Disclaimer
Please note that this report relates to findings from 120 residents. Our report therefore is not a representative portrayal of the experience of all residents, only an account of what was contributed at the time.

Acknowledgements
Healthwatch Blackburn with Darwen would like to thank those who shared their experience and the following organisations for allowing us to engage with residents who use their services or allowed us to hold workshops & engagement events at their venues.

- Blackburn Food Bank
- Blackburn with Darwen Job Clubs
- Café Hub, Darwen
- Creative Support
- Darwen Credit Union
- Job Centre Plus
- Your Support Your Choice

We would also like to thank Karl Riding for providing the illustrations for the report.
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Introduction

Healthwatch Blackburn with Darwen identified a need for residents who are in short or long term unemployment and/or in receipt of benefits to discuss their mental health & wellbeing, whilst sharing their views & experiences of local services. We engaged with residents in diverse environments to ensure our findings were reflective of the local community.

Why the Unemployed?

Whilst out in the community speaking with local residents a theme emerged in relation to residents experiencing unemployment, their mental & emotional health and wellbeing, and their experience of local service & provision.

This was also further identified through the following engagement:

Information & Signposting Access Point, Blackburn Job Centre
An access point was set up at Blackburn Job Centre in the summer of 2014. During this time it was identified many of those attending had unmet needs which identified gaps in local provision. This was backed up by feedback from both staff & residents.

Learning Disabilities Engagement
After speaking to residents with Learning Disabilities it emerged that one of the key themes which provided a challenge was the Benefit System. People spoke about how it didn’t only affect their own Health & Wellbeing but also their experience of accessing services.

Local Statistics

The Public Health England Profiles identify that 7.9/1000 residents are long-term unemployed, which is significantly worse than the North West average.

The 2013-16 Blackburn with Darwen Health and Wellbeing Strategies highlights that:

Overall, there are proportionally fewer people in work in the Borough than in the North West or nationally, with high numbers of people claiming benefits, particularly in the most disadvantaged parts of the Borough. Only 22% of the working-age population of Blackburn with Darwen has a degree or other higher education qualification, significantly lower than the national average of 33%. Almost 18% have no qualifications at all, compared with 11% nationally.

There are 62,000 people in Blackburn with Darwen diagnosed with at least one long-term condition (heart disease, stroke, high blood pressure, diabetes, mental illness, dementia, asthma, or chronic obstructive pulmonary disease). This is about half of the adult population, 65% of these people are of working age.

In Blackburn with Darwen there are more children in poverty, more households experiencing food poverty, and a higher unemployment rate compared to the national average.

| Table 3: The 20 local authority districts with the highest proportion of their neighbourhoods in the most deprived 10% of neighbourhoods nationally on the Index of Multiple Deprivation 2015, and changes since the 2010 index |
|-----------------|-------|-------|-----------------|
| **IMD 2015**    | **IMD 2010** | Percentage point change from 2010 |
| N   | %    | N   | %    |
| Midlothian      | 42    | 41   | 2.2  |
| Knowsley        | 40    | 45   | 5.5  |
| Kingston upon Hull | 75    | 78   | 3.2  |
| Liverpool       | 104   | 104  | 0.2  |
| Manchester      | 110   | 116  | 5.4  |
| Birmingham      | 283   | 293  | 3.4  |
| Blackpool       | 38    | 37   | 2.1  |
| Nottingham      | 61    | 57   | 7.0  |
| Burnley         | 20    | 22   | 10.0 |
| Harrogate       | 19    | 20   | 5.3  |
| Bradford        | 101   | 94   | 7.0  |
| Blackburn with Darwen | 16    | 13   | 23.5 |
| Hastings        | 30    | 25   | 20.0 |
| Stoke-on-Trent  | 40    | 30   | 33.3 |
| North East Lincolnshire | 39    | 32   | 21.0 |
| Saltford        | 37    | 32   | 14.0 |
| Rochdale        | 36    | 35   | 2.9  |
| Pendle          | 26    | 21   | 23.1 |
| Halton          | 21    | 21   | 0.0  |
| Great Yarmouth  | 16    | 13   | 21.3 |

Note: Based on all nghbourhoods (50 Lower-layer Super Output Areas (LSOAs) due to boundary changes, the numbers of LSOAs should not be directly compared across the Indexes of Deprivation 2015 and 2010, changes are measured as percentage point change from 2010

Department for Communities & Local Government, The English Indices of Deprivation 2015
Research Methods

We engaged with 120 residents using a number of research methods over a six month period.

Questionnaire

A questionnaire was designed which could be completed by staff engaging with unemployed residents in various environments. Some environments included Blackburn Job Centre, the Food Bank, local job clubs and Darwen Credit Union. The Warwick-Edinburgh Mental Wellbeing Scale (WEMBWBS) was featured as part of the questionnaire. This allowed us to gather how residents were feeling and allowed us to back up the qualitative data gathered.

1:1 Interviews

Four 1:1 interviews were conducted during this project, allowing us to meet people in a place where they felt comfortable. This increased their confidence to open up & disclose information they may not have felt comfortable in doing in a more professional setting. This also allowed residents to talk in more detail about their circumstances, giving us more detailed information to sit alongside that gathered in busier environments.

Social Inclusion Football League

We attended a number of Social Inclusion Football League matches at The Bric, Ewood Park. This allowed us to speak to those in long term unemployment who we may not have been able to engage with elsewhere. A ‘Football Quiz’, interactive ‘ping pong voting’, short questionnaire and free fruit all helped us gather information from the players in the time between games.
Research Findings & Key Themes

How do you feel your current situation affects your Mental Health & Wellbeing?

Anxiety & Depression
This was the most common theme identified with over 70% of participants referencing negative effects on their mental health. A number referenced boredom as one of the reasons they became depressed, whilst others spoke about stigma, feeling rejected and worthless. People also talked about how they felt judged and worried about the future, with anxiety increasing the longer they had been out of work. A number of participants spoke of more severe mental health experience; One lady said she hadn’t stopped crying for three weeks & was feeling paranoid at times.

Finances
Many people spoke about how their lack of finances made it difficult to live healthily both physically & mentally. Affording to eat well, buy basic food & household items, along with the worries & stress that lack of money brings. One person said they had lost their appetite as they can’t afford to eat well. A number of people spoke about struggling to look after their family & children, whilst others spoke about being in debt which contributed to their poor mental health & wellbeing. Participants also said that their financial situation stopped them from socialising or ‘doing anything’ which brings further negative impact. Getting to the job centre was itself a challenge for many as was attending health related appointments.

Stress
Stress was caused both by ‘the stress’ of not having a job and by the financial situation participants were facing. A number spoke about how the Job Centre created stress by asking them to do things that they didn’t see relevant or helpful. Staying at home also created stress for some participants as they felt they had nothing to do and there was little they could do to change their situation.
Housing

A number of participants mentioned being homeless or at risk of homelessness. Changes in benefits also had an impact on people’s housing situation. One man said it was difficult being a single man as you are low down on the points scale for housing. Another participant had been sofa-surfing for a number of months.

Substance Misuse

Many participants spoke of how being unemployed had caused an introduction or increase in substance misuse. The main reasons for this were due to depression & stress, with people saying they used drugs and/or alcohol to help them cope with their current situation. A number of individuals mentioned how this had an effect on their health and/or hygiene, but felt helpless. One individual spoke about how their consumption of cannabis had increased since becoming unemployed. Boredom, loneliness & isolation or ‘having nothing else to do’ were other reasons for participants using substances.

Social Life, Loneliness & Isolation

Lack of finances made it difficult for participants to socialise with friends or travel, even into Blackburn. This made people feel lonely & isolated and further contributed to their poor mental health & wellbeing. One person said they spent too much time at home ‘over thinking’, whilst another said they felt they had ‘nothing to get up for’. Others spoke of family problems due to being out of work which led to increased stress with one man saying his family had disowned him.

‘I feel the job centre contributed to my deterioration because initially I didn’t know about different benefits and was put on the wrong benefit. I felt hounded to look for work. Eventually broke down with stress, they said I should be on different benefits. Didn’t take into consideration anything I said.’

‘I need a couple of cans [beer] to feel normal’
'Phoned Samaritans four times this year. I would do again if needed'

'Food bank has given me a purpose'

'Salvation Army couldn't help as I’ve only been in Blackburn a few months. No GP so I go to A&E'

**Groups**
Those who had accessed groups were complimentary in the way in which they had helped support them & their situation. Participants thought there needed to be more groups, in particular peer support and group specific for carers, those with ill health & women. A number said it would be good to meet up with others going through the same situation.

**Courses & Training**
Participants felt more courses & training would increase their chances of successfully gaining employment whilst equipping them with new skills for wider fulfilment. Many people mentioned computer courses as things increasingly become more online, this was something that some found frustrating. Access to computers was also an issue.

**Job Opportunities & Work Placements**
One of the main frustration for people was the lack of suitable job opportunities or the ability to gain experience or skills to increase their chances of employment. Participants said there should be more work placements, apprenticeships & guaranteed work training.

**Benefit Advice, Support & Understanding**
Participants spoke about a lack of support & understanding. They felt there should be more support from the job centre especially when it comes to changing benefits. Often the situation was confusing for people and they didn’t understand the process properly, making them feel increasingly out of control. Support for those with Ill Health was also a pressing concern.

'I want someone to talk to. Someone to be there. I’ve been feeling very low'
What are the main challenges you face?

‘Stigma. I feel people look down on me and think I’m a scrounger, although some people are more understanding. I have a long term goal to come off benefits and securing a full time position. Challenges are having to explain mental health history and if future employers can cater for my needs.’

Stigma
Participants talked about being looked down upon by both professionals & others in the community. They felt they had to explain themselves whether this was in relation to being out of work or unwell. A number talked of the stigma relating to alcohol & drug use. They felt it was difficult to move on when they were judged so easily. People felt like others in the community thought they had made a decision not to work and claim benefits, this was frustrating & demoralising for them.

Criminal Record
A number of participants we spoke to had criminal records, which provided a further challenge in gaining employment. Individuals spoke of increased stigma from professionals; they wanted to change but services wouldn’t let them. A lack of support & understanding hindered individuals development whilst their mental health & wellbeing was put under strain.

Online
A number of participants aired frustration with an ever increasing need to have confidence in using computers & accessing services, support & information online.

‘People thinking I’m on dole and cashing in just for the sake of it’

‘I felt stigmatised, like a piece of dirt walking in from the street.’

‘I feel professionals look down their nose at me. It’s not my choice being out of work.’

‘People don’t understand you can change’

‘I have more free time; more time to do stupid things’

‘Not being able to make ends meet, lack of support from advisors. It’s nerve wracking going to the job centre and it leaves me anxious. Never sure what you are going to get. Also, GPs should be more forthcoming with info on alternatives to medication. Keep services local and together. Better app times for people with mental health conditions.’

‘It’s hard to make an effort, last 3 days I’ve just sat in the house. I feel like running away’

‘Took overdose a few times. Professional do not care. Nobody wanted to know. Accessing food bank for 3 months and a lot has happened in that short time’
Would you feel confident talking about your mental health & wellbeing with a professional?

- Yes: 85%
- No: 15%

When accessing services what worked well?

- Found CAT (Cognitive Analytic Therapy) Therapy useful. First point of contact should be face to face not telephone.
- Yes, given the space to come up with own solutions. Therapist good at prompting without directing.
- No choice given, GP decided on counselling. Not confident talking about my mental health.

Talking to GP

- Medication: 30%
- Support & Information: 25%
- Better: 25%
- Food Bank: 20%
- Where you given a choice & involved in the support received?

- Yes: 20%
- No: 30%
- Unsure: 25%
- Not applicable: 25%
If I had a magic wand...

'I would use it for other people'  'Get out of Blackburn'

'Make everything affordable'

'Get back into work with young people'

'Start again'  'Magic a house'

'Lots of love a peace in the world'

'Stability for the future, for the children'

'No ill health, better mental health facilities, more research, more funding'

'Make sure when a person's life is turned upside down, immediate intervention is available to prevent deterioration'
Case Study: Laura

Laura has learning difficulties and received a letter asking her to attend an Employment & Support allowance assessment at 9am in Burnley.

She finds it hard to trust people and only travels around Blackburn herself. A taxi would have been expensive & Laura doesn’t like using public transport as it’s difficult with her mobility scooter.

The appointment date was rearranged but conflicted with a hospital appointment. It was also still in Burnley.

In the meantime a home assessment had been requested for Laura, but this required a letter from her GP. The GP was contacted a number of times but Laura was told the letter hadn’t been read yet.

When speaking on the phone regarding her appointments Laura was told the appointment was regarding going back to work. Laura has never worked due to her disability and this panicked her. The language used over the phone was confusing and Laura didn’t understand which led to heightened anxiety.

The letters Laura received came across as threatening & impersonal, not taking into consideration her physical and mental health needs. Laura said the letters & phone calls caused her to panic, she often ended up in tears.

Eventually after a number of weeks a home visit was agreed. This was a relief for Laura, although the possibility of losing her benefits still was causing her to worry.

The process was extremely stressful and had a significant impact on Laura’s emotional & mental health & wellbeing.

‘All I could think of was going for my money and it not being there...’

*A Pseudonym has been used to protect the identity of the resident*
Case Study: Tony

How do you feel your current situation affects your Mental Health & Wellbeing?

I have previously been bullied in the workplace, its not that I don’t want to work but I would need extra support in applying for jobs and returning to work. I find it hard to trust people.

I think GP’s should have more understanding for those who have been bullied in the workplace and how it can affect your mental health. Its also expensive to get letters from the GP, it costs £10 per letter and sometimes you need a number of letters to send regarding benefits.

Appointment times are also a challenge, both benefit & health related appointments are often early mornings and unsuitable for those with disabilities.

What support could improve your situation?

To be able to trust professionals, building up a relationship is difficult when there is no consistency in who you see.

A more joined up approach is needed, I need support from an occupational therapist for my mental health but due to my hoarding they said this needed addressing first. There is no support locally for hoarding, it’s only available online. This makes it difficult to move forward when only one issue can be addressed at a time. Occupational health only seemed interested in moving me rather than improving current situation, they don’t listen.

I think there should be a universal flowchart for newly unemployed, taking into consideration mental health & wellbeing effectively signposting people rather than waiting for their health to deteriorate.

‘give up before you start, overwhelmed by process’

Would you feel confident talking about your mental health & wellbeing with a professional?

I have given up on Social Services, they only help in a crisis, its not very reassuring. Often told help is out there in the community, this is insulting when I have tried all options already, this is my last try. Lots of the things suggested in the community are for courses or social groups not suitable for someone with more significant mental health needs. It just seems like an easy option.

The ASC (Achieving Self Care) Project was helpful, it helped me learn new coping strategies and understand myself better, its just a shame it stops after a number of weeks, its not long enough to properly address my issues.

I have felt confident talking to a private counsellor, I had to pay for this myself though which is difficult and has landed me in debt. The services provided free of charge don’t have the capacity to help me deal with major issues, CBT only lasts 15 weeks, then what, how

What are the main challenges you face?

I often feel overwhelmed, there is too much to sort out and I don’t know where to start. I often know what I need but its difficult to express this and get professionals to understand. This has a negative effect on my anxiety & depression.

Not having support locally for hoarding is a big challenge, I have to pay for a cleaner myself and no one provides any support. Professionals don’t seem to see how this is connected with my wider health issues.
Do you feel you’re treated differently by Health & Social Care professionals due to being unemployed?

It feels like us & them to me, working class patient verses middle class professional. They seem to have a negative view of benefit claimants, their personal prejudices infringe and I feel that influences outcomes.

I am made to feel like the underclass or undeserving, social workers don’t understand my background and have no lived experience.

False promises are made, I don’t trust them anymore.

What are your experiences of local mental health & wellbeing services?

ASC was really good, they give you time 1-1 and actively put things in place that help you. Would be good if there was some kind of follow up or continued support though, it brought up issues but then where next?

My experience of social services has been bad, nothing is explained and I feel rushed, it’s just like I’m another number. They look past individual needs and want to place their own expectations on you.

‘some see you as less deserving than others’

Is there anything health professionals could do differently to improve your experiences of accessing services?

They need to sit down & talk to you, give you time to express your feelings. Often they appear to be listening but you can tell they’re not interested, it’s like a robotic experience.

As soon as unemployment or benefits are mentioned the atmosphere changes, the whole experience becomes overcast.

Communication methods seem to be closed, they lead your conversation and decisions to make it easier within time constraints. The difficult issues are filtered out and continue to be an ongoing concern.

There needs to be more support for health & social care professionals, they need to regularly review how they work and involve clients in this process. There needs to be more focus on mental health awareness & continued learning regarding this.

I would like it if I could see the same GP on each visit so I have time to build up a relationship with them, I find it difficult to trust people and it’s difficult seeing different people all the time.

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* A Pseudonym has been used to protect the identity of the resident
Unemployed Residents currently accessing Services

To speak to residents currently accessing services & support we worked in partnership with the Creative Support Social Inclusion Football League to ensure these residents views & experiences were listened to. Many of these residents were in long term unemployment due to long term health conditions, homelessness, substance misuse or crime.

Do you think your current situation has a positive or negative affect on your Mental Health & Wellbeing?

Are you involved in the support you receive?

Do you have a choice in the support you receive?
What would improve the support you receive?

- ‘Call from mental health services to tell you you’re CPN (Clinical Psychiatric Nurse) has terminated his job’
- ‘more involvement in choosing the right support for me’
- ‘Lift to football because its miles away’
- ‘Less medication if possible’

I’m in a secure unit. Not aware of external support

Where have you accessed support & services?

- Creative Support
- Calderstones
- Your Support Your Choice
- Alternative Futures
- GP’s
- Complex Care & Treatment Team

We attended a number of league games over the season, even taking part in a game to build up a positive relationship with players. The league finals provided us with the opportunity to present the trophies to winning teams, whilst thanking players for participating in the project.

The findings from this group of individuals found that a higher percentage of individuals found that being unemployed had a negative impact on their mental health & wellbeing. Participants were on the whole happier with the support received & knowledge of services.
The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

We used WEMWBS to gain further insight into participants mental wellbeing, 80 participants completed this which enabled us to gain a more in depth understanding of how people were really feeling.

Over 40% of participants felt relaxed rarely or none of the time, with only 10% feeling relaxed all of the time.

More than 40% of participants felt useful rarely or none of the time, less than 20% felt useful all the time.

Almost 40% of participants had felt interested in other people rarely or none of the time, less than 15% had been interested in other people all of the time.

Over 35% of participants had been feeling optimistic about the future rarely or none of the time, less than 15% had been feeling optimistic about the future all of the time.

Over 40% of participants felt relaxed rarely or none of the time, with only 10% feeling relaxed all of the time.
45% of participants had energy to spare rarely or none of the time, just over 20% had energy to spare all of the time.

Almost 40% of participants felt they had been dealing with their problems well rarely or none of the time, close to 15% thought they had been dealing with their problems well all of the time.

35% of participants had been thinking clearly rarely or none of the time, almost 20% had been thinking clearly all of the time.

40% of participants had been feeling good about themselves rarely or none of the time, 15% had been feeling good about themselves all of the time.

Over 30% of participants had been feeling close to other people rarely or none of the time, just over 20% felt close to other people all of the time.
Over 20% of participants had been feeling loved none of the time, just over 30% had been feeling loved all of the time.

Less than 50% of participants were interested in new things often or all of the time, over 10% had been interested in new things none of the time.

50% of participants had been able to make up their own mind about things often or all of the time, over 10% were able to do this none of the time.

Over 30% of participants had been feeling cheerful rarely or none of the time, 20% felt cheerful all the time.
Conclusion

1. Being unemployed whether short or long term was found to have a negative impact on an individual’s Mental Health & Wellbeing.

2. Financial difficulties & instability along with housing issues were the main causes for participants feeling depressed, anxious or stressed, and also increased the risk of substance misuse.

3. 44% of people spoken to were not aware of local support.

4. 85% of participants said they would be happy to talk about their mental health & wellbeing.

5. A number of services were complimented in the way they supported services, including Creative Support, the Food Bank and YSYC. GP’s received a mixed response with some participants complimentary in the way in which they had helped whilst others had a bad experience.

6. Stigma was a concern for many with participants feeling they were looked down on upon by professionals and wider society, they mentioned a lack of support & understanding.

7. The way in which people were communicated with was found to have an impact on both their access to services and how their emotional health & wellbeing was affected.

8. Individuals with a criminal record, the homeless & those current/previous users of substances had some of the worst experiences, they felt the stigma attached hindered any process & had a negative effect on their mental health & wellbeing.
Recommendations

1. Services should approach Unemployment, Housing & Health holistically, working together in partnership along with effective information & signposting to improve residents experience and outcomes, whilst saving time and money.

2. Services should encourage Peer Support locally to enhance unemployed residents mental and emotional health & wellbeing, to place people in a position of ‘expert by experience’ to develop facilitation skills, confidence and employability.

3. Services should encourage training & awareness campaigning locally to reduce stigma & increase understanding. This is in particular relation to ex-offenders, the homeless & substance users to encourage a holistic approach to support & services.

4. Improve promotion of local support & services so residents are aware of what is available to them, using both online platforms & print media across varying sites & environments. This is in accordance with NICE Guidelines (CG138; 1.3.2, 1.5.11 & 1.5.18)

5. Services should treat people as individuals and understand how external factors may be impacting an individual. This is in accordance to NICE Guidelines (CG138; 1.1.1 & 1.1.3).

6. Services should actively discuss options with individuals. They should encourage independence, choice & involvement, understanding it’s not a one size fits all. This is in accordance to NICE Guidelines (CG138; 1.1.7 & 1.3.1).

7. Services should ensure individuals are well informed & communication is effective, taking into account individual preference & suitability. This is in accordance to NICE Guidelines (CG138; 1.4.2 & 1.4.5).

NICE Guidelines CG138: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services:

1.1.1 Develop an understanding of the patient as an individual, including how the condition affects the person, and how the person’s circumstances and experiences affect their condition & treatment.

1.1.3 Ask the patient about and take into account any factors, such as their domestic, social and work situation and their previous experience of healthcare.

1.1.7 If appropriate, discuss with the patient their need for psychological, social, spiritual and/or financial support. Offer support and information to the patient and/or direct them to sources of support and information. Review their circumstances and need for support regularly.

1.3.1 Adopt an individualised approach to healthcare services that is tailored to the patients needs and circumstances, taking into account their ability to access services, personal preferences and coexisting conditions. Review the patients needs and circumstances regularly.

1.3.2 Inform the patient about healthcare services and social services that are available locally and nationally. Encourage and support them to access services according to their individual needs and preferences.

1.4.2 For patients who use a number of different services (for example, services in both primary and secondary care, or attending different clinics in a hospital), ensure effective coordination and prioritisation of care to minimise the impact on the patient.

1.4.5 Inform the patient about: who is responsible for their clinical care and treatment, the roles and responsibilities of the different members of the healthcare team, the communication about their care that takes place between members of the healthcare team.

1.5.11 Give the patient information, and the support they need to make use of the information, in order to promote their active participation in care and self-management.

1.5.18 Advise the patient where they might find reliable high-quality information and support after consultations, from sources such as national and local support groups, networks and information services.
If you would like more information about Healthwatch Blackburn with Darwen, a hard copy of this report or to find out how you can get involved in future projects please get in touch:

Suite 20
Blackburn Enterprise Centre
Blackburn
BB1 3HQ

01254 504985

info@healthwatchbwd.co.uk

www.healthwatchblackburnwithdarwen.co.uk