Get Hertfordshire Working Plan 2025-2035

Towards a Local Growth Plan

HERTFORDSHIRE FUTURES

Hertfordshire

Department for Work & Pensions

NHS Hertfordshire and West Essex Integrated Care Board

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Foreword

Hertfordshire is a county with enormous strengths. We are home to world leading sectors in life sciences, creative industries, digital technology and clean energy, and we are charting a course to become the UK's innovation heartland. Yet we are equally clear that growth only matters when it improves people's lives and creates opportunities that everyone can access.

There are around 130,000 working-age people in Hertfordshire who are economically inactive, of which 15,000–25,000 both want a job and might be able to work if key barriers were addressed. These barriers may include long-term health conditions, caring responsibilities, loss of confidence, or challenges with travel and local connectivity. Through our engagement with Jobcentre Plus customers, voluntary and community sector organisations, employers, and health partners, we heard consistently that people want to contribute, feel part of their communities, and access support that reflects their circumstances. Many told us they could work – and want to work – if the right opportunities, flexibility, and pathways were in place.

The *Get Hertfordshire Working Plan* responds to those voices. It brings together our public, private and voluntary sectors to build clearer, more connected routes into work, improve support for health and wellbeing, and strengthen the confidence and skills people need to thrive in a changing labour market. It recognises the importance of trusted local relationships, the role of community based support, and the need for flexible, personalised approaches – particularly for young people, those managing long term conditions, and adults returning to work after time away.

This Plan is also central to Hertfordshire's wider economic ambitions. Our *Economic Strategy* sets a bold vision for 2036: a high value, productive and sustainable economy where people, businesses and communities progress and thrive. Delivering that vision requires us to confront the real barriers people face today. Tackling economic inactivity is not only essential for productivity; it is fundamental to fairness, wellbeing and inclusion. It means enabling people to live independently, participate in their communities, build secure futures and benefit from the good jobs being created across the county.

The *Get Hertfordshire Working Plan* delivers the people-focused commitments set out in Priority 2 of Hertfordshire's *Economic Strategy* - Hertfordshire Works for Everyone. It aligns with wider efforts to strengthen digital connectivity, improve transport, support employers through economic change, and design future communities where access to work, skills and services is built in from the start. As Hertfordshire paves the way for a *Local Growth Plan*, this work ensures that considerations of access, opportunity and participation sit at the heart of our long term economic and spatial decisions.

Crucially, this Plan recognises that no single organisation can create change on its own. Success relies on deeper collaboration: between employment support and the NHS; between colleges, Jobcentre Plus and the voluntary sector; between employers and the communities they draw talent from; and between councils, transport providers and developers shaping Hertfordshire's future places. It also requires us to listen carefully, respond early, and act collectively.

Our shared Hertfordshire Pledge brings this commitment to life. Together, we will enable more people with health conditions to work, reduce the number of young people who are not in education, employment, or training (NEET), equip employers to support their workforce well, encourage progression in work, and improve access to employment across every part of the county.

We know the challenges are complex. But by acting together – and by aligning this Plan with the ambitions of our *Economic Strategy* and wider *Local Growth Plan* – we can build a Hertfordshire where more people feel able to contribute, to progress, and to thrive.

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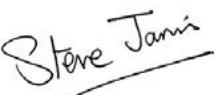
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Executive Summary

Executive Summary

Introduction

1   Following the publication of the *Get Britain Working White Paper* in December 2024 and subsequent guidance from the Department for Work and Pensions (DWP), the **Get Hertfordshire Working (GHW) Plan** was substantially prepared in summer 2025. Its development was led by a **Core GHW Group** (Hertfordshire Futures/Hertfordshire County Council (HCC); Hertfordshire and Essex Job Centre Plus (JCP); and Hertfordshire and West Essex Integrated Care Board (ICB)), with some support from SQW.

A **Wider GHW Stakeholder Group** – including voluntary and community sector organisations, further education colleges, independent training providers, district/borough councils, business representative groups and colleagues from HCC (including Public Health and Services for Young People) – worked with the Core GHW Group and provided important input throughout.

Approach

2   Using mixed research methods including data analysis, focus groups, consultations and two large scale surveys (of DWP customers and employers across Hertfordshire), 11 Research Questions (RQs) were considered in seeking to develop the GHW Plan. These were defined at the level of 'the local system'. They included matters that are core to the work and health agenda (and are recognised as such in various DWP publications) nationally.

The RQs also touched on place-related concerns which are locally specific but which both shape more general processes (e.g. the delivery of JCP support) and will ultimately need to inform a new Local Growth Plan. These different methods and perspectives were triangulated to frame the GHW Plan and define priority actions.

Context

3   Substantively, Hertfordshire fares reasonably well in terms of the core Get Britain Working metrics and its overall employment rate is already ahead of the national target. Across ten district/borough council areas, four are classified as '*affluent commuter belt*' by DWP; the others include '*representative agent*', '*high growth centres*', '*traditional affluent*', '*semi-rural Britain*', and '*trade towns*'. This points to the range of circumstances across the county.

4   Underneath the headlines are many examples of individuals who could be – and want to be – in work but who need some support. There are about **130,000 economically inactive people in Hertfordshire, as well as around 20,000 people who are unemployed** (an unemployment rate of 3.3%). We estimate that roughly **15,000 - 25,000 economically inactive people both want a job and might be able to work, if various barriers could be addressed**. These barriers typically relate to the nature and process of employment, and the evidence suggests that for many people (over half of all respondents from the survey of JCP customers), health concerns are a contributory factor. These in turn vary in character but mental health issues seem to be becoming more prevalent, particularly among younger people. For older adults, physical health conditions are also a factor.

5   Although there is some evidence of recent 'economic slackening', jobs are – in the main – available across Hertfordshire. However for those who are out of work, survey evidence suggests that **access to employment** can be challenging, in part because of the county's polycentricity (and poor east-west connectivity). With very high house prices and major pressures surrounding affordability, low-pay employment is often not enough on its own. **For individuals/families to thrive, there is also a need for progression in work.**

Understanding the supply side

6   Within Hertfordshire, Community Action Dacorum (CAD) has funding from the ICB (as part of the WorkWell programme) to complete 12 months' research into work and health provision across Hertfordshire, and to identify gaps. CAD will report in March 2026, and its findings will be key to the delivery of the GHW Plan.

7   Pending CAD's report, other strands of work provided insights into specific aspects of the supply side in Hertfordshire and how it is working. Overall, the 'system' is under some pressure. The role played by Jobcentre Plus is considered to be inconsistent locally while GPs and community pharmacists may in practice have limited regular contact with many economically inactive people and few discussions around the possibilities/options for returning to work.

8   Beyond this, there are 'layers' of initiatives and programmes which are not always strongly aligned (e.g. between the *Sector-Based Work Academy Programmes* and the priorities in the *Local Skills Improvement Plan*). New and future programmes (like *Connect to Work* and the *Public Health Prevention Investment Programme*) will need to function within the Hertfordshire 'system' and contribute to better outcomes.

In this context, the role played by the voluntary and community sector (VCS) is important, particularly in: building relationships, trust and confidence as individuals 'go on a journey' that might result in work; and facilitating multi-agency/partner responses (sometimes through multi-use community buildings). However again, VCS provision is considered to be patchy: there are local examples of outstanding practice, but coverage varies substantially from place-to-place. It is not always well joined-up and general awareness of it also varies.

9   In relation to the Youth Guarantee, it is currently unclear how many young people might need support – although estimates suggest around 2,000. The process of identifying specific young people in order to offer support (whether from colleges, JCP, health providers or employers) is under-developed currently and something that needs to be improved.

Employer perspectives

10   Overall, there are 61,000 employers in Hertfordshire. There was evidence of the lengths to which some employers have gone to engage and support people with 'chaotic lives' in work – in part because of labour shortages. Employers reported a recent 'slackening' in the labour market and so the opportunities (for individuals) and the imperatives (for employers) may be currently somewhat reduced (although very recent data from Lightcast suggests that the number of vacancies might have started to increase again).

However, employers across the county are increasingly managing workers with health conditions (particularly mental health conditions, and there is also greater awareness of neurodiversity). There is evidence that they do not always feel well equipped. There are already concerns about 'getting it wrong', and real nervousness about the consequences of the Employment Rights Bill (which is due to be enacted shortly). Nevertheless, in part because of Hertfordshire's sectoral structure, many employers have been willing/able to implement flexible working practices (with hybrid working commonplace) and this in turn has helped those with health conditions to continue to be employed. It is a contributory factor in relation to the high employment rate.

Place dimensions

11   Whilst the RQs pointed to systemic issues that will be recognised nationally, the specificities of Hertfordshire are important in shaping appropriate responses. The county has many medium-sized towns but no major cities and east-west connectivity is poor. There is also a substantial rural area. Access to work (and to any form of support) can be very challenging for those without the use of a car. Looking ahead, there are opportunities to 'design in' better provision for work (and access to/support in work) as major new developments (such as those at Hemel Garden Communities and Gilston) are planned, built and 'curated' (e.g. by effectively shaping the design of multi-use community facilities, and sharing learning across construction skills hubs).

Figure 1: Proposed Governance arrangements to deliver the GHW Plan

GHW Core Group
HF/HCC, JCP, ICB
> Meets monthly, at least for the first year
> Receives reports from each sub-group every quarter (so each sub-group reports four times a year)

GHW Wider Stakeholder Group
> Convened by HF/HCC, JCP, ICB
> Meets twice a year
> Receives reports on progess
> Provides a forum for consultation and engagement

Work and Health Sub-Group
> **Led by:** ICB
> **Membership:** HCC (public health), VCS, ERBs, FECs, UoH, GP reps., ITPs, Step2Skills, Skills and Employment Programme Board
> > Develops and delivers identified actions over two timescales (short term and medium term)

Young People and Youth Guarantee Sub-Group
> **Led by:** HCC (SfYP)
> **Membership:** Hertfordshire Education, Employment and Training Group (incl. FECs, UoH, VCS)
> Develops and delivers identified actions over two timescales (short term and medium term)

Employer Engagement Sub-Group
> **Led by:** DWP and HF/HCC
> **Membership:** ERBs, Hertfordshire Chamber of Commerce, UoH, FECs, Business Support and Enterprise Programme Board
> Develops and delivers identified actions over two timescales (short term and longer term)

Local Growth Plan/Strategic Planning Group
> **Led by:** HF/HCC – and eventually the strategic authority
> **Membership:** Local Authorities, Hertfordshire Growth Board
> Key focus on influencing wider processes and engaging at key decision points

Governance, actions and aspirations

12 Partners across Hertfordshire recognise that the preparation of the GHW Plan is the start of a journey and all are committed to sustaining a stronger dialogue over the years ahead.

13 A new set of governance relationships will be put in place (see Figure 1) to oversee the delivery of various actions and commitments. Two sub-groups ('Work and Health' and 'Young People and Youth Guarantee') will work especially closely to effect systemic change, mainly through better data, information and communication (including by building on the outputs from CAD's WorkWell mapping project).

A third sub-group ('Employer Engagement') will focus on the critical role of Hertfordshire's employers. A fourth will be more ad hoc in character but will ensure that the key themes from the GHW Plan are reflected fully in wider processes across Hertfordshire, not least the Local Growth Plan.

14 Instead of formal targets, there is agreement to a **Hertfordshire Pledge** – through which all partners will work together to secure better outcomes linked to employment in Hertfordshire.

Box 1:

The Hertfordshire Pledge

The 'Hertfordshire system' (public, private and voluntary sector) is committed to sustaining a stronger dialogue and working more effectively together to deliver the Get Hertfordshire Working Plan. This will:

> enable more people with health conditions to work.
> reduce the number of young people who are NEET across Hertfordshire.
> equip more employers to respond confidently and flexibly to the (health and other) needs of workers whilst also recognising business imperatives.
> encourage progression in work.
> improve access to employment across Hertfordshire, both now and in the context of future growth.

We have identified immediate and longer term priorities for Hertfordshire. By delivering these, we will make a positive contribution.

Report

1. Introduction and approach

1.1 This document presents the Get Hertfordshire Working (GHW) Plan. It has been developed by SQW, working closely with two groups of partners:

> **Core GHW Group**, comprising Hertfordshire Futures/Hertfordshire County Council (HCC); Hertfordshire and Essex Job Centre Plus (JCP); and Hertfordshire and West Essex Integrated Care Board (ICB).
> **Wider GHW Stakeholder Group**, including representatives from voluntary and community sector organisations, further education colleges, independent training providers, district/borough councils, business representative groups and colleagues from HCC (including Public Health and Services for Young People), as well as members of the Core GHW Group.

1.2 The Core Group has met monthly from March to September 2025 and the wider Stakeholder Group has met three times. Both have contributed materially to the development of the GHW Plan.

Context

1.3 The [Get Britain Working](#) White Paper set out a requirement for local Get Britain Working Plans focussed on 'reducing economic inactivity and taking forward the Youth Guarantee within local areas'. Subsequent guidance from DWP explained that the local Plans should:

> develop a **whole system approach** to tackling the **supply and demand side challenges within local labour markets.**
> cover issues related to **participation, progression, earnings and job quality** in the labour market – but focussing especially on **economic inactivity.**
> be reasonably **flexible**, in the context of two timescales
> · 12-24 months.
> · a longer term (10-year) perspective (aligning with Local Growth Plan timescales).
> be **completed** by July or September 2025.

1.4 In light of this, a guiding framework was developed for the Get Hertfordshire Working Plan. This is set out in Table 1-1 and it has been used throughout.

Table 1-1: Initial analysis framework

	Moving people into good work	**… keeping people in work**	**… and helping people progress in work**
Why this matters	> Concern over growing inactivity. > Longer time out of work makes it harder for people to move back in to work. > Local employers face challenges recruiting staff.	> People with health conditions are more likely to drop out of work. > Once people are out of work for one year, their chances of returning to work fall sharply, and more so if people have health conditions. > People moving from no work to employment can struggle to retain work.	> People are more likely to remain in work if they are earning and progressing. > People moving from 'not employed' to employable in key or shortage roles can support local employers to grow.
Key questions	> Which **population groups** are most likely to be / become inactive (characteristics, location, etc.)? Is there something distinctive about inactivity in Hertfordshire? > Is there any data to **explain changes** (e.g. waiting lists for services)? > What **services exist to engage people** (especially the inactive) and move them to work?	> Are there ways of **identifying people** who might be at risk of dropping out of work, and is **early intervention** possible when they do (how will Connect to Work be delivered locally)? > What **support** is there **for people** who are struggling/ thinking of dropping out of work? > What **support** is there **for employers** with employees who are struggling?	> What support is available for people once in work to **enhance their skills and earnings?** > What linkages exist between employment and skills interventions?

Source: SQW

1.5 In developing the GHW Plan, the intention was to start a journey – and a commitment to more dialogue and joint working – across and between both the **Core GHW Group** and the **Wider GHW Stakeholder Group**.

1.6 A 'map' of this system – as it exists in Hertfordshire – is summarised in Figure 1-1 below. For DWP (as the sponsor department), the immediate focus is broadly the right hand side of the graphic, much of which operates within national frameworks. It is this strand that sits most closely with the Core GHW Group.

Figure 1-1: Get Hertfordshire Working – key elements in the local 'system'

Wider local context ⟷ **Immediate national focus for GBW**

Encouraging employees to evolve employment practices

ERB

Hertfordshire's employers

Shaping wider local conditions*

Identifying appropriate work opportunities

Providing support to those returning to work

Aligning training to employers' needs

FE/ITP

Maximising the impact of the adult Education budget

Planning travel to learn

Signposting training and learning for workless people

HCC/HF

Responding to Fit Notes: job design

JCP (NCS)

ICS

Responding to Fit Notes: back to work support

Planning around health determinants/public health

VCS

Providing formal and informal employment support at a local/community level, including through VCS

*For example, by:
> developing an effective economic strategy
> designing locally appropriate transport and travel systems (inc travel to work and travel to learn)
> delivering strategic planning functions (with LPAs)
> facilitating the local provision of childcare

Acronyms
- ERB - Employer Representative Bodies
- HCC - Hertfordshire County Council
- HF - Hertfordshire Futures
- FE - Further Education
- ITP - Independent Training Providers
- JCP (NCS) - Jobcentre Plus (National Careers Service)
- ICS - Integrated Care System
- VCS - Voluntary and Community Sector

1.7 However for partners within Hertfordshire, the local context was (and is) important too – and the relationship between the national and the local is a priority. In practice, there are many different environmental and contextual strands that link to economic inactivity across a county which is large, polycentric (and without a dominant city) and predominantly rural. These range from the nature of (and prospects for) economic growth through to transport services to decisions about house building. These broader considerations will shortly be part of a Local Growth Plan and the intention was (and is) that the GHW Plan should be a formative element. The specific character of Hertfordshire cannot therefore be ignored.

1.8 Taking both perspectives into account, the GHW Plan was designed and situated at the 'system' level. However, there are many points within the system. In developing the Plan, the approach taken was to focus down on key points where the data indicated a need for further understanding and action.

Process and structure

1.9 Against this overall backdrop, the development of the Plan followed a staged process which in turn has shaped the structure of this document. The research began with a **review of available data** (summarised in **Chapter 2** and reported in detail in Annex A). This in turn helped to define a series of focussed **Research Questions (RQs)** (set out in **Chapter 3**) which were discussed with both the Core GHW Group and the Wider GHW Stakeholder Group before being finalised. The RQs were then addressed through various strands of primary evidence gathering, including: stakeholder interviews; surveys of both employers and Job Centre Plus customers; qualitative research with both employers and JCP customers; and focus groups with voluntary and community sector organisations.

1.10 In light of this research and evidence:

> **Chapter 4** considers how economically inactive people are currently supported into work in Hertfordshire.
> **Chapter 5** focusses on employers' perspectives.
> **Chapter 6** considers wider issues that are relevant in seeking to Get Hertfordshire Working.
> **Chapter 7** draws together some conclusions by reflecting back on the Research Questions.
> **Chapter 8** then sets out key actions and the governance arrangements which will be put in place to oversee the next stages of delivery.

2. Economic inactivity in Hertfordshire – headline analysis

2.1 Within the Get Britain Working White Paper is a series of outcome metrics. Baseline conditions in Hertfordshire are considered in relation to these metrics and summarised in the table overleaf. A more detailed analysis of data is presented in Annex A. Taking both together, the key findings may be summarised as follow:

> overall, **Hertfordshire has a high employment rate at 80.1%**; it is close to (but slightly higher than) the rate that has been set as the national target in the Get Britain Working White Paper.

> **there are currently about 130,000 economically inactive people (aged 16-64) in Hertfordshire.** Of these, around 29% are students; 28% are 'looking after family/home'; 17% are 'long term sick'; and 10% are retired. The incidence of long term sickness has risen substantially over the last ten years.

> among those who are economically inactive, **we estimate that there are 15,000-25,000 individuals who 'want a job' and might be able to work if various barriers are addressed**. This is a key statistic in terms of the Get Hertfordshire Working Plan – and identifying ways of appropriately supporting those 15,000-25,000 people will be a priority.

> compared to elsewhere, Hertfordshire's challenges are less acute. However, three important points also need to be made:
>   • **issues around worklessness continue to be very problematic indeed for many individuals and their families** (and for particular communities at a localised level).
>   • **many of those who are in work experience poverty** because of the high cost of living locally – hence **progressing in jobs (also a key theme for local Get Britain Working plans) is really important**.
>   • **employers struggle to recruit and retain staff** in a very tight labour market.

> since around 2018 the trend in the level of inactivity in Hertfordshire has broadly followed national patterns. However, the data suggest an increase since the pandemic which may have been at a faster rate than the national average, although with a sharp decline in the last year (which may or may not be 'real' and could reflect data limitations).

> overall, **the incidence of economically inactive people in Hertfordshire who 'do not want a job' has been reasonably steady** (in absolute terms and as a percentage of those who are economically inactive) over the last 20 years. There was a notable uptick in 2022 and 2023 (in the immediate aftermath of the pandemic) but the data for 2024 appear to signal a return to 'normal' levels.

> **it is very difficult to break this data down further** – either spatially or by age or any other characteristic – as there are major issues around robustness and reliability, etc. However, **DWP's classification of local authority areas by labour market type** is intriguing: it suggests that across Hertfordshire, four districts are categorised as 'Affluent commuter belt', two as 'Representative agent' and one each as 'High growth centres', 'Traditional affluent', 'Semi-rural Britain' and 'Trade towns'. These categories are not altogether helpful (and the labels are misleading). The detail is also hard to reconcile with what we know locally. However the categorisation at least points to the fact that there is variation across Hertfordshire.

> we know from national and other evidence that (a) the population is getting sicker and (b) there is a very strong correlation between work and health (including mental health) – and hence major implications for the NHS, although the link to NHS waiting lists appears less than might have been expected. We also know that once people are outside the labour market, re-entry is very challenging for a host of reasons. People who are economically inactive and in poor health/managing a health condition are often not in touch or approached by employment services, and there is little systematic support to facilitate adaptations to work/jobs in light of health conditions which are becoming more prevalent. This is all very challenging in terms of different metrics of economic inclusion and broader well-being.

2.2 Overall, the agenda surrounding worklessness and employability is clearly shaped by 'the context that is Hertfordshire' – i.e. essentially a local economy that is growing relatively quickly in which employment rates are high, but the cost of living is also high (noting, for example, that housing affordability (relative to earnings) in St Albans district is amongst the worst in the UK, outside London). For those who fall out of work, the challenges observed nationally apply in Hertfordshire; and the risks may actually be higher, because of the cost of living (in terms of housing but also more generally).

2.3 Unlike some places in the UK, worklessness does not arise because there is an absolute lack of employment opportunities; instead there continue to be unfilled vacancies and recruitment and retention are widely cited as issues by employers. However access to work can be challenging given Hertfordshire's polycentricity and the particular difficulties of east-west travel (and travel from rural communities). In parallel, employers face issues recruiting; they should therefore have an interest in attracting, retaining and developing their workforce. Many of those in low pay employment struggle to afford to live – so progression in work is a priority. Finally, we know that jobs are changing quickly and many low pay jobs could disappear through automation, creating another layer of vulnerability.

Table 2-1: Get Britain Working outcome metrics – key findings for Hertfordshire

DWP outcome metric	Description	Key findings for Hertfordshire	Trends over time
Employment rate	The number of people aged 18 to 66 in employment divided by the population aged 18 to 66.	In 2024, Hertfordshire's employment rate for those aged 16-64 was 81%, which was above the rate for the East of England (78%) and England (76%).	The employment rate in Hertfordshire has remained fairly consistent since 2016 (with figures in the high 70s).
Local variation in employment rates	Employment rates (i.e. the number of people aged 18 to 66 in local authorities, defined as unitary local authorities/local authorities counties [sic] in the UK, their distribution and gap between the bottom 10% and median.	In 2024, among Hertfordshire's 10 districts, the employment rate for those aged 16-64 was highest in Dacorum (90%) and Watford (85%) and lowest in Hertsmere (67%) and Welwyn Hatfield (74%).[1] As a comparison, and to demonstrate the volatility in the data, in 2023, the employment rate was 74% in Dacorum, 81% in Watford, 71% in Hertsmere, and 80% in Welwyn Hatfield.	There is a lot of 'noise' in the District-level data so it is difficult to discern either patterns or any trends.
Female employment rate	The number of women aged 18 to 66 in employment divided by the number of women in the population, aged 18 to 66.	In 2024, the female employment rate in Hertfordshire was 78%, compared to 74% in the East of England and 72% in England.	The female employment rate has fluctuated over time but has generally been on an upward trajectory since 2013, reaching a 20-year high in 2024.
Real earnings amongst non-retired households (all ages)	A component of real household disposable income (RHDI). We look at wages and salaries, imputed income from benefits-in-kind and self-employment income in households of non-retired individuals. Additional focus will be on households in the bottom half/lower 50% of the income distribution.	Whilst there is no directly comparable metric available at local level, resident and workplace earnings (measured by median weekly pay for those employees working full time) are above those for the East of England and England as a whole.	Resident and workplace employee earnings have increased since around 2014 (in nominal terms), with resident earnings consistently above workplace earnings. In 2024, at a county level, median FT employee gross weekly pay was £851 on a resident basis and £785 on a workplace basis. Whilst there was variation at a district level, in nominal terms, resident earnings increased by 42% between 2014 and 2024 and workplace earnings increased by 43%; both increases were slightly higher than the national average.

1. The data should be treated with caution due to year-on-year volatility.

DWP outcome metric	Description	Key findings for Hertfordshire	Trends over time
Employment among parents aged 18 to 66 **(a) the employment rate gap between lone parents and parents in a couple** **(b) the percentage of coupled families where at least one parent is out of work**	(a) the difference in the employment rate of lone parents and parents in a couple. The employment rate of lone parents is calculated as the number of lone parents in employment divided by the number of all lone parents. The employment rate for parents in a couple is calculated as the sum of fathers employed in couple and mothers employed in a couple divided by all parents in a couple. Both are relevant for families with people aged 18 to 66.	Whilst data on parental employment is not available at a local level, as a proxy, in 2023, 1.3% of households with dependent children were workless, 13.1% were mixed and 26% were working. This compares favourably to England, where 3.3% of households with dependent children were workless, 12.2% were mixed and 23.2% were working. The lower level of workless households and higher level of working households might reflect the availability of employment opportunities in Hertfordshire.	Since 2013, the proportion of working households seems to be on an upward trajectory, whilst the proportion of mixed households has fluctuated and the lower proportion of workless households has remained fairly stable.
Health related economic inactivity rate	Number of people aged 18 to 66 who are economically inactive due to being long-term sick divided by the 18 to 66 population.	In 2024, 17% of all those economically inactive were inactive due to a long-term health condition, compared to 24% in the East of England and 27% in England.	Economic inactivity due to long-term sickness increased between 2014 and 2022, but appears to have fallen in the most recent data.
Disability employment rate gap	The difference in the employment rate of people, aged 18 to 66, who report they are disabled as defined by the Government Statistical Service (GSS) Harmonised Standard, and those who do not.	Between April 2013 and March 2024, the disability employment gap in Hertfordshire was 28 percentage points (p.p.) compared to 26 p.p. in the East of England and 26 p.p. in England.	The disability employment gap has fluctuated over time but has remained between 25 and 30 p.p. between 2015/16 and 2023/24.

DWP outcome metric	Description	Key findings for Hertfordshire	Trends over time
Proportion of 18 to 24 year olds not in education, employment or training, supported (NEET) by an increase in the proportion of 16 to 21 year olds in education or a job with training	This is the key national measure of economic inactivity among young people.	> Whilst data for NEET rates of those aged 18-24 is not available at local level, we have reviewed two proxies: > 44% of 16-24 year olds were economically inactive in Hertfordshire in 2024, compared to 43% in the East of England and 42% in England. Many economically inactive young people are students. > Overall, 781 young people aged 16-18 in Hertfordshire (2.6% of the cohort) are NEET. The percentage is highest in Dacorum and Stevenage (in both cases close to 3.5%) and lowest in St Albans and Three Rivers (around 1.8%) [based on data provided by SfYP, HCC]. > As of April 2025, there were 3,635 claimants aged 18-24 in Hertfordshire; this was 16% of all claimants aged 16-64. The proportion of claimants aged 18-24 (as a percentage of all claimants) was highest in Stevenage (19%) and lowest in Watford and East Hertfordshire (both 13%). > JCP data on UC claimants suggest that the highest incidence of young people aged 18-21 on UC was in Watford, followed by Hatfield and Dacorum.	Economic inactivity among 16-24 year olds has fluctuated over time but has risen year-on-year since 2019. Claimant count data shows a sharp rise during the Covid pandemic before dropping off, but has increased again in recent years.

Source: Annual Population Survey, Annual Survey of Hours and Earnings, Department for Work and Pensions, Department for Education, plus local datasources

3. Research Questions to inform the GHW Plan

3.1 In light of the analysis summarised in Chapter 2, eleven research questions were identified in discussion with the Wider GHW Stakeholder Group and agreed with the Core GHW Group. The rationale for them, and the research methods/sources through which they were subsequently considered, are set out in Table 3-1. Broadly, the early questions relate to the 'core GBW' agenda (mapping onto the right hand side of the 'system graphic' at Figure 1-1 above) while the later ones are defined specifically around Hertfordshire's spatial/economic context (i.e. the left of Figure 1-1). The later questions are especially important in relation to the emerging Economic Strategy, possible revisions to the Local Skills Improvement Plan and to the forthcoming Local Growth Plan.

Table 3-1: Areas of focus – research questions

Key Research Questions	Rationale	Methods and sources
Q1: What steps could be taken to engage and support those with **long term conditions** (who are not on waiting lists) into work, and to keep them in work?	This is the group which may not be 'touched' often by the health or benefit systems, and is very unlikely to be a focus for current employment support. Therefore the group is largely invisible. However, some individuals will want to work and of those, some will think they can work with the right support.	> Survey of DWP customers. > VCS focus groups (noting that the VCS also engages with this group and may be able to shed light on the barriers). > Consultations with GPs and pharmacists.
Q2: How well is **employment support linked to those receiving mental health support?**	The growing prevalence of mental health issues is thought to be a key driver of sickness-related inactivity. Addressing mental health issues should enable people to move back towards work and so opportunities exist to support this journey by joining up health and employment services. [Note this also applies to Q3]. Existing IPS programmes and the forthcoming Connect to Work programme would expect to target this group.	> Data/evidence on mental health waiting lists and support. > Interviews with key agencies to explore how well the integration of support is working and if further joining up is required.

Key Research Questions	Rationale	Methods and sources
Q3: What support is available to help the **growing number of NEETs** engage with the labour market, recognising in particular growing concerns in relation to mental health?	Economic inactivity appears to have risen quickly among those aged 20-24. Mental health issues have also risen, and anecdotally the two are related. In relation to the Youth Guarantee, these considerations are really important.	> Discussions with FE Colleges and HCC's Services for Young People team.
Q4: What is the role for the **VCS** in helping **'the system' to work more effectively?**	The VCS plays a key – if sometimes 'invisible' – role in relation to issues surrounding employability and often it is VCS organisations that are best connected to those at the margins of employment. It would be useful to understand how the VCS engages with other parts of 'the system' and what potentially small steps might be taken to increase overall effectiveness. This may well relate to awareness and communications, but it would be helpful to understand more, given the aims of the GHW plan. *Note that the issue here is not mapping these organisations (which is the work that CAD is completing in the context of WorkWell), but understanding better how they work together.*	> Focus group discussions with VCS organisations. > On-going dialogue with Community Action Dacorum and Community Action Broxbourne and East Hertfordshire; these organisations are delivering a WorkWell project which is mapping provision. > Survey evidence from DWP's customers.
Q5: Is access to **caring provision** (especially **affordable childcare**) a particular cause of inactivity in Hertfordshire – and what might be done in response?	The data highlights an increase in inactivity due to caring issues. We also know that children in workless or mixed households are more likely to be in poverty. Anecdotally, we know that childcare in Hertfordshire is expensive and often also in short supply. The implication is that it may be a barrier to employment, particularly for parents who are not surrounded by an extended family network. Understanding the extent of the problem and the solutions that could be put in place would be helpful.	> Discussions with both employers and VCS bodies, and Hertfordshire County Council Early Years Service. > Consideration of childcare issues through the DWP customer survey and through employers' surveys.

Key Research Questions	Rationale	Methods and sources
Q6: How can employers be better supported to **retain their workforce?**	It is likely that the largest flow of people into inactivity is from people in work (even more so than those in work but on sickness absence). Therefore, how can employers and the health system work to identify these people and intervene before they become inactive?	> Employers' survey and follow-on interviews.
Q7: Given high employment rates, **how might progression be encouraged** in Hertfordshire?	Hertfordshire is a very expensive place in which to live and those in low wage employment struggle. Data show that resident earnings are consistently above workplace earnings, suggesting those who live and work in Hertfordshire earn less than those who commute to workplaces outside the county. Encouraging progression in work is therefore very important.	> Conversations with employers, FE Colleges and training providers.
Q8: What are the implications of the **changing nature of jobs /sectors** for economic inactivity and progression in Hertfordshire?	Jobs are changing quickly. The adoption of AI and trends towards automation present particular risks for those in many low pay jobs and sectors – both now and in the future. This is a risk that needs to be understood better and, responses need to be developed.	> Discussions with employers and FE providers – linking to the LSIP and the emerging Economic Strategy.
Q9: What is the link between **local transport services – especially buses** – and both economicactivity and progression in work?	Hertfordshire is a polycentric county on the edge of London. Public transport services on north-south routes are generally good (if busy and expensive). They are much less good east-west. They are also less good in predominantly rural areas. Bus services are likely to be especially important in terms of access to work, etc. The links between transport, work and progression in work are important and need to be understood better.	> Discussions with employers and wider stakeholders. > Review of transport data where possible.

Key Research Questions	Rationale	Methods and sources
Q10: How might economic activity be designed into **major new developments in Hertfordshire?**	Across Hertfordshire, significant growth is planned. There is an opportunity to influence housing and other development schemes so that 'good access to work' is designed in from the outset – making high employment rates more likely over the long term. Early thinking in relation to links between development and employability would be a useful input into the forthcoming Local Growth Plan. It would also provide a distinctive Hertfordshire 'flavour' to the GHW Plan. This is situated firmly at the left hand side of Figure 1-1, but it is important nonetheless.	> Discussions with East Hertfordshire District Council (focussed on Gilston).
Q11: What is the nature of **spatial variation across Hertfordshire** in the nature and consequences of worklessness?	Hertfordshire is a county of 1.2 million people across ten local authority districts. In the south it is 'London fringe' in character – and the south west is generally more prosperous than the south east (although the functional urban area of Watford is of city scale and ought to be considered separately). Further north, it is more rural, with stand-alone towns, none of which is of city scale, and many smaller communities. Although hard to discern from the data, the extent of worklessness is likely to vary across these spatial contexts, while the solutions to worklessness and employability challenges may also be different. The insights from this assessment would be very helpful in relation to the emerging Economic Strategy and the emerging Local Growth Plan – as well as the GHW plan.	> Analysis of secondary data. > Analysis of qualitative evidence and data derived from consultations and surveys.

4. Supporting people back to work: understanding the aspirations of local people and the local system

Introduction

4.1 This Chapter focuses on Research Questions 1-5 as set out in Table 3 1. These may be considered through the lens of:

> economic inactivity and health

> young people (NEETs) and the Youth Guarantee

> caring responsibilities (especially childcare)

Economic inactivity and health

CP customers' feedback

4.2 Before turning to how the system is working at present we first report the key findings from the survey of JCP customers. A more detailed write up of the findings is in Annex B. These findings are important as context as they show the target population for the Plan, their aspirations and the types of support that they think that they need.

4.3 We highlighted in Chapter 2 the national and local trends on ill-health and economic inactivity. The survey conducted with Jobcentre Plus customers in Hertfordshire reinforced many of these issues. Focussed on people on the health pathway, it found:

> **most respondents said that they were currently not working for health reasons**, with 50% reporting long-term sickness and 20% temporarily sick.

> across all respondents, **29% were in receipt of health related benefits**, showing how health is affecting a range of out of work people.

> **barriers to employment vary by age**: among younger respondents (18–34), mental health (57%) and lack of work experience (24%) were key challenges, while older individuals (45+) were more affected by physical health (70%) and age-related concerns (18%).

> of the 29% in receipt of health related benefits, **just under half (48%) reported that they were currently on a waiting list or awaiting treatment for a particular condition**, while 52% said they were not. For example, two of the interviewees at Jobcentre Plus had arthritic conditions which were being addressed but would require some adaptions in work or could restrict their options.

> **of those on a waiting list, half said they could return to work after receiving treatment.**

4.4 This reinforces the wider finding reported above, that **to address inactivity requires adopting an approach to health needs beyond simply those on waiting list**. This is further highlighted in the survey responses where as well as support with their health conditions, respondents also reported a need for support with confidence, travel, caring responsibilities, skills and applying for jobs.

4.5 In practice, support needs will vary for different people and different population groups. For example, in the survey, young people (18-24 years) were much more likely to have never worked before (59%) compared to the rest of the population, and almost half (48%) of those aged 55-64 years last worked more than 10 years ago, while 33% had worked in the last 12 months. This latter group is likely to be closer to 'work ready' and require less and different support from those who have not worked/been out of work for much longer. This was reinforced by the small number of interviews we did in Jobcentre Plus, where at times older people although interested in returning to work doubted they had the skills/were attractive to employers.

4.6 Positively, **a range of survey respondents indicated that they did think they could return to work**. Even accepting possible bias in the response (as it was conducted through Jobcentre Plus), it is encouraging that 18% of respondents felt they could work now if the right job was available, 11% if the right support was in place and a further 6% if flexible working was available. Conversely, 58% said they could only work if their health improved or barriers were addressed, and 6% did not think they could work again.

4.7. **Overall these results are somewhat different from the response to the national DWP survey (i.e. more positive)**. This may reflect different methods, but even so it does indicate a good number of people who although out of work would want to return and could be able to do so with some support. Individuals aged 18–24 were the most likely to say they could work now if the right job was available (30%), compared to 15% of people in all other age groups.

4.8. **Job aspirations were generally quite modest**. The most popular choice was administration, selected by 24% of respondents. Retail trade and hospitality followed at 14% and 11% respectively, with construction also attracting 11%.

Understanding current provision

Likely insights from CAD's WorkWell project

4.9 A detailed mapping of the supply side was underway in advance of DWP's request for a Get Hertfordshire Working Plan. This had been commissioned through the Hertfordshire and West Essex ICB from Community Action Dacorum (CAD); it is due to report in early 2026. The objectives of CAD's project are set out in Box 4-1 below. As part of the mapping of local support, CAD is gathering information on the barriers people face, both in terms of entering employment and accessing services. It will provide a resource which people can access and so find suitable local provision, most likely being hosted on the Herts Directory website.

Box 4-1:

CAD's WorkWell Project

The work being undertaken by CAD – which is due to be completed by March 2026 – will:

> help to ensure buy-in from key stakeholders to establish an ICS-wide Work and Health Partnership, which should include LAs, GPs and the primary care system, wider NHS, DWP/Jobcentre Plus, voluntary and community organisations and employers.

> engage strategically with the leadership of the Integrated Care Board and the Integrated Care Partnership, as well as the Joint DWP and DHSC work and health directorate.

> drive the Work and Health Partnership across the ICS to have a full understanding of population work and health needs, mapping existing work and health provision, gaps and assets, and opportunities for greater integration to ensure improved outcomes.

> ensure health inequalities and digital inclusion are considered as part of the work and health agenda.

> develop a service integration delivery plan, including the work and health measures announced in the Spring Budget, and making links with other opportunities, including the levelling up and the devolution agenda.

> identify system readiness to be a WorkWell vanguard, and, where applicable, be the lead for working with LAs and wider partners to develop proposals for the grant funding process for WorkWell vanguards.

> work in collaboration with OHID Regional Work and Health Advisors, who will be appointed as part of the WorkWell national support offer, to support shared learning across ICSs about cross-system integrated approaches to work and health.

Source: Letter from Joint Work and Health, Directorate, Department for Work and Pensions and Department of Health and Social Care to ICB confirming funding

Perspectives on current provision

4.10 The GHW Plan was developed in parallel with CAD's on-going work, adopting a qualitative view of the current system and considering how the mapping could add to and shape future working. It found that there is a range of strong provision already in place across Hertfordshire. Key elements are described in the paragraphs that follow.

4.11 Provision includes **core offers from Jobcentre Plus and HCC**, which both also work with and through **four local colleges and the VCS**. This provides a spectrum of support from, to simplify, the VCS engaging and supporting people who are some distance from being work ready, to support from Jobcentre Plus and the colleges. The latter are more heavily focussed on those closer to work by offering help with job applications and specific skills/certificates (building on their wider offer and facilities). **Sector-Based Work Academy Programmes** (SWAPs) were also highlighted as providing tailored training and job search support, funded through DWP. One area for development in local delivery is to better align the courses being delivered to the sectors identified in the Local Skills Improvement Plan.

4.12 **There were mixed messages about the role Jobcentre Plus plays in the local system**. There are examples of people being signposted by a Work Coach to college provision and the VCS (and JCP has at times funded wider provision locally). In addition, SWAPs provide training and support to unemployed people focussed on specific key local needs. However, there was also frequent feedback about the inconsistency of Jobcentre Plus engagement over time and across offices. This might reflect wider pressures and staff changes in Jobcentre Plus over recent years, but it suggests one area where the system might work better/more consistently.

4.13 Provision is also being enhanced further:

> **Connect to Work** is being rolled out. This is a DWP funded programme which is being managed locally by Hertfordshire Futures' Step2Skills service through direct delivery and a network of local VCS organisations. There is expected to be support for over 1,000 people per year from 2026. It is focussed on out-of-work people (but up to 15% of participants can be in-work but struggling) with a health or disability issue or from one of a series of disadvantaged groups.

> HCC's Public Health Directorate has allocated £1m of the **Public Health Prevention Investment Programme (PHIP)** to be delivered over the next 2-3 years for interventions to address the main causes of people being out of work or at risk of leaving work due to ill-health. The focus is likely to be on people with mental health and musculoskeletal issues, which local data suggest are the most common barriers. There is also concern that people who are in employment may be experiencing mental health issues, which could become barriers to them working in the future. The exact nature of PHIP-funded delivery is yet to be decided. It is likely to be delivered in different parts of the county, but perhaps not county-wide and with different areas of focus in different places. As such it may act as a series of pilots for something that could be scaled up and made more widely available if more funding becomes available.

4.14 **These two programmes, from very different sources, represent a potential step change in local support for economically inactive people in Hertfordshire**. There has been a perceived gap as the national **Work and Health Programme** was run down and the lottery-funded **Building Better Opportunities (BBO)** programme ended. To maximise the effectiveness of this new provision, it will be important that they complement each other and work with the existing infrastructure to identify and attract suitable participants.

4.15 The majority of Connect to Work participants will receive support following the Individual Placement and Support model. This follows a 'place and train' approach and so often is most effective with those who are more employable. It leaves two important questions: how to reach, engage and support those who are further away from work; and how to ensure people are referred to the right provision (including Connect to Work or other provision) at the correct time, and if appropriate move between provision as they progress?

4.16 Given the acknowledged pressures on health services and challenges that have been seen elsewhere in generating referrals from primary care to the IPSPC programme (a series of around a dozen local pilots which preceded Connect to Work), it may be that the PHIP activity can provide an enhanced health support and referral offer to sit alongside Connect to Work.

Perspectives from the VCS

4.17 VCS organisations engaged through this process provided key messages about the types of support people need and how the system is working currently:

> - **VCS organisations play a key role** in building relationships, trust and confidence to support people to go on a journey:
>   - **people often approach the VCS at a time of crisis** – housing, debt, benefits issues – and employment support comes much later and only once the initial issue has been resolved.
>   - **why individuals approach a specific organisation** might reflect a combination of locality (they are close by), the issue they face (as people search for support on a specific issue) and more general marketing by organisations. A common message was about the time and costs of marketing and ways to improve the pathway so that people know which organisation to approach.
>   - **creating a safe space and building trusted relationships takes time**. People often come in with one issue, and once trust is built, it opens the door to wider support often including skills and employment development. Indeed, one of the Jobcentre Plus interviewees explained that while she wanted to work she was 'scared to ask for help' given previous bad experiences – highlighting the challenges of engaging some of this group and the loss of confidence that they can suffer.
>   - **often mental health and other support is needed before employment support, or even before people will consider thinking about employment**. This is often not clinical level mental health (although it can be) but people do need support to ensure that their lives and mindset are 'in the right place' before work becomes an option.
> - There are **barriers** which work against this journey:
>   - VCS organisations feel underfunded and funded only for the short term which limits capacity and creates a risk to provision going forward.
>   - referrals to other programmes or organisations are not paid for, so organisations 'hold on' to people to secure funding (rather than pass them on).
>   - the previous BBO programme was well regarded in supporting working and referrals across organisations, but this was externally funded and has now closed down.

4.18 Given this feedback, the example of the **South Hill Centre** in Hemel Hempstead (which was mentioned frequently) is interesting. It provides a space where a range of organisations come to meet people/deliver services. The facility is managed by a charity, which also acts as a facilitator, creating links between the organisations which use the building and the people who come there. This type of multi-agency working and co-location was viewed as something to be built upon and replicated more widely.

Perspectives from the primary care sector

4.19 The feedback from key actors in primary care highlighted some of the wider challenges around reaching people who are not working. **GPs** were aware through their own experiences of an increase in requests for **Fit Notes**, to designate people as not able to work. They report people becoming clearer about what they wanted and more forceful in this, and this is happening at a time when GPs are under wider time pressures and more appointments are taking place online. Therefore, **they saw limited scope to reduce the flow of people into inactivity in the current system**. There are some training resources available for GPs and these might help, but probably only at the margin.

4.20 After people receive their Fit Note, they may have limited contact with the GP, depending on their condition. For others, their key point of contact with the health system will be a **Community Pharmacy**. The Pharmacists interviewed recognised this group and reported that they can build long-term relationships with them as a trusted source of support and advice. Both the GPs and Pharmacists could think of cases where they had built relationships with people and had been asked about (or even raised the idea of) a return to work. However, these cases were thought to be fairly infrequent (*'one case every two-three months'* was one view).

4.21 A similar analysis and scale of demand was suggested by the **social prescribing network**. To maximise these cases and the support they can offer, they would welcome some form of signposting as to where they should refer people, perhaps a leaflet/poster and a website. In practice, however, a small proportion of those engaging with the social prescribing network is actively seeking employment (perhaps 2-3%).

4.22 It is important to note that many people who are inactive will not be in regular or frequent contact with Jobcentre Plus. Those assessed through the Work Capability Assessment (which can follow from a Fit Note) process as having Limited Capability for Work and Work-Related Activity (LCWRA) have no mandatory activity, and those with Limited Capability for Work (LCW) must attend every three months.

Young people (NEETs) – and the Youth Guarantee

4.23 The Get Britain Working White Paper sets out the Government's aspirations for a Youth Guarantee 'to ensure all young people aged 18 to 21 are learning or earning, to prevent them from becoming economically inactive before their careers have even begun'. This is intended to build on the current approach to reducing NEETs for 16-18 year olds and for vulnerable groups up to age 25, especially those with an Education, Health and Care Plan (EHCP), which has been in place for many years. HCC oversees the existing process locally.

4.24 The number of 16-18 year old NEETs will vary over the year, reflecting school leaving dates. In late August the Hertfordshire total stood at just under 500. In contrast, Jobcentre Plus data indicates that there are around 3,500 young people aged 18-24 on their caseload of which 1,500 are aged 18-21 and on Universal Credit and not recognised as having significant barriers (i.e. they could take part in education, employment or training). However, these figures need to be interpreted with some caution as:

> it is not known what number within this are truly NEET or inactive (for example, some Universal Credit recipients may be in work), and nor is it known how many fit in to the 18-21 Youth Guarantee target group.

> it includes people who are care leavers or have an EHCP and so would qualify for additional support under the existing system, which might reduce the number from 3,500 to around 2,000 additional cases.

> recent work by the Learning and Work Institute (LWI) has found that around half of young people in this group who are NEET appear not to claim benefits.[2]

4.25 Therefore, the first order question is **how many additional people in Hertfordshire might need support through the Youth Guarantee**. Given the very rough estimate of 3,500 above covers 18-24 and taking the LWI view of half of NEETs not claiming, we might arrive back at a figure of around 2,000 young people, but this warrants further investigation going forward.

4.26 The second issue is, even knowing the number of people covered, **how can they be identified and offered support**. There may be opportunities to progress this through work between HCC and JCP. In addition, there are established systems whereby colleges will notify HCC if a 16-18 year old drops out of a course and so is at risk of being NEET but not the equivalent for older age groups. This could be something to develop moving forward to ensure the Youth Guarantee offer reaches its intended target group of young people.

Caring responsibilities (especially childcare)

4.27 HCC has overseen the growth in childcare provision across the county. Since September 2025, eligible working parents can now access 30 hours of government-funded childcare per week for children from 9 months old until they start school. This is an expansion from the previous offer, which applied to 3- and 4-year-olds. To be eligible, parents must work at least 16 hours per week and have a net income of under £100,000 per year.

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2.   The Youth Guarantee and the benefits system - Learning and Work Institute

4.28 All 3- and 4-year-olds continue to receive 15 hours of free childcare, regardless of parental income or employment status. Some 2-year-olds are also eligible for 15 hours if their families receive certain benefits (e.g., Universal Credit under £15,400/year, EHCP, or looked-after children). There is also a wraparound childcare offer, which has grown substantially in the last year or two and now covers around three-quarters of all schools.

4.29 In the view of HCC's Early Years Service, **provision across the County is generally good**. The Early Years Service conducts an annual survey of parents, eliciting over 7,000 replies. The 2025 Childcare Sufficiency report found that "overall, there was sufficient early years provision and childcare to meet the demand and needs of families." This position was reported as stable. It did recognise a small number of very local areas where enhanced provision may be needed, but suggests action is underway to address those gaps. In that context, and given the extent of free childcare for younger children, childcare should not be a significant barrier.

4.30 There are some exceptions that may require further exploration going forward:

> local people or organisations may not know where to search for childcare.
> there is concern that Universal Credit calculations can act as a disincentive to move from part time to full time work, which may be a barrier to progression for some parents.
> also while UC can support childcare payments, this comes after fees have been paid as costs are re-imbursed. There is some support for people moving in to work to bridge this gap but it may not be sufficient/known about.

4.31 While the workings of the benefit system are beyond the scope of the GHW Plan, there may be an opportunity to better promote what support is available and similarly what provision is available as part of enhancing the promotion and accessibility of employability support more generally.

5. Employer perspectives

5.1 Both this chapter, and the chapter that follows, focus on Research Questions 6-8 from Table 3-1. These are concerned with demand side considerations, and especially issues relating to retention, progression and the changing nature of jobs. The focus here is on the immediate situation. Chapter 6 provides a longer term forward look.

Insights from a survey of employers – and follow-up discussions

5.2 A survey of employers was conducted as a core part of the research programme underpinning the GHW Plan. A short questionnaire was distributed to employers across Hertfordshire through a wide range of networks and groups. The survey was 'open' for just over three weeks in July and August 2025. Some 125 responses were generated. Most respondents were drawn from the business community, although there were also responses from public sector and voluntary/community sector organisations. Employers varied in terms of both sector and organisational size, and they were fairly evenly distributed across the county. However most had local autonomy in terms of decisions linked to recruitment and working practices. Alongside the survey, ten follow-up conversations were held with organisations that agreed to be contacted in order to discuss some of the issues in more detail. Against this backdrop, key findings from the employers' survey (and follow-up discussions) are set out in the paragraphs below.

Recruitment and retention in a changing labour market

5.3 **Overall, about two-thirds of respondents indicated that recruitment had been challenging over the last two years.** The main categories of jobs that survey respondents found difficult to fill spanned a range of roles/sectors. These included administration and office roles, engineering, and health and social care.

5.4 The follow-up discussions pointed to some level of slackening in the labour market. Immediately post-Brexit, recruitment was described as *'horrendous'*. At the time, employers in low pay sectors like hospitality went to enormous lengths simply to find staff. One described *'providing support for people with chaotic lives'* to get them to come to work (e.g. phoning them up in the morning to make sure they were out of bed and thinking about the day ahead). In this context, another comment surrounded the difficulty of recruiting in rural areas that are not well served by bus routes (see Box 5-1); relatively small employers sometimes needed to try and engineer travel solutions. However, the situation has changed dramatically over the last year or so, in part because of the increase in Employers' NICs (following the Autumn Budget 2024) and in part because of the perceived *'general slowdown'*. As a consequence, the balance has shifted and sectors like hospitality have seen significantly reduced staff turnover: employees are now choosing to stay in post because of concerns about length of service and job security.

Box 5-1:

Perspectives on access to employment

A key insight from research with employers and JCP customers, and discussions with VCS organisations, surrounded the importance of access to employment. Particularly in rural parts of Hertfordshire, issues were raised in relation to the adequacy of bus services. The map below – taken from the Local Transport Plan (2018) – shows morning peak travel times by bus and rail to key centres. For people in those areas of the map that are unshaded (principally North Herts and East Herts), peak travel time to a key centre is in excess of an hour.

Since 2018, there is evidence that the situation may have deteriorated. In 2024, there were over 23 million bus journeys in Hertfordshire (DfT Public Service Vehicle Survey). Although the number of bus journeys increased after the pandemic, it has not returned to pre-pandemic levels and the overall volume of bus journeys was about 20% lower in 2024 than in 2010. This may well present a challenge to those seeking to access work but without private transport.

AM Peak Bus and Rail Access to Hertfordshire Key Centre

Key Centres have been determined based on population size and employment opportunities

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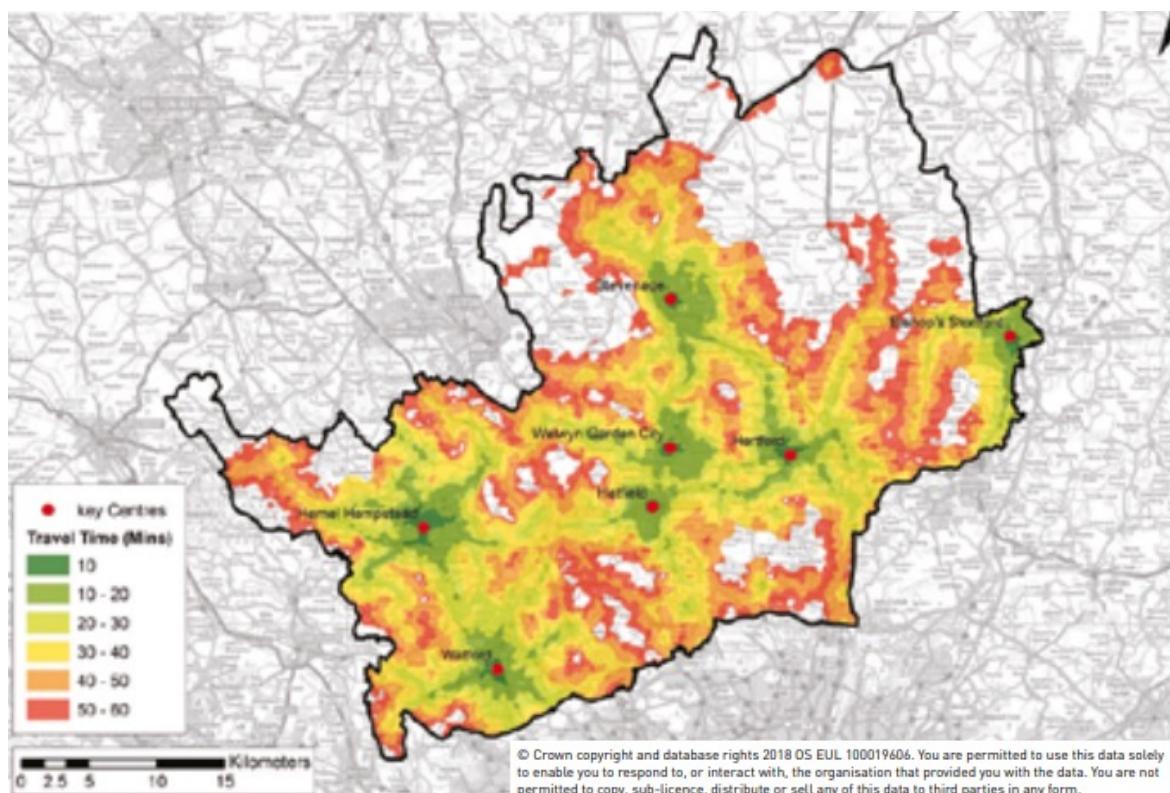
Source: Hertfordshire Local Transport Plan, 2018

5.5 **This shift from a very tight labour market to one with more 'slack' has changed the context for employment in Hertfordshire.** It may explain why **most employers (71% of respondents) did not identify retention as a particular issue**; this finding may well have been different had the survey been conducted a couple of years ago. In discussion, retention appeared still to be challenging in professional service sectors where the lure of employment in London (with higher salaries) continues to be an issue for businesses, particularly in relation to younger staff members in south west Hertfordshire; this is not new, but it continues to be a factor.

5.6 Overall though, the apparent change in the labour market is one that creates some challenges for those at the margins. As one employer noted, '*when you squeeze the economy, the most vulnerable will get discriminated against*'. All sorts of factors are at play, but comments were made in relation to the increasing risk to employers associated with trying to employ vulnerable people. The prospect of the new Employment Rights Act was specifically cited: '*it will be terrifying to employ anyone with anything wrong with them*'. **The inference is that in a slacker labour market – and particularly one that is becoming more onerous in legal terms – employers may be less inclined to recruit people with known health issues. This clearly presents some risks.**

5.7 From the survey, most respondents had recruited school leavers and new graduates over the last two years. Under half (38%) indicated that they had recruited staff who had not come directly from another employer and therefore had a 'gap' in their CV (possibly because of caring responsibilities or illness). In most cases, some level of adjustment had been made for these staff (usually in terms of working hours and/or working from home).

Work and health

5.8 In the follow-up discussions, employers talked about changing attitudes towards health in the workplace. The pandemic appeared to mark a watershed in this context. The comment was made that a few years ago, no one mentioned health issues; now, there is greater openness. Previously, '*CVs with gaps were 'covered up' at interview; now they tend to be talked about, particularly among younger workers*'.

5.9 Several employers alluded to changing attitudes. One indicated that young people are *'much more aware of conditions, and much more aware of their rights'*. Another explained that pre-pandemic, she had not managed anyone with a known mental health issue; now she has staff who are neurodiverse, with ADHD and dyslexia. In some cases, disclosure occurred in the context of performance appraisals. The ADHD diagnosis allowed the job to be reconfigured and the result was described positively (*'transformational'* for the individual and the employer). But it has all required some adjustment: previously *'line managers had not been trained at all in dealing with mental health in the workforce'* but increasingly, steps are being taken by employers (some drawing on HR departments and others relying on third party sources of support). Another employer referred to the introduction of mental health first aiders. However there was also some suggestion that the need for adjustment is making employers cautious about recruitment particularly given the changing legal framework. One talked explicitly about there being *'a need to recruit resilient people'*.

5.10 For employers who are managing health issues among employees, the survey suggested that different sources of support are used (some internal, some external, some online). However 18% of respondents had not sought any advice or support. Among the consultees, experiences of, and routes to, support were varied. One contacted a GP who provided a helpful list of adjustments that might be made for a neurodiverse employee. Another found support for a colleague with autism via a serendipitous conversation at the school gate: the informal network was critical.

Box 5-2:

Hertfordshire Workplace Health Programme

One local resource is the Hertfordshire Workplace Health programme. This free support through the Hertfordshire Health Improvement Service enables employers in Hertfordshire to address health concerns in their workplace by giving them the knowledge, resources and training, as well as accreditation. Take up is currently around 40 employers a year. This may provide a resource to upskill more employers.

5.11 Many survey respondents – and most of the employer consultees – described increasing flexibility in employment – particularly in relation to retention but also in accommodating new recruits, including those with known health issues. Home working is commonplace for at least part of the working week, and this has been a key factor in helping people to work with a wide range of health conditions, some very serious. **Although it is difficult to generalise, employers' willingness to be flexible – enabled in part by the sectoral mix in Hertfordshire – may be one reason why employment and activity rates are high overall.**

5.12 A few employers talked about the lengths to which they had gone to accommodate staff members with serious health issues (both mental and physical health). Sometimes this meant offering work for very small amounts of time – perhaps a couple of hours – which was sometimes seen as an appropriate route to (re-)entering employment. The employers that offered it tended to be sympathetic in part because of their own direct experiences. One expressed frustration that employees were *'signed off too quickly'* when they could do some work; and the difference between 'some' and 'none' was thought to result in loneliness and isolation which (in their view) simply exacerbated the underlying mental health issues. One employer – who was herself neurodiverse – was a great advocate for the health benefits of work, if appropriately configured: *'work actually calms some of the noise'*.

5.13 In this overall context, the Kickstart scheme – which had operated during the pandemic – was reviewed positively. It was described as enabling a gradual return to work but without risk to the employer; although expensive, it therefore worked for both the employer and the individual, and there was some appetite for future arrangements of this nature.

5.14 **The need for a phased and gradual (re-)engagement with work was recognised more generally**. In particular, on-the-job training and work experience placements were identified by employers as a route forward – and not just for those of school-age. In discussion, one (major) employer however described the extent to which new school leavers are simply not 'work ready'. He identified a real disconnect between formal education and employment; because of it, he had offered to provide support to schools (sometimes this offer was taken up, but sometimes it was not).

Conclusion

5.15 The 125 employers that completed the online survey – and engaged in the follow-up conversations – were self-selecting. Statistically, they are not fully 'representative' of the 61,000 enterprises in Hertfordshire. Nevertheless, the **extent to which they are having to address health issues in the workplace was striking, both in relation to current staff members and also in the context of recruitment**. It is encouraging that some employers have been willing and able to respond, drawing on a range of support (sometimes from their own networks). That said, VCS organisations had less positive views about the response from employers. This may well mean that **there are still many employers across Hertfordshire which need encouragement (and support) to do more**.

5.16 Looking ahead, employers' concerns around potential unintended consequences of the Employment Rights Bill (which is due to be enacted shortly) ought to be recognised. These concerns may be misplaced, but whether real or not, they may well have a bearing on employers' willingness to give someone a chance, particularly in a labour market that is currently slacker than it used to be. For the GHW Plan, this risk is important.

6. Future look – and wider considerations across Hertfordshire

6.1 In seeking to address economic inactivity across Hertfordshire – and to do so in a manner that looks forward and anticipates the new Local Growth Plan (consistent with the guidance for local Get Britain Working plans) – there is a need to consider the ways in which Hertfordshire is changing. This is of material relevance to Research Questions 6-11.

Changing patterns of employment

6.2 Patterns of employment will change in the county over the next decade. In part this reflects wider trends and drivers, not least increased automation and the transformational impacts of Artificial Intelligence (AI) and its application. The upshot is that the jobs of the mid 2030s will look very different from those of today. A major survey conducted by the World Economic Forum suggested that between 2025 and 2030, 87% of employers expect to increase the use of skills linked to *'AI and big data'*, and 68% thought likewise in respect of *'technological literacy'*. Conversely a net reduction was anticipated in *'manual dexterity, endurance and precision'*, and *'reading, writing and mathematics'*[3]. Global shifts of this nature will present new and different challenges for those at risk of worklessness and/or seeking to rejoin the labour market. It will also generate new challenges for employers.

6.3 **The expectation is that entry-level jobs will be fewer in number, creating real challenges for young people and others returning to the labour market. Across the board, the need for ongoing re-skilling and labour market agility will grow as frequent job changes become commonplace.** This again presents particular challenges for those seeking to re-enter the labour market.

6.4 The local picture is broadly similar. The table below is based on data generated for the National Foundation for Educational Research (NFER) as part of the Skills Imperative 2035 – a national research programme. It points to major changes in the occupational structure of employment – both overall and within key sectors in Hertfordshire. Based on modelling, it suggests that there will be more demand at higher occupational levels, and substantially more in caring and related occupations (linked to health and social work, and the ageing population).

3.   World Economic Forum – Future of Jobs Survey, 2024

Table 6-1: Absolute and percentage change in employment in Hertfordshire, by occupation: modelled estimates for 2020-35

All industries	Absolute change 2020-35 ('000)	Percentage change 2020-35
Managers, directors and senior officials	15	17.3%
Professional occupations	35	21.1%
Associate professional occupations	7	7.1%
Admisistrative and secretarial occupations	-11	-14.1%
Skilled trade occupations	3	4.6%
Caring, leisure and other service occupations	10	16.1%
Sales and customer service occupations	0.5	0.8%
Process, plant and machine operatives	7	19.7%
Elementary occupations	-2	-2.4%
Total	**65**	**8.9%**

Source: Based on data from Labour market and skills projections: 2020 to 2035 - GOV.UK

6.5 Cut another way, evidence from the same survey points to growth of over 3% per annum in demand for those with doctorates and higher degrees. Conversely, the modelled projections suggest that demand for those with no qualifications will decline by 3.5% per annum between 2020 and 2035. **Potentially, this will present particular challenges for those who might seek entry level jobs, who already find it most difficult to enter and sustain employment.**

Changing patterns of spatial development

6.6 Alongside substantial changes in the nature of employment, Hertfordshire will see significant planned growth, particularly in relation to housing. Data from HCC's Annual Monitoring Report suggests that since 2001, the net build rate in Hertfordshire has been 3,790 homes per year. Currently, the target from existing (adopted or Reg 18) Local Plans is over 6,500 per year. Accelerated housing delivery is a key target of the Labour Government and the inference is that the next decade could see a doubling of the achieved pace of growth. Within this, there will be major urban extensions, smaller in-fill developments, and possibly new New Towns (noting that none of the 12 locations identified by the New Towns Taskforce in September 2025 is within Hertfordshire, although the scheme bringing together Chase Park and Crews Hill (Enfield) is nearby).

6.7 **The delivery of major schemes presents opportunities to 'design in work and health' and hence to address challenges around access to and support for employment over the medium term.** Given the alignment between the GHW plan and the Local Growth Plan, this should be important. Gilston in East Hertfordshire is a major development. The local planning authority is working with developers to ensure that the scheme is built out with employment (and access to employment) in mind. In seeking to achieve high levels of economic activity, there are opportunities in this context, but also some challenges, as the case study below explains. Through the GHW Plan and its implementation there ought – in principle – to be scope to influence the delivery of Gilston and similar future schemes. Progress could potentially be made through: a checklist in terms of how to 'design in' work, employability and health; lessons, insights and advice surrounding the effective delivery of multi-use community facilities linked to employment support in a new community; engagement around access to employment; and shared learning across Hertfordshire in relation to construction skills hubs (noting that broadly similar ventures are being pursued elsewhere (including Stevenage and Broxbourne). Engaging with these wider processes is likely to be important in achieving key outcomes linked to economic activity and employment over the medium term.

Changing approaches to travel and mobility

6.8 As noted in Chapter 5, issues around access to employment are important. Changing approaches to travel and mobility will have a bearing on employment rates and the ability of individuals to (re-)enter employment. Future transport policy is therefore important. A new Local Transport Plan will be developed over the next period and this is likely to emphasise sustainable transport solutions of different forms. **It will be important that full account is taken on the issues surrounding access to employment.** This in turn will need to link to wider spatial development considerations. These are key issues for the forthcoming Local Growth Plan.

Box 6-1:

Case Study – Gilston

The Gilston Area (in East Hertfordshire) is part of the wider **Harlow and Gilston Garden Town (HGGT)**, which spans the boundary between Hertfordshire and Essex. HGGT is a major scheme: in total, it will deliver 23,000 new homes over 30 years. Across HGGT (including Gilston), the intention is that 60% of trips should involve sustainable transport. Walking and cycling are key features. This means that provision will need to be made for a wide range of local services (which will generate employment opportunities).

Planning permission was secured in January 2025 for 10,000 homes in the Gilston Area (of which 23% will be affordable). These will be distributed across seven villages, each with 1,500-2,000 homes. East Hertfordshire District Council is very keen to see local employment opportunities as an integral part of the seven villages. It recognises fully the importance of **access to employment**, in all senses, and is exploring options through the masterplanning process (which will happen separately for each village, and is underway in the first two). Each village will include a local centre and primary school plus areas for commercial and retail activity (formerly B1 and A use classes (now Class E)) and community buildings. The intention is to make provision for a **wide range of community services** – including a health centre (with both a GP and mental health services) and community facilities. In principle, this could involve **multi-use buildings**. However, experiences from elsewhere (notably the Cambridge area) have not been very encouraging: the requirements of (for example) the NHS are considered to be difficult to combine with those of other users, although options are still being explored.

In developing the thinking, **community groups** are part of the process – and a Community Stewardship approach is being used (so key assets will eventually be owned by a Community Management Trust). There is a **community forum** that meets several times each year and is active. It is having a material bearing on the emerging plans. However the major contributors tend to be retirees. The Council wants to involve younger and working age people in plans for Gilston, and it is developing digital approaches to engagement. The intention is that Gilston should be a place where future generations are equipped and encouraged to work as well as live.

Within the Gilston Area, there is one site for more traditional employment (the former B2-B8 use classes). Strategically, this is intended to complement employment in Harlow (which is the major employment centre nearby). It will be some time before this comes onstream fully.

Part of the legal agreement with the developers includes the need to deliver (whether on-site or through a partnership with an existing education provider) a construction skills hub and to prepare a **training and skills plan**. The purpose of these measures is to equip younger and/or local residents with the skills required to contribute to the delivery of this major construction project (which will take nearly 30 years to complete).

7. Conclusions in relation to the Research Questions

7.1 The research underpinning the GHW Plan was configured in response to eleven Research Questions. Drawing the different strands together, the table below summarises the key findings and implications. The latter are taken forward into the proposed actions which are discussed in Chapter 8.

Table 7-1: Areas of focus – findings and implications

Key Research Questions	Findings	Implications
Q1: What steps could be taken to engage and support those with **long term conditions** (who are not on waiting lists) into work, and to keep them in work?	Both the data and survey evidence suggest a good number (perhaps 15,000 – 25,000 as a broad estimate) of those currently inactive both want to work and think they could work now or quite soon. *Identifying and supporting this group could lead to a significant improvement in the local employment rate.* Reaching this group can be challenging as often they are not in touch with employment or health services. There is a wide range of support services available, but these are often not joined up, or in some cases less known about than would be hoped. *There is limited sense of referrals within the system.* Although Jobcentre Plus was reported to be signposting people to other support this was said to be variable and many of the target group will not be engaging with the Jobcentre. Health practitioners will (fairly occasionally) develop relationships with people, who then seek employment advice. Where people have long term conditions they may require some form of adaptation at work or to target specific types of work. Evidence from employers provides examples of this happening – but they extent to which employers seek or receive support is variable.	> A wide range of referral routes are needed, with clarity about what services are available, where and for whom. > Health practitioners and others need to know where to go for the right information about employment support. > Without new resources to triage needs or incentivise cross referral, this likely means an improved, single online portal which is widely advertised. > The new Connect To Work Service provides a means to offer enhanced support to people, including working to identify and engage suitable employers aligned to individuals' positions. A challenge for Connect to Work will be identifying people with (physical and mental) health conditions – see below.

Key Research Questions	Findings	Implications
Q2: How well is **employment support linked to those receiving mental health support?**	The picture in Hertfordshire is fairly mixed. There was frequent mention of increased mental health issues, especially but not only related to young people. These issues were often not above a clinical threshold but still sufficient to act as a barrier to seeking work. Many employers recognised the associated issues. There were some examples of employees finding support. Employers also need support (as many managers have little or no training in managing people with mental health issues) – but the current system is quite *ad hoc*.	> The planned Public Health Investment Programme project(s) provides a potential route to identify people with both (physical and mental) health conditions. While the awards have yet to be made, there is interest in linking to Connect to Work, ideally providing a pathway of support for key groups. > Consideration ought to be given to supporting employers in managing staff with mental health issues (as well as those supporting staff who are neurodiverse, have ADHD, dyslexia, etc.)
Q3: What support is available to help the **growing number of NEETs** engage with the labour market, recognising in particular **growing concerns in relation to mental health?**	As above, the issue around growing mental health concerns was widely recognised. At the same time, the young people who responded to the survey were more likely to think they *'could work soon'*, compared to older people. Amongst the key barriers, many identified *'a lack of work experience'*, with many having not worked. Work experience was flagged as an issue where many providers will have some sort of activity, but this is not co-ordinated, which can lead to confusion or disengagement from employers who get approached many times. (There was more general support for work experience for older adults who had been out of work for some time, including through volunteering opportunities to build their confidence and work habits.) There is a well-established process for identifying and supporting young people aged 16-18 who are NEET and those with an Education, Health and Care Plan. This is led by Hertfordshire County Council working with other partners. For example the colleges are offering courses and also flagging when someone drops out of a course. However, the system is much less advanced for older young people. There is no routine way to calculate how many young people are in the Youth Guarantee target group, aged 18-21, nor to identify those individuals.	> The implications set out above also apply to this group, although it may require different strategies to identify them given they will likely engage differently with the wider system. > There is scope to enhance the approach from the supply side towards employers. This could be done around agreement of messages and timing, which may be more easily delivered than seeking to bring together all approaches to employers. Work experience could be a 'test' of a new, co-ordinated approach. > Successful delivery of the Youth Guarantee requires some preparatory work to: • draw in wider partners to refresh the existing arrangements, given the growing age group beyond 16-18. • identify the number of young people in scope (Jobcentre Plus has begun to look at this but something wider may be needed). • identify/offer support to the young people who need support.

Key Research Questions	Findings	Implications
Q4: What is the role for the **VCS** in helping **'the system' to work more effectively?**	There is a large and active VCS across Hertfordshire. Its offer in relation to work and health is currently being mapped through the CAD WorkWell project, with emerging findings expected to provide a resource which can be used from 2026 to enable better access to services. Many people will approach the VCS at a time of crisis, seeking support for a particular issue. Only once that issue has been addressed and trust has been built up might they consider employment. (Many of these people also require confidence building support.) While many VCS organisations have specialist skills and knowledge, they face uncertain funding and there is little financial incentive for them to signpost people to other support. Indeed, there can be incentives to retain people, and hence organisations tend to offer a breadth of support. As such, the system may be operating sub-optimally.	> As above, improved awareness and clarity of signposting of the types of support available from different organisations. > Links between VCS and wider employment support to help people find work. This could include the colleges and SWAPs which are a strong offer around skills training and job search, but targeted at those closer to work. The recent moving of the skills portfolio to DWP nationally may create opportunities here. The VCS and others might identify and get people ready for this support. > As well as an online resource, there is a need for greater multi-agency working and even co-location to create effective pathways for people accessing support.
Q5: Is access to **caring provision** (especially **affordable childcare**) a particular cause of inactivity in Hertfordshire – and what might be done in response?	Evidence gathering has been focussed particularly on childcare. The offer has been enhanced very recently through additional government funding for free childcare for up to 5 year olds. Also, in the last few years wraparound care has grown to cover around three-quarters of schools in Hertfordshire. Results from the annual survey conducted by Hertfordshire County Council suggest that there is a good level of provision to meet needs. Yet there was feedback from stakeholders and in the Jobcentre Plus survey of issues.	> It does not appear that childcare provision is a key barrier. However, given some of the concerns raised through the fieldwork, it might be worthwhile testing the current provision against some individual cases, working with selected Jobcentre or VCS customers to understand in more depth if the reported barrier is real or perceived.

Key Research Questions	Findings	Implications
Q6: How can employers be better supported to **retain their workforce?**	Overall, workforce retention in Hertfordshire appears to be less of an issue now than a couple of years ago as the balance between demand and supply has shifted and the labour market is perceived to be 'slacker'. The employers that engaged in the survey and consultation generally were working hard to retain staff and make adjustments to jobs in light of employees' health conditions (and wider responsibilities). Many offer flexible working and/or home working, a possibility that is aided in part by the sectoral structure. However the view from VCS stakeholders was that many employers ought to be doing more, and that by doing so they could attract and retain a wider group of workers. Yet support is available through the *Healthy Workplace programme*, and perhaps this could be promoted more widely. There was evidence that some employers struggle to find appropriate support - and/or that they stumble across it, almost by accident. Many managers lack experience of managing staff with health issues.	> There is a need to share information in relation to good/best practice and support for employers in seeking to support and retain staff with health issues. > This could include promoting the *Healthy Workplace programme.* If capacity is limited then the light touch programme offer may be a way to reach more employers.

Key Research Questions	Findings	Implications
Q7: Given high employment rates, **how might progression be encouraged** in Hertfordshire?	This Research Question can be answered at different 'levels'. In terms of labour market (re)engagement, there was much evidence to suggest that return to work processes need to be gradual and incremental – perhaps starting with volunteering/informal work experience (including for older workers) and then very part time arrangements before progressing to more standard jobs. This process could be supported – both financially (Kickstart was recognised to be effective) and through support for both employees and employers. More generally, progression will be possible if a wide range of jobs are created across the county. Here, links to the Economic Strategy and the Local Growth Plan will be important.	> The key finding – surrounding the need for a very gradual and phased engagement with work, particularly for those returning from illness – needs to be reflected in many different forms of support. It also needs to be communicated to employers. > It suggests a need to continue to support people when they move back in to work to help address issues and to identify further opportunities, perhaps through upskilling. Tracking this journey may mean working across providers and appropriate signposting to allow this to happen. > Long term and consistent engagement with the Spatial Development Strategy and Local Growth Plan processes will be important from a GHW perspective.
Q8: What are the implications of the **changing nature of jobs / sectors** for economic inactivity and progression in Hertfordshire?	There will be substantial changes in the make-up of jobs, sectors and occupations in Hertfordshire over the next decade. In the main, this reflects wider processes of technological change shaped by Hertfordshire's particular sectoral mix. The implication is that entry level jobs may be hard to find – certainly in the activities that those outside the workforce seem to want (e.g. administration, as evidenced through the survey).	> The challenges of re-engaging people in jobs are likely to grow – so the need for active intervention will increase.

Key Research Questions	Findings	Implications
Q9: What is the link between **local transport services – especially buses** – and both economic activity and progression in work	There was much evidence from the two surveys that access to employment affects the ability of people to work. Car parking was flagged as an issue by some businesses. The effectiveness of rural bus services was also mentioned. Although a broad 'environmental' concern, transport services are something that local partners can influence. They should be seen as a core part of the local response to the challenges identified through the Get Britain Working White Paper.	> Local transport services need to be seen as a key part of the response to the challenges around employment and employability in Hertfordshire.
Q10: How might economic activity be designed into **major new developments in Hertfordshire?**	Local planning authorities are keen to see employment – and access to employment – designed into new developments. However the process is complicated and lengthy. There are also many other competing demands in relation to it.	> The GHW Plan should ensure that links are made to wider strategic processes in Hertfordshire, especially the Local Growth Plan. > Tools should be provided so that 'planning for employability, employment support and work' is routinely 'designed in'. > There may also be scope to target construction skills projects (many funded through s106) to the needs of people who are currently outside the labour market.
Q11: What is the nature of **spatial variation across Hertfordshire** in the nature and consequences of worklessness?	From the data analysis (reported in detail in Annex A), it was difficult to identify consistent patterns – in part because of the issues surrounding sample surveys. However, we know that there are pockets of deprivation across Hertfordshire. Often this is very localised and at times it is invisible, but for the individuals concerned, it is important nonetheless. In rural areas, access is often the key issue. In urban areas, there may be different challenges. Parts of Hertfordshire are very unaffordable (particularly in terms of housing costs) and this is creating greater pressures for those who are not currently employed and/or in vulnerable employment situations.	> Local level responses are likely to be very important - and community hubs can work well as a source of employment support which is often linked to other services. > Although Hertfordshire is relatively affluent overall, worklessness presents acute challenges in a place where the costs of living are high.

8. GHW Plan: governance, actions, and aspirations

8.1 A series of actions has been identified at the heart of the GHW Plan – and linked to that an overall aspiration in relation to economic activity and employment – based on the data reviewed, interviews conducted and implications drawn out from each of the Research Questions in the previous chapter. In developing the GHW Plan, we note that the context is strongly influenced by national arrangements, which are beyond the control of partners in Hertfordshire. For example, the workings of the benefit system, Fit Notes or pressures on the health system are essentially a given to the partners in the county. Similarly, we recognise that resources are constrained, with no additional resources made available to deliver this Plan and therefore a significant expansion in provision is not likely, even in cases where it could make a difference. Instead, we have identified actions where there is scope to make progress locally. These are linked in turn to both an overall approach to governance and a broad statement of overall aspiration (which is required by the national guidance).

Governance

8.2 The process of coming together to develop the GHW Plan has built positive momentum across the key partners. There is a shared willingness to work together, even at a time when considerable structural change is on-going.

8.3 To maintain and build on this momentum, the intention is to:

> retain the Core GHW Group
> retain the Wider GHW Stakeholder Group
> instigate a series of sub-groups for the Stakeholder Group to take forward and give attention to the issues raised in the GHW Plan. The three major sub-groups will cover:
> · work and health
> · young people and the Youth Guarantee
> · employer engagement

Figure 8-1: Proposed Governance arrangements to deliver the GHW Plan

GHW Core Group
HF/HCC, JCP, ICB
> Meets monthly, at least for the first year
> Receives reports from each sub-group every quarter (so each sub-group reports four times a year)

GHW Wider Stakeholder Group
> Convened by HF/HCC, JCP, ICB
> Meets twice a year
> Receives reports on progess
> Provides a forum for consultation and engagement

Work and Health Sub-Group
> **Led by:** ICB
> **Membership:** HCC (public health), VCS, ERBs, FECs, UoH, GP reps., ITPs, Step2Skills, Skills and Employment Programme Board
> > Develops and delivers identified actions over two timescales (short term and medium term)

Young People and Youth Guarantee Sub-Group
> **Led by:** HCC (SfYP)
> **Membership:** Hertfordshire Education, Employment and Training Group (incl. FECs, UoH, VCS)
> Develops and delivers identified actions over two timescales (short term and medium term)

Employer Engagement Sub-Group
> **Led by:** DWP and HF/HCC
> **Membership:** ERBs, Hertfordshire Chamber of Commerce, UoH, FECs, Business Support and Enterprise Programme Board
> Develops and delivers identified actions over two timescales (short term and longer term)

Local Growth Plan/Strategic Planning Group
> **Led by:** HF/HCC – and eventually the strategic authority
> **Membership:** Local Authorities, Hertfordshire Growth Board
> Key focus on influencing wider processes and engaging at key decision points

8.4 For each group, the Core GHW partners will lead on proposing and agreeing, through consultation, with the Stakeholder Group:

> membership
> terms of Reference
> meeting frequency and cycles
> sub-group reporting and accountability
> knowledge sharing across sub-groups (to avoid silos developing)
> monitoring and evaluation plans

Action plan

8.5 The priorities and actions flagged elsewhere in this document have been allocated to a particular sub-group to ensure they are given sufficient attention and to help establish the sub-groups as important forums. The actions are detailed in the tables below. Some build on activities which are already happening (or are about to happen); others relate to issues that require further investigation. As such, the Plan represents, as it should, a short/medium term set of actions which will need to be reviewed and updated at regular intervals and in response to a set of outcome metrics which will need to be agreed.

1: Work and health

Context and rationale

8.6 There are roughly 15,000-25,000 economically inactive people in Hertfordshire who both want a job and might be able to work, if various barriers could be addressed. Often these barriers relate to their health. On the supply side, a range of organisations is 'involved' – from GPs and community pharmacists through to JCP officers and others involved in employment support and VCS bodies, sometimes operating at a local level. Yet the links are often under-developed. There is scope therefore to provide better and easier access to pathways to assist people who want to find their way back to work.

8.7 Although flexible working arrangements are often possible (in part because of Hertfordshire's sectoral structure), employers are increasingly needing to manage staff members with health conditions and some do not feel fully equipped to do so. Helping employers to support staff could help reduce the flow of people into inactivity.

Key actions and timescales

8.8 Key actions to be advanced through the work and health sub-group are summarised in the table below.

Table 8-1: Work and health: Actions and timescales

Action	Timescale
1 – Herts Directory and *'Finding my way to work'*: Develop the Herts Directory as a system-wide resource, including by: > exploring plans for revising the existing Herts Directory, including the scope for an employment support landing page > agreeing how the mapping undertaken by CAD (WorkWell) can be made available through the Herts Directory > identifying other resources that could be made available through the landing page (and any gaps that need to be filled) – including signposting to HR support for employers seeking to work with employees who may have health issues > developing a marketing plan to promote the landing page across the work and health 'system' (including by embedding it in health sector training materials)	Medium term – to be completed by end of FY 2026/27
2 – Foundations for signposting and referral through 'the system': Build relationships between JCP, colleges, the VCS and health practitioners (including through social prescribing) to encourage better signposting of people – from general support towards skills and job-seeking support	Short term – progress to be made by end of FY 2025/26
3 – JCP and the VCS in Hertfordshire: Raise awareness across Jobcentre Plus offices about the nature and extent of local VCS support	Short term – progress to be made by end of FY 2025/26
4 – Health conditions, disabilities and work: Stay up-to-date with the development of Public Health Investment Programme (PHIP) projects and links to Connect to Work; and in the longer term, consider its effectiveness and opportunities to sustain and expand provision	Short term – progress to be made by end of FY 2025/26
5 – Community Hubs: Encourage and support a network of local community hubs (including a range of services with both 'crisis support' which may be health-related, and employment support) across Hertfordshire	Medium term – progress to be made by end of FY 2026/27
6 – Promoting the health benefits of work: Raise awareness of the health benefits of work, including to health practitioners	Medium term – progress to be made by end of FY 2026/27
7 – Understand work and health inequalities: Investigate further the links between work and health inequalities across Hertfordshire and the population cohorts that therefore need to be prioritised	Medium term – progress to be made by end of FY 2026/27
8 – Review the significance of childcare provision: JCP to highlight cases to HCC to test ongoing suitability of provision across the county	Medium term – progress to be made by end of FY 2026/27

Source: SQW, Core GHW Group and Wider GHW Stakeholder Group

2: Young People and the Youth Guarantee

Context and rationale

8.9 There is a particular commitment to young people through the Youth Guarantee. Overall, it is estimated that about 2,000 young people in Hertfordshire might need support through this route. Support through HCC and the FE Colleges appears to work well, with well-established processes for 16-18 year olds. However, there are major issues/risks at points of transition after the age of 18 and including as young people with SEND reach 25. There is a real danger that vulnerable young people are effectively 'lost' and that the support they need is not provided. Therefore, identifying and reaching out to this group offers potential to make a real difference to their employment journeys.

Key actions and timescales

8.10 All of the actions identified under the heading of 'work and health' (above) will be delivered to young people (as well as other age groups). Some additional actions will be focussed on young people and the Youth Guarantee, as summarised in the table below.

Table 8-2: Young People and the Youth Guarantee: Actions and timescales

Action	Timescale
1 – Scaling the challenge: Investigate further the number of young people (especially aged 18-21) who are NEET; and the characteristics of those young people (e.g. carers, SEND)	Short term – to be completed by end of FY 2025/26
2 – Identifying those who need support: Work with a range of partners to identify specific individuals who are NEET (e.g. by piloting systems to flag when young people drop out of college courses or when they begin attending the Jobcentre)	Short term – to be completed by end of FY 2025/26
3 – Risks around transitions: Build a better understanding of the points at which young people 'fall out of the system' and develop appropriate responses	Medium term – progress to be made by end of FY 2026/27
4 – Youth Guarantee: Map out a set of interventions that can be offered to the Youth Guarantee group, for example building on existing college courses, apprenticeship routes and work experience options	Medium term – progress to be made by end of FY 2026/27
5 – Engage young people in the process: Take steps to encourage some element of co-production by engaging young people directly in considering how 'the system' might work better over time	Medium term – progress to be made by end of FY 2026/27
6 – Mapping provision: Map support/delivery provision which is specific to the Youth Guarantee age group	Medium term – progress to be made by end of FY 2026/27

Source: SQW, Core GHW Group and Wider GHW Stakeholder Group

3: Employer engagement

Context and rationale

8.11 There are 61,000 employers in Hertfordshire which – in combination – have a critical role to play. Many of these employers are small, and some face recruitment challenges. Flexible working is commonplace, aided by Hertfordshire's sectoral structure, yet employers do not feel well equipped to manage workers with health conditions. Addressing this could help improve worker retention.

8.12 Links between employers and 'supply side' agencies and organisations are also under-developed. There is also some nervousness surrounding the implications of the Employment Rights Bill (which is due to be enacted shortly). Improved information for employers about possible support could help increase employer recruitment from among those who are economically inactive.

Key actions and timescales

8.13 Key actions to be advanced through the employer engagement sub-group are summarised in the table below.

Table 8-3: Employer engagement: Actions and timescales

Action	Timescale
1 – Communications: Agree the broad structure of approaches to employers (e.g. key messages or campaigns) and promote the Herts Directory to them	Short term – to be completed by end of FY 2025/26
2 – Working with health conditions: Identify and disseminate good practice examples of managing workforce health issues in the workplace (and therefore keeping people in employment). This would include promoting the Healthy Workplace Programme	Medium term – progress to be made by end of FY 2026/27
3 – Inclusive recruitment practices: Promote good practice to employers around recruitment practices, e.g. for those who are neurodiverse, to maximise the pool of potential employees available to employers	Medium term – progress to be made by end of FY 2026/27
4 – Employer confidence: Organise a conference/events to promote good HR practices and build awareness/ confidence about what employers can and should not do (including the context of new legislation), and how they access wider support	Medium term – progress to be made by end of FY 2026/27
5 – New job opportunities for those on benefits: Review Sector-Based Work Academy Programme (SWAP) activity to align better with LSIP sectors, and raise awareness of it among employers	Short term – to be completed by end of FY 2025/26

Action	Timescale
6 – Work experience: Consider early actions to promote work experience and other means to support a phased return to work (particularly if targeted at those who are economically inactive)	Short term – to be completed by end of FY 2025/26
7 – Childcare and employment: Test the perception of childcare as a barrier to in-work progression (e.g. through a small number of case reviews) and animate a conversation with employers in relation to it	Medium term – progress to be made by end of FY 2026/27
8 – Employment, skills and the machinery of government: Keep a watching brief on major policy shifts (especially as responsibility for apprenticeships, adult further education, skills, training and careers, and Skills England shifts to DWP)	Medium term – progress to be made by end of FY 2026/27

Source: SQW, Core GHW Group and Wider GHW Stakeholder Group

Links to wider strategic processes, particularly the Local Growth Plan

8.14 In addition, the Core GHW Group will undertake to engage fully with the process of developing the Local Growth Plan. Although there is still much to resolve – not least the geographical footprint of a strategic authority – work is already effectively underway. A clear 'line of sight' has been established from the Economic Strategy (currently available in draft form) which itself anticipates the actions in the GHW Plan, to the Local Growth Plan. In the near future, work will also start on a new Local Transport Plan and, eventually, a new Spatial Development Strategy. A priority for the Core GHW Group will be to ensure that the evidence and insight from the GHW Plan is fully part of these wider processes.

8.15 Within this context, **there are a few further actions that ought to be advanced to deliver the GHW Plan**. These are longer term priorities that will sit outside the sub-group structure articulated above. They will be advanced mainly through advocacy and influence, but the Core GHW Group will need to make sure they happen. They include working through wider partnerships to ensure that:

> appropriate consideration is given to employment provision in the context of planned housing growth.

> multi-purpose community buildings which are part of new developments are designed with the imperatives around work, health and access to employment firmly in mind – some basic checklists (for planners and developers) might be helpful in this context.

> all decisions in relation to transport policy and delivery in Hertfordshire take on board fully the imperatives around access to employment, including in rural areas.

> there is general awareness of likely changes in the types of jobs which will be available in the future, with actions taken to both inform people about those opportunities and ensure skills pathways are available to allow them to access future jobs.

Overall aspiration and what might be achieved through the GHW Plan

8.16 At this stage, both the Core GHW Group and the Wider GHW Stakeholder Group have taken the view that a new set of formal 'targets' would not be helpful. In part this is because all of the main organisations are already working to clear targets, and in part it is because there are no additional resources to deliver the GHW Plan.

8.17 Instead, there is agreement to a **Hertfordshire Pledge** – through which all partners will work together to secure better outcomes linked to employment in Hertfordshire.

Box 8-1:

The Hertfordshire Pledge

The 'Hertfordshire system' (public, private and voluntary sector) is committed to sustaining a stronger dialogue and working more effectively together to deliver the Get Hertfordshire Working Plan. This will:

> enable more people with health conditions to work.
> reduce the number of young people who are NEET across Hertfordshire.
> equip more employers to respond confidently and flexibly to the (health and other) needs of workers whilst also recognising business imperatives.
> encourage progression in work.
> improve access to employment across Hertfordshire, both now and in the context of future growth.

We have identified immediate and longer term priorities for Hertfordshire. By delivering these, we will make a positive contribution.

8.18 In terms of what this might mean (noting again that these are not 'targets'), the following outcomes are ones on which partners will focus on while also monitoring the other Get Britain Working indicators:

> if we move 7,000 economically inactive people into work, the **employment rate would increase by one percentage point.**
> if we move 100 young people (aged 18-21) into work, education or training, the **estimated number of NEETs aged 18-21 would decrease by five percent** (recognising that this number might be revised when better data are available).
> the disability employment gap is one area where the county is behind the regional and national average. **Reducing the disability employment gap to match the national average** would mean an additional 2,200 disabled people would be in work.

8.19 Cutting across these, both the Core GHW Group and the Wider GHW Stakeholder Group are keen to see a **reduction in the health-related economic inactivity rate**. We will achieve this through short/medium term and longer term measures, including by shaping the contents and delivery of a future Local Growth Plan.

Annexes

Annex A: evidence on employment and economic inactivity in Hertfordshire

A.1 This Annex presents a detailed analysis of data relevant to the Get Hertfordshire Working Plan. It is divided into four main sections:

> section A1 describes the **local employment context** for the Get Hertfordshire Working plan.
> section A2 explores the **economically inactive population** in Hertfordshire.
> section A3 is concerned with 'scaling the problem', and it provides estimates of the **'stocks and flows' of the economically inactive population** in Hertfordshire.
> section A4 presents time series data on the **Get Britain Working outcome metrics** for Hertfordshire.

Section A1: Employment in Hertfordshire

A.2. Hertfordshire has a relatively high employment rate. In the year to December 2024, the employment rate was 81% which is ahead of the target employment rate (80%) set out in the Get Britain Working White Paper[5] and almost five percentage points higher than the average for England (76%). Data for the most recent years are volatile, in both directions, but this may reflect limitations in the data.

A.3 Overall, people who live in Hertfordshire and are full time employees (irrespective of where they work) are well-paid compared to national benchmarks. Typically, those whose workplaces are in Hertfordshire (whilst living either in Hertfordshire or elsewhere) are paid less, but still more than the national average. Median weekly pay for employees who work full-time was £851 on a residence basis and £786 on a workplace basis in 2024. These figures are above the level for the East of England (£764 residence basis, £725 workplace) and England (£732 for both). The difference between residence-based and workplace-based earnings reflects the overall effect of commuting patterns. Across Hertfordshire, out-commuting to London is a key factor; some of this is short distance commuting to outer London boroughs (which share a boundary with Hertfordshire) and some is commuting to central London. There is also significant in-commuting, particularly from areas to the north (notably Central Bedfordshire).

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5.   HM Government (2024) Get Britain Working White Paper

Figure A-1: Employment Rate, 2005-2024
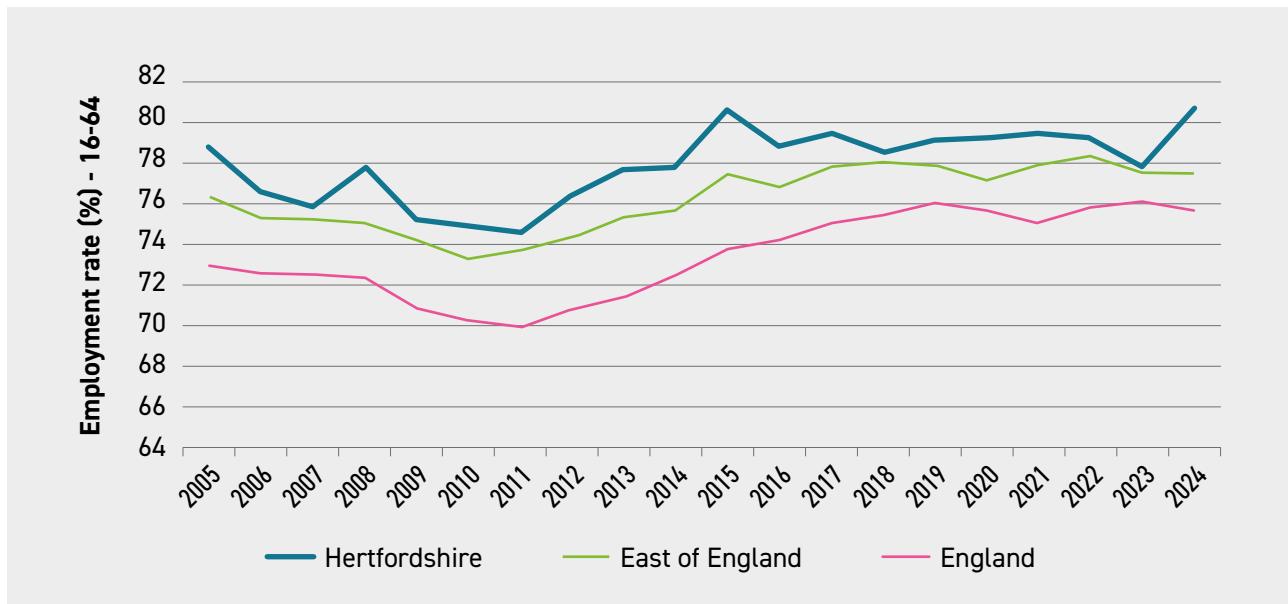
Source: Annual Population Survey

DWP's classification of local authority areas by labour market type

A.4 As part of the process of developing the Get Britain Working White Paper, DWP undertook a 'cluster analysis' to categorise local authority areas into 'labour market types', based on key labour market variables[6], rather than geographic location[7]. Based on this analysis, each local authority area was assigned to one of 14 different groupings. The ten Hertfordshire districts were distributed across six of the 14 groupings (see Table A-1 below). Four districts were categorised as 'Affluent commuter belt', two as 'Representative agent' and one each as 'High growth centres', 'Traditional affluent', 'Semi-rural Britain' and 'Trade towns'.

6. The six local labour market variables used were: the number of UC Searching for Work and Jobseekers' Allowance claimants in the LA, LA employment rate, LA working-age work-limiting disability rate, proportion of LA working-age population with at least Level 4 qualifications, LA musculoskeletal condition rate, and proportion of LA population with a mental health condition.
7. DWP, HM Treasury, DfE (2024) Get Britain Working White Paper: Analytical Annex

A.5 Within the classification, there are some oddities: why North Hertfordshire is described as 'affluent commuter belt' when Hertsmere (much further south and largely inside the M25) is 'semi rural', is not obvious. Moreover, the labels that have been adopted by DWP are not altogether helpful. Half of Hertfordshire's districts are in groups labelled 'affluent' and – although broadly consistent with the earnings data reported above – the connotations could be misleading. In St Albans, for example, the ratio of median house price to median gross annual workplace-based earnings deteriorated from 10.5 to 17.6 between 2003 and 2023 (and 17.6 was the highest figure outside of London). Despite the 'affluent' label, there are therefore challenges for those in low pay and/or insecure employment, and in-work poverty is a major concern. One of the key themes of the White Paper is *'helping people to get good jobs and progress out of poverty'* – and for the GHW plan, progression out of poverty is often something that needs to happen for people in work.

A.6 Nevertheless, the classification points to the extent of labour market variation – both across Hertfordshire and in relation to neighbouring areas (which is relevant and important because of commuting patterns). At face value, it would also suggest that employment issues in Stevenage, Hertsmere, Broxbourne and Dacorum might have a different character from those elsewhere.

Table A-1: Labour market types across Hertfordshire

Local authority labour market type	DWP's description	Hertfordshire local authority districts	Other examples of LADs in the same category
4 - Representative agent	Areas in this cluster score in the middle of the range on most measures. The cluster is a mix mainly of rural areas and smaller towns.	Broxbourne Dacorum	Nearby examples include: Ashford and Maidstone
6 - High growth centres	These areas are those with strong labour demand and high skilled labour supply. They have a low rate of health and disability, though the incidence of mental health conditions is around the national average. These areas are mainly affluent areas of outer London and London commuting areas.	Watford	Nearby examples include: Oxford and Reading
8 - Traditional affluent	These areas have a highly skilled workforce, with low rates of health conditions, unemployment is low. These areas tend to be semi-rural or towns on the fringes of urban centres with strong economies.	Welwyn Hatfield	Nearby examples include: South Cambs., South Oxfordshire

Local authority labour market type	DWP's description	Hertfordshire local authority districts	Other examples of LADs in the same category
9 - Semi-rural Britain	This cluster is characterised by low rates of disability and poor health, with average employment rates and high skilled workers. These tend to be areas that historically would have had agriculture as a significant part of the economy with little infrastructure to connect the area to larger economic centres.	Hertsmere	Nearby examples include: Central Bedfordshire and Braintree
12 - Affluent commuter belt	This cluster is made up of areas that have strong indicators of labour demand, skills and health - these tend to be areas that are mainly rural but with good connectivity to strong economic centres, particularly London.	East Hertfordshire North Hertfordshire St Albans City Three Rivers	Nearby examples include: Buckinghamshire and Uttlesford
14 - Trade towns	Areas in this cluster have lower levels of skills in the workforce, with average levels of unemployment, MSK and mental health conditions with low rates of disability. These areas tend to be towns or areas on the periphery of big cities with medium skill economies.	Stevenage	Nearby examples include: Bedford and Milton Keynes

Source: Get Britain Working White Paper: Analytical Annex

Section A2: Economic inactivity in Hertfordshire

A.7 A key focus of the Get Britain Working White Paper is the growing levels of economic inactivity, particularly due to long-term ill-health. This section explores the economically inactive population in Hertfordshire.

A.8 Overall, there are about 130,000 people aged 16-64 who are economically inactive in Hertfordshire. Inactivity rates in Hertfordshire (17%) are relatively low compared to the East of England (20%) and England as a whole (21%). The data suggest an increase post-pandemic, although there was a sharp decline in the last year (although this may reflect data limitations).

Figure A-2: Comparisons with regional/national economic inactivity (%), 2004-2024

Source: Annual Population Survey
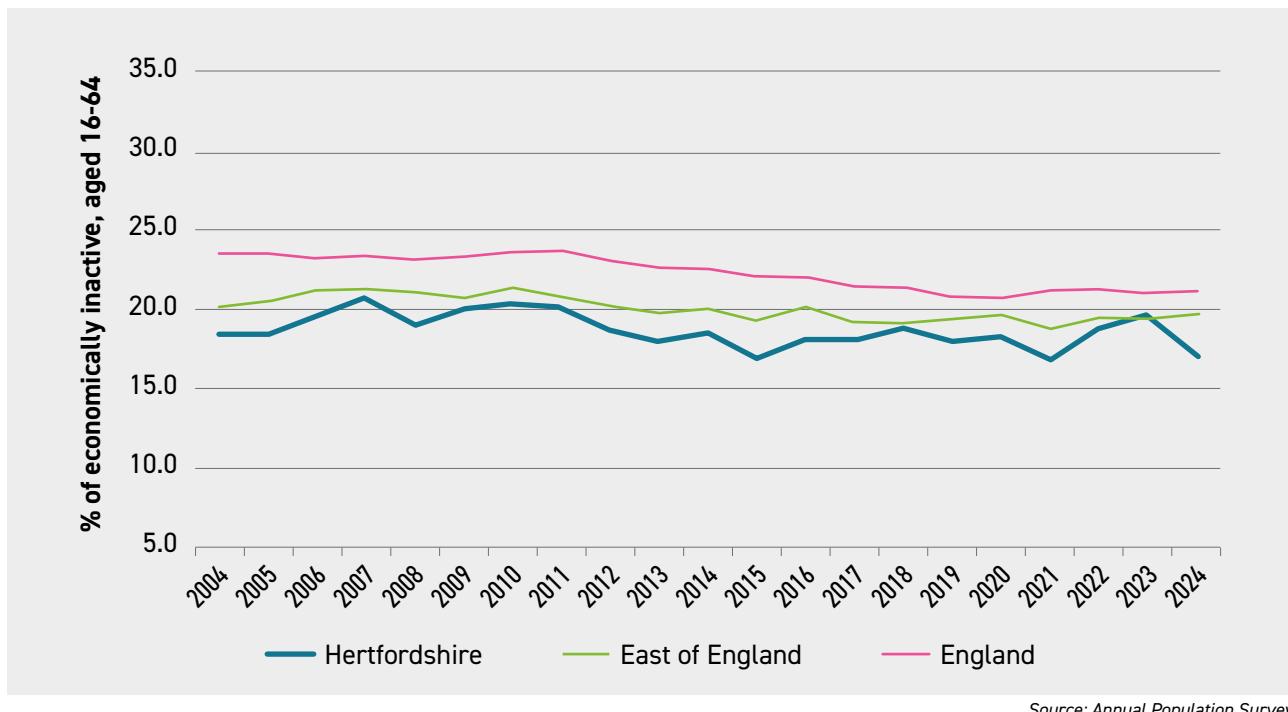
A.9   On this metric, Hertfordshire performs consistently better than adjacent London boroughs and Luton, and is similar to Central Bedfordshire, Buckinghamshire and Cambridgeshire.

Figure A-3: Comparison with other counties' economic inactivity (%), 2004-2024

Source: Annual Population Survey
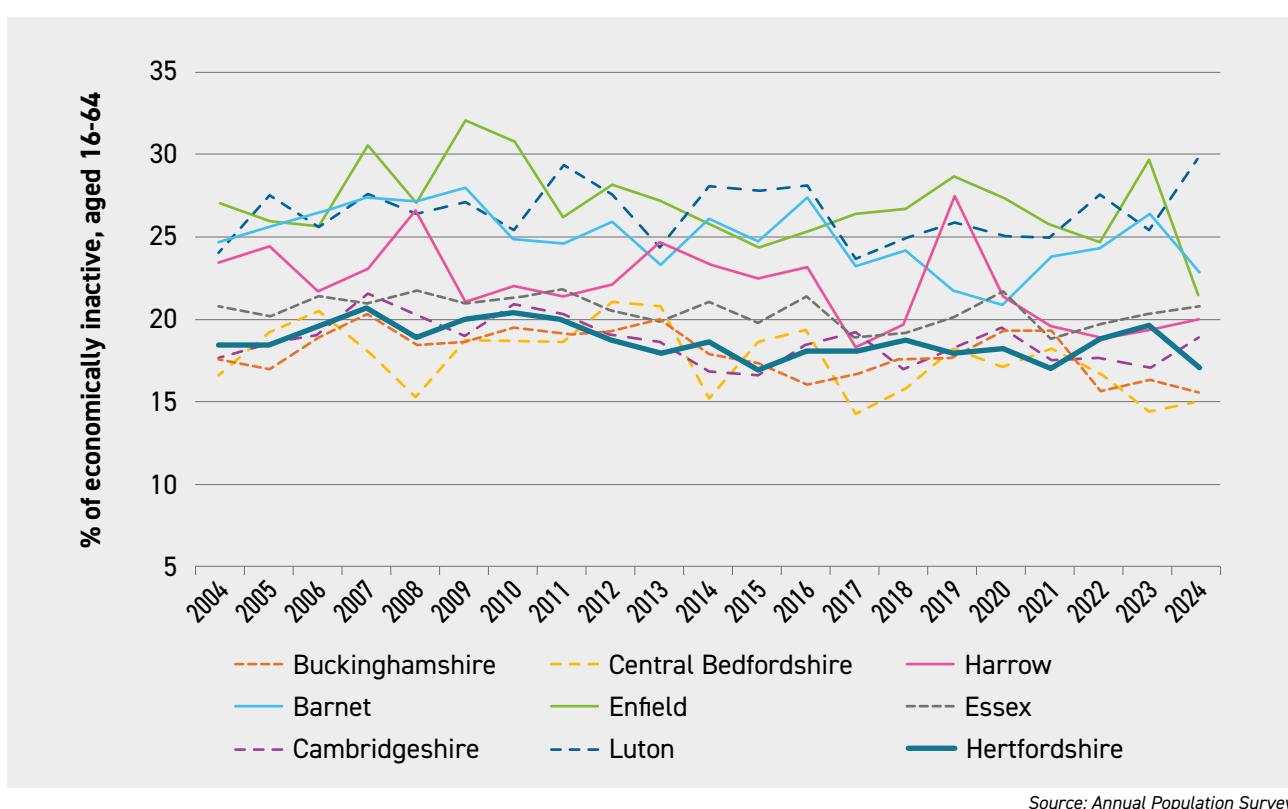
A.10 At the district-level, there is a lot of survey-related 'noise' in the data and, across a 20-year time series, it is very difficult to discern a consistent pattern. However, Hertfordshire has changed substantially as a place over that timescale and there may well be a series of local narratives underneath the official data.

Figure A-4: Economic inactivity in Hertfordshire's 10 districts (%), 2004-2024
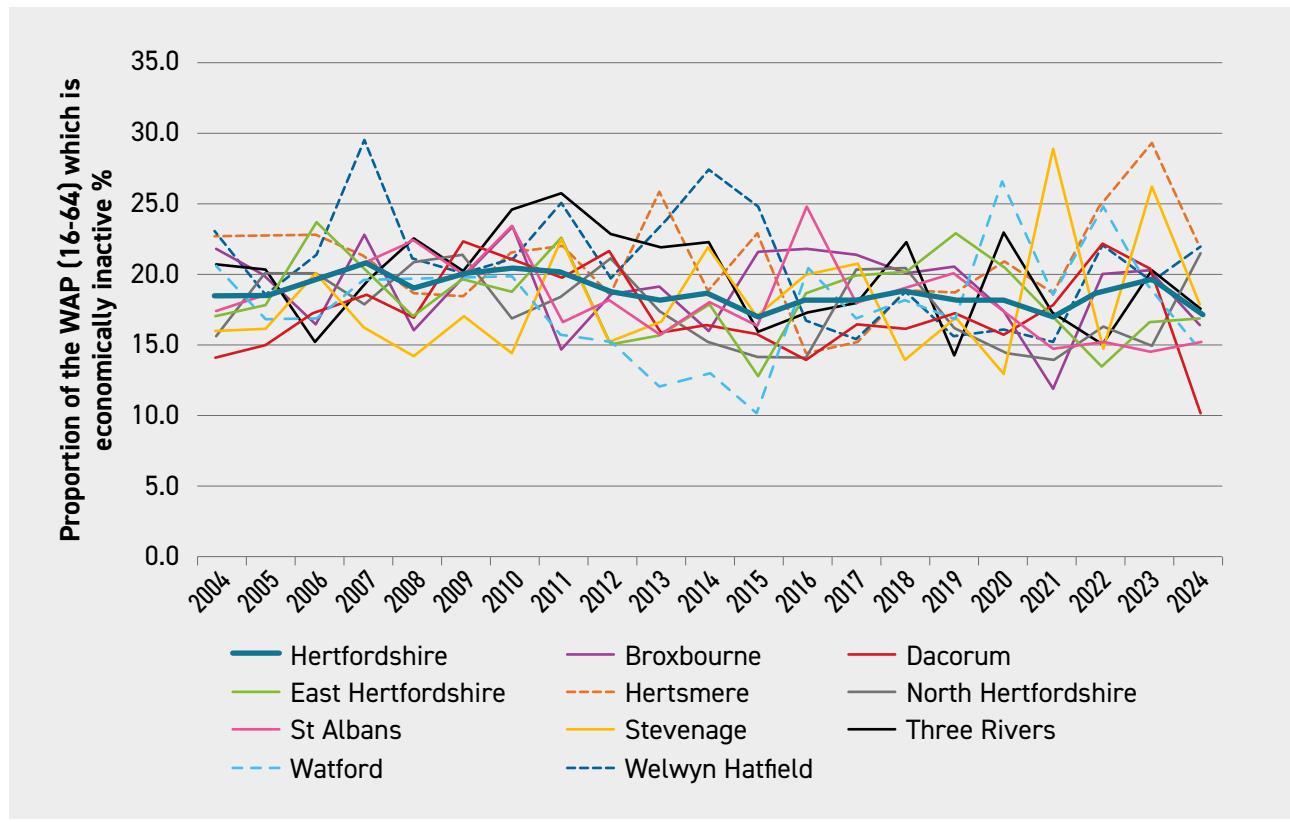
Source: Annual Population Survey

A.11 When looking at economic inactivity by age in Hertfordshire, data for the last six years suggests that economic inactivity has risen quickly among those aged 20-24, rising from 14% in 2019 to 26% in 2024. On a more positive note, economic inactivity among those aged 50-64 has been consistently lower than the level for England.

Figure A-5: Economic inactivity by age (16+)
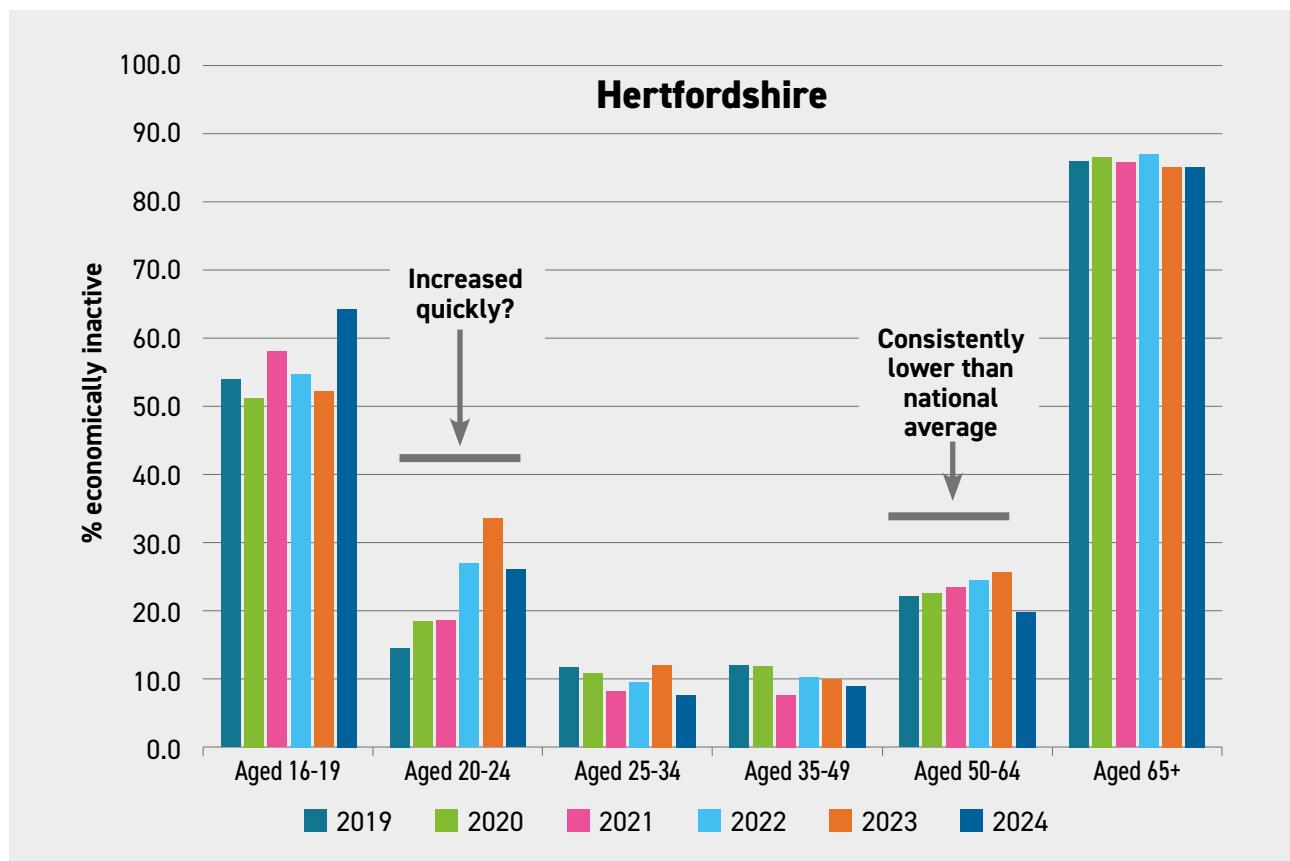
A.12 In 2024, the percentage of those economically inactive who wanted a job was slightly lower in Hertfordshire (18%) compared to England as a whole (19%) but higher than the figure for the East of England (15%). Looking across the past six years, the data suggest that the proportion of the economically inactive who want a job has fallen in Hertfordshire, but again data issues mean we should be cautious about year on year changes.

Figure A-6: Economic inactivity by whether people want/do not want a job (16-64)
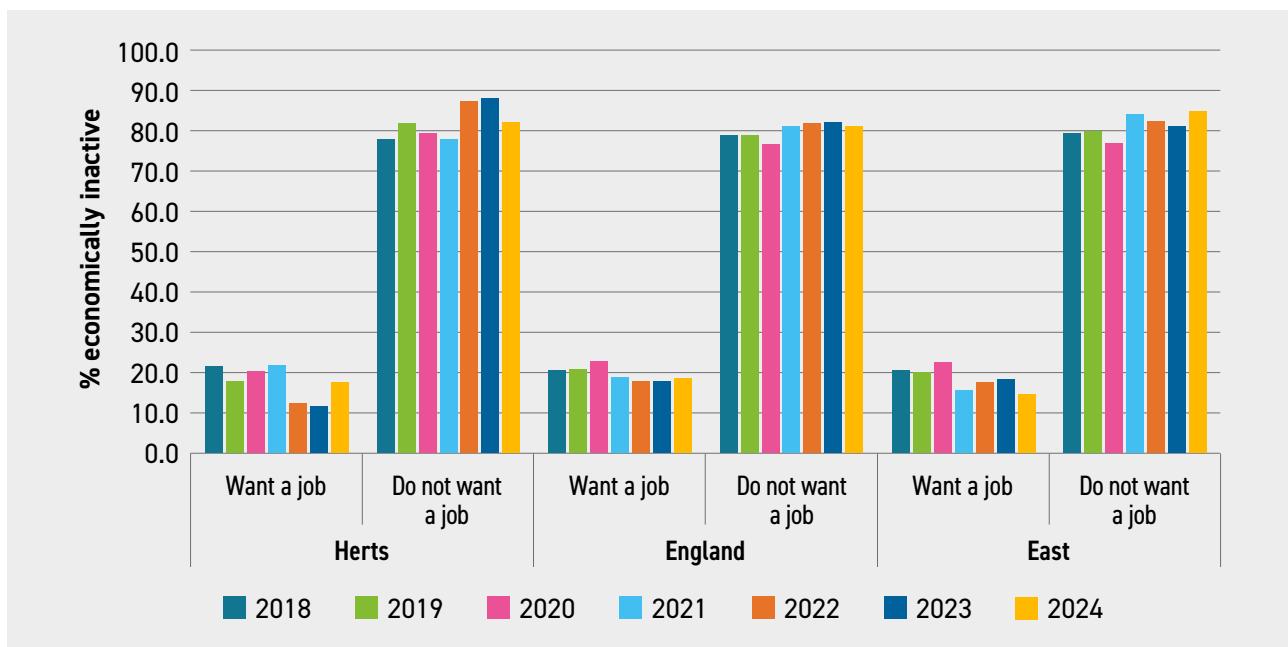
Reasons for inactivity

A.13 Even at a county level, the data on reasons for inactivity are volatile year on year – so care is needed in interpretation. Between 2019 and 2024, the number of economically inactive people 'looking after a family/home' may have increased but on all other headline indicators, it is difficult to discern real trends.[8]

Figure A-7: No. economically inactive by reason, Hertfordshire, 2019-2024 (16-64)
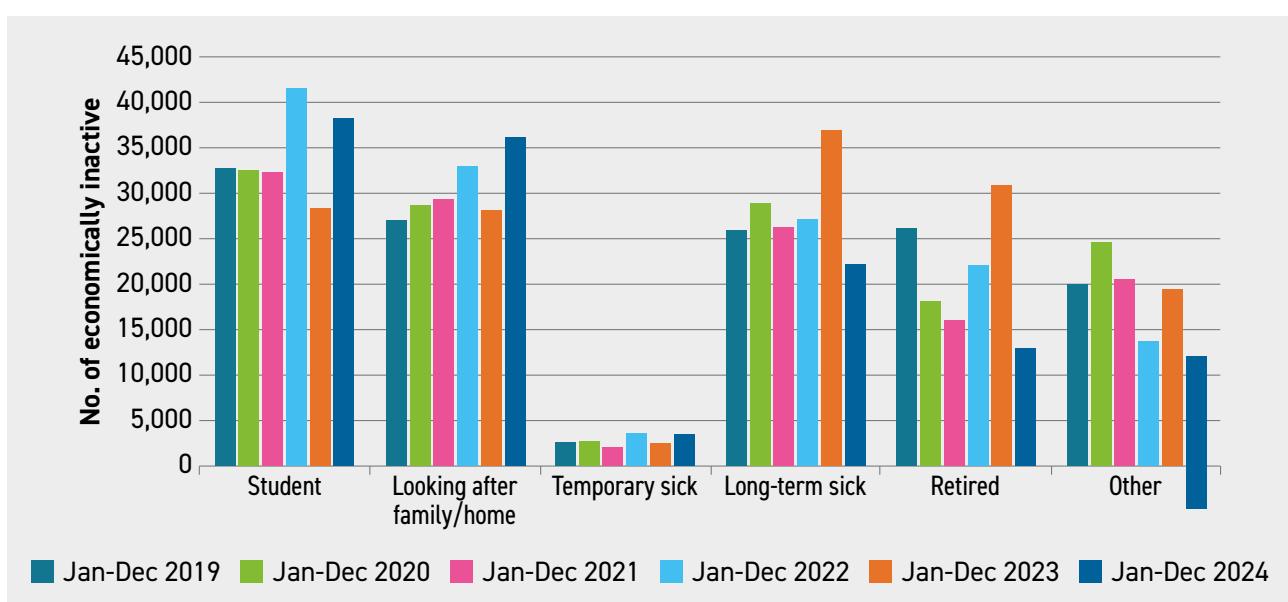
8. To note, we have compared that data for 2021 to that in the Census and this casts further doubt on the APS data, so the APS data should be interpreted with care.

A.14 The table below provides comparator data on 'reasons for economic inactivity'. Whilst there is substantial noise in the data (and confidence intervals are an issue), the pattern across the different areas is broadly similar. However at least on face value, the incidence of those who are economically inactive because they are 'looking after family/home' appears to be high whilst the incidence of 'long term sick' is relatively low (certainly when compared to the national average).

Table A 2: Reasons for economic inactivity (among of all those aged 16+ who are inactive)

	Hertfordshire	Cambridgeshire	Central Bedfordshire	Essex	East of England	England
Student	12%	16%	12%	12%	11%	12%
Looking after family/home	12%	8%	7%	8%	9%	9%
Long term sick	8%	9%	9%	10%	11%	13%
Retired	59%	63%	66%	63%	63%	59%
All other reasons	8%	5%	6%	7%	7%	7%

Source: Annual Population Survey

Health-related inactivity

A.15 Over a longer time series, among those who are economically inactive and aged 16-64, the incidence of 'long term sick' in Hertfordshire increased from about 10% in 2014 to around 25% in 2023 (although it may have fallen in 2024): from around 2018, it became more similar to the national average (albeit a similar percentage within a lower overall rate). The overall number of people aged 16-64 who were economically inactive because they were long term sick was 22,200 in the year to December 2024.

Figure A-8: Comparison with regional/national economic inactivity (%) due to long-term sickness, 2004-2024 – among those aged 16-64
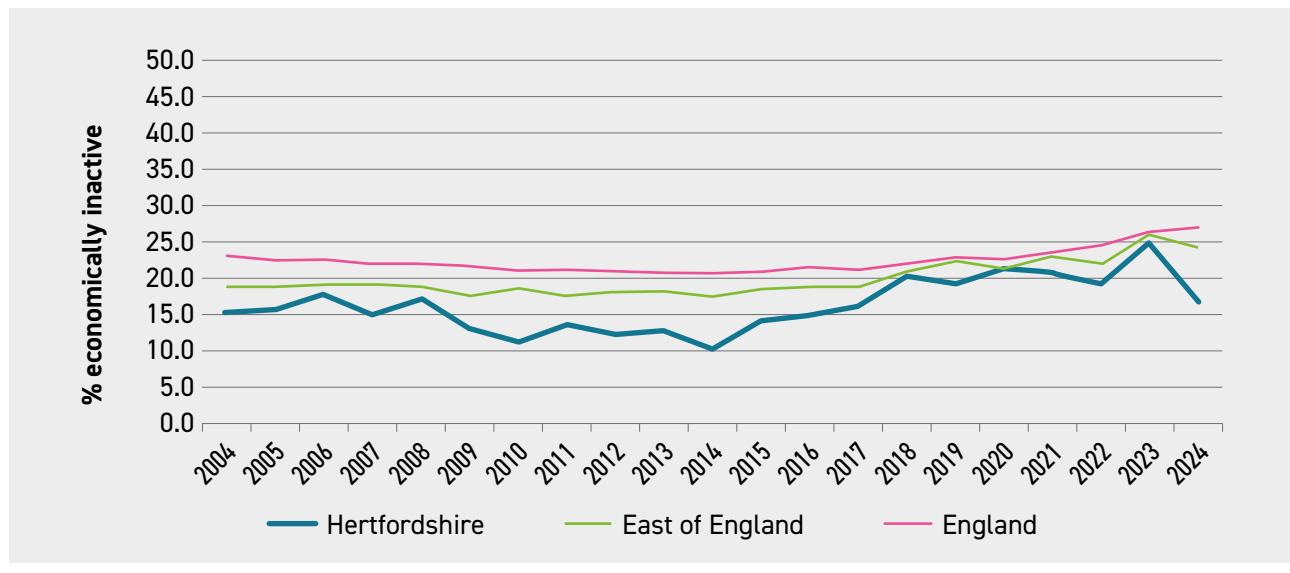
A.16 Due to year-on-year fluctuations it is difficult to discern real trends when comparing economic inactivity in Hertfordshire to comparator areas. However, in recent years, economic inactivity due to long-term sickness has generally been slightly higher in Hertfordshire compared to Harrow and Buckingham, but lower than central Bedfordshire and Enfield.

Figure A-9: Comparisons with other areas' economic inactivity due to long-term sickness (%), 2004-2024 (among those aged 16-64)
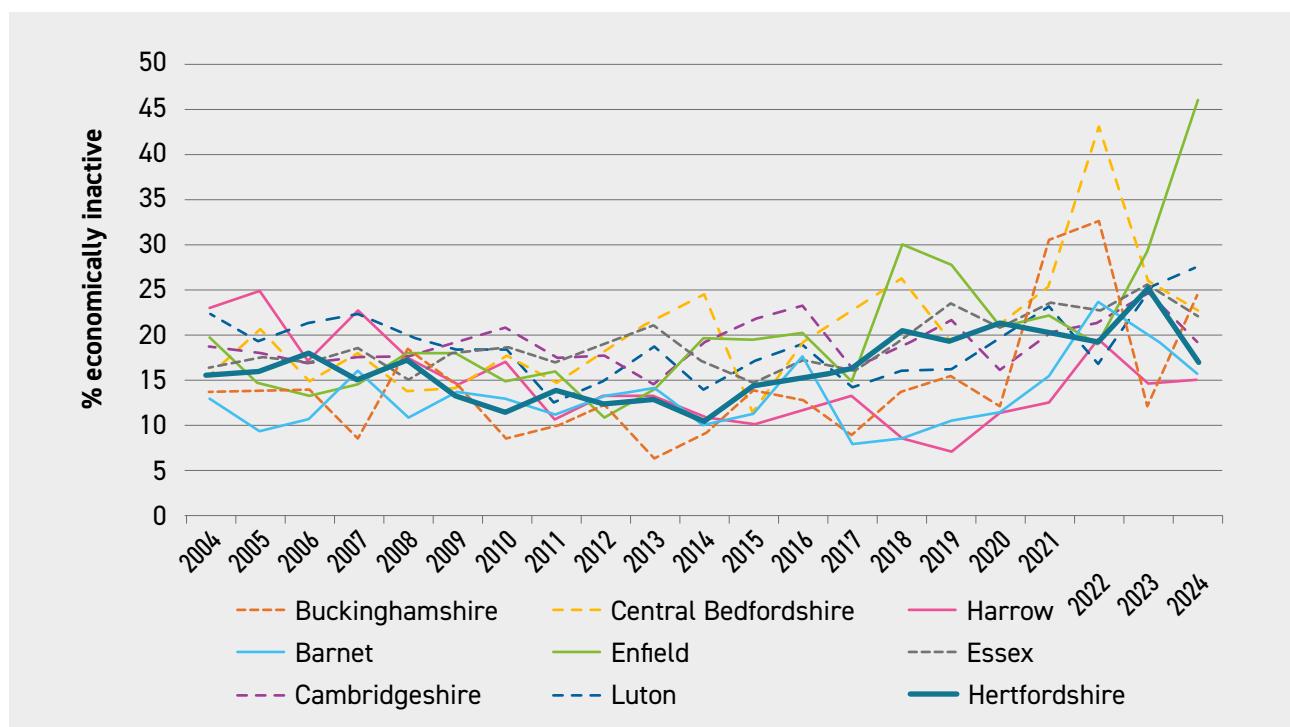
A.17 When broken down by gender, economic inactivity due to long-term sickness appeared to increase for both males and females in Hertfordshire between 2014 and 2020, since then it has continued increasing for men but been more volatile for women.

Figure A-10: Economic inactivity due to long-term sickness by gender, Hertfordshire (%), 2004-2024 (16-64)
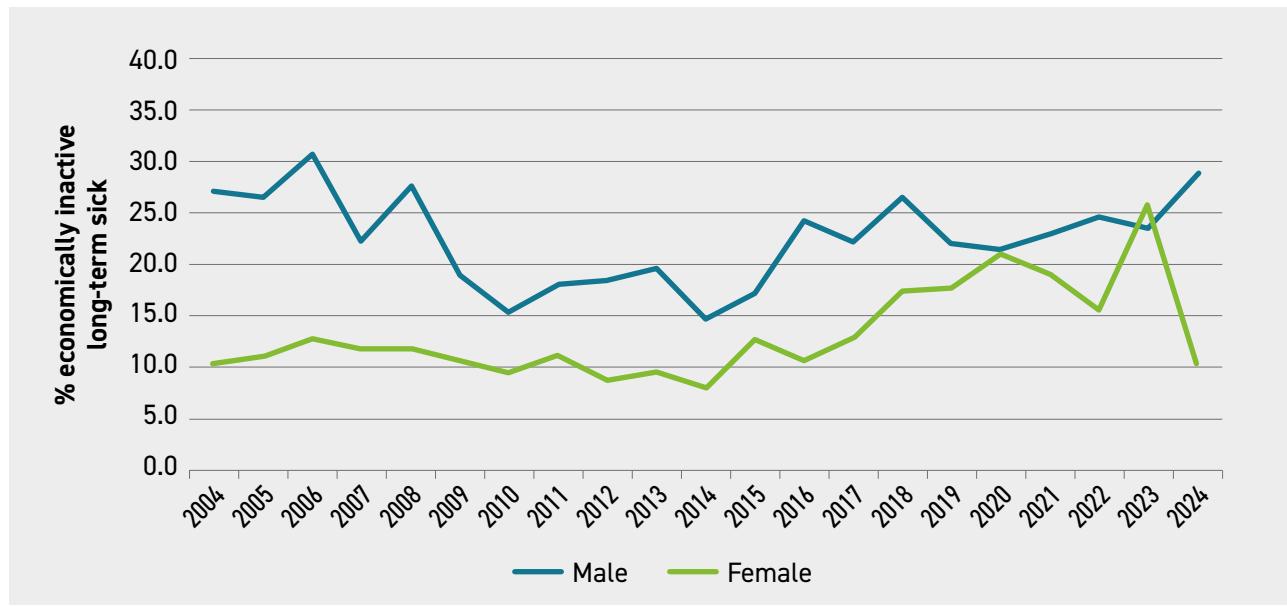
A wider perspective on health and inactivity

A.18 This trend of growth health related inactivity has been widely reported and is a key driver for the Get Britain Working White Paper. However, as Figure A-11 shows the relationship is complex with wider barriers also in play. In terms of health a strong implication is that while many people are not working because of ill-health, they will often have longer term conditions which will require adaptations and support, rather than a being treated and so removed.

Figure A-11: Wider evidence on health and inactivity

Health is getting worse

> More than half of the rise in 16- to 64-year-olds claiming disability benefits since the pandemic is due to **more claims relating to mental health or behavioural conditions** - 44% of all disability benefits claimants.

> **Mental health conditions are becomin more common amongst the working-age population.** 13-15% of the working-age population reported a long-term mental or behavioural health condition, up from 8-10% in the mid 2010s.

> Sickness absence days were 37% higher in 2022 tahn in 2019. Looking at public sector workers, sickness absence rates increased by 29% for teachers, 19% in the Civil Service and in the NHS over this period.

...but health waiting lists may not be the place to focus to tackle inactivity

"Taking all our results together, we conclude – with caveats – that the NHS we consider in this report [elective and mental heath services] have not been a significant driver of rising health-related claims, and that the main explanations for rising claimant numbers almost certainly lie elsewhere.

This is because

1. The large majority of people on the NHS elective waiting list are either not of working age or are in paid work.

2. The NHS waiting list has relatively fast turnover, unlike health related inactivity.

3. The age groups and health conditions that have experiences the largest rises in health-related benefit claims are not the same as teh age groups that have experienced the largest increases in waiting list size."

...yet there is evidence that many inactive people would/could work

> 60% say they could work now if right job/support in place.

> 33% might be able to work if health improves.

> Older people, aged over 50, less likely to get a positive response.

> People typically face multiple barriers, including more than one health condition.

> While health is a widespread barrier, many of those who want to work also report confidence, skills and knnowledge barriers to work alongside issues of accessibility (reasonable adjustments).

Source: SQW from various sources[9]

9. [The role of changing health in rising health-related benefit claims | Institute for Fiscal Studies](#)
   [IFS Report The relationship between NHS waiting lists and health-related benefit claims](#), which covers pre-planned hospital treatment and some mental health treatment
   [Work aspirations and support needs of health and disability customers: Interim findings - GOV.UK](#) a survey of 3,401 DWP health and disability customers

Other data sources

A.19 Alongside the data on economic inactivity, DWP data on Universal Credit claimants was also reviewed. Data for December 2024 shows that, in Hertfordshire, there were 101,357 people on Universal Credit. Of these, 60% were not in employment, whilst 40% were employed. This is broadly in line with the figures for the East of England and England as a whole. People on Universal Credit are split into a range of conditionality regimes. In Hertfordshire, in December 2024, the largest group on Universal Credit was those with no work requirements (39%), a group which has been growing proportionally over time. In December 2018, 16% of all Universal Credit claimants had no work requirements.

A.20 As part of the data review exercise, NHS data on Fit Notes[1] was analysed. Over recent years, the overall number of Fit Notes has risen more quickly in Hertfordshire than regionally or nationally. On a weighted basis, the incidence of Fit Notes is similar across South West and Central/East Herts, possibly seasonal in nature and, overall, about a third lower (per head of GP practice population) than the England average. However, in practice, there appear to be a lot of missing data from the Fit Notes database. In December 2024, data on the diagnosis was not provided in 93% of entries for Central and East Hertfordshire and 68% of entries for South West Hertfordshire.

Section A3: Scaling the problem

A.21 This section considers two issues: the flow of people into economic inactivity due to sickness and the number of economically inactive people who might be 'in scope' to return to work. Both issues require a series of assumptions, which are made drawing on published data from ONS and DWP, and explained below.

Stocks and flows

A.22 The Keep Britain Working evidence [report](#) provides a series of figures which depict the stocks and flow in the labour market. The table below takes the national figures on flows and applies them to APS data on stocks for Hertfordshire. In doing so, we are making the assumption that Hertfordshire broadly mirrors the national picture.

A.23 The table shows that we might anticipate around 5,000 people each year becoming economically inactive due to sickness. The majority of these will come directly from employment (rather than after a period of sickness absence or unemployment). This highlights the importance of working with employers to ensure early identification/intervention.

Table A-3: Stock and flow in Hertfordshire

	Number (2024)	% flow to 'economically inactive – sick'	Number becoming 'economically inactive – sick'	% of all those becoming 'economically inactive – sick'
Actively employed	610,100	0.5%	3,051	57%
Sickness absence	**15,497**	**7.6%**	**1,178**	**22%**
Unemployed	17,100	6.4%	1,094	21%
Total			**5,323**	

Source: APS, KBW and SQW calculations

A.24 The stock figures are taken from 2024. We have noted the volatility in the APS data year-on-year. Therefore, as a check we also calculated an equivalent set of figures for 2023. There was little difference: the total flow was within 10 of the 2024 figure; and the ratios were also similar, e.g. the share accounted for by employment rose by 2pp.

How many of the economically inactive might be anticipated to return to work?

A.25 The APS provides estimates for the number of people who are inactive and the main reason for inactivity. It also asks people if they 'want to work'. However, we cannot combine the two sets of data, so we have completed some basic calculations as shown in the table below to estimate the numbers of the economically inactive who may wish to work. Overall, this suggests a total figure ranging from around 10,000 to above 20,000.

Table A 4: Economic inactivity in Hertfordshire (16-64)

	Jan 2023-Dec 2023	Jan 2024-Dec 2024
No. of economically inactive student	28,400	38,200
No. of economically inactive looking after family/home	28,100	36,200
No. of economically inactive temporary sick	2,500	3,500
No. of economically inactive long-term sick	36,900	22,200
No. of economically inactive retired	30,800	13,000
No. of economically inactive other	19,400	16,700
Total	**146,100**	**129,800**
EI who want to work	11.7%	17.7%
Estimate of EI who want to work (across all EI)	17,094	22,975
Estimate of EI who want to work (across all EI, excluding students)	13,771	16,213

Source: APS, KBW and SQW calculations

A.26 As a further check, we drew on DWP published survey work of economically inactive people. It reported that:

> 6% thought they could work right away if the right job or support was available.
> 33% could work if their health condition improved.[10]

A.27 If we apply these percentages to the pool of economically inactive people in Hertfordshire (excluding students), we derive low and high estimates as shown in the table below.

Table A 5: Alternative estimate of number of economically inactive people who might work

	Jan 2023-Dec 2023	Jan 2024-Dec 2024
Low estimate (6%)	7,062	5,496
High estimate (39%)	**45,903**	**35,724**

Source: SQW calculations

A.28 This approach provides a much wider range than the calculations above. This is likely to be because:
> at the lower end, not everyone who above said they wanted to work would be able to in the short term.
> at the higher end, many people may be facing complex issues which will take some time to resolve and so they may not report wanting to work when asked the standard APS questions.

A.29 Our conclusion from these two different approaches is that the scale of those 'in scope' for Get Hertfordshire Working, at least the initial focus on those wanting to and most able to work, is likely to be in the range of 15,000 – 25,000 (acknowledging some uncertainty around both the lower and upper estimates).

Section A4: Get Britain Working White Paper Outcome Metrics – time series charts

A.30 This section provides time series charts for Hertfordshire that align, as far as possible, with the Get Britain Working White Paper Outcome Metrics.

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10. Note – percentages have been recalculated from the report to exclude those people who are in work

**Figure A-12: Employment rate – Hertfordshire (2004-2024)**
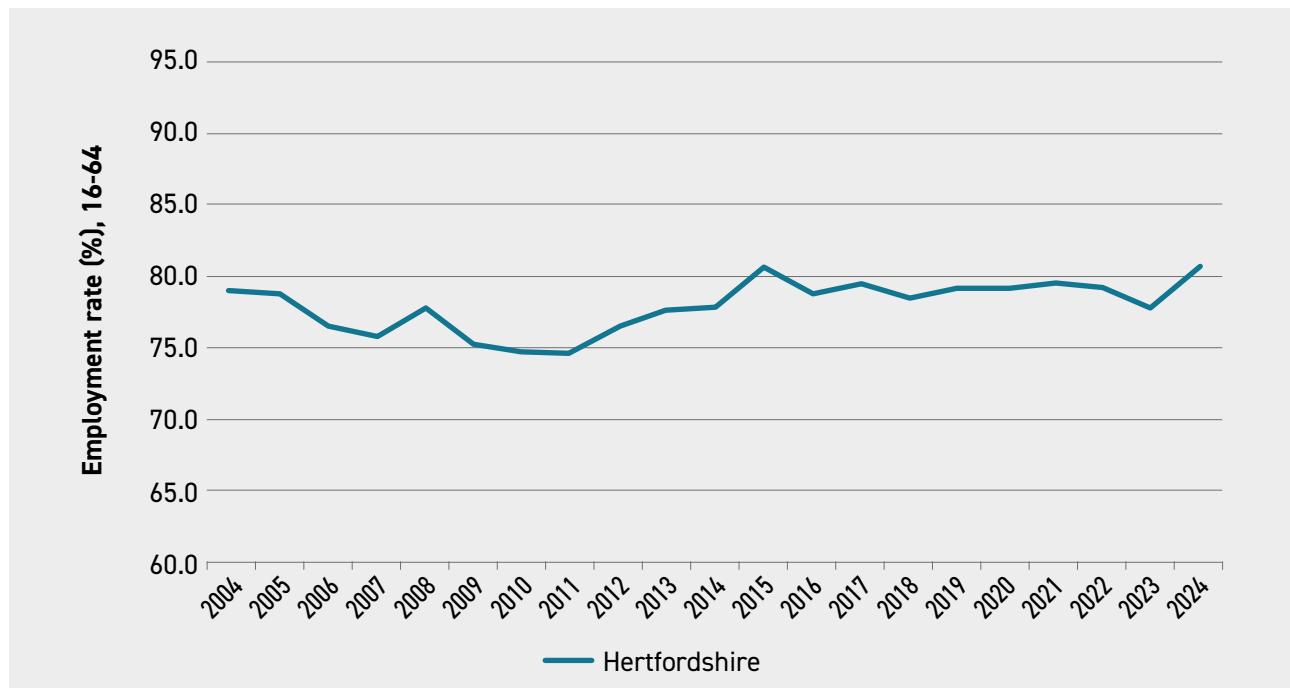
**Figure A-13: Median weekly pay for full-time workers (residents and workers) – Hertfordshire (2008-2024)**
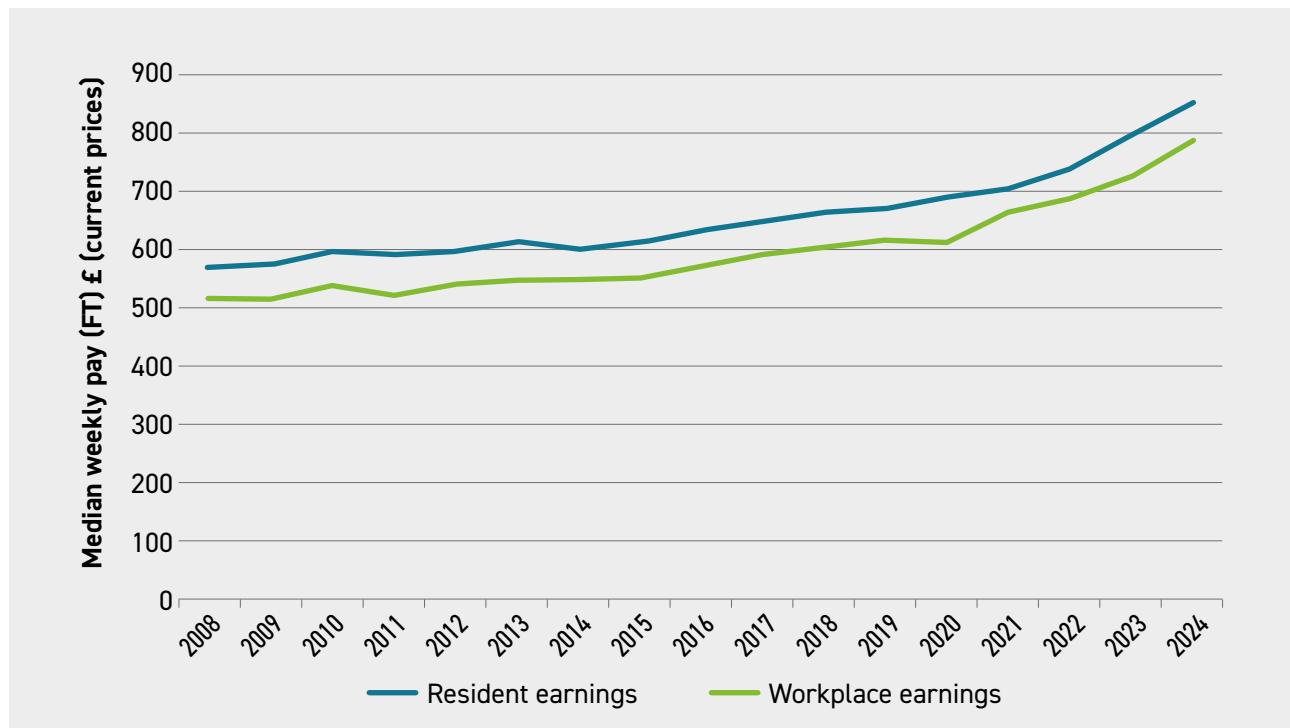
*Figure A-14: Local variation in employment rates 16-64 – Hertfordshire (2004-2024)*

Source: Annual Population Survey
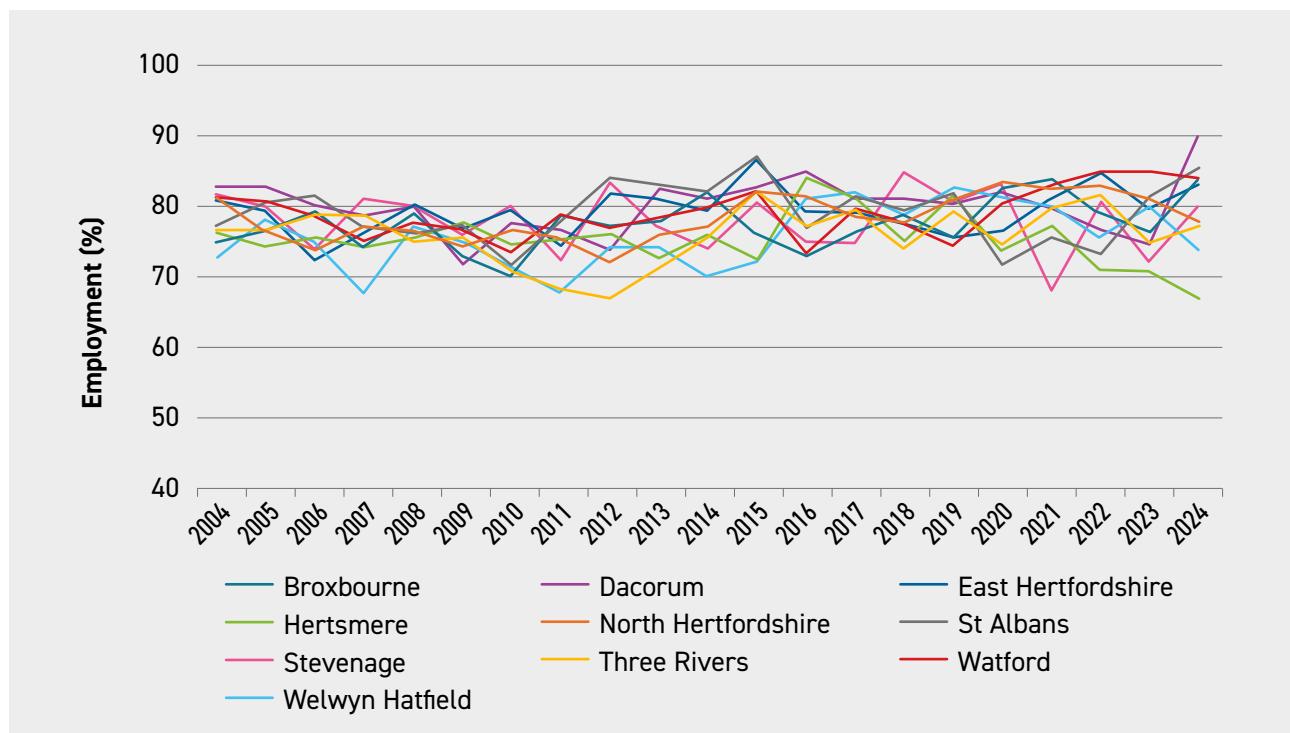
*Figure A-15: Health related economic inactivity rate 16-64 – Hertfordshire (2004-2024)*

Source: Annual Population Survey
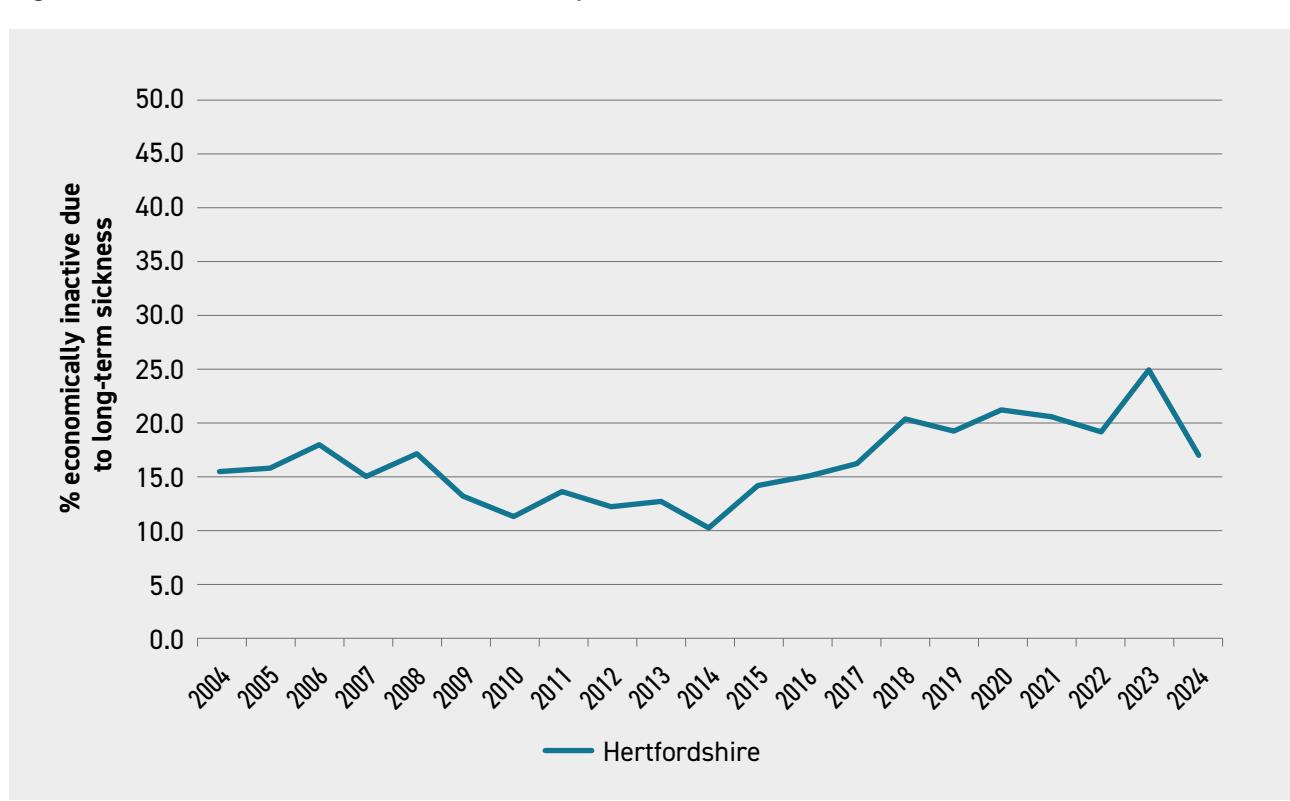
Figure A-16: Disability employment rate gap
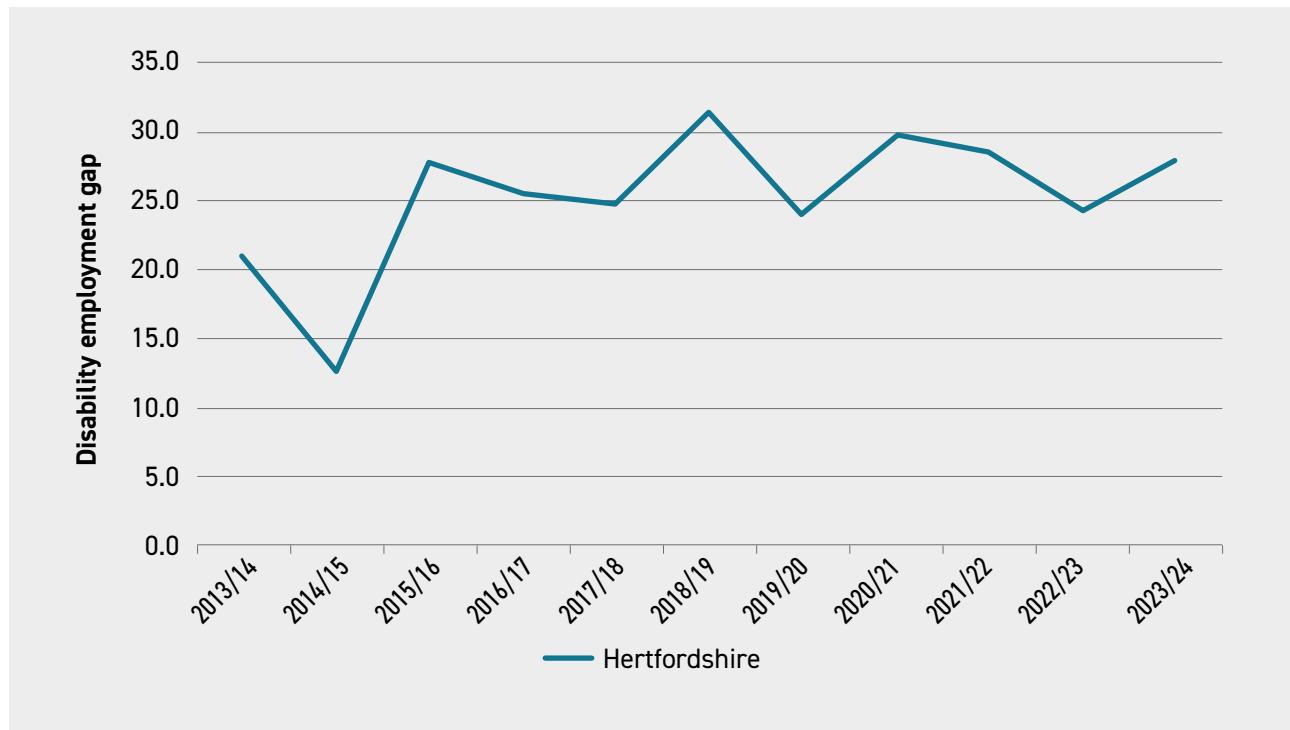
Source: DWP, The Employment of Disabled People 2024

Figure A-17: Economic inactivity 16-24 – Hertfordshire (2004-2024)
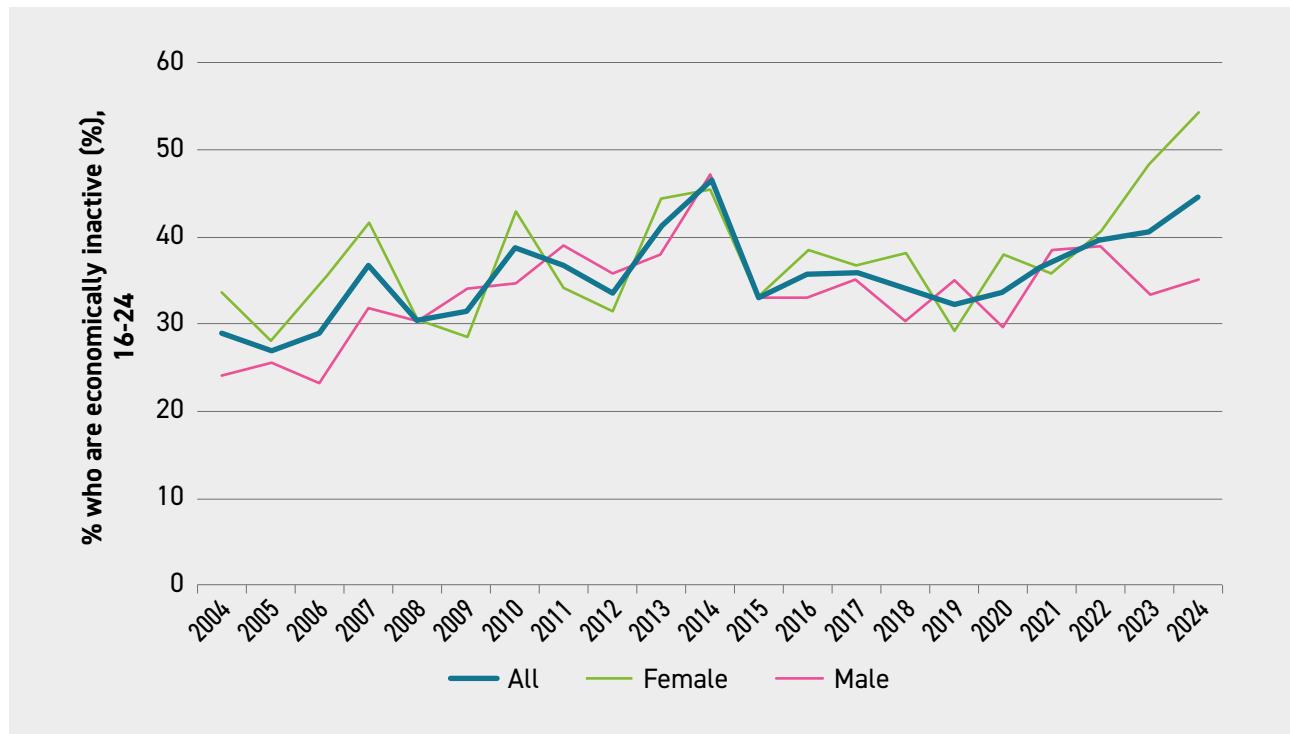
Source: Annual Population Survey

Figure A-18: Claimant count 18-24 – Hertfordshire (2004-2024)
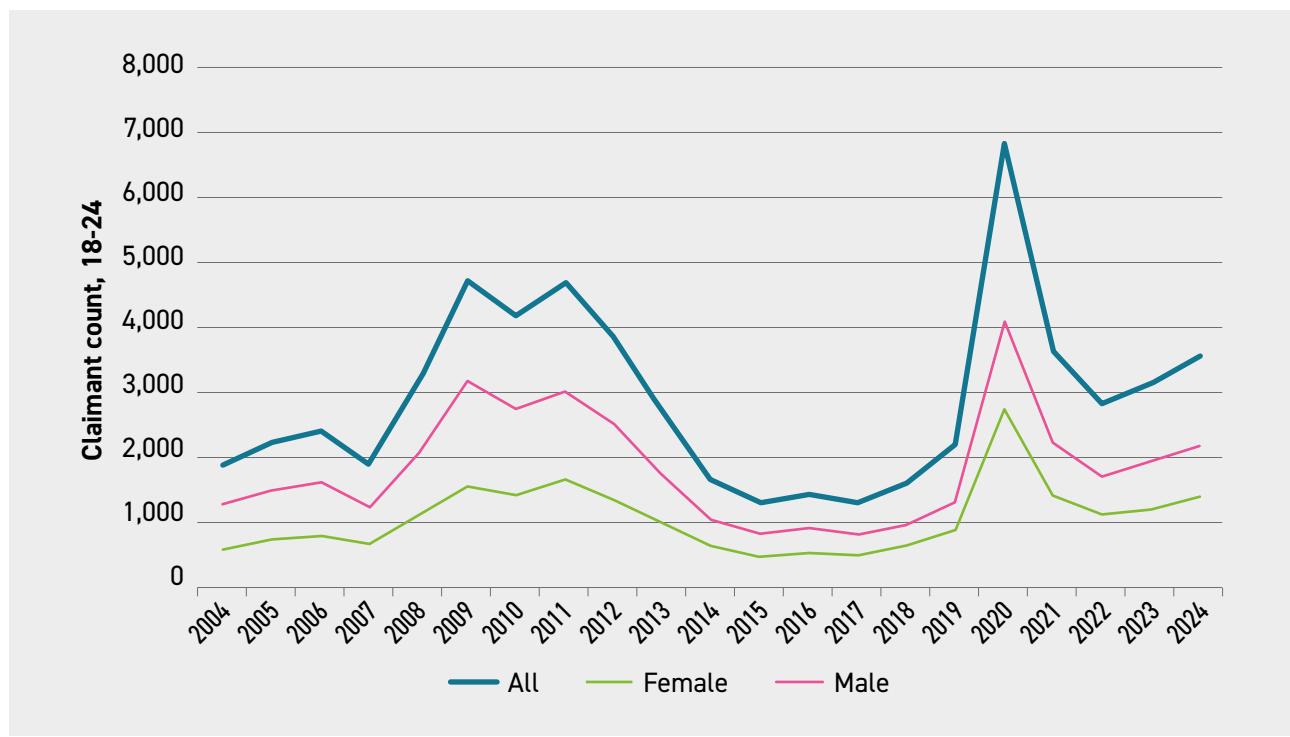
Source: Claimant count

Figure A-19: Economic status of households with dependent children – Hertfordshire (2004-2024)
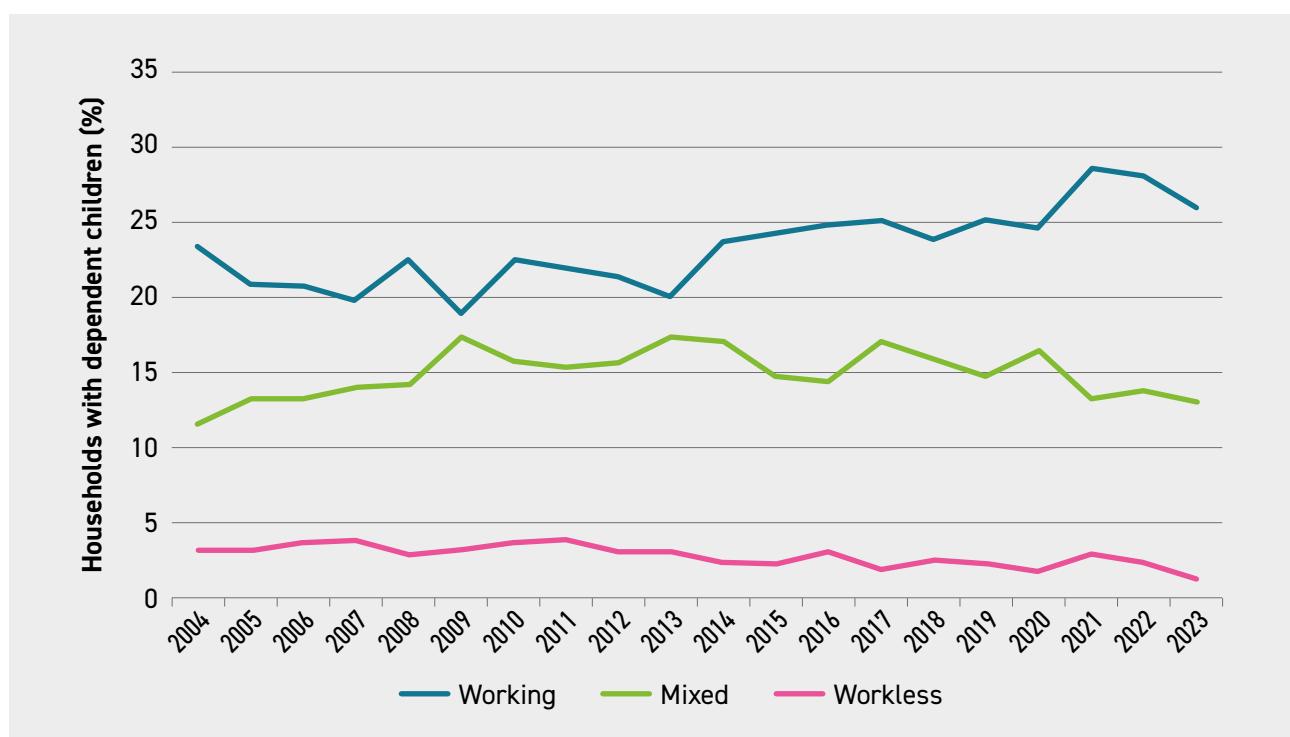
Source: Annual Population Survey

Figure A-20: Female employment rate 16-64 - Hertfordshire (2004-2024)
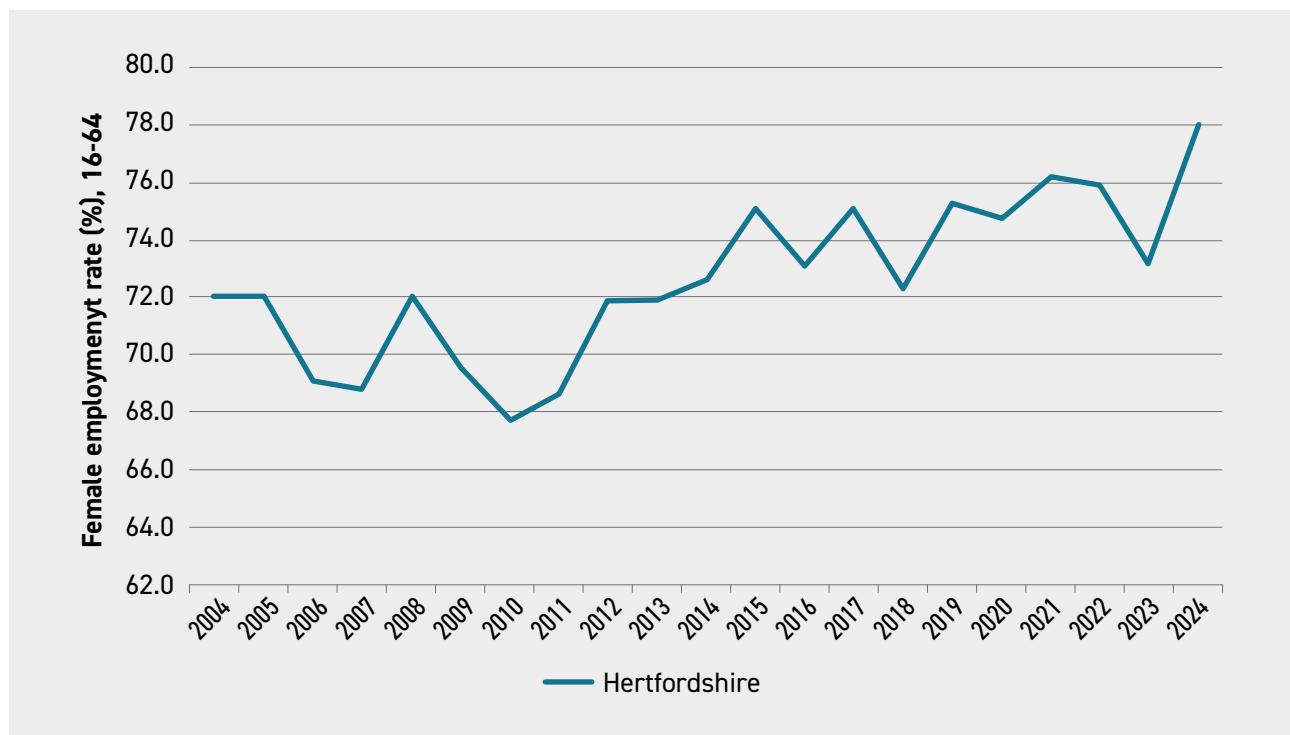
Source: Annual Population Survey

# Annex B: survey of Jobcentre customers in Hertfordshire

B.1 A survey for out of work individuals was distributed through the nine Jobcentres across Hertfordshire located in Watford, Waltham Cross, Borehamwood, Hertford, Stevenage, Letchworth, Hemel, Hatfield and St Albans. The Jobcentre customers who answered the survey were those who were on the health journey, i.e. they had Fit Notes and were receiving Work Coach support to reflect that.

B.2 The survey sought insights from these individuals regarding their barriers to work, future expectations, solutions to getting back to work and health-related questions regarding these barriers and solutions. Respondents were asked if they were receiving health-related benefits and, if they were, subsequent questions were asked to gather deeper insights regarding health-related barriers to work. Due to the nature of the questions, respondents were not required to answer every question if they did not want to.

B.3 The survey was live for 21 days and received a total of 1,180 completed responses. On average, respondents took just over 12 minutes to complete the survey.

Profile of Respondents

B.4 **The most commonly described current position of a respondent was being long-term sick (50%),** followed by temporarily sick (20%), looking after home or family (7%), students or in training (2%), retired (less than 1%), and "Other" (19%), which includes those unemployed, looking for work, or caring for children, and some working part-time. According to the latest Annual Population Survey in Hertfordshire[11], the leading reasons for economic inactivity were being a student (28%), looking after family or home (28%), and long-term sickness (19%), indicating that education, caregiving responsibilities, and health issues are the primary factors keeping individuals out of the labour market. This difference likely reflects the distinct sampling approaches of the two surveys, with the Get Hertfordshire Working survey drawing heavily from Jobcentre Plus customers, who are more likely to report health-related issues.

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11. Office for National Statistics (ONS). *Annual Population Survey – Economic Inactivity by Reasons*. Nomis. Data retrieved on 8 September 2025.

Figure B-1: Which of the following best describes your current position?

Bar chart showing:
- Looking after home/family: 7%
- Temporarily sick: 20%
- Long term sick: 50%
- Retired: 0%
- Student/in training: 2%
- Other (please specify): 19%
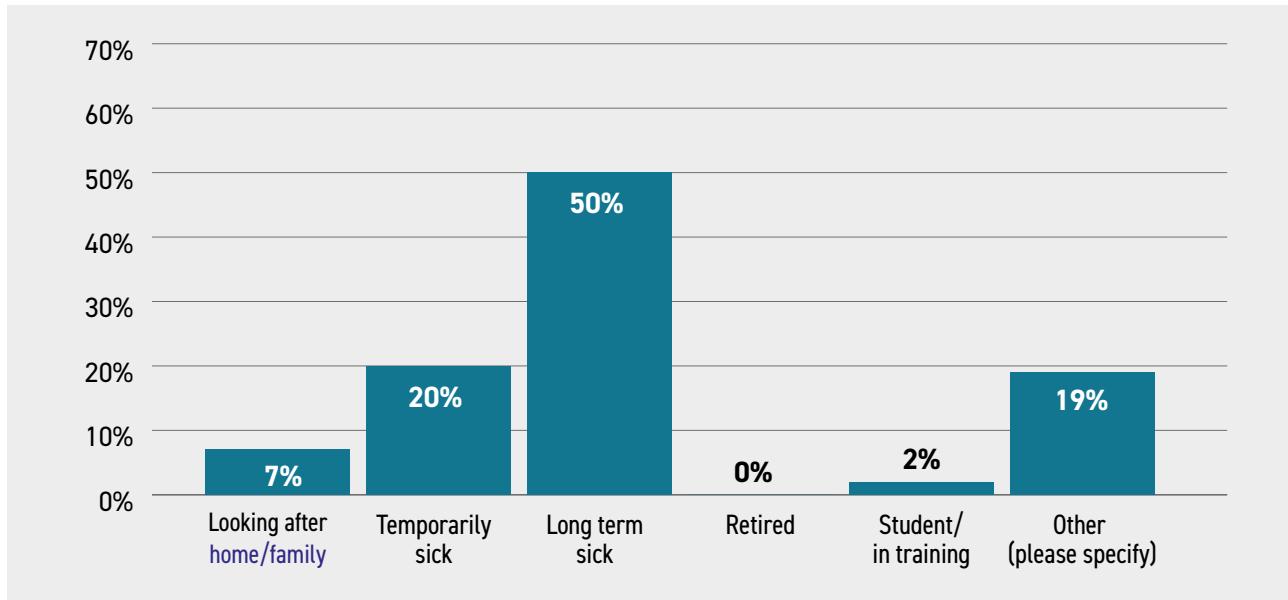
B.5 **Most respondents had last worked within the past 2 years (54%).** The most frequently reported time period since the respondent last worked was 1–2 years ago (23%), followed by 3–5 years ago (21%), less than 6 months ago (18%), and 6–12 months ago (15%); fewer had last worked 6–10 years ago (7%) or more than 10 years ago (7%), while 6% had never worked. Interestingly, over one third therefore had last worked less than one year ago. Young people (18-24yrs) are much more likely to have never worked before (59%) compared to the rest of the population and almost half (48%) of those aged 55-64 years last worked more than 10 years ago.

Figure B-2: How long is it since you last worked?

Bar chart showing:
- Less than 6 months: 18%
- 6-12 months: 15%
- 1-2 years: 23%
- 3-5 years: 21%
- 6-10 years: 7%
- More than 10 years: 7%
- Never worked: 6%
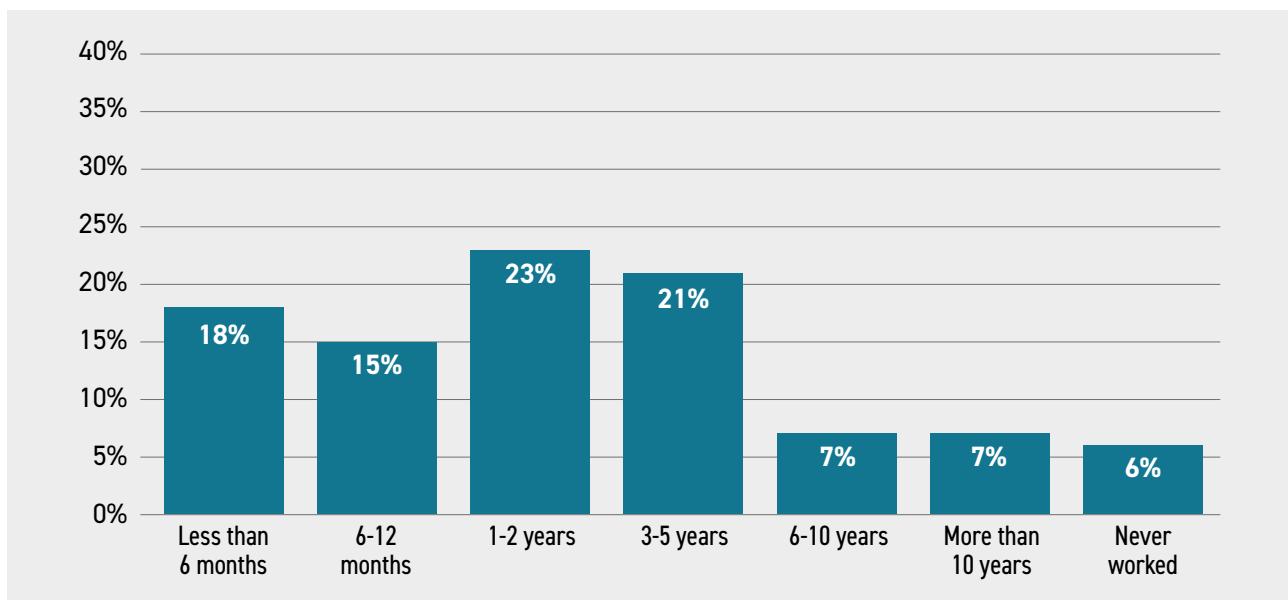
B.6 **The largest groups of respondents are from East Hertfordshire (20%)**, Stevenage Borough (14%), Watford Borough (13%), Hertsmere Borough (11%), and St Albans City (10%).

Figure B-3: Where do you live? In which of the follow district council areas?
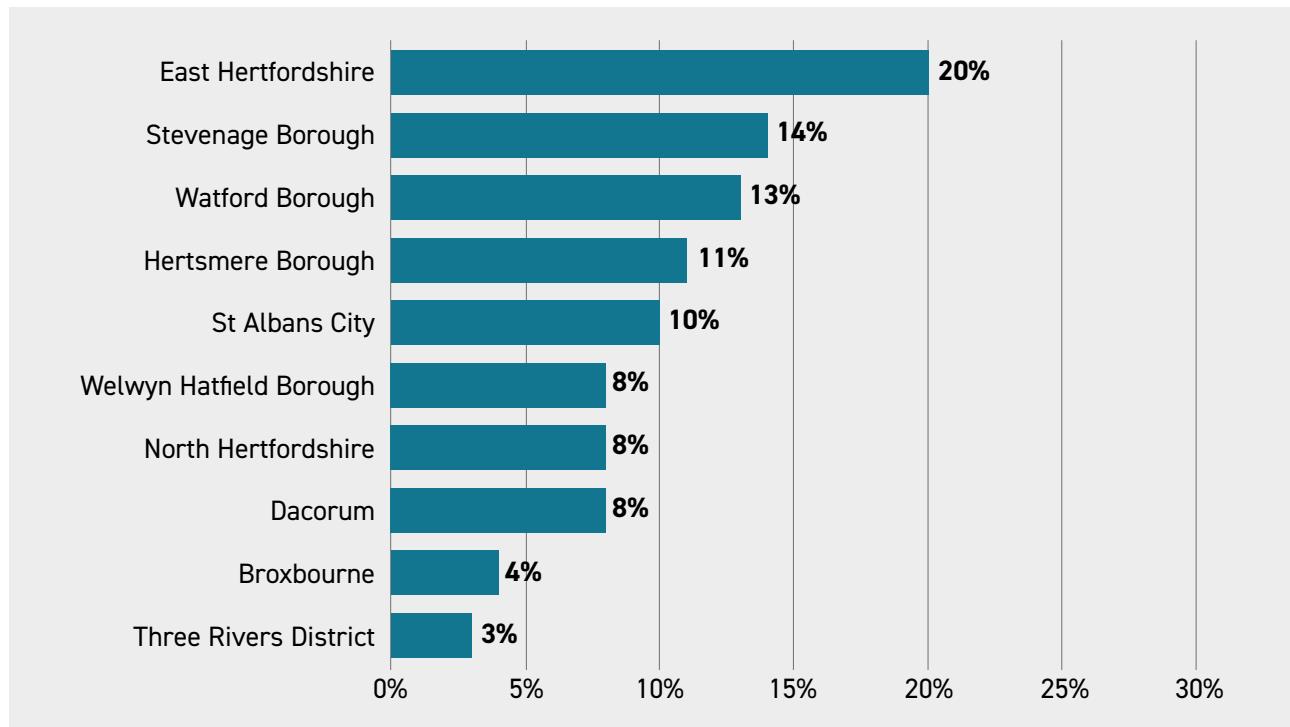
Source: SQW analysis of JCP survey. N=1169

B.7 **The most common age group for respondents was 55–64**, accounting for 23% of the sample. This was followed by those aged 35–44 (22%) and 25–34 (21%). Respondents aged 45–54 made up 18%, while the 18–24 age group represented 15%. Some 2% of respondents were aged 65 and over, and a small proportion (1%) chose not to disclose their age.

Figure B-4: What is your age?
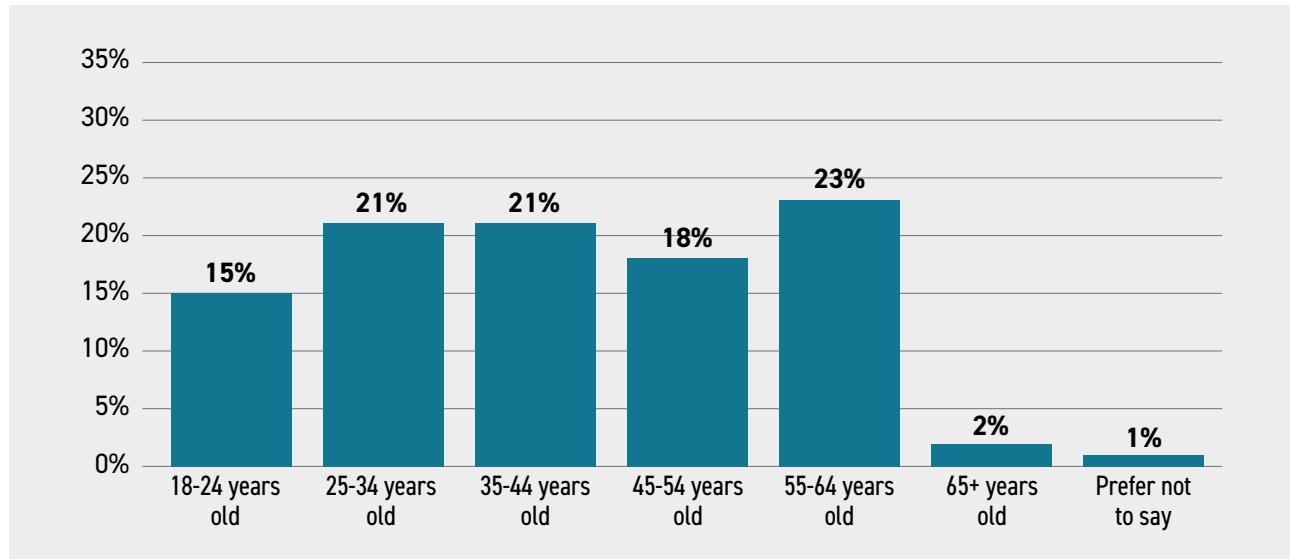
B.8 **Just over half of respondents reported they were female (50%), while males made up 47%.**

B.9 The majority of respondents described their ethnic group or background as White (73%), followed by Asian/Asian British (6%), Mixed/Multiple ethnic groups (5%), and Caribbean or Black (3%).

*Figure B-5: Which of the following best describes you ethnic group or background?*
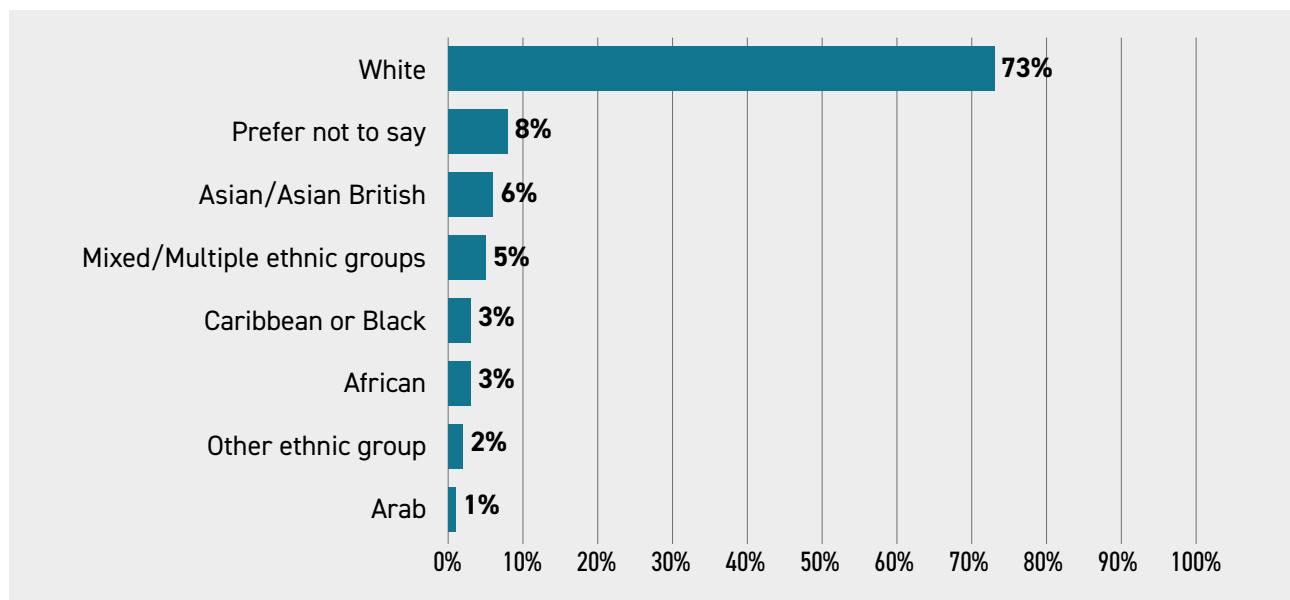
Barriers to Work

B.10 Across all respondents, the most frequently reported barriers to employment were health related. The majority reported mental health (56%), physical health (52%), and low confidence/self-esteem (33%) as barriers. Other notable challenges included difficulty travelling to suitable jobs (18%), lack of suitable local jobs (16%), care responsibilities (14%), lack of qualifications/skills (13%), and lack of work experience (13%). Care responsibilities were cited as a main barrier to the finding a job by 22% of women, compared to 4% of men.

Figure B-6: From the following list, what are the three main things that are stopping you from finding a job? Respondents were able to select up to 3 options each.
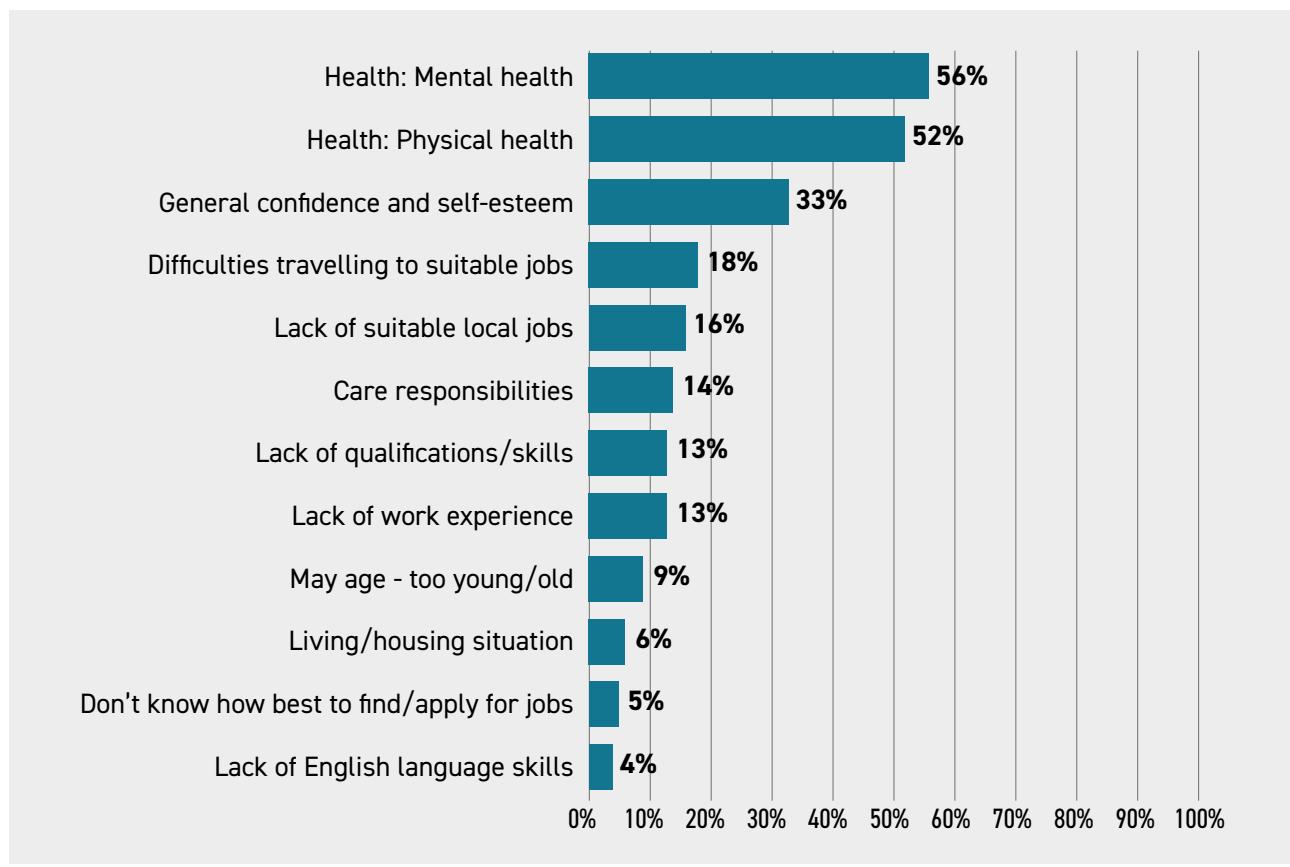
Source: SQW analysis of JCP survey. N=1180

B.11 Barriers to employment varied notably by age. Among younger respondents (18–34), mental health (57%) and lack of work experience (24%) were key challenges, while older individuals (45+) were more affected by physical health (70%) and age-related concerns (18%).

Figure B-7: From the following list, what are the three main things that are stopping you from finding a job? Respondents were able to select up to 3 options each.
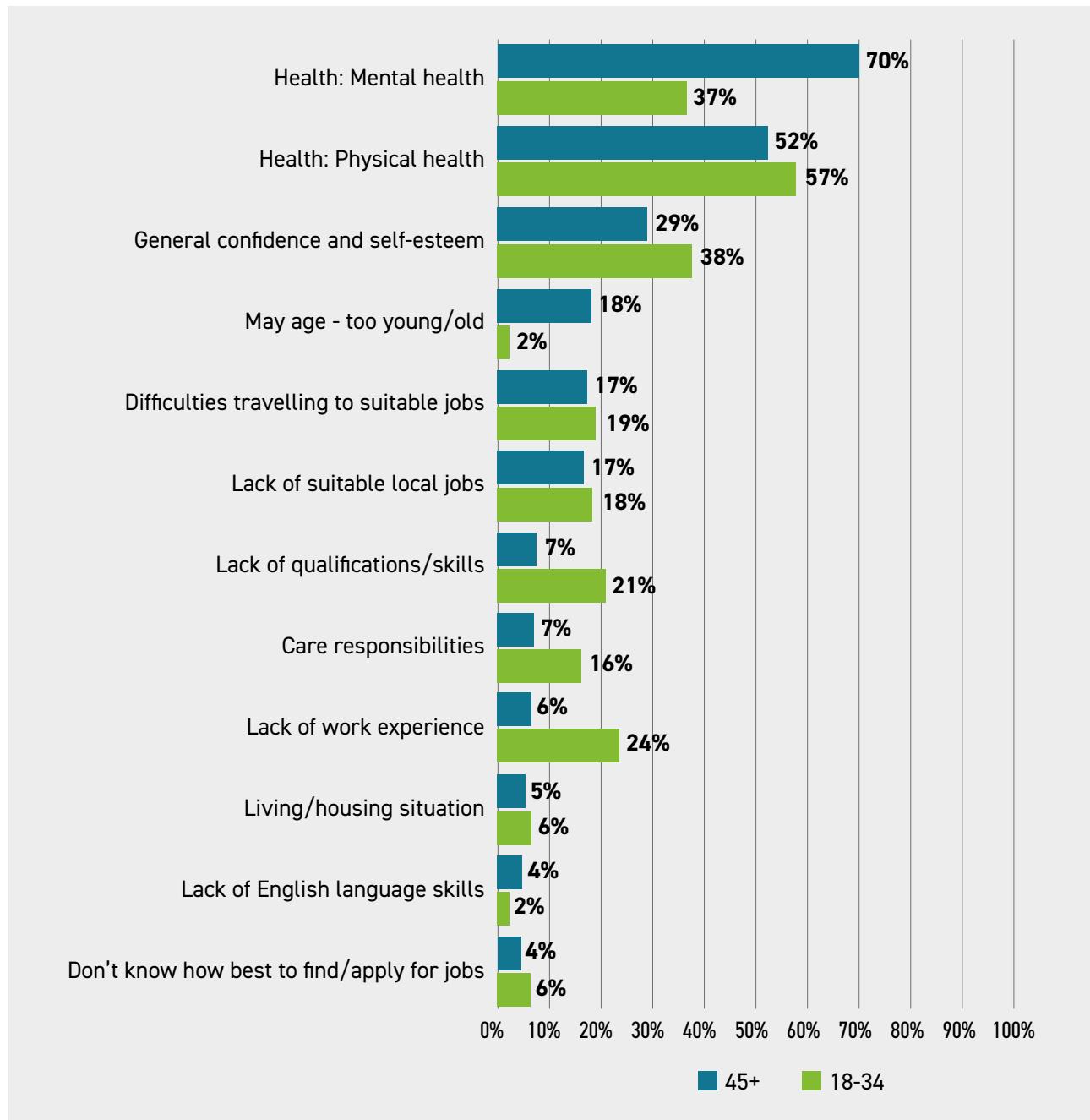
B.12 Comparing those who received health-related benefits to those not, the former were more likely to report issues with mental health (67% vs. 51%), physical health (64% vs. 48%), and travel difficulties (21% vs. 17%), while those who were not receiving health related benefits more often cited care responsibilities (16% vs. 8%), lack of qualifications (14% vs. 11%), and housing situation (7% vs. 4%).

Figure B-8: From the following list, what are the three main things that are stopping you from finding a job?
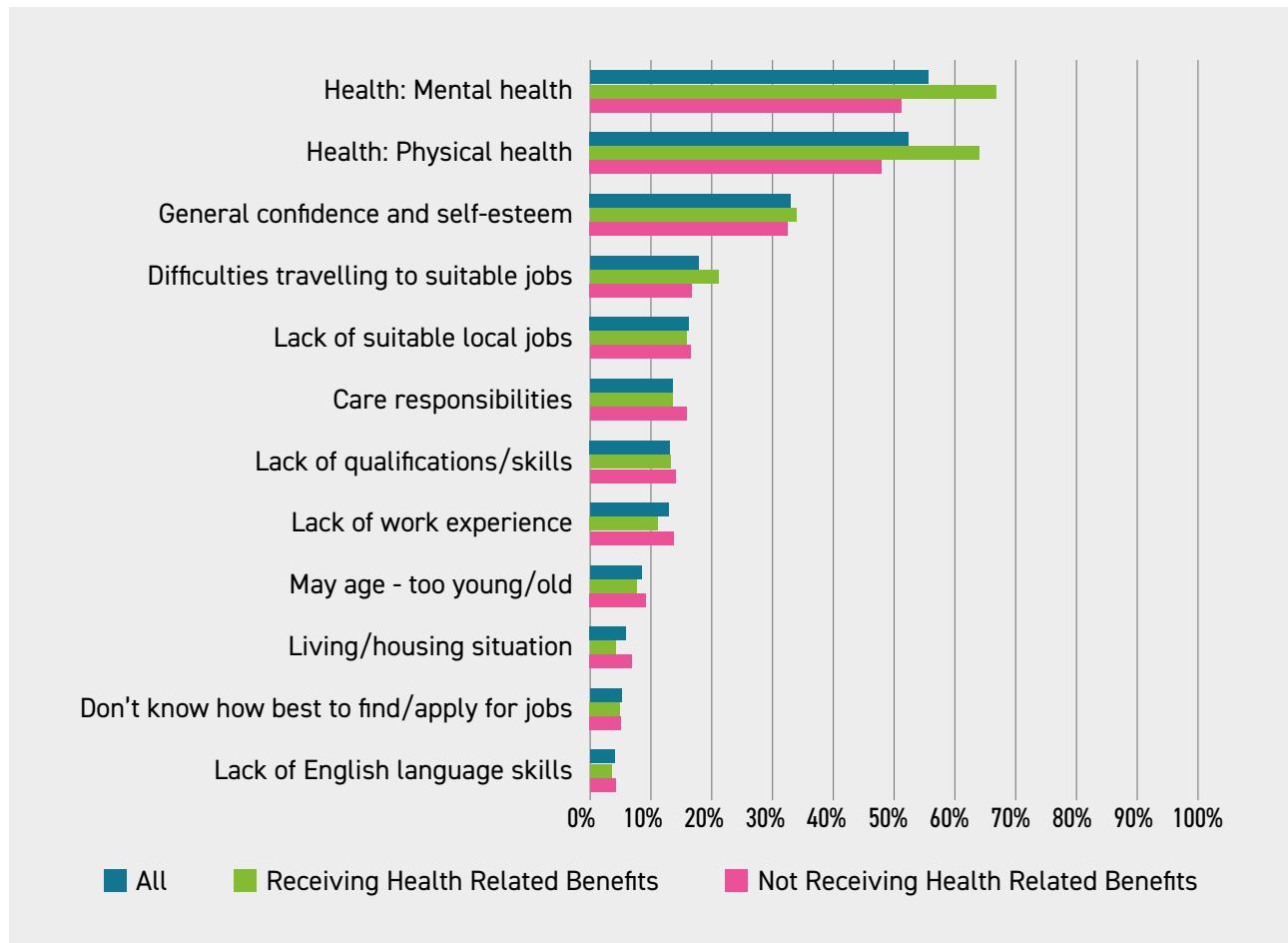
Source: SQW analysis of JCP survey. N=1180

B.13 Respondents reported that support for health conditions was the most important in helping them find work, with 74% highlighting it. Other types of support mentioned included help identifying job opportunities (26%), commuting and skills training (20% each), job application assistance (18%), and help with caring responsibilities (13%). This highlights a strong link to the barriers identified above and, importantly, a strong demand for both health-related and practical employment support.

Figure B-9: What types of support would be important to help you find work? Respondents were able to select up to 3 options each.
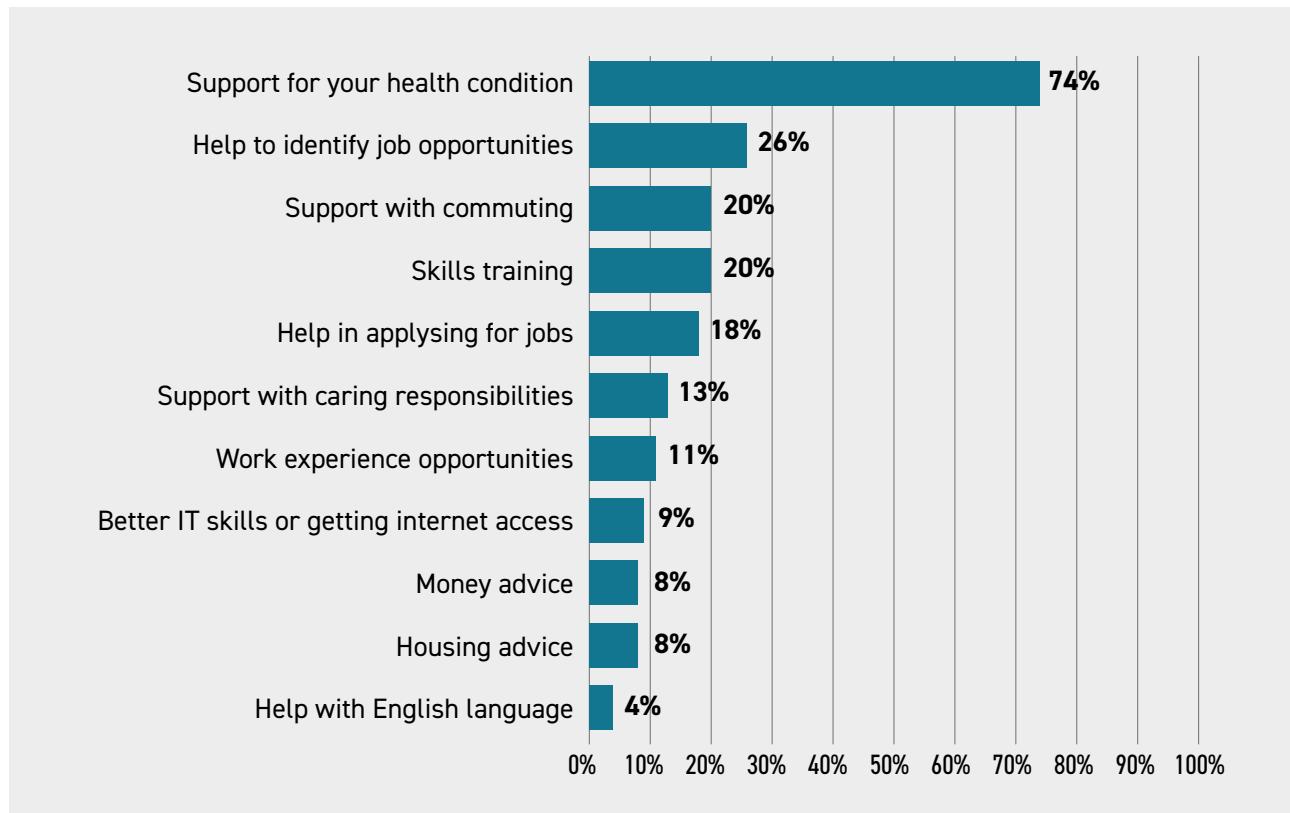
B.14 Those receiving health-related benefits show even greater need for health support (85%) and commuting help (25%), and those not receiving benefits more often seek help with care (16%) and work experience (12%).

*Figure B-10: What types of support would be important to help you find work?*

Horizontal bar chart comparing two groups — "Receiving Health Related Benefits" (teal) and "Not Receiving Health Related Benefits" (green):

Support type	Receiving Health Related Benefits	Not Receiving Health Related Benefits
Support for your health condition	85%	69%
Help to identify job opportunities	28%	24%
Support with commuting	25%	18%
Skills training	17%	21%
Help in applying for jobs	17%	19%
Support with caring responsibilities	8%	16%
Work experience opportunities	9%	12%
Better IT skills or getting internet access	9%	9%
Money advice	9%	8%
Housing advice	6%	8%
Help with English language	4%	4%

Source: SQW analysis of JCP survey. N=all – 1180, receiving health related benefits – 338, not receiving health related benefits - 834

Future Work Expectations

B.15 When asked about their self-assessed ability to work, 18% of respondents felt they could work now if the right job were available and 11% if the right support were in place. The largest proportion of respondents (43%) however say they might only be able to work in future if their health improves, with 15% needing other barriers addressed, 6% requiring flexible working, and 6% believing they will never be able to work again. However, returning to those who think they could work now or with the right support suggests around one third of respondents might be able to move back to work in the fairly near future if they could be identified and supported. Notably, individuals aged 18–24 were the most likely to say they could work now if the right job were available (30%), compared to just 15% of people in all other age groups.

B.16 Compared to the national findings from the DWP's *The Work Aspirations and Support Needs of Health and Disability Customers: Interim Findings* report[12], the local survey showed a notably higher level of perceived work readiness. In the local survey, 29% of respondents believed they could work immediately if the right job or support had been available, compared to just 5% in the DWP national sample. Similarly, 43% of local respondents believed they might be able to work in future if their health improved, while only 27% said the same in the national survey. Most strikingly, only 6% of local respondents believed they would never be able to work again, compared to 49% in the national findings. While the two surveys are not directly comparable, this contrast highlights important differences in perceived work potential across national and local contexts.

Figure B-11: How would your judge your readiness for work at this time?
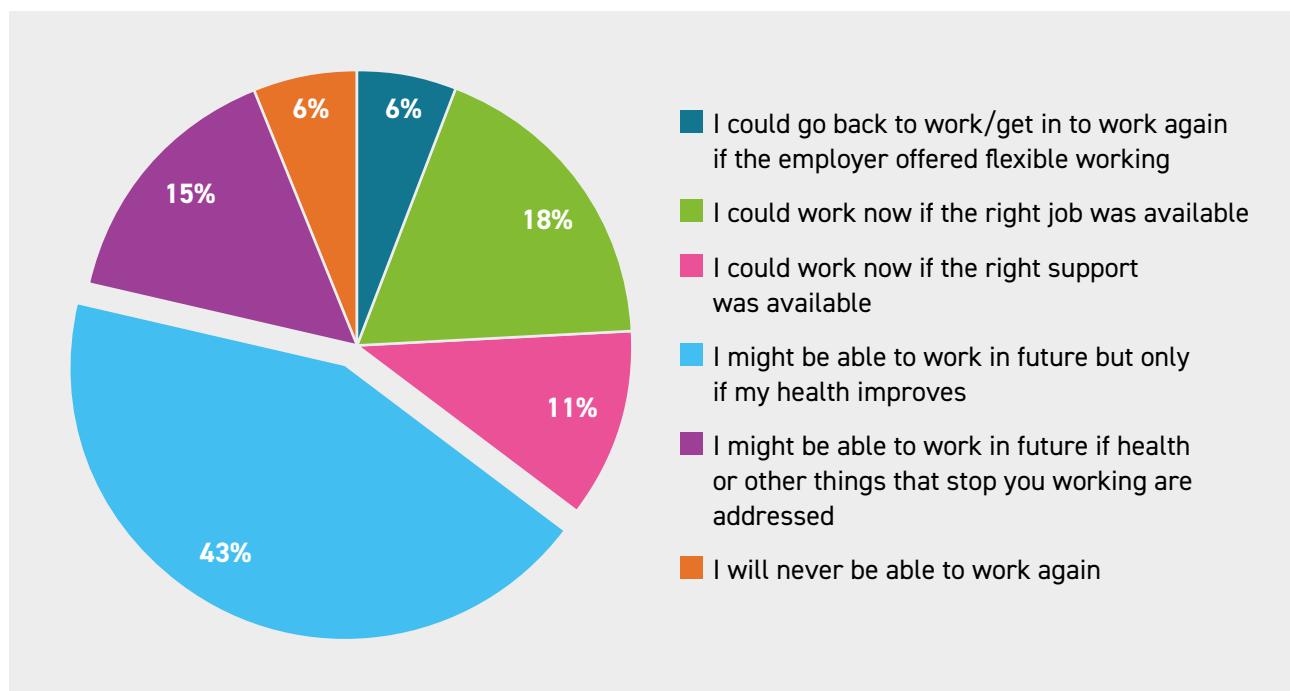
Source: SQW analysis of JCP survey. N=1166

B.17 Respondents were asked an open-ended question about what job they would like to do when they return to work. There were a wide range of responses across a variety of sectors and a number of roles. The sectors mentioned most frequently were retail and hospitality. The word cloud below visually represents the most frequently mentioned words in respondents' answers. It highlights key areas of focus (such as Retail, Health and Social Care, and Hospitality) showing which sectors and themes were most commonly discussed in respondent's answers.

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12. **Department for Work and Pensions (DWP).** (2025). *The work aspirations and support needs of health and disability customers: Interim findings.* Ad hoc research report no. 112. Available at GOV.UK.

Figure B-12: If you go back to work, what jobs would you most like to do?
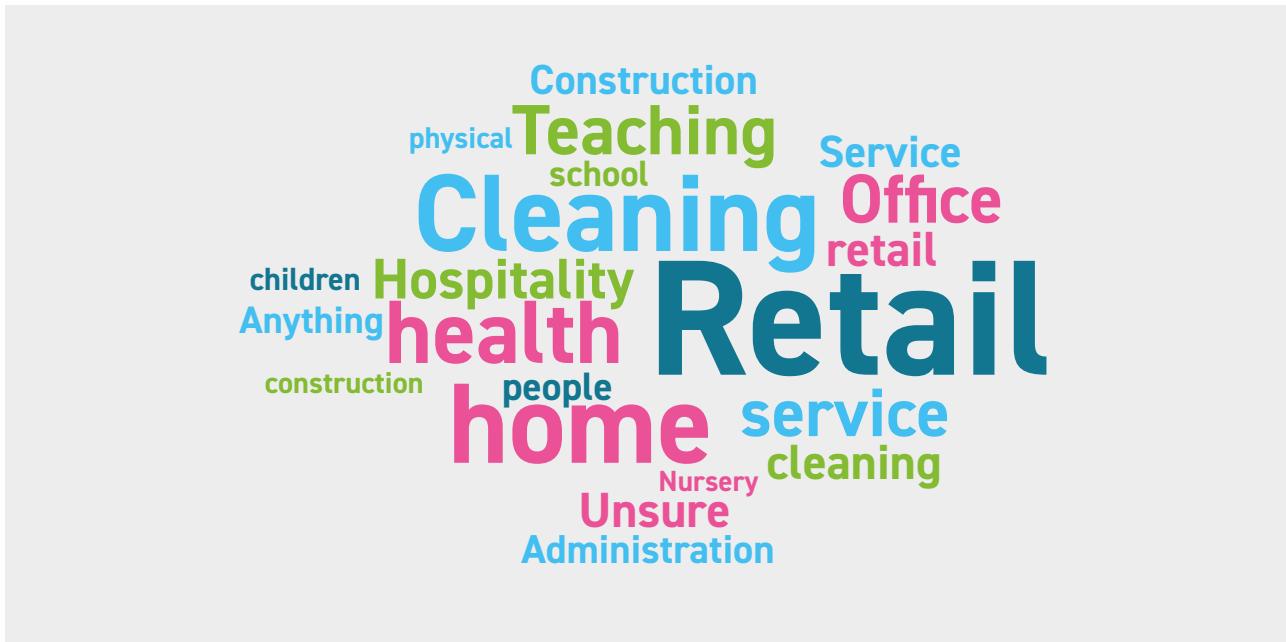
B.18 **Respondents were asked to choose up to three sectors they would most like to work in. The most popular choice was administration**, selected by 24% of respondents. Retail trade and hospitality followed at 14% and 11% respectively, with construction also attracting 11%. These are often quite low skill occupations, which may reflect the qualifications / aspirations of people who are out of work and seeking to re-enter employment. Education, voluntary work, and adult health and social care each drew around 10%, while IT and communications, healthcare, arts and recreation, and childcare were chosen by 6% to 8%. Logistics and facilities management were the least selected, each at around 5% to 6%.

Figure B-13: What sector would you most like to work in? Respondents were able to select up to 3 options each.

| Sector	Percentage
Administration	24%
Retail trade	14%
Hospitality	11%
Construction	11%
Education and teaching	10%
Voluntary, charity and social enterprise	10%
Adult Health and Social Care	8%
IT & communications	8%
Arts, entertainment and recreation	7%
Healthcare	7%
Childcare and other social work	6%
Facilities management	6%
Logistics and freight support	6%
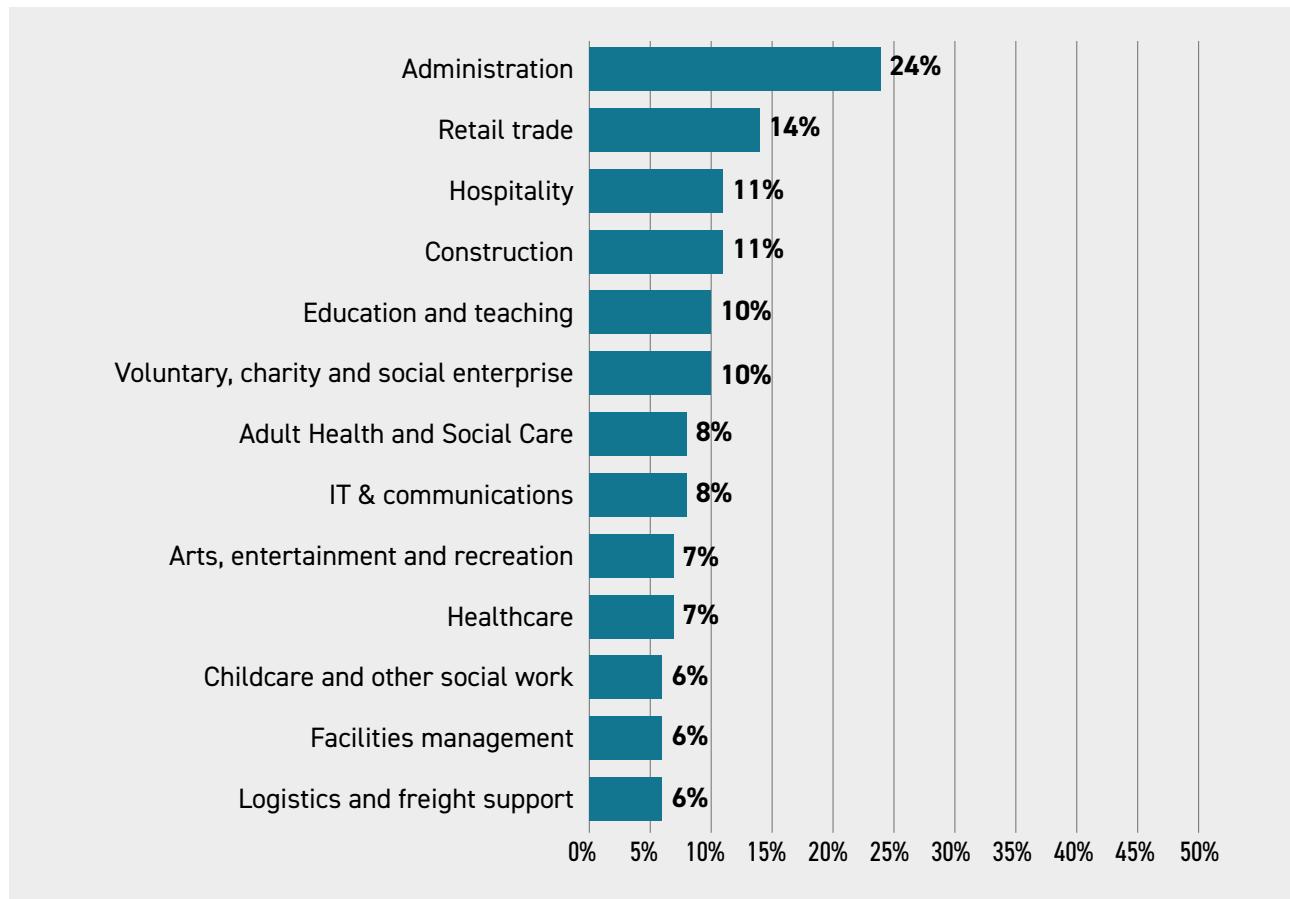
Source: SQW analysis of JCP survey. N=1180

Health-related benefits recipients

B.19 The majority of respondents reported they were not receiving health-related benefits, (71%), while 29% reported they were. In the context of a sample which is on the health pathway this figure may appear low, but it does provide some re-assurance about the wider implications of the survey as reflecting a broader spread of the population.

Figure B-14: Are you currently receiving health related benefits?

Legend:
- Not Receiving Health Related Benefits
- Receiving Health Related Benefits

Pie chart: 71%, 29%
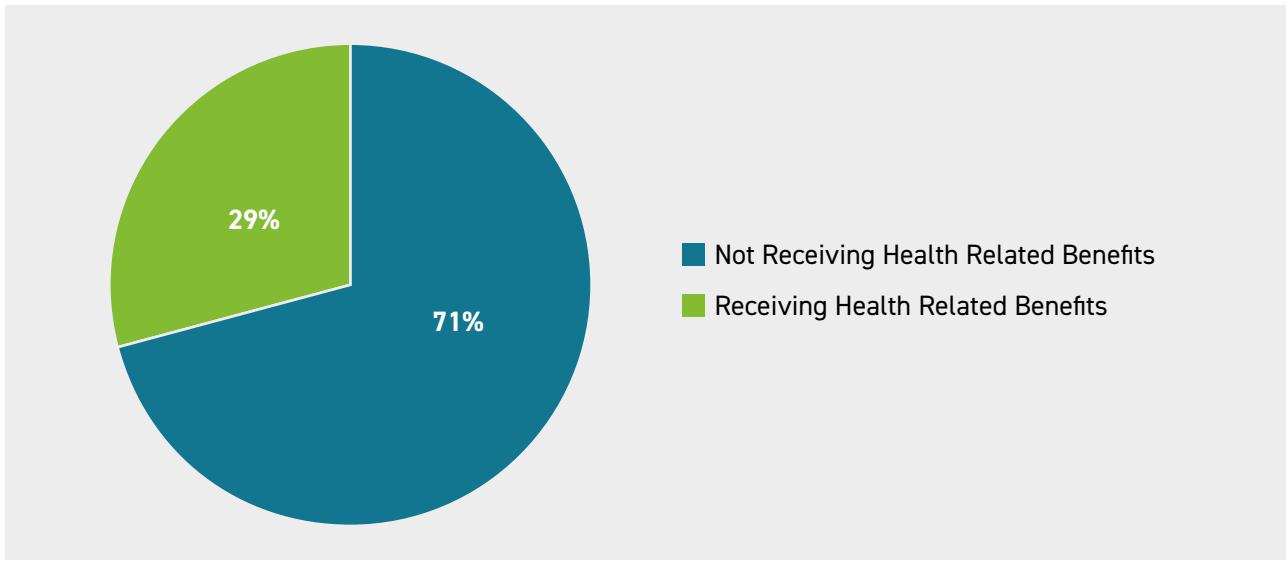
Source: SQW analysis of JCP survey. N= 1172

B.20 **Among those receiving health-related benefits, just under half (48%) reported that they were currently on a waiting list** or awaiting treatment for a particular condition, while 52% said they were not.

Figure B-15: Are you currently on a waiting list/awaiting treatment for a particular condition?

Legend:
- On a waiting list/Awaiting treatment for particular condition
- Not on a waiting list/Not awaiting treatment for particular condition

Pie chart: 48%, 52%
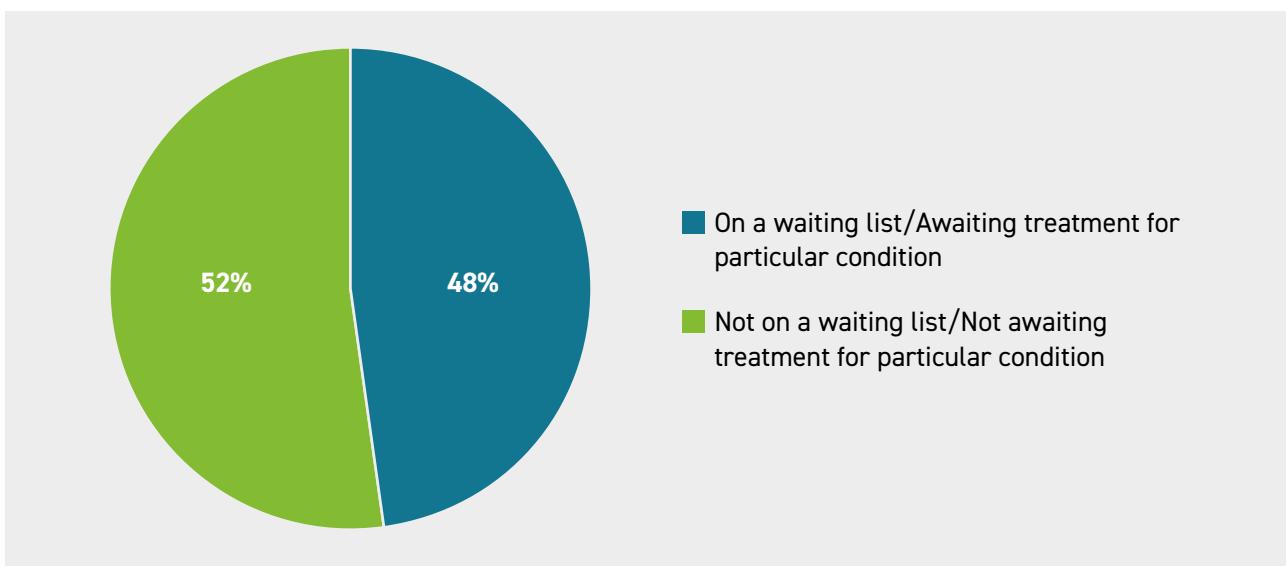
*Source: SQW analysis of JCP survey. N= 335*

B.21 **Among those who were on a waiting list for treatment, 50% said they would be able to move into work, while 50% said they would not.**

B.22 Taking the results above implies that about 15% of all respondents are on health related benefits and on a waiting list, of which around half could return to work after their treatment, i.e. around 8% of all respondents. Even accepting that other respondents may be awaiting treatment while not on health benefits, it does suggest that a key focus should be on wider support and adaptations around conditions, rather than a simple focus on health waiting lists.

B.23 Respondents who were on health related benefits rated types of support that would help them find work on a scale from "not important" to "very important." **Support to manage a health condition was most valued**, with 66% rating it very important and only 5% not important. Support with feeling overwhelmed was also widely prioritised (46% very important, 11% not important). In contrast, support with accessing aids or equipment was least prioritised, with 45% saying it was not important and just 20% rating it very important.

B.24 **Support to manage a health condition was rated as very important** by 76% of those who might be able to work in future if their health improves. It was also considered very important by 67% of those who could work now if the right support were available, and by 61% of those who said they will never be able to work again. This shows that health management is a widespread barrier across all groups. Support with accessing therapy was rated as very important by 45% to 53% of those who might be able to work in future, while only 12% to 20% of those who could work now if their situation changed considered it very important.

Figure B-16: How important would each of the following be in helping to help you find work? Respondents were asked to rank each issue on a scale of: Not Important, Somewhat Important, Important, and Very Important.

Support to manage health condition (N=330): Very Important 66%, Not Important 5%

Support with feeling overwhelmed by day to day pressures (N=323): Very Important 46%, Not Important 11%

Support with accessing therapy (N=318): Very Important 40%, Not Important 17%

Support with household chores (e.g. shopping, cleaning) (N=314): Very Important 25%, Not Important 34%

Support with accessing aids or equipment (e.g. mobility scooter or wheelchair) (N=320): Very Important 20%, Not Important 45%

■ Very Important   ■ Not Important

Base Size – each variable base size between 314-330

B.25 Mental health was the most commonly reported main health condition among respondents (31%), followed by long-term conditions (26%) and mobility or dexterity issues (14%). With a large proportion citing other conditions.

Figure B-17: What is your main health condition?

Mental health: 31%
Long-term condition: 26%
Mobility/dexterity: 14%
Multiple, cannot distinguish main condition: 12%
Cognitive/neurodiverse: 9%
Other: 28%
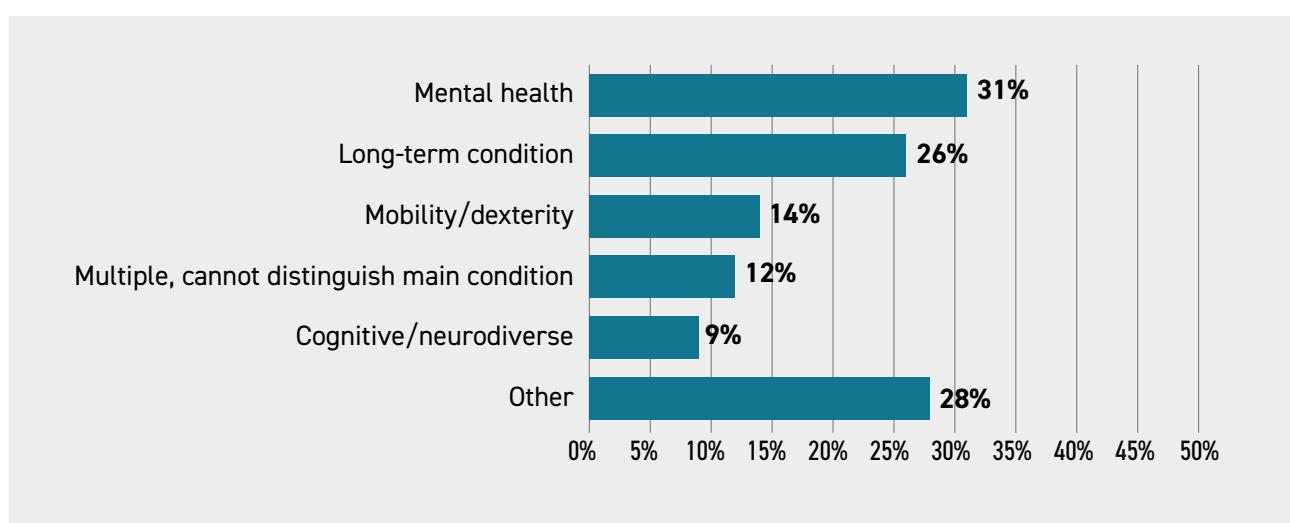
Source: SQW analysis of JCP survey. N=338

Annex C: survey of Hertfordshire employers

C.1 An online open survey was launched and distributed in Hertfordshire aimed at gathering insights from employers regarding their experiences of recruitment and retention, and within this in engaging with individuals with health issues.

C.2 The survey was live for 24 days in July and August 2025 and it generated a total of 125 completed responses. On average, respondents took 14 minutes and 27 seconds to complete the survey.

Profile of Respondents

C.3 **Most employers responding to the survey were from the private sector**, making up 73% of the sample size. Public sector organisations follow at 17%, while social enterprises or not-for-profits account for 6%. Voluntary and community sector organisations represent the smallest share at 4%.

Figure C-1: What is the nature of your business/organisation?

Voluntary/community sector organisation — 4%
Social enterprise or not-for-profit organisation — 6%
Public sector organisation — 17%
Private sector business — 73%
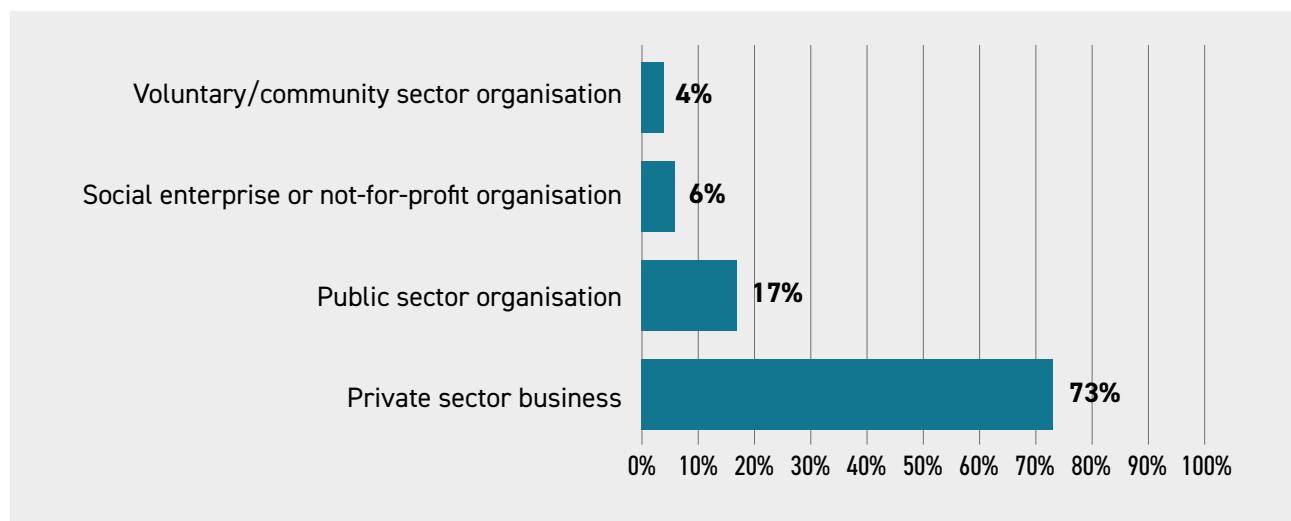
Source: SQW analysis of employer survey. N=125

C.4 **Respondents were from organisations of different sizes, with the largest group employing between 11 and 50 people** (30%). Mid-sized organisations with 51 to 250 employees made up 26%, while smaller organisations with fewer than 5 and those with 5 to 10 employees each represented 13% of the sample size. Larger organisations with more than 250 employees accounted for 18% of the respondents.

Figure C-2: How many people currently work for your business/organisation in Hertfordshire?

Bar chart:
- Less than 5: 13%
- 5-10: 13%
- 11-50: 30%
- 51-250: 26%
- More than 250: 18%
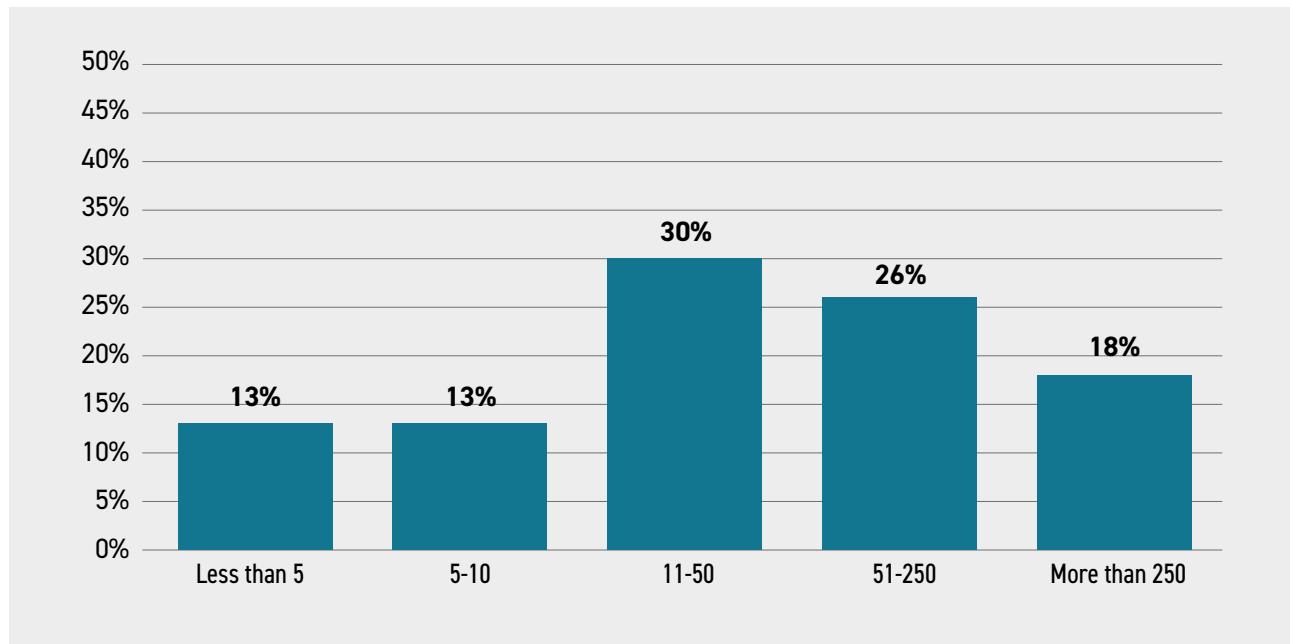
Source: SQW analysis of employer survey. N=125

C.5 **Most employers surveyed managed their operations independently**, with 78% making local decisions about recruitment, pay, and working practices. A smaller portion, 17%, were part of larger organisations but retained local decision-making authority and 6% had these decisions made externally by a parent organisation.

Figure C-3: Which of the following statements most closely describes how you manage your business/organisation?

Pie chart:
- 5% — Part of a larger organisation and decisions about recruitment, remuneration, working practices are substantially made elsewhere
- 17% — Part of a larger organisation but we make local decisions about recruitment, remuneration and working practices
- 78% — Makes own decisions locally about recruitment, remuneration, working practices, etc.
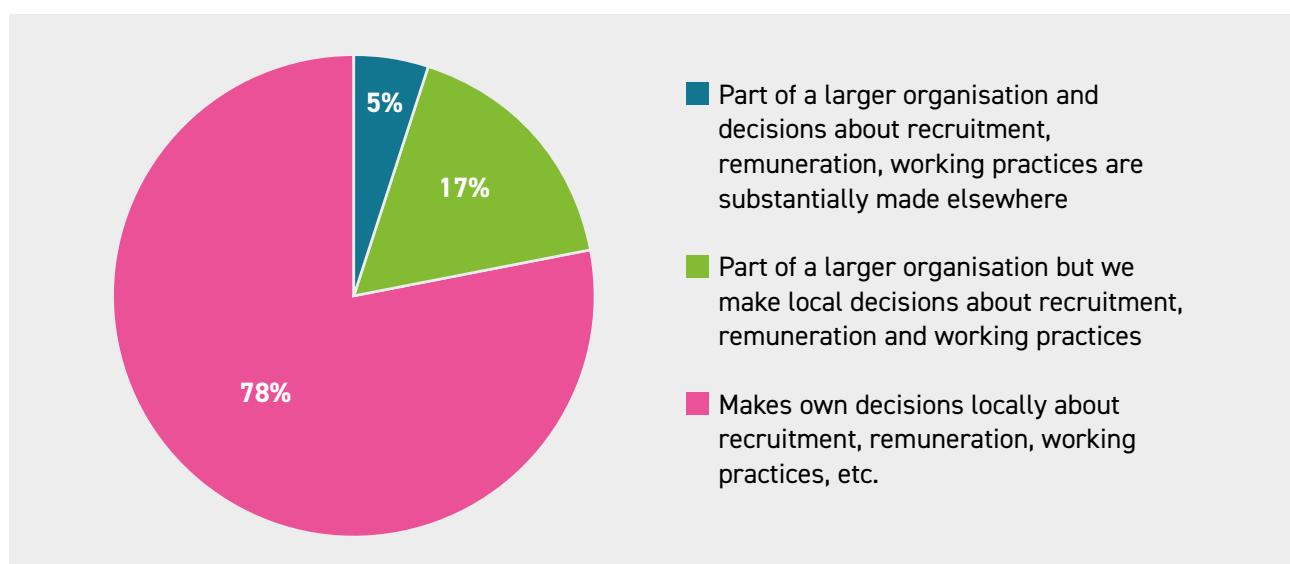
Source: SQW analysis of employer survey. N=125

C.6 **The employers surveyed were from organisations/business based in a range of locations in Hertfordshire, with the largest numbers in Dacorum and Watford**, each hosting 14% of respondents. Around 12% operate across multiple locations, while St Albans accounts for 11%. North Herts, Stevenage, and Welwyn Hatfield each represent 8%, followed by East Herts at 6% and Broxbourne at 6%. Smaller shares are seen in Hertsmere, Three Rivers, and those with no fixed location, each at 4%.

*Figure C-4: In which district council area is your business/organisation based?*
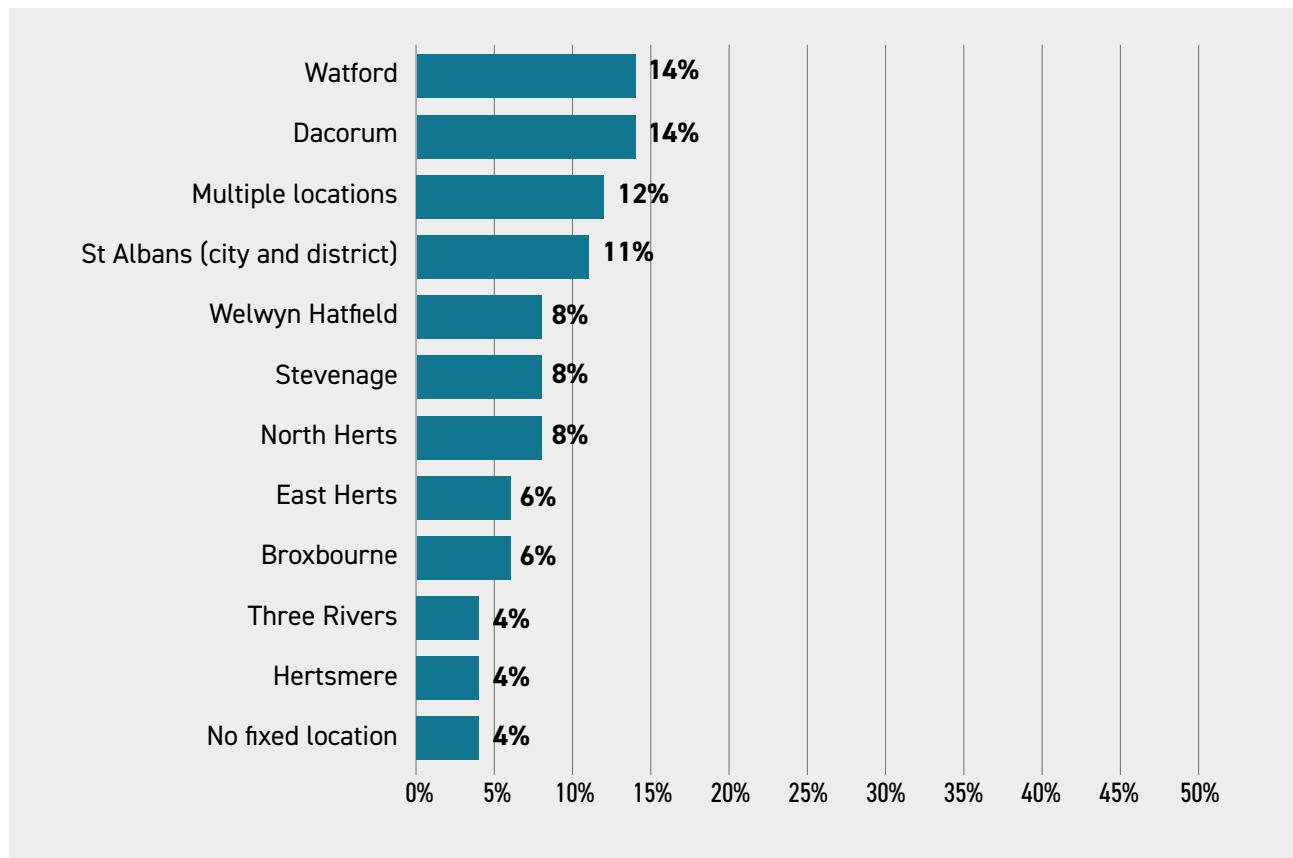
Source: SQW analysis of employer survey. N=125

C.7 **The employers surveyed came from a wide range of sectors (in total the organisations reported they were from 37 different sectors).** The most commonly mentioned sector among survey respondents was Community Care, including NHS and charities, making up 15% of the sample size. This was followed by Property & Construction at 13%, and Professional and Business Services at 10%. Hospitality & Tourism and Retail & Wholesale each account for 7%, rounding out the top five sectors. Other sectors which were identified to a lesser extent included Digital & IT (5%), Creative Industries (4%), Education (3.%), Financial Services (3%), Hairdressing (2%), and Sustainability / Clean Energy (2%) The top six sectors to which the respondents organisation belonged are shown below.

Figure C-5: In which broad sector does your business/organisation operate?

Sector	Percentage
Advanced engineering & Manufacturing/Defence	6%
Retail & Wholesale	7%
Hospitality & Tourism	7%
Professional and Business Services	10%
Property & Construction	13%
Community Care including NHS, charities	15%
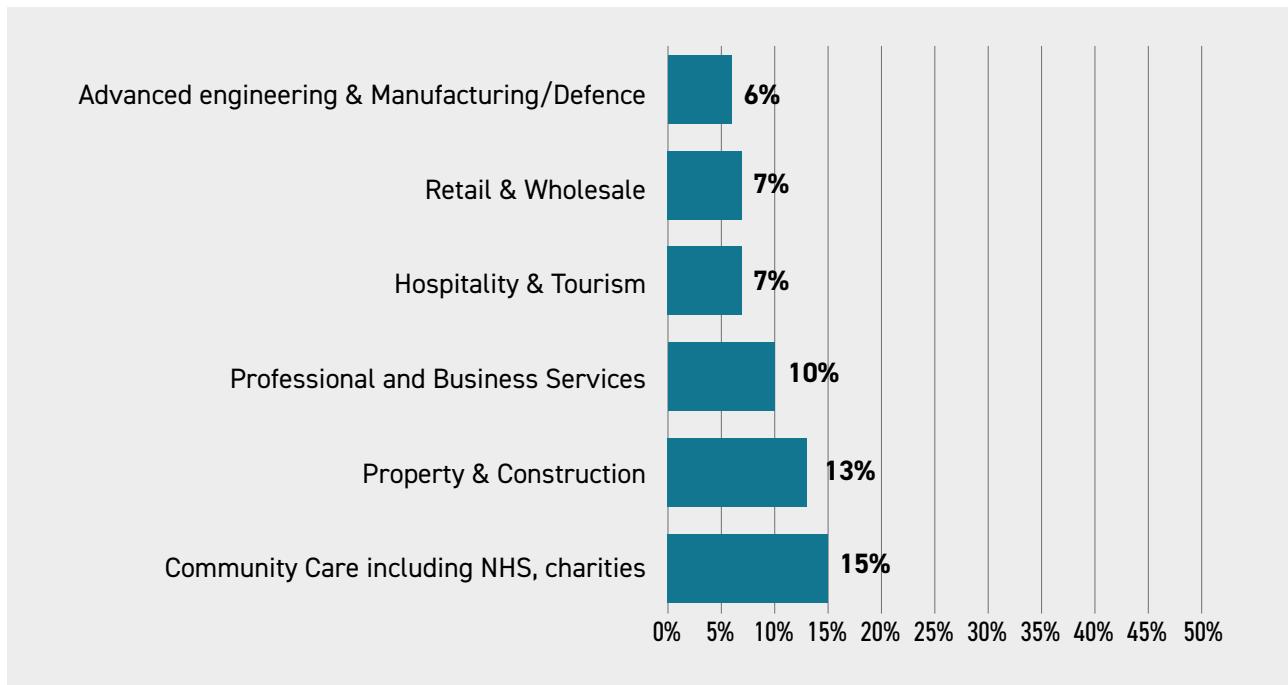
Source: SQW analysis of employer survey. N=125

Recruiting in Hertfordshire

C.8 **Over the past two years, the surveyed employers reported that they had struggled to recruit staff in Hertfordshire**. Around two-thirds, 67%, of respondents, reported struggling to recruit staff, while one third (33%) said they had not.

C.9 The employers surveyed who had struggled to recruit staff in Hertfordshire were asked an open-ended question about which roles were especially difficult to fill. **The main categories of jobs that surveyed employers found difficult to fill were Administration & Office roles, Engineering, and Health & Social Care**, which together accounted for around 40% of responses. Other notable areas included construction trades and manual work, mentioned by approximately 16% of surveyed employers.

C.10 The image below is a visual representation of the job roles that employers most frequently described as difficult to fill. The size of each word reflects how often it was mentioned by respondents the bigger the word, the more commonly that job role was cited as hard to recruit for. For example, the word "care" appears especially large, showing that many employers highlighted care roles as difficult to fill. The image also illustrates the wide variety of roles mentioned, highlighting not just one or two problem areas, but a broad range of jobs across different sectors.

Figure C-6: What job roles are especially difficult to fill?

C.11 **Surveyed employers most commonly sought to attract recruits by changing how jobs were advertised, alongside offering better pay, flexible working, and training perks**. This was in response to an open-ended questions regarding recruits the measure that had been used to attract recruits. Commonly referred to was advertising the job differently whether it was using a recruitment agency, advertising through social media or industry specific forums or through friend referral through current employees. Increasing the remuneration employees would be offered was also a measure put in place and offering perks like flexible working and training budgets were common across job roles and sectors.

C.12 **Over the last two years, the 57% of the surveyed employers had actively recruited school leavers and new graduates**, while 43% said they had not.

C.13 **Over the last two years, 38% of the surveyed employers reported recruiting staff who did not come directly from another employer**, such as individuals returning from caregiving responsibilities or recovering from long-term illness. However, the majority, 62%, said they had not recruited from this group.

C.14 **A majority of the employers surveyed who had recruited staff members who did not come straight from another employer made changes to the job role to accommodate the new staff**. These changes were mainly reported by the business to be increasing the flexibility of the job roles, such as adjustments to work location or working hours, especially to accommodate those staff members with caring responsibilities and other commitments.

C.15 All respondents were asked an open ended question regarding what could be done in general terms, to support the group of individuals who are not currently employed back into work. **The most common responses foccused on offering training and work experience to these individuals as well as providing support in the job application phase of applying for job and making entry-level jobs more available.** Providing much more flexibility and offering hours that suited employees was another common suggestion as well as suggestions surrounding providing local business with funding to support the training. Some of the ideas mentioned in response to the question '*In general terms, what might be done to support this group back into work?*' are shown below.

"Offering low risk opportunities to employers that is supported by a DWP job coach, similar to the Government Kickstart programme that was offered during the pandemic."

"Training to upgrade skills and confidence into the workplace"

"More funding to support local SMEs that are happy to take on newly graduated / skilled staff"

"More can be done to support early entry roles and further apprenticeships"

C.16 **Over the past two years, the employers surveyed had turned to a range sources regarding help seeking to recruit staff.** The most commonly used sources of help were Further Education colleges (51%), followed by other training or employment support providers (37%) and Job Centre Plus (33%). A portion (30%) did not seek support from any listed organisations. Engagement with local schools (25%) and voluntary/community sector organisations (21%) was sought after less, while the National Careers Service was the least used at just 5%.

Figure C-7: In seeking to recruit staff, have you been in touch with any of the following organisations? Respondents were able to select all the options that applied to them
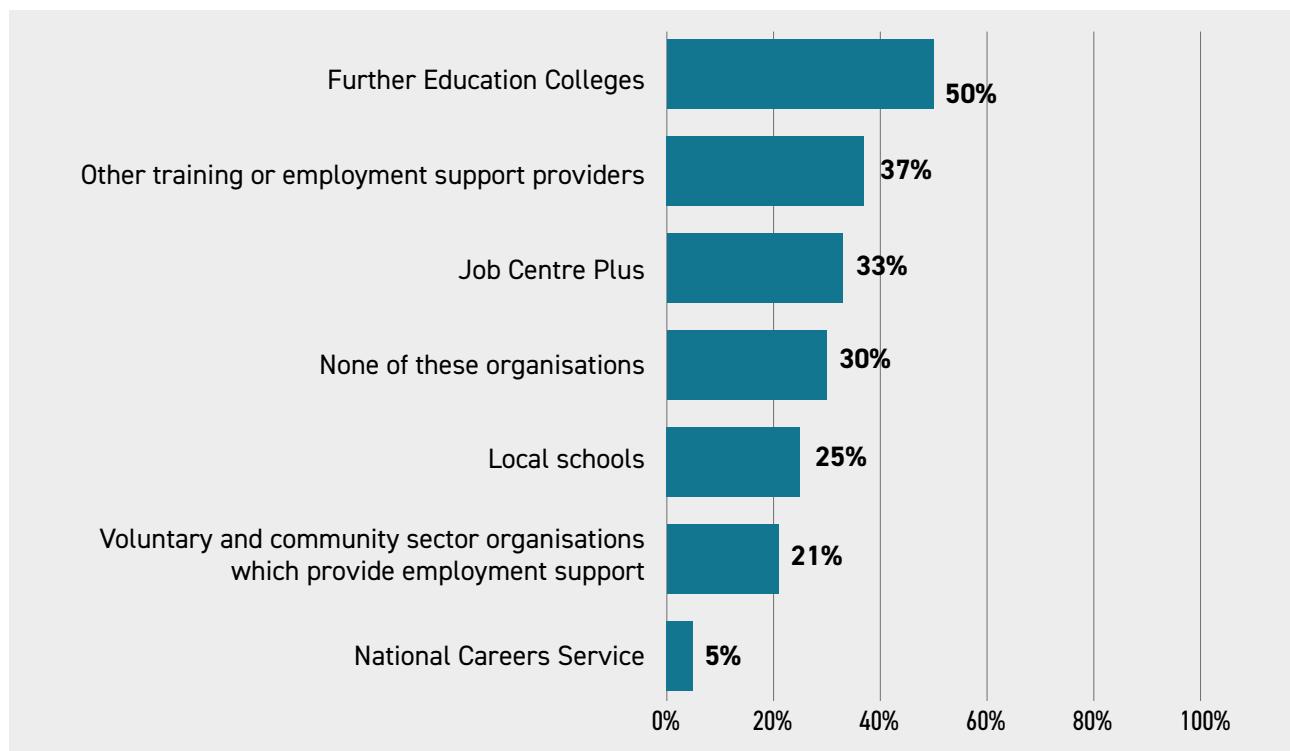
Source: SQW analysis of employer survey. N=125

Job Retention in Hertfordshire

C.17 Around 29% of employers reported finding it difficult to retain staff, while the majority (71%) did not.

C.18 The employers who had struggled to recruit were asked in which jobs retention had been especially difficult in retaining employees. **Jobs in the care sector were most commonly cited as being a sector in which there was a struggle to recruit as well as those in the engineering and trades sectors**. Around 18% of the surveyed employers mentioned the care and healthcare sector. Other sector and roles which were mentioned frequently but to a lesser extent were hospitality jobs, engineering and production and early career specific roles.

C.19 The image below highlights the job roles where employers have found it especially hard to keep staff. Word size indicates how often each role was mentioned roles in sectors like care and engineering stand out, showing that retention has been particularly challenging in these fields.

Figure C-8: In which job roles has retention been especially difficult?


Base Size: 36 respondents
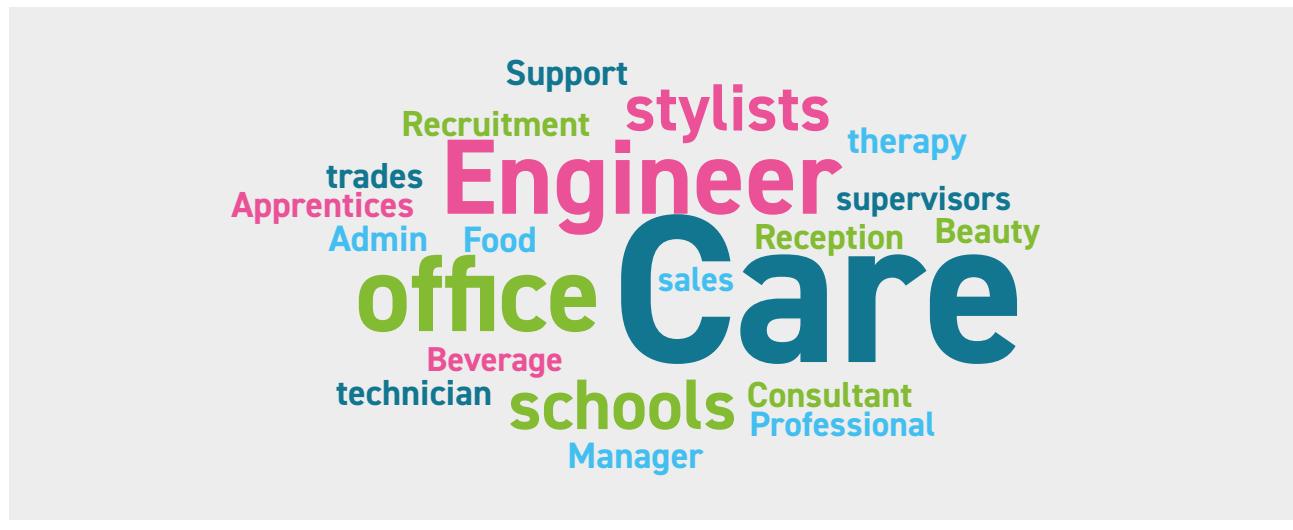
C.20 The surveyed employers reported the main reason given by the individuals for leaving their current role, these reasons were mostly pay and salary competition from other business and often London based businesses. Other reasons included employees having a preference for flexibility in their working hours which cannot be matched by employers and also performance issues of the employee. The reasons these business had found retention so hard was mainly due to the higher salaries being offered and employee disengagement from the work due to factors like unflexible working hours and other incentives outside of the work place.

Support for employees in Hertfordshire

C.21 Over the last two years, around three-quarters of employers (76%) reported that they have implemented measures to support staff with health-related issues, only 24% said they had not.

C.22 The most common staff retention measure put in place was flexible working, used by 84% of organisations who had put it in place. Other popular approaches include phased return to work (67%), workplace adjustments (64%), and employee assistance programmes (64%). Occupational health services are offered by 60%, while manager training on sickness absence is less common at 47%.

Figure C-9: If you have put in measures to retain staff, what measures have you put in place? Respondents were able to select all the options that applied to them
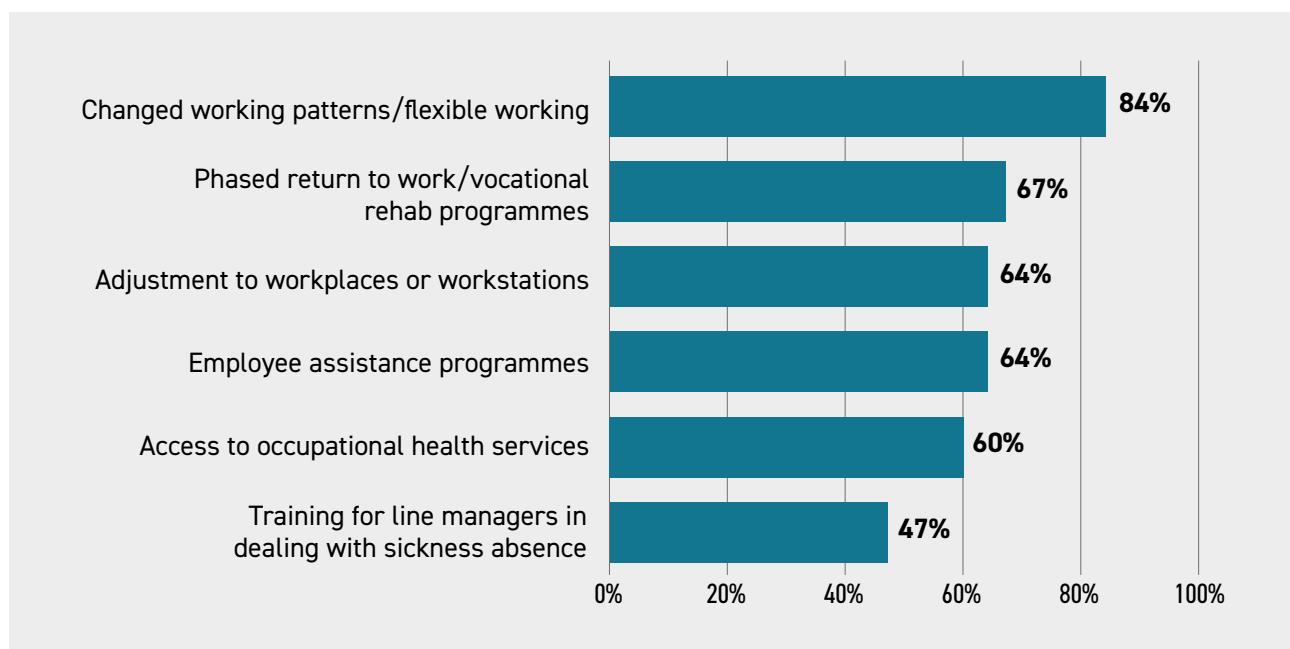
Source: SQW analysis of employer survey. N=95

C.23 When seeking advice or support to accommodate staff with health issues, employers responded they most commonly turned to internal sources (41%) and employment support organisations (38%). Online sources (37%) and sector bodies/groups (26%) were also used. Notably, 18% of employers did not seek any advice or support, while 17% mentioned other sources. When the surveyed employers were asked whether there were particular issues in which they would value support, the most commonly mentioned was guidance on how to support employees with mental health needs.

Figure C-10: As an employer, where have you looked for advice/support in trying to accommodate staff with health issues? Respondents were able to select all the options that applied to them
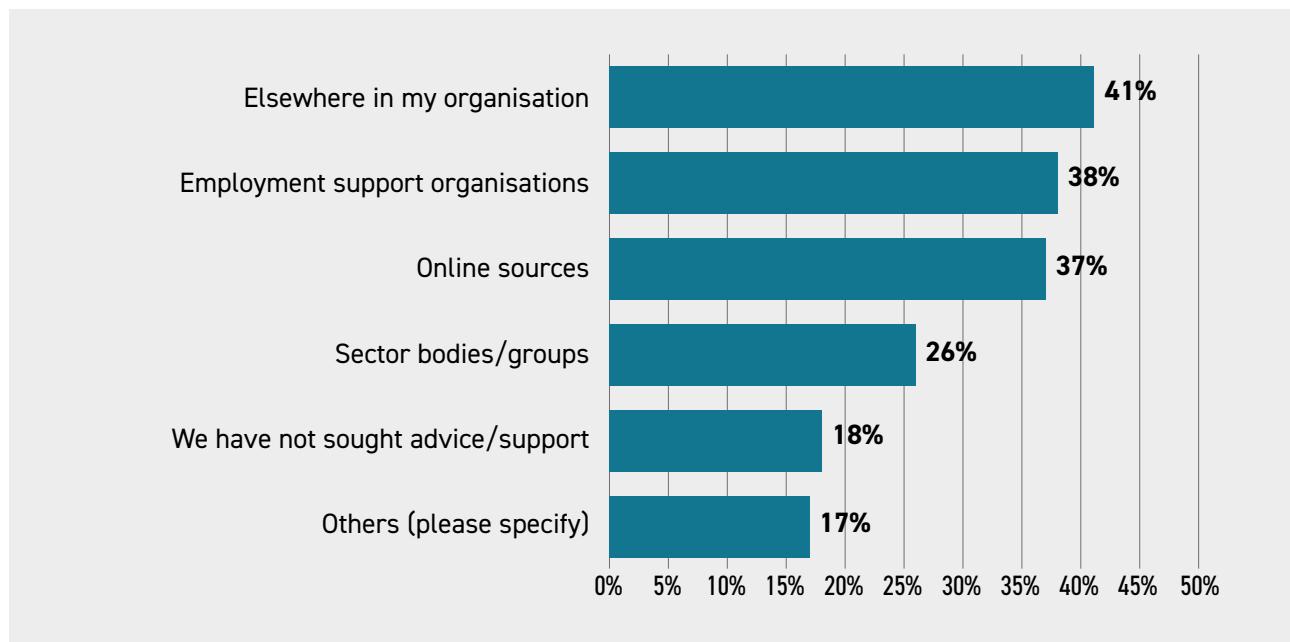
Source: SQW analysis of employer survey. N=125

Acronyms

Acronym	Full title/name
AI	Artificial Intelligence
BBO	Building Better Opportunities
CAD	Community Action Dacorum
DHSC	Department of Health and Social Care
DWP	Department for Work and Pensions
EHCP	Education, Health and Care Plan
ERBs	Employer Representative Bodies
FE	Further Education
FECs	Further Education Colleges
GHW	Get Hertfordshire Working
HCC	Hertfordshire County Council
HF	Hertfordshire Futures
HGGT	Harlow and Gilston Garden Town
ICB	Integrated Care Board
ITP	Independent Training Provider
JCP	Job Centre Plus
LSIP	Local Skills Improvement Plan
LWI	Learning and Work Institute
NCS	National Careers Service
NEET	Not in Education, Employment, or Training
ONS	Office for National Statistics
PHIP	Public Health Prevention Investment Programme

Acronym	Full title/name
RQs	Research Questions
SfYP	Services for Young People
SWAP	Sector-Based Work Academy Programme
UC	Universal Credit
UoH	University of Hertfordshire
VCS	Voluntary and Community Sector