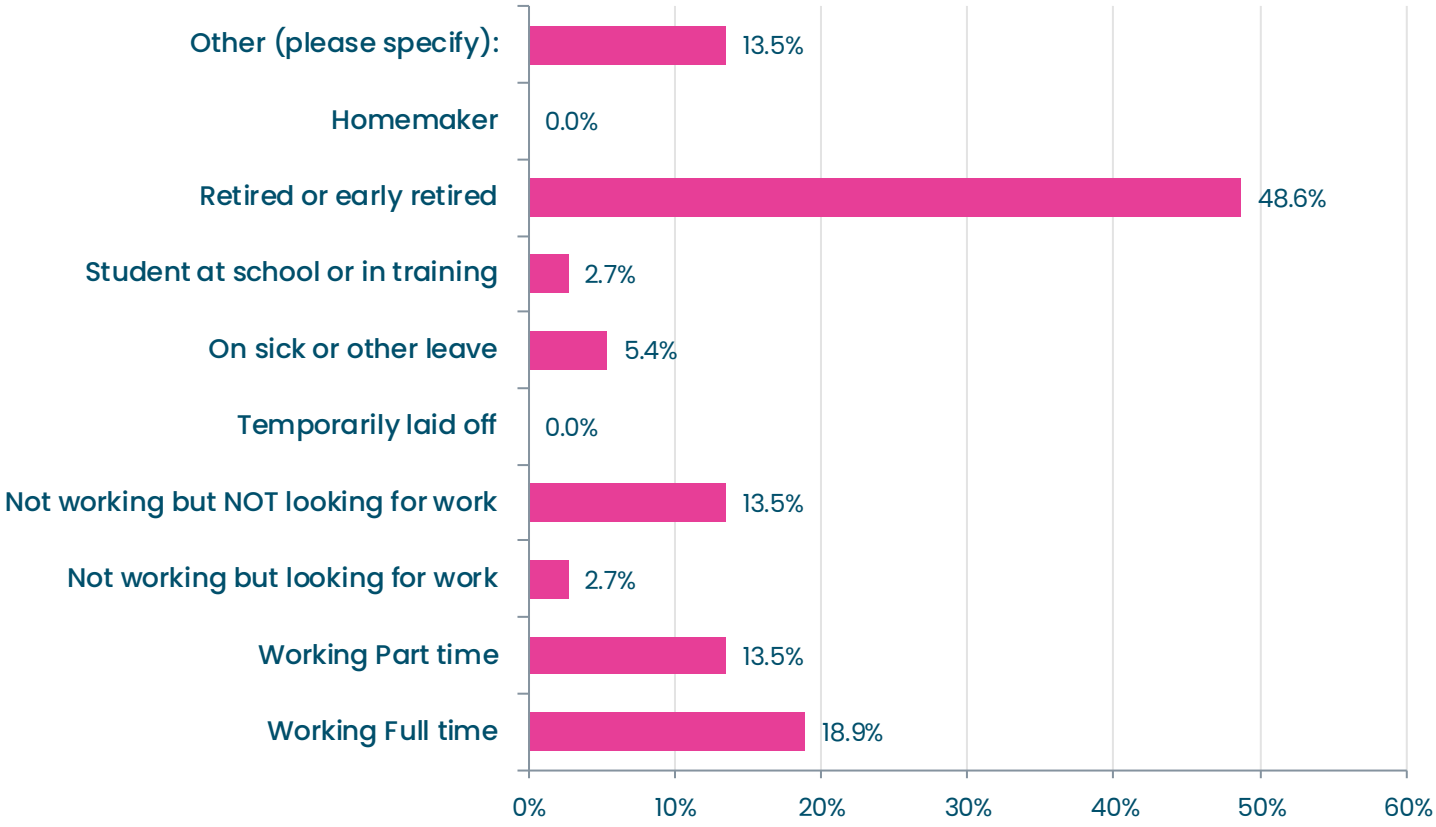
On our webpage / circulate through our contacts, e-bulletin and with local partners, including DWP contacts and Primary Care networks.

Survey responses in detail

The main age range of responders who completed the survey was from 51 to 69+ years.

The areas of West Sussex responders live were Horsham (12) and Mid Sussex (10), Arun (4), Chichester (5), Crawley (3), Adur (2).

The current employment status of responders



Other comments shared:

75% retired, 25% voluntary and paid work.

Charity Supporter and fundraiser.

61% (21) of respondents have been **without a paid job** for **between 1 and 2+ years**. However, some responders have been without a paid job for between 6 to 30+years.

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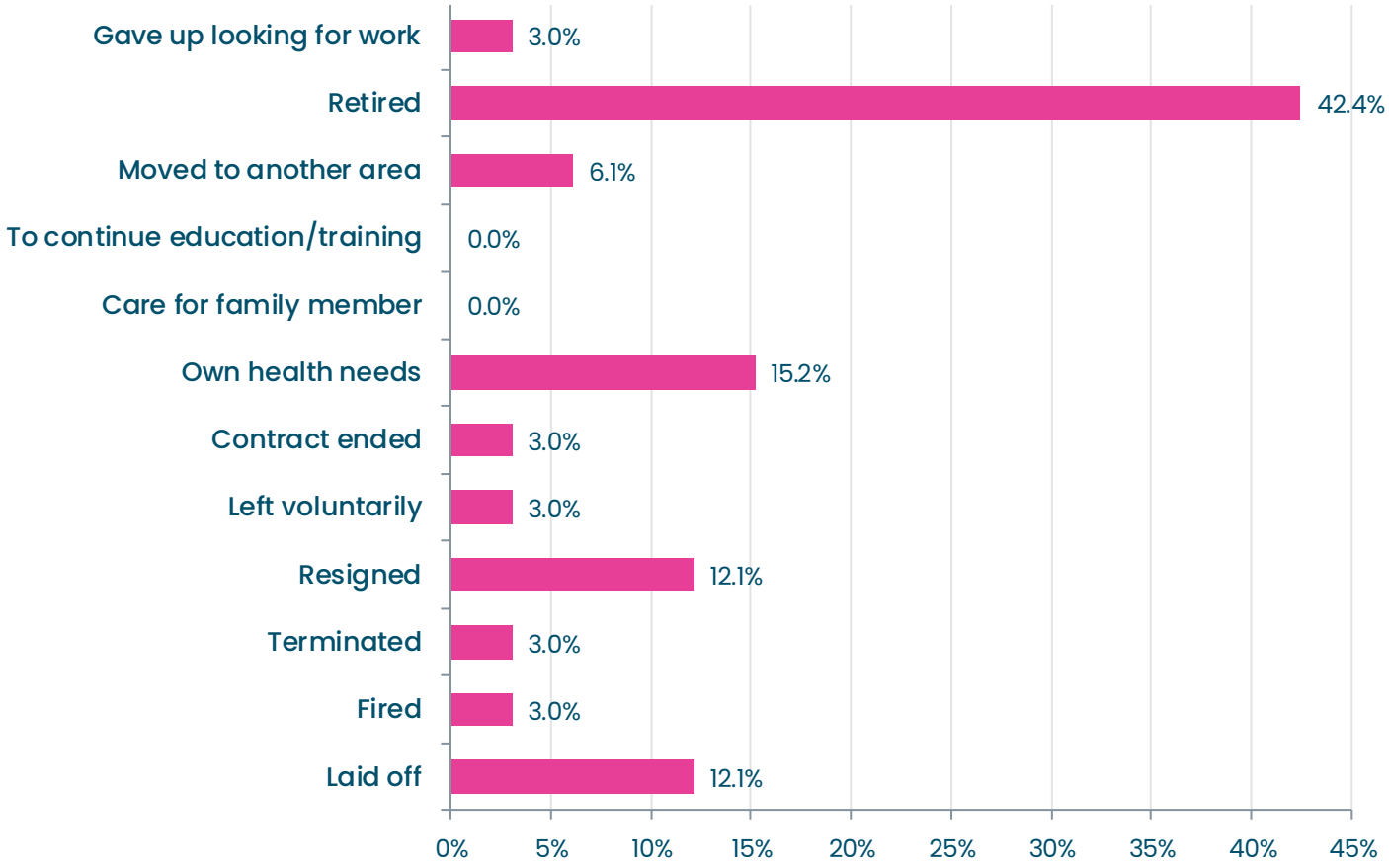
Reasons given for leaving last job

The main reasons given for leaving their last job was retirement (14), health needs (5), laid off (4), and resigned (4).



Other comments shared:

Health condition.

Opted for redundancy due to change in working location.

I was 'eased out' (aka made redundant) from my last job as an employee aged 59; I have since worked part-time.

Made redundant.

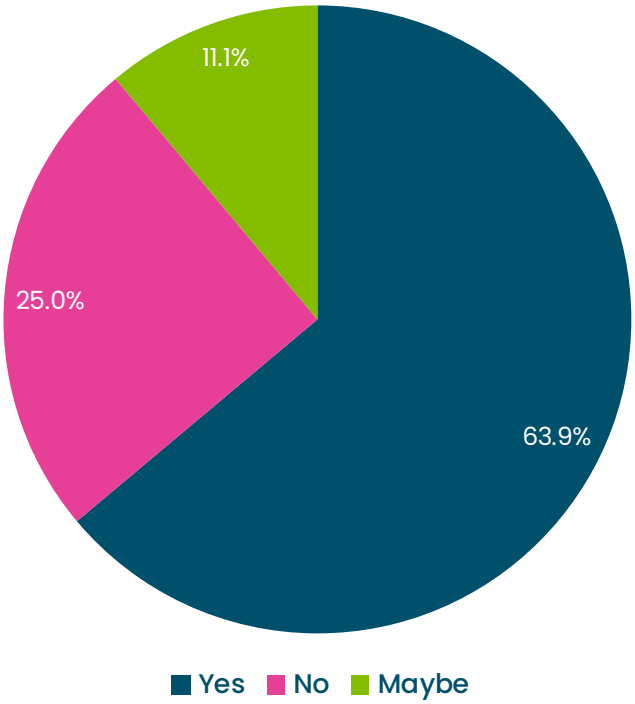
Responders shared that the primary reason for leaving their last job was **retirement, being a carer, health issues and not feeling useful.**

Retired due to ongoing ill health but not given a payoff.

I was self-employed but on a long-term contract. I had been there for 4 years the company changed dramatically and decided it was time to leave.

Last paid job used their skills and abilities

64% (23) of responders shared that their last paid job used their skills and abilities. 25% (9) shared that their last job did not use their skills and abilities.

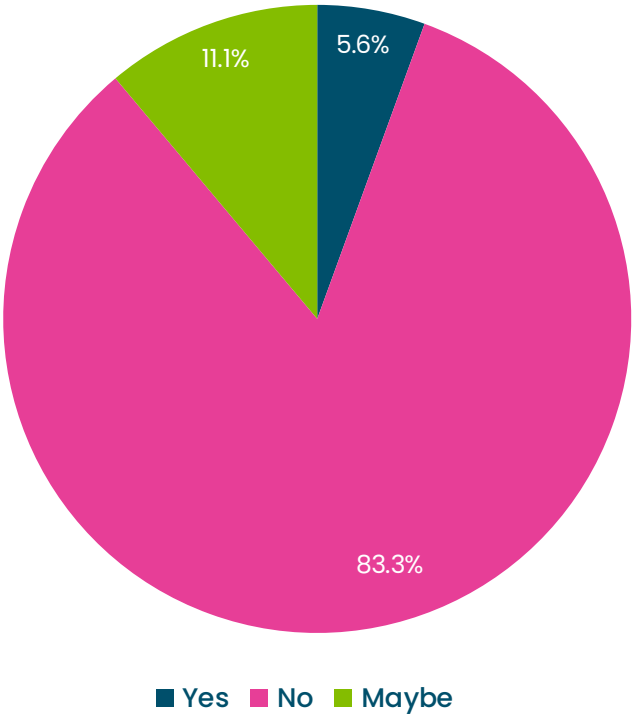


Other comments shared:

I loved it, but my employer wanted to make a significant cut to employee numbers.

Seeking a new paid job

83% (30) of responders shared they are not seeking a new paid job.



Other comments shared:

Seeking full time role.

I'm planning to increase the amount of time I devote to my paid work.

Retraining to improve my ability to manage work and health.

The current primary goal shared by responders:

Keeping active and continuing my motor racing hobby.

To recover from the broken bones caused by falls.

To change jobs and find somewhere which supports both career progression and my physical and mental health challenges. I do not want to be defined by my health issues; however, it is a barrier and people are scared - as they don't understand how my health can be 'managed' alongside work.

Financial survival. I have multiple health conditions none of which is severe plus a learning difficulty and when you put those together with my age, employers just don't want to know.

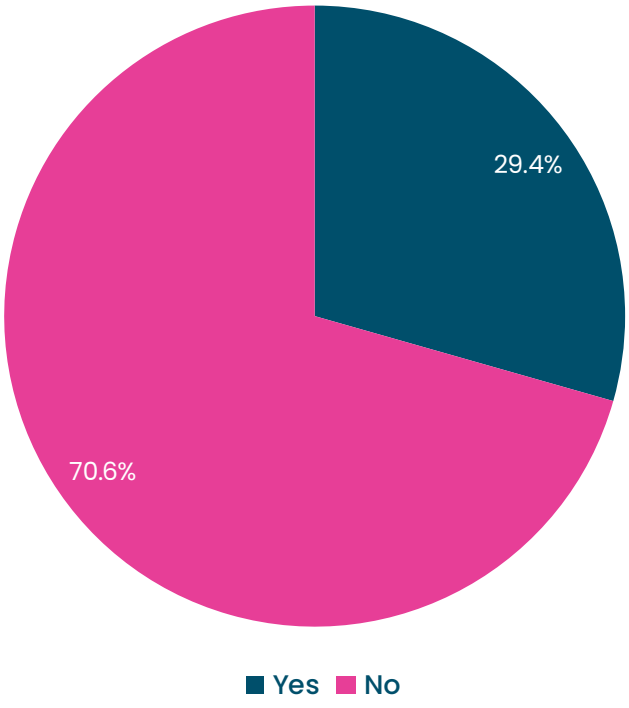
Retirement.

To get through each day with the aftereffects of Prostate Cancer.

Enjoying life at my pace and feeling so much healthier and 3 stone lighter.

Accessed health or mental health support during job search

29% of responders shared they have accessed health or mental health support during their job search.



Other comments shared:

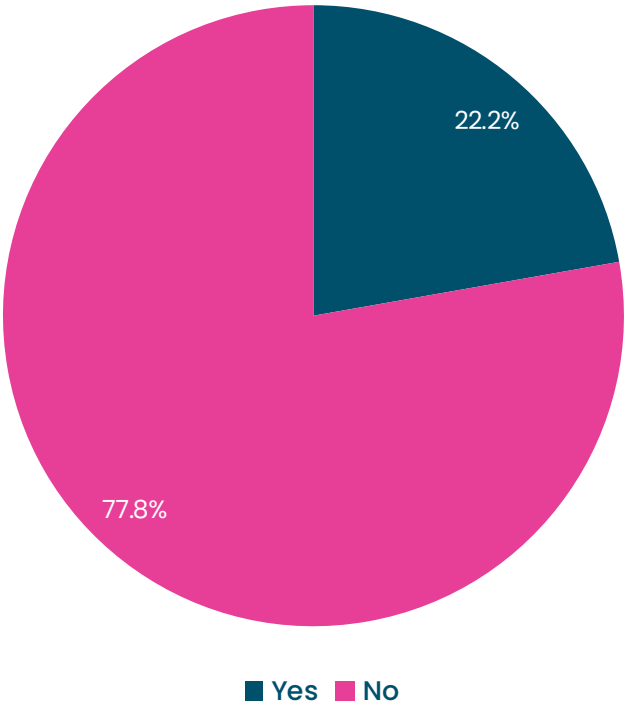
Had physio.

Have ongoing support.

I have had health support in retirement through necessity.

No support to help to return to work

78% of responders shared there is no support that the NHS or their GP surgery, could do to help them to return to work.



Other comments shared:

Too old and unwell.

My GP has been incredible.

Getting support with my illnesses, and very happy with the support I have receive.

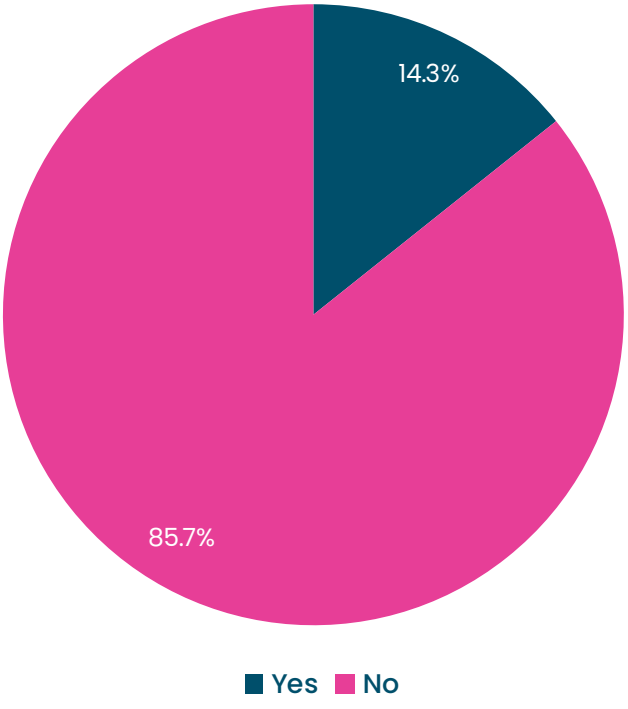
Being able to see a GP would be good.

I only have 23 months to qualify for my state Pension.

Put me under NHS care for weight loss because I qualify but they declined saying there wasn't enough for everyone.

Support from Department of Work and Pensions, Social Services or Community groups

86% of responders shared there is no other support from the Department of Work and Pensions, Social Services, Community groups etc., that could help them to return to work.



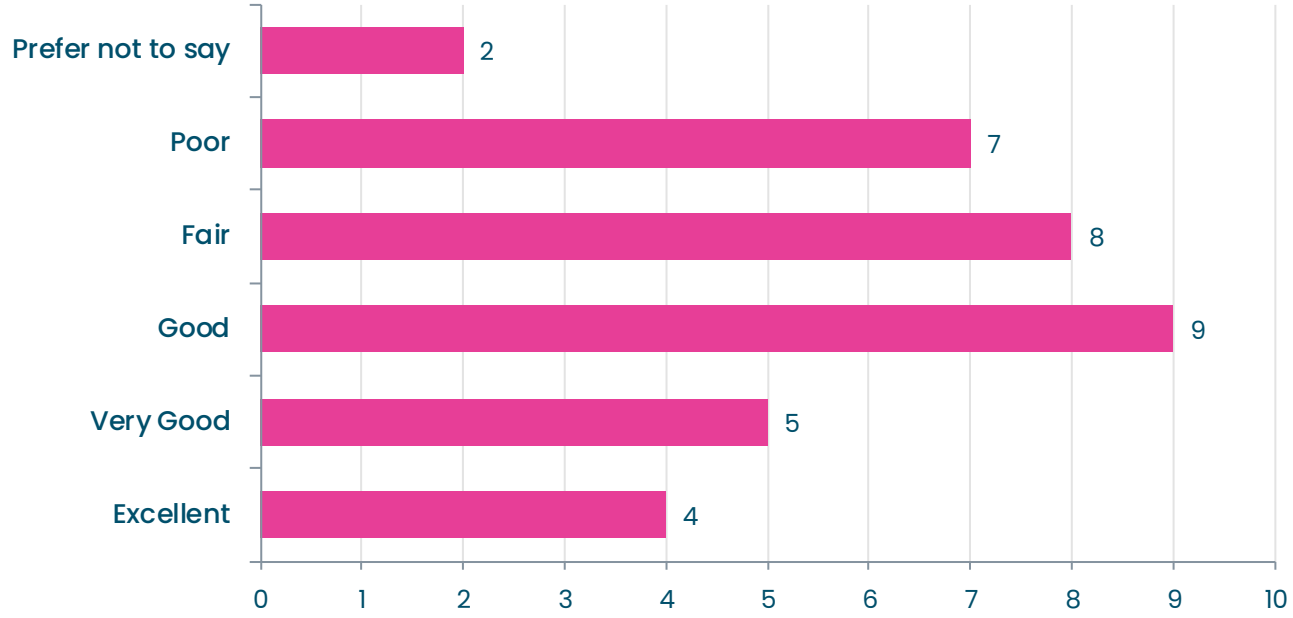
Other comments shared:

I've come to the conclusion that my only option is to set up some type of home-based business where I can manage my health: be as flexible as I need to, have control of the environment I work in.

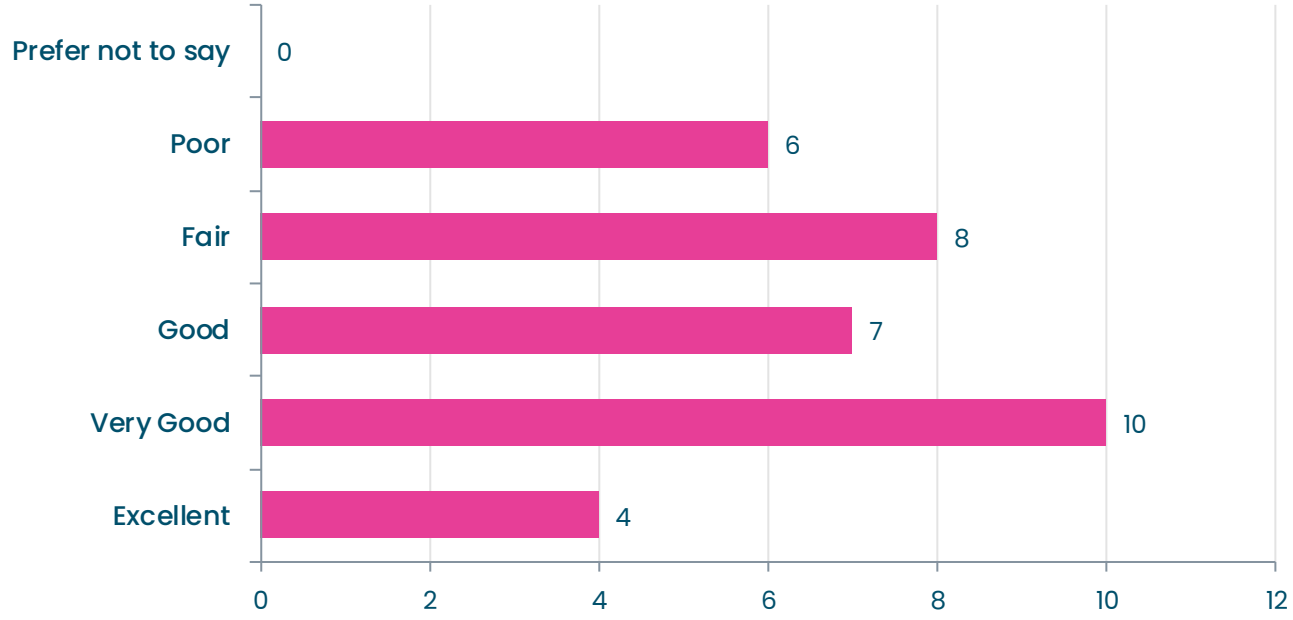
Currently, I don't have resources for training, support and because of the types of pensions and benefits I qualify for the DWP they don't care to offer any help or support. If you're not getting money from them, they don't want to know.

Emotional, mental, and physical health

Prior to being out of work, responders rated their emotional and mental health.



Responders then rated their emotional and mental health currently.



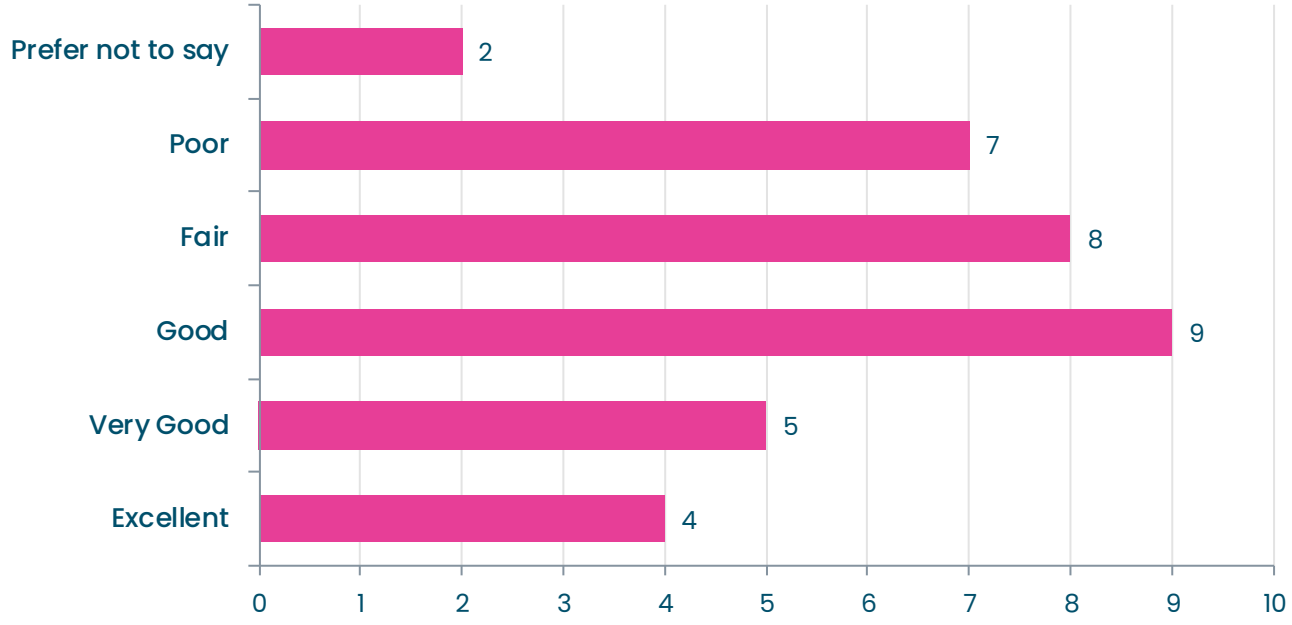
Looking at the responses there is an increase in the self-rated current emotional and mental health compared to the self-rated prior to being out of work. The movement is from good and prefer not to say to very good. Excellent, and fair have remained the same.

Words responders shared about how they felt on the day of completing the survey

Other comments shared:

Sense of waste, that I know I could do more than I'm currently doing but I found myself written off long before I was mentally ready for it.

Prior to being out of work, responders rated their physical health.



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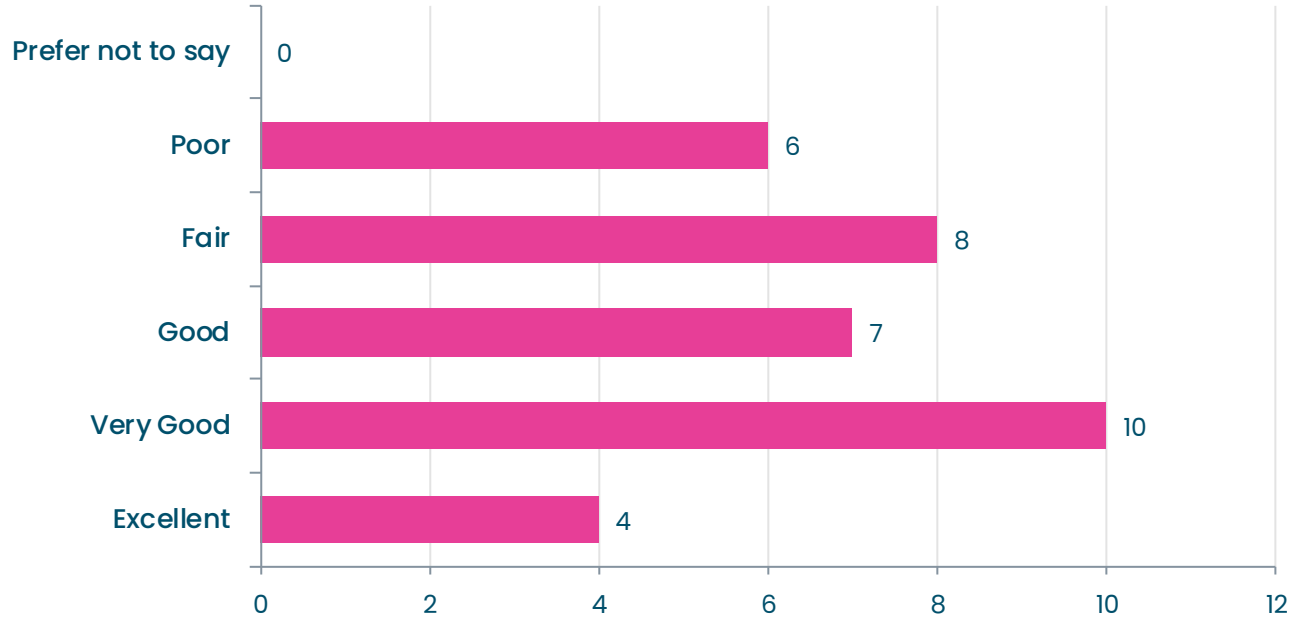

Looking at the responses there is an increase in the self-rated current physical health compared to the self-rated prior to being out of work. The movement from excellent and very good dropping and an increase in fair and poor.

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Isolation and loneliness

To guage isolation and loneliness respondents were asked to self-rate against three questions, based on the University of California, Los Angeles (UCL) 3 item Loneliness Scale (2004).

1. How often they have felt a lack of companionship?
2. How often do you feel left out of things?
3. How often do you feel lonely, isolated, or socially excluded?

These questions measure three dimensions of loneliness:

relational and social connectedness and self-perceived isolation.

	Q1	Q2	Q3
Never	16	8	14
Hardly ever	5	4	4
Some of the time	10	17	11
Often	5	8	8

The responses show:

- 40% felt they lack companionship.
- 68% feel left out of things.
- 51% feel lonely, isolated, or socially excluded some of the time or often.

Twenty-five responders shared the resilience and proactive responses that have helped them feel less lonely, isolated, or socially excluded?

Yes	25

No	11

Other comments shared:

Started line dancing classes.

Folk in the village are lovely company in cafes etc., plus have joined local groups.

Volunteer for various charities more rewarding than work.

Meet up with friends and family.

Joined fitness and dance classes and volunteer.

Attend gym.

Go out for walks.

Have two new friends where I live.

Deal with work matters on site rather than remotely.

Studying a degree module with the Open University, which gives me a focus, and makes me feel better in myself.

Occasionally meet up with the Crawley and Horsham Armed Forces Vetrans Breakfast Club.

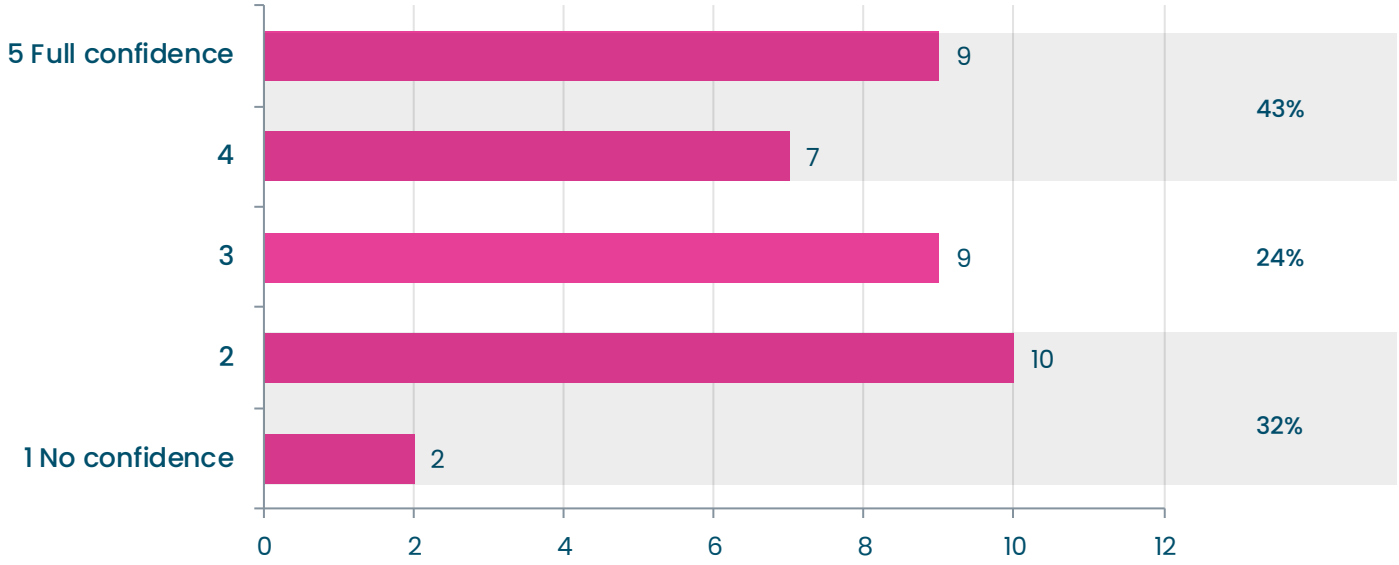
Joined community groups.

Focus on Parkinson's support, lecturing to nursing home staff on Parkinson's, visit the gym, balance classes, reading, plus cleaning, cooking, shopping etc.

Confidence and motivation levels

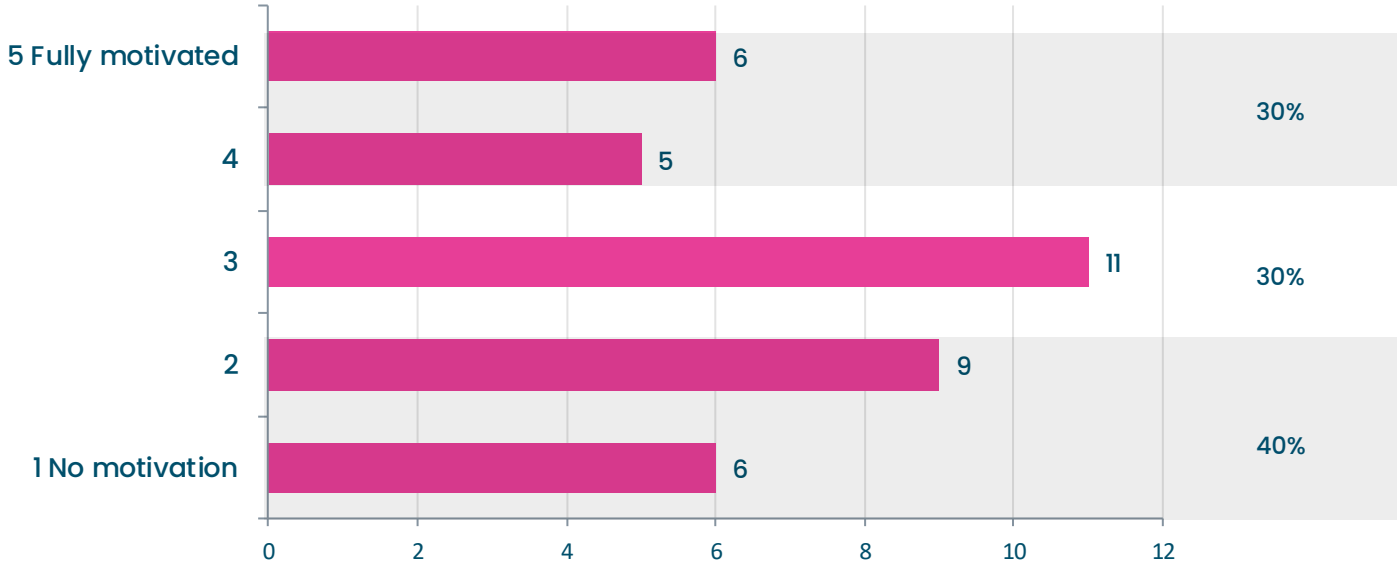
How confident do you feel today to go out and socialise or attend a group?

On a scale of 1 to 5 with 1 being no confidence and 5 full confidence



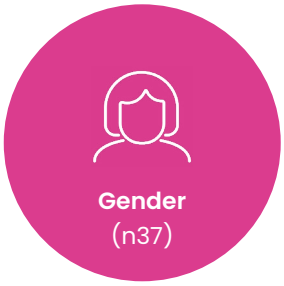
How motivated do you feel today to go out and socialise or attend a group?

On a scale of 1 to 5 with 1 being no confidence and 5 full confidence



It is interesting when comparing the responses 32% report no or low confidence and 40% no or low motivation, to go out and socialise or attend groups. Whilst 43% have full confidence and 30% full motivation to go out and socialise.

Respondents' characteristics



Gender
(n37)

Male (n19)
Female (n17)
Prefer not to answer (n1)

Disabilities
(n36)

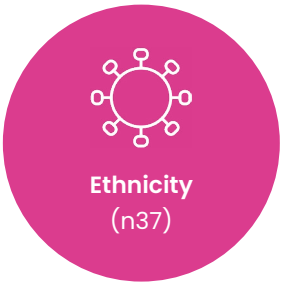
Yes (21)
No (13)
Prefer not to say (2)

Religion/Beliefs

Christian (18)
Hindu (1)
Jewish (1)
No religion (12)
Prefer not to say (4)
Other (1)

Disability
(n17)

Long-term condition (n27)
A carer (n6)
None of the above (7)
Prefer not to say (2)



Ethnicity
(n37)

White British (n35)
Asian or Asian British (n1)
Prefer not to say (n1)

Sexual orientation
(n37)

Heterosexual (n30)
Asexual (n1)
Bisexual (n1)
Pansexual (n1)
Prefer not to say (n4)

Talk to us

If you have questions about the content of this report, please either call 0300 012 0122 or email cheryl.berry@healthwatchwestsussex.co.uk

How this insight will be used?

We will share this report with the local NHS, Local Government, and other providers to help them understand where things are working well and services are adapting to meet peoples' needs, and to help them identify any gaps.

We see this as a continuation of discussions taking place and will continue to use this fresh insight and the solutions presented to challenge for a better future

Healthwatch is your health and social care champion.

For help, advice, and information or to share your experience

We also help people find the information they need about health, care and community and voluntary health and care support services in West Sussex.

Here to help you on the next step of your health and social care journey

You can review how we performed and how we report on what we have done by visiting our website **www.healthwatchwestsussex.co.uk**

Healthwatch West Sussex works with **Help & Care** to provide its statutory activities.

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