KADA

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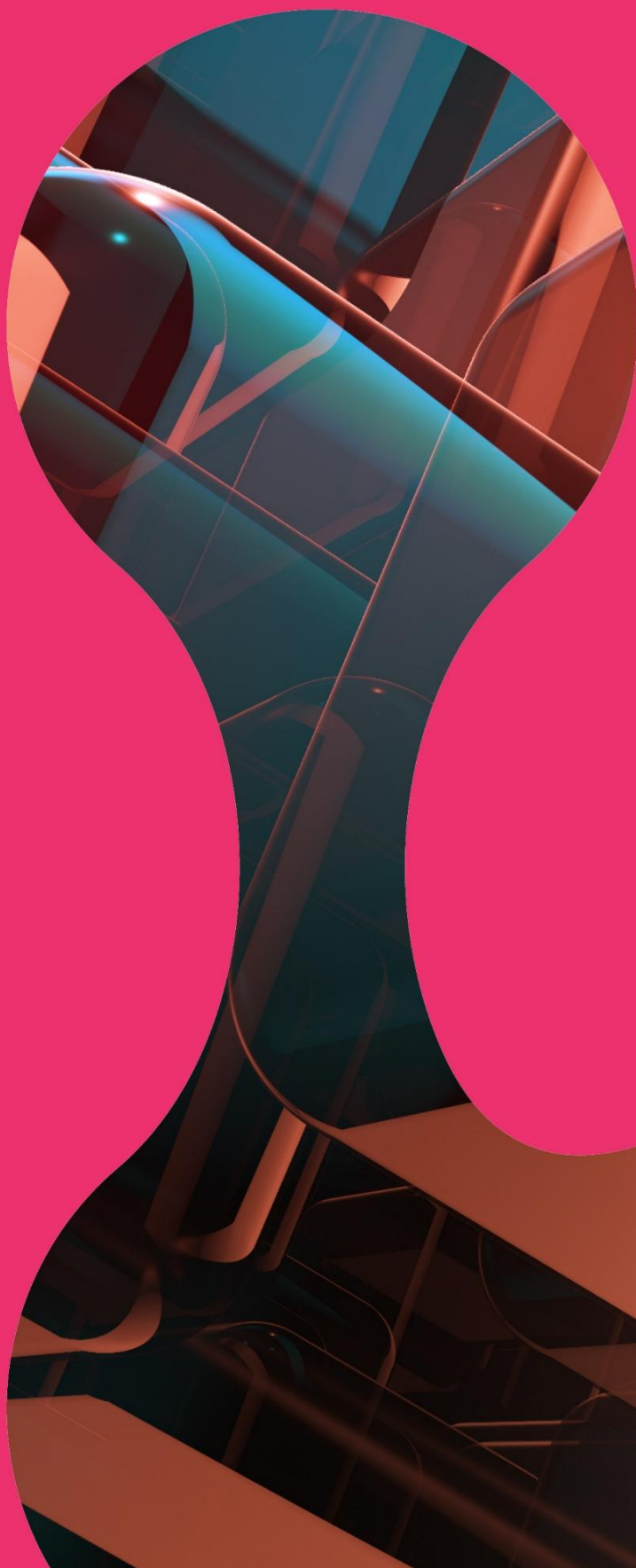
Health and care training, education and workforce model feasibility study

Route Map for a Potential Workforce Pathways Programme

For East Riding of Yorkshire Council

May 2026



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1. Key research findings

Bridlington has high and growing health and care needs but constraints in the local labour market means there is not always enough workers with the right aptitudes, skills and capabilities to deliver the services needed to meet them.

In parallel, there are many local people, both adults and young people, who are not fulfilling their potential in the labour market, limiting incomes and aspirations.

A new, place-based model for training, education and workforce development in the sector could strengthen entry, progression and retention, contributing to improved local service provision and enhancing access to secure employment opportunities for local residents.

1.1 Focus on Bridlington

- Socio-economic conditions in Bridlington affect both demand for health and care workers and the supply of people willing and able to work in the sector, shaped by health need, economic activity, skills and qualifications, and the relative attractiveness of local employment opportunities.
- The data highlights challenges for new pathways into good health and care employment, including high economic inactivity, low qualification levels and slower health sector employment growth locally compared to regional and national trends, despite health being the second largest employment sector in the town.
- The socio-economic context supports Bridlington as a pilot location for a new health and care training, education and workforce development model, given the sector's importance locally and its potential to offer more secure, year-round employment with progression compared to other dominant sectors.
- Bridlington's labour market is relatively weak, with low employment, high economic inactivity, above-average unemployment and lower qualification levels than the wider East Riding, constraining progression, earnings and household incomes.
- A new workforce model that opens progression pathways for people without higher level qualifications could improve opportunities for residents while meeting local health and care workforce needs.

1.2 Health and care workforce context

- Health and care workforce shortages are a national issue but are more acute in Bridlington due to demographic change, deprivation and coastal location, requiring a coordinated, place-based response focused on skills, progression and workforce sustainability.
- National and local strategies are closely aligned, emphasising prevention, early intervention, community-based care, integrated working and reducing inequalities, with the workforce positioned as a critical enabler of reform.

- Both national policy and local strategy stress the need for workforce reform, retention and skills development to support new models of care and deliver neighbourhood and community-focused services.

1.3 Demand for health and care workers

- Labour market data shows strong demand for health and care workers nationally, across East Riding and in Bridlington, with health and care roles making up a higher share of job postings locally than nationally.
- Recruitment demand is heavily concentrated in frontline care and nursing roles, with Bridlington showing a particularly high proportion of care roles.
- Persistent recruitment pressures are evident, especially in adult social care and community-based services, with re-advertising and longer posting durations indicating difficulties filling key roles locally.
- The range of local opportunities in Bridlington is relatively limited, with fewer associate professional and professional roles advertised, constraining progression.
- As health and care provision shifts towards prevention and community-based models, workforce requirements and skill needs will change, reinforcing the need to develop a workforce that meets both current and future demand.

1.4 Pathways to secure and highly skilled health and care employment

- Local labour market data highlights opportunities in adult social care, nursing, social work and youth support, with nationally defined progression pathways from entry to higher-skilled roles.
- In theory, there are clear pathways from entry to higher level roles within each health and care job family. In practice, however, the labour market data makes clear that this is not always the case in Bridlington (or the wider East Riding area).
- The availability of relatively few intermediate opportunities, and the limited range of health and care jobs available locally, impact on aspirations and constrain opportunities for progression.

1.5 Local provision, educational routes and workforce entry points

- Bridlington has a range of health and care provision creating entry points into the local workforce, including hospital, primary and social care providers, alongside some innovative recruitment initiatives.
- These assets provide a foundation for strengthened pathways, but local job opportunities remain limited, and recruitment and progression are affected by multiple dropout points.
- There is no coherent strategic local model coordinating entry, retention and progression, contributing to on-going workforce challenges.
- Current routes are insufficient to meet growing demand and are weakened by clearly identified points where potential workers disengage.
- Any new education, training and workforce model will need to provide greater coherence, address early barriers to entry and retention, and reduce dropout to support both service delivery and secure, skilled local employment.

1.6 Barriers to recruitment, retention and workplace progression

- Despite the efforts of many partners, the health and care workforce in Bridlington is affected by a wide range of systemic, place-based and personal barriers which hinder recruitment and progression. This contributes to significant gaps in local provision, particularly in relation to access to dentistry, mental health support and emergency care.
- Any new education, training and workforce model will have to address Bridlington-specific and wider systemic barriers, supporting individuals to overcome personal issues which constrain their progress.

1.7 Learning from practice elsewhere

- Several other areas have already sought to overcome health and care workforce challenges similar to those faced in Bridlington and the wider East Riding area. Research has identified the key factors that support good practice.
- These include clear and shared strategic objectives which are used to determine scope and activities, delivery models shaped to local circumstances and partner capacity, secure and stable funding, a collaborative, partnership-based approach with co-production and co-delivery of services, and clear definition of impact measures so added value can be easily identified.
- Although the context within which the models reviewed for this study operate differs and they are at varying stages of development, they highlight the importance of clear objectives, defined scope, strong governance and partnership working to address agreed local priorities.

1.8 SWOT

- The SWOT highlights the key strengths and weaknesses, opportunities and threats affecting the health and care sector in Bridlington which will impact on the development of a potential new model for delivering education, training and workforce development.
- Existing interventions and initiatives already underway in Bridlington and East Riding provide a starting point for a more holistic and coherent model which will support people from initial engagement, through readiness to enter the sector and progression once in a health and care role.

Figure 1-1: SWOT

Strengths	Weaknesses
• Strong and sustained demand for health and care workers at national, East Riding and Bridlington level, providing a clear and reliable pipeline of employment opportunities. • Health and care is already one of the largest employment sectors in Bridlington offering stable, year-round employment (In contrast to other dominant local sectors such as tourism and retail). • Clear national occupational pathways exist across adult social care, nursing, social work, youth work and healthcare management, providing a strong structural framework to build progression routes. • Strong alignment between national policy, local strategy and stakeholder priorities around prevention, community-based care, workforce wellbeing and widening access. • General support for the concept amongst partners • Existing foundational work that can be built upon	• Weak visibility of progression routes from care roles into professional occupations such as nursing and social work, despite strong skills alignment. • Persistent recruitment and retention challenges in adult social care linked to pay, working conditions, inflexible rotas, travel requirements and lone working. • Limited co-ordination across key partners. • Geographic isolation restricts potential for academic link ups.
Opportunities	**Threats**
• Opportunity to create something nationally significant with strong transferable potential • Development of health and care campus provides physical location/stimulus for skills and economic development. • On-going and growing demand for health and care services – pipeline of future employment opportunities. Some of these roles are highly skilled and well renumerated. • Growing demand for community based, preventative and integrated care roles aligns well with Bridlington's population health needs and offers scope to develop new local roles. • Potential to draw on strong comparator models from areas, including talent hubs, apprenticeship led pathways, job coach models and widening access approaches. • Potential to create a physical or virtual focal point for health and care careers and progression, such as a campus or hub, to improve visibility, navigation and coordination. • Opportunity to widen participation by designing alternative routes for people without higher level qualifications, including young people, career changers, those with lived experience of care and economically inactive residents. • Scope to strengthen employer engagement at an operational level, improving vacancy intelligence, matching and early retention support.	• Ongoing NHS financial pressures, recruitment freezes and system reorganisation risk constraining progression opportunities and creating bottlenecks at the transition from education into employment. • Transport constraints, rurality and limited local role availability may continue to restrict progression for those unable or unwilling to travel. • Persistent low pay and insecure terms in parts of the social care sector risk undermining the attractiveness of roles, even where training pathways are strengthened.

Source: Kada Research (2026)

2. Co-designing a response

Informed by the findings from the primary and secondary research, partners and stakeholders came together in a workshop held at Bridlington Spa in March 2026 to agree objectives for the new education training and workforce development model and co-design a programme of activity. Five key areas of activity were agreed, together with short, medium and long-term interventions.

2.4 Programme objectives

The initial objectives set for the new model of training, education and workforce development were that it would:

- Objective 1. Coordinate and create pathways that support residents to enter the health and care workforce.
- Objective 2. Support individuals who are unemployed or who require a more supportive work environment to join the health and care workforce.

Workshop attendees suggested the following additional objectives.

- Objective 3. Support people already working in health and care to progress their careers and stay in the sector locally.
- Objective 4. Reduce the number of unfilled posts in Bridlington's health and care sector by growing a sustainable local workforce pipeline.

2.5 Priority challenges to be addressed

During the workshop eight current interconnected problems were identified that stakeholders wanted to see addressed through any pathways programme:

- Fragmented sector entry and training provision with no shared coordination
- A negative perception of care careers amongst local people
- No visible local in-work progression pathways to higher skilled, better renumerated positions
- Training provision misaligned with when residents are ready to engage
- A critical shortage of local trainers
- A growing digital and soft skills gap exacerbated by digital poverty
- A persistent 'brain drain' of skilled young people leaving the area
- A significant local seasonal labour force

Stakeholders agreed that these problems present a significant local challenge for the health and care sector and that their interconnected nature requires a coordinated, place-based response.

2.6 What can be done? Five strands of local activity

Workshop attendees agreed that a new model should be shaped around five key strands of locally co-ordinated activity:

i. Careers and opportunities awareness: Embed and continue to build local aspirational narratives for each pathway, establishing a health ambassadors programme in schools and community settings, using Navigator Network search intelligence for targeted digital marketing, and engaging families and primary schools. A central co-ordinator could shape a whole town identify for the programme.

ii. Employer engagement focused on shifting their recruitment/upskilling/progression practices. This includes mapping all roles and entry points, supporting employers to broaden recruitment and redesign job roles, and introducing an Apollo project[1]-style badging and commitment scheme with shared standards on progression, flexible working and training investment.

iii. Entry routes and training. Create multiple flexible entry routes and pathways throughout the year. This includes entry touchpoints for people receiving out of work benefits and voluntary entry routes, post 16 and links to higher level apprenticeships, Skills Bootcamps with multiple intakes, earn-while-you-learn provision for school leavers, and care setting simulation as a taster tool.

iv. Progression pathways. Make local entry routes and progression pathways visible and achievable. Two distinct pathways are needed: clinical and care/support. This strand includes mapping every step from care assistant to registered professional, supporting employers to access Apprenticeship Levy funding for Level 3 and Level 5 qualifications and working with providers to deliver locally, and developing micro-provider and entrepreneurship support.

v. Wider enabling conditions, providing a clear and agreed framework in which specific activities dan be taken forward in a coordinated way. Including clear governance structures, Dedicated capacity to lead and co-ordinate across the whole system shaping/influencing activity, collating impact evidence, facilitating collaboration and building identity, supported by a Memorandum of Interest signed by all key partners; a shared brand and single public-facing website built on the Log on Move On portal; and a multi-agency board with genuine lived experience, commissioning authority and KPI/metric/impact oversight.

2.7 Activity phases (short, medium and long-term)

- Short term (0 to 12 months) priorities: Leadership, governance and co-ordination capacity in place, full mapping of existing activity complete, awareness campaign begun, and activity pilots undertaken and evaluated.
- Medium term (1 to 2 years) priorities: A recognisable local identity programme running, Skills Bootcamp with multiple intakes established, at least one non-September entry route live, programme of activities launched, and formal partner commitment/collaboration process in place. Activity evaluation/evidence collation processes in place and running.

[1] The model aims to deliver a two-year project to create work-based opportunities in the health and social care sector. By providing training and job coach support, the Apollo project helps people gain employment within a range of jobs in the health and social care sector and provides free training for the local workforce to progress their careers.

- Long term (3 or more years): A Health and Care Academy embedded as a place priority, a demonstrably stronger locally grown workforce pipeline, NEET levels substantially reduced, and Bridlington recognised as a model for place-based workforce development.

2.8 Theory of change

A theory of change was created following this workshop that includes a programme rationale, objectives key activities/outputs, targeted short, medium, and long-term outcomes, and overall intended impacts. It is included on the following page.

Theory of change ERYC health and care training and workforce development model | Bridlington

Why
The problem

Health and care is Bridlington's largest and most stable employment sector, yet the sector cannot fill the roles it needs, meaning local people cannot access the health and care services they need locally. Demand will only grow as the population ages. There is a need to address:

- Fragmented provision
- Negative perception of care careers
- No visible progression pathways into and within the sector
- Training provision follows September academic timetables rather than reflecting when people become available and ready to engage.
- Shortage of local trainers
- Digital and soft skills gap
- Brain drain / seasonal workforce

Objectives
What we want to change

1. Coordinate and create pathways supporting residents, especially young people, to enter the health and care workforce.
2. Support individuals who are unemployed, or who require more of a supportive work environment to flourish, to join the health and care workforce.
3. Support people already in health and care to progress their careers and stay locally.
4. Reduce the number of unfilled posts in Bridlington's health and care sector by growing a sustainable local workforce pipeline.

Inputs
What we bring

- ERYC adult learning team
- Bridlington Place-Based Partnership
- Log on Move On portal
- ICB Widening Access Demonstrator
- DWP Youth Employment Hub post
- 50 micro-providers supported
- Navigator Network digital tool
- NHS day-in-life, school partnerships
- Skills Bootcamp programme and other skills funding
- Apprenticeship Levy funds
- Site for potential health campus

Activities
What we will do

A — Careers awareness and aspiration

- Two distinct pathway narratives
- Care simulation and taster days
- Health and Care ambassadors in schools
- Aspirational rebranding campaign
- Primary school and family outreach

B — Employer engagement

- Map all roles and entry points
- Broaden recruitment practices
- Flexible roles with paid training
- Apollo employer badging scheme
- Shared placement framework

C — Entry routes and training

- Job centre and voluntary routes
- Apprenticeships L2–3 with support and pathways to L4-L7
- Multiple year-round entry points
- Care simulation as taster tool
- Skills Bootcamps, multiple intakes
- Supported internships

D — Progression pathways

- Clinical and care/support pathways
- Coordination post for all partners
- Tackle zero-hours, fixed-term work
- Mapped local career pathway tool
- L4+ qualifications via Levy
- Unlock better terms and conditions through skills development

E — Wider enabling conditions

- Establish governance structure, ToR and governing board.
- Dedicated coordinator post
- Community awareness foundation
- MoI and multi-agency working group
- Shared brand on Log on Move On
- Enhance economies of scale

Short-term outcomes
0 to 12 months

- Definitions agreed, scope narrowed
- Value proposition and campaign begun
- Perceptions knowledge piece complete
- Simulation exercise piloted
- Health ambassadors programme in place
- Coordination posts active
- Full mapping of activities complete
- Map funding sources
- Links established with physical regeneration agenda and health campus proposition.

Medium-term outcomes
1 to 2 years

- Local identity/marketing programme launched
- Coordinating programme committed
- Marketing and coordination active
- Bootcamp with multiple intakes
- Widening access programme active
- Non-September entry routes live
- Wider funding secured
- Sector-based work academies (SWAPs) active, offering a structured entry route for people registered with Jobcentre Plus

Long-term outcomes
3 or more years

- Health and Care Academy embedded
- Locally-grown workforce pipeline
- NEET levels substantially reduced
- Brain drain slowed
- CQC outcomes improved locally
- Bridlington a recognised model
- Fewer unmet local roles

Ultimate impact
Our shared vision

Bridlington has a thriving, diverse, locally-grown health and care workforce.

People of all ages and backgrounds choose health and care as a valued career, supported by visible progression pathways, engaged employers, and a strong joined-up local partnership.

Local residents access stable, good-quality employment with real career potential.

Local people choose to stay and work in health and care in Bridlington because of the range and quality of jobs available, and the wrap-around support for those in the sector.

The health and wellbeing of Bridlington's community improves because services are delivered by people who know and care about their place.

3. Potential roadmap to a new model of workforce development

The following roadmap provides a potential ambitious programme of activity over four key stages that aims to develop, implement and embed a new model of workforce development for Bridlington's health and social care sectors. It is reflective of the level of interest and commitment seen in stakeholder engagement and the key findings from the co-design workshop. It is designed to be scaled up or down according to resource.

3.4 Overall rationale

Bridlington's labour market is relatively weak, with high economic inactivity, low qualification levels and limited progression opportunities. Health is the second largest employment sector locally, yet workforce shortages are more acute than nationally due to demographic change, deprivation and coastal location. There is currently no coherent strategic model coordinating entry, retention and progression. Demand for health and care workers will grow as the population ages. This route map responds directly to those findings.

3.5 Stage One: Foundational steps (months 0-3)

Rationale

This initial period is built on the understanding that there is no coherent strategic model currently coordinating entry, retention and progression in Bridlington and that there are multiple dropout points across current routes. Within this context, and drawing upon other existing successful models, clear shared objectives and a collaborative partnership approach are the critical first steps.

Figure 3-1 Key activities (months 0-3)

Workstream	Activity	Timing	Evidence basis
Enabling	Agree Terms of Reference and governance structures; sign memorandum of interest. • Formalise multi-agency working group.	Months 1-3	Comparator models show clear shared objectives and formal partnership commitment are essential foundations.
Enabling	Appoint Lead Resource • ICB / DWP funded	Months 1-3	No single organisation currently holds the overview. Evidence from comparator models shows this post is the critical enabler.
Enabling	Community awareness foundation. • Invest before scaling provision.	Months 1-3	High economic inactivity and low qualification/aspiration levels mean awareness-building must precede and accompany provision.

Awareness	Map all existing provision. • Full audit - find gaps and duplication	Months 1-2	Partners currently work in silos with duplication and gaps. A full audit is the first step to coherence.
Awareness	Perceptions research • Key focus - What do residents think of care careers?	Months 2-3	Negative perceptions of care careers are a key barrier to supply; research must precede campaigns.

Source: Kada Research 2026

3.6 Stage Two: Awareness and identity building and initial activity (months 4-12)

Rationale

Recruitment demand is heavily concentrated in frontline care and nursing roles, with persistent re-advertising a clear sign of recruitment challenges. Low aspirations and limited visibility of career potential are locally supply-side constraints. Bridlington also shows fewer associate professional and professional roles than regional averages, limiting visible within sector progression.

Figure 3-2 Key activities (months 4-12)

Workstream	Activity	Timing	Evidence basis
Enabling	Shared brand development • Single front door for all provision	Months 4-6	The current system is fragmented; residents cannot navigate it. A single accessible entry point is a prerequisite for future scale.
Enabling	Multi-agency governance board • Lived experience in real decisions	Months 6-9	Comparator models show clear and strong governance is vital to success but must be shared; no single organisation should own this.
Awareness	Two distinct pathway narratives • Clinical vs care and support branding	Months 4-6	Separate clinical and care/support pathways exist nationally. Local branding must reflect both to attract the right people.
Awareness	Aspirational rebranding campaign • Beyond 'health and care careers'	Months 5-8	Negative perceptions, especially among young people and families, are a documented supply constraint requiring sustained narrative change.
Awareness	Health and care ambassadors • Trained cohort in schools and groups	Months 5-9	Weak aspiration among young people is linked to limited visible role models locally. Ambassadors provide direct peer-level evidence.
Awareness	Care simulation and taster days • Convert interest into concrete intent	Months 6-12	Dropout from provision is a key identified weakness. Tasters reduce this by giving realistic job previews before commitment.

Awareness	Primary school and family outreach • Start earlier with a focus on young people and parents	Months 7-12	Families are key influencers of young people's career choices. Low local aspiration requires early intervention.
Awareness	Digital marketing campaign • Navigator Network search intelligence	Months 6-12	Use data on what Bridlington residents actually search for - not generic NHS messaging - to reach disengaged groups.
Entry	Pilot care simulation • Taster and assessment tool	Months 4-6	Multiple dropout points exist in current routes. Simulation reduces premature exits by setting realistic expectations early.
Entry	Job centre and voluntary routes • Signpost UC claimants to care roles	Months 4-6	High unemployment and UC claimant levels in Bridlington make Job Centre routes a major opportunity for supply.
Entry	Multiple year-round entry points • Rolling starts, not just September	Months 6-12	Seasonal workforce and unpredictable life changes mean provision must flex to when people are ready, not just September.
Entry	Earn-while-you-learn • Remove income barrier for young people	Months 6-12	Low household incomes in Bridlington mean unpaid or low-paid training is inaccessible to many potential recruits.
Progression	Developing a funded programme • Formulate programme and secure funding for YR2+	Months 6-12	Critically important to future programme and embedding pathways

Source: Kada Research 2026

3.7 Stage Three: Scale, structure and deepen (months 13-24)

Important note: Stage Three is contingent on funding being successfully secured during Stages One and Two.

Rationale

In theory, clear progression pathways exist from entry to higher-level roles. In practice, few intermediate opportunities exist in Bridlington. The limited range of health and care jobs locally constrains aspiration and progression. Zero-hours and fixed-term contracts are a structural barrier to retention.

Figure 3-3 Key activities (months 13-24)

Workstream	Activity	Timing	Evidence basis
Enabling	Enhance economies of scale • Shared frameworks, pooled delivery	Months 13-18	Fragmented provision duplicates effort and cost. Shared delivery frameworks are a key finding from comparable models.
Enabling	Wider funding secured • Statutory, employer and grant blend	Months 13-24	Short grant cycles undermine sustained change. Evidence stresses the need for stable, multi-year funding blended across sources.
Employer	Apollo employer badging scheme • Shared standards on progression and training	Months 13-18	Employers need challenge and support to move towards secure contracts and invest in staff progression, not just fill vacancies.
Employer	Shared placement framework • T-levels and apprenticeships coordinated	Months 15-24	Placement burden falls unevenly on a small number of engaged employers. A shared framework distributes load fairly.
Entry	Skills bootcamps, multiple intakes • Intensive, linked to real vacancies. Requires full employer support/input.	Months 13-18	Critical shortage of local bootcamp delivery capacity identified. Must invest in local trainers alongside learner recruitment.
Entry	Apprenticeships L2-3 with support • Pre-apprenticeship support for 16s	Months 13-24	Entry-level routes need pre-apprenticeship bridges for 16-year-olds. Earn-while-learn removes the income barrier.
Entry	Supported internships • Pathway for those with complex needs	Months 18-24	Around 75 NEET young people in Bridlington, many with complex needs. Standard provision routes will not reach them.
Progression	Clinical and care/support pathways	Months 13-18	National progression pathways exist in theory. Locally, intermediate roles are

	• Two distinct routes, different narratives		scarce - two defined pathways make options visible.
Progression	Coordination post for all partners • Convenes employers, providers, bodies	Months 13-24	Nobody currently holds the balcony view across training, employers and progression bodies. This post fills the structural gap.
Progression	Tackle zero-hours and fixed-term • Support and challenge employers to improve	Months 15-24	Fixed-term and zero-hours contracts are identified as a major driver of attrition and a structural barrier to progression.
Progression	Mapped local career pathway tool • Every step from entry to senior roles	Months 15-20	No clear visible route upward exists locally. People train in Bridlington but progress elsewhere - the map reverses this.
Progression	L4+ qualifications via Levy • Unlock Levy funding for existing staff	Months 18-24	Most SME employers do not know Levy funding is available to them. Unlocking this is a quick progression win.
Progression	Pathways to L4-L7 • Nursing, social work, paramedic routes	Months 18-24	Associate professional and professional roles are underrepresented locally. Visible L4-L7 routes are needed to retain talent.
Progression	Better terms through skills dev. • Progression unlocks improved contracts	Months 18-24	Skills development must be linked to better pay and terms: otherwise, progression pathways do not translate to retention.
Progression	Mapped local career pathway tool • Every step from entry to senior roles	Months 15-20	No clear visible route upward exists locally. People train in Bridlington but progress elsewhere the map tool would reverses this.

Source: Kada Research 2026

3.8 Stage Four: Scale, structure and deepen (months 25-36)

Rationale

Bridlington's socio-economic context supports it as a pilot for a new health and care workforce model, given the sector's local importance and its potential to offer more secure, year-round employment with progression. Success here could be scaled to other coastal areas and across the wider East Riding, and replicated in comparable coastal and deprived settings nationally.

Figure 3-4 Key activities (months 25-36)

Workstream	Activity	Timing	Evidence basis
Enabling	Health and Care Academy embedded • Self-sustaining, multi-agency governed	Year 3+	A formally constituted Academy can access NHS workforce capital, DHSC innovation funds, and social investment. Multi-source funding reduces single-point-of-failure risk.
Enabling	Bridlington as national model • Replicated in comparable coastal settings	Year 3+	A proven model attracts national funding for dissemination and replication. Academic partnerships (Hull, CU Scarborough) can co-fund evaluation and knowledge exchange.
Awareness	Sustained public identity • Bridlington as a place that values care	Year 3+	By year 3, identity programme should be jointly funded by employers who benefit from improved recruitment. Lower marginal cost as brand is established.
Entry	Sustainable local workforce pipeline • Brain drain slowed, local sourcing up	Year 3+	Ongoing pipeline funded through mainstream mechanisms (levy, NHS training budgets, ASF). Grant dependency minimal by this stage.
Employer	Employers redesigning roles at scale Secure contracts, investment in progression	Year 3+	Contract improvement and role redesign is employer investment. Skills for Care workforce development fund supports the enabling conditions.
Progression	NEET levels substantially reduced • Most vulnerable reached with intensive support	Year 3+	Long-term NEET reduction requires sustained wrap-around funding. NHS prevention budget is a relevant lever as population health outcomes improve.

Source: Kada Research 2026

Figure 3-5 Foundation activity GANNT chart (months 1–3)

Workstream	Activity	M1	M2	M3
Enabling	Appoint resource lead			
Enabling	Sign memorandum of interest – update as per above - ToR			
Enabling	Community awareness foundation			
Awareness	Map all existing provision			
Awareness	Perceptions research			

Source: Kada Research 2026

Figure 3-6 Year 1 activity GANNT chart (months 4-12)

Workstream	Activity	M4	M5	M6	M7	M8	M9	M10	M11	M12
Enabling	Shared brand development									
Enabling	Multi-agency governance board									
Entry	Pilot care simulation									
Awareness	Two pathway narratives									
Awareness	Aspirational place based rebranding campaign									
Awareness	Skills bootcamps (multi-intake)									
Awareness	Health & care ambassadors									
Awareness	Care simulation & taster days									
Awareness	Digital marketing campaign									
Employer	Map all roles & entry points									
Employer	Broaden recruitment practices									
Employer	Flexible roles with paid training									
Entry	Job centre & voluntary routes									
Entry	Multiple year-round entry points									
Entry	Earn-while-you-learn									
Progression	Developing a funded YR2+ programme									

Source: Kada Research 2026

Figure 3-7 Year 2 activity GANNT chart (months 13-24)

Workstream	Activity	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24
Enabling	Enhance economies of scale												
Enabling	Wider funding secured												
Employer	Apollo employer badging scheme												
Employer	Shared placement framework												
Entry	Skills bootcamps (multi-intake)												
Entry	Apprenticeships L2–3 + support												
Entry	Supported internships												
Progression	Clinical & care/support pathways												
Progression	Coordination post for all partners												
Progression	Tackle zero-hours contracts												
Progression	Mapped local career pathway tool												
Progression	L4+ qualifications via Levy												
Progression	Pathways to L4–L7												
Progression	Better terms via skills development												

Source: Kada Research 2026

Figure 3-8 Year 3 activity GANNT chart (months 25-36)

Workstream	Activity	M25	M26	M27	M28	M29	M30	M31	M32	M33	M34	M35	M36
Enabling	Health & Care Academy embedded												
Enabling	Bridlington as national model												
Awareness	Apollo employer badging scheme												
Employer	Shared placement framework												
Entry	Skills bootcamps (multi-intake)												
Progression	Clinical & care/support pathways												

Source: Kada Research 2026

4. Potential funding source by activity

Indicative estimated costs have been provided for all of the activities outlined in the Route Map in Chapter 3. They provide a baseline for cost planning. They are supplemented by potential funding sources for each activity.

4.4 Funding stages

The programme is designed to move through three funding stages:

i. Grant-led in Foundation and Year One, drawing primarily on ICB Widening Access Demonstrator and some wider funds/in-kind support potentially coming from sources such as the Rayne Foundation, DWP Youth Employment Hub, the Better Care Fund and East Riding Council baseline budgets.

ii. Mixed in Year Two, with a variety of more 'mainstream' / on-going funding sources including Skills Bootcamp contracts, combined authority, Apprenticeship Levy transfer, and early employer contributions, supplementing on-going grant funding.

iii. Sustainable from Year Three+, with levy income, employer contributions, combined authority integrated and local growth funding and statutory health and care budgets having the potential to cover most ongoing costs with grant dependency substantially reduced.

For this model, we have assumed that any pathways programme would benefit from access to some of the Hull and East Yorkshire Combined Authority's annual £13.34m skills, innovation and business support funding.

4.5 Estimation caveats

These estimated costs provide general guidance and a reasonable baseline. They are not forensic or locally/market verified. To the extent that they reflect unit costs as well as core costs, they are scalable in line with the scale of activity delivered. It would be possible to develop a range of different programmes according to the level of resources available, by using a 'mix and match' approach to taking forward specific activities at specific times. The estimated activity and programme total costs should therefore be considered with the following caveats:

- Per-apprentice and per-learner costs vary significantly depending on the training provider, qualification level, and the level of wrap-around support required. The figures informing these costs are based on national benchmarks and locally verified.
- Skills Bootcamp costs are highly variable depending on whether you're commissioning an existing provider or building local delivery capacity from scratch.
- The Year Three + figures assume the programme is working. If employer contributions and Levy income don't materialise as planned, external funding dependency will be higher.
- No local market data. These estimates assume national benchmarks apply in Bridlington. Where local provision is limited, this typically pushes unit costs up.

- In-kind valuations are particularly uncertain as it is speculative whether NHS and employer partners can, or would, release staff time at the scale required.
- No inflation adjustment These figures reflect broadly current prices but don't account for inflation over the 27-month delivery period. .
- Programme-level costs may not sum cleanly. Activities are costed individually, but in practice some costs (such as coordinator time) are shared running across multiple workstreams simultaneously.

4.6 Stage One: Foundation period (months 1–3)

Figure 4-1 Stage One budget and potential funding sources

Estimated stage total budget required:	Between £68,000 and £103,000
Potential funding mix	ICB Widening Access Demonstrator (H&NY) DWP Youth Employment Hub East Riding Council baseline Mayoral Combined Authority funding East Riding Council public health budget ICB communications budget

Source: Kada Research (2026)

Activity 1: Appoint coordinator post (enabling)
Estimated funding requirement: Up to £50k
Potential funding sources:

- ICB Widening Access Demonstrator (H&NY). This post would have a strong fit with WAD criteria. The coordinator post is a core eligible use for pipeline and access work.
- DWP Youth Employment Hub. There is potential for some co-funding for the coordinator post if activity were to encompass Youth Hub work.
- East Riding Council baseline. The Council's Adult Learning and Employability service, hosted within the Learning, Skills and Workforce Development team, already delivers a range of local, regional and national employability programmes. Some potential for funds from workforce strategy and adult learning and employability coordination budgets although these are likely to be limited.

Activity 2: Agree Terms of Reference and sign Memorandum of Interest (enabling)
No direct cost. This would only require some staff time from each partner organisation.

Activity 3: Community awareness foundation work (enabling)
Estimated funding requirement: £8k–£15k (community engagement, communications materials)
Potential funding sources:

- Mayoral Combined Authority funding. Community engagement and communications; looking for some funding from any place-based investment programme.
- East Riding Council public health budget. Some resource could be provided as there is clear community health messaging alignment.

Activity 4: Map all existing provision (awareness)
Estimated funding requirement: £5k–£8k (coordinator time + partner staff time)
Potential funding sources:

- Lead Resource (ICB WAD / DWP). Core function of the post, no additional budget required.
- Partner in-kind. Staff time from NHS, council, and training providers with clear stake in the work.

Activity 5: Perceptions research (awareness)
Estimated funding requirement: £8k–£20k (research commission or in-house equivalent)
Potential funding sources:

- Mayoral Combined Authority funding. Small research commission.
- East Riding Council public health budget. In-house research capacity.
  ICB Widening Access Demonstrator (H&NY). Understanding local barriers to workforce entry is an eligible use of these funds.

4.7 Stage Two: Months 4–12

Figure 4-2 Stage Two budget and potential funding sources

Estimated stage total budget required:	Between £175,000 and £314,000 (known fixed cost only)[2]
Potential funding mix	ICB Widening Access Demonstrator (H&NY) DWP Youth Employment Hub East Riding Council baseline Mayoral Combined Authority funding East Riding Council public health budget ICB communications budget Employer contributions NHS in-kind

Source: Kada Research (2026)

Activity 1: Shared brand on Log on Move On (enabling)
Estimated funding requirement: £10k–£25k (digital development, content).
Potential funding sources:

- MCA funding. Digital and communications activity.
- East Riding Council digital budget. Incremental development on existing portal.

Activity 2: Multi-agency governance board (enabling)
Estimated funding requirement: £5k–£10k (facilitation, venues, expenses).
Potential funding sources:

- Partner in-kind and coordinator facilitates. No direct cost.
  Mayoral Combined Authority funding. Small expenses budget for lived experience participants and accessible venues.

Activity 3: Distinct pathway narratives (awareness)
Estimated funding requirement: £15k–£30k (brand development, content creation).
Potential funding sources:

- ICB communications budget. NHS comms teams in-kind to help support clinical pathways.
- Mayoral Combined Authority funding. Brand development and content creation.
- ICB Widening Access Demonstrator (H&NY). Developing a compelling narrative to attract underrepresented groups is an eligible use.

Activity 4: Aspirational rebranding campaign (awareness)
Estimated funding requirement: £35k–£60k (sustained campaign across channels).
Potential funding sources:

- Mayoral Combined Authority funding. Sustained campaign marketing budget (target £30–50k).
- ICB Widening Access Demonstrator (H&NY). The focus on widening access makes this a strong fit.

[2] Does not include per cohort/per apprentice costs

- Employer contributions. Engaged employers co-fund a campaign that benefits their recruitment.

Activity 5: Health & care ambassadors (awareness)
Estimated funding requirement: £15k–£25k (training, coordination, materials).
Potential funding sources:

- NHS / ICB in-kind. Ambassador time contributed by employers and NHS.
- Mayoral Combined Authority funding. Training and coordination costs.
- ICB Widening Access Demonstrator (H&NY). Ambassador programmes targeting underrepresented communities are a core WAD use.

Activity 6: Care simulation & taster days (awareness)
Estimated funding requirement: £20k–£40k (coordination, marketing, materials at scale).
Potential funding sources:

- NHS in-kind. Simulation settings provided by employers.
- Mayoral Combined Authority funding. Coordination and marketing.
- Care employer contributions. Employers co-fund once a pilot is validated.
- ICB Widening Access Demonstrator (H&NY). Taster/pipeline activity is eligible under WAD.

Activity 7: Primary school & family outreach (awareness)
Estimated funding requirement: £10k–£20k (materials, coordinator time, travel).
Potential funding sources:

- Mayoral Combined Authority funding. Community engagement.
- East Riding Council public health budget. Health messaging in schools.
- NHS in-kind. Ambassador programme extended into primary settings.

Activity 8: Digital marketing campaign (awareness)
Estimated funding requirement: £15k–£25k (paid digital spend + coordinator time).
Potential funding sources:

- Mayoral Combined Authority funding. Paid digital spend.
- ICB communications budget. Navigator Network licence/access.
- ICB Widening Access Demonstrator (H&NY). Targeted digital outreach to disengaged groups is a strong fit with WAD.

Activity 9: Map all roles & entry points (employer)
Estimated funding requirement: £5k–£10k (coordinator + employer adviser time).
Potential funding sources:

- Coordinator post (ICB WAD / DWP). Core coordinator function.
- MCA-funded business support team. Employer adviser contributions in-kind.

Activity 10: Broaden recruitment practices (employer)
Estimated funding requirement: £10k–£20k (facilitation, workforce planning support).
Potential funding sources:

- Skills for Care Workforce Development Fund. Funded support for workforce planning.
- Employer self-funded. Internal HR and recruitment investment.
- ICB Widening Access Demonstrator (H&NY). Increased recruitment pool is aligned to WAD intent.

Activity 11: Flexible roles with paid training (employer)
Estimated funding requirement: £30k–£60k per cohort (employer wage cost + training).
Potential funding sources:

- Employer-funded. Paid training time constitutes employer investment.
- Apprenticeship Levy transfer. Large NHS/council employers transfer unused Levy to small care providers.
- Mayoral Combined Authority funding. Potential top-up for wrap-around support.

Activity 12: Pilot care simulation (entry)
Estimated funding requirement: £5k–£12k (materials, venue, facilitation)
Potential funding sources:

- NHS / ICB in-kind. Day-in-the-life experiences delivered by NHS partners. NHS provide venue.
- ICB Widening Access Demonstrator (H&NY). Simulation as an entry pipeline tool is likely to be eligible under WAD funding.

Activity 13: Job centre & voluntary routes (entry)
Estimated funding requirement: £5k–£15k (coordination, volunteer expenses, materials)
Potential funding sources:

- DWP (existing JCP resource). DWP YEH coordinator activates this route.
- Voluntary sector grants. Small grants for voluntary role allowance models.

Activity 14: Multiple year-round entry points (entry)
Estimated funding requirement: £20k–£40k per year (course delivery, administration).
Potential funding sources:

- Adult Skills Fund (ASF). Flexible adult learner provision is now devolved to MCAs.
- East Riding Council Adult Learning and Employability. Delivery within existing Adult Skills Fund (ASF) allocation, (specifically tailored learning) alongside the service's range of local, regional and national employability programmes.
- Mayoral Combined Authority funding. Top-up for non-ASF-eligible provision; MCA holds Adult Skills Fund devolution.

Activity 15: Earn-while-you-learn (entry)
Estimated funding requirement: £15k–£25k per apprentice per year (training + wage).
Potential funding sources:

- Apprenticeship Levy (L2–3). Covers training cost.
- Employer wage contribution. Employer pays wage during apprenticeship.
- Mayoral Combined Authority funding. Bridging support for 16-year-olds pre-apprenticeship.
- ICB Widening Access Demonstrator (H&NY). Removing income barriers for young people entering health and care is a core WAD objective.

Activity 16: Developing a funded YR2+ programme
Estimated funding requirement: £15k–£24k (coordinator time + partner staff time)
Potential funding sources:

- Lead Resource (ICB WAD / DWP). Core function of the post, no additional budget required.

4.8 Stage Three: Months 13-24)

Figure 4-3 Stage Three budget and potential funding sources

Estimated stage total budget required:	Between £133,000 and £240,000 (known fixed costs only)[3]
Potential funding mix	ICB Widening Access Demonstrator (H&NY) DWP Youth Employment Hub East Riding Council baseline Mayoral Combined Authority funding East Riding Council public health budget ICB communications budget Employer contributions/in-kind NHS capital Apprenticeship Levy. Local Skills Improvement Fund (LSIF) DfE Skills Bootcamp contract DfE 16–19 funding DfE Supported Internship funding HEI partnership (CU Scarborough / Hull HEI bursaries Skills for Care Workforce Development Fund Turing Scheme / other HEI bids NHS Learning Support Fund

Source: Kada Research (2026)

Activity 1: Enhance economies of scale (enabling)
Estimated funding requirement: £10k–£20k (coordinator time, shared framework development.
Potential funding sources:

- Lead Resource (continued ICB WAD / employer contributions). Facilitation role.
- Partner in-kind. Savings from rationalising duplicated provision reinvested.

Activity 2: Wider funding secured (enabling)
Estimated funding requirement: £5k–£15k (bid writing, legal, partnership development).
Potential funding sources:

- Mayoral Combined Authority funding. Devolved skills and economic development fund.

[3] Does not include per learner/intern/apprentice/intake costs

- NHS capital. Workforce infrastructure investment.
- Apprenticeship Levy. Ongoing employer contributions.
- Local Skills Improvement Fund (LSIF). Inclusion within an updated Hull and East Yorkshire LSIF.
- Turing Scheme / other HEI bids. Where higher education partnerships are in scope.
- ICB Widening Access Demonstrator (H&NY). Continuation or successor funding if programme extended.

Activity 3: Apollo employer badging scheme (employer)
Estimated funding requirement: £8k–£15k (scheme design, administration, marketing).
Potential funding sources:

- Skills for Care Workforce Development Fund. Quality improvement support.
- Employer self-funded. Mainly staff time with low direct cost.

Activity 4: Shared placement framework (employer)
Estimated funding requirement: £15k–£30k (framework development, coordination).
Potential funding sources:

- DfE T-level provider funding. This would include industry placement coordination support.
- Employer in-kind. Placement supervision time.

Activity 5: Multi-intake skills bootcamps (entry)
Estimated funding requirement: £80k–£150k per intake (training delivery, wraparound, trainer development).[4]
Potential funding sources:

- DfE Skills Bootcamp contract. Covers up to 100% of training cost for unemployed adults; 30% employer co-investment for employed learners.

Activity 6: Apprenticeships L2–3 with support (entry)
Estimated funding requirement: £10k–£18k per apprentice per year (training + support).
Potential funding sources:

- Apprenticeship Levy (L2–3). Would fund training cost.
- DfE 16–19 funding. Covers pre-apprenticeship for younger cohort.
- Mayoral Combined Authority funding. This could potentially provide some funding for wrap-around support costs.
- ICB Widening Access Demonstrator (H&NY). The provision of entry-level health apprenticeships for underrepresented groups constitutes a strong WAD fit.

Activity 7: Supported internships (entry)
Estimated funding requirement: £15k–£25k per intern (job coach, coordination, employer support).
Potential funding sources:

- DfE Supported Internship funding. This is available for young people with Education Healthcare Plans (EHCPs).
- East Riding Council SEND budget. This could be potentially used to co-fund job coaching.

[4] It is important to note that local delivery capacity is a common challenge preventing successful skills bootcamp delivery therefore some investment into local provision would be required prior to the programmes being rolled out.

Activity 8: Clinical & care/support pathways (progression)
Estimated funding requirement: £20k–£40k (pathway design, HEI partnership, materials)
Potential funding sources:

- ICB workforce development budget. Clinical pathway development is a strategic priority for the ICB.
- HEI partnership (CU Scarborough / Hull). Looking at improving/extending higher-level routes into Bridlington.
- ICB Widening Access Demonstrator (H&NY). Visible progression routes for local people is a WAD priority.

Activity 9: Lead resource for all partners (progression)
Estimated funding requirement: £45k–£55k per year (FTE and including all costs)
Potential funding sources:

- ICB. Primary funder in year 2.
- Employer contributions (pooled). Employers begin co-funding by Year 2.
- ICB Widening Access Demonstrator (H&NY). Coordination infrastructure for widening access is eligible criteria.

Activity 10: Tackle zero-hours and fixed-term contracts (progression)
Estimated funding requirement: £10k–£20k (facilitation, workforce planning support)
Potential funding sources:

- Skills for Care Workforce Development Fund. Can be used for workforce reform activity.
- Employer self-funded. Contract improvement constitutes employer investment in their staff.

Activity 11: Mapped local career pathway tool (progression)
Estimated funding requirement: £15k–£30k (digital build, content, maintenance)

- Mayoral Combined Authority funding. Digital development for skills/community infrastructure.
- ICB digital / communications budget. Continued development of the Log on Move On platform.

Activity 12: L4+ qualifications via Levy (progression)
Estimated funding requirement: £6k–£12k per learner per year (training delivery)
Potential funding sources:

- Apprenticeship Levy (L4–L5). Funds higher-level apprenticeship training.
- Levy transfer from large employers. NHS trusts and councils can transfer up to 25% of unused Levy pot to small care providers.
- ICB Widening Access Demonstrator (H&NY). Upskilling existing workforce into higher-level roles fully aligns with WAD criteria.

Activity 13: Pathways to L4–L7 (progression)
Estimated funding requirement: £6k–£12k per learner per year (training delivery)
Potential funding sources:

- Apprenticeship Levy (degree-level). Nursing associate (L5) and nursing degree apprenticeships.
- NHS Learning Support Fund. This could cover some living costs for eligible students.
- HEI bursaries. CU Scarborough and University of Hull partnerships may open bursary opportunities.
- ICB Widening Access Demonstrator (H&NY). Local people progressing to professional roles without leaving Bridlington is a flagship WAD outcome.

Activity 14: Better terms through skills development (progression)
Estimated funding requirement: £5k–£15k (workforce planning, business case development)
Potential funding sources:

- Employer self-funded (primary). Pay improvement is employer employee investment.
- Skills for Care Workforce Development Fund. Workforce planning to support a compelling funding case.

4.9 Stage Four: Months 25+

Figure 4-4 Stage Three budget and potential funding sources

Estimated stage total budget required:	Between £240,000 and £510,000 (fixed costs only)[5]
Potential funding mix	ICB Widening Access Demonstrator (H&NY) DWP Youth Employment Hub East Riding Council baseline Mayoral Combined Authority funding East Riding Council public health budget ICB communications budget Employer contributions/in-kind NHS capital Apprenticeship Levy. Local Skills Improvement Fund (LSIF) DfE Skills Bootcamp contract DfE 16–19 funding DfE Supported Internship funding HEI partnership (CU Scarborough / Hull HEI bursaries Skills for Care Workforce Development Fund NHS Learning Support Fund

Source: Kada Research (2026)

Activity 1: Health & Care Academy embedded (enabling)
Estimated funding requirement: £150k–£300k per year (staffing, operations, delivery)
Potential funding sources:

- Apprenticeship Levy (ongoing). At this stage this should be the primary sustainable income stream.
- ICB workforce budget. Statutory contribution for workforce training.
- Employer contributions. Pooled levy and direct contributions supported by clear impact evidence.
- Statutory health and care budgets. NHS and council baseline.
- Social investment. A constituted Academy would be able to access social investment vehicles.
- DHSC workforce innovation fund if programme qualifies as a national demonstrator.
- ICB Widening Access Demonstrator (H&NY). Academy model could be the sustainable successor to WAD-funded activity.

[5] Does not include per learner/intern/apprentice costs

Activity 2: Showcasing Bridlington as national model (enabling)
Estimated funding requirement: £20k–£50k (evaluation, dissemination, knowledge exchange)
Potential funding sources:

- NHSE / DHSC workforce innovation fund. Funding for dissemination and replication.
- Research partnerships (Hull, CU Scarborough). Academic co-funding for evaluation and knowledge exchange.

Activity 3: Sustained public identity (awareness)
Estimated funding requirement: £15k–£30k per year (ongoing campaign, lower marginal cost as brand established
Potential funding sources:

- Employer contributions. Employers who benefit from improved recruitment should be expected to co-fund by Year Three.
- ICB communications budget. Ongoing NHS contribution.
- East Riding Council communications. Baseline public health messaging.

Activity 4: Employers redesigning roles at scale (employer)
Estimated funding requirement: £20k–£50k per employer (role redesign, contract reform, HR investment)
Potential funding sources:

- Employer self-funded (primary). Contract improvement and role redesign is employer investment
- Skills for Care Workforce Development Fund. Support for enabling conditions.

Activity 5: Sustainable local workforce pipeline (entry)
Estimated funding requirement: £10k–£30k (mainstream mechanisms cover majority by this stage with minimal grant dependency)
Potential funding sources:

- Apprenticeship Levy (ongoing). Mainstream mechanism.
- NHS workforce training budgets. Ongoing statutory contribution.
- Adult Skills Fund (ASF) (MCA-devolved). Ongoing adult learner provision

Activity 6: NEET levels substantially reduced (progression)
Estimated funding requirement: £25k–£50k per year (wrap-around support, intensive casework)
Potential funding sources:

- DWP / MCA successor funding. Long-term NEET reduction investment through devolved employment programmes
- East Riding Council SEND / NEET budgets. Ongoing statutory contribution.
- NHS prevention budget. This will become an increasingly relevant lever as the local population health outcomes improve.

5. Risk and mitigation

Figure 5-1 Risk register

Risk	Stage	Likelihood	Impact	Description	Mitigation
Lead resource unfilled or vacated	Full programme	Medium	Critical	Success of programme closely linked to central coordination activity. If lead resource is unfilled or vacated, delivery of all other workstreams becomes much more challenging.LSWD	Limited. Two funding levers available (ICB WAD + DWP YEH). Formalised partnerships could distribute some convening/co-ordination responsibility
Funding fragmentation and short cycles	Full programme	High	Critical	The programme potentially draws on 19 separate funding sources across four phases. Many are short-cycle grants with uncertain renewal. Loss of any major source mid-programme creates delivery gaps that are difficult to fill at short notice.	Funding diversification is built into the design spreading risk. Transition toward employer and levy income reduces grant dependency over time.
In-kind contributions do not materialise	Full programme	Medium	High	A significant proportion of total programme cost is carried by NHS, employer and council staff time contributed in-kind. If partner organisations face capacity pressures appetite for in-kind support reduces and external funding needed rises substantially	MOU formalises commitment. Coordinator pro-actively manages partner relationships.
Partnership fragmentation	Full programme	Medium	Medium	The programme requires sustained collaboration across multiple organisations/providers. Organisational change, staff turnover or competing priorities in any partner creates coordination risks.	Multi-agency governance board. Shared brand and MOU create structural incentives to stay engaged.

Risk	Stage	Likelihood	Impact	Description	Mitigation
Policy and political environment change	Full programme	Medium	Medium	NHS workforce policy, DWP employment programmes, apprenticeship funding rules and MCA devolution settlements could all change materially. Several funding sources (WAD, Skills Bootcamp, 16–19 funding) are subject to DfE and NHSE policy decisions.	Multi-source funding reduces exposure to any single policy change. Programme designed to flex across funding vehicles.
WAD allocation already committed elsewhere	Foundation				
Slow partnership mobilisation	Foundation	Medium	High	H&NY ICB's WAD allocation may already be committed to other activities. If little or no WAD funding is available for Bridlington, the coordinator post loses its primary funding source, and the foundation stage becomes challenging.	DWP YEH post provides a parallel lever. ER Council baseline budgets could potentially bridge this period.
Negative perceptions prove resistant to change	Stage 2	Medium	Medium	Evidence shows care career perceptions are deeply embedded, often across generations. A single rebranding campaign is unlikely to shift attitudes materially within 12 months. Early evaluation may show weak results, undermining funder confidence	Perceptions research in foundation stage sets baseline. Ambassador programme provides peer-level credibility alongside campaign. Expectation management about impact timeframes.
Employer engagement is shallow	Stage 2	Medium	Medium	Employer mapping and recruitment practice work depends on care providers engaging meaningfully. Small providers have limited HR capacity and may participate nominally without changing behaviour	Apollo badging scheme (Year 2) creates incentive structure. Skills for Care WDF provides funded support.
Earn-while-you-learn inaccessible for youngest cohort	Stage 2	Medium	Medium	16-year-old apprentices require pre-apprenticeship bridging support and employer willingness to pay a full wage from	MCA funding available for bridging. DfE 16–19 funding covers pre-apprenticeship costs.

Risk	Stage	Likelihood	Impact	Description	Mitigation
				day one. Both are uncertain in a low-margin care sector.	
Skills Bootcamp delivery capacity absent locally	Stage 3	High	High	Current critical shortage of local bootcamp delivery capacity. Commissioning a bootcamp without investing in local trainer development first risks importing provision from outside Bridlington with limited understanding of the local context. This could undermine the place-based model and leaving no lasting local infrastructure.	Investment in local trainers is flagged in the route map alongside learner recruitment.
Levy transfer underused by small providers	Stage 3	High	Medium	Apprenticeship Levy transfer is identified as a major untapped lever, but small care providers typically lack the administrative capacity to access it. Large NHS and council employers also need to actively opt in to transfer, which is not guaranteed.	Coordinator post to broker relationships and provide administrative support. ICB could facilitate NHS employer participation.
Per-learner cohort sizes too small	Stage 3	Medium	Medium	Apprenticeship supported internship and L4–L7 pathway costs are highly sensitive to cohort size. If recruitment into these routes is slow, unit costs rise and programme value-for-money deteriorates	Year 1 awareness and pipeline activity is designed to generate demand ahead of Year 2 provision.
Zero-hours contracts remain entrenched	Stage 3	High	Medium	Tackling insecure contracts requires employers to absorb additional cost in a low-margin sector (with other cost pressures). Without regulatory pressure or financial incentive, most employers will not move voluntarily. The programme has no direct lever to compel change.	Apollo badging scheme creates reputational incentive to improve contracts. Skills for Care WDF supports workforce planning business case.

Risk	Stage	Likelihood	Impact	Description	Mitigation
Employer contributions do not reach target	Stage 4	Medium	High	The sustainability model requires employer contributions to cover 50%+ of programme costs by Year 3. If employers do not see sufficient return on investment or if the care sector faces further financial pressure, contributions will fall short and grant dependency will continue.	Employer value proposition builds throughout early stages. Awareness raising and buy in activity from foundation stage. Levy transfer provides a low-cost entry point for employer contribution
Academy governance becomes unwieldy	Stage 4	Medium	Medium	A formally constituted multi-agency Academy with multiple funders risks slow decision-making, governance disputes and mission drift. This is a common challenge for multi partnership bodies.	Governance design should be developed in Year 2 with explicit lessons from comparable models (i.e. the use of smaller sub committees/governance groupings).
Brain drain continues	Stage 4	Medium	Medium	Even with visible L4–L7 pathways, higher achievers may still leave Bridlington for larger urban centres where career opportunities are broader. Local pathway visibility is necessary but may not be sufficient to reduce brain drain.	CU Scarborough partnership brings higher education locally. NHS roles offer portable credentials with local application.
NEET reduction requires more significant wraparound support	Stage 4	Medium	Medium	NEET young people identified locally have complex needs and barriers to education/employment. They require intensive and sustained support that goes beyond what a workforce programme can deliver alone. Without integrated SEND, mental health and housing support, workforce interventions will not reach the most vulnerable	ER Council SEND/NEET budgets and NHS prevention funding provide complementary resource. Supported internship route specifically designed for this cohort. As a key national Government priority this issue will received sustained focus, support and funding sources.

Source: Kada Research (2026)

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