Appendix 1

Kent and Medway

Integrated Work and Health Strategy 2025 – 2030:

Engagement Report

Kent and Medway Integrated Care System

KMEP Kent & Medway Economic Partnership

Contents

Executive Summary

The Kent and Medway Integrated Work and Health Strategy 2025 – 2030 (the strategy) has been developed through a collaboration between the Kent and Medway Integrated Care Partnership (ICP) and the Kent and Medway Economic Partnership (KMEP). This joint initiative reflects a shared commitment to improving the health and productivity of our workforce, benefiting businesses, organisations and the local community.

To inform the development of the strategy, a public engagement exercise was carried out, which included both an online consultation and lived experience interviews and focus groups, building on a strong intelligence gathering phase in Summer 2024 that attracted high levels of participation from a diverse range of stakeholders.

A total of 336 responses were received during the online consultation, with contributions from across both Kent and Medway. The feedback was coded and analysed, revealing strong overall support for the strategy's aspirations. Each aspiration received a "Strongly Agree" response rate of over 69% when respondents were asked whether it should be included in the strategy. Some comments included:

- Both employers and employees share responsibility for employability and wellbeing.
- Ongoing skills development is important, particularly for those changing careers or returning to work with a health condition.
- Flexible working can help people stay in employment while meeting their social and emotional needs.
- Maintaining a healthy work environment will help to support employee confidence in applying for work.

Importantly, none of the aspirations received more disagreement than agreement. Aspiration D had the highest proportion of disagreement at just 4.5%, but the results still indicated a broadly positive reception to the draft proposals across all thematic areas.

There was also a range of cross cutting themes from the responses in the open text questions, which included:

- Inclusive Education, Awareness and Culture – consistent calls for better education and training, for employers, employees and training providers, to build awareness, reduce stigma and promote inclusion.
- Flexible Accessible and Supported Pathways – flexibility in training, employment, and adjustments (e.g. part time, remote, phased returns) are essential to enable meaningful participation.
- Shared Responsibility and Systemic Support – a joined-up approach is needed between employers, government services, and third sector organisations, recognising employers cannot hold all the solutions.

Involve Kent were also commissioned to undertake interviews and focus groups with people who have lived experience of long term health conditions and disabilities in the context of the workplace. Involve Kent worked with 42 participants either in person, remotely or in written form according to the participant's preference.

Overall, there was strong support for the four Aspirations proposed for the strategy, with helpful suggestions for developments. Some comments included:

Aspiration A: "I think employers need to realise that supporting people with health conditions is a joined-up issue – they need to take the steps together. Managers aren't expected to know everything and it's OK not to know."

Aspiration B: "I have had training over the years but none of it has really been adapted to my health needs until now."

Aspiration C: "For me with autism, I think the thing they need to understand is that it is a complex thing and it's not like the movies and that's not how autism works in the real world. … There needs to be lots more one to one conversations between the employee and employer so that they can really get to know someone."

Aspiration D: "The company looked after us, so we could look after ourselves and each other. And the staff did all look after each other. The company were really careful when recruiting to recruit the right personalities – to be part of the team and feed into this supportive environment."

Themes elicited from the online consultation and the interviews and focus groups with people with lived experience have fed into a *You said, we did* document which has in turn informed the development of the strategy.

Introduction

This report summarises the responses gathered through the public engagement exercise undertaken to support the development of the Kent and Medway Integrated Work and Health Strategy 2025–2030 (the strategy). The engagement aimed to ensure broad and meaningful participation from across our communities, enabling residents to shape a strategy that reflects local needs and priorities.

The online consultation provided respondents with the opportunity to have a say on each Aspiration in the strategy, with respondents stating how much they agreed whether each Aspiration should be included in the strategy, ranging from "Strongly Agree" to "Strongly Disagree". This was then followed by an open text box to explain why they thought this, and a range of open text questions to gather detailed, personal insights and suggestions from respondents.

Respondents were able to choose which questions to answer within the online consultation survey. As such, answers for "Unknown" to any of the questions, are where the respondents have chosen not to answer. It is also important to note that while not every individual comment is quoted or coded in this report, all responses have been read and taken into account when determining whether changes were needed.

Developing from the online consultation, a series of interviews and focus groups were commissioned to provide further insight on the strengths and developmental points of the draft work and health strategy.

The VCSE organisation Involve Kent, were the successful bidder for the opportunity to engage specific populations with lived experience to support development of the Kent and Medway Integrated Work and Health Strategy, and produce a report on its specific themes.

The Quick Quote for this activity was issued on 17 April 2025 and awarded to Involve Kent on 30 April 2025. A report on the insight gathered from people with lived experience through interviews and focus groups was received on 10 June 2025, this is included at Appendix B.

The online survey and lived experience interviews and focus groups received the following levels of engagement:

- 336 responses from across Kent and Medway to the online consultation.
- 184 respondees to the online consultation said they would be happy to be contacted for focus groups
- Insights from 42 participants with lived experience contributed to interviews and focus groups. 33 were engaged in individual discussions and 9 participants took part in focus groups.

The feedback received during this process has been carefully considered and will inform the forthcoming *You Said, We Did* document, which will outline how online consultation responses have influenced the final version of the strategy.

The final version of the Kent and Medway Integrated Work and Health Strategy will be presented for approval through the governance processes of Kent County Council, Medway Council, and the Kent and Medway Integrated Care Board (ICB) between July and September 2025.

The next stages of this report cover the outcomes from online consultation and lived experience interviews and focus groups in more detail.

Online Consultation Process

A 10-week online consultation was conducted between 10 January and 20 March 2025. A copy of the consultation questions that were asked is included in Appendix A. The consultation used the NHS Have Your Say in Kent and Medway site to host the online consultation and provide access to the draft strategy. To raise awareness of the consultation and encourage participation the following activity was undertaken.

The Survey was shared with the membership of the Strategic Partnership for Health & Economy (SPHE). The SPHE includes representatives from local government including Economic Development, Public Health and Social Care, the NHS, businesses and business representative organisations, skills providers, voluntary groups and the Department for Work & Pensions for dissemination through their own channels.

Social media and Communications Engagements were coordinated by a group comprising communications leads from Medway Council, Kent County Council and the Integrated Care Board. Working together, they oversaw the promotion of the survey on their respective Social Media channels including "X" (formally Twitter), Instagram and Facebook which also comprised paid for advertising targeting individuals and generated the following reach:

- 178 (134 individuals) downloads of the Strategy
- 4624 (2922 individual) visits to the consultation webpage
- Social Media posts reached 85,377 people (unique users who saw the ad) with 1650 click throughs to the consultation page.

Further to social media presence the survey was also shared with broad group of stakeholders and groups of relevant bodies, these included presentations and information sharing with:

- Disabled worker forums from anchor institutions
- Internal staff communications for anchor institutions
- Adult Social Care Team Staff Meetings
- GP and Primary Care Staff Bulletin
- NHS Kent and Medway Public Newsletter
- Public Health Newsletters including Medway Public Health Workplace Health Programme newsletter
- NHS Kent and Medway Stakeholder Update Newsletter
- Integrated Care Partnership Members
- Kent and Medway Economic Partnership Members
- Primary Care – via Primary Care Bulletin
- Learning Disabilities and Autism Board
- Better Mental Health Network
- Prevention Partnership and Operations Group
- ICB Executive
- Allied Health Professionals
- East Kent Marmot Steering Group
- Health and Care Partnerships via the ICP Sub Committees
- Strategic Partnership for Health and the Economy

- Kent and Medway VCSE Steering Group
- Kent and Medway VCSE Health Alliance
- KCC Districts
- Acute Trusts
- Kent County Council Internal Comms via KNet and The Information Point
- Business Advisory Board
- Kent Economic Development Officers Group

Information about Consultation Respondents

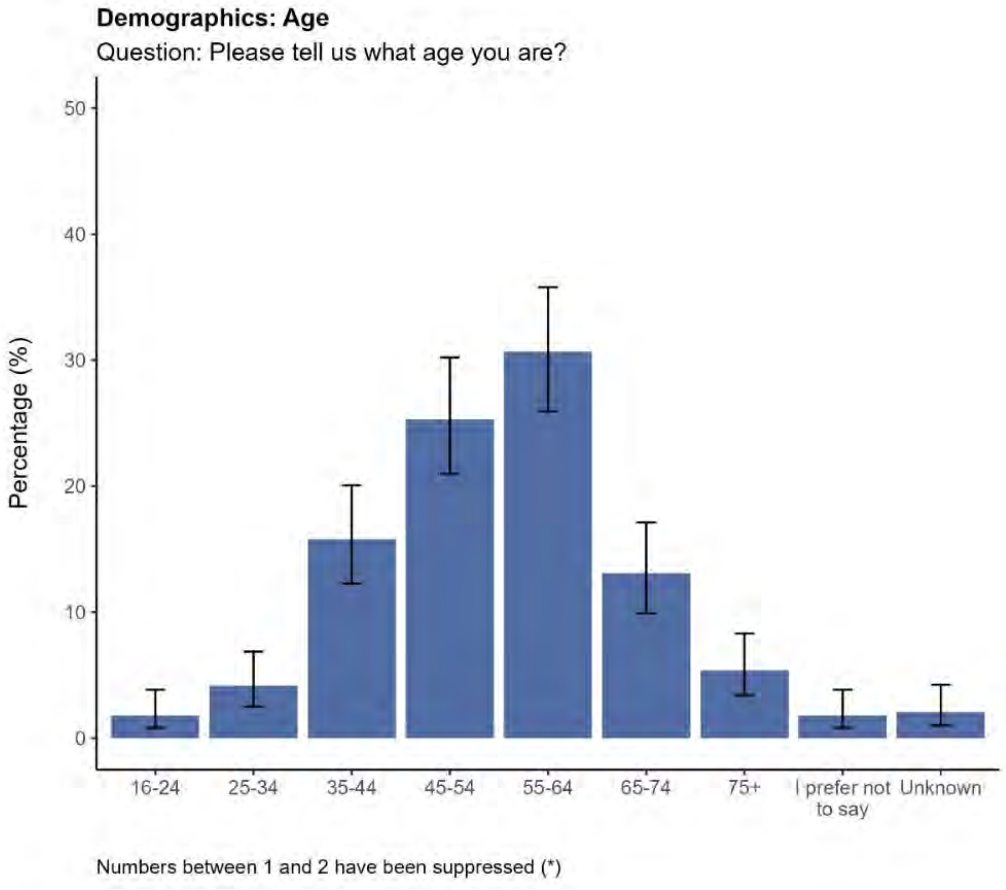
The consultation received 336 responses, all of which were all made using the questionnaire online.

Demographics of Respondents

Age

The consultation received responses from a range of ages, with 55–64-year-olds making up 30.7% of total responses, followed by 45–54-year-olds with 25.3%, as demonstrated in Figure 1.

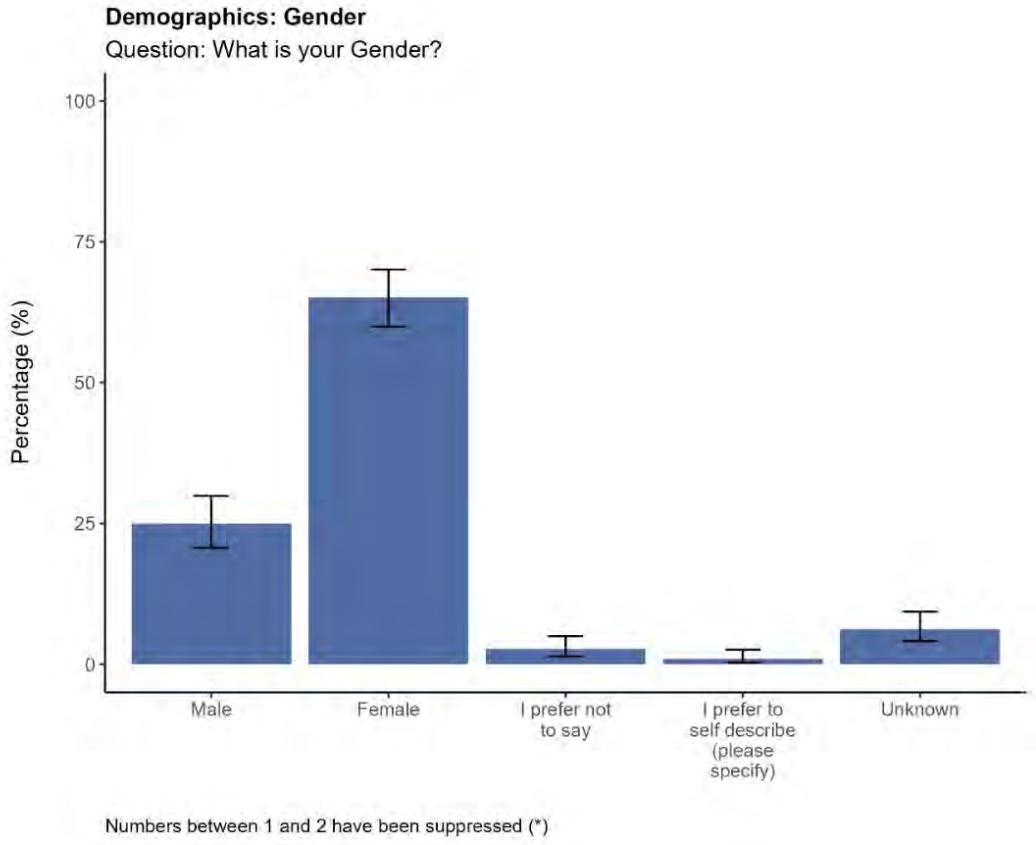
Figure 1 – Demographics: Age



Gender

From the 336 respondents, there was greater response from females, with 65.2% responses female, compared to 25% from males as shown in Figure 2. Nine responses (2.7%) stated "I prefer not to say", and three responses (0.9%), stated "I prefer to self-describe". 21 responses, (6.2%) were "Unknown".

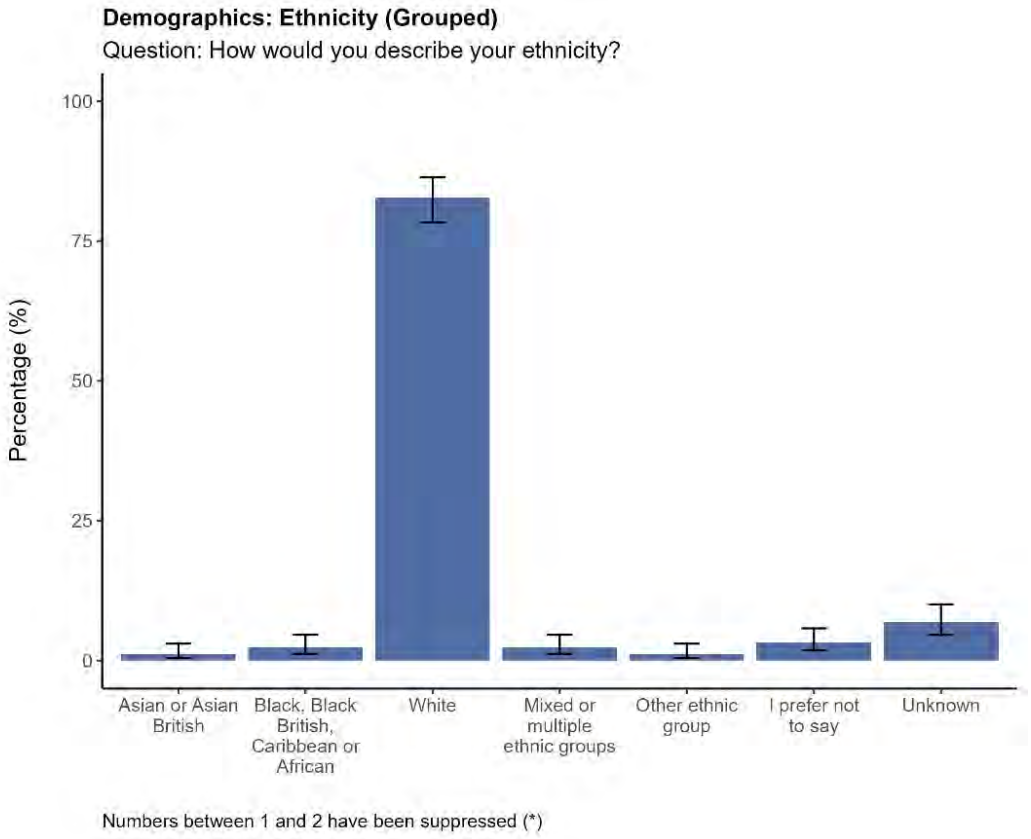
Figure 2 – Demographics: Gender



Ethnicity

Regarding ethnicity, shown in Figure 3, 82.7% of respondents stated they were White British, which is slightly below the proportion for Kent shown in the Census 2021 (89.4%). The next highest respondents where for "Unknown" (6.8%) and "I prefer not to say" (3.3%).

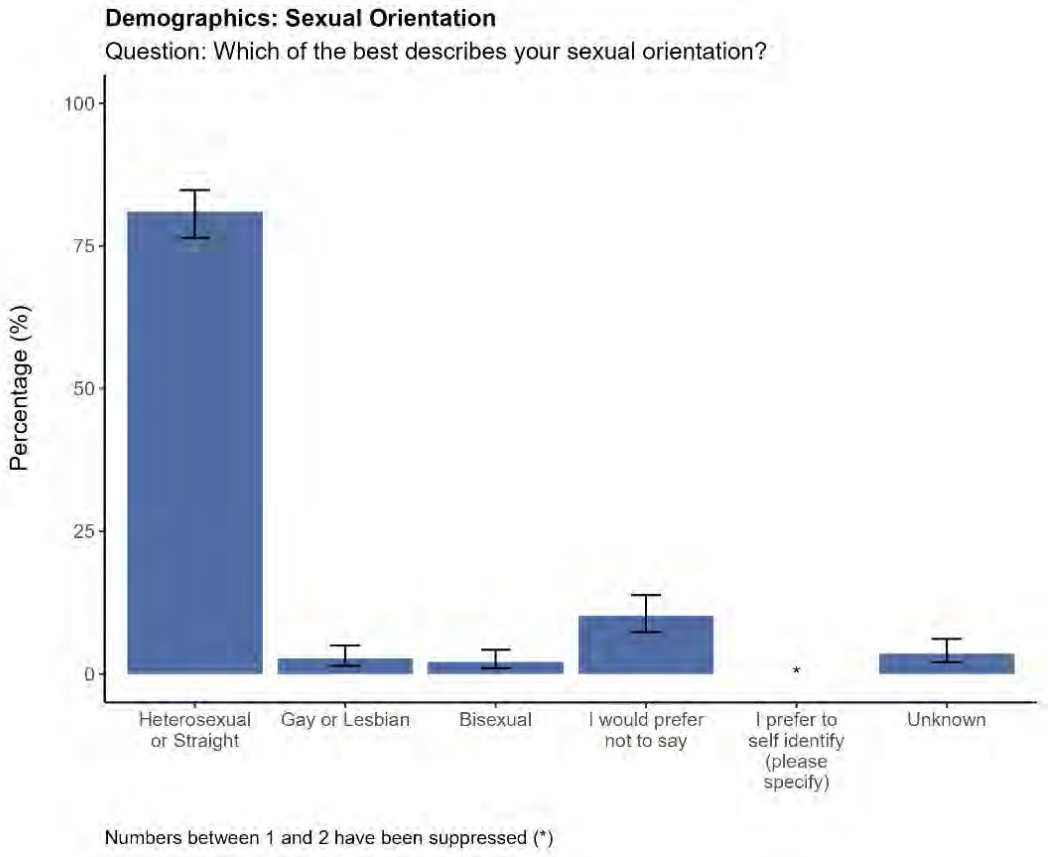
Figure 3 – Demographics: Ethnicity (Grouped)



Sexual Orientation

Concerning sexuality, shown in Figure 4, 81% of respondents stated they were heterosexual, with 10.1% answering they would prefer not to say. Gay or Lesbian was stated by 2.7% of respondents, with the remaining 3.6% "Unknown".

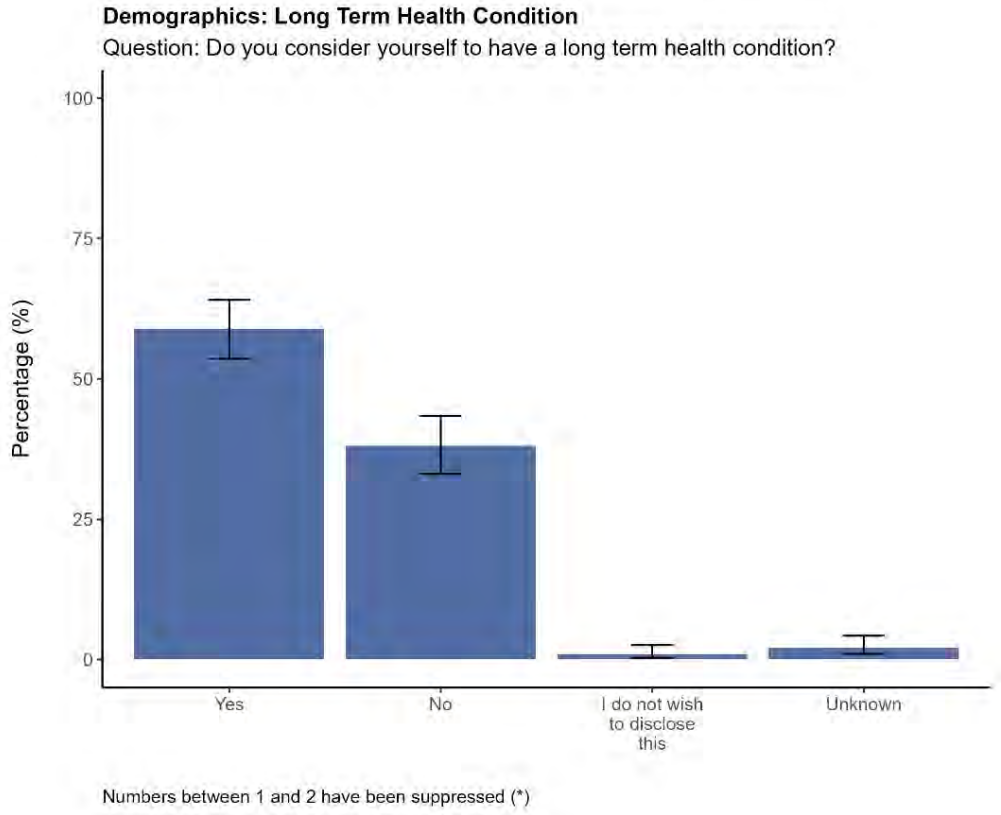
Figure 4 – Demographics: Sexual Orientation



Long-term Health Conditions and/or Disability

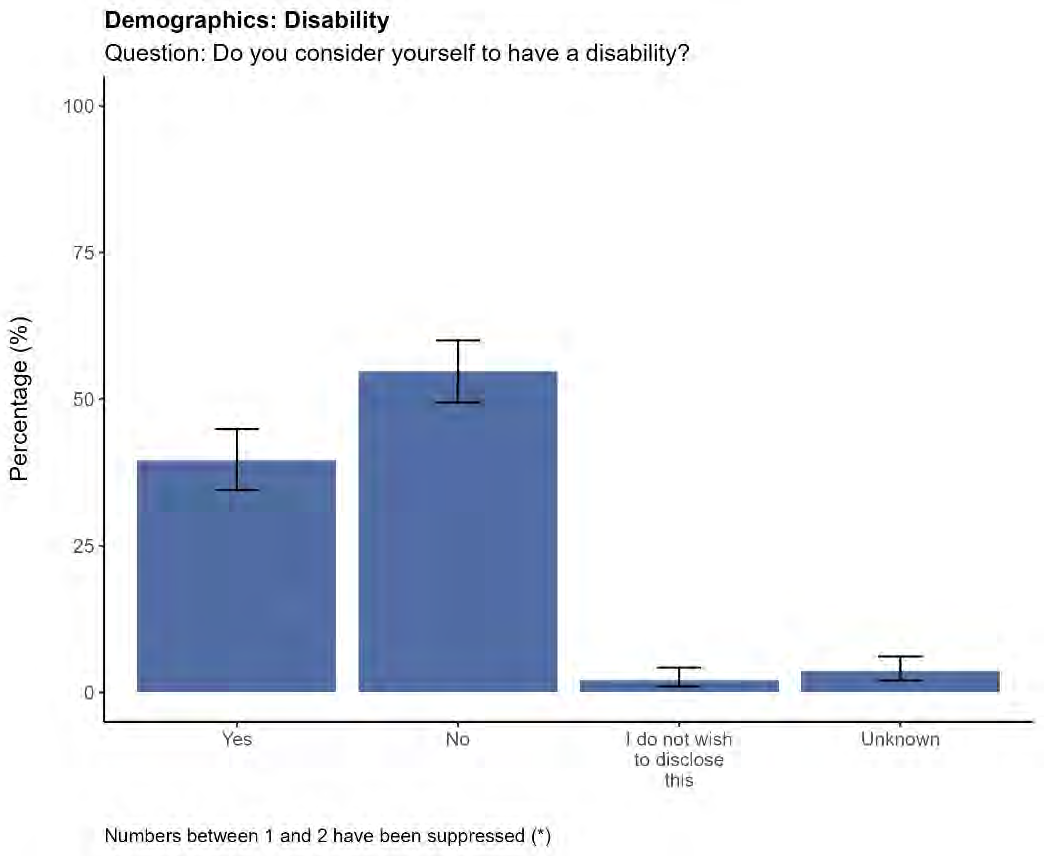
A total of 198 (58.9%) responses received from respondents considered themselves to have a long-term health condition, and three responses (equal to 0.9%) answered "I do not wish to disclose this".

Figure 5 – Demographics: Long-term Health Condition



A total of 133 (39.6%) received from respondents considered themselves to have a disability, and seven responses (2.1%) answered "I do not wish to disclose this".

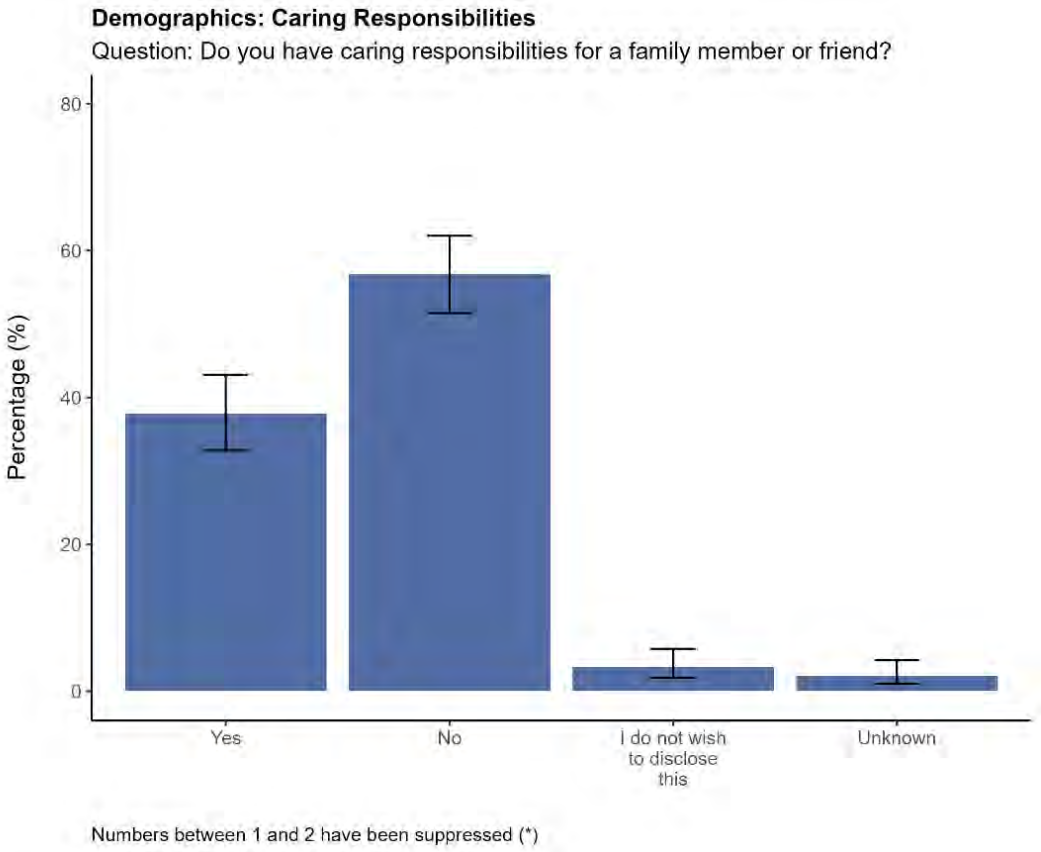
Figure 6 – Demographics: Disability



Caring Responsibilities

We asked whether respondents consider themselves Carers[1], 127 (37.8%) of respondents classed themselves as a Carer, with a further 11 (3.3%) of respondents wishing not to disclose this. The remaining 191 (56.8%) of respondents answered "No" and 7 (2.1%) answered "Unknown".

Figure 7 – Demographics: Caring Responsibilities

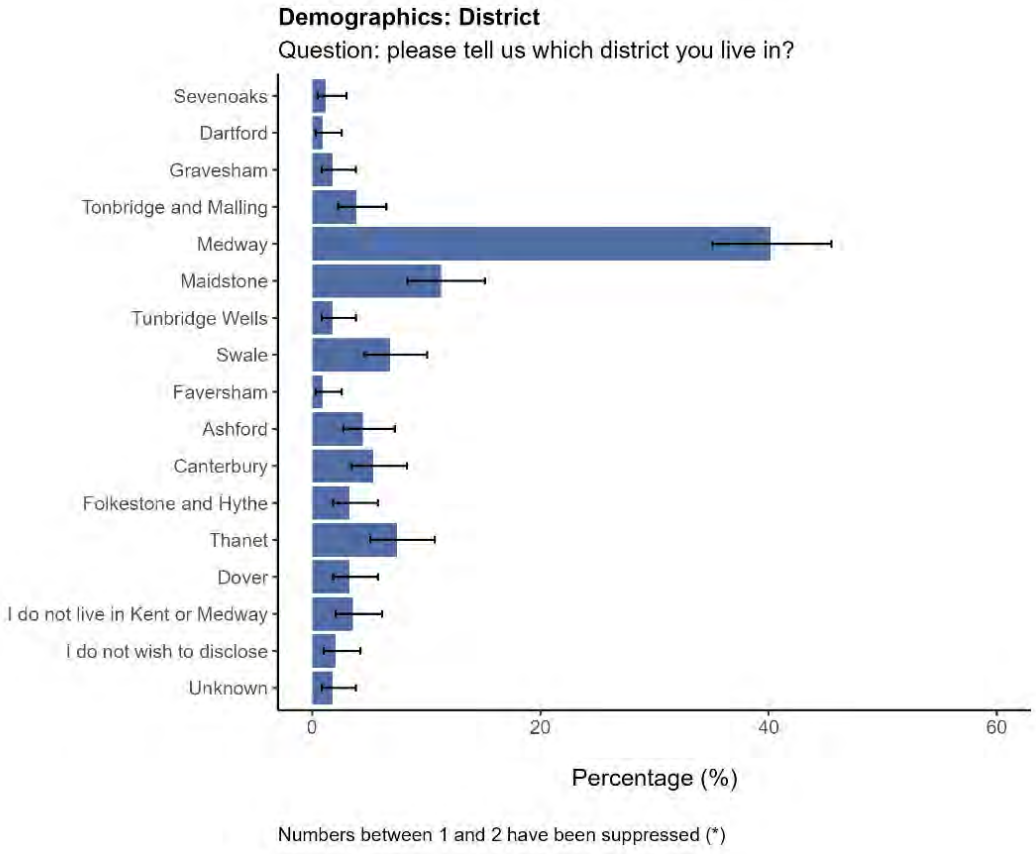


[1] "A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. When we refer to carers in this document, this is inclusive of both adult and young carers." https://www.england.nhs.uk/commissioning/comm-carers/carers/ [Accessed 20.05.25]

District

We asked respondents which district they live so we could determine the spread of response from across Kent and Medway. The results are shown in Figure 8 and indicate that there was a spread of responses from all parts of the county, and also a few who do not live in Kent and Medway (3.6%). In total, 176 (52.4%) responded they lived in Kent and, and 135 (40.2%) in Medway, with the remaining responding "I do not wish to disclose" or "Unknown".

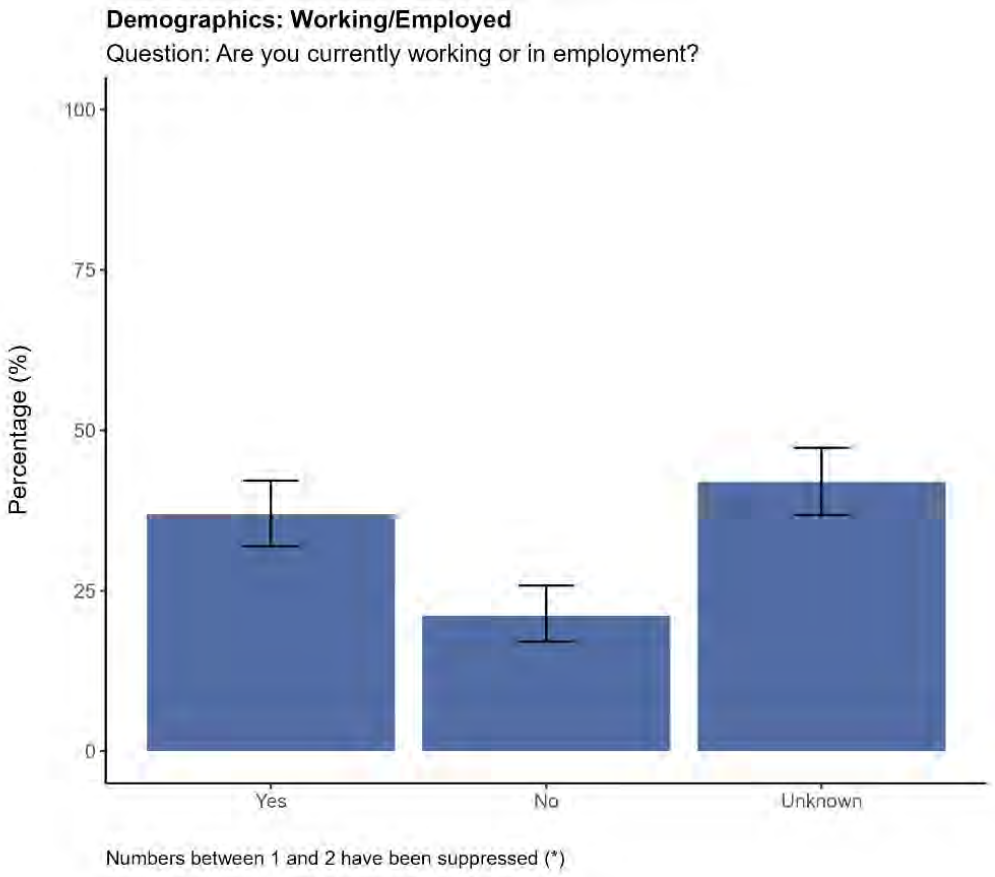
Figure 8 – Demographics: District



Working or Employment

This was question could only be answered by those respondents that answer yes to having a long-term health condition or disability. Of the respondents who did answer, 124 (36.9%) answered "Yes" and 71 (21.1%) answered "No".

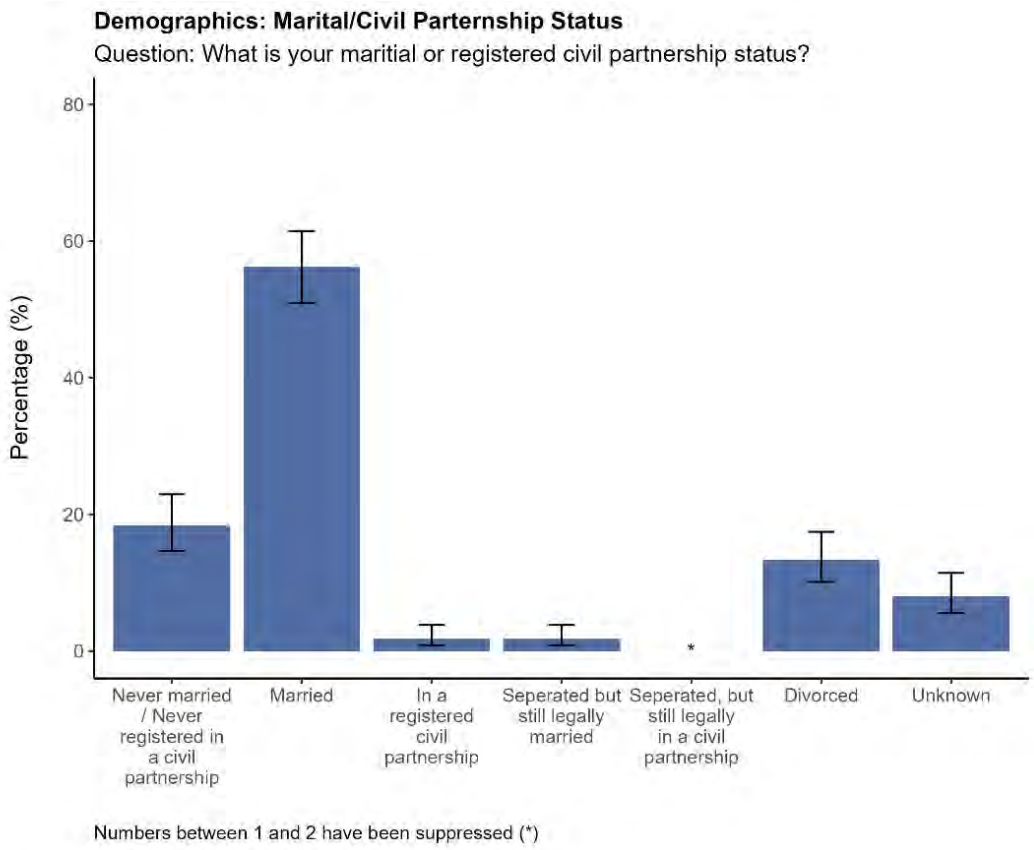
Figure 9 – Demographics: Working or Employment



Marital/Civil Partnership Status

When asked their marital status, 56.2% answered "Married", which was followed by "never married/never registered in a civil partnership" by 18.5% of respondents.

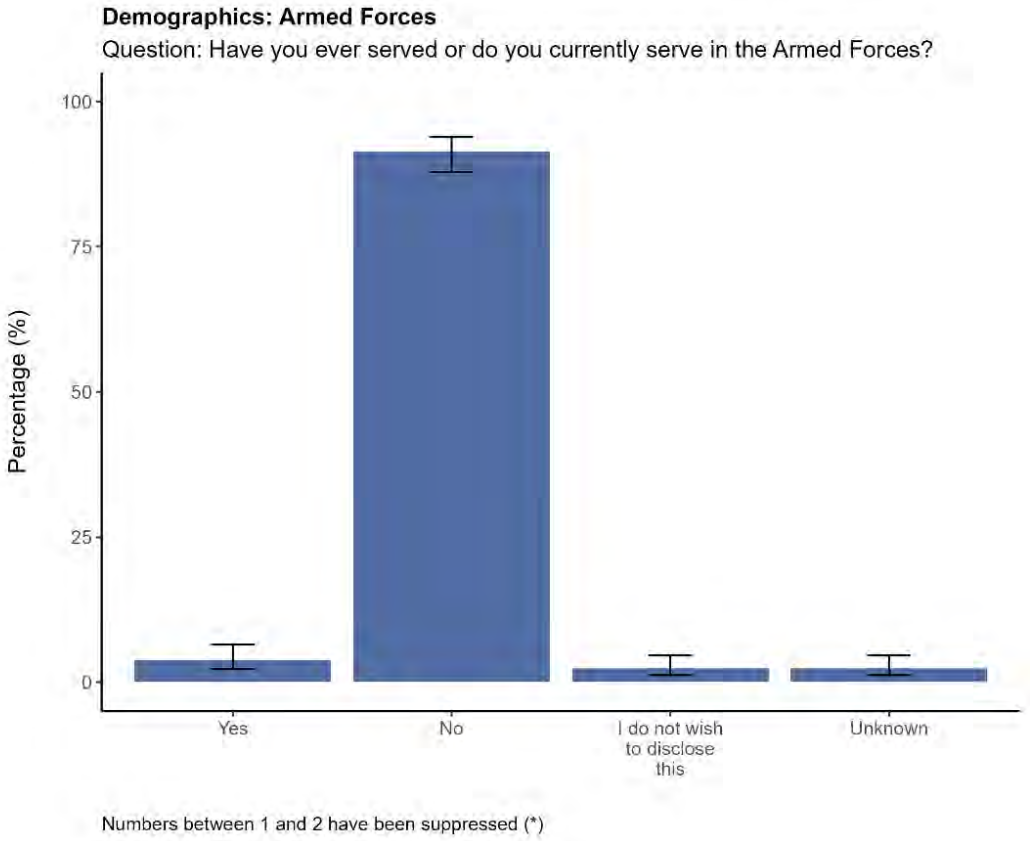
Figure 10 – Demographics: Marital/Civil Partnership Status



Armed Forces

13 (3.9%) of respondents have served or currently serve in the armed forces, with remaining respondents answering "No" (91.4%) or that they do now wish to disclose this (2.4%).

Figure 11 – Demographics: Armed Forces



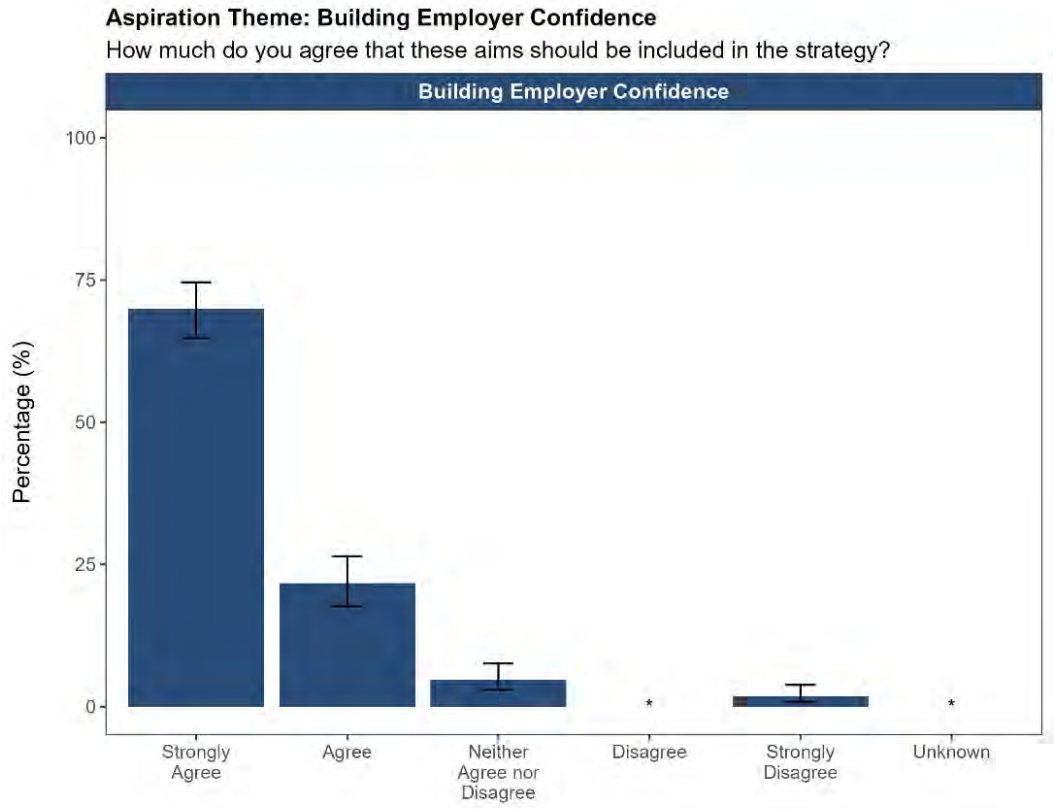
Aspiration A: Building Employer Confidence

Aspiration A was strongly supported with a total of 69.9% of respondents answered Strongly Agree and 21.7% of respondents answered Agree. This indicates a clear endorsement of the aspiration's relevance and important, with respondents highlighting that:

- Both employers and employees share responsibility for employability and wellbeing.
- Employers need more support and confidence to engage with people with health conditions.
- Greater awareness is needed of the value that people with long-term health conditions or disabilities bring.
- Employers should balance business needs with supporting employee health and wellbeing.

A total of 4.8% of respondents answered Neither Agree nor Disagree. A small percentage of respondents answered Disagree. A total of 1.8% of respondents answered Strongly Disagree. A small percentage of respondents answered Unknown.

Figure 12 – Aspiration Theme: Building Employer Confidence



Aspiration by Long-Term Health Condition and/or Disability

The breakdown of results has been broken down by long-term health conditions and disabilities. As shown in Table 1, the percentage of agreement was higher for respondents with long-term health conditions and disabilities.

Four respondents (3.2%) with long-term health conditions answered Strongly Disagree. In the open text box, respondents' reasons included:

- Employers already have responsibilities to all employees; adjustments should not single out individuals.
- Overloading employers with extra responsibilities could harm small businesses.
- Employers should foster a healthy environment but not bear sole responsibility for employee wellbeing.

Table 1 – Aspiration A: Building Employer Confidence

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Long Term Condition (No Disability)	74	55 (74.3%)	13 (17.6%)	4 (5.4%)	0	*	*
Disability (No Long-Term Condition)	9	8 (88.9%)	0	0	0	0	*
Long-Term Condition and Disability	124	87 (70.2%)	26 (21%)	7 (5.6%)	0	4 (3.2%)	0
No Long-Term Condition or Disability	118	79 (66.9%)	31 (26.3%)	5 (4.2%)	*	*	0
Unknown/Did Not Answer	11	6 (54.5%)	3 (27.3%)	0	0	0	*

Number of Total Respondents: 336; LTC: Long Term Condition

*Counts between 1 and 2 have been suppressed

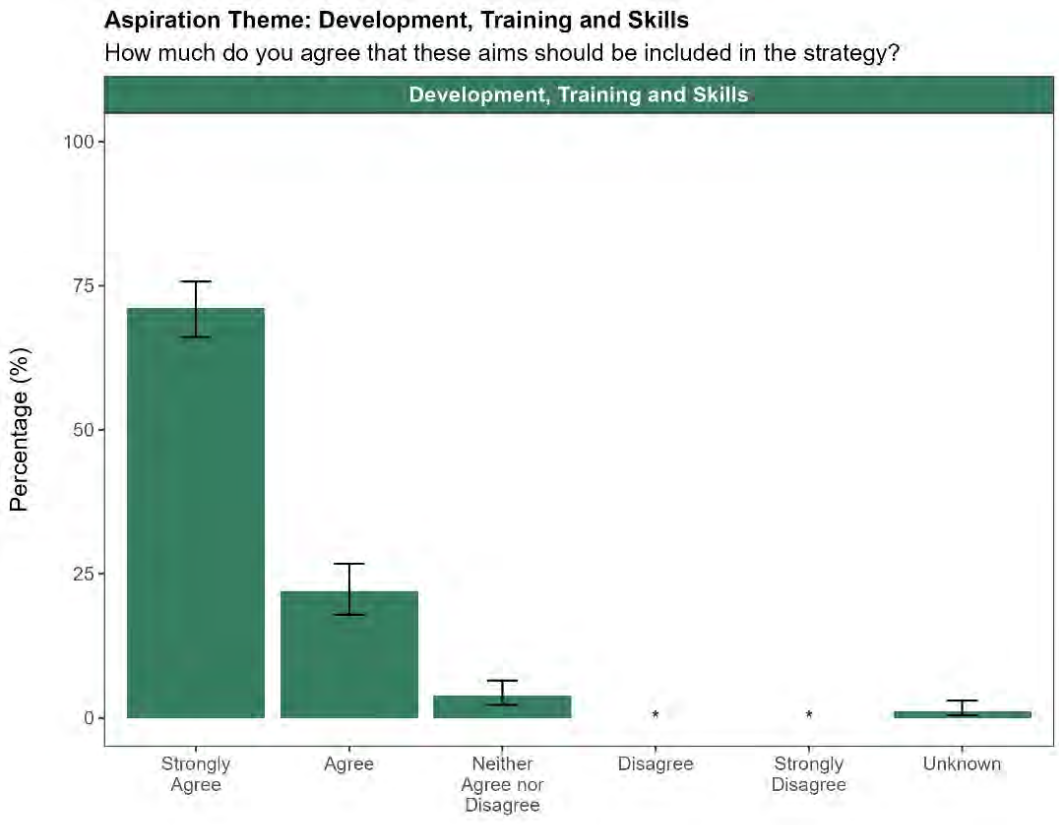
Aspiration B: Development, Training and Skills

Aspiration B received even stronger support than Aspiration A, with 71.1% of respondents selecting Strongly Agree and a further 22% of respondents selecting Agree. This brings total positive support to over 93%, highlighting the high level of consensus around the importance of this aspiration. Some comments included:

- Ongoing skills development is important, particularly for those changing careers or returning to work with a health condition.
- People with lived experience can offer valuable mentoring and guidance to others.
- Training should be tailored to individual needs and delivered with understanding and flexibility.
- Career changes made for wellbeing or balance should be respected and supported.

A total of 3.9% of respondents answered Neither Agree nor Disagree, with a small percentage of respondents answered Disagree and Strongly Disagree. Additionally, 1.2% of respondents answered Unknown.

Figure 13 – Aspiration Theme: Development, Training and Skills



Aspiration by Long-Term Health Condition and/or Disability

The breakdown of results has been broken down by long-term health conditions and disabilities. As shown in Table 2, there was lower percentage of those respondents with long-term health conditions who answered Strongly Agree, with those selecting Neither Agree nor Disagree commenting:

- The NHS should prioritise timely, accurate diagnoses and treat people holistically, not focus on skills development.

Table 2 – Aspiration B: Development, Training and Skills

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Long-Term Condition (No Disability)	74	51 (68.9%)	17 (23%)	4 (5.4%)	0	*	*
Disability (No Long-Term Condition)	9	8 (88.9%)	0	0	0	0	*
Long-Term Condition and Disability	124	91 (73.4%)	22 (17.7%)	8 (6.5%)	*	*	0
No Long-Term Condition or Disability	118	83 (70.3%)	32 (27.1%)	*	*	*	0
Unknown/Did Not Answer	11	6 (54.5%)	3 (27.3%)	0	0	0	*

Number of Total Respondents: 336; LTC: Long Term Condition

*Counts between 1 and 2 have been suppressed

Aspiration C: Person Centred Approach

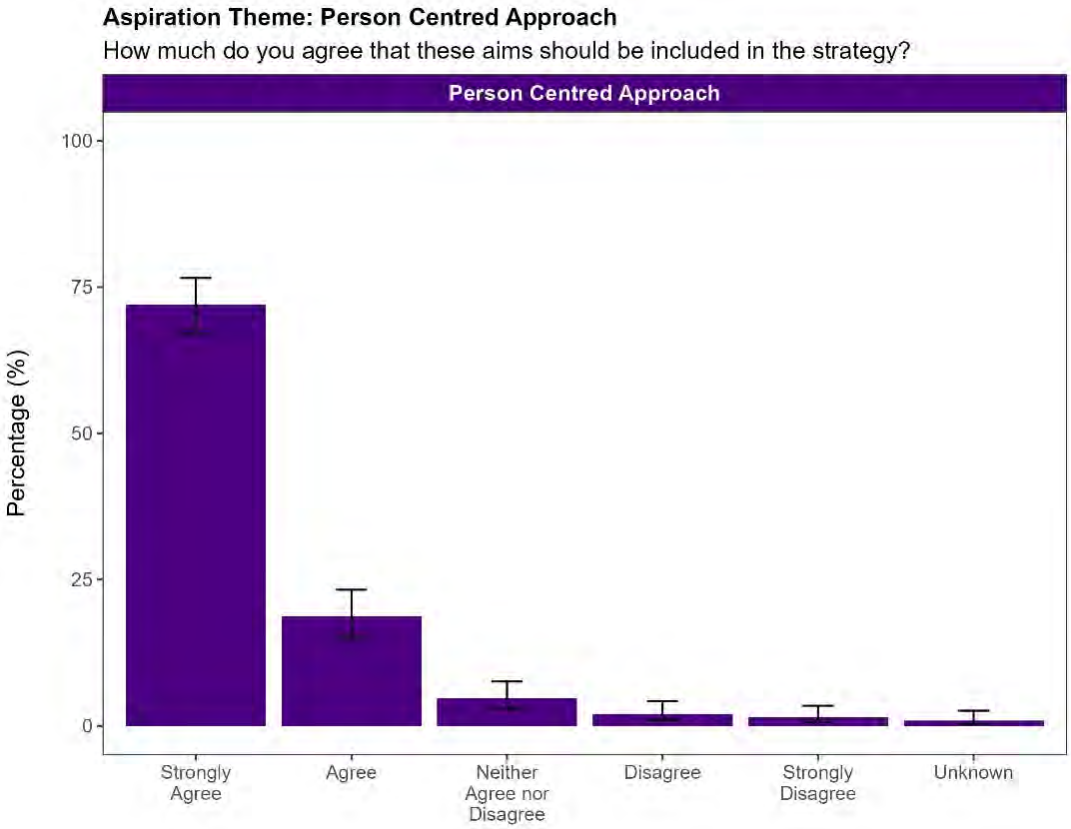
Aspiration C received strong and widespread support from respondents. A total of 72% of respondents answered Strongly Agree and an additional 18.8% of respondents answered Agree, resulting in a combined 90.8% expressing positive support. Some comments included:

- Flexible working can help people stay in employment while meeting their social and emotional needs.
- Support for individuals with long-term conditions is vital for a successful return to meaningful work.
- No one should be pressured to work if they are too unwell; stigma and fear of losing benefits can cause further harm.
- A person-centred, multi-agency approach can improve health, skills, and support outcomes.

A total of 4.8% of respondents answered Neither Agree nor Disagree. There was a minority of respondents who disagreed with 2.1% of respondents selecting Disagree, and a further of 1.5% of respondents answering Strongly Disagree. 0.9% of respondents answered Unknown. Some reasons included:

- Flexible working is difficult to offer in sectors like health and social care and some industries cannot easily accommodate flexible working due to staffing or financial constraints.
- Adjustments for individuals can increase workload for others without added compensation.
- Individuals should apply for roles they can fully perform without requiring excessive adjustments.

Figure 14 – Aspiration Theme: Person Centred Approach



Aspiration by Long-Term Health Condition and/or Disability

The breakdown of results has been broken down by long-term health conditions and disabilities. As shown in Table 3, although those there was strong support for the aspiration, those who selected Disagree were those with both a long-term disagreement and disability, and those with none.

Table 3 – Aspiration B: Person Centred Approach

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Long-Term Condition (No Disability)	74	53 (71.6%)	17 (23%)	3 (4.1%)	0	*	0
Disability (No Long-Term Condition)	9	6 (66.7%)	*	*	0	0	*
Long-Term Condition and Disability	124	98 (79%)	16 (12.9%)	5 (4%)	*	3 (2.4%)	0
No Long-Term Condition or Disability	118	79 (66.9%)	26 (22%)	7 (5.9%)	5 (4.2%)	*	0
Unknown/Did Not Answer	11	6 (54.5%)	3 (27.3%)	0	0	0	*

Number of Total Respondents: 336; LTC: Long Term Condition

*Counts between 1 and 2 have been suppressed

Aspiration D: Healthy, Thriving Workforce

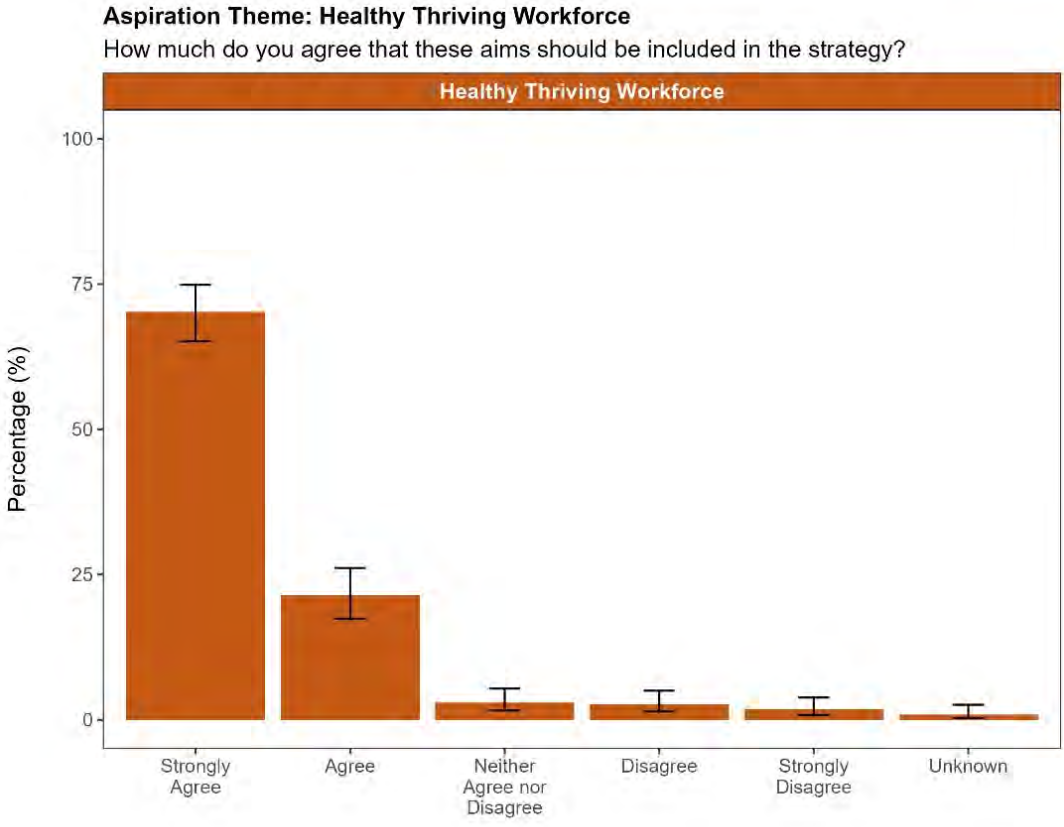
Aspiration D was also met with strong approval with a total of 70.2% of respondents answering Strongly Agree and a further 21.4% of respondents answered Agree. This gave the aspiration a combined 91.6% of respondents expressing positive support. Some comments included:

- Maintaining a healthy work environment will help to support employee confidence in applying for work.
- A healthy workforce is beneficial, but this is undermined if employees face financial insecurities, such as housing or utility costs.
- Menopause in the workplace requires more recognition and support from employers.
- A healthy work-life balance is linked to increased productivity, job satisfaction, and reduced sick leave.

A total of 3% of respondents answered Neither Agree nor Disagree. There was a very small increase in the Disagreement for this aspiration with a total of 2.7% of respondents selecting Disagree and 1.8% of respondents selecting Strongly Disagree, creating a combined total of 4.5%. A total of 0.9% of respondents answered Unknown. Reasons given by respondents included:

- Support for life stages must be balanced; blanket policies may not suit everyone.
- Large workloads and deadlines make attending long training sessions challenging.

Figure 15 – Aspiration Theme: Healthy, Thriving Workforce



Aspiration by Long-Term Health Condition and/or Disability

The breakdown of results has been broken down by long-term health conditions and disabilities. As shown in Table 4, the Disagreement tended to come from respondents with both a long-term health condition and disability, with the reasons mentioned as above.

Table 4 – Aspiration B: Healthy, Thriving Workforce

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Long-Term Condition (No Disability)	74	54 (73%)	17 (23%)	*	*	*	0
Disability (No Long-Term Condition)	9	6 (66.7%)	*	*	0	0	0
Long-Term Condition and Disability	124	87 (70.2%)	22 (17.7%)	7 (5.6%)	3 (2.4%)	4 (3.2%)	*
No Long-Term Condition or Disability	118	84 (71.2%)	27 (22.9%)	*	5 (4.2%)	*	0
Unknown/Did Not Answer	11	5 (45.5%)	4 (36.4%)	0	0	0	*

Number of Total Respondents: 336; LTC: Long Term Condition

*Counts between 1 and 2 have been suppressed

Summary of Open Text Box Questions

Question 7) Are there any other aims that you feel should be included in the work and health strategy that would help people with long-term health conditions and disabilities to start, stay and succeed in their jobs?

Employer Education, Support and Workplace Culture

- Better education and awareness training for employers and colleagues to tackle ableism.
- Tools to help employers share their values in supporting those with health challenges.
- Skills and training for employers to understand legal obligations and benefits of embracing difference.
- Reasonable adjustment should be more explicitly highlighted as part of the person-centred aspiration.
- Peer support groups within businesses to improve understanding of neurodiverse colleagues.

Financial, Structural and Practical Support

- Concern over losing benefits (e.g. PIP, ESA) when trying to return to work.
- Grants and schemes to ease the transition from benefits to work.
- Employers should not be expected to carry all financial responsibility for support needs.
- Employers to help with subsidised/free transportation, gym memberships, and private healthcare to reduce practical barriers.
- Better support from DWP around work-related expenses.

Pathways into Work, Vocational Support and Inclusion

- Vocational rehabilitation to explore interests, goals, and connect with services like Access to Work.
- More flexible working: annualised hours, extended inductions, daily schedule changes.
- Job "tasters," volunteering, and part-time apprenticeships to support gradual re-entry.
- Include local charities and voluntary organisations in the strategy, not just employers.
- A central job search database for roles with appropriate support.
- Joined-up approach among agencies – currently no forum to share experiences and learning.

Other Suggestions

- Encourage older people to return to work with training and support.
- Better support for parents of disabled children attending medical appointments.
- Support for the self-employed who struggle with traditional employment due to disability.
- Integrate healthy eating, exercise, and social prescribing into the strategy for prevention.

Question 8) How can we help employers to feel more confident when supporting someone with a long-term health condition or disability at work and build better working relationships

Training, Awareness and Education

- Improve training for managers on disabilities and long-term health conditions, including legal duties and inclusive practices.
- Promote awareness and understanding of specific health conditions and how they impact work.
- Provide practical tools such as management toolkits, workshops, and e-learning.
- Encourage empathy, emotional intelligence, and inclusive leadership.
- Involve people with lived experience in awareness sessions to build understanding and confidence.

Access to Advice, Support and Information

- Develop a centralised hub or 'one-stop shop' for guidance, advice, and signposting.
- Ensure employers can easily access case studies, helplines, and examples of good practice.
- Strengthen occupational health services and support, especially for SMEs.
- Increase visibility and clarity around support schemes like Access to Work.
- Provide tailored advice on making reasonable adjustments and managing individual cases.

Legal, Financial and Structural Support

- Offer clear, accessible legal guidance on employer responsibilities and employee rights.
- Provide financial support or incentives for making reasonable adjustments or employing people with complex needs.
- Increase funding for workplace adaptations, health coaching, and mental health support.
- Help employers understand the balance of responsibilities between them and the employee.
- Encourage shared resources and collaboration between support services to reduce complexity.

Other Suggestions

- Strengthen NHS and healthcare coordination to support employees in staying in or returning to work.
- Recognise and reward inclusive employers through schemes or public recognition.
- Promote flexible working and person-centred job design as part of "good work."
- Create peer support networks for employers and managers to share learning and challenges.
- Highlight the positive business impact of diverse and inclusive workplaces.

Question 9) What can we do to better support people with long-term health conditions and disabilities take part in training activities that will develop their skills? These activities could be before someone gets a job or whilst they are working.

Accessibility, Flexibility and Inclusivity in Training Delivery

- Offer training in multiple formats (online, in-person, hybrid, group, 1:1) to suit different needs, learning styles, and health conditions.
- Ensure physical, digital, and sensory accessibility, including assistive technologies and adapted environments.
- Provide flexible learning options such as remote, part-time, asynchronous, or modular training.
- Tailor training to individuals through personal learning plans, co-production with disabled people, and neurodiverse-friendly design.
- Make training inclusive for all conditions – recognising there's no one-size-fits-all approach.

Wraparound Support and Practical Adjustments

- Offer transport support (e.g. subsidised travel), accessible venues, and scheduling that suits those with fluctuating conditions.
- Provide mental health, confidence-building, and resilience support before and during training.
- Include peer support networks, mentoring, and buddy systems to reduce isolation and anxiety.
- Ensure clear, accessible information is available in advance – including facilities, expectations, and who to speak to about adjustments.
- Create safe spaces for participants to ask questions or raise issues without stigma.

Pathways to Employment and Career Progression

- Link training to real job opportunities and specific roles to show clear career progression.
- Expand access to funded work experience, volunteering, and trial placements with appropriate support (e.g. occupational health, job coaching).
- Encourage employer involvement in designing training and supporting skill development on the job.
- Provide paid, accredited training options and incentives for upskilling at work without financial penalties.
- Improve awareness of schemes like apprenticeships, especially adapted or inclusive models with no age restrictions.

Other Suggestions

- Start early with awareness and confidence-building in schools, colleges, and healthcare settings.

- Promote existing schemes and funding through better advertising and joined-up communication.
- Involve primary care, charities, and local organisations in delivery and referrals.
- Ensure employers and Jobcentre staff understand and promote inclusive training options.
- Foster a culture of kindness, ambition, and belief in ability – not just focus on barriers.

Question 10) What can we do to help employers focus on the needs of individual employees with long-term health conditions or disabilities, so that they do well in the workplace and contribute to the overall success of the business?

Individual Support and Flexibility

- Improve understanding of individual needs and abilities.
- Provide flexible working arrangements including hybrid working and adjusted hours.
- Provide person centred approaches and reasonable adjustments.
- Tailoring support to individual needs.

Training and Awareness

- Training for managers and staff on disabilities, neurodiversity, menopause and mental health.
- Awareness campaigns to reduce stigma and unconscious bias.
- Encourage open honest conversations and have regular check-ins to address issues. early.
- Promoting wellbeing and mental health support.

Workplace Culture and Communication

- Creating inclusive, supportive, and empathetic environments.
- Fostering a culture of open and honest communication.
- Integrate wellbeing and mental health awareness into workplace culture through proactive support.
- Embedding inclusivity into organisational culture and leadership.

Practical Support and Resources

- Access to occupational health, assistive technologies and funding for adaptations.
- Peer support networks and mentoring.
- Clear guidance on legal responsibilities and available schemes.
- Providing practical support and resources for employees.

Other Suggestions

- Reduce jargon.
- Communicate effectively to overcome wariness of government initiatives and their motivation.
- Focus on clearer, practical goals and outcomes.

- A desire for collaborative problem solving, working with employees to find practical solutions and using real life examples or pathways.

Question 11) To develop healthy thriving workforces, what actions should employers take to support employees in work? This might include better menopause awareness and mental health as examples. Based on your experiences please share suggestions which would make a difference.

Promote Mental and Physical Wellbeing

- Support for menopause, mental health and men's health.
- Provide simple solutions, for example quiet spaces for wellbeing breaks.
- Provide encouragement and support for healthy lifestyles and work life balance.
- Provide access to health and wellness programmes.

Encourage open conversations

- Staff should feel safe talking about their health without fear of being judged.
- Create a culture of openness and trust.
- Regular check ins and open communication channels.
- Encouraging employees to share their experiences and needs.

Train managers to be supportive

- Good line management to support employees.
- Train for managers to spot problems early and support staff effectively.
- Provide resources and tools for managers to support their teams.
- Encourage managers to lead by example.

Make Workplaces More Inclusive

- Provide better equipment and accessible spaces.
- Inclusive policies and peer support networks.
- Create a diverse and inclusive work environment

Other Suggestions

- Realistic expectations and expectations of employers.
- Importance of personal responsibility of employees.
- Need for flexible working options, hybrid working and support for caring responsibilities.
- Working with charities with expertise in disability/external advisors who have experience in supporting diverse needs.

Question 12) Is there anything else that has not been covered in this survey that you would like to share with us about working, or trying to access work, with a long-term health condition or disability?

People Want to Work But Need Support

- People who want to contribute face barriers such as stigma.

- There is a lack of flexibility and some work places are inaccessible.
- Provision of the necessary support to help employees succeed.
- Creation of an inclusive and supportive work environment.

The System can be confusing and slow

- Processes like Access to Work can take too long.
- Navigating the system can be challenging for employees.
- Simplify processes and provide clear information.
- Improve efficiency of support systems.

Stigma and discrimination exist

- Experience of being treating unfairly or not believed.
- Addressing stigma and discrimination in the workplace
- Creating culture of respect and understanding.
- Provide training and awareness to reduce stigma.

Small Changes Make a Big Difference

- Changes such as parking permits and quiet spaces can help.
- Understanding managers can make a significant impact.
- Implementing small changes to support employees.
- Listening to employees and addressing their needs.

Other Suggestions

- As in Q11, some respondents felt that support systems are too complex.
- Importance of flexible hours and hybrid options
- Employers should carry out assessments and listen to employee needs.
- Employers to collaborate with charities and experts who understand the lived experience of disability.

Lived Experience Interviews and Focus Groups

Involve Kent were commissioned to undertake insight gathering with specific groups of people with lived experience of disability or long-term health conditions in the context of employment. Engagement was undertaken with specific groups of participants to complement the data captured through the online consultation survey undertaken between January 2025 and March 2025.

42 participants across Kent and Medway were engaged who identified as having a long-term health condition, a disability or both, and each had current or past experience of being in the workplace. 26.2% of participants reported having a long-term health condition or a physical or mental impairment only, 2.4% considered themselves to have a disability only and the majority, 71.4% indicated that they had a long-term health condition or impairment and a disability.

Most participants were engaged individually (33 participants 78.6%) while 9 participants (21.4%) took part in group settings. Discussion formats were adjusted according to the needs of the participants, including remote, in person and written formats. Experience of individuals was broad across a range of roles and sectors.

From the engagement with participants, the following recommendations were elicited and set out in the document 'Work and Health Engagement: Lived experience insight' attached as Appendix B. Appendix B contains further details of the methodological process and the insight gathered.

"Cross cutting themes and recommendations

- **Mental health**: Ensure that mental health conditions are explicitly and consistently addressed as a distinct area of need across all four aspiration areas and embedded throughout the overall strategy – going beyond general references to wellbeing.
- **Communication**: Place communication at the heart of the strategy by embedding it as a key element across all four aspiration areas, recognising its central role in shaping relationships, delivering support, and promoting positive working environments as well as wellbeing in the workplace.
- **Flexibility**: Prioritise flexibility as a core principle of workplace support across the whole strategy – encouraging organisations to adopt empathetic, more adaptable approaches tailored to individual employee needs – especially during periods of challenge or transition.
- **Proactive employers**: Encourage a culture of proactive, collaborative engagement that replaces assumption with informed, person- centred dialogue – ensuring support is tailored to individual needs and grounded in mutual understanding.
- **Small changes/adjustments**: Recognise and promote the value of small, low-cost adjustments across all four aspiration areas. Encourage organisations to embed a culture where small, everyday acts of empathy, flexibility and consideration are normalised – benefiting individuals with specific needs and the wider workforce." (Appendix B, p.13)

"Aspiration specific themes and recommendations

- ***Aspiration A:*** Importance of employees feeling that they were working with their employer to identify and address their support needs. Crucially, there was a widespread understanding that employers are not expected to have all the answers from the outset. Instead, participants emphasised the value of a 'trial and error' mindset, where both parties explore solutions together over time. This reinforces the idea that creating a collaborative, responsive environment, where support evolves through shared learning and collaboration, can be more impactful than relying solely on fixed solutions and heavily supports the concept prioritised in Aspiration A.
- ***Aspiration B*:** There was strong endorsement of the importance of training which aligned with Aspiration B. While some participants shared positive experiences of accessing training, other participants highlighted that training was either inaccessible to them or delivered in a one-size-fits all manner. In addition to this there were calls for more targeted training aimed at employers, to build their knowledge, skills and confidence in supporting staff with diverse needs. Participants also agreed with the needs for employers to be more aware of external experts and organisations that can provide support or enhance their own understanding. It was therefore widely agreed that enhancing employee-focused and employer focused targeted training, alongside accessible external resources, is key to fostering more inclusive and supportive workplace; as such the prioritisation of these topics in Aspiration B is likely to be appropriate.
- ***Aspiration C***: There was strong and widespread support among participants for employers taking a person-centred approach, aligning closely with the scope of Aspiration C. Participants emphasized the importance of employers getting to know employees as individuals, recognising that understanding should come through direct and open communication, rather than assumptions or generalisations based on a diagnosis. Closely connected to this was the recurring theme of employee confidence. Many participants shared how previous negative experiences had left them feeling uncertain or vulnerable, reinforcing the need for intentional confidence- building – something Aspiration C commits to. Together these insights emphasize the importance of personal connection, individual understanding and confidence-building as essential foundations for helping people succeed and thrive in the workplace. The person centred approach focus of Aspiration C was therefore widely agreed with.
- ***Aspiration D***: There was strong consensus around the importance of employers fostering a culture that promotes and protects employee wellbeing, with many participants expressing that such an environment not only benefits individuals but also enhances loyalty and productivity over time. While Aspiration D recognises the importance of supporting mental wellbeing, participants expressed a clear desire for this to be more strongly routed in workplace culture. A recurring theme highlighted the significant impact can have on mental wellbeing. Another prominent theme was the vital role of managers and employers in actively encouraging breaks and moments to recharge. Participants also highlighted the value of managers regularly checking in with their teams to support wellbeing throughout the day. Overall these insights highlight that cultivating a supportive and positive workplace culture is key to sustaining employee

wellbeing. The prioritisation of a supportive and inclusive workplace culture as a core strategy to promoting mental wellbeing should be central to Aspiration D." (Appendix B, p.22)

Conclusion

This engagement report outlines the process of engagement to support the development of the Kent and Medway Integrated Work and Health Strategy 2025 -2030. Engagement has been undertaken via an online consultation between January 2025 and March 2025 and interviews and focus groups with people with lived experience between May 2025 and June 2025. These interviews and focus groups undertaken by Involve Kent build on the responses to the online consultation by ensuring breadth in lived experience of participants along with age and demographics. The online consultation and the interviews focus groups build on the stakeholder engagement undertaken in Summer 2024 prior to the development of the draft strategy and in which 115 stakeholders engaged in interviews and focus groups.

The online consultation and interviews and focus groups have demonstrated that there is strong or very strong agreement to the Aspirations proposed for the strategy. All responses have been read, and learning will be incorporated into the strategy via the forthcoming *You said, we did* document or where more appropriate inform the action planning for implementation of the strategy which is also underway.

Appendix A – Copy of Consultation Questionnaire

Q1. Are you a person living with a long-term health condition or disability?

- Yes (goes to Q2)
- No (goes to alternative Q2)

Q2. Are you currently working or in employment?

- Yes
- No

Q3 (alternative). How would you describe yourself?

- I am an employer
- I support someone with a long-term health condition or disability
- Other (please specify)

Q4. How much do you agree or disagree that the following aims should be included within the strategy? (please select one option per row)

- Build Employer Confidence - We want to help employers to feel more confident in helping employees with long-term health conditions and disabilities, and build strong working relationships with one another (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)
- Build Employer Confidence - We want to help employers to feel more confident in helping employees with long-term health conditions and disabilities, and build strong working relationships with one another (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)
- Person-Centred Approach - We want to support employers to focus on the individual and their needs, including flexible working and a healthy work-life balance. (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)
- Healthy Thriving Workforce - We want to promote a healthy workforce and encourage physical and mental wellbeing. Employers will be supported to consider the impact of life stages on employees. For example, pregnancy, menopause and ageing within the workforce. (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)

Q5. If you said that you *agree* or *strongly agreed*, please share why you felt this

Q6. If you said that you *disagreed* or *strongly disagreed*, please share why you felt this.

Q7. Are there any other aims that you feel should be included in the work and health strategy that would help people with long-term health conditions and disabilities to start, stay and succeed in their jobs?

Q8. How can we help employers to feel more confident when supporting someone with a long-term health condition or disability at work and build better working relationships?

Q9. What can we do to better support people with long-term health conditions and disabilities take part in training activities that will develop their skills? These activities could be before someone gets a job or whilst they are working.

Q10. What can we do to help employers focus on the needs of individual employees with long-term health conditions or disabilities, so that they do well in the workplace and contribute to the overall success of the business?

Q11. To develop healthy thriving workforces, what actions should employers take to support employees in work? This might include better menopause awareness and mental health as examples. Based on your experiences please share suggestions which would make a difference.

Q12. Is there anything else that has not been covered in this survey that you would like to share with us about working, or trying to access work, with a long-term health condition or disability?

Q13. Would you be happy for us to contact you in the future if we run focus groups to explore these topics in more detail?

- Yes (skips to Q13)
- No

Q14. If you would be interested in taking part then please leave us an email address where we may contact you.

Q15. Please tell us what age you are?

- 16-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75+ years
- I prefer not to say

Q16. What is your gender?

- Male
- Female
- I prefer to self-describe
- I prefer not to say

Q17. Is the gender you identify with, the same as your sex registered at birth?

- Yes
- No
- I prefer not to say

Q18. Please tell us which district you live in

- Ashford
- Canterbury
- Dartford
- Dover
- Faversham
- Folkestone and Hythe
- Gravesham
- Maidstone
- Medway
- Sevenoaks
- Swale
- Thanet
- Tonbridge and Malling
- Tunbridge Wells
- I do not wish to disclose where I live
- I do not live in Kent or Medway

Q19. Do you consider yourself to have a long-term health condition?

- Yes
- No
- I do not wish to disclose this

Q20. Do you have a disability?

- Yes
- No
- I do not wish to disclose this

Q21. Are you pregnant?

- Yes
- No
- I do not wish to disclose this

Q22. Do you have caring responsibilities for a family member or a friend?

- Yes
- No
- I do not wish to disclose this

Q23. Which of the following best describes your sexual orientation?

- Heterosexual or straight
- Gay or lesbian

Appendix B– Work and Health Engagement: Lived Experience Insight

WORK & HEALTH ENGAGEMENT

Lived Experience Insight

involve

CONTENTS:

This report summarises the work undertaken by Involve Kent to gather and report on insights from specific populations with lived experience to support development of the Kent and Medway Integrated Work and Health Strategy.

This project was delivered between May 2025 and June 2025.

1. ENGAGEMENT PROCESS

Engagement was targeted to pre-identified specific groups of participants to allow our data to complement the existing data captured during the online consultation on the Draft Kent and Medway Integrated Work and Health Strategy. As a result, some groups or areas are overrepresented in our data, helping to complement and enhance the data already held.

After reviewing the existing data and identifying any gaps, we examined our own services which give access to 19,000 people across Kent and Medway, to pinpoint the groups we could effectively target. The groups identified were:

Young care leavers aged 18 - 25 with long term health conditions (including mental health conditions) or who are neurodivergent who were engaging with our Moving Forwards Service across Kent and Medway.

Young people aged 18-25 with long term health conditions (including mental health), learning difficulties or who are neurodivergent who were accessing support via our Dynamic Support Advocate team across Kent and Medway.

Adults with health conditions living in Dover and Folkestone & Hythe (as coastal areas of high deprivation) who were known to our PCN Social prescribing teams.

Adults in West Kent with long term health conditions who are from areas of high deprivation who were engaging with ConnectWell West Kent, community navigation and social prescribing GP based staff.

Veterans/Armed Forces personnel with long term health conditions who were engaging with our connections at Kent Arts and Wellbeing CIC and the Armed Forces Network.

Individuals from an ethnically diverse background who were engaging with our partner organisations (Kent Equality Cohesion Council, Guru Nanak Darbar Gurdwara, Gravesend and Dartford Muslim Association, The Grand HLC and the North Kent Caribbean Network).

Individuals living in the Dartford, Gravesham and Swanley area focusing on areas of deprivation who were accessing support via our Wellbeing Services.

The opportunity was also advertised via our Digest newsletter, in our publications on 16/05/25, 23/05/25 and 30/05/25, which were distributed to over 1200 VCSE organisations and professionals.

The opportunity was also promoted via posts to our Facebook, Instagram and LinkedIn channels on 19/05/25 and 28/05/25.

Discussion format

To suit the needs of the specific populations targeted and to ensure an accessible, trauma-informed approach, a high degree of flexibility was offered in how discussions were facilitated. Options included one-to-one or group discussions conducted face-to-face, by telephone, video call or in writing. Participants were also given a choice of facilitator. While they could opt to speak with a known or familiar member of staff from the specific service they were already engaging with, all participants chose for our Engagement and Partnerships Coordinator to facilitate the discussion.

To ensure the one-to-one discussions generated insights comparable to those from the focus groups, ideas and themes raised in other conversations were shared with participants to encourage reflection and deeper discussions.

A set of pre-defined questions and prompts was established to maintain consistency across all discussions; however, not every question was asked of every participant, nor were they always posed in the same order, allowing each conversation to follow a natural, participant-led flow. A full copy of the questions and prompts is attached at Appendix 1. To acknowledge their contribution and time, all participants were offered a £25 voucher.

Demographic data collected

To maintain consistency, we collected the same demographic data that was collected during the online public consultation. In addition, three supplementary questions were included to enable a more detailed analysis of how lived experiences differ across groups. These additional questions are presented in Figures 1, 2 and 3.

If you have answered yes to 6 or 7, which of the following apply to you? *(Please tick all that apply)*	☐ Physical ☐ Sensory (hearing, sight or both) ☐ Longstanding illness or health condition such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy ☐ Mental health condition ☐ Learning disability ☐ Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia ☐ I'd prefer not to say ☐ Other, please tell us: .....

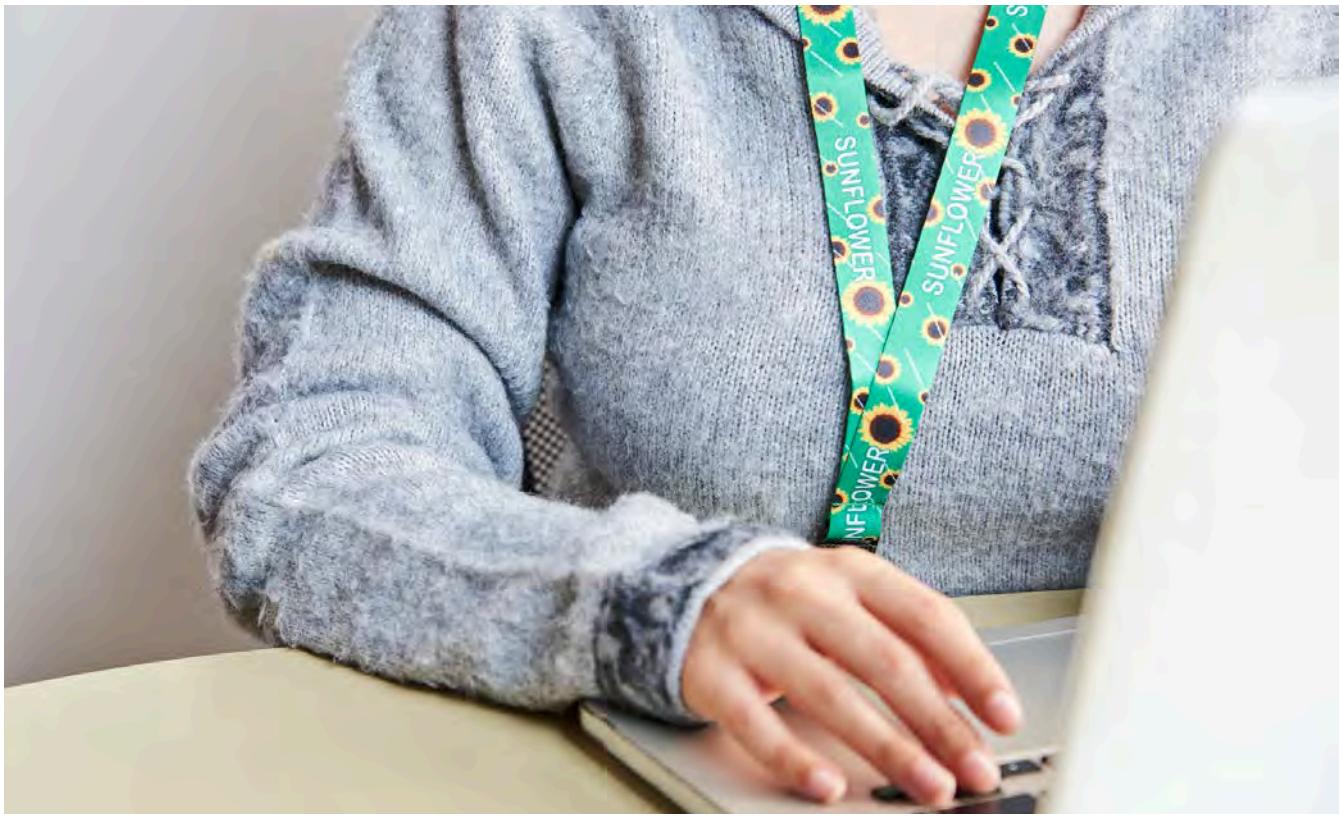
Figure 1: Copy of Question 8

13) Are you a care leaver?	☐ Yes ☐ No ☐ I do not wish to disclose this

Figure 2: Copy of Question 13

2.2 How would you best describe your <u>current</u> working status?	☐ Working full-time ☐ Working part-time ☐ On a zero hour or similar casual contract ☐ Temporarily laid off ☐ Freelance/self-employed ☐ Unemployed ☐ Job seeking ☐ Previously working ☐ On long term leave ☐ Carer ☐ Homemaker ☐ Retired ☐ Student ☐ Other, please tell us .....

Figure 3: Copy of Question 2.2



2. ENGAGEMENT PARTICIPANTS

In total, we engaged with 42 individuals across Kent and Medway, capturing over 65,000 words of rich insights, experiences, and personal perspectives.

As detailed further below, all 42 participants identified as having a health condition, a disability, or both, and each had current or past experience of being in the workplace. This indicates that all 42 participants brought highly relevant lived experience that can offer meaningful contributions to the development of the Integrated Work and Health Strategy.

As anticipated – given the populations involved, the sensitive nature of the topics, and the project timeframes – most participants engaged individually (33 participants, 78.6%) while 9 participants (21.4%) took part in group settings. Figure 4 provides a further breakdown of the discussion formats, including details on whether they were held in person, remotely or in writing.

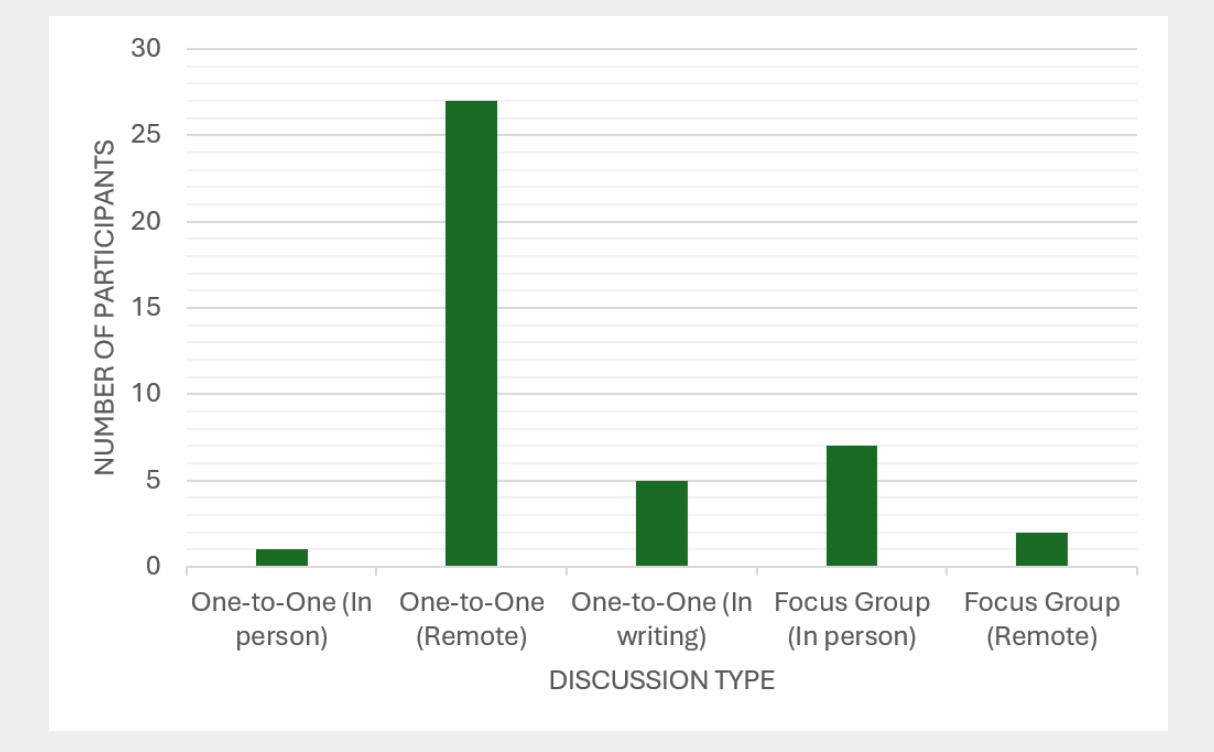


Figure 4: Discussion format

3. PARTICIPANT DEMOGRAPHICS

Working Status

All 42 participants were asked about their current employment status. At the time of the discussion, 38% (16 individuals) reported being in paid work, while 62% (26 individuals) were not. Importantly, all 26 participants who were not in paid work at the time of the discussion had previously held paid employment.

To gain a deeper understanding of their employment circumstances, participants were also invited to describe their current working status in more detail. This information is presented in Figure 5.

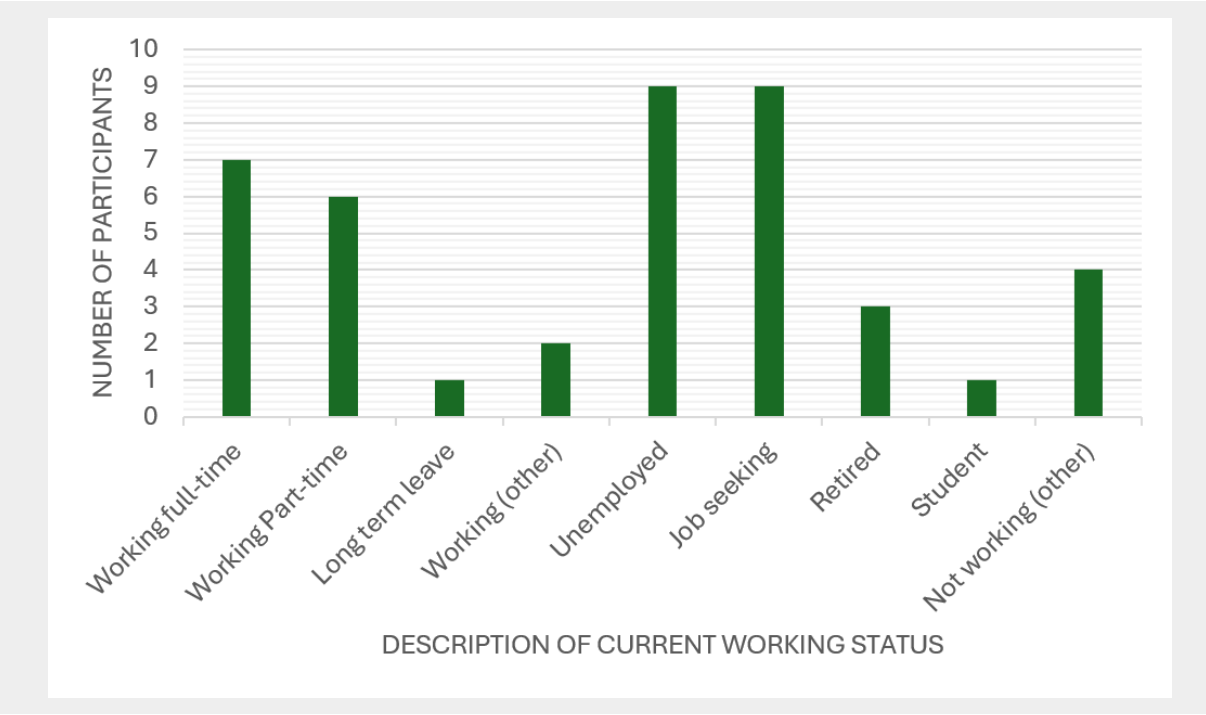


Figure 5: Participant current working status

Long-term Health Conditions and/or Disability

All 42 participants identified themselves as having a long-term health condition, a disability or both.

Specifically, 26.2% (11 individuals) reported having a long-term health condition or a physical or mental impairment only, 2.4% (1 individual) considered themselves to have a Disability only, and the majority – 71.4% (30 individuals) – indicated that they had both a long-term health condition or impairment and a disability.

Participants were also asked to categorise the type or nature of their health conditions or disabilities. Physical and mental health conditions were the most commonly reported, with each affecting 62% of participants. In addition, 45% indicated that they had a longstanding illness, and 36% identified as neurodivergent. A detailed breakdown of this data is provided in Figure 6.

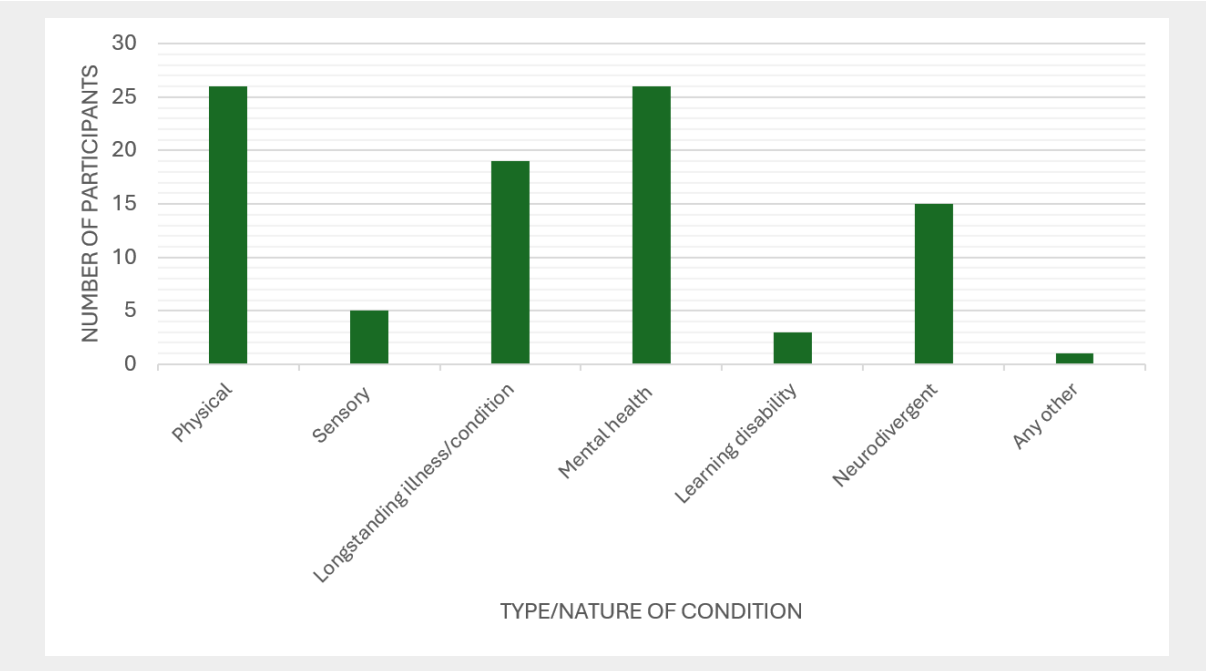


Figure 6: Health condition types reported by participants

Participants were asked to select all types of health condition or disability that applied to them. All participants reported at least one type of condition, with none identifying more than four. The most common number of condition types reported was two, selected by 40% of participants. This distribution indicates that individuals with multiple and potentially complex health needs were engaged with. A breakdown of the number of condition types selected by each participant is shown in Figure 7 on the following page.

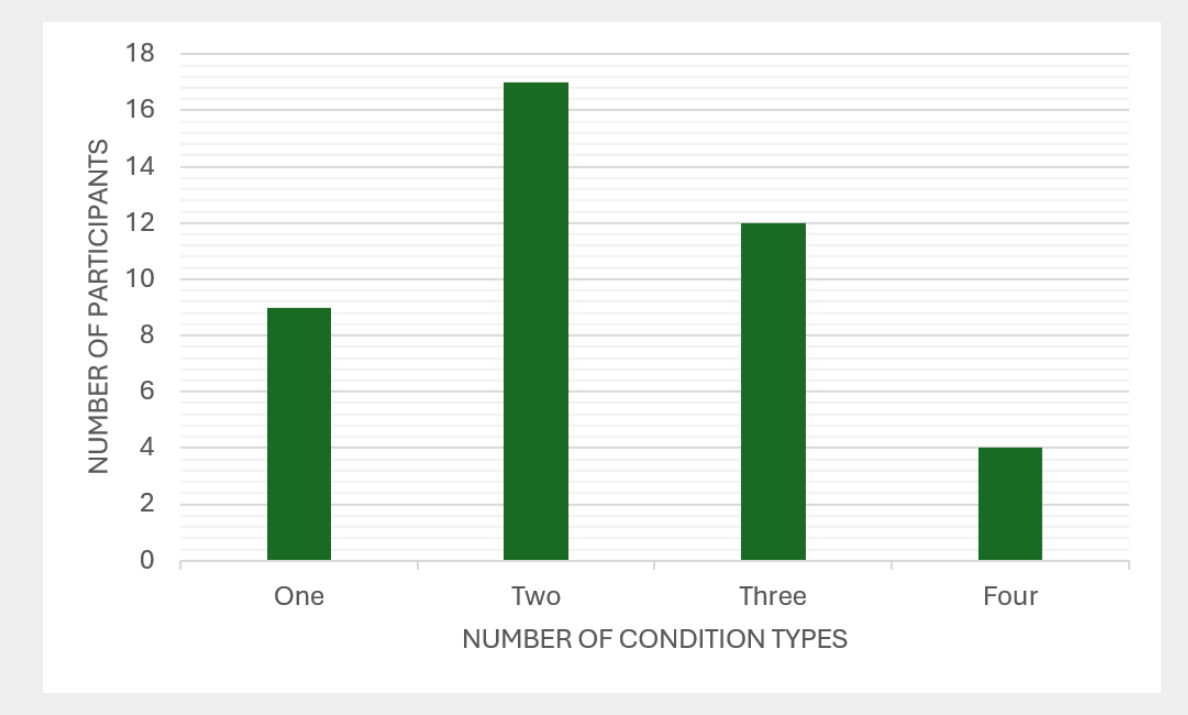


Figure 7: Number of condition types reported by participants

Age

We engaged participants across a broad range of ages, ensuring a balanced distribution of responses from all age groups between 16 and 74 years old, with each group representing no less than 10% and no more than 20% of the total responses. A detailed breakdown of participant age ranges is show in Figure 8.

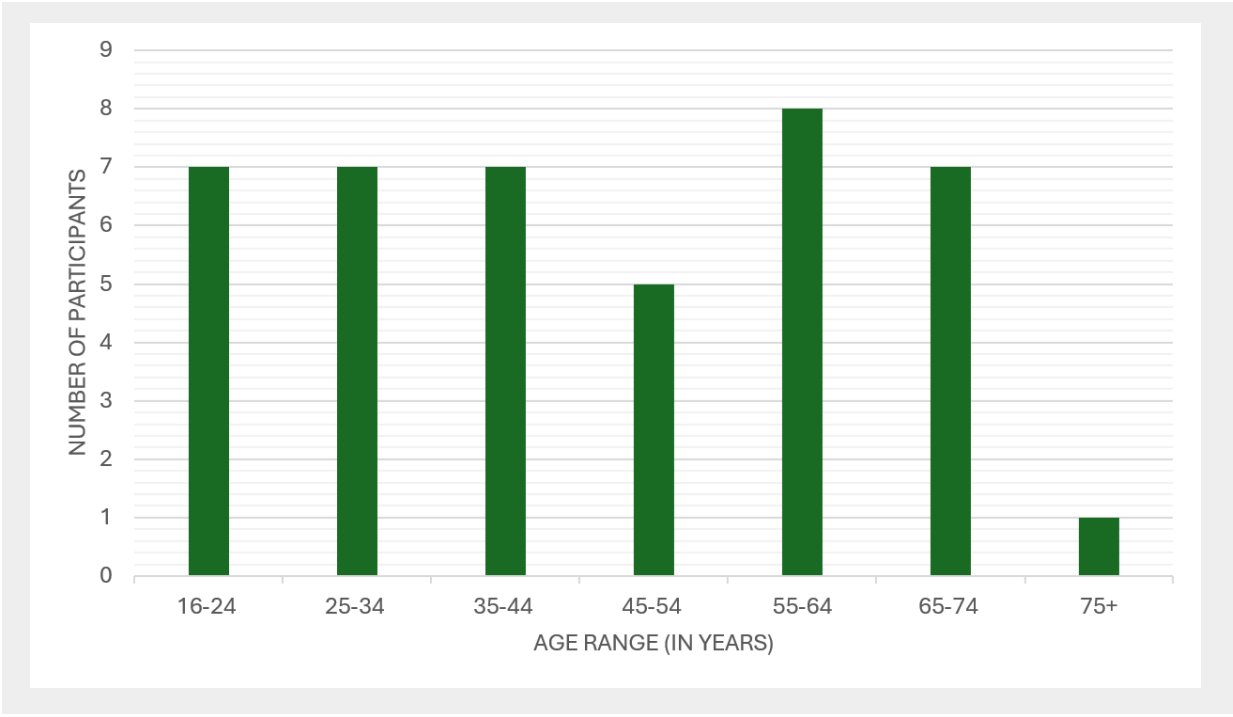


Figure 8: Age range of participants

Gender

Of the 42 participants, 23 participants were female (55%), 18 participants were male (43%) and 1 participant preferred to self-identify (2%). Participants were also asked if the gender they identify with was the same as their sex registered at birth. The majority of participants (41 individuals, 98%) confirmed that it was the same and one participant (2%) confirmed that it was not the same.

Ethnicity

All participants were asked to describe their ethnicity. The majority (79%) identified as 'White - British/English/Welsh/Scottish/Northern Irish', with 12% identifying as 'Asian – Indian'. Smaller proportions identified with other ethnic groups as shown in Figure 9. This distribution broadly reflects the ethnic composition of Kent and Medway – where the population is predominantly 'White British' with the largest single other ethnic group being 'Asian – Indian'.

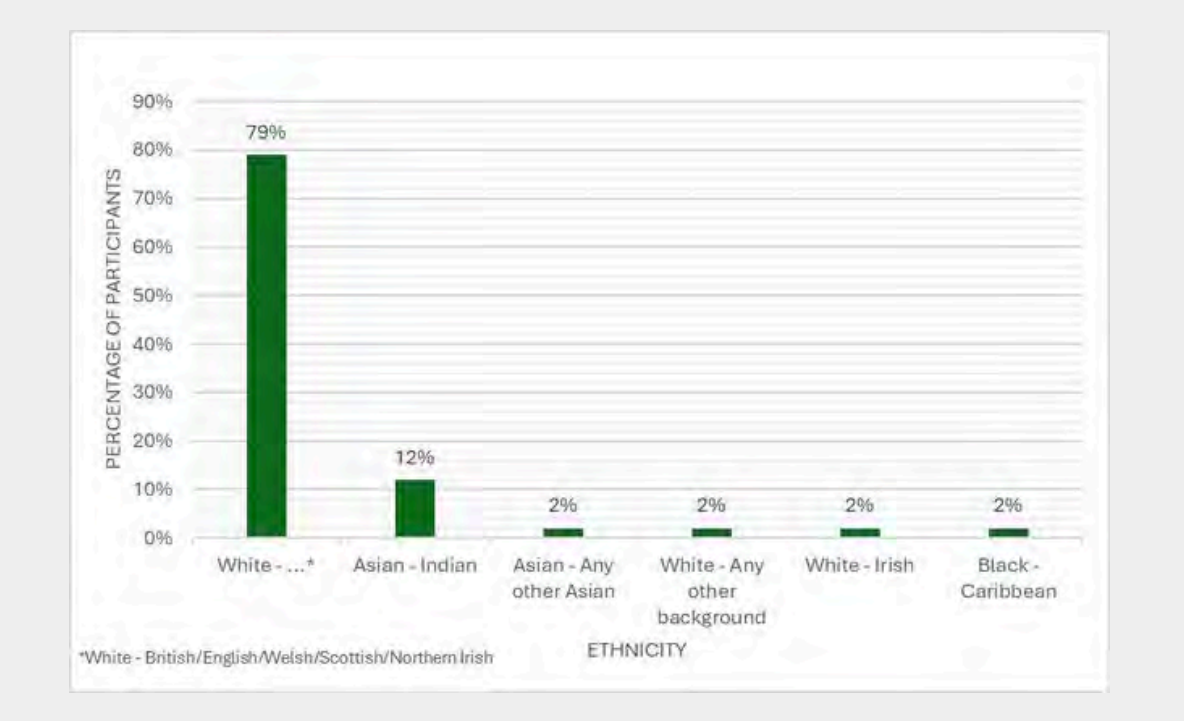


Figure 9: Ethnicity of participants

Sexual Orientation

All participants were asked to describe their sexual orientation. The majority of participants (34 individuals, 81%) were 'Heterosexual or straight'. 5 participants (12%) were 'Bisexual', 2 participants (5%) preferred to self-identify and one participant (2%) chose 'I prefer not to say'.

Caring Responsibilities

We asked whether participants had caring responsibilities. 6 participants confirmed that they had caring responsibilities (14%) and 36 participants confirmed that they did not have caring responsibilities (86%).

District

We engaged participants from various districts across Kent and Medway, with responses distributed so that no single district accounted for more than 31% of the total participants. A full breakdown of the districts lived in by our participants is presented in Figure 10.

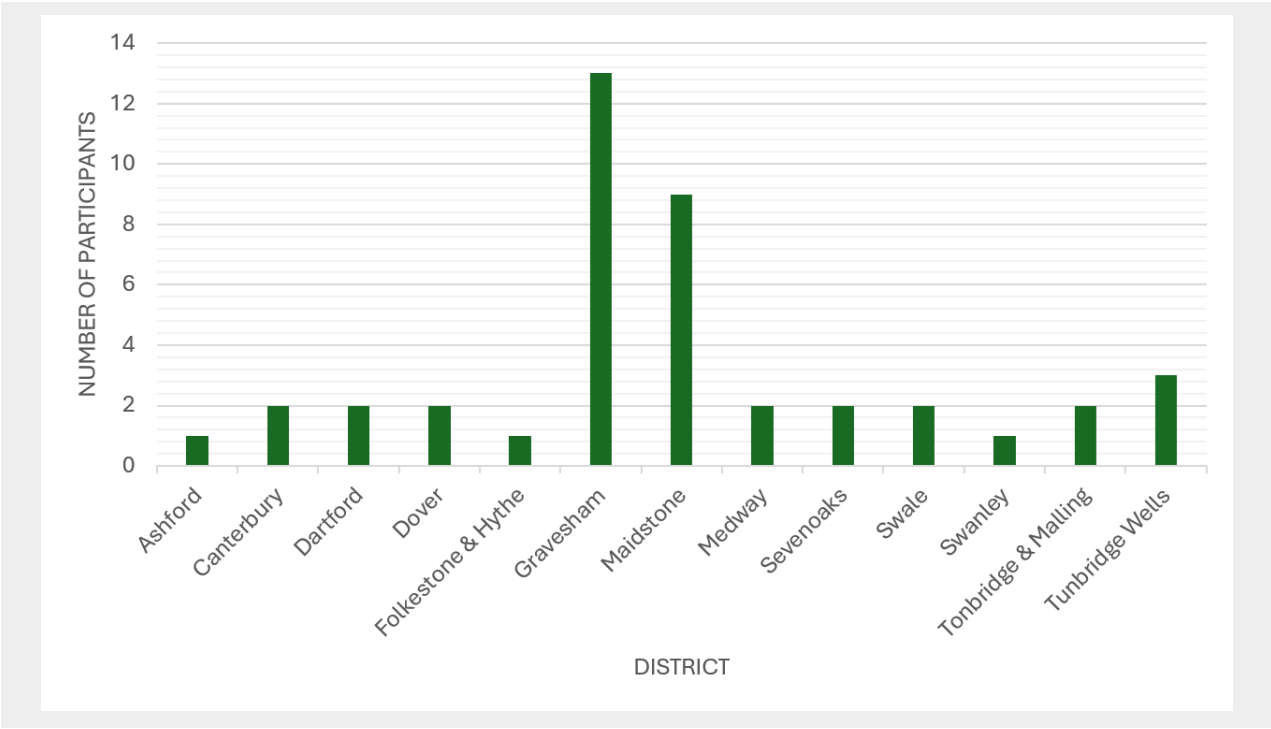


Figure 10: District lived in by participants

Marital/Civil Partnership Status

We asked participants about their Marital/Civil Partnership Status. 20 participants confirmed that they had 'Never married and never registered in a civil partnership' (48%), 11 participants were 'Married' (26%), 7 participants were 'Divorced' (17%), 3 participants did not wish to disclose (7%) and 1 participant was 'Separated, but still legally married' (2%).

Armed Forces

All participants were asked if they had ever, or currently, served in the Armed Forces. 3 participants answered 'yes' (7%) with 39 selecting 'no' (93%).

Care Leavers

We asked participants if they were a Care Leaver. 5 participants confirmed that they were a Care leaver (12%) and 37 participants confirmed that they were not Care Leavers (88%).

Pregnancy Status

All participants were asked if they were pregnant. Of the 42 participants, one participant confirmed that they were pregnant (2%), 1 participant chose not to answer and the remaining 40 confirmed that they were not (95% of participants).

3. INSIGHTS

ROLE AND SECTOR

We engaged with individuals who had experience across a wide range of roles and sectors. This data is not exhaustive, as participants were not directly asked to specify their sector or role. This approach was taken to avoid placing participants under pressure or implying that the nature of their employment would influence the weight or value assigned to their contributions. However, when such information was voluntarily shared during discussions, it was recorded.

The following list summarises the sectors where participants indicated they had worked:

- Apprenticeships/Training & Development
- Armed forces/Defence
- Banking & Financial Services
- Care Services/Social Care
- Charity/Voluntary sector
- Civil Service/Government Departments
- Construction & Infrastructure
- Education & Training
- Entertainment & Creative Industries
- Healthcare (including NHS)
- ·Hospitality & Leisure
- Local Government/Local Authority
- Manufacturing & Engineering
- Motor Industry/Automotive Sector
- Postal Services & Logistics
- Retail & Consumer Services
- Transport, Logistics & Delivery Services

The following list summarises the roles participants indicated they had held:

- Administrator
- Chef
- Compliance Administrator
- Customer Services Representative
- Electrical Engineer
- Engineer
- Front of House
- Healthcare Practice Manager
- Marketing Officer
- Nurse
- Office Worker
- Paid Carer
- Postal Services worker
- Public Health Officer
- Retail Worker
- Runner
- Sales Assistant
- Shelf Stacker
- Site Maintenance Worker
- Social Care Worker
- Software Trainer
- Speech and Language Therapist
- Supermarket Worker
- Support Worker
- Teacher
- Trainer/Coach/Mentor
- Warehouse Staff
- Warehouse Manager
- Window Fitter

SENTIMENT

The sentiment expressed by participants during discussions was relatively balanced - with 571 positive references and 645 negative references identified. Of the positive references, 142 were classified as 'very positive' and 429 as 'moderately positive'. Among the negative references, 406 were 'moderately negative' while 239 were 'very negative'. This distribution highlights a diverse range of lived experiences, with both encouraging and concerning perspectives shared by participants.

4. CROSS-CUTTING THEMES & RECOMMENDATIONS

These themes consistently emerged across all four aspiration areas and should be embedded as core considerations within each individual aspiration and strongly reflected throughout the overall strategy.

A. MENTAL HEALTH

Mental health emerged as a prominent and consistent theme across all four aspirations. With 62% of participants reporting lived experience of mental health conditions (Figure 6) and 213 mentions in discussions, it is clearly a key area of concern. Participants emphasised that mental health often requires a more tailored and sensitive approach than other health conditions, particularly in workplace settings.

A recurring concern was the lack of flexibility in workplace policies when responding to mental health needs. One participant reflected:

> *"Years ago, I was also off with depression and again they kept calling me. But I knew it was work and couldn't answer. This didn't help my mental health at all, they had my sicknotes and knew I was struggling mentally they just kept calling and calling and following the policy. It didn't allow them to adapt the policy due to it being mental health."*

Participants also spoke about the complexity of mental health issues and the inadequacy of one-off solutions, such as signposting to counselling services without meaningful follow-up:

> *"Managers need to understand that people with mental health need ongoing support – they just give you a number for some company that you can call for mental health support ... sometimes the manager just gives you that number and then never talks to you about your mental health again to follow up and check you are alright. They just give you the number like it's a quick fix. They need to care about you enough to follow up and check in with you more."*

Some participants described feeling pressured to recover quickly or to provide return-to-work dates which was viewed as inappropriate in relation to mental health conditions:

> *"They made me leave due to my mental health because I couldn't give them a date when I would stop being suicidal (I had been off work and waiting for counselling)."*

> *"Don't rush – it takes people time to recover and heal. Especially with mental health, you need to give people time to 'heal' – and the rushing actually makes things worse."*

Positive experiences were often tied to managers with relevant training or lived experience, which built confidence and led to better support. Conversely, a lack of support was often linked to a lack of knowledge or confidence around mental health:

> *"Staff and managers had no experience of mental health or what it can be like, they just had no idea."*

"I think the manager is confident because she has done some certificate in mental health, so I think she has a bit of knowledge."

"Yes, employers are often more confident and proactive supporting with my physical health conditions because they can see them and so can see when I am struggling or in pain – but they are always much less confident supporting with my mental health condition probably because it's not something they can see."

There was also a strong call for greater awareness, understanding and training specifically around mental health:

"I think they also need to have more training about mental health and how to support people with their mental health, and also a bit of training to be more sympathetic around life changes and life stages."

"[Employers] need training – especially around mental health because it is invisible. Training to be more empathetic, communication (how to communicate and how bad communication can impact on people)."

Recommendation

Ensure that mental health conditions are explicitly and consistently addressed as a distinct area of need across all four aspiration areas and embedded throughout the overall strategy – going beyond general references to mental wellbeing.

B. COMMUNICATION

Communication also emerged as a strong and consistent theme across all four aspiration areas. Closely linked to discussions around specific health conditions, as well as broader workplace support, it was identified as central to building trust, delivering effective support, and fostering positive working relationships. Across the dataset, communication-related terms (e.g. "communicate", "talk" and "speak") appeared 161 times, reflecting the emphasis participants placed on this theme.

The importance of communication was especially pronounced in relation to aspiration A, with participants repeatedly highlighting it as the foundation of supportive working relationships:

"I think it's all about talking to each other – communication and getting conversations going."

"There needs to be more talking and more communication"

"The main thing that has shown that [employers] are confident [in supporting me] has been when they have just asked me what help I need. And they haven't been scared of disability and asking about it or talking about it – they have just had open frank conversations with me about it because it's a part of life and a part of my life and nothing to shy away from.

In relation to aspiration C, participants shared examples of how good communication supported a more holistic understanding of health and work needs:

"My employer always looks at how my health impacts my work at work and makes adjustments such as cover when I have to go to appointments. I think this shows that they want me to have a good balance. We get all of this through communication, communication, communication. That's all. It comes through all conversations."

Beyond specific aspirations, communication was often identified as the most impactful area for change, particularly when it came to feeling seen, heard, and respected at work:

"Just more communication – and show empathy during that communication"

"I was in control of when we communicated, how we communicated. They asked if I wanted colleagues to know and if I wanted them to tell the team, how I wanted them to tell the team so I could avoid having those upsetting conversations. All of these conversations happened over a cup of tea, and I felt so supported

Participants also highlighted a need for greater training and awareness, particularly around neurodiversity and different communication styles:

"They need to understand that differences in communication styles are not necessarily deliberate … I didn't realise it would seem rude if I didn't start an email with "I hope you are well". It might seem basic, but no one ever told me that before …

"Employers need to be willing to understand different ways of communicating and what it means – they can't just expect everyone to communicate in the way they do."

Overall, the data clearly shows that effective and empathetic communication, which is tailored to individual needs and supported by training, is essential for creating inclusive, responsive, and supportive workplaces.

Recommendation

Place communication at the heart of the strategy by embedding it as a key element across all four aspiration areas, recognising its central role in shaping relationships, delivering support, and promoting positive working environments as well as wellbeing in the workplace.

C. FLEXIBILITY

Flexibility emerged as another strong and recurring theme, mentioned 74 times across the discussions. It was frequently associated with positive workplace experiences, particularly where participants felt supported and able to remain in work during challenging periods:

> *"On the whole my employers have been really flexible and understanding throughout this whole period of my life – they have given me time, showed care, and made adjustments where possible which meant it was possible for me to remain in work and keep my job."*

Participants also highlighted flexibility as a crucial factor in helping them return to or stay in work. It was commonly cited as a desired area for improvement, particularly in how employers respond to individual needs:

> *"I think they need to just listen and adapt. Be more flexible about working with people and what their strengths are."*

> *"Employees need the support of their employers – they need them to be flexible and understanding and be able to adjust where needed."*

There was strong consensus around the value of employers adopting a broader and more flexible perspective on roles and responsibilities. Many participants called for greater emphasis on viewing teams holistically, enabling more flexible task redistribution within teams to better align with individuals' skills and interests, while maintaining productivity:

> *"Rather than just allocating tasks to people without conversations around them, I understand that all the work needs to be done but there can be more creativity around which team members certain tasks are given to, to best suit everyone's needs."*

> *"...spend the time to identify the skills that people bring because of their conditions – and especially for people with ASD, [and then] buddy them up with other staff so they can complement each other's skills and strengths."*

One participant described a successful example of this approach in practice:

> *"[My employers] know what my biggest struggle is, which is paperwork, and have teamed me up with a staff member whose strength is paperwork. And my strength is building relationships with the builders on site and being able to hold them to standard which can be hard as they are loud and confident, which my colleague is too shy to do as he is very quiet and not confident. So, we support each other as he does more of the paperwork and I do more of the onsite managing. It works for both of us, and all the work gets done, we are both happier and the work gets done to a better standard probably than if we were both forced to do both things."*

These reflections highlight that flexibility, when combined with empathy and a genuine willingness to adapt, is crucial not only for fostering positive workplace experiences but also for supporting individuals to say in or return to work successfully.

Recommendation

Prioritise flexibility as a core principle of workplace support across the whole strategy - encouraging organisations to adopt empathetic, more adaptable approaches tailored to individual employee needs – especially during periods of challenge or transition.

D. PROACTIVE EMPLOYERS

While participants welcomed proactive engagement from employers across all four aspiration areas, they consistently drew a distinction between well intentioned assumptions and meaningful suggestions. Assumptions - however well meaning - were often experienced as disempowering, inappropriate or even patronising. In contrast, participants described feeling respected and valued when employers took time to ask, listen and then offer suggestions based on experiences, ongoing conversation and reflection:

> *"Employers often haven't known what to do or how to help me as they haven't had to support a blind person before - and so they just make their own assumptions on what I need. They just assumed that they knew what would be good for me. This has never been helpful support as it is all based off assumptions – and although they were well meaning, it was never appropriate support."*

> *"Just don't assume. That's all I can say as that's all I need. I don't want people to patronise me or start talking slower to me or thinking I am stupid. I'm not. Just don't assume and let me ask if I need something."*

"Sometimes even I don't know what will help so going through the process together of identifying what might help, trying out those changes, and then re-evaluating would be really helpful. It would also help if they could bring in past experience, e.g. if they said. "we had someone before who preferred to sit near the door" this would make me feel more comfortable to say that I might need to sit somewhere else for example."

These insights highlight the importance of employers approaching support with openness, ongoing dialogue and a willingness to collaborate – fostering understanding through tailored suggestions rather than assumptions.

Recommendation

Encourage a culture of proactive, collaborative engagement that replaces assumptions with informed, person-centred dialogue – ensuring support is tailored to individual needs and grounded in mutual understanding.

E. SMALL CHANGES/ADJUSTMENTS

In relation to aspirations B and D, participants frequently emphasised the importance of workplace environment and atmosphere. Many described how small, thoughtful changes – often simple and low-cost – could make a significant difference to their ability to thrive at work. In some cases, these small adjustments were seen as relevant to achieving the themes addressed in other aspiration areas too.

A recurring theme was the perception that employer hesitation in supporting employees with health conditions or disabilities often stemmed from the assumption that adjustments would be large, costly or disruptive. Participants felt this overlooked the value of small and simple changes that can make a significant difference. This was particularly evident in discussions around reasonable adjustments under aspiration C:

"Sometimes all I need is 5 minutes outside to clear my head – that is literally all I need. Sometimes it's not something bigger than that"

"Sometimes meetings and training are too long for me and … as soon as the training or meeting is done, they would then expect me to instantly get back to working which I cannot do – after a long training session I need to just take a quick walk around the block to clear my head … That is just a small accommodation that I would need but not being allowed this is a real issue for me."

"During the apprenticeship, I was allowed to make tiny changes which made no impact on other staff [for example] music headphones and it helped me so much."

Participants also noted that these types of adjustments are often beneficial to everyone in the workplace, not just those with health conditions or disabilities:

"I think making small amendments in the office for everyone – whether they have a condition or not, [for example] more flexible breaks for everyone not just me in case they are having a bad day... That would all help make a better atmosphere I think."

These insights emphasise that some of the changes required to achieve the aims of this strategy, can be on a minute scale.

Recommendation

Recognise and promote the value of small, low-cost adjustments across all four aspiration areas. Encourage organisations to embed a culture where small, everyday acts of empathy, flexibility and consideration are normalised – benefiting individuals with specific needs and the wider workforce.

5. ASPIRATION SPECIFIC THEMES & RECOMMENDATIONS

ASPIRATION A

A strong theme that emerged in support of aspiration A was the importance of employees feeling that they were working with their employer to identify and address their support needs. Crucially, there was a widespread understanding that employers are not expected to have all the answers from the outset. Instead, participants emphasised the value of a "trial and error" mindset, where both parties explore solutions together over time.

> *"As a disabled person, I don't expect an employer to have all the answers"*

> *"You don't need to find the right solution straight away, just have managers spotting the signs and asking the questions about what seems to be an issue to then see if the person might need help. Trial things together and see. It can take me a while to work things out or come to a decision."*

> *"I think employers need to realise that supporting people with health conditions is a joined-up issue – they need to take the steps together. Managers aren't expected to know everything and it's okay to not know."*

> *"It was hard during my apprenticeship as at that time I didn't know I had autism and so we didn't know why I was struggling in the way that I was. At this time, it was really hard for me to know what help I needed, as I couldn't even be clear on what I was struggling with. Clear communication at this stage, and genuinely trialling different changes, would have really helped me find what I needed to do."*

This reinforces the idea that creating a collaborative, responsive environment, where support evolves through shared learning and collaboration, can be more impactful than relying solely on fixed solutions and heavily supports the concept prioritised in Aspiration A.

ASPIRATION B

There was strong endorsement of the importance of training which aligned with Aspiration B. While some participants shared positive experiences of accessing training, other participants highlighted that training was either inaccessible to them or delivered in a generic one-size-fits- all manner:

"Online courses do not work especially with people with mental health conditions like me. It can be information overload, it can be too dry, and I cannot focus."

"I have had training over the years but none of it has really been adapted to my health needs until now"

"I have never had training which was adapted to my needs of being sight impaired."

In addition to this, there were repeated calls for more targeted training aimed at employers, to build their knowledge, skills and confidence in supporting staff with diverse needs:

"There is a real lack of understanding around hearing loss and how to help those with hearing loss. There should be lots of good training for people with hearing loss – not to cover your mouth when talking, if someone doesn't hear you first time just gently touch their arm, facing people when you speak to them. There is a misunderstanding that if you get a hearing aid, you will be fine, but of course you are not. This needs to be better understood. Sometimes people speak louder but that is not helpful at all so more training around hearing loss is important"

"There needs to be more education for employers – to show them that there is nothing to be fearful of or afraid of when dealing with someone with health conditions, especially mental health conditions. The fear comes from ignorance and not understanding the reality – especially with mental health. Take away the stigma with mental health and realise that we all have mental health. Someone with a mental health problem isn't necessarily or automatically going to be a problem. Mandate mental health first aiders so there is more widespread knowledge."

Participants also agreed with the need for employers to be more aware of external experts and organisations that can provide support or enhance their own understanding:

> *"Maybe if there was a centralised group of the services and support available for organisations and employees. Packages of support available for employers so they know where to turn to – lists of organisations with their different specialities. It is a minefield to find external support so have that support set out and available. Like a central hub or a central directory."*

It was therefore widely agreed that enhancing both employee-focused and employer-targeted training, alongside accessible external resources, is key to fostering a more inclusive and supportive workplace; as such the prioritisation of these topics in aspiration B is likely to be appropriate.

ASPIRATION C

There was strong and widespread support among participants for employers taking a person-centred approach, aligning closely with the scope of aspiration C. Participants emphasised the importance of employers getting to know employees as individuals, recognising that understanding should come through direct and open communication, rather than assumptions or generalisations based on a diagnosis.

> *"If [managers] initiate conversations around mental health issues or physical issues, if they make this a part of trying to get to know you – if they ask more about my condition and how it affects me, that helps me feel like a person."*

> *"For me with autism, I think the thing they need to understand is that it is a complex thing and it's not like it is in the movies and that's not how autism works in the real world. ... There needs to be lots more one to one conversations between the employee and employer so that they can really get to know someone".*

> *"I think when new managers come along, they need to have individual meetings with all of their team members – they need to sit them down and have a full conversation about what issues you may have, ask how they can help you, how they can keep you safe and happy at work. They need to have this conversation rather than just coming into the role and taking no time to get to know you because then they have no idea how to support you."*

Closely connected to this was the recurring theme of employee confidence. Many participants shared how previous negative experiences had left them feeling uncertain or vulnerable, reinforcing the need for intentional confidence-building – something Aspiration C commits to.

> *"Remember that [some] people are very vulnerable coming into the workplace...so measures need to be put in place to make people feel more confident and safer"*

> *"I think managers need to also realise how low someone's confidence might be – give them confidence, help them find out what they are good at, help them see their strengths and point out what they are really food at and adjust tasks to suit their strengths. We all have weaknesses so focus on the strengths. Help bring out the best in them."*

Participants highlighted the impact of positive feedback and strength-based conversations in helping them feel valued and capable:

> *"My company were always supporting me to progress – they would identify what skills I was good at and would constantly give me this feedback which built up my confidence."*

> *"I think employers should be better at giving feedback to their staff – so you know what they are thinking about you. They should also be better at helping to find tasks that suit your skills and needs, as this will make the person feel better and happier and like they are a good employee."*

Together, these insights emphasise the importance of personal connection, individual understanding and confidence-building as essential foundations for helping people succeed and thrive in the workplace. The person centred approach focus of aspiration C was therefore widely agreed with.

ASPIRATION D

There was strong consensus around the importance of employers fostering a culture that promotes and protects employee wellbeing, with many participants expressing that such an environment not only benefits individuals but also enhances loyalty and productivity over time.

While aspiration D recognises the importance of supporting mental wellbeing, participants expressed a clear desire for this to be more strongly rooted in workplace culture. A recurring theme highlighted the significant impact a supportive culture can have on mental wellbeing:

> *"The company looked after us, so we could look after ourselves and each other. And the staff did all look after each other. The company were really careful when recruiting to recruit the right personalities – to be part of the team and feed into this supportive environment."*

> *"The mood at work really affects my mental health – there is good chat and jokes in the team, so this really helps my mental health."*

> *"When an organisation looks after its people, it is almost tangible in the atmosphere – people are happy and smiling, give 125% to their work. In other environments where people are unhappy it massively impacts on the environment – they are working with blinkers on. This has a huge impact."*

> *"It's all about the company culture. That is everything."*

Another prominent theme was the vital role of managers and employers in actively encouraging breaks and moments to recharge:

> *"Often managers are oblivious to if you are struggling or busy, so they should see if its been a busy morning or if something stressful has happened, and then proactively encourage the team to take 5 minutes if needed."*

> *"Sometimes a 5 minute tea-break is all I needed."*

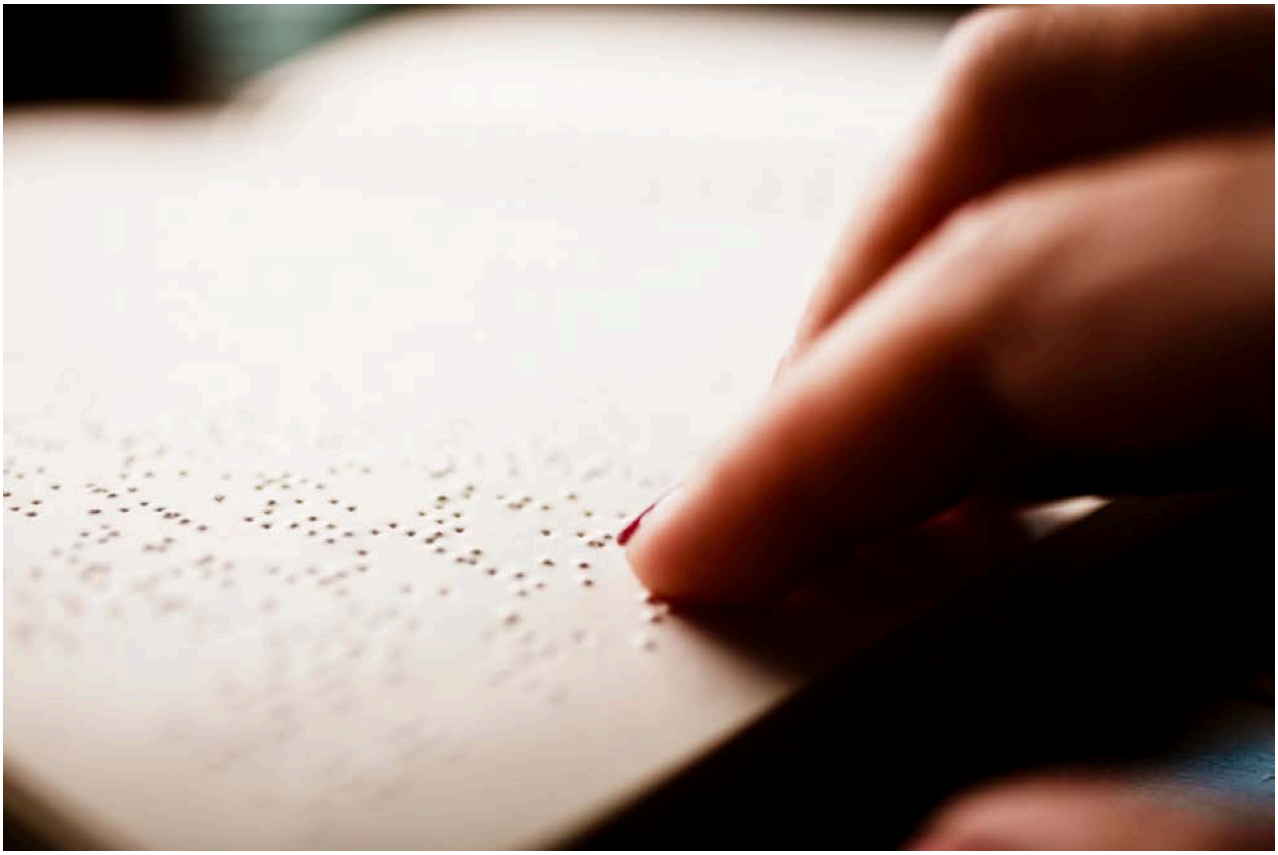
Participants also highlighted the value of managers regularly checking in with their teams to support wellbeing throughout the day:

"In one previous job I had they were really good – I was very young at the time, and it was an emotionally difficult job (at a morgue). The managers would always have debriefs with the whole team after each case to make sure we were all okay mental health wise – they would not just listen to what we said but would also assess our body language to see if we were okay or not. They really supported us. If bosses could see you were upset from a case, they would encourage you to take a break and would just be there for you. This was brilliant and helped so much. … You felt safe because you knew they cared."

Overall, these insights highlight that cultivating a supportive and positive workplace culture is key to sustaining employee wellbeing.

Recommendation

The prioritisation of a supportive and inclusive workplace culture as a core strategy for promoting mental wellbeing should be central to Aspiration D.



6. WORKING FROM HOME & HYBRID WORKING

Although working from home (WFH) and hybrid working did not feature particularly prominently across the dataset, it is important to briefly acknowledge these modern working practices, given their increasing relevance in today's workplace landscape.

When these arrangements were mentioned by participants, they were generally discussed in the context of workplace adjustments – often viewed positively and described as enabling individuals to manage their roles and wellbeing more effectively:

> *"The adjustments they had given me really worked for me. WFH was perfect, my role didn't really require me to be physically in the office, so I could do it just as well at home."*

These adjustments were also commonly associated with supporting mental health and easing the transition back into work. Participants appreciated the reduced strain from long commutes and the ability to manage their health more proactively:

> *"My work did allow me to WFH on occasions as I had a long commute to my role – so this strained my mental health sometimes and to relieve the pressure from all of the travel. They provided me with a laptop and a phone so that I could work from home when needed."*

> *"Working from home meant that I could attend my medical appointments, including specialist appointments in London. I could also take rests when I needed to".*

Flexibility in work location was also linked to improved productivity and focus:

> *"I am able to work hybrid, and have found that WFH once a week gives me an opportunity to refocus and tackle the jobs where I need more concentration from the comfort of my home."*

However some participants noted that hybrid and remote working could have an impact on workplace culture, collaboration and team cohesion. There were concerns that without intentional efforts from employers, the benefits of flexibility could come at the cost of social connection and mental wellbeing:

> *"There isn't much effort to get a good team spirit at work and there is no collaborative atmosphere. There isn't much effort in this – [the managers] just focus on work getting done and profits. They try to do team building and stuff sometimes but it's difficult as we have two offices in separate parts of the country, so we don't see those colleagues at all. And then with hybrid working no one is really in the offices at the same time so there isn't much of a team atmosphere."*

> *"The mood at work really affects my mental health – there is good chat and jokes in the team so this really helps my mental health. But lots of staff are hybrid so on days when it is quiet and not many people are in, I really notice my mental health suffering. So it's a really important thing."*

Recommendation

While these practices did not emerge strongly in our findings, they are increasingly common in modern workplaces. The strategy should therefore promote the importance of fostering team cohesion, communication and social connection particularly in workplaces that offer hybrid working, as without deliberate action in these areas, there is a risk that the benefit of flexible working could be undermined by reduced collaboration and diminished workplace support.

7. PRACTICAL SUGGESTIONS

While this report primarily focuses on analysing overarching thematic insights, it is important to note, that valuable practical suggestions have also emerged during this engagement. These specific recommendations, which provide actionable ideas for workplace improvements, are detailed separately and can be found in Appendix 2.

Although too specific to include within the main body of this report at this early stage of the strategy development they offer useful guidance for future implementation.

8. CONCLUSION

This report highlights the rich value of lived experience in shaping an inclusive and effective work and health strategy. The insights gathered during this engagement reveal strong and recurring themes – particularly around mental health, communication, flexibility and workplace culture.

Participants also offered a wide range of practical suggestions, many of which are included in Appendix 2, demonstrating that even at a strategic level those with lived experience are well placed to offer actionable ideas for change.

These findings highlight the importance of embedding lived experience at every stage of the strategy development and implementation. Continued, meaningful engagement will be essential to ensure that the strategy remains relevant, inclusive and responsive to the needs of those it aims to support.

ABOUT INVOLVE

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