

Kent and Medway – Local Get Britain Working Plan

July 2025

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Executive summary

This document presents the local *Get Britain Working* Plan for the Kent and Medway area. This follows from the Government's November 2024 Get Britain Working White Paper, which sets out national ambitions to reduce economic inactivity and to raise the UK's employment rate to 80 per cent for working age people aged 18 to 66.

The Plan has been agreed by Kent County Council, as accountable body, Medway Council, the Department for Work and Pensions (Jobcentre Plus) (DWP), and the NHS Kent and Medway Integrated Care Board. A wide range of local partners and stakeholders have been engaged through surveys, workshops, and one-to-one interviews across the system.

There has also been some direct engagement with a selection of residents who use the local employment, health, and skills system, in order to gain their perspective on what works well, what does not, and where gaps in the system exist from the perspective of those accessing support.

Labour market analysis

Kent and Medway has a highly varied economy with notable disparities in terms of socio-economic outcomes. These disparities are to an extent driven by the area's geographical characteristics and its proximity to London. As a predominantly rural peninsular, the disparities grow as one moves further away from London and towards coastal areas.

Data for the current Kent and Medway employment rate for people aged 18 -66 is only available through the 2021 census, and shows a rate of 74 per cent. More recent estimates are only available for the 16 – 64 age band and show Kent at 75 per cent and Medway at 79. Such levels indicate a tight labour market, where demand for workers is high. Employers can struggle to find workers with the right skills and people are often unable to obtain employment because they do not have the skills employers need.

Following through the census data indicates that when students and retired people are disregarded, around 215,000 people are not part of the active working economy. This includes high numbers of carers (74,000), people who have long-term sickness or disability (57,000) and people who are unemployed (40,000).

The rates of young people who are not in education, employment or training (NEET) in Kent and Medway are significantly above comparator areas for 16/17 year olds and this has particularly grown in Medway in the last year.

Causes of supply and demand issues in the labour market

The Plan identifies a range of causes of supply and demand issue in the labour market, including:

- Workforce skills gap with employers saying recruitment is a problem and citing gaps in existing workforce capabilities.

- Mismatches in employer / employee expectations with qualitative engagement identifying a gap in term of younger people lacking job readiness skills and confidence for work.
- This employer – employee gap is more acute in respect of potential employees with complex needs. Practitioners report that employers are concerned about whether they are able to make reasonable adjustments for employees with disabilities, an issue that is more prevalent with small and medium size enterprises.
- For young people there has been a sharp decline in education provision for those who are not, or perceive they are not, suited to a traditional academic route and require places at Level 2 and below.
- Jobcentre Plus teams report health issues as a widespread driver of economic inactivity. The main presenting health issues are mental health and musculoskeletal problems. Jobcentre Plus also highlight the high number of economically inactive people with learning disabilities.
- A high prevalence of health issues creates care demands on unpaid family members, which limits those family members' ability and availability to work. Data shows that there are over 150,000 unpaid carers in Kent and Medway, around a third of whom provide care for more than 50 hours a week.

Across the area, there is a range of skills provision and employment support targeted at different cohort groups and geographies. When put together, we can refer to these services as the local “system” of support. However, as is the case in many other localities, a complex range of funding mechanisms and different accountabilities means that it is a highly fragmented system. As a non-devolved area, Kent and Medway has not yet been able to benefit from the opportunity to exercise more control over funding streams like the Adult Skills Fund (ASF) which other areas have used to tailor aspects of provision to meet wide area needs more closely.

Action plan

This Plan, with the joint leadership of the upper tier local authorities, DWP and the ICB provides an opportunity to drive for greater joining up a local level, with national backing.

The Plan identifies five themes of change the can be led through local partnership:

1. **Focus on the individual** – extend opportunities to offer personalised employment and skills advice. This includes actions such as:
 - Mapping current one to one employment support and looking for opportunities to provide it as a wraparound service linked to touchpoints with public services for example in health and housing.
 - Co-location of employment support in accessible community venues.
2. **Focus on employers** – bring more consistency into the mechanisms for engaging employers in the process from career and training advice through to in work support.
 - This is about presenting a co-ordinated face to employers whose role is key in supporting pathways into work.

3. **Influence training and work supply** - improve the range and quality of training and employment opportunities. There are strong links here to other strategy work, notably the Kent and Medway Economic Framework and the need to attract business investment and support SME growth; the Local Skills Improvement Plan which will be renewed in the next year and work to improve 16 – 19 education pathways.
4. **Influence the wider determinants of health and work** – adding work related considerations to activities under other strategies and initiatives, such as the Kent Housing Strategy and on digital inclusion.

This will be underpinned by a fifth theme:

5. **Operate as a system** to promote co-design in the way that partners organisations work together. This includes:
 - Developing a vision for how different cohorts should be supported.
 - Committing to a test and learn principle to encourage innovation and enable scaling up of successful elements.
 - Improving referral processes between organisations and the sharing of key information, especially destination data.
 - Anchor institutions to commit to acting as role models on inclusive employment practices.

In terms of cohorts and geography, priorities have been identified as follows:

- Young people - particularly in Medway, where NEET levels are high and in parts of Folkestone, Gravesend, Maidstone and Thanet, based on insight from Jobcentre Plus. Barriers faced include educational attainment, opportunity and health.
- Women who are unemployed, including those with caring responsibilities.
- Support for people with long-term health conditions. Aiming to provide employment support at the point of diagnosis would be a good initial focus for actions under the person-centric support theme. A coastal periphery focus will be important given the coalescence of health and care needs.
- More coordinated support for people with experience of the criminal justice system, given the number of prisons in the area with a particular hot spot around Chatham.

An action Plan identifies a range of initiatives under these themes, and opportunities will be taken in the first 12 – 24 months to support the priority cohorts identified.

The actions run with the grain of a range of other local strategies and new initiatives from JCP and the ICB. In some cases, there are specific asks of the Government to help facilitate change. A key need is for resource to support project management of the co-ordination work requirement between organisations.

Governance

Overall governance will sit with the Kent and Medway Economic Partnership and, in the first instance, the Integrated Care Partnership.

Work will continue, following submission of the Plan, to develop the action plan into a clear implementation plan with allocated owners. There will also be an immediate task to convene officer/official task and finish groups under KMEP and the Strategic Partnership for Health and Economy to oversee actions on the priority cohorts.

The action plan will be reviewed at least annually, with a first review in winter 2025/26 to refine it in the light of the early implementation activity. To assist with this, a bespoke database of local level data for many of the indicators used in this report has been developed alongside this Plan. This provides the means to assess individual indicators at subdistrict level (Medium layer Super Output Area), to understand which local communities are most affected by these conditions or particular characteristics related to economic inactivity. This will be used to refine ongoing actions and priority focus.

1 Background and labour market context

This section describes Kent and Medway's geography, population, economy, and labour market typologies. It summarises the area's strengths, challenges, and opportunities, alongside the national context of the Get Britain Working White Paper. It outlines who was involved in developing the plan beyond the upper tier local authorities, Jobcentre Plus and the Integrated Care Board.

The geographic area covered by the plan

- 1.1 The Kent and Medway Local Get Britain Working Plan covers the Kent County Council and Medway Council areas. Both are upper tier local authorities, and together, span over 1,400 square miles, including both urban centres like Medway and Canterbury, and rural and coastal communities. The combined population is 1.9 million. The area is coterminous with the Kent and Medway Integrated Care System and DWP's Kent and Medway Jobcentre Plus footprint. The region sits at the UK's primary gateway to continental Europe but is also a peninsular geography.

Overview of Kent and Medway's strengths, challenges and opportunities

- 1.2 Kent and Medway have many strengths and are well placed to contribute to national employment and skills ambitions:

- Kent and Medway is a major centre for innovation in life sciences, construction, and manufacturing, with strong university-business collaboration.
- Proximity to London provides employment opportunities and market access for local businesses.
- High rates of job creation in recent years in the Kent County Council area and above national and regional rates of economic activity in Medway.
- Partnerships are strong and well established, with leadership in the economic area from the Kent and Medway Economic Partnership and for health through the Integrated Care Partnership. The Strategic Partnership for Health and Economy brings together their work to drive a focus on shared economic and health outcomes.

- 1.3 However, Kent and Medway also face structural and place-based challenges that need to be addressed to improve employment outcomes and unlock their economic framework's aim of more productive, sustainable growth:

- Persistent productivity gap: Kent and Medway's productivity remains below the UK average, and growth has been relatively weak over the past decade.
- Significant local inequalities, with a clear east–west split: eastern areas such as Thanet and Swale are more deprived, while western areas are generally more affluent.
- No major regional centre and limited spillover benefits from London; the area does not have the same economic pull as home county – London fringes (such as Watford and St Albans in Hertfordshire).

- Skills gaps and recruitment difficulties across key sectors, including health and social care, construction, and logistics.
- High levels of economic inactivity linked to factors including long-term health conditions and caring responsibilities.

1.4 There are clear opportunities to build on local assets, emerging sectors, and strong collaborative structures to deliver lasting impact through the Kent and Medway local Get Britain Working Plan:

- Population growth, especially among young people, provides a long-term opportunity to expand the local workforce if skills gaps are addressed.
- Emerging sectors such as green technologies, digital industries, and health innovation, aligned with decarbonisation and energy efficiency commitments.
- Cross-sector collaboration structures already in place to some extent, which provide a strong foundation for integrated employment, health, and skills interventions.

The national context and government ambitions

1.5 The development of this plan aligns with the UK Government's Get Britain Working White Paper, which sets out national ambitions to reduce economic inactivity and improve work outcomes across employment, health and skills.

1.6 The headline national ambition is to raise the UK's employment rate to 80%. This refers to the proportion of working-age people who are in work. We note the content of the local Get Britain Working Plan Guidance relating to the working age definition and we consider the impact of this in more detail in Appendix II.

1.7 Kent County Council, as accountable body, commissioned Shared Intelligence, in partnership with Cambridge Econometrics, to support development of the plan. The work has been overseen by an officer/official group comprising Kent County Council, Medway Council, the Department for Work and Pensions (DWP), and the NHS Kent and Medway Integrated Care Board.

1.8 Alongside this, a wide range of local partners have been engaged through surveys, workshops, and one-to-one interviews across the system. This has included representatives from education, employment and skills partners, public sector bodies, the voluntary and community sector and employer representative groups.

1.9 To complement this, work was carried out with key partners including Jobcentre Plus, CXK, East Kent College Group and Canterbury College to deliver lived experience workshops. These engaged directly with residents who use the local employment, health, and skills system to better understand the customer journey – what works well, what does not, and where gaps in the system exist from the perspective of those accessing support.

1.10 Engagement has been structured to capture insights from across the health, employment, and skills landscape, ensuring the plan reflects both system-level priorities and the lived experiences of service providers, employers, and residents.

Local government context

- 1.11 The Kent County Council area operates under a two-tier system, with service delivery split between the county council and each of the 12 city, borough or district councils. Medway Council operates as a unitary authority, responsible for all local government services within the Medway area.
- 1.12 Kent and Medway were not selected as one of the areas to be part of the government's Devolution Priority Programme. There is still a strong local appetite for devolution in Kent and Medway, which would see a mayor elected and a strategic mayoral authority sitting above new unitary council structures. This would see more funding and decision-making power moved from Whitehall to the devolved area.

Integrated Care Board structure in Kent and Medway

- 1.13 There is a single Integrated Care Board (ICB) for the area: NHS Kent and Medway. It was established in July 2022 as part of national reforms replacing Clinical Commissioning Groups. It is currently working on reducing running costs to become a strategic commissioner and streamline health service delivery and governance in line with the phased abolition of NHS England.
- 1.14 The Integrated Care System brings together the NHS, local government, and voluntary sector partners across the region and is responsible for developing and owning the Integrated Care Strategy for Kent and Medway.

Labour market typologies

- 1.15 Kent has a highly varied economy with notable disparities in terms of socio-economic outcomes. These disparities are to an extent driven by the county's geographical characteristics and its proximity to London. As a predominantly rural peninsular, the disparities grow as one moves further away from London and towards coastal areas.
- 1.16 Work to develop the plan has identified four broad labour market areas in Kent and Medway with different socio-economic typologies, as follows:

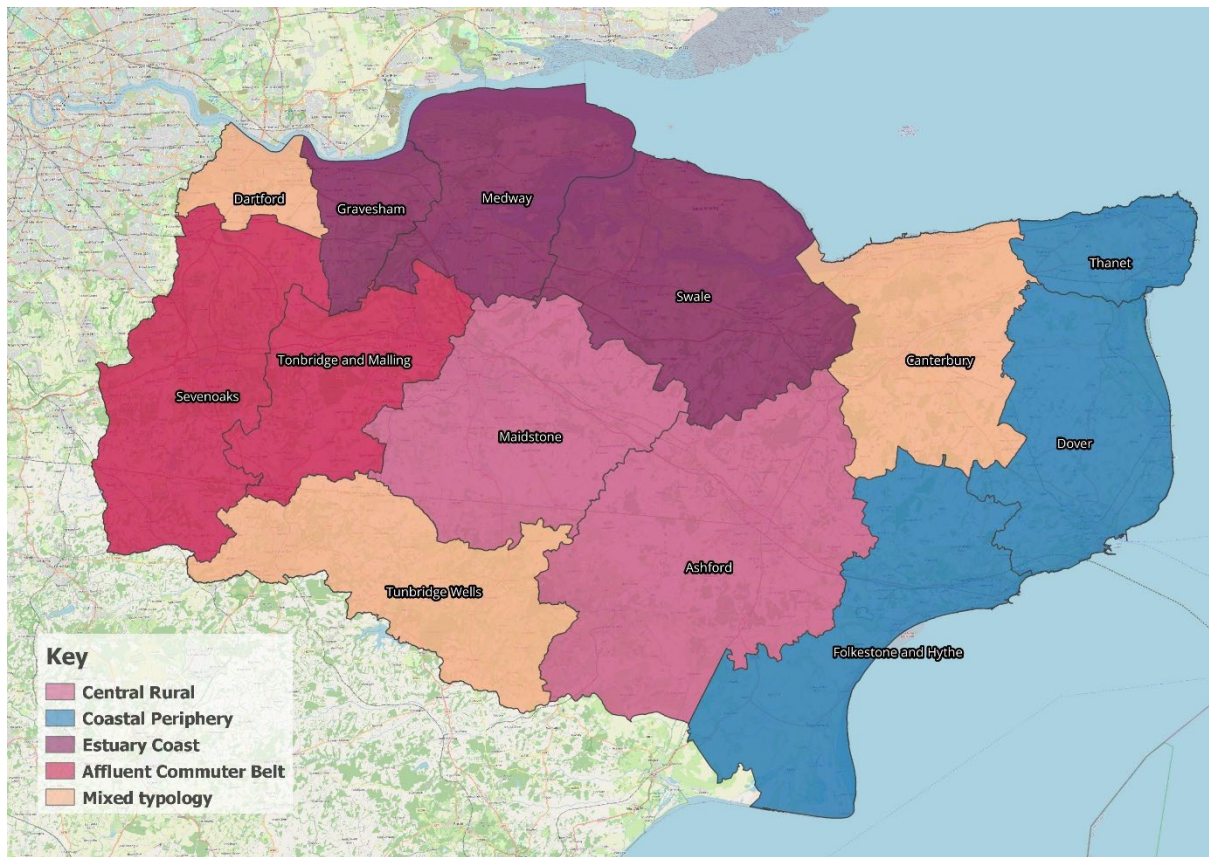


Figure 1: Labour market typologies in Kent and Medway

- Affluent Commuter Belt – Sevenoaks, Tonbridge, Tunbridge Wells, Dartford.
- Central Rural Kent – Ashford, Maidstone, Tunbridge Wells, Canterbury.
- Estuary Coast – Gravesham, Medway, Dartford, Swale.
- Coastal Periphery – Thanet, Canterbury, Dover, Folkestone & Hythe.

Note that some districts can feature in two typologies where they share characteristics of more than one. For example, for the Tunbridge Wells borough, the west and town are Affluent Commuter Belt, while other parts are Central Rural Kent. Dartford has characteristics of Affluent Commuter Belt and Estuary Coast.

2 Labour market analysis

This section presents detailed analysis of Kent and Medway's labour market, including employment, unemployment, economic inactivity, and sectoral trends. It explores skills levels, wages, and labour demand. It also provides district-level analysis to show variations across different parts of Kent and Medway and highlights priority cohorts such as young NEETs, carers, and those with health conditions.

- 2.1 It is important to distinguish between the active labour market and the inactive population, as well as the groups that make up each. These various groupings are represented in the graphic below.



Figure 2: Economically active and inactive groups relative to the population.

- 2.2 The **employment rate** is defined as the proportion of working aged people – or labour supply – who are in employment. This means it relates to employed people (within the yellow segment), relative to the working age population or labour supply (in grey).
- 2.3 Typically in the UK, this rate is relatively high, with a national rate at around 75 per cent and around 79 per cent in the South East region. In Kent and Medway, the rates are around 75 per cent and 79 per cent respectively.¹ However, it should be noted that the percentage is considerably lower in

¹ ONS Annual Population Survey: Apr 2024-March 2025

some areas in the Coastal Periphery and parts of the Estuary Coast. These rates indicate a relatively tight labour market where demand for workers is high, but see paragraphs 2.15 and 2.16 below.

- 2.4 **Unemployed people** are counted as part of the economically active cohort (in yellow). They are treated as part of the economically active group, but who are not currently in employment.
- 2.5 To estimate the number of economically inactive people who could be subject to this plan we have first considered the entire inactive population that is not working and this is represented in blue in figure 2. Because of changing definitions of the working-age population, and because there is no fixed age at which people may or may not work, it is instructive to consider inactivity across the whole population.
- 2.6 The target groups for this plan lie within the inactive population (and also includes unemployed people among the economically active population). **Economically inactive** groups are categorised by the Office for National Statistics' (ONS) Labour Force Survey as:
- Long term sick and disabled.
 - Carers looking after family/relatives.
 - Students.
 - Retired/no longer working by choice.
 - Other reasons (including short term sickness, temporary reasons including those who have temporarily withdrawn from the labour market, do not want a job but do not fall into the other categories, plus those who have not disclosed their reason for not working).
- 2.7 This local Get Britain Working Plan needs to:
- Maximise the employment rate – grow the yellow circle by reducing unemployment.
 - Minimise the inactivity rate – shrink the blue circle by helping inactive people who can work into employment.
- 2.8 To roughly estimate the size of the potential in scope cohort for the Plan, we have used census data to identify the various populations described. We have removed those identifying in the Census (2021) as retired and as students to arrive at an in scope figure.
- 2.9 Kent County Council is the largest upper tier authority by population in the country and the total Kent and Medway population is 1.9 million. This has a significant impact, even when considering what appear to be small groups of the population in proportionate terms. For example, while the unemployment rate is low in Kent and Medway, the total number of unemployed people amounts to a little fewer than 40,000 people.²
- 2.10 To fully understand the numbers involved, an amended version of the previous graphic is repeated below, with numbers of people in each grouping, pertaining to Kent and Medway (combined). These

² To compile this population profile with comparable datasets, the 2021 Census was used as the most appropriate and accessible data source. Labour Force Survey (LFS) data is also available and where comparable, data is similar – e.g. unemployment in the LFS amounts to 37,000 vs 39,000 in the Census.

figures are drawn from the 2021 Census in order to have a consistent estimate of each cohort size. Annual population survey data can be volatile and has been assessed as statistically unreliable in some of its data sets, hence the Census has been used for these estimates.

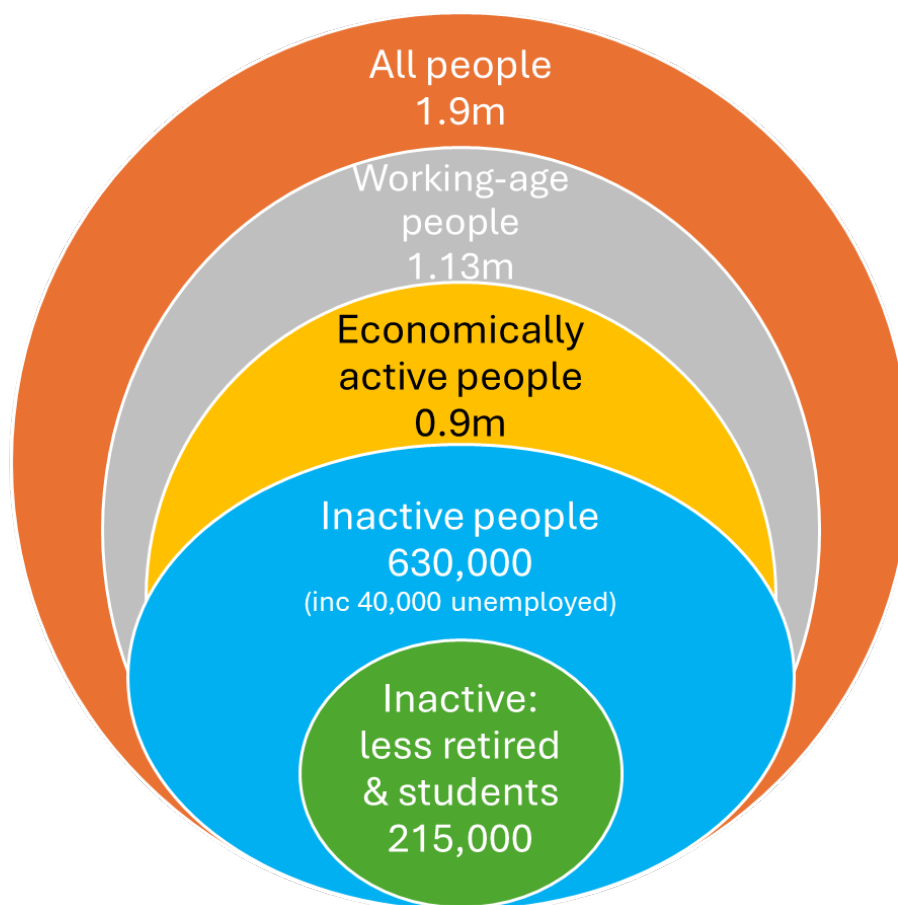


Figure 3: Kent & Medway - Inactive groups in numbers

- 2.11 It is important to note that the entire inactive population (in blue) includes those who are not expected labour market participants. These groups can be said to be principally made up of full-time students and retired people who no longer intend to work.³
- 2.12 Subtracting retired people and students from the inactive population produces an estimate of theoretical potential labour market participants (in green). On this basis the estimate is of a cohort of up to 215,000 people who could be in scope of the Plan.
- 2.13 Breaking down this cohort into the broad groupings produces the numbers as shown in the chart in Figure 4. This shows that the groups are relatively evenly spread, with significant numbers unemployed and inactive for temporary reasons in the 'other' category. However, it is also clear health and caring responsibilities represent much the largest population of inactive people in Kent

³ It is recognised that subgroups of inactive people as identified in para 2.6 will include those unable to work for illness or disability reasons for example. However, as this does not apply to all the sub group, and the numbers will always be changing, those sub groups are included in the cohort of potential labour market participants.

and Medway, together accounting for over 130,000 people, equivalent to or more than several of Kent's whole district populations.

- 2.14 It is also important to note that we cannot consider that the entirety of the 215,000 cohort are potential labour market participants – some will not wish to work and some will be too sick for work.

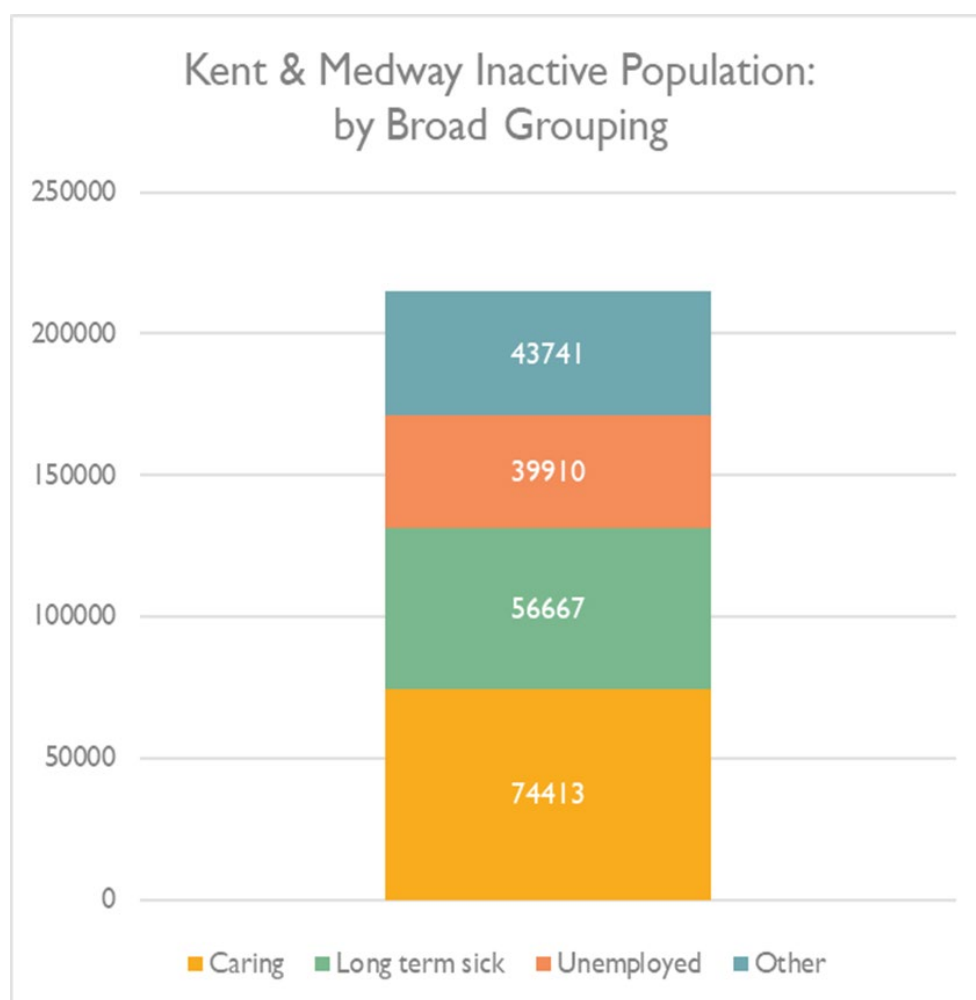


Figure 4: Kent & Medway – Total numbers of people in each inactive and unemployed cohort

Employment rate

- 2.15 There is a target *employment rate* for the plan of 80%. However, we note that this relates specifically to a revised definition of the working age population that more accurately reflects the age profiles of those in and out of work.
- 2.16 The ONS Labour Force Survey, from which the Annual Population Survey is drawn, uses a traditional working age definition of 16-64. However, DWP's guidance for local Get Britain Working Plans is that working age should refer to people aged from 18-66, reflecting the policy aim for young people to stay in education until 18 and for an older retirement age. Employment rate data for this age-band currently rely on the 2021 Census and shows employment rates in both Kent and Medway are approximately 74 per cent. While the data are four years old, it indicates the challenge in meeting

the 80 per cent ambition is potentially greater than suggested by the 16-64 definition. More detail on the size of the target cohort is given in Appendix II.

Inactive subgroups in scope of the Plan

- 2.17 Having identified and quantified the broader groupings of the inactive populations it is then important to break this down into more specific subgroups in order that one can begin to identify needs and gaps in support.

Economy and Employment

- 2.18 We have identified that around 40,000 people are unemployed in Kent and Medway. We can look at other labour market metrics and proxies that are relevant to - and potential drivers of - unemployment. These include metrics such as claimant count, occupations and qualifications.
- 2.19 Claimant count is an alternative measure of unemployment, derived from unemployment claims rather than survey or model based as in the Census and LFS. The claimant count is more up to date however and can be analysed by gender. This is shown in Figure 5.

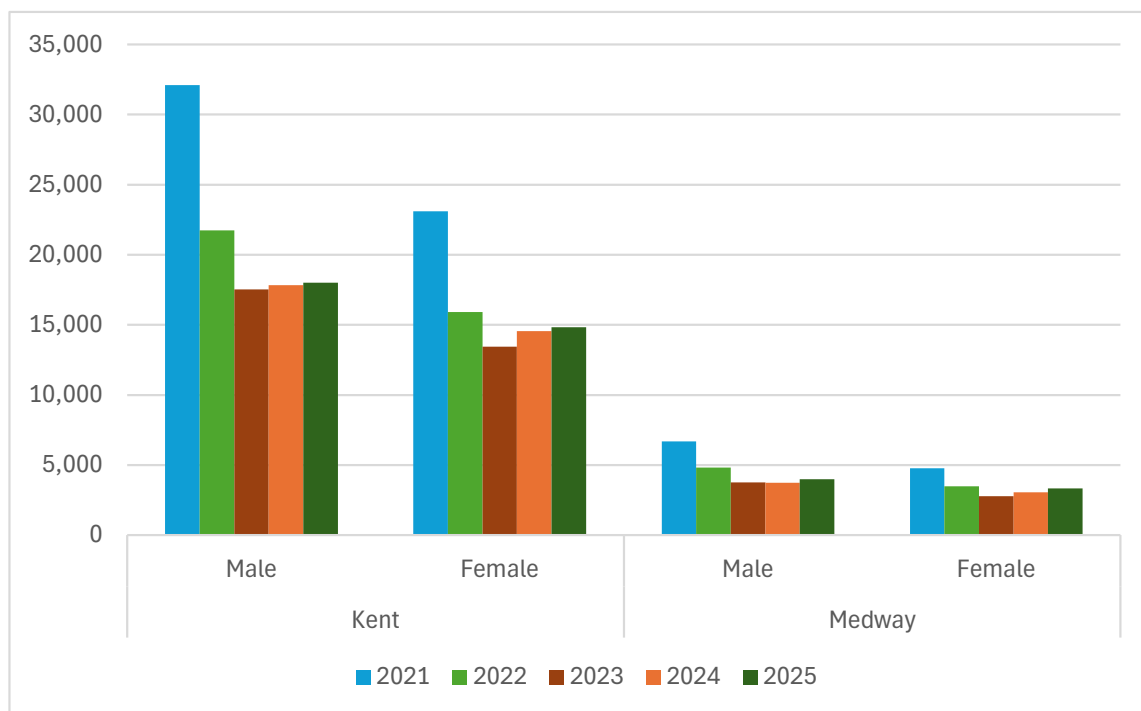


Figure 5: Overview of unemployment claimants by gender in Kent and Medway 2021-2025

- 2.20 The graph shows a clear spike in claimants during the Covid-19 pandemic, falling back rapidly after this. However, there is clear evidence of an upturn in claimants in the last three years, most notably among females in Kent and Medway, albeit the number of male claimants remains higher.
- 2.21 Specifically, in Kent there were 1,400 more female unemployment claimants in January 2025 than in January 2023, and 540 more in Medway. This compares to 485 more male claimants in Kent and 220 more male claimants in Medway in the same period. This shows that in Kent the rate of female claimants has risen around three times faster than male claimants and in Medway around twice as fast.

2.22 When considering inactivity in the round, rates of female inactivity are higher, most likely due to women being more likely to shoulder caring responsibilities for children and older relatives. Data from the Annual Population Survey can be assessed when considering gender characteristics of economic inactivity, with the caveat that more recently the survey has been declared not statistically reliable due to low response rates. However, trend data should be more usable.

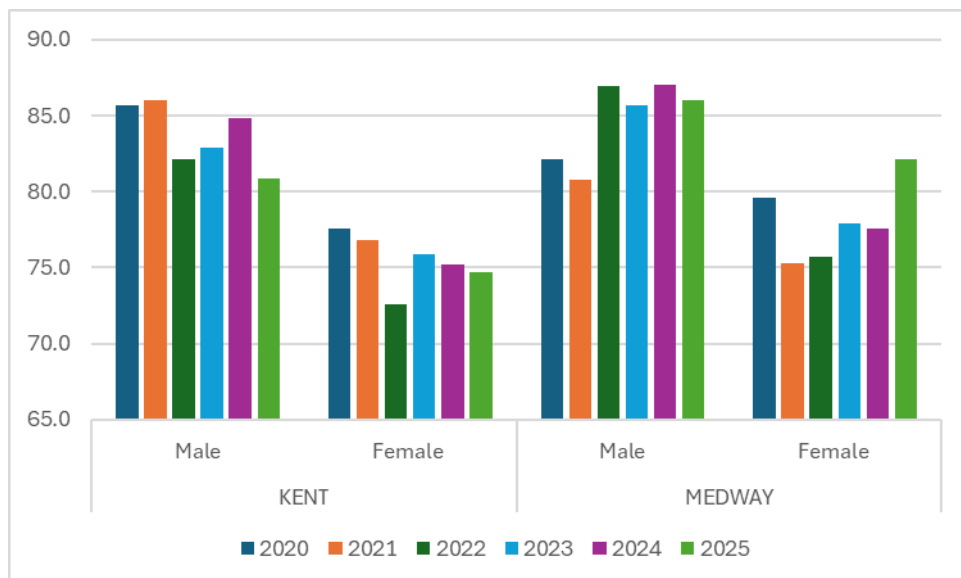


Figure 6: Male and Female Economic Activity Rates 5 year Trend – Kent and Medway
Source: ONS Annual Population Survey (April to March)

2.23 The five-year trend is shown in Figure 6. This is notable for the apparent trend divergence in Kent compared to Medway where there seem to be declining rates of activity in Kent vs rising activity rates in Medway.

2.24 The prospect or experience of poor quality and low paid employment can be a factor in unemployment and inactivity. While this is hard to measure specifically, we can use occupational classifications to understand the proportion of lower paid occupations in the local labour market.

2.25 An analysis of the proportion of Standard Occupation Classifications (SOC) at levels 6-9 in the Kent and Medway labour market relative to the rest of the South East region is shown in Table 1. These occupations typically represent the following types of employment:

- SOC 6: Caring, leisure, service occupations
- SOC 7: Sales/Customer Services
- SOC 8: Plant/Machine Operatives
- SOC 9: Elementary Occupations.

South East Region Comparator Authorities	SOC 6-7 %	SOC 8-9 %	6-9 Total %
Wokingham	9.7	6.7	16.4
Surrey	12.4	6.6	19
Brighton & Hove	10.9	8.8	19.7
West Berkshire	8.5	12.3	20.8
Windsor & Maidenhead	11.4	9.5	20.9
Oxfordshire	12	9.8	21.8
Bracknell Forest	10.6	11.6	22.2
Buckinghamshire	12.1	10.3	22.4
Reading	10.7	12.8	23.5
East Sussex	15.9	10.1	26
Hampshire	15.3	12	27.3
Kent	15.2	12.6	27.8
Portsmouth	11.3	16.7	28
Medway	16.4	13.2	29.6
Milton Keynes	15.9	13.9	29.8
Southampton	12.4	17.6	30.1
West Sussex	14.9	15.2	30.1
Isle of Wight	20.3	14.2	34.5
Slough	15.3	23.8	39.1

Table 1: Comparison of lower level SOC occupations in Kent & Medway labour markets.

- 2.26 As can be seen in the comparison table, Kent and Medway have high levels of employment in these occupations relative to much of the region. This occupational profile reflects the sectors that are prevalent in the county e.g. logistics and transport, agriculture, construction.
- 2.27 Many of these roles are crucial to maintaining local services while also offering more accessible pathways to employment for lower skilled people and those furthest from the labour market.
- 2.28 At the same time, lack of progression opportunities and low rates of pay may present issues for those in work and for in work poverty. Pay rates in the bottom percentile of earners are especially low and women tend to be over-represented here. These pay rates are show in Table 2.

2024 ONS ASHE	Male	Female	All People	South East	GB
KENT					
Median Gross Weekly Pay	£747.4	£532.7	£632.4	£654.8	£615.4
10 th Percentile	£335.2	£179.8	£220.3	£221.9	£216.6
20 th Percentile	£499.4	£275.4	£379.4	£384.5	£362.4
Median Wage Growth 2022-24	12.7%	15.8%	13.9%	14.7%	14.8%
MEDWAY					
Median Gross Weekly Pay	£759.7	£532.50	£626.8	£654.8	£615.4
10 th Percentile	£347.3	£183.0	£240.9	£221.9	£216.6
20 th Percentile	£494.8	£294.7	£388.1	£384.5	£362.4
Median Wage Growth 2022-24	20.3%	26.4%	18.9%	14.7%	14.8%

Table 2: Resident Pay Rates in Kent and Medway, All workers average

- 2.29 The data shows the largest gender discrepancy between the bottom percentile pay rates. Male median wages in Kent are 40 per cent higher than the equivalent female wages. In the lowest 10th percentile of earners, males wages are 86 per cent higher. In Medway the difference is 42 per cent and 90 per cent respectively. This shows that among low earners, female workers are significantly worse off than male workers.
- 2.30 Compared to regional benchmarks, it is notable that lower earners in Medway earn more than the regional average and those in Kent marginally less, while in Medway the reverse is the case with respect to average earnings. Here, Medway's average earnings are around 5 per cent less than the regional average. Average earnings in Kent are closer to, but still below the regional average. This would suggest that there are fewer higher earning occupations in Medway than in Kent that would raise the average higher, which likely reflects the respective labour market profiles.
- 2.31 Also of note in terms of gender difference is the numbers of jobs. There are marginally more females in jobs in the Kent and Medway labour market (437,000) than males (433,500) and the rate of change is also higher for females in jobs.⁴ In the five years to 2024 the female labour market grew by 12 per cent compared to just 0.9 per cent for the male labour market. The pay data would indicate that there has been growth in lower value jobs that may be more typically staffed by women, such as certain jobs in health and care, retail, leisure and administrative occupations.
- 2.32 The sectors that are prevalent in Kent and Medway as a proportion of workplace jobs are shown in Table 3 below. This shows that retail and public sectors dominate with significant sectors larger than the regional benchmark, as well as larger construction and support service sectors than regionally. Medway has a slightly larger manufacturing sector relative to the region. Both Kent and Medway have fewer professional and technical jobs than the regional average, which is likely a factor in

⁴ Employment data from ONS Annual Population Survey, Kent and Medway combined, year to March 2025. Data not comparable to target cohort analysis (Fig 3) which uses Census data

average wages being below the regional average. This is also likely to be due in part to the effects of London referred to in paragraph 1.15, such that high paying professional and technical employment in the capital dominates, resulting in fewer people working in these sectors locally.

2023 ONS BRES	Kent	Medway	South East
Wholesale and Retail	16.4%	13.5%	13.7%
Human Health and Social Work	15%	16.7%	14%
Education	9.5%	11.5%	9.8%
Accommodation & Food Svcs	8.9%	7.3%	8.6%
Administration & Support Svcs	8.7%	9.4%	8.0%
Construction	6.9%	7.3%	4.9%
Manufacturing	6.1%	7.3%	6.1%
Professional Scientific Technical	5.9%	4.2%	9.0%

Table 3: Top 8 sectors in Kent and Medway by proportion of workplace jobs vs South East

2.33 Skill levels are also a key factor in inactivity and unemployment. Again we see that Kent and Medway generally fall below national and regional benchmarks for workforce skills (Table 4). Notably however, Medway has a very low rate of people with no qualifications, while at the same time a low rate of degree level qualifications, significantly below the regional and national benchmarks.

2.34 This may be a reflection of a lack of long-established tertiary and higher education options in North Kent, as well as the higher instance of lower skilled occupations in Medway (around a third of jobs). While this is being addressed with new tertiary provision, this is likely to take some time to establish and compete at a national and regional level with established universities.

2024	No Qualifications	Level 4+ Qualifications
Great Britain	6.7%	47.6%
South East	5.3%	48.5%
Kent	7.2%	41.6%
Medway	4.3%	39.8%

Table 4: Kent and Medway skills levels relative to region and national benchmarks

2.35 Consultation feedback has identified recruitment difficulties faced by local employers, which is likely to relate to skills and attainment levels being an issue in some parts of Kent and Medway. Vacancy rates provide some measure of labour market demand, as does the high employment rate already noted. In the period after the Covid 19 pandemic, labour demand spiked as firms moved to restore staffing levels. This is evident in vacancy data for Kent and Medway.

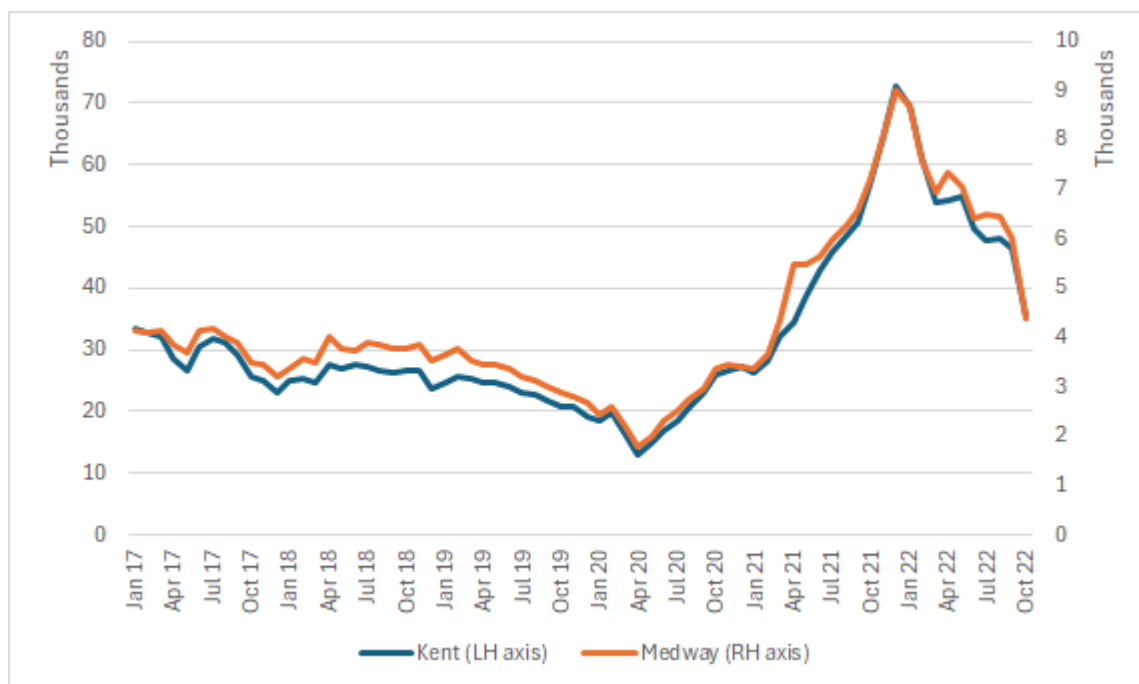


Figure 7: Kent and Medway Online Job Postings 2017-2022
Source: ONS

- 2.36 Vacancy data from online job advertisements, recorded by the ONS, is shown in Figure 7. This shows the labour market disruption that resulted from the Covid-19 pandemic and the subsequent return to trend, although only up to late 2022 when the latest authority level data is available.
- 2.37 To help address the data gap at the local level, it is possible to assess more recent data, at the national level to observe more recent trends nationally. This data (Figure 8) indicates that there has been a continuation of the post-covid trend of falling vacancy numbers, which had fallen below the level of March 2020 by mid-2025. Continuing this trend in Kent and Medway would suggest that the number of posted vacancies is likely to be in the region of 20,000 currently, which would still indicate a high demand for labour in the economy which will likely trend upwards again in due course.

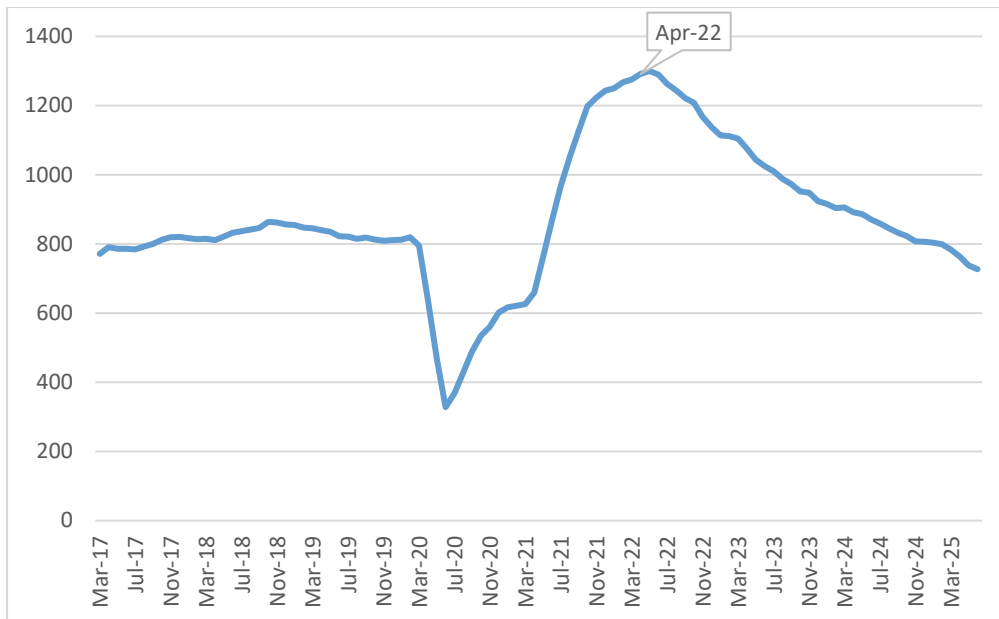


Figure 8: UK Wide Vacancies Data
Source: ONS Workforce Survey

Young People

- 2.38 Ensuring that young people are equipped for the labour market as part of their education will always be a vital component of any plan to minimise economic inactivity and unemployment. Young people who are not given the skills to access their local labour market will face difficulties securing rewarding employment and are more likely to become inactive.
- 2.39 A key measure of young people's progress is so called NEET data that identifies young people who have left school and are not remaining in education, employment or training. The NEET cohort in Kent and Medway has been growing. Table 5 shows NEET data for Kent and Medway for school years 12/13 (ages 16 – 17) as well as comparators for London and the region. Nottinghamshire is included as a comparator to one of the best performing NEET areas in the last year.

May 2025 Data Yr 12/13 (16 - 17 year olds)	South East	London	Kent	Medway	Nottinghamshire
16 - 17 Cohort	216,149	201,949	38,823	7,362	18,090
NEET Total	7,969	4,072	1,685	483	296
NEET %	3.7%	2.0%	4.3%	6.6%	1.6%
1 yr change (3mth avg 2024-2025)	+ 15.5%	+ 4.8%	+ 15.9%	+ 91.9%	- 32%
% Cohort in Education or training	90.3%	96.2%	88.7%	87.7%	95.7%

Table 5: Analysis of 'NEET' Cohort in KENT schools 2023-2025

- 2.40 It is very clear from the data that NEET rates in Kent and Medway are significantly above the comparators. There has also been substantial growth in the NEET rate. The comparison benchmarks

and Nottinghamshire comparison show that these NEET rates and rates of growth are not universal. In London, more than 96 per cent of the 16-17 cohort is in education or training, comparable to the rate in Nottinghamshire, compared to less than 88 per cent in Medway.

- 2.41 Taking Kent and Medway together, Medway accounts for around 16 per cent of the Kent and Medway population but 22 per cent of total NEET young people. There has been particular growth in the NEET cohort in Medway in the last year (92 per cent increase compared to 16 per cent in Kent).
- 2.42 It is appropriate to also consider the rate of population growth in the relevant cohorts as this can be a relevant factor in the rate of change in the NEET population. There is a time lag in population estimates such that a direct comparison of population growth and the NEET cohorts is not possible. Nevertheless, we can consider the growth characteristics of the population cohorts up to 2023, as shown in Table 6.

5 Year Growth Rates 2018-2023	South East	London	Kent	Medway	Nottinghamshire
0-15	2.4%	-3.6%	4.5%	5.2%	3.2%
16-17	11.9%	14.9%	10.6%	8.9%	9.8%
18-24	-4.1%	0.6%	-9.5%	-10.9%	-1.9%
All Ages	-3.6%	1.3%	3.7%	2.9%	3.6%

Table 6: Demographic Growth Rate Analysis

- 2.43 The demographic data reveals that Kent and Medway face challenging population dynamics. The 16-17 cohort, against which NEET rates are generally measured, is the fastest growing cohort in *all* of the comparator areas. If the age cohort population grows, the number of NEET young people will grow too if the rate of NEET instances remains the same.
- 2.44 However, it is clear in the data that some areas have experienced the same or greater growth in the population of young people without the same growth in the NEET rate. For example, Medway's 16-17 cohort has grown by around 9 per cent in the five-year period - this is the least of the comparators in Table 6 – yet the NEET rate almost doubled between 2024 and 2025. This compares to growth in the NEET rate of around 16 per cent in both Kent and the South East, and to a *reduction* of the NEET rate in Nottinghamshire by a third, despite overall growth in its 16-17 population of around 10 per cent.
- 2.45 In demographic terms, the most startling difference between Kent and Medway and its comparators is the rapid rate of shrinkage in the next age group of 18-24 year-olds. Both Kent and Medway experience much larger reductions in the numbers of young adults after secondary education. This is indicative of young people most likely leaving the area to access tertiary level education and employment opportunities. This may have the effect of reducing demand for – and thus provision of – post 16 education opportunities in Kent. In addition, the 0-15 cohort is growing fast in Kent and Medway against its comparators, indicating that number of young people up to age 17 will continue to grow, adding to the importance of ensuring effective provision at this level. This will be explored in more detail in section 3.

- 2.46 As well as demographic data, a likely key driver of NEETs is the level of home education, comprising of those children who are electively removed from mainstream education to be taught at home.
- 2.47 Both Kent and Medway exhibit a recent trend of rapidly rising numbers of children being taken out of mainstream education for this reason. The numbers removed for home education during the school year have increased from 1,800 in the 2021/22 academic year to almost 3,300 in the 2023/24 year. An increase of 82 per cent. In Medway, the figures are 380 rising to 600, an increase of 58 per cent.
- 2.48 The increasing trend for elective home education (EHE) is evident in other large counties such as Cambridgeshire (57.6 per cent growth) or Essex (59 per cent growth) but is far from universal. West Sussex has seen a 14 per cent reduction in EHE in the last three years while unitary areas have seen smaller increases (Brighton and Hove + 15 per cent) or significant reductions such as in Birmingham (- 87 per cent) or Lewisham (- 76 per cent). This data is shown in Figure 9 below.

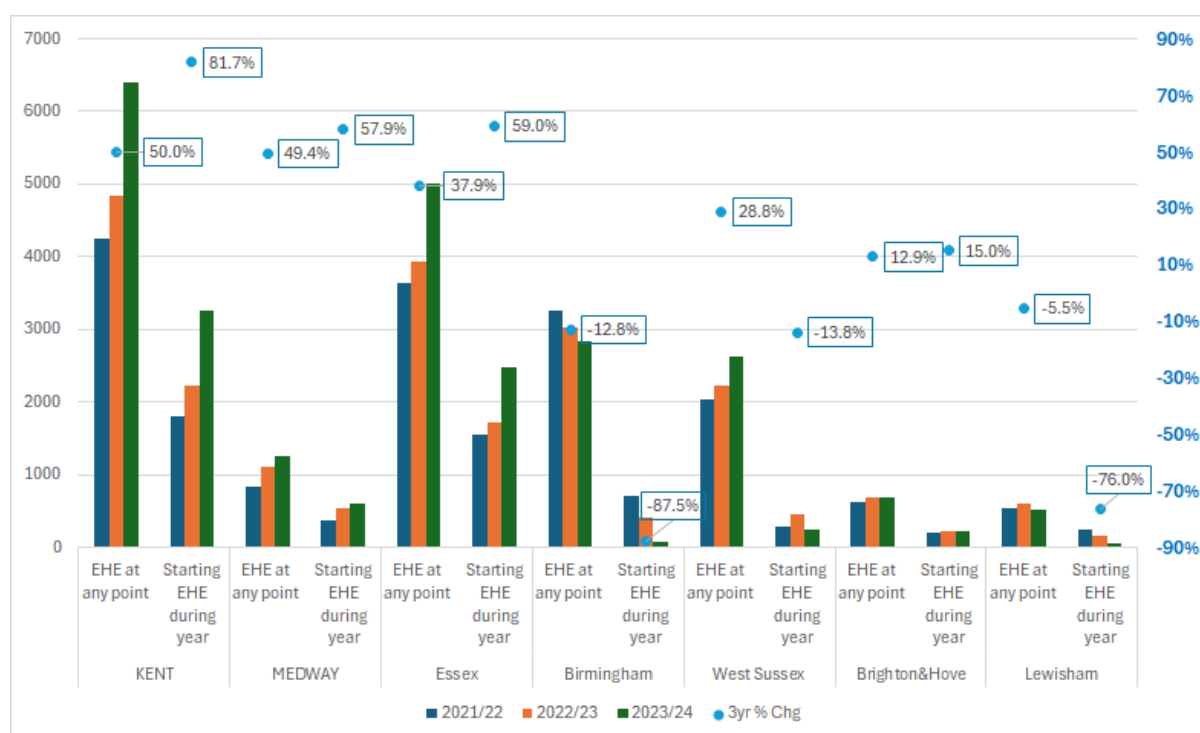


Figure 9: EHE Data from selected comparator authorities
Source: DfE Education statistics

Health

- 2.49 It has been noted that health factors are a significant contributor to economic inactivity, evidenced in the data relating to broad categories of economically inactive people. The number and types of health conditions that affect people's ability to work are numerous and varied and affect different numbers of people.
- 2.50 This means it is important to understand which health conditions affect the largest numbers of people, which in turn might have the largest impact on economic inactivity in Kent and Medway. Table 7 lists a range of health conditions that affect the largest numbers of people.

Condition	Number	Year	Age Group	Source
Hypertension Prevalence	292,411	2025	All Age	K&M Care Record
Long-term Illness / Disability	329,995	2021	All Age	Census
Mental Health: Depression	261,651	2025	18+	K&M Care Record
Diabetes Prevalence	240,826	2025	17+	K&M Care Record
Mental Health: Hosp. Admissions (secondary code)	112,816	2025	All Age	NHS Hospital Episode Statistics
Cancer Prevalence	81,612	2025	All Age	K&M Care Record

Table 7: Populations in Kent & Medway Affected by Certain Health Conditions

- 2.51 The data shows that hypertension affects around a third of a million (in 2021), similar to the number with a long-term illness or disability. There are also large cohorts of the population – around a quarter of a million – with depression diagnoses and living with diabetes.
- 2.52 Given the large populations of people affected by these health conditions, it is not surprising to find there is also a considerable cohort of unpaid carers in Kent and Medway. Census data recorded over 150,000 carers in Kent and Medway, around a third of whom provide care for more than 50 hours a week.
- 2.53 The extent to which these groups are restricted or prevented from working will need to be a key consideration in the design and allocation of services. While some conditions will relate to older people who may not be working themselves, many health conditions are likely to be a driver of demand for unpaid care.
- 2.54 It is also clear from the data that there is a rising trend in many of these conditions. The graph at Figure 10 below shows how the numbers of people affected by a range of health conditions has changed in the five years to 2024. The rate of change is denoted by the green line and the right-hand axis showing the percentage change in the five years to 2024.

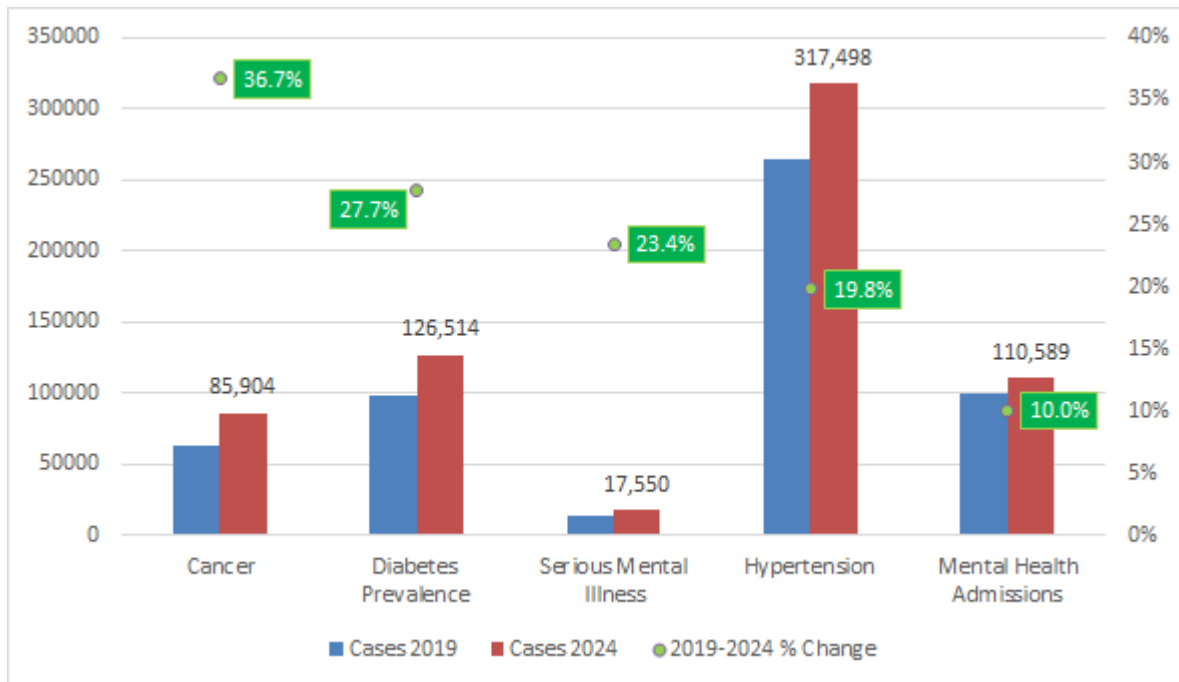


Figure 10: Five year change in health conditions in Kent & Medway
Kent and Medway Care Record

- 2.55 The data, from the Kent and Medway Care Record, show that cases of cancer have increased by 37 per cent in the five-year period while hypertension affects the largest number of people of the conditions cited, with around a third of a million people diagnosed in 2024.
- 2.56 Analysis of “fit notes” (doctor’s notes of an individual’s fitness to work), for the Kent and Medway Integrated Work and Health Strategy, revealed that mental health and musculo-skeletal conditions were the most cited conditions. Mental health issues accounted for 45% of fit notes issues in the five years to 2024, with musculo-skeletal conditions accounting for 23%.
- 2.57 It is clear from this brief analysis that a number of health conditions are a growing issue for Kent and Medway. A database of local level data for many of the indicators used in this report is provided alongside this Get Kent and Medway Working Plan. This provides the means to assess individual indicators at subdistrict level, to understand which local communities are most affected by these conditions or particular characteristics related to economic inactivity.

District level analysis

- 2.58 This section considers the Economy, Young People and Health themes in turn and how these relate to the twelve Kent districts and to Medway. The typologies set out in section 1 can also provide the geographic and socio-economic context to further understand the factors and drivers of inactivity.
- 2.59 In terms of overall inactivity, we can see that it is quite evenly spread across the districts. This spread is shown below in Figure 11. However, as this section will show, the types of inactivity vary significantly across the county.

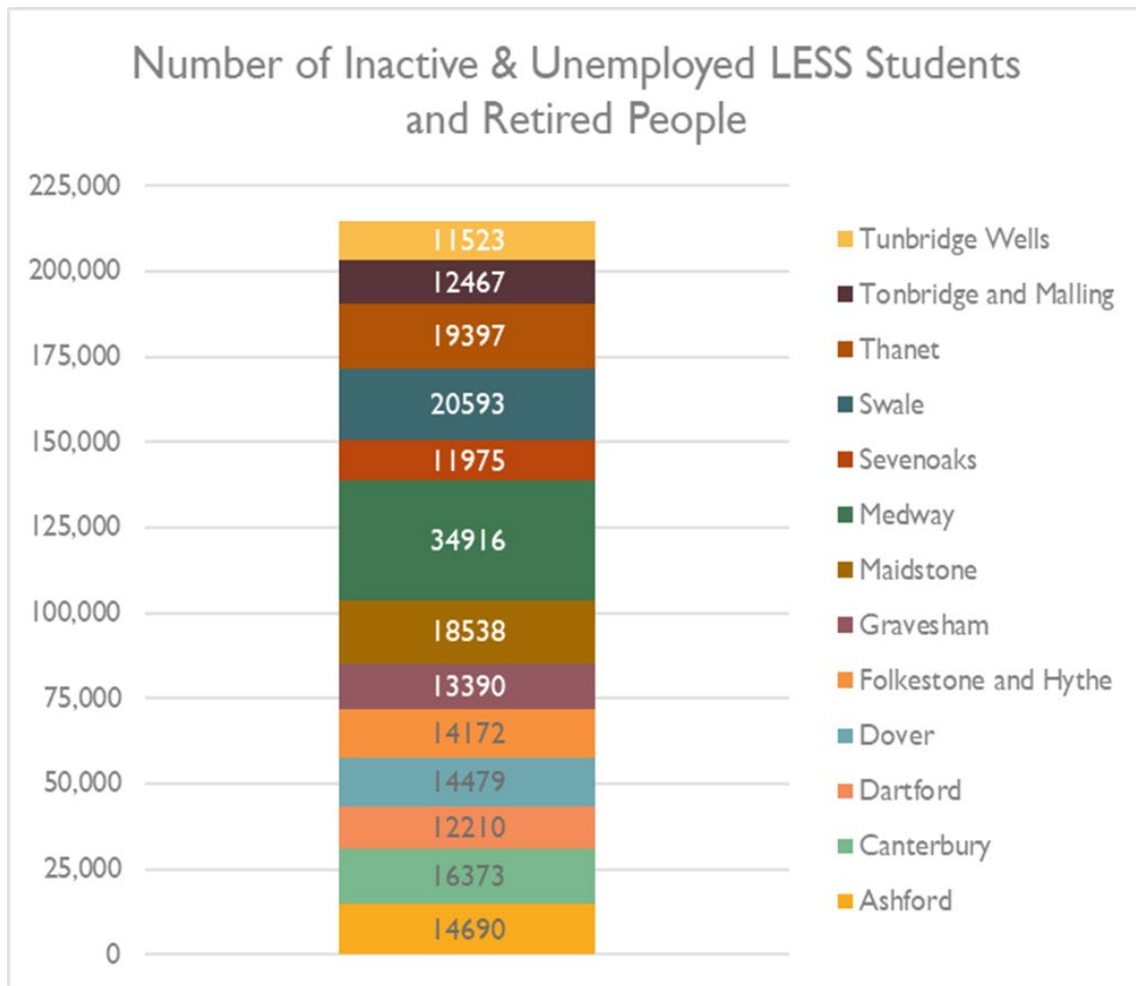


Figure 11: Number of inactive and unemployed people by district less students and retired people

- 2.60 The average size of the inactive group in each of the Kent districts (excluding Medway as a unitary authority) is around 15,000 people. The lowest sized cohort is in Tunbridge Wells (~11,500) and the largest is in Swale (~20,500). This means that even in the district with the smallest cohort, there is still a significant population of inactive people.
- 2.61 The graph at Figure 12 shows the proportion of this target group relative to the district populations. This shows that the proportion of the target inactive population relative to the total adult population is lowest in Canterbury, Sevenoaks and Tonbridge & Malling (around 12 per cent) and highest in Swale and Thanet (around 17 per cent).

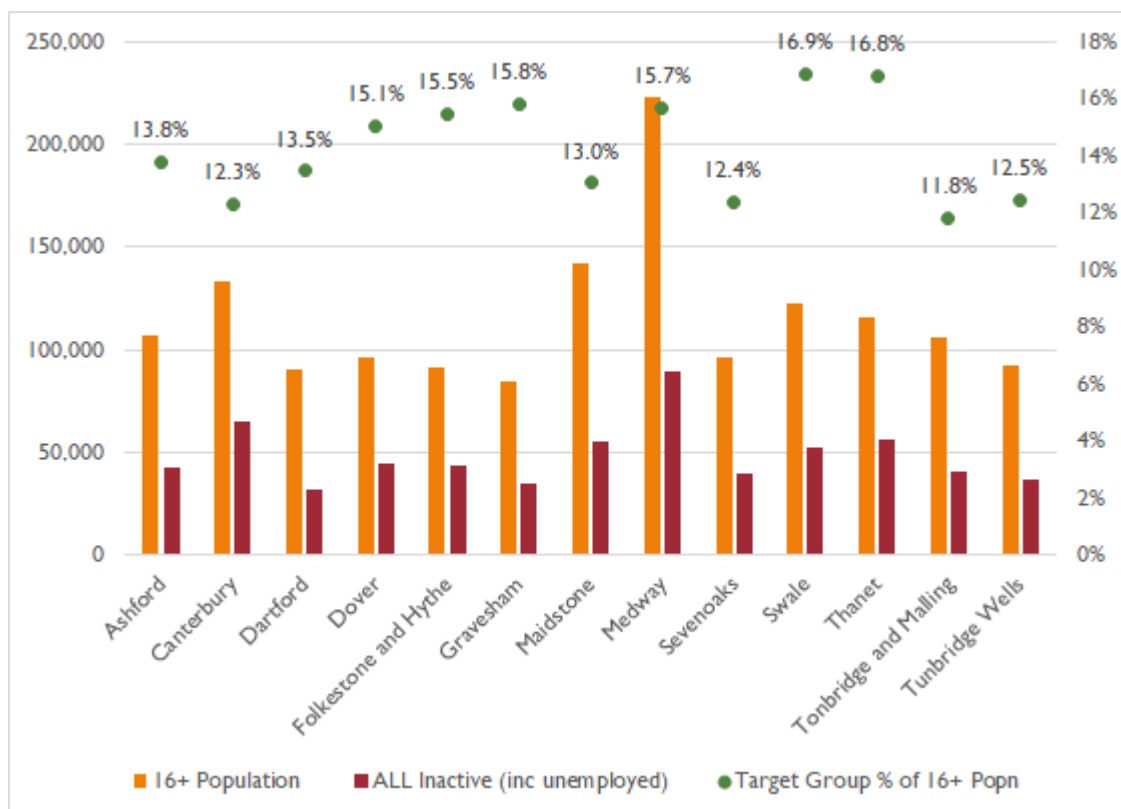


Figure 12: 'Target' inactive group size relative to 16+ and All inactive populations, by district
Source: Census 2021

- 2.62 We can consider inactivity characteristics at the district level to begin to understand the types of need and how they differ across Kent and Medway. Categorising the collected data as it relates to the districts helps to do this, including looking at common characteristics across districts as well as the difference. The use and application of local labour market typologies, as set out in paragraphs 1.15 to 1.16 is helpful in this respect, identifying opportunities to address issues more holistically and comprehensively.
- 2.63 The Kent typologies have been identified with reference to the Department of Work and Pension's (DWP)'s own research into inactivity typologies and clusters nationally. Like DWP's work, this local typology identifies labour market characteristics common to the county's rural, coastal and industrial areas. As with DWP's analysis, there will be nuances and differences from place to place and Kent & Medway are no exception to this.
- 2.64 Much of West Kent reflects the Affluent Commuter Belt typology in the DWP set, and the Coastal Periphery, including the Estuary Coast exhibits features of DWP's Coastal Industry typology but with less industrial heritage in Kent.
- 2.65 While in the west some of the county benefits from its proximity to London, in the east it can suffer from remoteness from significant centres of economic activity. In addition, London's influence can mean that the county can be over-reliant on the capital that draws economic activity and resources. The area lacks major economic centres or regional cities of its own that are a feature of similarly sized unitary areas regions elsewhere in the country.

2.66 As such it is this relative remoteness, particularly in Thanet, Dover and Folkestone that is as much a driver of inactivity than as industrial decline identified in the DWP coastal typologies. The typologies identified here, and their characteristics are explored in detail in section 2.

2.67 The typologies have been set out in Table 8 in context of the three inactivity themes. The table contains a simple narrative description of the key data findings relating to the economy, young people and health themes.

	Economy & Employment	Young People	Health
Affluent Commuter Belt	Characterised by higher value employment and skills. Lower rates of inactivity, unemployment	Highest attainment (except S'Oaks), lower NEET, lowest child poverty rates	Better general health, but for rising mental health issues in some areas
Central Rural Kent	Rural in nature but well connected market towns with stronger labour markets	Average to high attainment and NEET, average child poverty	Mixture of health outcomes, rising poor mental health issues
Estuary Coast	Some high unemployment rates, also high instances of low value employment and occupations, lower skills.	Generally younger population, good/above average attainment, high NEET in Medway, above average child poverty except Dartford	Mixture of health ratings, evidence of poor mental health in places.
Coastal Periphery	Poorest economic outcomes, high instances of unemployment, low skills, low value occupations	Lowest attainment rates, high NEET rates, highest child poverty rates in Thanet, Folkestone, Dover	High instances of L-T illness and disability, highest hypertension, osteoporosis rates in Canterbury/Thanet.

Table 8: Summary Overview of Kent Typologies by Theme

Notes - Typology Definitions:

Affluent Commuter: Sevenoaks, Tonbridge, Dartford, Tunbridge Wells (town and west)

Central Rural Kent: Ashford, Maidstone, Tunbridge Wells (rural) , Canterbury

Estuary Coast: Gravesham, Medway, Dartford, Swale

Coastal Periphery: Swale, Thanet, Canterbury, Dover, Folkestone & Hythe

2.68 The following section considers each of the three themes to identify hotspots in the county that affect the overall measures assessed in each theme. Using extensive, detailed data sets down to Middle Layer Super Output Area (MSOA) level, from a variety of sources, it is possible in most cases to map the data and pinpoint prevalence of the measured characteristics that define the county and its typologies. MSOAs typically break districts down to 10-15 sub areas of around 8,000 people.

2.69 To support the Get Britain Working Plan, a complete database of data sources at the MSOA level has been compiled. This allows mapping of many of the economy, health and young people indicators throughout Kent and Medway, so that the most affected and poorly performing communities within districts can be identified, including those hidden by better districts averages that might otherwise

be missed. This will be key to addressing, affecting, and ultimately improving county wide average measures.

- 2.70 The following sections consider a selection of indicators to show how these play out at the community level.

Economy and Employment

- 2.71 It is useful to consider the employment rate at the various district levels to understand which areas are at or below the target 80 per cent rate. This can potentially be determined from the ONS Labour Force Survey (LFS) as shown in Figure 13. The target 80 per cent employment rate is represented at the top of the graph. The blue bars reaching the top of the graph represent districts at the target level.

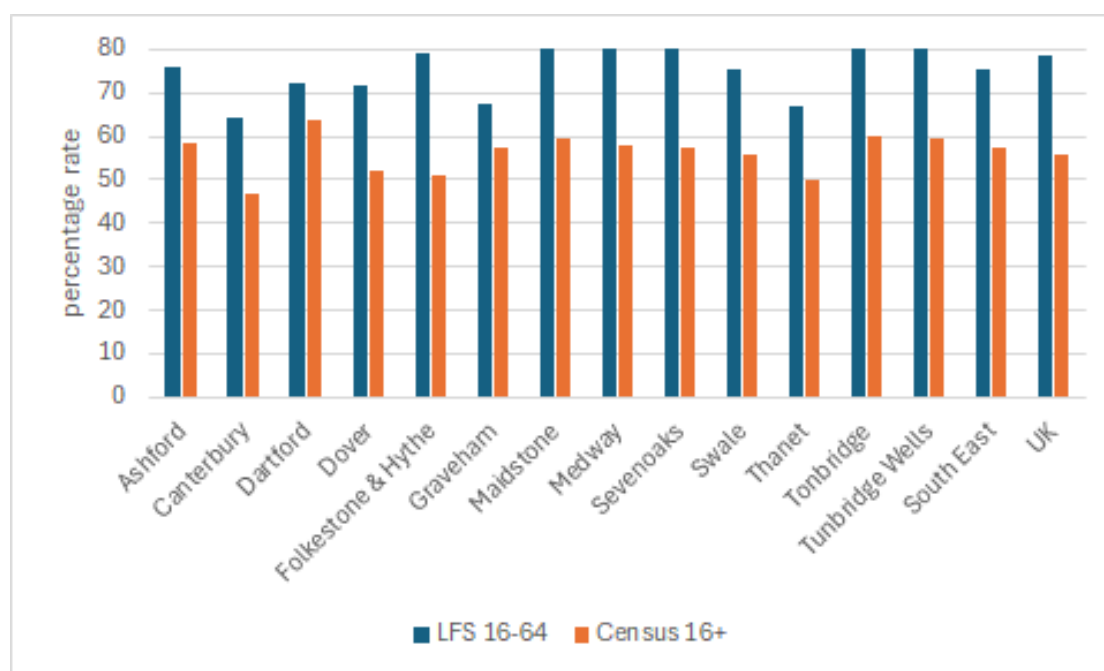


Figure 13: Employment Rate for Working age population (LFS) and 16+ population (Census 2021)

Source: Labour Force Survey (LFS) March 2025, Census 2021

- 2.72 The data indicates that Maidstone, Medway, Sevenoaks, Tonbridge and Tunbridge Wells were at the target employment rate in March 2025. However, the statistical reliability of the Labour Force Survey cannot be assured since its Official Statistics certification was removed by the UK Statistics Authority in 2023 due to poor survey response rates. Below national and regional levels, the data can be highly volatile and cannot be fully relied upon. For example, the employment rate in Dartford to March 2024 was 84.3 per cent and in the latest data to March 2025 was 72.4 per cent. A swing of this magnitude is unlikely and is accompanied by a very wide confidence interval that denotes that the true value could sit 10 percentage points either side of the reported rate.
- 2.73 Therefore, this plan utilises a combination of data sources to verify economic activity and inactivity. This will include absolute numbers of inactive groups from the Census and from local sources. This is key to understanding the true scale of inactivity locally. Rates of activity or group populations can hide the true numbers of people who need support.

2.74 Turning to resident earnings at the district level, it is not surprising to note that the highest earnings feature most prominently in the 'Affluent Commuter Belt' typology. Only these districts earn above the regional average. The 'Estuary Coast' districts of Medway and Swale are next highest earning districts, below the regional average but above the national average. The data indicates that the highest resident earnings are in the places with the best connectivity to London. That said, Maidstone and Gravesham are outliers in this respect with reasonable connectivity but comparatively low wages. The data is set out in full in Table 9 below.

Typology	District	Weekly Earnings
Affluent Commuter Belt	Sevenoaks	£915.2
	Tunbridge Wells	£839.6
	Dartford	£813.6
	Tonbridge and Malling	£789.5
	South East	£779.2
Estuary Coast	Medway	£754.6
	Swale	£752.1
Coastal Periphery	Dover	£750.0
	Great Britain	£729.8
Rural Centre	Canterbury	£728.3
	Ashford	£700.2
Coastal Periphery	Folkestone and Hythe	£695.1
Rural Centre	Maidstone	£692.2
Estuary Coast	Gravesham	£690.5
Coastal Periphery	Thanet	£685.2

Table 9: Earnings by District by Typology

Source: ONS ASHE 2024 - Earnings by place of residence

2.75 With respect to unemployment, the low county wide rate masks some hotspots in local areas. The map in Figure 14 shows the example of claimant count for unemployment. This reflects what is described in the typologies, where highest instances of unemployment are in the Coastal Periphery and Estuary coast, in particular in central Gravesend and Chatham, Sheppey, Margate and Ramsgate, and Dover and Folkestone. However, the MSOA analysis also shows notable unemployment hotspots in Maidstone, Ashford and Canterbury. The London Connected West Kent typology area appears least affected by unemployment.

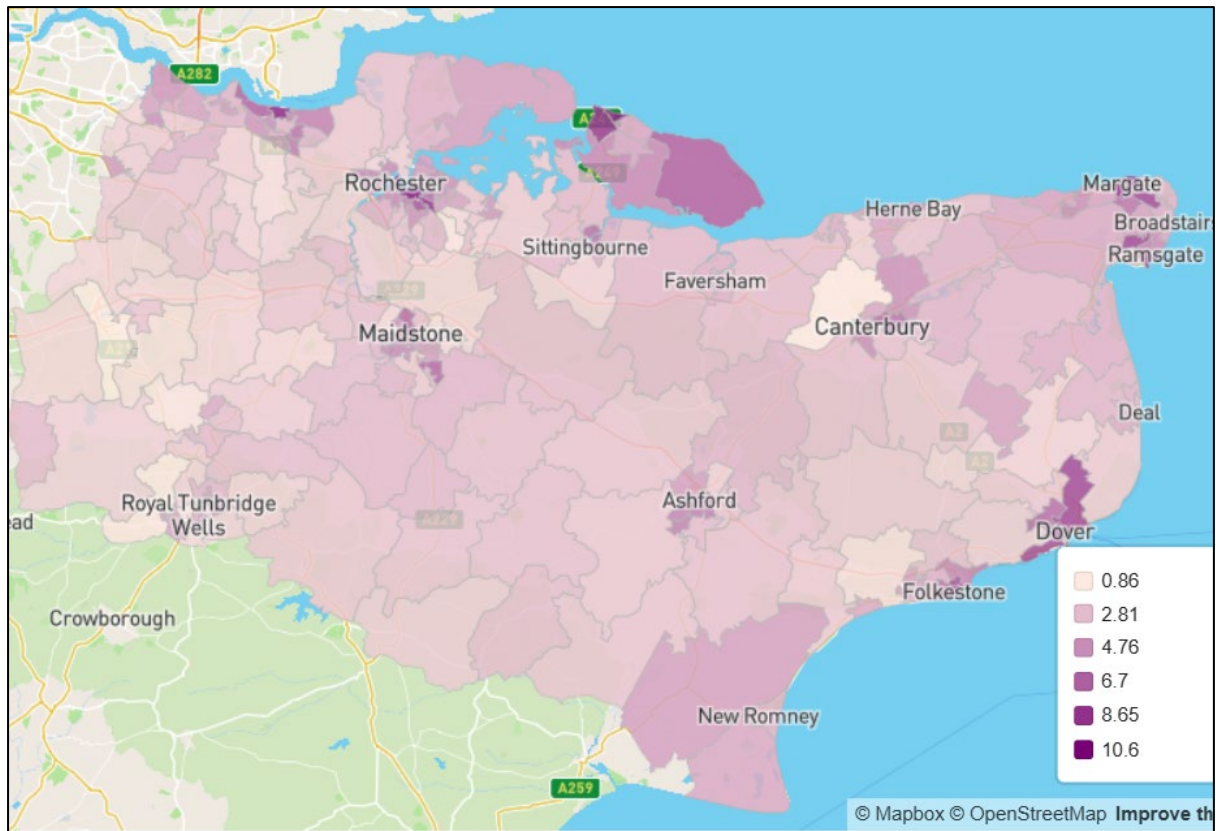


Figure 14: Claimant Count by percentage of 16-64 population: March 2024

- 2.76 In terms of labour market skills, qualifications, and occupations, Kent and Medway tend to underperform the region.
- 2.77 The map at Figure 15 shows the proportion of the working age population with no qualification. The dark blue coloured areas denote the highest rates with up to 40% of working age people having no qualifications. Again while the results broadly align with the typologies, there are hotspots in Maidstone (Parkwood and Senacre) and Ashford (Washford and Stanhope) and also in Sevenoaks district (West Kingsdown) where around a quarter of the working age population have no qualifications.

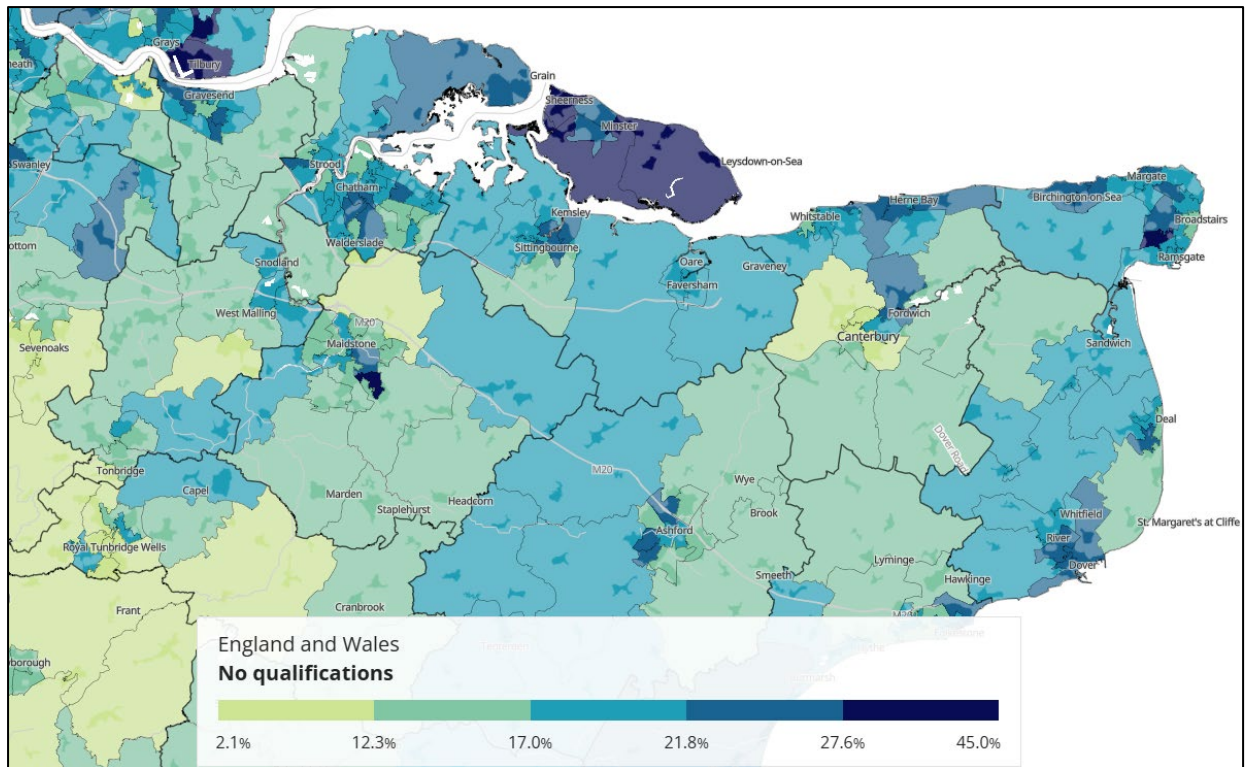


Figure 15: Proportion of working age population with no qualifications by MSOA (2021 Census)

2.78 Turning to high level skills, the county wide issue of relatively low rates of people educated to degree level and above is apparent in Figure 16. There is a catchment of higher skills around Canterbury and also in the far west of the county, but otherwise the lack of high-level skills is apparent, especially in the Estuary Coast and Coastal Periphery areas.

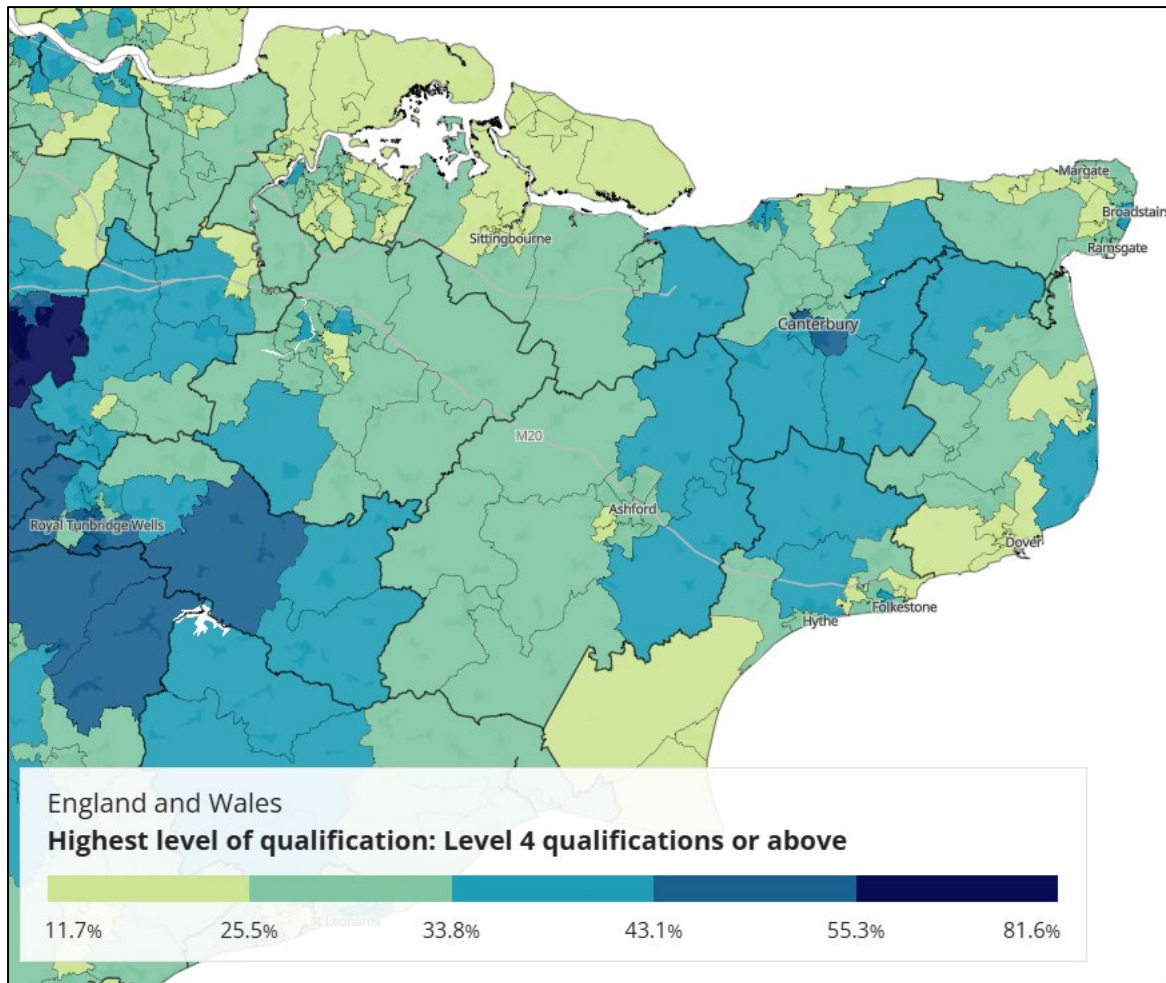


Figure 16: Proportion of working age population with Level 4 and above level qualifications by MSA (2021 Census)

Young People

- 2.79 With respect to young people, the MSA level analysis identifies communities where there are highest rates of children living in poverty. Figure 17 shows that these are found in the estuary coast towns in Gravesend, and Medway, Sheppey, Ramsgate and Margate and Dover and Lydd. The central rural typology area also contains above average rates of child poverty. Only the towns of Sevenoaks and Tunbridge Wells appear to have no communities with children living in poverty. Otherwise, all of the principal towns in Kent and Medway have some degree of child poverty.

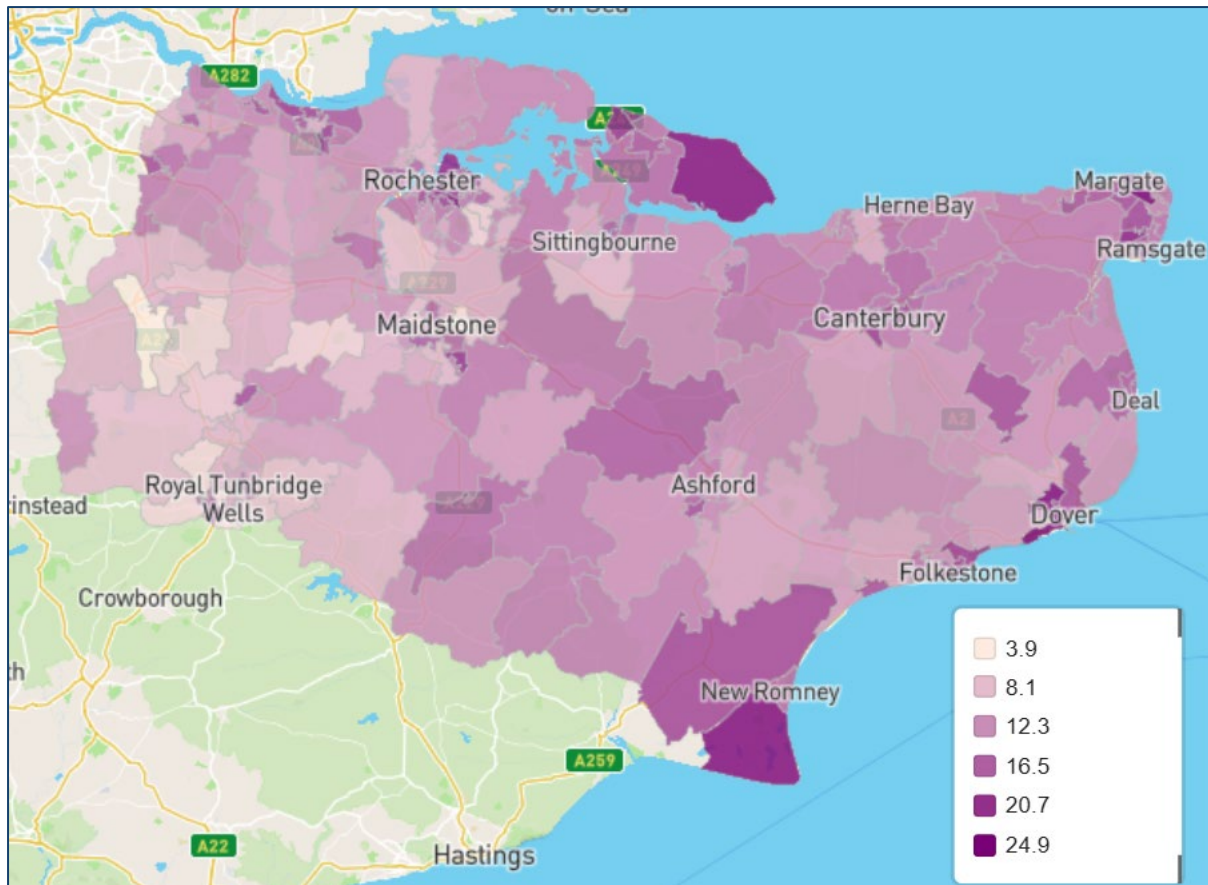


Figure 17: Percentage of Children living in absolute poverty
Source: DWP 'RAPID' Data

- 2.80 The NEET analysis is not available below district/unitary level. However, other education metrics such as Key Stage 2 attainment levels are available at MSOA level. The results of this are shown in Figure 18, however this does not include data for Medway. In this map, the darker colours denote areas of highest attainment.
- 2.81 The two darkest shades represent over 70 per cent achieving the required standard in reading, writing and maths combined. The pale colours denote areas of poor attainment. In this we find that rates of around 50 per cent or lower are prevalent in the Central Rural area and in parts of the Coastal Periphery, however it is also notable that parts of Dartford, Gravesham, Dover and Folkestone have areas of high attainment, as well as in the Affluent Commuter typology.
- 2.82 It has not been possible to obtain MSOA level data for Medway, however unitary and county area data is published by the Department for Education and this indicates attainment levels overall in Medway for KS2 combined we 61% in the academic year ending 2024, up from 56% the previous year and placing it around average for Kent and Medway as a whole.

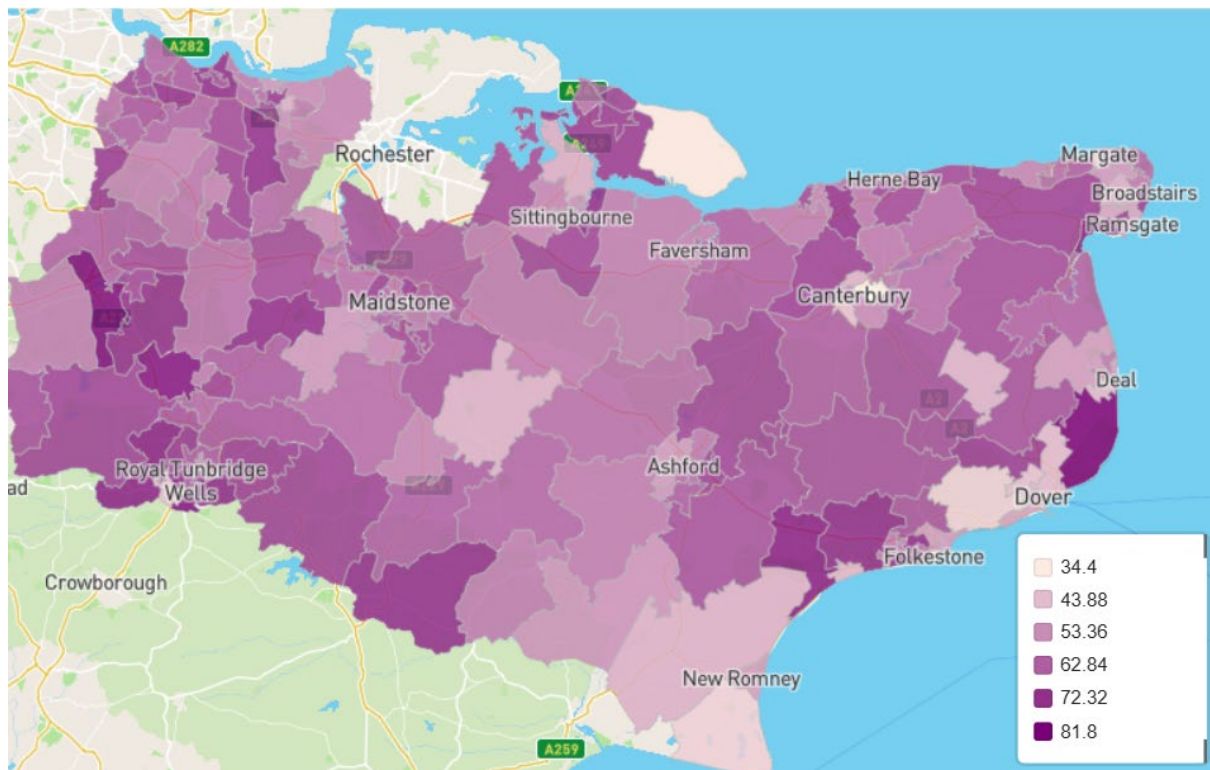


Figure 18: KS2 Attainment 2024 by MSAO – Percentage of pupils meeting expected standard in reading/writing/maths
Source: KCC School Census via KPHO

Health

- 2.83 For the health domain there is the most comprehensive set of local level data sets. Here we can identify which communities are dealing with which health conditions, which will be especially valuable when considering service provision.
- 2.84 One of the health conditions with the largest cohort is those with diabetes. Data from the Kent and Medway Care record identifies diabetes prevalence recorded in primary care for those aged 17 and over, at the local level. Table 10 shows the top 20 local areas with the highest instances of diabetes.

MSOA Locality	Number	Rate	District
Bybrook, Orchard Park & Godinton	1044	8.2	Ashford
Parkwood & Senacre	1002	11.0	Maidstone
Buckland & St Radigunds	934	9.2	Canterbury
Iwade & Kemsley	912	8.4	Swale
Larkfield & New Hythe	870	9.0	Folkestone & Hythe
Sheppey East	866	12.3	Swale
Kingswood, Langley Heath & Chart Sutton	865	7.9	Maidstone
Snodland	856	9.4	Tonbridge & Malling
Borden & The Meads	820	7.8	Swale
Milton & Chalk	812	8.6	Gravesham
Hoo St Werburgh & High Halstow	799	8.2	Medway
Faversham East	786	8.3	Swale
Minster South	785	9.3	Swale
Folkestone Morehall & Sandgate	784	7.0	Folkestone & Hythe
Ashford Central	775	7.5	Ashford
Temple Hill & Marshes	771	7.5	Dartford
Herne Bay South & Greenhill	762	10.0	Canterbury
Hampton, West End & Swalecliffe	757	10.8	Swale
Gravesend Town	756	7.8	Gravesham
Birchington	755	10.3	Canterbury

Table 100: Diabetes Prevalence by Local Area, recorded March 2025

- 2.85 The local data reflects that Swale has the highest rate of diabetes in the local population, with the district featuring in six of the top 20 local areas. Significantly however, Canterbury has the joint lowest district rate for diabetes, yet features three local areas in the top 20 list.
- 2.86 Turning to other conditions related to mental health, the number of hospital admissions where mental health is secondary factor is one such indicator that can be assessed at the local level.

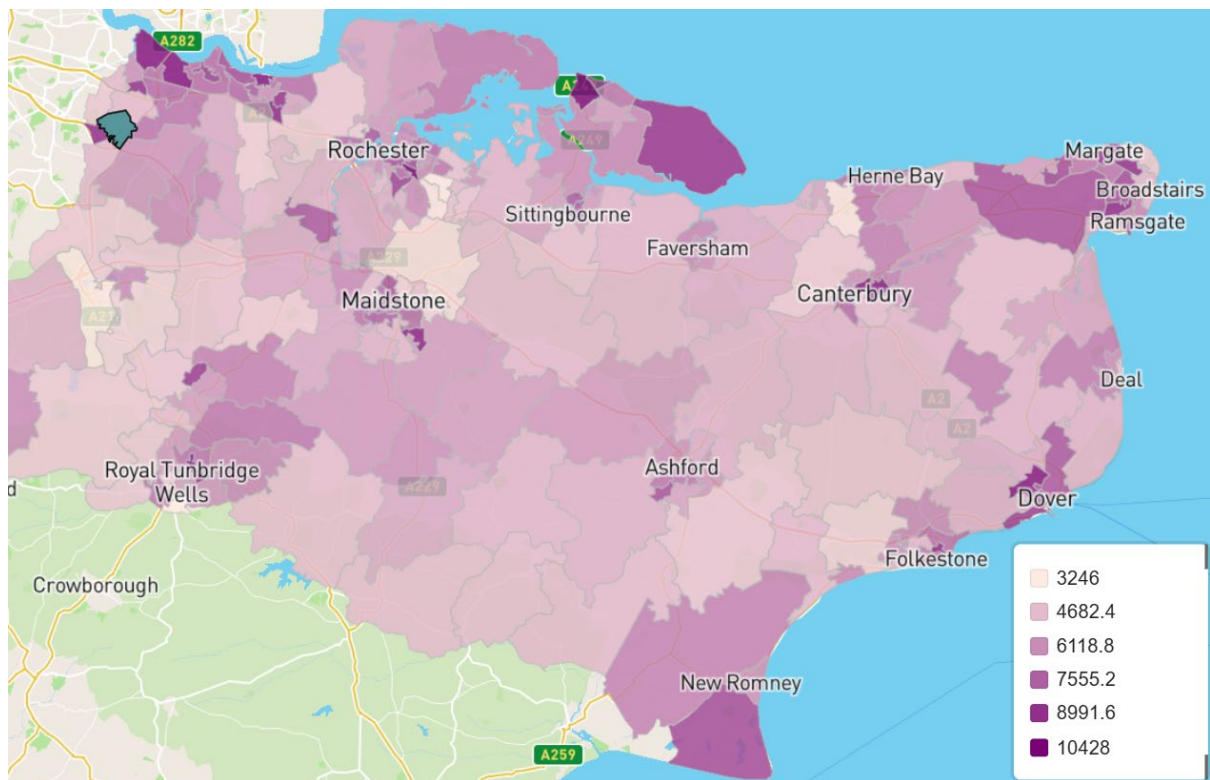


Figure 19: Number of Mental Health Hospital Admissions 2023/2024

- 2.87 Here we find that the Estuary Coast and Coastal Periphery accounts for the large majority of cases.. However, we can also see that almost every town in the county contains communities affected by significant mental health conditions.
- 2.88 The data presented shows how some of the most prevalent health conditions affect different parts of Kent and Medway. The extent to which these limit the ability to work cannot be known directly and will vary depending on a given health condition and its severity on the individual living with it.

3 Drivers and causes of supply and demand side labour market issues

This section explores the underlying causes of economic inactivity and unemployment. It examines education and skills gaps, employer practices, health-related barriers, caring responsibilities and wider determinants of health (including housing, transport, and digital exclusion – which are often the root cause of many health issues). It sets out where systemic issues are unlikely to be resolved quickly and identifies key challenges that need longer-term solutions.

- 3.1 As identified in sections 1 and 2 of this plan, the Kent and Medway area has a highly varied economy with notable disparities in terms of socio-economic outcomes. Kent and Medway Councils along with their partners locally, regionally and nationally have sought to tackle these issues to reduce the barriers faced, but many remain. This section discusses the drivers and causes that are most relevant for the Local Get Britain Working plan and particularly underpin economic inactivity.

Economy and employment

Workforce skills gap

- 3.2 As indicated in paragraph 2.3, Kent and Medway has a relatively tight labour market where demand for workers is high. One implication of this is that employers struggle to find workers with the right skills and people are unable to obtain employment because they do not have the skills employers need.
- 3.3 Development of the Local Skills Improvement Plan (LSIP), published in August 2023 involved a local employer survey. Almost half of the 900 responding employers said that recruitment was a problem. Twenty per cent said it was a major problem and 35 per cent said they had gaps in existing workforce capabilities. Specialist skills, including those specific to certain industries, were those most commonly cited as lacking, among both existing staff and applicants. In response, the LSIP took an industry sector focused approach and has promoted employer dialogue and development of skills provision in respect of: construction; manufacturing and engineering; food production; health and social care; and education. The LSIP includes measures to begin to mitigate tutor shortages in construction and manufacturing and engineering.
- 3.4 From an in-work perspective, the LSIP employer survey found that only 20 per cent of respondents considered that young people leaving education in general were well prepared or very well prepared for work, although this rose to 31 per cent among those who had recruited directly from full-time education in the preceding two to three years. This points to a gap with soft skills, which is explored under the young people sub-section.

Mismatches in employer / employee expectations

- 3.5 Stakeholder engagement for development of this plan points to a tendency for employers to require levels of qualification or work experience that are unnecessary for entry level roles. A related reported factor is that job descriptions can be filled with complex terminology or non-accessible

language. This can particularly affect young people, when applying for entry-level jobs who may not yet be familiar with industry terminology, making it harder for them to break into their chosen field.

- 3.6 While it is difficult to present concrete evidence, practitioners also described in particular how many younger people lack “soft skills” - job readiness and confidence for work.
- 3.7 This employer – employee gap is more acute in respect of potential employees with complex needs. Practitioners describe a reluctance among employers to take on new staff who live with health issues or complex needs. Some providers who work with young people have reported in the engagement for development of this Plan that some employers are reluctant to invest in young people from disadvantaged backgrounds. Our lived experience work has also produced an example of potential employees being hesitant to ask for the support that they think they will need to remain in work. This finding needs to be seen in the context of the employer base of Kent and Medway, which is dominated by small and medium enterprises (SMEs) – they are likely to be harder to engage and will be more risk averse in their hiring and ability to release staff for training.

Young people

- 3.8 An important driver for the high number of young people age 16 – 17 who are not in education, employment or training (NEET) is a sharp decline in provision for those who are not, or perceive they are not, suited to a traditional academic route and require places at Level 2 and below⁵. Data comparing the academic years 2022 – 2023 show a decline in the number of places for vulnerable learners (NEETs or those with lower attainment) declining from 1,106 to 733. Capacity constraints in sixth forms and colleges, create entrance requirements which restrict the options for young people, particularly those with lower academic attainment. Vocational courses also have higher entry requirements for low-level courses than ever before⁶.
- 3.9 For the Kent County Council area, this 16 – 19 pathways issue has been documented in a review published in 2022. Interviews for the development of this Plan highlighted a similar collapse in suitable provision in Medway.
- 3.10 The high number of students educated at home may also be a factor. These students may also lack awareness of alternative pathways because they often rely on families and friends for post-16 information.
- 3.11 Jobcentre Plus teams report a high prevalence of young people among their customer groups and cite education and mental health as causes. The 16 – 19 pathway issue is a root cause which risks creating economic inactivity at a young age that carries on in adulthood. Jobcentre Plus teams further cite care leavers among the young cohorts they support, with particular hot spots in Chatham, Folkestone, Gravesend, Maidstone and Thanet.

⁵ Increasing the number of learners studying and achieving at level 2 (GCSE or equivalent) is one of the focuses of [Pathways for All](#), the Post 16 Education and Skills Strategy for Kent.

⁶ *Kent 16-19 provision Gap Analysis 2024 for students not on mainstream courses*, Kent County Council in partnership with The Education People

Health, employment and economic inactivity

- 3.12 Jobcentre Plus teams report health issues as a widespread driver of economic inactivity, with particular concentrations in Medway, Swale and Thanet. Main presenting health issues are mental health and musculoskeletal problems. This is consistent with fit note data as reported in the draft Kent and Medway Health and Work Strategy. Jobcentre Plus also highlight the high number of economically inactive people with learning disabilities.
- 3.13 Beyond these presenting issues, an important factor for people with complex needs or long-term health conditions is employer attitudes. Practitioners report that employers are concerned about whether they are able to make reasonable adjustments. They lack confidence, for example, not understanding what requests they can legitimately approve or decline, feeling that they have insufficient knowledge on legislative requirements. For some small and medium sized businesses there may also be commercial concerns about the affordability of making reasonable adjustments. Employees without proper work-place adjustment, may struggle to perform in their roles leading to increased absences and leaving work.
- 3.14 A further contributory factor is accessibility of health services. There are several dimensions including transport, whether interactions are able to be digital or in person, or availability of the most appropriate clinicians. Long waiting times for diagnosis of mental health issues can be an issue, as, without a diagnosis, employers are less likely to give any reasonable adjustments. Generally, challenges with accessibility can cause health conditions to escalate, in turn with an impact on ability to work.
- 3.15 A key factor with respect to health-related inactivity is the secondary impacts of poor health and high prevalence of life and work limiting conditions in local communities. These include the effect on demand for care and unpaid care. Even though older people affected by poor health may not be labour market participants or prospective labour market participants, if they require care by unpaid family members, this limits those family members' ability and availability to work.
- 3.16 We know that there are over 150,000 unpaid carers in Kent and Medway and as such addressing the health of the county will be a key part of maximising economic activity.

Wider determinants and their impact on work

- 3.17 There are a number of cross cutting themes which are also relevant drivers and causes of economic inactivity and labour market issues. Many health problems stem from underlying disadvantage. While patients may describe a presenting health issue in reality the underlying cause may link to factors such as the cost of energy, which in turn exacerbates the impact of cold and damp conditions on health.⁷ Other factors include:

Transport

- 3.18 For non-car owners/drivers, poor access to public transport inhibits ability to take up work and some training opportunities. Where potential employees are reliant on scarce rural buses, this can affect their ability to take on shift work for example. This is especially problematic for jobs in health and social care, which are characterised by irregular working hours.

⁷ Kent and Medway - Housing Strategy

Housing

- 3.19 Poor quality housing is also a factor that contributes to economic inactivity. This can be indirectly by causing health issues that in turn affect employment, or directly. Individuals experiencing housing difficulties (for example a tenancy at risk because of unaffordable rent or homelessness) becomes an overriding factor that affects ability to work or look for work.

Digital exclusion

- 3.20 Among some vulnerable groups, digital exclusion is also an issue which makes it difficult to access the full breadth of services available online. A study conducted by Gravesham Borough Council⁸ found that digital exclusion is worsening health inequalities by restricting access, with many individuals finding the NHS a particularly difficult organisation to interact with. To address this, a pilot programme took place in Gravesham, offering small group sessions with personalised support on tasks like app setup and email creation, helping participants with long term health issues access practical information about their conditions. The programme led to increased digital confidence and better knowledge of managing health issues.

Alcohol and substance abuse

- 3.21 Substance misuse is a considerable barrier to employment, with varying degrees of impact. For those using substances dependently, it can be a total barrier, while habitual use can affect punctuality and presentation. Workshop participants also said that drug testing in some roles means that users do not apply for these jobs.

Intersectionality of causes – ex offender example

- 3.22 For some groups with complex needs there is a coalescence of different factors and it is difficult to distil a single underlying cause. An example is ex-offenders. Data provided from Kent, Surrey and Sussex probation to DWP indicates around 3,500 individuals under Kent based probation teams (whether community or custody) have an “unemployed” status. This includes those unemployed and looking for work and those that are economically inactive, Jobcentre Plus reports a significant ex-offender customer group at Chatham. Ex-offenders often have overlapping issues that affect their ability to work, including:

- Adverse childhood experiences, including poor educational experiences, leading to a lack of qualifications and confidence in education, training, and employment.
- Literacy issues, which remain a significant barrier, affecting individuals' ability to complete applications and other necessary documentation for employment.
- Substance misuse.
- The fact of having a criminal record, which creates stigma and reluctance from employers.
- Neurodiversity: Around 60% of people on probation in Kent, Sussex, and Surrey identify as having a disability, with many self-identifying as having ADHD, autism, or dyslexia, which can complicate employment opportunities and sustainability.

⁸ *Digital Inclusion and Management of Long-Term Health Conditions*, Gravesham Borough Council and The Grand, January 2024 to April 2025

- Housing. Once released from prison, there is often a lack of stable accommodation. Without confirmation of housing, it is impossible to find work.

4 Current system and offer

This section maps the current provision across key services and departments, including DWP, DfE, local government, the education sector, and the voluntary sector. It assesses the existing support available for inactive cohorts, the degree of alignment between services, and the ease of navigating the system from a customer perspective. It highlights gaps, duplication, and examples of good practice.

Overview of current provision

- 4.1 Across Kent and Medway, there is a range of skills provision and employment support targeted at different cohort groups and geographies. Services provide training, guidance about training, education and careers options, a range of support with work readiness, job finding and in work support.
- 4.2 When put together, we can refer to these services as the local “system” of support. However, as is the case in many other localities, a complex range of funding mechanisms and different accountabilities means that it is a highly fragmented system. Public employment and skills support services are part of a large network of education institutions, private training providers, third sector organisations, industry representative bodies and individual employers offering programmes such as apprenticeships. Much funding comes through central government, notably the Department for Work and Pensions (DWP), Department for Education (DfE) and Department for Health and Social Care (DHSC) and targets different cohorts through often time-limited initiatives.
- 4.3 As a non-devolved area, Kent and Medway has not yet been able to benefit from the opportunity to exercise more control over funding streams like the Adult Skills Fund (ASF) which other areas have used to tailor aspects of provision to meet wide area needs more closely.
- 4.4 This section provides an overview of the support provided in Kent and Medway and leads on to assessments of where there are strengths, gaps and implications for the experience of users of this system. This draws on insight from a set of stakeholder interviews, workshops and findings from a survey to key stakeholders in the area. This received 45 responses covering a range of organisation types (local councils, NHS, Further Education (FE) providers, private training providers, voluntary, community and social enterprise (VCSE) and some local employers).
- 4.5 The graphic below presents an overview of the type of provision available, linked to stages in a beneficiary’s journey. For a more comprehensive breakdown of the current system of support, please see appendix III.

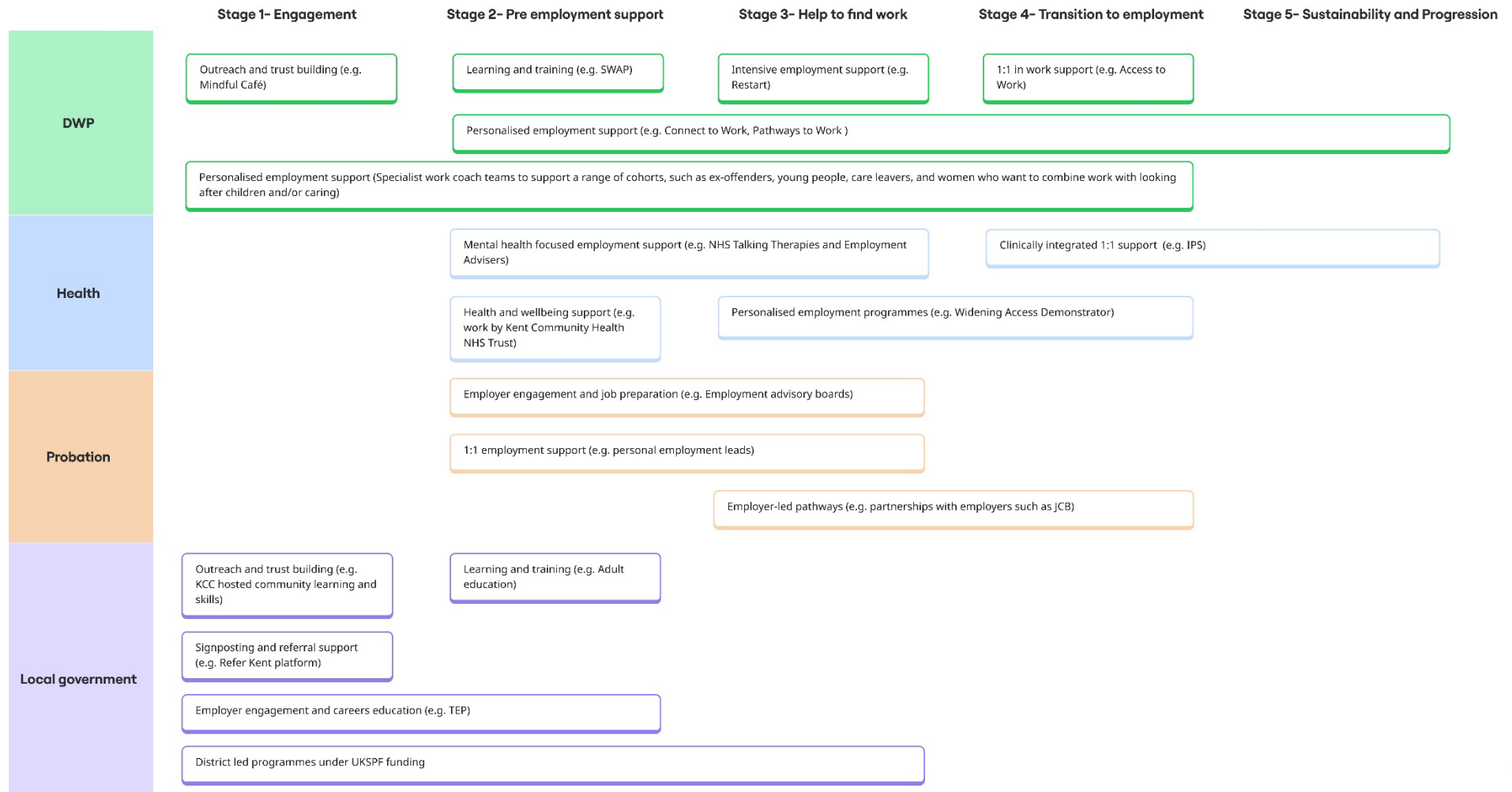


Figure 20: Overview of current support (1/2)



Figure 21: Overview of current support (2/2)

Partnership working

- 4.6 While there is fragmentation in the operation of the system, the top-level partnership arrangements are strong and are driving strategies and actions that benefit work and skills support.

Examples include:

- **Kent and Medway Economic Partnership** – acts as the Local Growth Board for Kent and Medway, aiming to boost economic growth and prosperity in the region. It leads delivery of the Kent and Medway Economic Framework, describing five key ambitions and associated actions to support local economic growth.
- **Kent and Medway Integrated Care Partnership (ICP)** – brings together NHS, local authority and VSCE organisations to tackle health determinants and address inequalities. Its Integrated Care Strategy emphasises the importance of collaboration across partners to improve health and wellbeing while addressing inequalities and wider determinants of health.
- **Kent and Medway Strategic Partnership for Health and Economy** – a multiagency group which brings together partners to drive improvements in shared economic and health outcomes. This has overseen development of the Kent and Medway Integrated Work and Health Strategy on behalf of the ICP and KMEP. This aims to improve the health and productivity of the local workforce by supporting employers in creating healthier workplaces and helping individuals with health conditions to start, stay, and succeed in work.
- **Kent and Medway Employment Taskforce** – group focused on addressing workforce skills challenges. Membership includes higher and further education, industry sector representatives, local government, MPs, DWP, employers and employer representative bodies.
- **Local Skills Improvement Plan for Kent & Medway**. Led by the Kent Invicta Chamber of Commerce, this plan seeks to address regional skills gaps and workforce shortages, fostering greater collaboration and joint initiatives across the area as part of a national requirement to bring skills supply and demand closer together.

Marmot programmes

- 4.7 There are Marmot programmes taking place in both Kent and Medway. These are local programmes that follow from the *Marmot Review: Fair Society, Healthy Lives* (2010) and focus on the wider determinants of health. In Kent this is the Marmot Coastal Region Programme, a 10-year plus programme that aims at improving the social determinants of health with the view to reducing inequalities. The current phase of the programme focuses on work and skills for work. The Medway programme is Marmot Place and launched in April 2024.

Wider policy context (as at July 2025)

Welfare benefit reforms

- 4.8 Recent disability and welfare benefit reforms are particularly relevant. While planned changes to Personal Independence Payment (PIP) for existing claimants have been reversed, reforms for new claimants are still anticipated, including stricter eligibility criteria and halved support from 2026

onwards. These changes are expected to particularly affect unpaid carers and women, highlighting the need for strong local support systems through both statutory services and the voluntary and community sector.

Pathways to Work green paper

- 4.9 Sets out the Government's ambition to reduce economic inactivity through early intervention and expanded supported employment programmes such as Connect to Work. It also introduces a "right to try" policy, allowing people to attempt employment without immediately losing benefits. Kent and Medway will need to ensure local services align with these national principles and respond to potential future reforms.

DWP Jobs and Careers Service

- 4.10 Currently being trialled in West Yorkshire (Wakefield), with a key ambition to get more local employers using Jobcentres for recruitment. This aims to strengthen Jobcentre support for local employers, including a new Coaching Academy model to better match local skills needs. The pilot is linked to the NHS WorkWell Accelerator, which is designed to prevent people falling out of work due to ill health.

NHS 10-Year Health Plan

- 4.11 Focuses on reducing health inequalities and improving access to local health services such as GP, dental, and community health provision. While local impacts are yet to be clarified, this aligns closely with identified challenges in Kent and Medway, particularly around service accessibility in coastal and more deprived areas.

Growth and Skills levy

- 4.12 Replaces the Apprenticeship Levy and allows employers to use 50% of levy funds on non-apprenticeship training. This creates new opportunities for supporting in-work progression and responding more flexibly to local employer skills needs.

Adult Education Funding cuts

- 4.13 Adult Education is a key part of the response to increase economic activity, playing a part in supporting people to re-enter the world of education and skills, often for the first time in many years. This year Adult Education in Kent & Medway has received funding cuts of 6% (greater than in other parts of England with devolved administrations), which will inevitably reduce the courses that support people to return to economic activity, upskill and reskill.

Assessment of current services

Barriers and gaps

Provision to support basic employability skills

- 4.14 One of the main gaps in provision is a reported lack of provision for some of the pre-employment or pre-education support offers. Within this a key type of support is the need for better youth engagement, motivation and real-world preparation for employment – especially with regards to improving what are often termed "soft" skills. These help young people to make the transition into the workplace by building communication, teamworking and an understanding of how to operate in

the workplace. This gap in provision links to weaknesses in 16 – 19 pathways described in paragraph 3.9.

Case study: EKC Group's work to support young people with special educational needs.

Many young people with special educational needs and disabilities (SEND) face challenges in building the confidence and skills needed for independent living and work. This includes barriers such as low self-belief, lack of experience, and limited access to supportive employers.

EKC Group addresses this need through a structured three-year programme that helps young people with SEND develop skills for both independent living and employment. One key pathway within this is EKC Group's supported internship programme, based on the national Project Search model. Around 50 learners each year take part in these internships, primarily with public sector organisations such as councils and NHS trusts. Interns are supported by dedicated job coaches and placed in roles specifically shaped around their abilities and aspirations. The programme aims to help young people move into part-time paid work once the internship is complete.

The programme has had clear success in helping SEND learners gain real work experience and employment outcomes. Key ingredients to its success include early and consistent engagement with employers, a dedicated delivery team that allows EKC Group to tailor support to local needs, and in particular the role of job coaches in building young people's confidence during their placement. Another important factor is the significant involvement of employers with the capacity and resource to create supportive and structured roles for young people with SEND.

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"Employer – potential employee gap"

- 4.15** The need for better engagement with employers is consistently cited by stakeholders as a gap in the system. The gap is the lack of a co-ordinated approach to engaging and incentivising employers to support the employment and skills system and in building potential employees' understanding of employer expectations and how to meet them. Over 90% of Kent & Medway's private sector employers are small businesses employing fewer than 9 people meaning that they often lack resource to engage with business and employment support programmes. The lack of a single Kent & Medway business database also means that many small businesses are not known by 'the system'.

Person-centred, holistic approach to link diagnosis and support

Deep seated causes of an individual's economic inactivity can take time to diagnose. With some clients, it is important to take time one-to-one to expose the barriers and to discuss work alongside other factors in their lives in a holistic way. There are examples of one-to-one, person-centred approaches in the Kent and Medway system but it is often associated with particular programmes or projects. The gap is in the consistency of access to this type of provision. In some areas of the country partners have established "employment and skills" hubs to wrap a consistent critical mass service around different programmes, providing some economy of scale and promoting access.

Case Study: Beginners2Runners

Starting with the understanding that unemployment and economic inactivity are often rooted in physical and mental health challenges, Beginners2Runners Health Coaching (B2R) delivers a holistic health and fitness programme. Its founder's background in policing and community affairs brings a unique understanding of community needs, particularly in supporting ex-offenders through the programme. Now operating in 25 venues in Kent, B2R has partnered with organisations such as Greensands Health Centre and Primary Care Networks in Ashford and Athena to support individuals through social prescribing.

B2R offers a 10-week, scalable programme that integrates physical and mental health support, improving resilience, confidence and community connection. Tailored to individual needs, it offers walking to running and strength training alongside activities focused on mental health. B2R has a number of target groups including: individuals referred by GPs and wellbeing teams via social prescribing, ex-offenders and vulnerable individuals seeking reintegration and a journey back to employment.

In the past 12 months, 305 participants were referred via social prescribing, with an 89% completion rate. Participants reported weight loss, mental health improvements to depression and anxiety and a reduction in alcohol consumption. Also, 70% of participants maintained ties with the community after completing the programme.

Key ingredients to success include:

- Personalised support: tailored fitness plans and one-to-one coaching
- Community focus: fosters a sense of belonging during and after the programme
- Holistic approach: more than physical health, the programme also aims to build mental resilience and support for managing mental health issues

Short-term funding

- 4.16 A broader barrier across the whole system of provision is the short-term nature of some funding. The time-limited nature of funding, along with the uncertainty created by the competitive process limits the ability of support providers to sustain good practice, be incentivised to innovate or collaborate to find solutions, or establish a core range of support. Time pressures and targets can also alter the focus of programmes, skewing towards those who are the closest to employment, rather than the more complex cases of those who are further away from the labour market. Furthermore, when funding opportunities do present themselves, funders are often looking for new solutions rather than tried and tested models meaning that previous programmes that have proven effective can often not be re-run.

Lack of whole system approach to join up support

- 4.17 Linked to this, funding often does not adequately cover all stages of the user journey, from initial engagement to sustaining employment. This can lead to gaps in provision, or certain transition points or cliff edges, where support does not join up. One example includes the lack of short courses or shorter sharper interventions, which may better suit the needs of some cohorts. With certain cohorts, such as NEETs, even if a programme is successful in building basic skills or an appreciation of work, there is still a need for support or mentoring into work. This links also to a perceived lack of

opportunities which may smooth the transition from education or training into work, such as work experience or opportunities to build skills through volunteering.

Case study: Strengthening the local employment system using UKSPF

Thanet faces long-standing employment challenges, including intergenerational worklessness, high levels of economic inactivity linked to health, and seasonal labour market patterns. A large number of small employers, particularly in hospitality, operate outside formal skills programmes, making coordinated action more difficult.

Through UK Shared Prosperity Fund (UKSPF) funding, Thanet District Council has focused on connecting local hospitality businesses with training providers, including East Kent Colleges Group. Since the start of 2025, the hospitality programme has specifically worked to:

- Bring small hospitality employers and training providers together in shared forums to build relationships and improve coordination.
- Create space for employers to clearly set out their specific skills needs, such as the importance of customer service skills and reliability, which aren't always reflected in standard training offers.
- Align the local implementation of national SWAPs and Skills Bootcamps initiatives more closely to employer requirements, ensuring local provision better prepares residents for real jobs.
- Help young people and other residents understand what working in hospitality involves, addressing misconceptions and boosting confidence.
- Strengthen the role of Thanet District Council as a coordinating partner, bridging gaps between employers and the skills system.

Since the start of UKSPF funded programmes in 2022 (including numerous other programmes), local NEET rates have dropped slightly in Thanet, unlike in other parts of Kent, suggesting approaches such as this initiative are helping to prevent young people from becoming disengaged and support those who have.

Key ingredients of success include proactive local leadership, strong employer-provider relationships, tailoring programmes to fit local industries, and having dedicated local authority capacity to coordinate and manage partnerships.

Clarity of the support offer and participant journey

- 4.18 One of the main difficulties in ensuring the clarity of the support offer is that many of the cohorts do not know the full extent of the support services that exist. Lived experience engagement with younger cohorts (16 – 18) indicates, as expected, that support comes from parental advice and the services available through education (e.g. schools, FE colleges and the KentChoices Platform). Participants reported that they feel that support is targeted towards those who already have a firm idea of their next steps, rather than helping others to explore the opportunities available to them.
- 4.19 When cohorts do reach out to support services, often the system is complicated and difficult to navigate. This is especially true for cohorts who may be dealing with multiple barriers to accessing

support and services. For example, people with health issues who may need to access employment programmes and services alongside healthcare needs. Elsewhere, for ESOL residents, navigating the language barrier and the lack of translated materials is a significant obstacle. Lived experience engagements with ESOL residents highlighted that this group, and others, may also lack digital skills and have low confidence in using technology, making the employment system far more complex and online materials largely inaccessible. In summary, these issues can lead to cohorts underutilising available support or not engaging at all. On top of this, it is also difficult for experts and key stakeholders themselves to navigate the system.

- 4.20 Focus group insights also highlighted that many participants feel employers are not accommodating enough for those with barriers, particularly health conditions. These conditions can vary greatly between individuals and fluctuate day to day, meaning flexibility and reasonable adjustments are essential. A lack of such accommodation creates uncertainty and discourages some from engaging with the labour market. Similarly, those with caring responsibilities often require greater flexibility to balance work and care, yet feel this is not adequately considered by many employers.
- 4.21 In lived experience engagements with older job seekers (over 50's), ageism was indicated as a significant barrier to employment, citing a perception that employers tend to favour younger candidates. This challenge is often compounded by the need to navigate online recruitment processes, which many find impersonal and discouraging. For those with limited digital skills or experience with modern recruitment, these systems can be particularly difficult to use, further hindering their ability to access job opportunities.
- 4.22 Full-time carers, such as those caring for a disabled child or an elderly parent, often face significant challenges in entering or remaining in the workforce. Many are unable to undertake paid employment due to the intensity and unpredictability of their caring responsibilities, leaving them financially dependent on benefits. There is also a common perception that, once their caring role ends, they may struggle to re-enter the labour market due to their age or prolonged absence from work. This can result in continued reliance on the welfare system, linking back to the broader issue related to ageism and barriers to workforce integration
- 4.23 A lack of knowledge of the referral routes or the support available from other organisations leads to an inconsistent approach to referrals.
- 4.24 The complexity of the potential pool of support can be exacerbated by long delays in referrals or access to schemes. For example, in the case of the Access to Work scheme, it can take many months for claims to be considered. Similarly, focus group participants reported the slow pace of help with the "Travel Training scheme" which helps young people with SEND to navigate public transport. As one focus group participant noted, these delays can have mental health impacts, such as on anxiety.
- 4.25 More detailed information from the lived experience engagement undertaken as part of the development of this Plan is provided in Appendix IV.

5 Working with partners

This section identifies the levers available to local partners to address some of the drivers and causes, and gaps and weaknesses in the system identified in the previous analysis. It sets out the rationale for the main themes for action under the Plan, notably focusing on the individual, working better with employers, strengthening training and work supply and addressing wider determinants of work (such as transport and housing). It highlights examples of good practice which can be scaled.

Engaging with stakeholders

- 5.1 As described in paragraph 4.6, Kent and Medway has a set of strong strategic partnerships covering the core domains that are relevant for the Local Get Britain Working Plan. This has created a platform for extensive stakeholder engagement in development of this plan. Despite interviews and workshops being set up a short notice, there has been strong participation from local authority teams, from both upper and lower tier councils, covering skills, economy, social care and public health; Integrated Care Board and wider health service; employer representative bodies; DWP/Jobcentre Plus; voluntary and community sector organisations and the higher and further education sectors.
- 5.2 This gives confidence for future engagement as the actions that flow from the plan are taken forward. There are some challenges to note:
- Kent and Medway has a strongly small and medium size enterprise (SME) economy. Through the LSIP process, great progress has been made in engaging business representatives in the priority sectors. However, the logistics of extensive engagement of SMEs are challenging.
 - Public sector partners face ongoing resource pressures. This limits the capacity for the local authorities to convene partners and to drive projects forward. The ICB, which is facing a significant reduction in staffing, is necessarily constrained in terms of actions it can commit to leading and supporting at this stage.

Levers that stakeholders can apply in addressing the challenges identified

- 5.3 The levers available to stakeholders need to be understood in the context of Kent and Medway as an area that is not on the Government's fast track to creation of the next set of strategic authorities. This means planning has to take place without knowledge of when the area will have more powers to steer key funding streams, notably the Adult Skills Fund (ASF), and to benefit from growth funding or devolved investment in transport all of which, among other factors, contribute to unlocking and enhancing employment opportunities.
- 5.4 Much provision is programme and funding stream based. It follows centrally set targets, accountability frameworks and is time-limited. This limits the ability to create permanent locally led infrastructure to support employment and skills. As noted in section 4, while there is a system, it is a very fragmented one.

5.5 Nevertheless, partners agree strongly on the need to exploit the assets that exist locally and to pull the levers they can to address the drivers of issues described in section 3 and the gaps described in section 4.

5.6 There are four themes to ways in which partners intend to address the challenges identified in sections 2 to 4. A fifth theme underpins the approach and is about overall system operations. Taken together, these themes provide a framework for developing opportunities for greater strategic and operational alignment, building on existing support services, while – as far as is possible through local action – reducing siloed ways of working.

5.7 The first four themes are:

1. **Focus on the individual** – extend opportunities to offer personalised employment and skills advice.
2. **Focus on employers** – bring more consistency into the mechanisms for engaging employers in the process from career and training advice through to in work support.
3. **Influence training and work supply** - improve the range and quality of training and employment opportunities.
4. **Influence the wider determinants of health and work.**

5.8 This section provides more detail on the priorities and activities that sit under these themes.

Theme 1: focus on the individual

5.9 It takes time to determine the root cause of economic inactivity among individuals with complex and intersecting needs. Where there may be mental health problems, individuals can be reluctant to speak openly about their situation. Interviews and workshops for this Plan have highlighted the central importance of one-to-one support. Each case is different and relationships of trust need to be built. The employment support advice service that sits alongside NHS Talking Therapy is one successful example that builds on a touch point with a local public service to provide wrap around support. While the service is limited to those in receipt of talking therapy, the employment support remains available after the course of Talking Therapy has finished.

5.10 Levers available to local partners within this theme include:

- Developing an understanding of where current one to one employment support sits, and how it connects with other local public services. The survey of provision undertaken for this plan suggests it is linked to national programmes (such as Individual Placement and Support, Connect to Work, Restart and employment advice in Talking Therapies); the services of larger VCS providers; and council community learning and skills and financial hardship services. There is also a range of different levels of one to one support targeted at different cohorts through Jobcentre Plus – see Appendix III for an overview.
- Looking for opportunities to tie it in more closely to the interactions vulnerable individuals have with public services. This means:
 - Exploring locating employment support in GP practices, building on the pilot in Maidstone which involves a DWP disability employment advisor attending the practice once a fortnight.

- Working with social housing providers.
- Making signposting to employment support part of Make Every Contact Count training, for example to support GP social prescribing link workers on this topic.

Case study: Integrating work and health – West Kent Health and Care Partnership (Maidstone GP) [To be reviewed]

A GP practice in Maidstone has been running a pilot programme in partnership with DWP since November 2024. The project involves a disability employment advisor sitting in the practice on a fortnightly basis. The advisor engages with patients who have requested a fit note to discuss the underlying reason for the request. Discussions with patients allows exploration of: coping strategies, short-term goals and motivations, or difficulties an individual may have in retaining or finding work.

The process allows for more tailored support to individuals and in turn support and advice to GPs about why certificates may be needed.

This helps to allow GPs to focus on clinical issues. For DWP, it creates an opportunity for outreach and connection with clients their advisers would otherwise be unlikely to meet.

DWP has plans to extend the approach to other localities. Achieving this does depend on being able to find suitable space within GP practices.

- - Finding opportunities for co-location of employment support in accessible community venues. Nationally, there is a growing number of examples nationally of local “hub” models providing a welcoming access point that does not have some the perceived negative connotations of sanctions associated with Jobcentre Plus. Economic inactivity support that works with the grain of trusted community services is an important part of the mix of delivery models. Opportunities for co-location include:
 - Extension of Jobcentre Plus’s Mindful Café concept.
 - Working alongside the Lower Thames Crossing skills hubs.
 - Extending the employment advice offer in family hubs and libraries.
 - Making use of the wide range of community facilities / co-working spaces across Kent & Medway to host employment advisors regularly.
 - There is a further opportunity to link this in the longer term with the ambition in the recent 10 Year Health Plan for England for a Neighbourhood Health Service. Access to employment support should be part of a patient-centred and preventative approach.
 - Understanding current volume and intensity of existing one to one employment services. This will help to identify targets for expanding one to one support and to make the case for further funding or to use future national programmes to extend it.
 - Being person-centred also requires hearing the voice of the user. The findings of lived experience engagement for development of this Plan are described in section 4. Stakeholders agree that this needs to be an ongoing process through the life of the

Plan – this is important not just for understanding the experience of services, but also for hearing about the aspirations of people who are furthest from the labour market.

Case study: Mindful Café – community focused support

The Mindful Café / Wellbeing Community Hub is a person-centred community based initiative operating across six Kent locations: Canterbury, Herne Bay, Dover, Dartford and Gravesend.

This initiative provides a safe space for vulnerable customers to engage with a variety of organisations including DWP, Health Providers & Third Sector organisations on a voluntary basis, bringing together a holistic package of support to help move customers closer to the Labour Market. DWP Health Coaches and Disability Employment Advisors (DEAs) invite individuals to participate, and the Café also supports referrals to the Connect to Work programme & DWPs Pathways to Work Scheme. This initiative very much champions the Governments Localism Agenda and drives system working in the community.

The Mindful Café creates an inclusive, supportive and accessible environment, particularly for those with mobility needs. This fosters social interaction and a sense of belonging, helping participants to feel part of a community.

The Mindful Café also provides holistic support, though offering mental health and wellbeing support. It provides a safe space for those facing isolation or emotional distress, while also providing access to resources and support for mental health challenges.

Customer feedback highlights the Café's positive impacts on anxiety and confidence. One customer had previously only engaged via telephone due to isolation and anxiety, but through the Mindful Café was able to meet her Work Coach in-person and access wider support in a safe, informal setting. There are several examples of customers who have been completely isolated from society moving through to employment having accessed this support.

The Mindful Café Model allows individuals to engage with employment support in a welcoming, local space. In-person support improves understanding of referral routes, while also strengthening partnerships between support organisations in Kent and Medway..

Theme 2: focus on employers

- 5.11 Close engagement with employers will be key to the success of this Plan. Training and back to work programmes do not deliver unless there are clear pathways through to opportunities with employers, including volunteering, work experience, supported internships or interviews.
- 5.12 However, employer outreach is poorly co-ordinated with several individual organisations, including schools, often contacting the same employers. The employment and skills system is also confusing for employers, who need support to “demystify” skills provision and to make the most of available support.
- 5.13 On the question of employing people with disabilities, stakeholders repeatedly report that smaller businesses need persuasion to take on people who require reasonable adjustments. There is a mix of

anxiety about not meeting a legal requirement and a perception that employing people with health or disability needs is a risk.

5.14 Over the last three years, the LSIP process has improved employer engagement on skills development in its target sectors and acknowledges the need for supporting SMEs with clearer access to skills information and guidance. A theme for this Plan is to narrow the gap between employers and potential employees described in paragraphs 3.13 and 4.15.

5.15 Levers available to local partners within this theme include:

- Working with employers to identify and publicise opportunities for work taster sessions, using supported internships and opening up more volunteering opportunities.
- Encouraging employers to support sustainable entry into the labour market. This could include working with them to review unnecessarily high entry requirements and creating a toolkit to assist employers to provide in work support.
- Co-ordination of information for employers in order to make the complex employment and skills system easier to understand and to incentivise their support.
- These aims also sit alongside and should complement those under the draft Work and Health Strategy's theme about *building employer confidence*:
 - In supporting employees with long-term health conditions and disabilities and improve access to relevant support.
 - By raising awareness among employers about the benefits of a diverse workforce, to minimise hesitancy to employing people with long-term health conditions and disabilities.
- Improvements should also help to deliver on part of the national Youth Guarantee for every secondary school pupil to have access to two weeks of high-quality work experience.

5.16 Delivering this will require co-ordination of employer engagement. This is a complex topic as it is important that co-ordination does not undermine the links that individual providers and district councils maintain with local employers. However, there is a need to rationalise initial outreach to employers to avoid duplicate contacts and to enable a focus of resources on priority sectors and geographic locations.

- Action will be to undertake a scoping study to establish what co-ordination is needed to rationalise and add value to existing work; what it should focus on; what resource is needed to establish it (including whether existing resource can be pooled); and where it should sit (is it best delivered as a convening function of one of the upper tier local authorities in the area?)

Theme 3: influence training and work supply

5.17 The labour market analysis in section 2 noted that Kent and Medway has fewer professional and technical jobs than the regional average. It also highlighted the lack of high-level skills, especially in the Estuary Coast and Coastal Periphery areas. Addressing these market characteristics needs to

connect closely to action under the Kent and Medway Economic Framework. This in turn will be supported by the emerging local Growth Plan (due in autumn 2025) and future LSIP development.

5.18 Levers available to local partners within this theme include:

- Attracting more businesses to the area. Attracting investment to Kent and Medway is a central part of the economic framework's emphasis on innovative, creative and productive businesses. The framework emphasises the role of economic development partners in communicating a clear narrative about the assets the area offers to investors.
- Ensuring that the right business support is in place to support SME growth and enabling SMEs to offer higher level roles. The economic framework has an action area about enabling the creation of workspace to allow for SMEs to grow and supporting SMEs with access to finance to support their development.
- Work undertaken through the Marmot study has emphasised that beyond the basic link between health and work, that quality of work is an important factor. KMEP, which leads delivery of the Kent and Medway Economic Framework, is well-placed to consider how to prioritise actions to improve the availability of good quality jobs, particularly in the coastal periphery areas from where it is more difficult to commute to London. In turn this is a measure that can begin to break the cycle of low skills, low-quality employment and ill-health (mental and general) that is seen notably in the Coastal Periphery areas, and Estuary Coast.
- Matching skills provision and need. This is the focus of the LSIP. This currently covers three years from August 2023. The next iteration, from 2026 will be an opportunity to build on the sector based achievements and to consider more engagement with SMEs and how to support them with development of training provision to promote their growth.
- A further lever is in relation to provision for young people aged 16 – 18. In recognition of the decline in provision and places for young people aged 16 – 18 who are not traditionally academic, a partnership of over 100 organisations across the area, including schools, colleges, training providers, local authority and employers, is working under the banner of "Pathways for All". One theme is to ensure that post-16 provision is 'Accessible, Ambitious and Appropriate' for all young people. Activity includes looking at transition arrangements, particularly for vulnerable learners; supporting those with mental health issues; and working with employers to develop pathways to further education, employment and training. Area based groups are mapping 'cold spots' in terms of the offer in each area. Medway Council have also undertaken a post-16 review and are working through an action plan based on the findings. Joining with KentChoices is an example of action taken based on the review. Linking this to the Local Get Britain Working Plan provides an opportunity to add weight to the reviews' work;; and how to support it through other actions focused on developing the work readiness of 16 – 18 year olds.

Theme 4: wider determinants

- 5.19 "Wider determinants" is a familiar concept in public health. Factors such as environment, planning and housing, economy and work, education, transport and community cohesion all affect people's health and in turn their ability to work. Some of these factors can affect employment and employability directly as well. Work also affects health - the Kent and Medway Work and Health

Strategy cites research from the Health Foundation⁹ which identifies that good employment can bring “better incomes, financial stability, security and greater sense of purpose, which in turn can lead to healthier diets and exercise, higher living standards, and better mental health.”

- 5.20 This wider determinants theme links closely to the person-centred approach. A key public health principle is to look at whole life outcomes. A person-centred approach encourages professionals to explore holistically the factors that need to be addressed to help an individual into work. As a corollary, the Plan must also enable support on the most significant determinants.
- 5.21 As described in section 3, lack of transport, especially given the size of Kent and Medway, is a major factor in limiting access to some employment and training locations, or to shift work. A shortage of social housing creates pressures that affect people’s ability to focus on job searches.
- 5.22 Addressing these complex factors requires a coalescence of investment and policy and requires long-term action. In that context, the principal lever that local employment and skills partners have is to work to embed employment and skills at the heart of decision-making. For example:

- **Transport and planning.** Employment and skills partners, through the governance for the Plan, need to be proactive in:
 - Highlighting access considerations for future workers and trainees when plans come forward for new employment land development.
 - Making the case for public transport services that connect people and work and training locations.

Actions to support this include:

- Developing a mapping of employment locations, population locations and linking to economic inactivity data.
- Offering to support evaluation of transport to work initiatives, such as employee shuttle buses used by some big employers.
- **Housing.** Kent and Medway has a long tradition of partnership working on housing. Kent Housing Group’s 2025 – 2030 strategy is owned by the district and borough housing authorities, Medway Council, 13 housing associations, four support providers and Kent County Council. This has an emphasis on accelerating delivery of new housing, linking housing and regeneration and on the role of housing in relation to health and wellbeing. As with transport, this is an area where the Plan’s governance must connect with the housing partnership to identify opportunities to keep the two areas of work mutually supportive.

⁹ [Relationship between employment and health](#), The Health Foundation, July 2024.

6 Systemic changes

This section describes the key systemic changes needed to make the employment and skills system more effective and coherent. It focuses on embedding co-design as a standard way of working, improving referrals and data sharing, and adopting a “test and learn” approach to try new solutions quickly and refine them over time. It also explores the role of anchor institutions as role models, the need for regular system-wide summits, and better use of collective resources. These changes aim to shift from fragmented, short-term programmes to a joined-up system with shared goals and accountability.

Changes required to local systems to improve outcomes and enhance the effectiveness of the system as a whole

Theme 5: operate as a system

- 6.1 Historically the employment and skills support available locally reflects the way that programmes are owned by different parts of government. Research for the Local Government Association (LGA) in 2023¹⁰ identified 51 national programmes led by 17 different government departments or agencies that to some extent can support economically inactive people in finding or being ready to work. It noted that this creates a “patchwork” of provision with different levels of reach into cohorts with needs.
- 6.2 The impact at local level is a replication of these national “silos” with accountability to part of central government rather than to local stakeholders and beneficiaries.
- 6.3 Local joining up is happening in pockets around the area – Kent Further Education’s 12-week programme for Universal Credit health claimants is an example. While national funding rules have posed a constraint, it has enabled a joint focus of locally controlled levers on a cohort where there is a clear need.
- 6.4 A key theme under this Plan is to bring such pockets of co-design into the mainstream of how the whole system works.

Potential for joint outcomes

- 6.5 There are a number of areas for focus:
 - **Develop a vision for how different cohorts should be supported.** The Marmot Coastal Region Programme has identified a lack of “unified pathways” for individuals and employers. Where provision is funding led, and often time-limited, it is difficult to design a coherent infrastructure of support. The starting point is to identify:
 - Core customer requirements from the system, for example, supporting people into work; back to work; in work; or changing career.

¹⁰ [Make It Local: local government's vital role in addressing economic activity](#), LGA, October 2023

- Stakeholder requirements, for example the need for a clear employer support offer.

By matching this to the assessment of provision and gaps set out in section 4, it will be possible to develop a target set of ways of working. This in turn will allow:

- Identification of “asks” of central government about changes to funding streams.
 - A tool for working together to determine how to implement future programmes locally.
 - The basis for local discussion about how to work together better to support particular cohorts or geographical areas.
- **Committing to a test and learn principle.** In order to support rapid progress, new ways of working should be introduced on a “test and learn” basis. The aim would be to encourage testing of key elements quickly so that lessons can be fed into future iterations.
 - **Linked to this is a need for a commitment to data sharing, particularly about client destinations.** Examples include feedback when referrals are made to the National Career Service and about users of DfE funded training programmes provided by local authorities.
 - **Improving referrals between different provider organisations.** Referrals are inherent in the employment and skills system. [ReferKent](#) offers a secure platform for referrals and features information from more than 280 organisations. As provision is constantly changing, there is a need to develop a robust “single source of truth” about available provision and what the referral routes are. This will need focused resource to maintain.
 - **Role of anchor institutions as role models.** Leading change in the system also requires anchor institutions, who are large employers, to lead the way on inclusive employment practices and support engagement from a wider group of employers. Governance of the Plan should be an opportunity to agree common commitments on points such as experience in work, apprenticeship uptake, recruitment practices and support for in-work progression. There are examples to build on. For example, Jobcentre Plus offer experience of work placements and the ICB in Kent and Medway is a pilot for the “Widening Access Demonstrator” pilot. This is an NHS and DHSC funded pilot which targets groups most affected by inequality, such as long-term unemployed adults, young people not in education or work, and those on the Universal Credit Health pathway. It uses local partnerships, social prescribing networks and co-designed pathways to improve access to NHS careers in areas with the greatest need, such as Thanet and Swale..

Case Study: Co-designing a “test and learn” approach

Kent Further Education (KFE) has convened a Kent and Medway-wide Employment and Skills Group, bringing together partners from health, welfare-to-work, housing, education and local authorities to co-design a 12-week programme for adults on Universal Credit with health conditions. The programme was developed through multi-agency workshops and takes a holistic approach, combining personal development, health and wellbeing support, digital skills, and exposure to local labour market opportunities.

The programme is being run on a “test and learn” basis from September 2025 in Medway, Thanet and Swale – areas with the highest proportion of Universal Credit health recipients. EKC Group and Mid Kent College are leading delivery using existing Adult Skills Fund allocations, with participants supported through a blend of accredited and non-accredited learning, workplace visits, careers guidance and connections to further opportunities such as SWAPs, Connect to Work and Bootcamps.

Key ingredients for success include the collaborative design process, the integration of health and skills provision, and the strong local referral networks established through partners such as Jobcentre Plus, health and care partnerships and the VCS. Following the initial delivery, the programme will be reviewed and adapted, with the aim of scaling it to other parts of Kent and Medway based on lessons learned from the first three areas

Mechanisms to ensure any future investment can be tackled collectively

- 6.6 Operating as a system requires the development of an “operating model” for employment and skills in Kent and Medway. This will need project resource to work on design of the customer and stakeholder offers, pathways and enabling processes.
- 6.7 In order to make progress, this Plan recommends that KMEP sets up some operational task groups to focus on some priority cohorts over the next 12 – 24 months. Details of these priorities are described in section 7.
- 6.8 Comments at the partner workshops undertaken to facilitate development of this Plan have highlighted an appetite among practitioners to work together more closely, understand what each offers and flow this understanding into shared learning. The Plan therefore proposes regular summits of employment and skills practitioners from all sectors to share experience and review practice. A facilitated summit, with senior speakers from provider and employer perspectives, with break out discussions will be held at least annually from the publication of this Plan.

Capacity and capability challenges

- 6.9 The challenge of joining up a fragmented system should not be underestimated. The approach for developing future collective working set out above will require strong programme and project leadership. This is the principal capacity and capability challenge, particularly when in the near future local government teams will need to focus on delivery of local government re-organisation alongside core delivery and alongside change programmes such as those that this Plan describes.

6.10 Delivery of changes to the operation of the system therefore come with an ask for resource from Government to support the envisaged task groups over the next two years.

7 Priority actions and longer-term goals

This section translates the themes introduced in sections five and six into concrete, tangible actions for the next 12–24 months and outlines longer-term ambitions. It shows how actions align to local and national priorities, and identifies some priority cohorts and geographical areas.

- 7.1 This Action Plan builds directly on the themes laid out in Sections 5 and 6 of the report, translating them into tangible actions that can help deliver a more joined-up, effective employment and skills system across Kent and Medway. It sets out a series of specific and practical steps under each of the Plan's core themes. Some actions aim to improve the way the system operates overall, for example, through better coordination, data sharing, or system design. Others are more targeted, aiming to respond to the needs of specific groups of cohorts or geographies.
- 7.2 The analysis in the Plan points to a number of cohorts and geographies where tailored support is needed. This is either because of the size of the cohort, or complexity of the issues they face. While there are initiatives and mainstream work that offer support to these cohorts, the themes in the action plan will create an opportunity to build on existing work and achieve more impact through co-ordination across organisations.
- 7.3 Proposed priorities are:
- Young people - particularly in Medway, where NEET levels are high and in parts of Folkestone, Gravesend, Maidstone and Thanet, based on insight from Jobcentre Plus. Barriers faced include educational attainment, opportunity and health.
 - Women who are unemployed, including those with caring responsibilities.
 - Support for people with long-term health conditions. Aiming to provide / facilitate access to employment support at the point of diagnosis would be a good initial focus for actions under the person-centric support theme. A coastal periphery focus will be important given the coalescence of health and care needs.
 - More coordinated support for people with experience of the criminal justice system, given the number of prisons in the area with a particular hot spot around Chatham.
- 7.4 The action plan is shown below.

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
1. Focus on the individual	<i>Extend opportunities for personalised interventions, that can explore root cause of inactivity or other work problems</i>				
1.1 Extend employment support wrap around at local public service touchpoints.	Conduct a system-wide mapping of (i) current personalised employment support capability presence (e.g. JCPs, IPS, Talking Therapy, adult education services, VCSE providers and social care), and (ii) where it connects with key public service touchpoints (e.g. health care, housing advice). Identify gaps and opportunities to extend wrap around services. Work with providers to plan service changes.	Service fragmentation and missed opportunities for intervention. Many individuals are not accessing employment support when engaging with health or other services.	More timely and targeted employment support, improved health and work outcomes. Suggested focus area: employment support at points of diagnosis for long-term conditions, or while on waiting list for mental health diagnosis. Prioritise coastal periphery areas.	12 months to understand opportunity. 2 years for initial implementation.	Funding for mapping and scoping delivery.
1.2 Ensure employment support is available alongside GP link workers.	Build capacity for employment advisers to work in conjunction with GP link workers in a select number of surgeries.	Health-related barriers to work are not routinely addressed by frontline primary care roles.	Improved coordination between health and employment services, especially for those with long-term conditions.	12 – 24 months.	

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
1.3 Extend the Maidstone employment support in GP practice pilot.	Adapt and expand the existing Maidstone pilot to Thanet, tailoring the health–employment intervention model to local coastal needs.	Allows employment conversations with cohort might otherwise miss.	Locally tailored employment-health support model in Thanet with measurable reductions in fit notes.	Roll out to Thanet in 12 months. Wide coverage throughout Kent and Medway by 10 years.	Funding for project lead.
1.4 Work on information provision to support GP social prescribing link workers.	Develop digital or physical packs of local employment support offers tailored to GP practices, including Make Every Contact Count style resources.	Lack of awareness among GP link workers about employment support options limits effective referrals.	Increased confidence and knowledge among link workers to guide patients into work and training support.	12-24 months	
1.5 Greater co-location of employment support with other local services- both outreach angle (JCP) and estates angle (ICB) exploit skills hubs for lower Thames crossing.	Two angles (i) outreach, to build on JCP Mindful Café concept; (ii) exploit existing and new infrastructure (e.g. Family Hubs and Lower Thames Crossing Skills Hubs).	Disconnected services and physical separation hinder seamless support, especially for those facing multiple disadvantages.	Improved service access and reduced duplication through shared delivery points. Lower Thames Crossing Skills Hubs also offer a route to focus on justice involved individuals.	Trial in Skills Hub in the next 12-24 months.	

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
1.6 Ongoing lived experience feedback into system.	Build on and continue the lived experience engagement initiated through this work, ensuring ongoing collaboration with partners such as Public Health and other relevant services. This should include a start with a focus on priority cohorts facing multiple disadvantage, including those with experience of the criminal justice system.	Lack of user voice in system design.	A more responsive and person-centred employment and skills system.	For priority groups such as those involved in the justice system: 6 months. Other groups to then follow on rolling basis.	Funding to deliver lived experience engagements.
1.7 Link to Make Every Contact Count.	Train relevant frontline professionals across services to include work-related conversations as part of MECC approach. This should be aimed at social prescribing link workers or work coaches rather than staff on the clinical side of the integrated care system.	More holistic support offered.	Increased early referrals, cultural shift toward work as part of health.	12-24 months.	
1.8 Identifying additional causes and drivers of economic inactivity	Build on analysis in sections two and three to: - Take a deeper dive in explaining why there is a difference between the Kent and Medway employment rate as reflected in the Labour Force Survey. - Better understand the large increase in NEETs in Medway.	Identifies any additional causes of economic inactivity	Can help determine whether closer cohort or geographic targeting is needed.	12-24 months.	

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
2. Focus on employers	Make it easier for employers to support this agenda - close the employer - employee gap				
2.1 Co-ordination of system engagement with employers.	Develop a co-ordinated model for employer engagement across partners (e.g. JCP, colleges, Growth Hub, VCS) that, as far as possible, ensures each contact with an employer covers the full range of opportunities around health, employability, and skills and recognises that different sectors / sizes of companies will need a different approach (anchor institutions vs SMEs).	Duplication in business engagement; inconsistent messaging; unclear skills asks; employers unsure how to get involved.	Simplified and consistent business engagement offer; better ability to incentivise businesses to support pathways into employment.	Develop model in the 12-24 months. Implement in next period.	
2.2 Improve availability and clarity of information for employers about employing people with health conditions.	Develop and disseminate clear guidance and communications to employers on how to support people with health conditions. Use simple messaging around reasonable adjustments, Access to Work, and mental health support. Link to NHS Kent & Medway guidance, employer-facing materials and the Connect to Work model.	Employers lack knowledge about inclusive practices; fear and uncertainty around health conditions can deter hiring.	Greater employer confidence in inclusive recruitment; improved uptake of support schemes. Employers to see the benefits for them.	12-24 months.	

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
2.3 Timing of starting young people's apprenticeships.	Review age and timing of apprenticeships, particularly for under 19s, to better align with the academic year.	Weakness of 16 – 19 pathways for non traditionally academic students.	Improved apprenticeship take-up among harder-to-reach young people.	12-24 months to explore. Longer term to implement as needs careful employer engagement.	
2.4 Providing clear, co-ordinated information about apprenticeships	Build on Kent Choices to develop a single online comprehensive source of information about apprenticeship opportunities in Kent and Medway	Weakness of 16 – 19 pathways for non traditionally academic students.	Improved apprenticeship take-up among harder-to-reach young people and economically inactive cohorts	12 months	
2.5 Better use of experience of work placements.	Deliver on part of the national Youth Guarantee by coordinating a local cross-system work experience offer that ensures every secondary school pupil has access to two weeks of high-quality work experience. This should build on the infrastructure and partnerships already in place through the Kent and Medway Careers Hub, which can help broker relationships between schools and employers. Begin by piloting a model in Medway, where NEET rates are higher, with clear roles for schools, employers and delivery partners.	Young people lack exposure to real-world work environments and practical understanding of job roles; employers have inconsistent engagement with schools; missed opportunities to shape future workforce.	Stronger and more consistent employer–school engagement; better-informed and more confident young people entering the labour market including those in areas of disadvantage.	5 year aspiration.	Co-ordination of programme with DfE.

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
2.6 Improve careers delivery in education.	Encourage employers to work with the Kent and Medway Careers Hub to improve careers education and employer engagement in schools and colleges. This could be facilitated and promoted in the next iteration of the LSIP.	Helps to address the variable quality of careers advice currently in schools.	Young people gain better understanding of career pathways and local opportunities, while employers help shape a future talent pipeline aligned to skills needs.	Align with next iteration of LSIP beginning in 2026.	
3. Training and work supply	<i>Addressing supply and demand issues</i>				
3.1 Attract more business investment and support SME growth.	Align with the economic framework to ensure economic development partners develop a coordinated employer engagement and business support offer to encourage growth and investment in Kent and Medway. Ensure there is support for SMEs in priority sectors to grow.	Below regional average number of professional and technical jobs.	Better opportunity for better quality jobs, with consequent health benefits. Successful SMEs remain in Kent and Medway as they grow.	Throughout Plan delivery period.	

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
3.2 Link into LSIP.	Link Get Britain Working Plan delivery closely to development of next LSIP iteration. Build on the sector based achievements and to consider more engagement with SMEs and how to support them with development of training provision to promote their growth.	Match between skills provision and need.	Increased employer confidence in training system; Successful SMEs remain in Kent and Medway as they grow.	Align with next iteration of LSIP beginning in 2026.	Local authorities in a non-devolved area to have similar core LSIP role to that envisaged for Strategic Authorities in the English Devolution White Paper.
3.3 Market Kent as an attractive place to work and live.	Deliver a regional campaign to position Kent and Medway as a destination for health and care professionals, targeting both residents and those from outside the area. Highlight good quality of life, lower cost of living (relative to London), and sector demand. Tie into NHS and council recruitment efforts and link with provider training.	Care sector recruitment and retention issues; lack of awareness of local employment opportunities; workforce shortages in priority services.	Higher visibility of health and care careers; improved recruitment outcomes in coastal and high-need areas.	12-24 months.	Joint working between NHS, KCC/Medway, and comms teams.

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
3.4 Extend / scale up successful UKSPF type approaches	Review evaluation and consider replication of the Gravesham “Group Training and Knowledge Centre” model in other priority areas (e.g. Thanet or Swale) by identifying one or two high-potential local sectors (e.g. construction, logistics) and co-designing training offers directly with SMEs. Include flexible entry points for different groups (young people, adults, returners).	Local employers struggle to access tailored, sector-relevant training; existing provision often misses local business needs.	Stronger employer-provider collaboration; more relevant, localised training pipelines; SME access to sector-ready talent.	3 – 4 years.	Funding (Gravesham project benefited from LSIF funding).
3.5 Strengthen 16-19 pathways and young people’s work readiness.	Align the Get Britain Working Plan with the “Pathways for All” initiative in the KCC area, and similar work in Medway, to improve post-16 education and training pathways for young people who are not traditionally academic. Focus on supporting transitions, addressing mental health needs, and developing progression routes into employment and training. Support for other non-traditional pathways out of inactivity should also be explored, such as helping young people start their own business.	Gaps in progression pathways for young people; some learners left behind by traditional academic models; soft skills deficits affecting work-readiness.	More young people progressing into further education or training and a reduction of NEET number.	5 years.	

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
4. Wider determinants	<i>Build an employment angle into work on the wider determinants of health</i>				
4.1 Evaluate bus to work schemes (e.g. Amazon, Loc8).	Undertake an evaluation of existing employer-led transport to work schemes, such as the Amazon employee shuttle buses, to assess effectiveness and scalability. Use findings to identify where similar schemes might be replicated, with a particular focus on poorly connected areas (e.g. rural and coastal areas). This work should inform future engagement with transport authorities and service providers.	Lack of accessible transport to employment or training opportunities, especially for shift work or isolated areas.	Evidence base for investing in targeted transport solutions; better connectivity between people and places of work.	Evaluation to occur in 12-24 month period. Pilot of similar schemes in period after.	Devolution would allow the region to have greater influence and funding to invest in transport infrastructure that aligns with local need.
4.2 Map jobs vs population.	Produce an interactive map of job locations, sector concentrations, public transport routes, and population centres. Include overlays of economic inactivity and deprivation data to understand geographic mismatches. This will be used to inform infrastructure investment cases, service delivery planning, and employer site decisions.	Lack of accessible transport to employment or training opportunities, especially for shift work or isolated areas.	Improved strategic planning across transport, training, and economic development; stronger evidence for funding bids and interventions.	Mapping in 12 months. Then ongoing engagement with local transport teams.	

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
4.3 Link to housing strategy.	Formalise joint working between the Plan governance and the Kent Housing Group to ensure employment and skills are embedded in housing and regeneration projects. This could include: requiring employment access plans in new developments; identifying locations where housing issues are a barrier to work; and promoting wraparound employment support in housing-led regeneration schemes.	Housing pressures (e.g. cost, stability) affect employability and access to work.	Opportunity for more holistic and integrated support.		
4.4 Extend successful pilot schemes to help tackle digital exclusion.	Scale up Gravesham's Digital Inclusion programme to coastal areas with poor connectivity, such as the East of the Isle of Sheppey, where limited broadband access makes job search and applications difficult.	Digital exclusion as a barrier to employment, and self-management of health.	Residents better able to find job opportunities, and better able to manage their health conditions.	Pilot scheme within 12-24 month period to understand effectiveness in coastal areas.	Investment in digital infrastructure in remote coastal areas.
5. Operate as a system	<i>Reduce complexity and fragmentation</i>				

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
5.1 Move co-design from isolated examples into the mainstream of system operations.	Develop a vision for how different cohorts should be supported: model cohort needs and develop target whole system pathways to support them.	Addresses fragmentation of provision and that in a funding led system there is limited core support infrastructure.	Target pathways provide a design tool – enabling discussion among partners about how best to implement new initiatives, adapt use of funding, or commission together. Work to begin with a focus on priority cohorts.	12 – 24 months to develop target pathways. Then ongoing to apply and refine the system operations.	Funding for project resource.
5.2 Work as a system to take advantage of new opportunities.	Use upcoming opportunities like the Growth and Skills Levy to reshape how funding is aligned with local need. Involve employers, local authorities and providers in designing how this resource is spent to fill skills gaps. Similarly, Jobcentre Plus can use the Flexible Support Fund to purchase provision for those on benefits where there are gaps in provision for a priority cohort. Work together to help optimise use of this funding.	Addresses disconnect between funding availability and system alignment.	Resources are better targeted, particularly for in-work upskilling and cohort-specific support (e.g. low-paid carers).	Start design in the next 12-24 months. Implement in next phase.	

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
5.3 Adopt principle of test and learn.	Establish a “test and learn” commitment across the Plan, building from the Kent Further Education 12-week programme for UC health claimants. Use an agile model: set up, do, learn, adjust. Another opportunity is the Women into Work pilot in six Jobcentres offering weekly work coach engagement working in partnership with local authorities and others to support employment progression.	Responds to cliff edges in funding, and overemphasis on narrow performance metrics.	Enables real-time learning and system-wide improvement.	Ongoing.	Discussion with funders to build this principle in.
5.4 Improve referrals.	Build on ReferKent to develop a maintained, regularly updated ‘single source of truth’ about local provision.	Complexity of the system and missed referral opportunities.	More effective signposting, less duplication and quicker access to support.	12-24 months.	Resource and capacity to maintain platform.
5.5 Model the desired sharing of destination data.	Identify cases where destination data is not currently but could in future be shared.	Fragmentation and silo- based operations.	Facilitation of continuous improvement.	12 months to review opportunity/requirement. Then another 12 months to implement.	Discussion with funders to build this principle in.

Themes	What action	What driver does it address?	Who does it help? / What outcome?	Timing (esp whether 2 years or 10)	Asks of Government
5.6 Anchor institutions as role models.	Use GBW governance to convene anchor institutions (e.g. NHS, colleges, councils, larger employers) to agree common commitments around inclusive recruitment, experience in work, apprenticeship uptake and support for in-work progression (especially for SEND and health-related barriers).	Need for leadership in modelling best practice employment.	Greater system-wide credibility and uptake of inclusive practices.	12-24 months.	Senior buy-in from key anchor institutions.
5.7 System summits - at least annually.	Deliver an annual practitioner summit to review system progress, share best practice and collectively problem-solve on live delivery issues. The first should be held within 12 months of plan publication.	Silos and weak cross-sector communication.	Stronger relationships and culture of shared learning across the system.	First summit within 12 months and then yearly.	Capacity to bring together key partners.

8 Governance, local engagement, and future iterations

This section explains how the plan will be governed, monitored, and updated over time. It sets out how partners will be engaged in delivering and refining the plan and how future iterations will adapt to changes in national policy, funding, and local needs.

- 8.1 The diagram below shows how the local Get Britain Working plan will fit alongside existing governance arrangements covering the suite of related strategies and programmes.

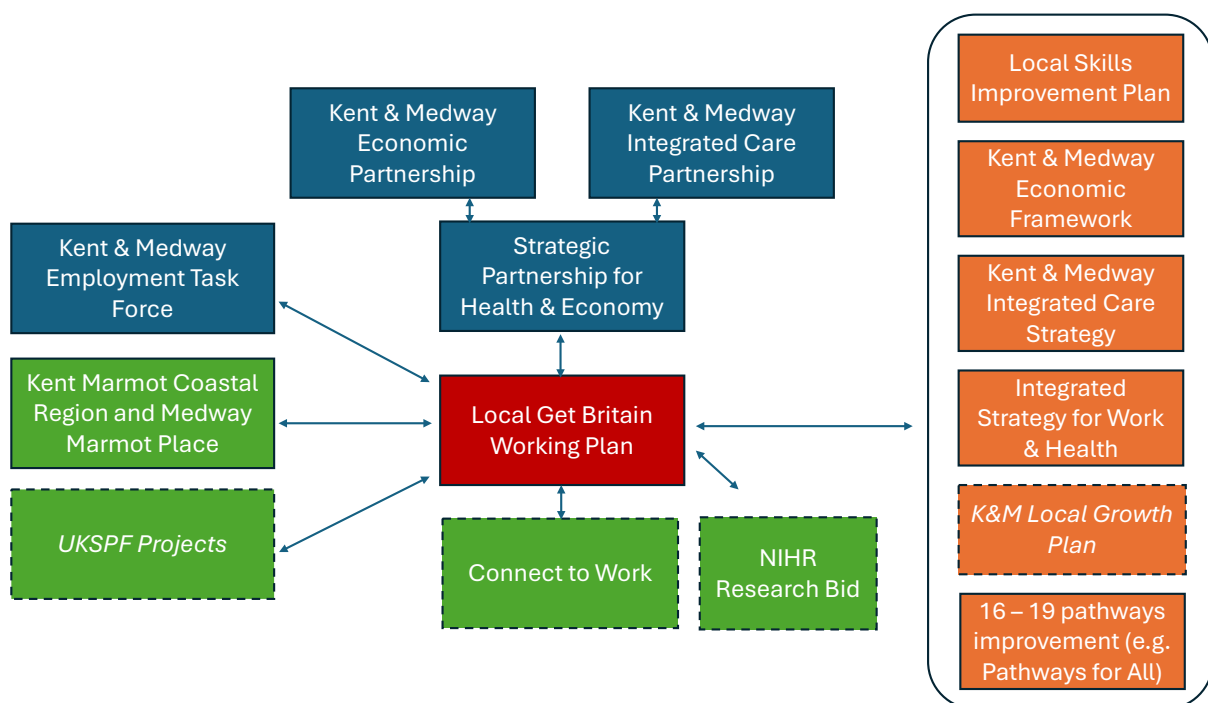


Figure 22: Governance arrangements

- 8.2 Since these strategies and programmes provide the detailed delivery focus for substantial parts of the *Get Britain Working* plan's themes there is currently no intention to create a new governance body.
- 8.3 Overall oversight of the plan will sit with the Kent and Medway Economic Partnership and, in the first instance, the Integrated Care Partnership. KMEP brings together senior representatives from local government, including all the district and borough councils; education and business and its role will ensure tight linkage between Get Britain Working and the local growth agenda. The ICP involves the ICB, upper tier council leaders, representatives of each of the Kent and Medway Health and Care Partnerships and a district council in each of those localities, along with VCSE and Healthwatch participants as non-voting member. Stakeholders are exploring how DWP will engage with the

relevant strategic fora. Formal decisions where needed will be taken using existing governance procedures by the four lead organisations for the plan (KCC, MC, ICB and JCP).

- 8.4 It is important here also to note that the NHS 10 Year Health Plan for England¹¹ states that ICPs will be abolished, so this aspect of governance will need to be reviewed as future arrangements become clear. Wider NHS reform, associated with the abolition of NHS England and the 10 Year Health Plan, are also likely to affect the detail of governance.
- 8.5 Ownership of the detailed implementation of the Plan will sit with the Kent and Medway Strategic Partnership for Health and Economy. This is a multiagency group that brings together partners from across Kent and Medway to drive improvement in shared economic and health outcomes. It includes representatives from DWP and acts as an operational link between KMEP and the ICP.
- 8.6 These governance arrangements have been presented to Strategic Partnership for Health and Economy, at its meeting on 31st July 2025 and accepted. KMEP has had an update on the direction of Plan development (board meeting on 24th June 2025) and will be invited to endorse the Plan and its role in governance at its next board meeting on 13th November 2025.

Agreement by upper tier local authorities, DWP and the ICB

- Kent County Council – the direction of travel for the Plan and findings from initial fieldwork was presented to the county council’s Cabinet on 1st July, with approval of a submission version to DWP delegated to officers.
- Medway Council – the relevant portfolio holders have been updated in July on work to develop the plan and on fieldwork findings to mid July. It will be presented for approval to the Cabinet in August.
- Senior Kent and Medway council officers approved the current version of the Plan on 30th July 2025.
- DWP officials approved the current version of the Plan on 30th July 2025.
- The Plan will be presented to the ICB board for approval in September 2025. The submission version was agreed with officials on 30th July 2025 and presented to relevant board sub-committee on 31st July.

Wider partnership involvement

- 8.7 Involvement of wider partners in the development of the Plan has been extensive. A list of partners involved in contributing to fieldwork and workshop discussions is included in Annex A.

Keeping the Plan up to date

- 8.8 Work will continue following submission of the Plan to develop the action plan into a clear implementation plan with allocated owners. There will also be an immediate task to convene officer/official task groups under KMEP and the Strategic Partnership for Health and Economy to oversee actions on the priority cohorts.

¹¹ [*Fit for the Future – 10- Year Health Plan for England*](#), UK Government, July 2025

- 8.9 There will be a first review of the action plan in winter 2025/26 to refine it in the light of the early implementation activity. A bespoke database of local level data for many of the indicators used in this report has been developed alongside this Plan. This provides the means to assess individual indicators at subdistrict level (Medium layer Super Output Area), to understand which local communities are most affected by these conditions or particular characteristics related to economic inactivity. This will be used to refine ongoing actions and priority focus.
- 8.10 Implementation planning will also scope out arrangements and cadence for regular reporting against each Plan theme and where formal evaluation is needed. This will feed into an annual process of refreshing the Plan. It is important that there is an annual refresh of the themes and the action plan to reflect national policy and funding change in this dynamic agenda.
- 8.11 Delivery and governance arrangements will also be affected by the changes to local democratic structures envisaged in the Government's English Devolution White Paper (December 2025). Development of changes related to theme 5: operating as a system will be designed to be flexible to accommodate these new structures, and regular review will be needed once new structures and the timelines for their introduction are known. Working assumptions are:
- Kent and Medway's submission(s) proposing new local government structures must be made by 28th November 2025. Vesting day for new authorities is expected to be in April 2028.
 - As the area is not on the priority devolution programme, creation of a strategic authority is unlikely before 2028.

Appendix I - Organisations involved in contributing to the Plan development

Interviews

• Kent County Council ○ Growth and Communities ○ Public Health ○ Strategic Policy Relationships and Corporate Assurance	• Medway Council ○ Public Health ○ Employment and Adult Education
• Canterbury Christ Church University	• Greenwich University
• DWP ○ JCP Operations	• CXK
• His Majesty's Prison and Probation Service (Kent, Sussex and Surrey)	• The College Practice
• Thanet District Council	• Tonbridge District Council
• Shaw Trust	• East Kent College Group
• Kent Invicta Chamber of Commerce	

Responses to survey of provision

• Kent County Council ○ Community Learning and Skills ○ Public Health Observatory ○ Financial Hardship Team ○ Libraries, Registration and Archives	• Medway Council ○ Adult Education
• Tonbridge and Malling Borough Council	• Thanet District Council
• Ashford Borough Council	• Breakeven
• CAP Enterprise CIC	• bemix
• Sunlight Development Trust	• Medway & Swale Health and Care Partnership
• Jobcentre Plus (DWP)	• Brighter Futures Social Investment CIC
• MVA	• The Pyramid Project
• Profile Development and Training Ltd	• IPS International Ltd
• Seashells Children and Families Centre	• CXK

• Oasis Youth & Community Hub: Isle of Sheppey	• CLS KCC
• Electrical Academy Ltd	• The Freedom Centre
• Forward2Employment	• Swale Community Care Project
• Citizens Advice Swale	• Working Minds Group
• Apogee Corporation	• Cripps LLP
• KFE	• Growing Kent and Medway
• Kent and Medway Careers Hub	• Children & Families
• Kent Invicta Chamber of Commerce	• StreetlightUK
• Kent Community Health NHS Foundation Trust	• East Kent Colleges Group
• Active Kent & Medway	• ADSS
• The Education People	• Kent Community Warden Service

Workshops

• Kent County Council ○ Community Learning and Skills ○ Growth and Communities ○ IPS commissioning ○ External care	• Medway Council ○ Public Health ○ Employment and Adult Education
• NHS ○ Kent Community Health NHS Foundation Trust ○ Medway & Swale Health and Care Partnership ○ Talking Therapies ○ Primary Care Workforce leads ○ Population Health management	• DWP ○ Partnership managers ○ JCP Operations ○ Frontline staff
• Tonbridge and Malling Borough Council	• Ashford Volunteer Centre
• East Kent Colleges Group	• B2R Health Coaching
• FSB South East	• The Education People
• Mind the Gap	• CXK
• Gravesham Borough Council	• University of Greenwich
• Canterbury Christ Church University	• The Forward Trust
• Swale Borough Council	• Shaw Trust
• Thanet District Council	• Kent Invicta Chamber of Commerce

Lived experience sessions

• DWP and Chatham Jobcentre Plus
• CXK
• East Kent Colleges Group
• Canterbury College

Appendix II - Adjusting the definition of working-age people

1. Historically in statistics, the working-age population has been defined as those aged 16-64. The *Get Britain Working Plan* guidance proposes updating this definition to 18-66. This reflects the policy goal for young people to stay in education to 18, as well as the older retirement age.
2. Adjusting the data to produce employment rates relating to the 18-66 population is not straightforward however as typical data sources still use the 16-64 definition. Data for economic activity by single year age cohorts above 64 is not freely accessible except from the Census. Therefore, until published data is revised, the most straightforward way to assess activity rates by the new age range is from the Census. This has limitations in terms of data being four years old.
3. Nevertheless, it is instructive to consider the employment rates this way to see to what extent they differ from the 16-64 definitions. We can also consider the employment rate against the 16-64 population in 2021 in order to make a more meaningful comparison with the rate against the 18-66 population. This comparison is set out in Table 2.1.

Table A11: Comparison of Employment Rates between working-age population definitions

2021 Data	16-64 Employment Rate (Labour Force Survey)	18-66 Employment Rate (Census)
Kent	74.6%	73.5%
Medway	77.8%	73.5%

4. As the comparison shows, using the revised working age population definition has the effect of lowering the employment rate. This appears to affect Medway more than Kent and may relate to the younger population in Medway. The average age of Medway is 38, compared to almost 42 in Kent, indicating a larger older population. At the same time, Labour Force Survey data indicates that the employment rate of the 65+ age bracket in 2021 was 8.4% in Kent and 6.4% in Medway, partly explaining the observed impact in Medway of the inclusion of the older age groups in the revised definition.
5. While there have been some reliability questions of Labour Force Survey data, there is some indication of a declining trend in the last 5-10 years of employment rates among 16-24 and 16-19 age groups. This may be indicative of more young people being in education for longer.
6. Overall, the revised definition would suggest that the target employment rate for the *Get Britain Working Plan* may be further away using the new working age definition. Also, that the advantage enjoyed by Medway in terms its employment rate is wiped away in the new definition.

Appendix III - Overview of current provision

DWP

DWP provides personalised employment support to residents through its Jobcentre Plus (JCP) network. JCPs in Kent offer specialist work coach teams for key cohorts including:

- **Young People** - the DWP Youth Offer is a package of support designed to help Universal Credit claimants aged 16 to 24 move into work, training, or an apprenticeship. It offers Youth Work Coaches through a 13 week programme and Youth Employability Coaches (YECs) for young people who need more intensive support. Care Leaver Work Coaches provide focused support for young people aged 16 to 25 who are leaving or have left Local Authority care.
- **Women** - in Kent and Medway, a specific Women into Work programme is being piloted across six Jobcentres, where 90 women are receiving an enhanced weekly work coach engagement working in partnership with local authorities and neighbouring partner organisations to support employment progression. In addition, there is an incentive programme in Kent run in conjunction with DFE where local authorities are paying early years providers £1000 to help eligible individuals¹² into early years careers, which is paid after six months.
- **Ex-offenders** - support to individuals preparing for their release from prison to help people reintegrate into society by ensuring they can access benefits and move towards employment. There are also dedicated Work Coaches in Kent's 13 Jobcentre working specially with ex-offenders, providing bespoke advice, guidance and training. Locally, DWP also works with the Probation Service's Creating Future Opportunities hub in the area, which is a facility for prison leavers.

On top of this, JCPs in Kent & Medway have specialist coaches to deal with complex cases and provide support to overcome specific barriers, such as domestic violence or care leavers. Locally DWP has recently been engaging directly with district and borough councils to agree place-based priorities in specific localities.

A range of DWP national support programmes, are delivered locally, including:

- **Access to Work** – this provides support for those who have a physical or mental health condition or disability to get or stay in work.
- **Restart** - is a DWP programme helping those who have been out of work for more than nine months to find jobs in their local area. It is delivered by the Forward Trust and is offered in Thanet.

¹² Eligible individuals are those applying for their first permanent role at an early years provider, or returning after a break of at least six months, and have secured a role which involves directly working with children for at least 70% of the time.

- **Pathways to Work** - this initiative is set out in the Government's Pathways to Work Green Paper and spans health, benefits, and employment support. Since 2022 Kent and Medway Jobcentres have offered an enhanced support offer of additional work coach engagement for individuals with fit notes through more frequent and longer appointments. Pathways to Work is enabling extension of this to include individuals assessed as having Limited Capability for Work following a Work Capability Assessment. Participation is entirely voluntary and tailored to the individual. Where appropriate, individuals may also transition into other programmes, such as Connect to Work.
- **Flexible Support Fund (FSF)** - this can be used to purchase provision for those on benefits, including those who are in economically inactive groups. It can be used as part of a local Get Britain Working Plan where:
 - Sufficient suitable provision is not already available at a local level
 - And where spend would be on provision in line with agreed priorities where there are identified gaps.
- **Sector-based Work Academy Programme (SWAP)** – this programme aims to help jobseekers gain the skills and experience they need to restart their career. For example, East Kent College Group runs the Hospitality SWAP providing 10 days of training and 5 days of work experience for participants.
- **Connect to Work** - this is a voluntary employment support programme launched by the Government as part of the Get Britain Working White Paper to reform employment, health and skills support to tackle economic inactivity and support people into good work. It is a 5-year programme offered to local people, reflecting a fidelity model of personalised, person-centred, one-to-one support to those facing barriers to employment – such as disabilities or long-term health conditions – to find and stay in meaningful work. It does this by using inclusive employment practices and supporting local employers in the recruitment process.

Given the scale and specialist nature of Connect to Work, a number of providers will be required to deliver the supported employment services to eligible participants. The Education People (TEP), which has significant expertise, experience and capacity to deliver supported employment activity under the two specified models, will be used as an initial provider. In Kent and Medway, Connect to Work began delivering in summer 2025 and will serve 2,900 participants per annum at peak delivery.

Local government

Both Kent County Council and Medway Council have an employment and skills offer that supports residents of all ages into work, training and education. Key programmes have targeted young people (including NEETs), adults seeking to retrain or upskill and employers needing recruitment or training support. Both councils work closely with providers, colleges and local businesses to align provision with labour market needs and broader strategies such as the Kent and Medway Economic Plan.

Other council services also form part of the wider system through signposting information for migrants, on financial hardship, and a role is played by KCC's community wardens, and its library service, which offers access to online training in basic skills (LearnMyWay) and more advanced courses (LinkedIn Learning).

- **Adult education** is provided separately by Kent CC and Medway. These services provide a range of courses across qualifications, ESOL, IT, Employment, Life Skills and Vocational Courses aimed at all adults. Adult Education also has a role in supporting mental and physical health through lifelong learning. It specialises at engaging people who are taking their first steps back into education. **Community Learning and Skills** is KCC's provider of Adult Education, some apprenticeships and study programmes. This is delivered from main district Adult Education centres and community venues.
- **The Education People (TEP)** is a local authority owned company operating across both the KCC and Medway area. It provides a range of education services, including the NEET support service for 16 – 18 years olds, and supports young people and employers to understand the roles and support available and the bridge between education and work. This includes KentChoices – a digital platform providing information on options available for young people post-16. Medway are now joining with the platform to ensure Medway students can do the same.
- The **ReferKent** platform, funded by Kent County Council, is an online network of organisations and referral service for residents. It aims to strengthen referrals across Kent and Medway, ensuring that residents receive the appropriate support. Over 350 organisations are now present on the platform, allowing for more effective referral routes to the services residents need.

Support is also provided by the 12 district and borough councils in the KCC area. Some examples include:

- Ashford Borough Council Job Club – the job club run by Ashford Borough Council helps people with the job search and application process.
- Gravesham Borough Council has used UK Shared Prosperity Fund (UKSPF) money to run a feasibility study for a “Group Training and Knowledge Centre” focused on Construction-Engineering-Manufacturing. This aims to develop an SME led training centre for a priority local industry sector.
- Thanet District Council – Thanet District Council work with community partners to deliver support as part of the UKSPF delivery.
- It is important to note that UKSPF funding is due to end in March 2026.

Health

The ICB works closely with other local stakeholders to commission healthcare and tackle the economic determinants that enable healthy lives including stable employment. The Kent and Medway Integrated Care Strategy includes targets for:

- Increasing the percentage of the population who are in touch with secondary mental health services that are in paid employment.
- Increasing the percentage of the population who have support for a learning disability that are in paid employment.

Survey responses from the Kent Community Health NHS Foundation Trust and Medway & Swale Health and Care Partnership describe how they work with local partners to keep people healthy and support them back to independence.

NHS Talking Therapy services offer access for participants to an employment adviser. This offers tailored support that can work through the barriers preventing an individual from working.

Integrated Placement and Support, funded by NHS England and the Kent & Medway Integrated Care Board is delivered by Shaw Trust. This is a form of tailored employment support, linking work and health and helping those with health issues to maintain employment. It involves integration of employment specialists into clinical teams, working in hospitals.

The ICB is also part of NHS England's Widening Access Demonstrator (WAD) pilot. The WAD programme will support people into employment programmes, substantive entry-level roles, or training posts, in their local health or care providers. It will prioritise those most impacted by these intersecting inequalities: long-term unemployed adults, young people not in education or work, over-50s, disabled people, unpaid carers, and those on the Universal Credit Health pathway.

Probation

Kent, Surrey and Sussex Probation Service provide a range of employment support offers to help people in the criminal justice system transition into work. This forms part of a wider package aimed at reducing reoffending and supporting rehabilitation.

Support is structured around several key offers:

- Employment advisory boards: These operate in prisons, bringing together representatives from major employers to provide advice, support, and clear pathways into employment upon release.
- Personal employment leads: Each prison has a dedicated lead, often linked to a large national employer who works directly with individuals to prepare them for entering the labour market.
- Partnerships with employers: Probation works closely with employers such as JCB and Timpsons. These employers offer structured employment opportunities, including day release work scheme for individuals still serving their sentences.
- Partnership working with DWP in Medway: DWP Prison Leaver Work Coaches from Chatham Jobcentre attend Chatham Probation Office on a fortnightly basis

Voluntary and community sector

The voluntary and community sector (VCS) in Kent and Medway offers a broad range of employment, skills, and health-related support. Survey responses show that VCS organisations deliver services across all stages of the journey toward work, with particular emphasis on pre-employment support including engagement, confidence building, basic skills development, and mental health and wellbeing support.

VCS organisations support a wide variety of cohorts, with particularly strong focus on people who face multiple disadvantages, disabled people, individuals with long-term health conditions, carers, and young NEETs. Some organisations also work with minority ethnic groups, and older workers.

From survey responses it appears that provision varies in scale. There are some small, place-based charities focused on individual districts such as Swale or Medway, although the majority of provision tends to occur across both Kent and Medway.

Further and higher education

Across Kent and Medway, further education (FE) institutions are major providers of skills training. Linked to this, they providers offer a variety of support for both young people 16-18 and adults across all stages of the employment journey. This includes:

- A wide range of pre-employment programmes for specific sectors, as well as foundational skills in English, Maths and IT.
- Support with CV writing, provision of job coaches and weekly job clubs.
- Delivery of apprenticeships, and supported internship programmes for young people with SEND.

Higher education institutions are also plugged into the ecosystem of skills development, particularly for priority sectors:

- University of Kent and University of Greenwich involvement in the Industry 4 Council which brings together stakeholders in key growth-driving sectors (construction, engineering and advanced manufacturing) to collaborate to improve provision of careers education, apprenticeships provision and R&D opportunities.
- University of Greenwich Food and Drink Accelerator – offers individuals and SMEs free technical, business and financial support to help ideas from concept to market.

Department for Education

DfE is the national funder of post 18 skills provision, including through funds such as the Adult Skills Fund. Annual allocations are made to a range of public education sector providers, such as FE colleges, private skills providers and other public sector organisations, including local authorities. Other DfE led initiatives include:

- National Careers Service – CXK, a third sector organisation, is commissioned to deliver the National Careers Service (NCS) for the Kent and Medway area which provides free careers information, advice and guidance.
- Skills Bootcamps – Kent County Council is overseeing the local 2025/26 Skills Bootcamps in Kent and Medway. Focusing on construction, agri-food, creative industries, social care and retail, bootcamps provide skills development and structured work experience.

The Kent and Medway Careers Hub is part of a DfE funded national body, operating through the Careers and Enterprise Company (CEC). It works in partnership with The Education People and Medway Council to drive systemic change at a local level, supporting skills and employability outcomes for all young people. The Hub works closely with schools and employers across Kent and Medway to meet statutory guidance in careers education while supporting the local economy to grow, by improving alignment between education and labour market needs.

Appendix IV - Lived Experience Findings

Four organisations supported the delivery of the lived experience engagement sessions by helping to arrange logistics, recruit participants and host the discussions. We would like to thank CXK, Canterbury College, EKC Training, and DWP/Jobcentre Plus for their invaluable contributions in supporting the delivery of the lived experience engagement sessions. Their support enabled us to gather meaningful insights from individuals with lived experience. We are also deeply grateful to the participants themselves, who generously shared their time and spoke openly about their experiences, providing valuable perspectives that have shaped our understanding.

Below are two outputs for each of the four cohort groups: Over 50s, Young People, Young ESOL/Refugee/Recent Migrants and People Facing Multiple Disadvantages.

- 1) The first output is a **pen portrait**: an anonymised, composite character based on common themes and experiences shared during the engagement sessions.
- 2) The second output is a **customer journey map**: outlines their experiences across the five stages of support. It highlights their journey, the barriers they face, their successes and the risks they have encountered or may face along the path to employment.

Customer Journey Key:

-  Employment journey
-  Barriers to employment
-  Risks
-  Successes

Over 50s

Pen portrait

Based on 1 focus group and 3 interviews; 7 participants in total

Cohort group

Over 50s

Characteristic and demographics Mike is a 58-year-old man who recently became unemployed after nearly two decades of continuous employment in the construction and technical trades sector. Despite having extensive experience and a strong set of technical skills, he is struggling to find new employment. Age-related health issues, including a bad back and cataracts in one eye, now limit the type of physical work he can take on. While Mike is digitally literate and regularly uses the internet, he finds modern job application processes confusing, impersonal and demoralising compared to the more direct approaches he was familiar with in the early 2000s. He suspects that age discrimination is playing a role in his difficulty securing interviews. Although he finds his Jobcentre Work Coach supportive and approachable, his appointments feel unproductive and do not lead to tangible outcomes.

Needs

Mike is keen to return to work in the construction sector but recognises there are limited jobs available in Kent, and is therefore open to changing sectors. He has begun some retraining as an electrical engineer through online courses recommended by his Work Coach. However, without regular guidance, he finds navigating these courses difficult. Digital recruitment processes also remain a significant challenge, he often submits applications but receives no response, leaving him unsure whether his CV is being reviewed or simply discarded. Due to his bad back, Mike is currently unable to drive, which leaves him reliant on public transport. As such, any job needs to be easily accessible by bus or train. To improve his situation, Mike needs better signposting to available support, clear and tailored guidance on his entitlements and employment options, and more meaningful, human interaction with both support providers and potential employers.

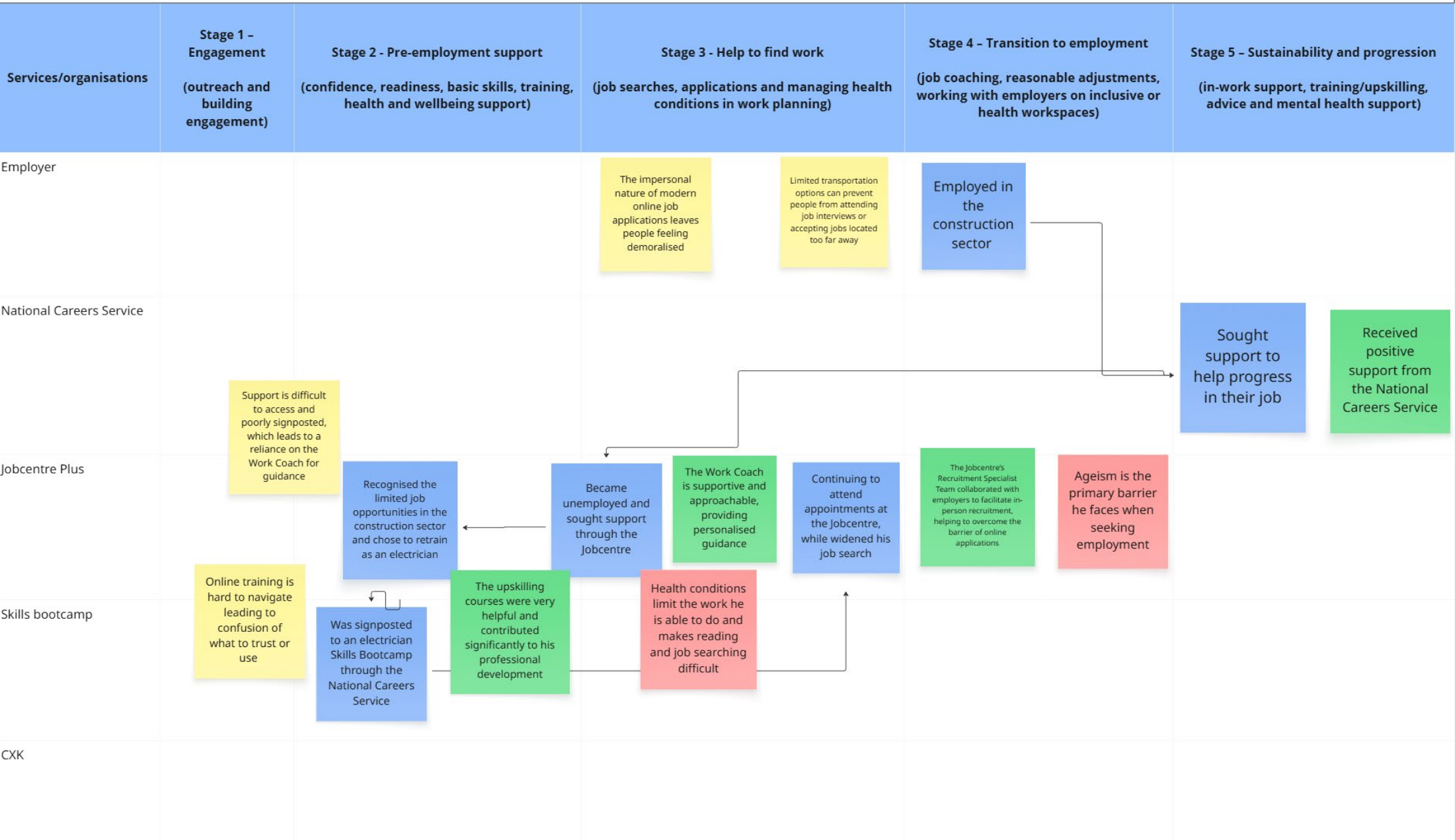
Enablers and barriers

Mike has had a mixed experience with employment support services. On the one hand, his Work Coach has offered consistent encouragement and has signposted him to training and job opportunities. He previously had a positive experience with the National Careers Service while employed, which helped him gain skills and progress at work. On the other hand, he feels the employment system is broken. He believes that ageism is a major barrier and that employers overlook him because he is close to retirement. In response, he has shortened his CV and removed his O-Levels to conceal earlier roles and make himself appear younger. These repeated setbacks have left him feeling increasingly demoralised and anxious about his long-term future, particularly the prospect of becoming dependent on benefits as he ages.

Ways to improve service delivery

- Provide clearer, upfront information about entitlements and the support available.
- Ensure employment support is available alongside GP link workers.
- Offer more 1:1 or face-to-face support and training courses, rather than digital only guidance.
- Improve visibility and signposting of training and employment services
- Conduct further research with the Chamber to understand extent to which age discrimination is occurring in recruitment practices, and work with employers to this

Over 50s



Young people

Pen portrait

Based on two focus groups; 10 participants in total

Characteristic and demographics

Sarah is a 21-year-old female, who recently graduated from the University of Kent and had previously been enrolled in a work skills course at East Kent College. Like many young people she has had an uneven employment journey. When at school she was disengaged and unaware of the support available to her, but, where support was available, she also experienced barriers such as poor public transport, a lack of flexibility of support services and poor mental health. Her support needs have been significant throughout her transition from school to college, then university and now into job searching. Although she is currently engaging with the Jobcentre, her job search has not progressed as expected.

Needs

Sarah has had a frustrating journey into employment. Before engaging with the Jobcentre, she was unaware of the support available to her, as it had not been proactively offered and she lacked the motivation to seek it out at the time. When Sarah left school, she enrolled in an Animal Management college course, which led her to study Animal Science at university. However, after graduating, they were unable to find employment and received no support or guidance about next steps. As a result, Sarah had to visit the Jobcentre, where her Work Coach recommended broadening her job search to include roles outside her preferred field.

Enablers and barriers

Young people like Sarah often need targeted support during the early stages of their journey into work (Stages 1-3), as they may be less engaged, lack work experience and skills, and feel unconfident when approaching employers or support services. Despite being highly qualified, Sarah faces significant barriers related to anxiety and low confidence. Repeated setbacks and job rejections have left her feeling disheartened, further impacting her self-esteem.

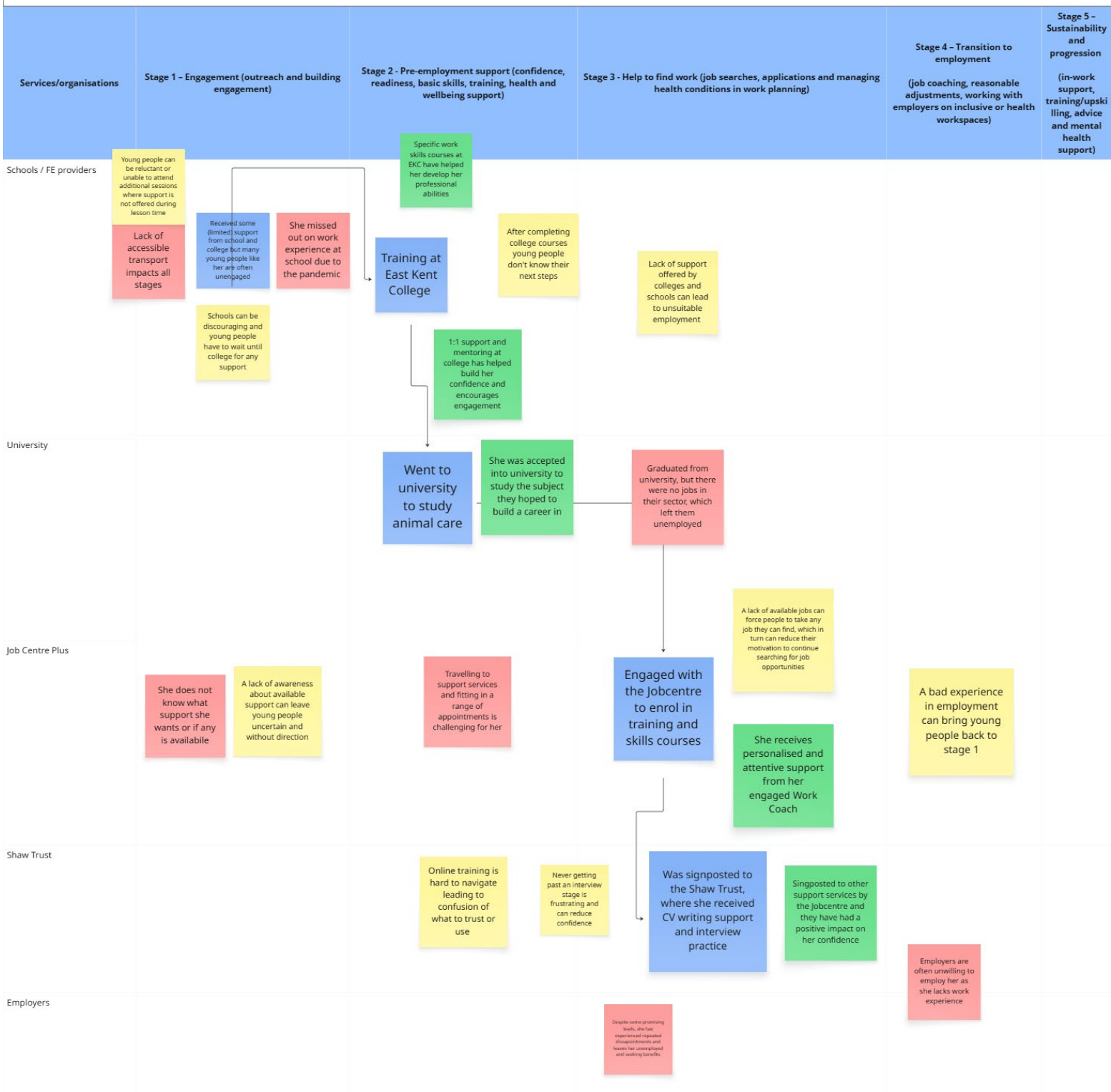
Practical barriers also play a role. Without access to a car, Sarah relies entirely on public transport, which can be unreliable and expensive. This has made it difficult for her to attend job interviews, access support services and take up employment opportunities. Until recently, she was unaware that the Jobcentre could reimburse travel costs, highlighting a gap in communication around entitlements as a job seeker. Despite this, Sarah's Work Coach has been extremely supportive, and she has found the one-to-one sessions particularly helpful; though she wishes there was more time available for each appointment. While her job search is difficult and ongoing, Sarah feels well supported by her Work Coach during this challenging period.

Ways to improve service delivery

- More 1:1 support with attentive job coaches or mentors as well as more regular contact with support
- More pathways to gain basic skills and real work experience (such as volunteering, internships or work placements)
- Encourage employers to simplify job descriptions and to review the skills actually required for roles

- Support finding jobs that suit the individual as well as similar jobs that may have transferable skills.
- Support and advice given during lesson time for those who are less engaged

Young people (16-24 years old)



Young ESOL, refugee and recent migrants

Pen portrait

Based on one focus group; nine participants in total

Characteristic and demographics

Rami is a 19-year-old male refugee who came to this country at the age of 13. He is an ESOL learner, currently enrolled at Canterbury College. He has been supported by the Kent Refugee Action Network (KRAN) and his social worker, who initially signposted him to enrol at the college. He aspires to study medicine or engineering at university; however, the path to achieving this goal is far from straightforward. Despite some positive experiences of support from services, his needs are multiple. Although Rami can speak English proficiently, he still faces language barriers, digital exclusion and a lack of familiarity with the UK employment market and education system.

Needs

For many people like Rami, they are right at the beginning of their employment journey. Often, he does not know which direction to take next, and the support he has received assumes he already has a good idea of what career path to take and the opportunities that are available. The advice provided is generic, focusing mainly on CV and cover letter support rather than offering guidance on pathways to employment or higher education. Accessing the system is made even more difficult by language barriers. As non-native English speakers, resources to help such as translated materials or interpreters are few and far between.

Enablers and barriers

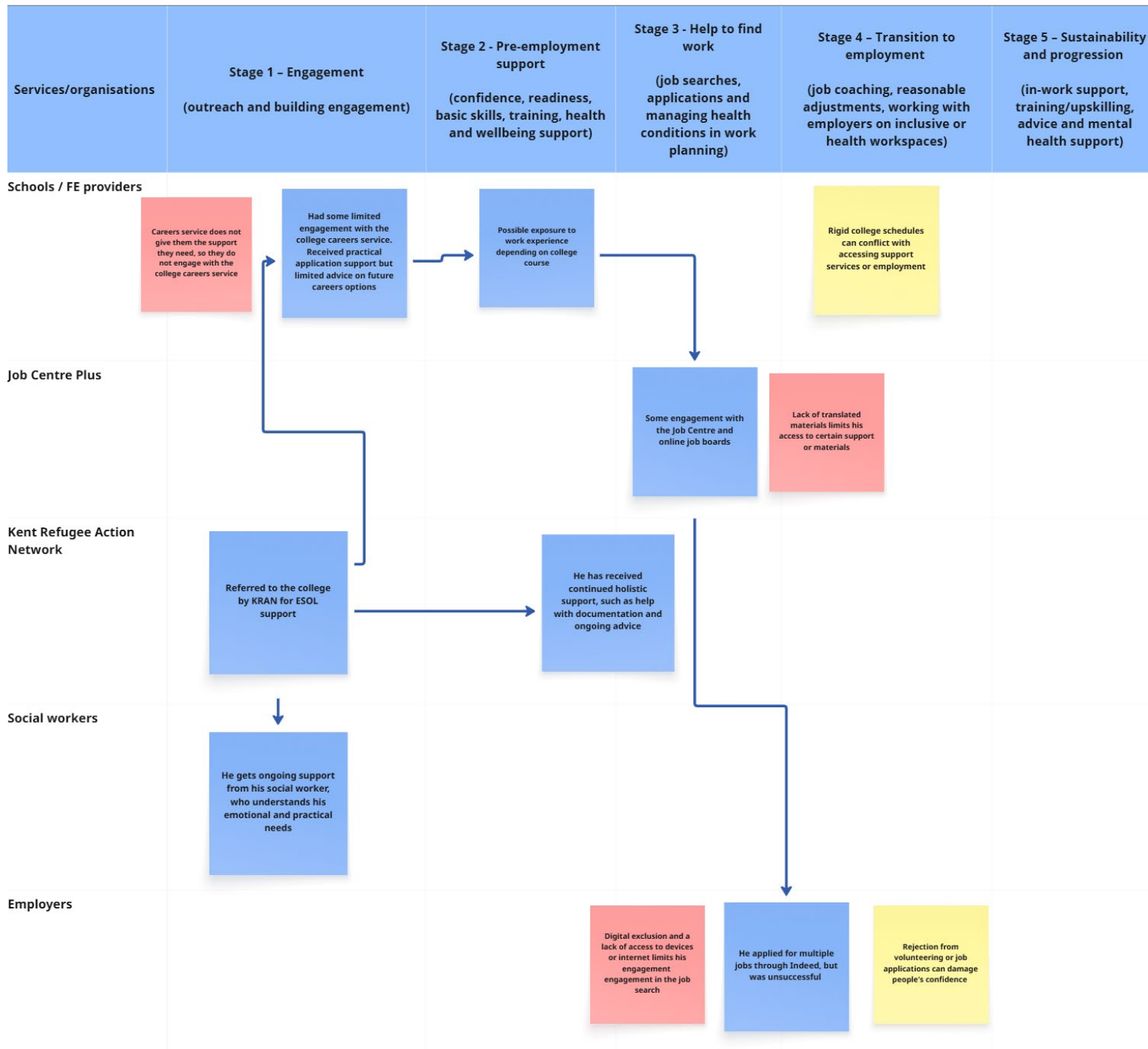
Social workers have played a crucial role in Rami's employment support journey. This includes signposting him towards opportunities, providing emotional support and guidance as well as providing practical support such as CV advice. Additionally, KRAN's holistic support offer has been pivotal to Rami. This includes advice, guidance and providing signatures needed for documents. Importantly, for ESOL learners like Rami, KRAN provides wraparound support that continues even after they enter college, university or employment, offering a dependable resource for ongoing assistance.

But the barriers to access are still daunting. Language difficulties and the lack of support resources available, make it difficult to access services and compete job applications, especially when applying online. He remains uncertain about which university degree to pursue. In the meantime, he has applied for jobs through websites like Indeed, but the lack of responses from employers and his limited experience mean that each rejection further erodes his confidence.

Ways to improve service delivery

- Increase the availability and accessibility of translation services. Greater availability of translation resources could also increase awareness and engagement with other support services which participants were less aware of including Kent Adult Education.
- A better link between careers advice and opportunities. This includes advice which is better tailored to individual interests and circumstances, rather than generic advice.
- Flexibility of support which can fit around existing college courses and requirements. The long duration of some course is a barrier to access.

Young ESOL/refugee/recent migrants



Multiple disadvantage (care experienced, disabled, have a long-term health condition, mental health condition, unpaid carer)

Pen portrait

Based on one focus group with nine participants.

Characteristic and demographics

Louise, 38, has struggled to engage with the employment support system her whole life. A lack of support earlier in her career, especially through school, has led to disinterest in the employment support offer, believing that there isn't any support available. This is especially true given her multiple needs. Louise juggles caring responsibilities of her disabled child and elderly parents, with her own health issues, making accessing the sort of flexible employment she needs difficult.

Needs

Louise has multiple overlapping needs which take up a lot of her time. She is a full-time carer for both her disabled child and her elderly parents, while managing her own physical and mental health. She needs a system that acknowledges her daily life, where employers and support services offer flexibility and understanding. Louise also needs practical solutions including adaptable working hours, remote work opportunities and an understanding of her regular medical appointments and care responsibilities.

Enablers and barriers

Louise's experience with employment support services has often left her feeling unheard and undervalued. Each interaction she makes with the system reinforces the belief that it isn't designed for people like her. A single negative experience, such as being dismissed or misunderstood, can lead to complete disengagement. At the same time, due to the number of referrals and the wait times between services, she feels like she's being passed from one service to another with no one taking the time to understand her story. Despite this, Louise remains open to support and to re-entering employment, if it feels personal and flexible. She values one-to-one, in-person contact where she can build her trust in the system and feel listened to.

Ways to improve service delivery

- More in-person 1:1 support to make it feel like you're being listened to and your problems understood
- Greater flexibility of appointments, recognising her life outside of work
- Work with employers to encourage and facilitate more flexible working arrangements

Multiple disadvantages

Services/organisations	Stage 1 – Engagement (outreach and building engagement)	Stage 2 - Pre-employment support (confidence, readiness, basic skills, training, health and wellbeing support)	Stage 3 - Help to find work (job searches, applications and managing health conditions in work planning)	Stage 4 – Transition to employment (job coaching, reasonable adjustments, working with employers on inclusive or health workspaces)	Stage 5 – Sustainability and progression (in-work support, training/upskilling, advice and mental health support)
Education	A lack of support during and after school makes her believe there is not much support out there				
Training providers	Lack of engagement with services due to not knowing they are there Belief that there isn't anything to support people like her into employment due to multiple needs	Once she accessed support through CXK, she gained confidence and was willing to share with others	One bad appointment or experience may disengage her from the support system for a long time		
Job Centre Plus		When she does access support, often she feels misunderstood and 'passed around' by the referral system	If support feels empathetic to her story and her needs, she takes great heart from this		
Employers			She fills out job applications but starts from the belief that employers are not flexible to her needs		Employers could be better at flagging their attempts to be flexible
Health services			The job search and interview process needs to fit around caring responsibilities	Health conditions can affect day-to-day energy levels	



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