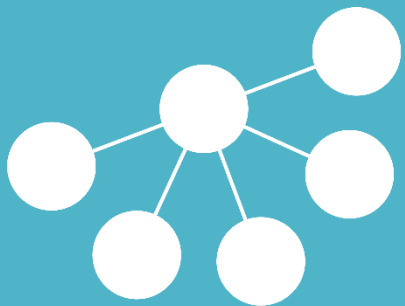


Kent and Medway Get Britain Working Plan

Emerging findings update – mid June 2025



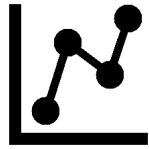
SHARED INTELLIGENCE



Timeline and activities to develop plan



Review of related strategy and plan documents.



Data review and labour market analysis.



Stakeholder interviews and workshops.



Survey of support providers.



Lived experience of system users.



Levers of change workshop.



Plan development and iteration.

Analysis and review of current system and outcomes

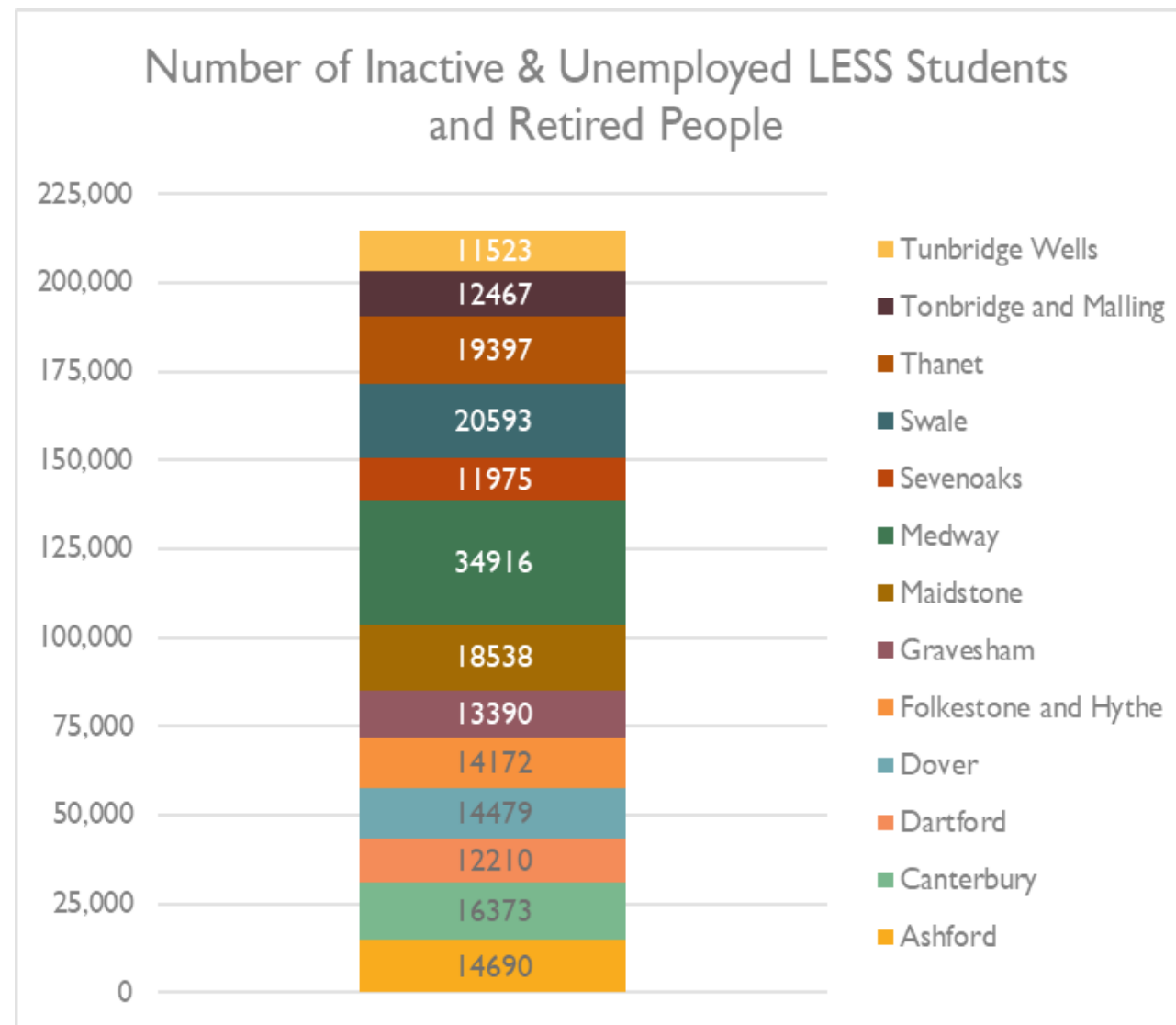
Early May to mid June

Development of vision, actions, longer-term goals and future governance

mid June to end July

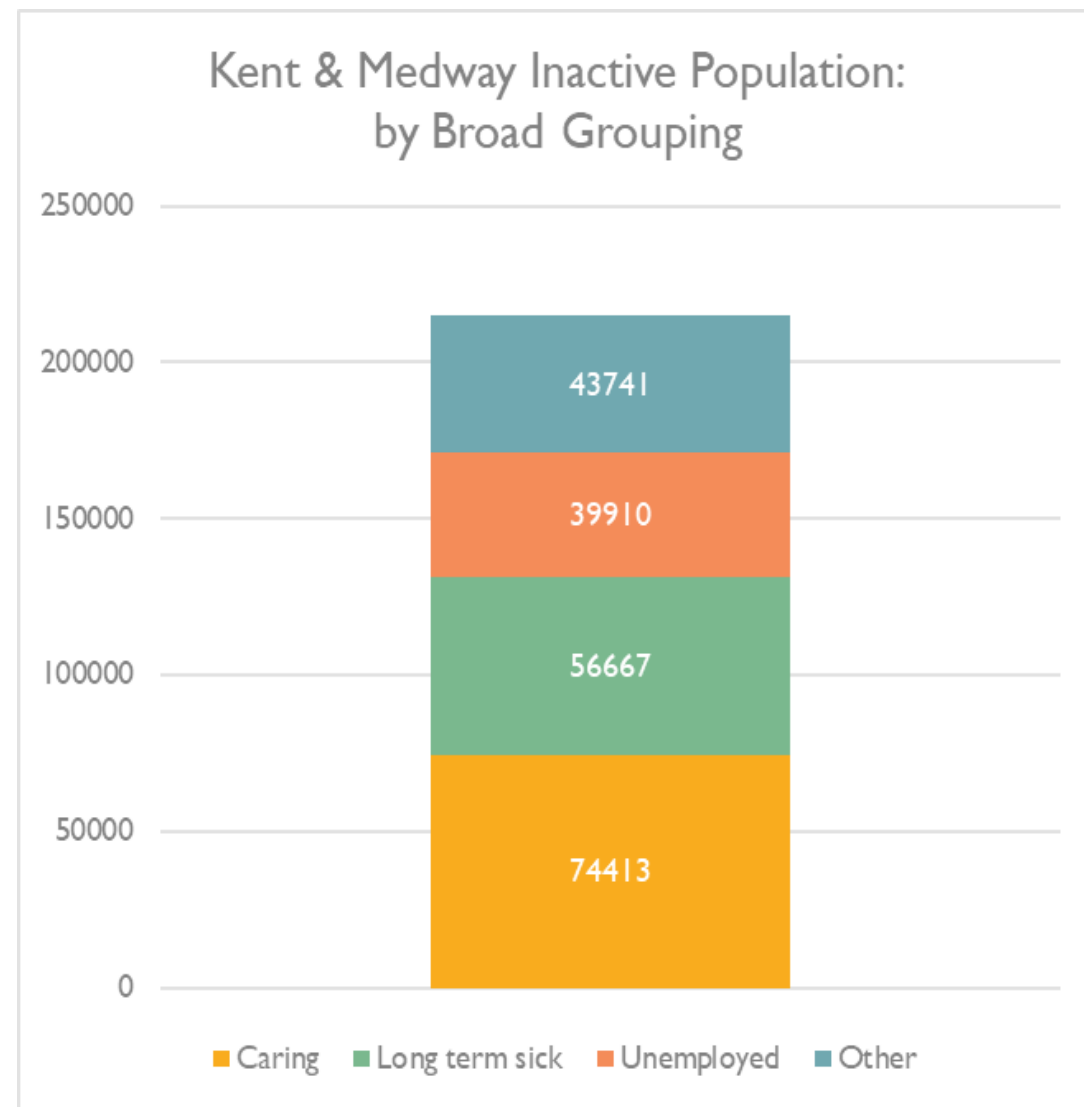
Demographic summary

1. Kent and Medway population = ~ 1.9 million people. Comparable to some metro areas (e.g. North East - 1.99m, West Yorkshire - 2.35m).
2. Data indicates more than three quarters (78%) of Kent's working-age population works and 80% of Medway's (due to younger population).
3. In 2021, the inactive and unemployed population over 16 in Kent and Medway amounted to around 630,000.
4. To understand what proportion of these can be targeted by the Get Britain Working Plan, discount retired population and students.
5. Produces a *"target" population* of 215,000.
6. But does not mean all this group able to work.



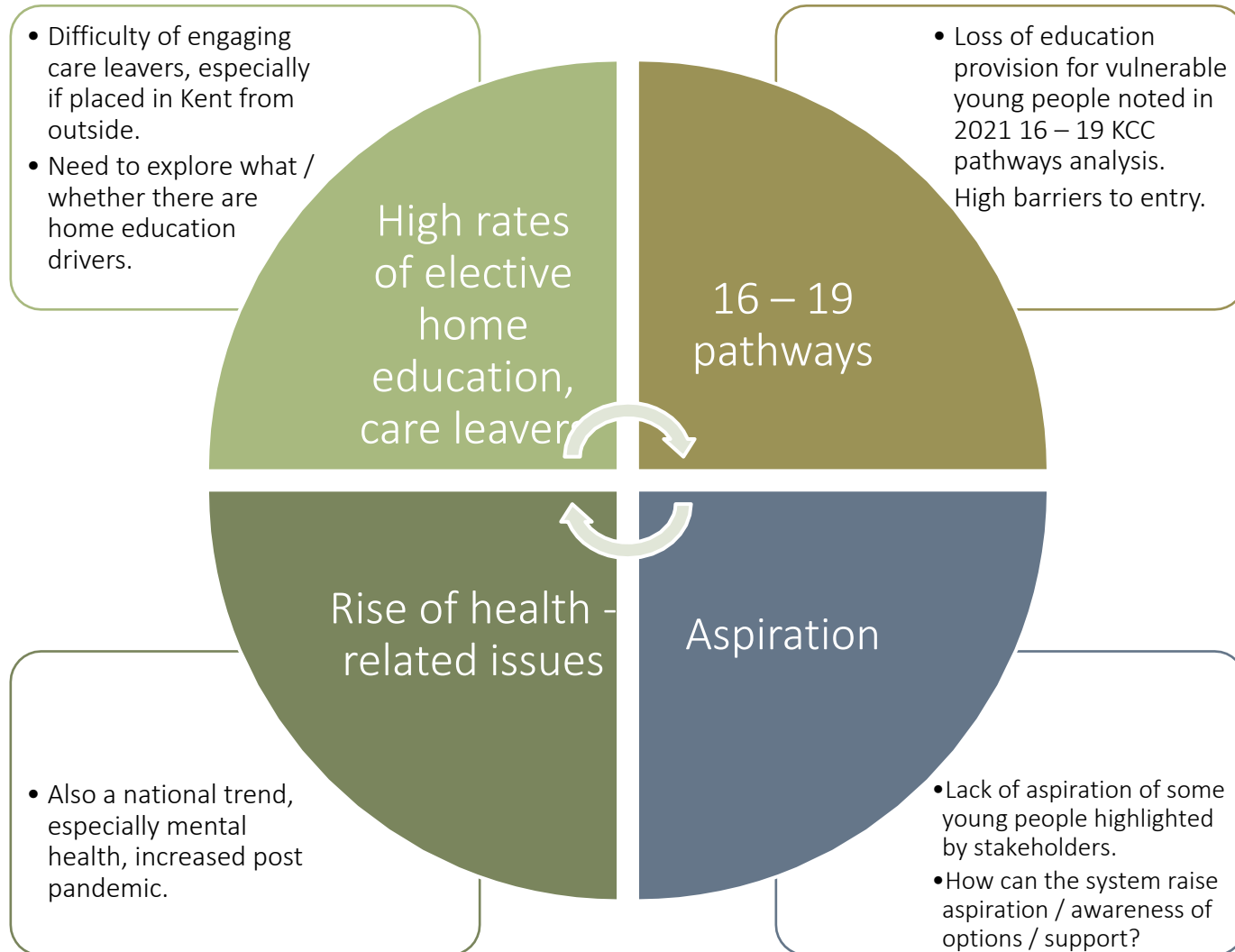
Which are the main inactive groups?

1. As previous graph shows, target population is spread evenly across the districts...
2. ...and, as shown here, across broad cohorts of:
 - *Caring*
 - *Long-Term Sick/Disabled*
 - *Unemployed*
 - *Other*
3. Largest cohorts being long-term sick (26%) and carers (36%)...
4. ... but also significant totals of *unemployed* and *other* inactive e.g. short-term sick, early retired.



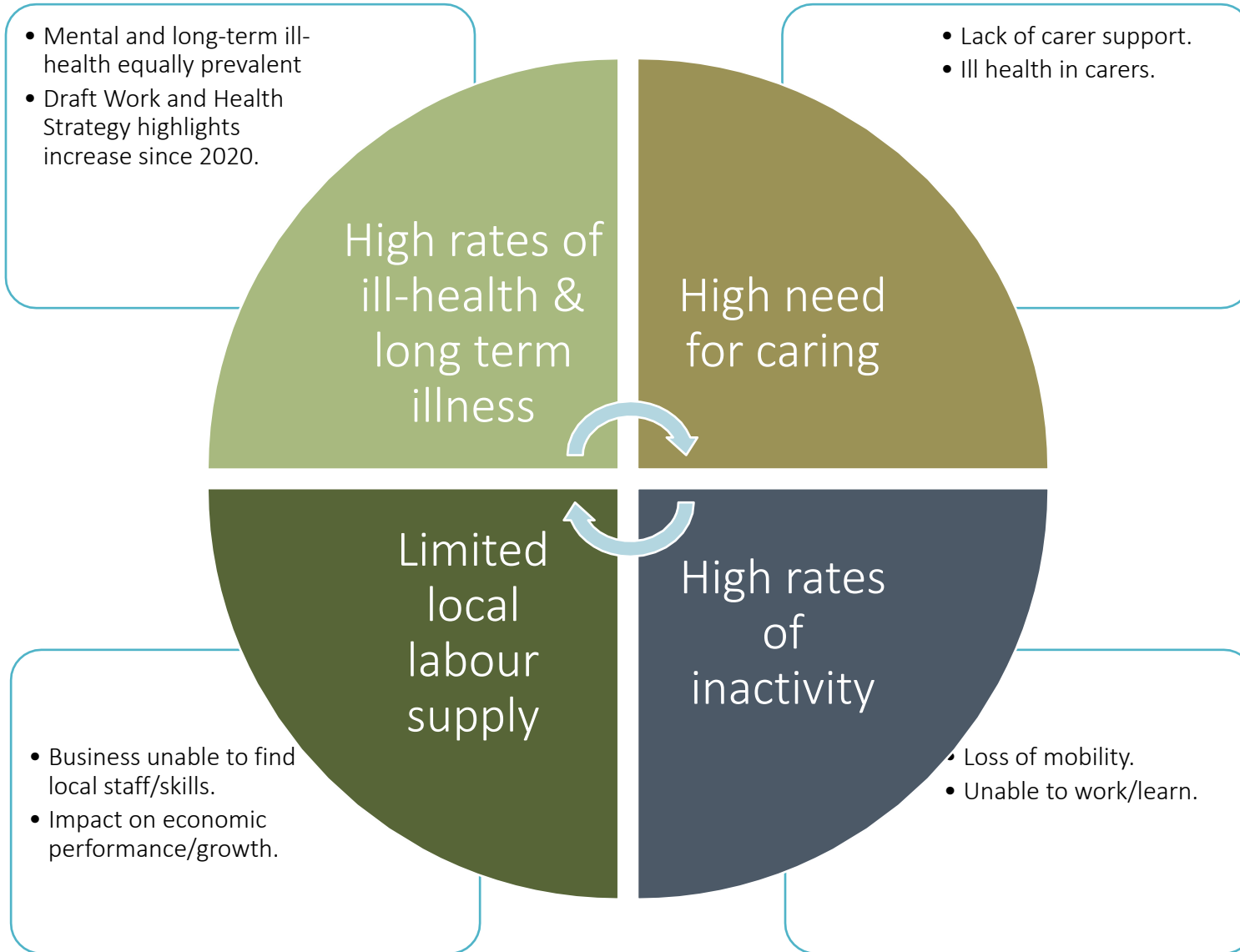
Supply and demand
side labour market
issues

Young people and inactivity



- 1,373 NEET in Kent in April 2024.
- Highest Kent NEET districts Thanet, Swale, Dover, Gravesham, Maidstone.
- High growth in NEETs in Medway.
- Kent has highest number of home educated of any LA area - increased by 50% in last 3 years.
- As demand rises, provision is falling...
- between 2018/19 and 2023/24, number of alternative providers has fallen from 42 to 18.

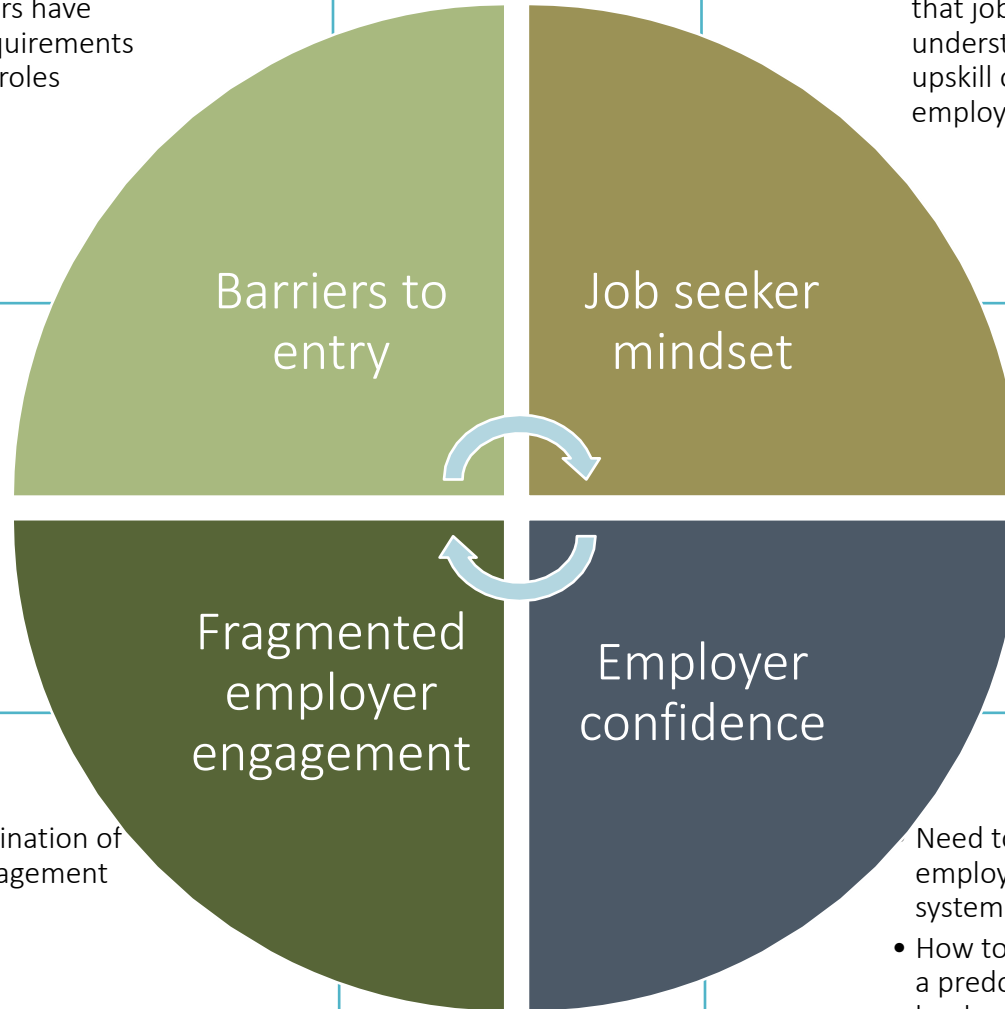
Health and inactivity



- Thanet, Dover, Folkestone, Swale highest rates of poor health.
- Thanet, Swale, Canterbury highest rates of long-term illness.
- Mental ill-health very widespread.
- While older retired population isn't counted in the target cohort, older populations may be more vulnerable to illness...
- ...meaning greater care needs.
- Emphasising the importance of high-quality health services.
- High numbers of unpaid carers in the community affects the economic vitality of the area...
- ...as well as the life opportunities for carers themselves.

Employer – potential employee gap

- Stakeholder views that some employers have overly high requirements for entry level roles



- Some stakeholders report that job seekers do not understand need to upskill or present as employable.

- Some of those we have interviewed have talked about how to help employers help people into work.

- Lack of co-ordination of employer engagement

- Need to demystify employment support system for employers.
- How to make this work in a predominantly SME landscape?

Wider determinants

- Wider determinants is a familiar concept in public health.
- By affecting health, they affect employment prospects. But some determinants directly affect ability to work as well.
- Examples include:



Housing. Social housing supply and private sector rent. Anxiety about housing affects ability to focus on employment.



Transport. Lack of transport options consistently cited as a barrier to getting to work, accepting work with anti-social shifts and for access to skills training.



Access to healthcare. Waiting lists and delays in getting GP appointments exacerbate the health economic inactivity driver.

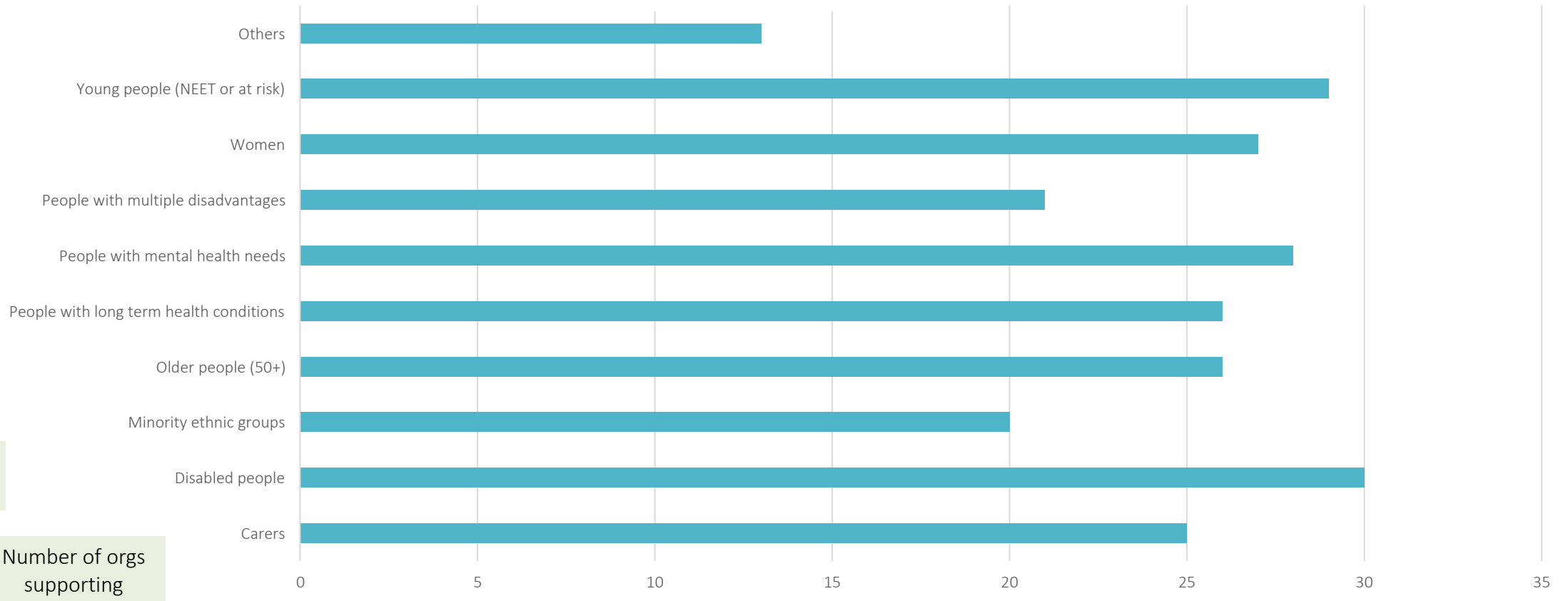
Summary labour market analysis

- Even with high employment rate, demographic size of Kent and Medway presents a challenge simply in terms of numbers needing support, while in many cases, resources and support structures are shrinking.
- Clear link between districts with best labour market profile and best socio-economic outcomes e.g. Sevenoaks, Tonbridge & Malling, Tunbridge Wells.
- Serious health issues stand out in coastal areas which suffer across all domains. Exacerbated by lower quality employment opportunities, very low skilled workforce.
- Indicative of 'spiral' of entrenched poverty where poor health limits ability to work, demands more care, limits social and physical mobility of cared for and carers, leading to social and physical isolation.
- Even in districts with the best socio-economic outcomes, there are hotspots of need – we understand this can be at a finer level than the ward data, so may be masked in statistics. This makes the support offer difficult when it is a localised issue without critical mass.
- Where labour market opportunities are poor, leads to brain drain, older population, more vulnerable to ill health.
- Within coastal group, Thanet stands out for ill-health (mental and general), low skills and low-quality employment.

The employment and skills system

Cohorts supported

- Questionnaire issued to key Kent and Medway stakeholders.
- 45 responses describing the support the organisations provide and views on the gaps and challenges in the current system.



Gaps in the system?

- There is a wide range of support from a lot of organisations.
- Discussion has identified some gaps:
 - E.g. lead carer with children aged 1 – 12.
 - E.g. short-term funding for much provision, with associated cliff-edges and challenges of delivering results quickly.
 - E.g. examples of interesting practice, but in pockets.
- But the key “gap” is how the system works together. This is not just about the constraints of rigid and time-limited funding – it is about, as a system, building and acting on knowledge of what the aggregate offer is.

Next steps – develop levers for change

Once the analysis has been refined, we will consider, with stakeholders, the levers for change. Areas to consider could include:

Local change – partners can influence now

- Link employment support to other local public service touchpoints (GP, housing).
- More co-location.
- Co-ordinated face to employers.
- Role of anchor institutions.

Longer term local policy shift

- “Good work” – economic growth plan?
- Raising aspiration – softer interventions?
- Commissioning as a system?

Change that needs investment

- tbc – but challenge partners to identify where extra focus can make a difference.

Other asks of government

- Building the employment and skills devolution ambition.

District inactivity overview

District	% Employment Rate (LFS)	Size of Inactive Target Group	% Size of <i>target group</i> relative to inactive total
Canterbury	67.9	16,373	25.4
Dartford	70.0	12,210	38.8
Thanet	71.2	19,397	34.8
Dover	71.3	14,479	32.3
Gravesham	71.6	13,390	39.0
Ashford	77.1	14,690	34.4
Swale	77.7	20,593	39.3
Tunbridge Wells	79.5	11,523	31.8
Medway	79.6	34,916	39.3
Sevenoaks	79.7	11,975	30.0
Maidstone	79.9	18,538	33.6
Folkestone & Hythe	80.5	14,172	32.7
Tonbridge & Malling	85.9	12,467	30.6