



Kent County Council Adult Social Care Prevention Framework Consultation Report



Prepared by Lake Market Research



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Executive summary

- 428 responses were received via the consultation questionnaires. 416 responses were received via the main consultation questionnaire (307 online and 109 in hard copy). 12 responses were received via hard copy Easy Read questionnaires. The key findings / statistics below are based on response to the main consultation questionnaire. A summary of response to the Easy Read questionnaires can be found on page 56 onwards.
- The majority of consultees responding are Kent residents (78%). 20 questionnaires were completed on behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation. Responses were also received from representatives from Town, Parish, District or Borough Councils (6), Councillors (6) and Kent business owners / representatives (7).
- The most common route to finding out about the consultation is via an email from Let's talk Kent or KCC's Engagement and Consultation team (41%).
- 68% found the wording in the Prevention Framework easy to understand (27% found it very easy). 73% found the diagrams and pictures in the Prevention Framework easy to understand (36% found them very easy). Some consultees commented that the length of the document and the phrasing used made it difficult to fully understand the framework's contents.
- The majority agree with the draft ambition outlined in the framework (77%); only 8% disagreed. Those in agreement cited the importance of prevention, early intervention and equality as supporting reasons. Some consultees highlighted concerns with regards to the level of tangible detail included, the perceived ease of implementation, the need for / importance of stakeholder / organisation partnerships and the availability of funding required.
- Agreement with priorities outlined against the five approaches put forward in the consultation are higher as follows:
 - Principle of prevention first – 85% agree, 8% neither agree nor disagree, 6% disagree.
 - Focused support – 83% agree, 10% neither agree nor disagree, 5% disagree.
 - Partnership working - 81% agree, 12% neither agree nor disagree, 6% disagree.
 - Inclusion and equity - 81% agree, 12% neither agree nor disagree, 5% disagree
 - Measuring and evidencing impact - 79% agree, 14% neither agree nor disagree, 3% disagree.
- When given the opportunity to provide any comments on the priorities outlined, a number of consultees were in support. The following specific concerns were raised but also echo earlier points raised at ambition level:
 - The level of actionable detail included / action plans / evidence that things will change in reality
 - AI / tech concerns with new plans / potential for digital exclusion for some
 - Desire for support for carers / in addition to profile raising

- Feasibility of partnership working / importance of partnerships to make plans work
- Availability of funding required
- Including everyone / all stakeholders in feedback / measurement
- Inclusion of local VCSE organisations / groups in plans

Background and methodology

Background

Kent County Council (KCC) has a statutory duty under The Care Act (2014) to prevent, reduce and delay the development of needs for care and support by promoting individual wellbeing and ensuring that people can live as independently as possible. The Department of Health and Social Care (2018) defines prevention as: "Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible."

By 2035, adult social care in Kent will have fundamentally shifted towards a strategic, operational and financial model that prioritises prevention, early intervention and delay of escalating care needs. Following engagement and early co-production with the Voluntary Community and Social Enterprise (VCSE) sector, workforce, partners and workshops with Kent residents throughout September 2024 - March 2025, Kent County Council have run a public consultation on the newly proposed Adult Social Care Prevention Framework. The Framework sets out KCC's ambition to help more people in Kent to live fulfilled, healthy and independent lives now and in the future.

Consultation process

On the 6 June 2025, a five and a half week consultation was launched and ran until 14 July 2025. The consultation invited residents, services users, VSCE organisations and other interested parties to provide views on the framework and any other comments.

Feedback was captured via a consultation questionnaire which was available on the KCC engagement website (<https://letstalk.kent.gov.uk/prevention-consultation>). Upon launch of the consultation, hard copies of the consultation material and questionnaires were provided on request. Easy Read and large print formats were available from the consultation webpage and consultation material and the webpage included details of how people could contact KCC to ask a question, request hard copies or an alternative format. A Word version of the questionnaire was provided on the webpage for people who did not wish to complete the online version.

A consultation stage Equality Impact Assessment (EqIA) was carried out to assess the impact the proposals could have on those with protected characteristics. The EqIA was available as one of the consultation documents and the questionnaire invited consultees to comment on the assessment that had been carried out. An analysis of responses to this question can be found with the overall findings' sections of this report.

Activities to raise awareness of the consultation and encourage participation, included the following:

- In advance of the consultation, a meeting was held on 23 May 2025 with the Adult Social Care People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to share the proposals and approach to the consultation.
- The consultation on the framework opened on 6 June 2025 and it closed on 14 July 2025.
- The consultation process identified the main stakeholders with interest in the framework, and this included people supported by the service, carers, Kent County Council (KCC) staff, KCC Members, voluntary sector organisations, NHS trusts, Kent and Medway Integrated Care Board, and social care providers, as well as the public.

- The consultation was promoted to 60, 679 people/organisations via our Adult Social Care networks. There was a targeted social media campaign which reached 32,036 people. An email was sent to 9,523 people registered with Let's Talk Kent.
- There were 17 face-to-face engagement sessions run in partnership with some of our identified stakeholders during June and July 2025 across the county (see dates, locations and partners below). The face-to-face drop-in sessions engaged with 450 people.
- There were also 3 online evening sessions promoted, however across the 3 events, only 1 consultee took part.

Date	Location / District	Partner
09.06.25	Tunbridge Wells	Kenward Trust
10.06.25	Birchington, Thanet	Veterans Association
11.06.25	Eynsford, Sevenoaks	DVCC
12.06.25	Tonbridge & Malling	Hi Kent
12.06.25	Maidstone	Involve Kent
13.06.25	Herne Bay, Canterbury	Age UK Herne Bay & Whitstable
18.06.25	Southborough, Tunbridge Wells	Crossroads Care Kent
19.06.25	Folkestone,	Age UK
20.06.25	Eastry, Dover	Eastry Parish Council
24.06.25	Ramsgate, Thanet	West Kent Housing Association
25.06.25	Wye, Ashford	Disability Assist
30.06.25	Deal, Dover	Age UK
01.07.25	Sheerness, Swale	Imago Community
02.07.25	Temple Hill, Dartford	Healthy Living Centre
03.07.25	Gravesend, Gravesham	Alzheimer's & Dementia Support Services
10.07.24	Margate, Thanet	Speak Up CIC
11.07.25	Aylesford, Tonbridge & Malling	Royal British Legion

A summary of interaction with the consultation website and documents can be found below:

- Unique visitors to page - 5,015
- Total visits to page - 5,500
- New registrations - 146
- Documents downloaded - 1,470

- Views of 'Draft Prevention Framework' - 861
- Views of 'Equality Impact Assessment' - 84
- Views of 'Questionnaire: Easy Read Version' - 82
- Views of 'Prevention Framework: Easy read Version' - 76
- Views of 'Word Version Questionnaire' - 67
- Views of 'Frequently Asked Questions' - 62
- Views of 'BSL video explaining consultation page' – 12
- Views of 'BSL video explaining drop in sessions' - 6

A targeted social media campaign was carried out, alongside usual activity from the Consultation Team to promote the Consultation. The aim of the targeted campaign was to boost engagement with people under the age of 56, as this was a cohort that we weren't seeing high engagement from.

- Clicks across all channels - 806
- Total reach - 32,036
- Total impressions - 40,614
- Facebook reach ONLY - 29,451
- Instagram reach ONLY - 4,703
- LinkedIn impressions - 7,052
- Nextdoor impressions - 28,859
- Nextdoor reactions - 17

Consultation response

There were 428 responses to the consultation questionnaire:

- 416 responses were received via the main consultation questionnaire – 307 of these were submitted online and 109 questionnaires were submitted in hard copy or by email.
- 12 responses were received via hard copy Easy Read questionnaires.

In addition to consultation questionnaires, 3 emails / letters received by KCC and feedback from face to face events with regards to consultation feedback and passed to Lake Market Research for review and analysis. This report includes examples of the feedback provided via these emails / letters.

Points to note

- Consultees were given the choice of which questions to answer / provide a comment for. The number of consultees providing an answer to each question is shown on each chart / data table featured in this report.
- Consultees were asked to detail the reasons for their views in their own words. For the purpose of reporting, we have reviewed the comments made for each of these questions and grouped common responses together into themes. These themes are reported where relevant in this report. Please note the percentages in these data tables will exceed the sum of 100% and comments often cover more than one theme.
- Please note the sum of individual percentages in any single choice question in this report may not sum to 100% due to rounding.

- Please note that participation in consultations is self-selecting and this needs to be considered when interpreting responses. Inclination to take part in the consultation is subject to individual personal topic interest and service usage.
- KCC were responsible for the design, promotion and collection of the consultation responses. Lake Market Research were appointed to conduct an independent analysis of feedback.

Consultation profile

Main consultation questionnaire - response profile

The majority of consultees responding to the consultation questionnaire Kent residents (78%).

20 questionnaires were completed on behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation. Responses were also received from representatives from Town, Parish, District or Borough Councils (6), Councillors (6) and Kent business owners / representatives (7).

CONSULTEE TYPE	Count	Percentage
As a Kent resident	325	78%
As a representative of a local community group or residents' association	5	1%
On behalf of an education establishment	0	0%
On behalf of a Town, Parish, District or Borough Council in an official capacity	6	1%
A Parish, District, Borough, City or County Councillor	6	1%
As a Kent business owner or representative	7	2%
On behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation	20	5%
A KCC employee (Kent resident)	18	4%
A KCC employee (non-Kent resident)	2	0.2%
A resident from somewhere else, such as Medway	5	1%
Other / as something else	19	5%
Blank	3	0.7%
Total	416	

Main consultation questionnaire - demographic profile

The tables below show the demographic profile of **Kent residents (325 in total)**. The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

Gender	Number of responses	Percentage
Male	198	61%
Female	81	25%
Prefer not to say / blank	46	14%

Gender same as birth	Number of responses	Percentage
Yes	266	82%
No	2	1%
Prefer not to say / blank	57	18%

Age	Number of responses	Percentage
16-20	1	0.3%
21-25	1	0.3%
26-30	1	0.3%
31-35	4	1%
36-40	5	2%
41-45	4	1%
46-50	7	2%
51-55	18	6%
56-60	29	9%
61-65	31	10%
66-70	39	12%
71-75	51	16%
76-80	39	12%
81-85	34	10%
86-90	11	3%
91-95	1	0.3%
Over 95	1	0.3%
Prefer not to say / blank	48	15%

Disability	Number of responses	Percentage
Yes	110	34%
- Physical	75	23%
- Sensory (hearing, sight or both)	31	10%
- Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	40	12%
- Mental health condition	26	8%
- Learning disability	5	2%
- Neurodivergent, such as ADHA, autism, dyslexia and dyspraxia	9	3%
- A different disability or health condition	6	2%
No	153	47%
Prefer not to say / blank	62	19%

Carer	Number of responses	Percentage
Yes	75	23%
No	194	60%
Prefer not to say / blank	56	18%

Ethnicity	Number of responses	Percentage
White English, Scottish, Welsh, Northern Irish or British	248	75%
White Irish	8	2%
Any other White background	2	1%
White and Black Caribbean	1	0.3%
White and Black African	1	0.3%
White and Asian	0	0%
Asian or Asian British Indian	13	4%
Asian or Asian British Pakistani	0	0%
Asian or Asian British Bangladeshi	0	0%
Asian or Asian British Chinese	0	0%
Any other Asian background	1	0.3%
Black or Black British Caribbean	0	0%
Black or Black British African	0	0%
Any other African background	2	1%
Roma	1	0.3%
Ethnicity	Number of responses	Percentage

Any other ethnic group	2	1%
Prefer not to say / blank	46	14%

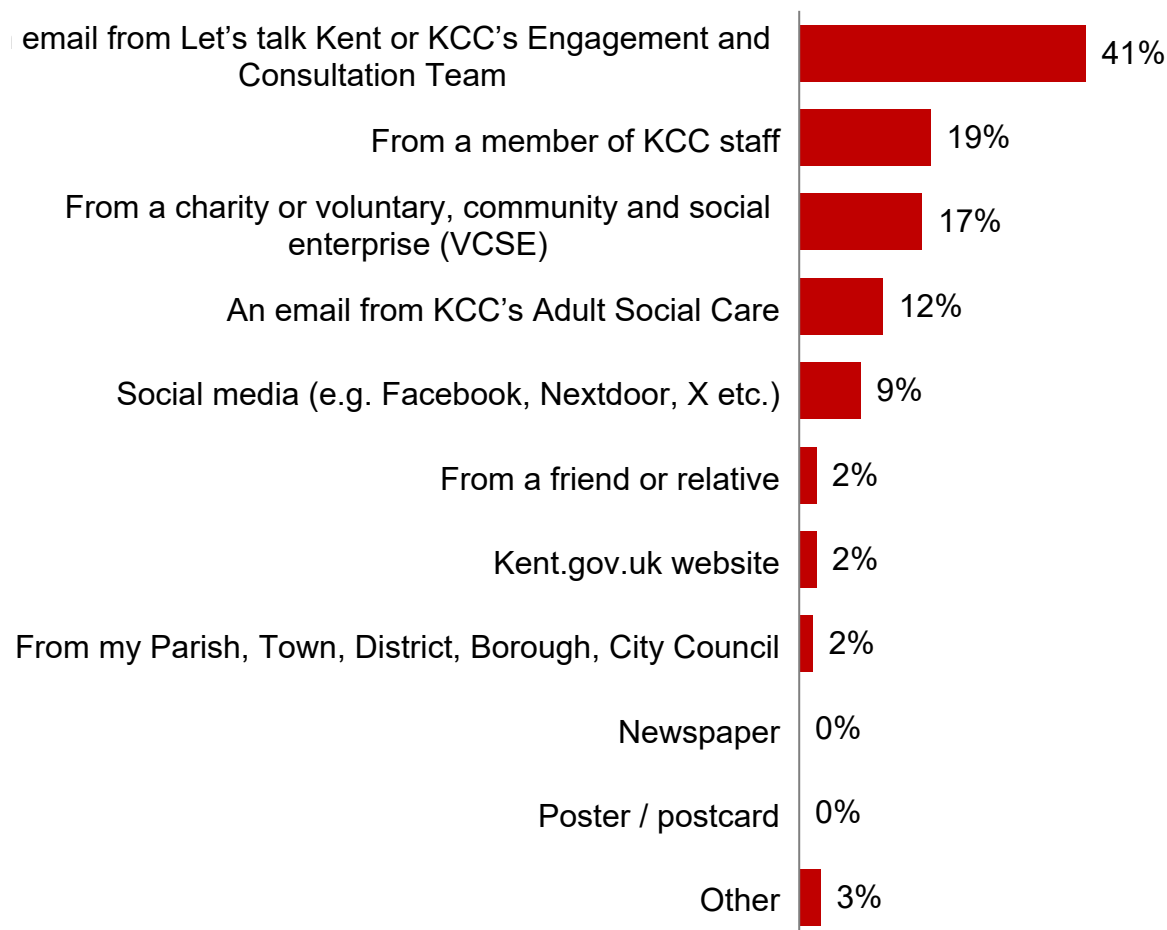
Religion	Number of responses	Percentage
- Atheist	6	2%
- Christian	144	44%
- Buddhist	1	0.3%
- Hindu	3	1%
- Jewish	0	0%
- Muslim	0	0%
- Sikh	11	3%
- A different religion or belief	8	2%
No	83	26%
Prefer not to say / blank	69	22%

Sexuality	Number of responses	Percentage
Heterosexual / Straight	239	74%
Bisexual	5	2%
Gay or Lesbian	9	3%
Prefer to define my own sexuality	2	1%
Prefer not to say / blank	70	22%

Consultation awareness

The most common route to finding out about the consultation is via an email from Let's talk Kent or KCC's Engagement and Consultation Team (41%). 19% found out via a member of KCC staff (19%) and 17% found out from a charity or voluntary, community and social enterprise (VCSE).

How did you find out about this consultation? Base: all providing a response (413)



SUPPORTING DATA TABLE	Number of responses	Percentage
An email from Let's talk Kent or KCC's Engagement and Consultation Team	168	41%
From a member of KCC staff	77	19%
From a charity or voluntary, community and social enterprise (VCSE)	72	17%
An email from KCC's Adult Social Care	49	12%
Social media (e.g. Facebook, Nextdoor, X etc.)	36	9%
From a friend or relative	10	2%
Kent.gov.uk website	10	2%
From my Parish, Town, District, Borough, City Council	8	2%
Newspaper	1	0%
Poster / postcard	0	0%
Other	13	3%

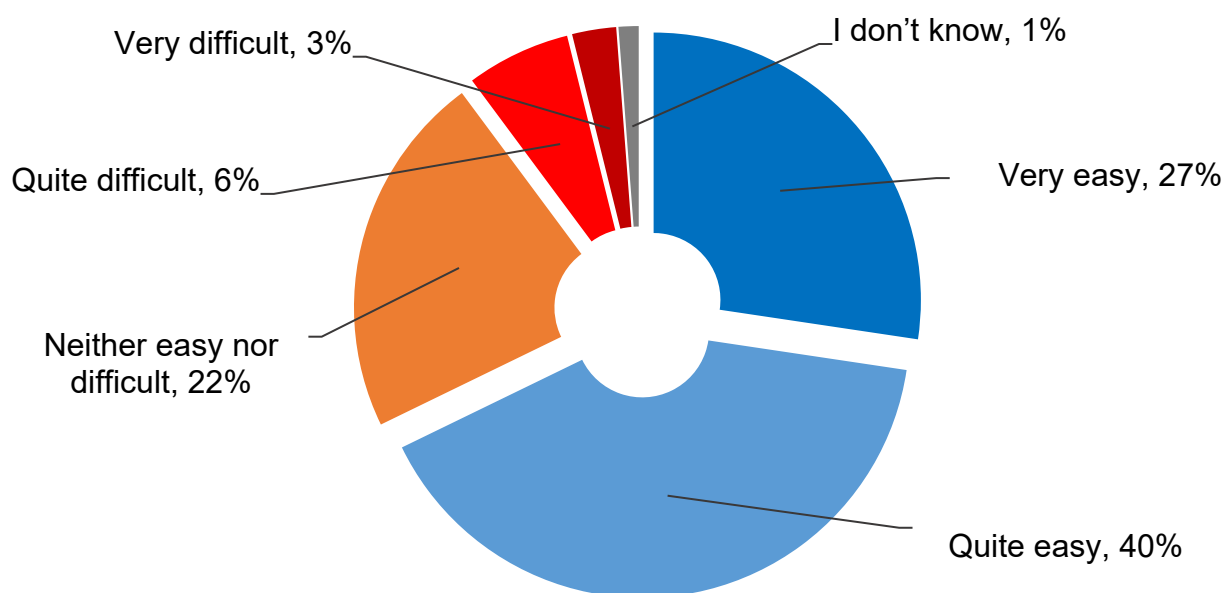
Understanding of Prevention Framework outlined

Ease of understanding Framework wording

Just under two thirds of consultees (68%) indicated they found the wording in the Prevention Framework easy to understand; 27% indicated they found it very easy. 9% indicated they found the wording difficult to understand and 22% indicated they found it neither easy nor difficult.

How easy or difficult was the wording in the Prevention Framework to understand...?

Base: all providing a response (413)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Easy	280	68%
Net – Difficult	37	9%
Very easy	113	27%
Quite easy	167	40%
Neither easy nor difficult	91	22%
Quite difficult	26	6%
Very difficult	11	3%
Don't know	5	1%

Response by consultee type and demographics

A comparably lower proportion of resident consultees with a disability indicated they found the wording in the Prevention Framework easy to understand (62%).

How easy or difficult was the wording in the Prevention Framework to understand?

CONSULTEE TYPE % net easy	Number of responses	Percentage
As a Kent resident	213	66%
As a representative of a local community group or residents' association	4	80%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	4	67%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	14	70%

RESIDENT DEMOGRAPHICS % net easy	Number of responses	Percentage
Female	132	67%
Male	61	74%
Aged 41-60	41	68%
Aged 61-70	47	66%
Aged 71-80	63	71%
Aged 81 and over	34	76%
Has a disability	68	62%
A carer	53	70%

Reasons consultees found the wording difficult to understand

Consultees who indicated they found the wording quite or very difficult to understand were given the opportunity to explain why in their own words; 23 consultees provided a reason (62% of those who found the wording difficult to understand). The comments have been reviewed and example verbatim comments are shown below.

The majority of comments received reference the length of the document, the wording used and the desire for more tangible detail.

As you found the wording in the Prevention Framework quite / very difficult to understand, please tell us why. Base: all consultees providing a response (23)

"I think you should have provided more simplified, bullet point information. It was long winded and wordy and there were several times I ended up skimming because there was too much detail. I'm sorry to say that this is the sort of document that I have seen many times in educational institution when people write a lot without saying much." (Kent resident)

“It is lengthy and drawn out, examples would be easier to understand of the proposals and how they are to be achieved.” (Identified as other)

“The language makes it difficult for the public to tell what will happen in practice and how this will differ from the past – particularly given inevitable constraints on resources. This is a significant issue for those of us without informal advocacy or informal care, who are therefore particularly likely to need social care support in the future.” (On behalf of a charity or voluntary, community and social enterprise)

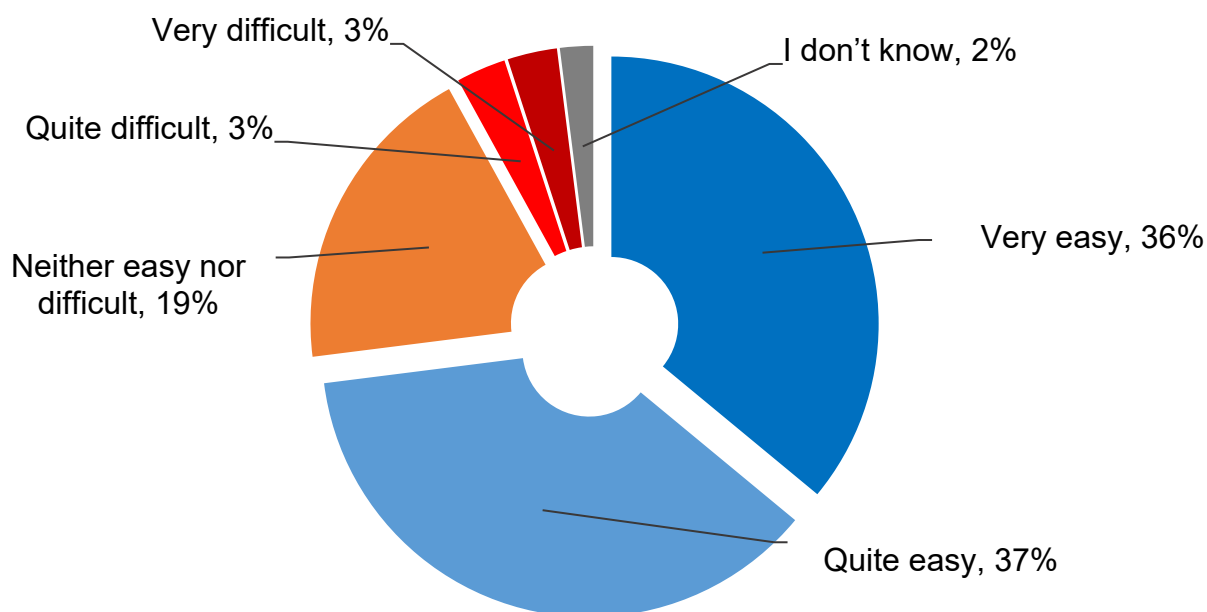
“Far too long and wordy and 'corporate'. It was a very long way to say very little. This deters readers but also makes it seem as though more is/has been done than reality. All it needed was to say we are aware we need to focus on all aspects: prevention, secondary, tertiary needs. This is how we plan to achieve it:... This is how we will measure our success... There seemed to be a big gap in that achievement part though... better multi agency working is good but where is the actual plan/detail?” (Identified as other)

“Does everyone understand the use of words such as 'strategic or co design? I think the wording and style of the framework is very much management speak and will not necessarily be well understood by people unused to reading this type of document.” (On behalf of a charity or voluntary, community and social enterprise)

Ease of understanding Framework diagrams and pictures

Just under three quarters of consultees (73%) indicated they found the diagrams and pictures in the Prevention Framework easy to understand; 36% indicated they found them very easy. 7% indicated they found the diagrams and pictures difficult to understand and 19% indicated they found them neither easy nor difficult.

How easy or difficult was it to understand the diagrams and pictures in the Prevention Framework...? Base: all providing a response (410)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Easy	301	73%
Net – Difficult	24	6%
Very easy	148	36%
Quite easy	153	37%
Neither easy nor difficult	76	19%
Quite difficult	13	3%
Very difficult	11	3%
Don't know	9	2%

A comparably lower proportion of resident consultees with a disability indicated they found the diagrams and pictures in the Prevention Framework easy to understand (66%).

How easy or difficult was it to understand the diagrams and pictures in the Prevention Framework?

CONSULTEE TYPE % net easy	Number of responses	Percentage
As a Kent resident	227	71%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	4	67%
As a Kent business owner or representative	5	71%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	16	80%

RESIDENT DEMOGRAPHICS % net easy	Number of responses	Percentage
Female	146	74%
Male	58	73%
Aged 41-60	43	73%
Aged 61-70	54	77%
Aged 71-80	64	72%
Aged 81 and over	32	73%
Has a disability	71	66%
A carer	56	75%

Reasons consultees found the wording difficult to understand

Consultees who indicated they found the diagrams and pictures quite or very difficult to understand were given the opportunity to explain why in their own words; 11 consultees provided a reason (46% of those who found the wording difficult to understand). The comments have been reviewed and example verbatim comments are shown below.

As you found the diagrams and pictures in the Prevention Framework quite difficult to understand, please tell us why. Base: all consultees providing a response (23)

“I don’t feel that that people with learning difficulties would understand the meanings displayed in the diagrams.” (Identified as other)

“Some of the visuals pack a lot of information into a single image which I found overwhelming, especially without clear accompanying explanations. Some of the charts, like the ones about predictive analytics and financial sustainability, are quite technical and I could really interpret them effectively.” (Kent resident)

“Words are hard to see on colour backgrounds... blue is particularly bad (i am told) for visual impaired., personally all the banner colour heading lines reverse in white font sizes are illegible are too small. the pdf was enlarged on screen.” (On behalf of a charity or voluntary, community and social enterprise)

“As a blind person, diagrams are extremely difficult to understand.” (Kent resident)

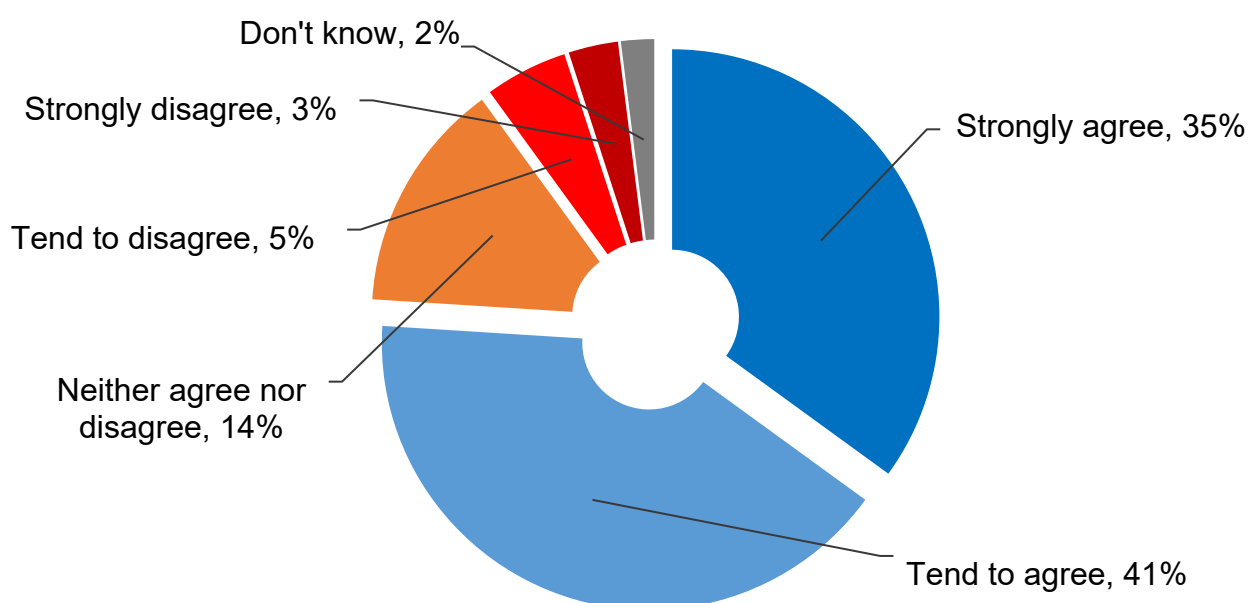
Response to ambition and priorities

Level of agreement with ambition

Just over three quarters of consultees (77%) indicated they agree with the draft ambition outlined; 35% indicated they strongly agree. 8% indicated they disagree with the draft ambition outlined and 14% indicated they neither agree nor disagree.

To what extent do you agree or disagree with our draft ambition?

Base: all providing a response (409)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	313	77%
Net – Disagree	33	8%
Strongly agree	144	35%
Tend to agree	169	41%
Neither agree nor disagree	56	14%
Tend to disagree	22	5%
Strongly disagree	11	3%
Don't know	7	2%

Response by consultee type and demographics

A comparably higher proportion of male resident consultees agree with the draft ambition outlined (84%).

To what extent do you agree or disagree with our draft ambition?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	237	75%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	5	83%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	7	100%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	17	85%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	145	74%
Male	67	84%
Aged 41-60	48	80%
Aged 61-70	50	70%
Aged 71-80	71	80%
Aged 81 and over	35	83%
Has a disability	79	73%
A carer	58	76%

Reasons for level of agreement with ambition

Consultees were given the opportunity to explain the reason for their answer in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just under three quarters of consultees provided a comment to this question (73%).

33% of consultees answering referenced that prevention / early intervention is better / essential / needed and 13% commented the ambition is a good idea / needed / fairer for all.

A proportion of those commenting believe that the ambition sets out a strategy but lacks detail, i.e. what will be done and how (14%) and have doubts of it working / believe it will be difficult to implement (8%). 7% commented that it will be vital to partner / all relevant bodies need to work and pull together.

Please tell us the reason for your answer. Base: all consultees providing a response (305)

%	Number of responses	Percentage
Prevention and early intervention is better / essential / needed	100	33%
Sets out a strategy but lacks detail - what will be done and how	43	14%
Good idea / needed / understandable / fairer for all	41	13%
Good plan / intentions but doubtful of it working / will be difficult to implement	24	8%
Will save money in the long run	22	7%
Need to support people to remain independent for as long as possible	22	7%
Will be vital to partner / all bodies need to work and pull together	22	7%
Adult Social Care needs a complete overhaul / not working	21	7%
Ageing population is increasing / it's vital to support elderly / mustn't forget the elderly	18	6%
Will need funding / more funding	18	6%
As long as not at the expense of tertiary care / vital services / still have a duty of care / cure will always be needed	16	5%
What about those with existing conditions or conditions that can't be prevented?	14	5%
Will need careful planning	11	4%
Woolly / confused / don't understand it	11	4%
There is more reliance on the voluntary sector, including carers, we need to support them more (including financially)	10	3%
Needs to be more personal / on an individual basis / too much emphasis on community	9	3%
Won't work / no-one listens / lack of co-ordination with care partners, poor management	9	3%
Comments related to specific personal / unique experience / events	9	3%
Clearly set out	8	3%
People need to start taking responsibility for themselves	7	2%

Example comments, in consultees own words, about the importance of prevention / early intervention and the ambition being a good idea can be found below:

“For a long time, services have been focussed on being reactive to the increasing needs of the aging population and mental health needs post pandemic. Preventative work is much needed on a bigger scale to address this and to encourage people to become responsible for their own health and wellbeing.” (Kent resident)

“It makes sense to work on prevention as it should give people a better quality of life for longer.” (Kent resident)

“Shifting with prevention is the right approach and is in line with the NHS 10 year plan too. Use of data to ensure resources are as targeted as possible is also important.” (On behalf of a Parish / Town / Borough / District Council)

“I think a shift towards prevention-first is the best thing to do to reduce the amount of people experiencing health and social care issues. I also think using research and data is important to make sure we are using our resources effectively and personalising the support people have. I also like the idea of health services, social care, and community organisations working together to make sure people get the holistic care they need. However, I’m concerned about whether there are safeguards against cost-cutting to make sure existing services don’t get cut. I’m also worried about the use of AI and predictive analytics. Overall, I think this ambition is strong but it will only be successful if the council ensure that they don’t cut vital services under the guise of efficiency.” (Kent resident)

“It is clear we are facing a number of key challenges from reduced finances to changes in population demographics, which we need to address. It seems obvious that we empower people with more preventative strategies and harness the VCSE sector to help engage people at a local level.” (Kent resident)

“It is inevitable in terms of financial restrictions as well as good practice, that by 2035, prevention, early intervention and multi-level working partnerships will be critical to any success for adult social care.” (Kent resident)

“A focus on prevention is better than an overemphasis on a purely biomedical creative or as best a crisis driven reactive care service that exists at present. Such prevention focus will help offer the potential of directing efforts of different interested stakeholders towards both improving and sustaining individuals and communities’ wider quality of life and wellbeing. It also provides an opportunity for tackling both disparities and associated causes around people's life chances, rather than sticking plaster solutions to narrowly defined symptoms or understanding of just personal needs.” (Kent resident)

Example comments, in consultees own words, about the perceived lack of detail contained in the strategy can be found below:

“The current failings in Kent’s Adult Social care provision does not address these issues. An ambition to ensure this occurs is a step in the right direction. However, commitment and targets to do so need to be made.” (Kent resident)

“There are a lot of words and pretty pictures but not a lot of substance to the document. It seems to me to be a nice pitch for work by a consulting company.” (Kent resident)

“I agree with the notion that prevention is key and a legal responsibility. I am dubious as to what realistically this will look like given the budgetary issues and increasing issues within adult social care and health.” (KCC employee)

“This ambition is a good one but it relies on accurate data in order to make informed decisions. Will the data be available for people who self-fund their care, and/ or prevention activities, for example as they are significant in some areas.” (KCC employee)

“That may work for some, but for those who have long term conditions that will not improve and necessitate continuing care, particularly those with high care needs, they will be seen as expensive burdens. Some people will never improve and as it can be predicted that the population is aging, why are planning rules not tightened so that far more homes meet the needs of those with more limited mobility? That would free up social service OTs by reducing the number of adaptations they oversee and save money on DGFs. Will there be more fully staffed care homes to get people out of hospital and back to independence more quickly?” (Kent resident)

Example comments, in consultees own words, about perceived doubt of it working / being difficult to implement can be found below:

“As someone who has worked in the sector for over 30 years I am dubious that this is going to happen. Too many promises, not enough delivery.” (Kent resident)

“The principles of the framework are OK, but in practice there is little support indicated for the work that is already being done, and for recognising good practice for the future.” (On behalf of a charity or voluntary, community and social enterprise)

“I tend to agree, in principle, but am very sceptical of the capacity - particularly financial - of our 'system' to deliver to the scale that will be needed. I find the emphasis on Prevention positive but somewhat naive (at best) and maybe avoidant of the real responsibilities ahead (at worst).” (Kent resident)

“Principles good. A bit sceptical re delivery given the current climate. Too often, such proposals are just another way of making cuts sound more palatable, e.g. the demise of Sure Start.” (Kent resident)

Example comments, in consultees own words, about the importance of partnership / all relevant bodies working and pulling together can be found below:

“It is a wonderful plan, but will require other agencies, such as the NHS, becoming more proactive, as their systems are largely reactive.” (Kent business owner or representative)

“Having been involved in primary NHS care years ago, it's obvious that prevention is the first step. Genuine partnership working is also essential.” (Kent resident)

“The ambition sets a clear and forward-thinking direction for adult social care, focusing on prevention, early intervention, and delaying escalating care needs — all of which are critical to improving long-term outcomes for individuals and easing pressure on services. Prioritising a proactive rather than reactive model aligns with best practices and enables a more sustainable use of resources. Additionally, the emphasis on data, research-led

practices, and partnership working reflects a commitment to informed decision-making and collaborative care, which are essential for delivering effective, person-centred support across communities.” (Representative of a local community group or residents’ association)

“The framework needs to be fluid as thin will come up not accounted for and some things will start to show they are not working so will need to be changed. Things that come up that are helpful will need to be added and things working may be able to be improved. We must not get stuck.” (Kent resident)

Consultees were asked how much they agree or disagree with the priorities identified within each of the five ambitions outlined in the Framework:

- Principle of prevention first
- Focused support
- Partnership working
- Inclusion and equity
- Measuring and evidencing impact

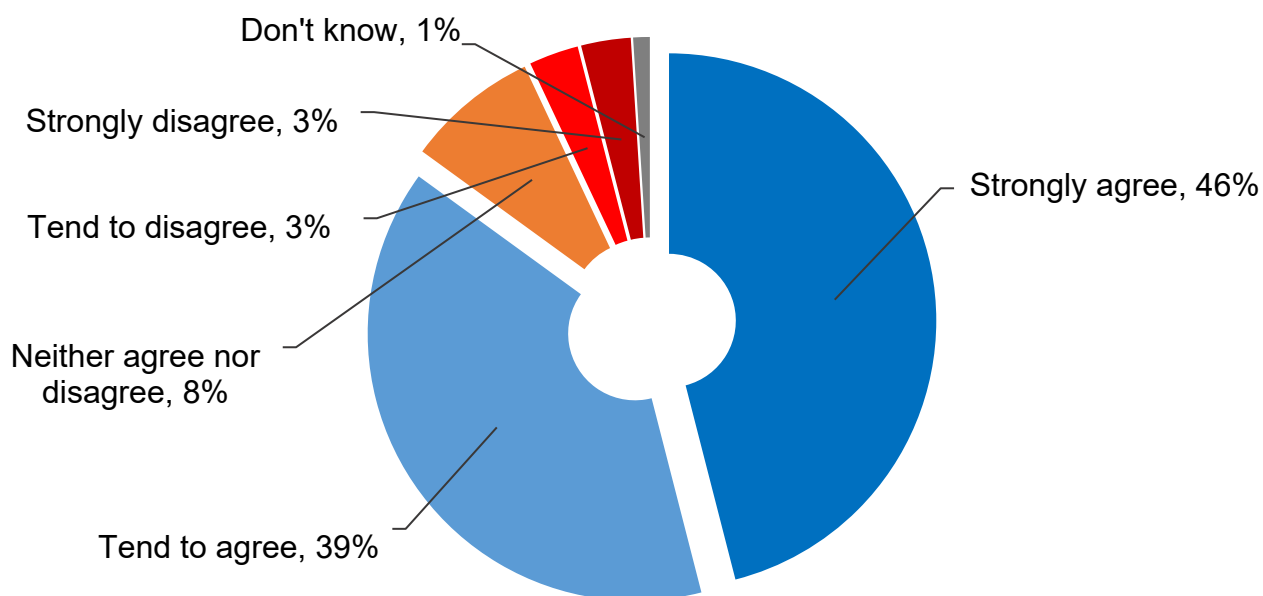
Level of agreement with ‘Principle of prevention first’ priorities

The priorities outlined in the consultation document are as follows:

- work with partners to strengthen community capacity to enable people to have access to the right support in their own communities.
- offer simpler, more coordinated ways for people to find trusted information and support, so they can make good lifestyle choices and plan ahead.
- train a resilient workforce to strengthen community health and wellbeing and connect people with proactive community solutions which provide early support and maximise independence.
- make it easier for people to take control of their own care online, from assessing needs to planning support and managing payments.
- make the most of technology to help people remain independent and in control of their own care at home. This includes better use of data and Artificial Intelligence (AI) to predict needs early and improve outcomes.

Over eight in ten consultees (85%) indicated they agree with the priorities for the ‘Principle of prevention first’; 46% indicated they strongly agree. 6% indicated they disagree with the priorities and 8% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for the ‘Principle of prevention first’? Base: all providing a response (410)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	348	85%
Net – Disagree	24	6%
Strongly agree	187	46%
Tend to agree	161	39%
Neither agree nor disagree	32	8%
Tend to disagree	12	3%
Strongly disagree	12	3%
Don't know	6	1%

Response by consultee type and demographics

Agreement with the priorities for the ‘Principle of prevention first’ is broadly consistent across demographic subgroups.

To what extent do you agree or disagree with the priorities for the ‘Principle of prevention first’?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	271	85%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	7	100%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	18	90%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	166	85%
Male	74	93%
Aged 41-60	54	92%
Aged 61-70	58	83%
Aged 71-80	80	89%
Aged 81 and over	37	86%
Has a disability	93	87%
A carer	67	89%

Reasons for level of agreement with 'Principle of prevention first' priorities

Consultees were given the opportunity to provide any comments or suggestions about the priorities for the 'Principle of prevention first' in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just over half of consultees provided a comment to this question (54%).

11% of consultees answering commented that priorities will help / they make sense / are easier / helps people to help themselves. 9% commented that prevention is always best.

26% of consultees answering referenced AI / tech concerns for those who are digitally excluded due to age / disability / mental ability / affordability / those scared to access. 12% commented they would like access to services to be simplified, i.e. increasing awareness, more direct access, less bureaucracy.

A proportion of those commenting believe that partnership working may prove difficult due to different ways of working / needing an integrated system / collaboration (9%). 9% commented that AI / tech could remove the human element / reference that in person support and contact needs to remain.

Please tell us if you have any comments or suggestions about the priorities for the 'Principle of prevention first'. Base: all consultees providing a response (249)

%	Number of responses	Percentage
AI / tech: concerns for those who are digitally excluded due to age (especially the elderly) / disability / mental ability / affordability / those scared to access	65	26%
Access to services (including online) must be simplified: increase awareness, more direct access, no hoops	29	12%
Will help / makes sense / easier for everyone / helps people to help themselves	27	11%
Prevention is always best	23	9%
Partnership working may prove difficult / different ways of working / needs an integrated system / joined up / and collaboration	22	9%
AI / tech removes the human element / in person support and contact needs to remain / AI could wrongly prescribe / diagnose	22	9%
Need more clarification / doesn't explain how it will work / how it will be implemented	21	8%
Voluntary sector, including carers and community groups, need to be better supported (including financially)	20	8%
Good intentions, but funding / costs will need to be in place	19	8%
Training needs to be affordable/ staff need to be remunerated better; better trained, better paid = less turnover	18	7%
As long as not at expense of other services / support / care still needs to be available	15	6%
Good intentions but the reality may be different / actions not words	13	5%
Partnership working needs planning to avoid overlap / duplication	11	4%
%	Number of responses	Percentage

Education / advice element missing from list / there needs to be more education and advice provided	9	4%
Prevention will save money in the long run	7	3%
Offline means also needs to be available for those unable to access online	7	3%
Ask / listen to Kent residents / they know best	4	2%
Can be difficult trying to work with people who need care / their families	4	2%
Seems like a cost cutting exercise / all about money	3	1%

Example comments, in consultees own words, about Kent resident concerns with regards to AI / tech can be found below:

“It can be difficult for people in need of serious care to navigate on-line systems and understand rapidly changing technology.” (Kent resident)

“On this principle: make it easier for people to take control of their own care online, from assessing needs to planning support and managing payments. I have deep concerns that this will exclude huge swathes of people that you are trying to help. Most older people i know who are retired ex-professional working people really struggle already to access healthcare and GP appointments due to the move to online, and this is already causing issues where people do not end up seeking / receiving treatment for physical and mental health issues in the early stages, leading to bigger issues which then draw more heavily on health and social care services. Doing everything online is not going to work for a high number of people. When you say making it 'easier', this is actually just making the process easier for KCC to manage, at the risk of excluding the end user, and goes against the prevention ethos for a large number of people. This needs looking at. Any implementation will need far more digital helpers than I suspect you have accounted for. On this principle: train a resilient workforce to strengthen community health and wellbeing and connect people: this will require huge financial investment, is there the money allocated to ensure this happens and is it ringfenced in light of future LG reorganisation and funding pressures?” (Kent resident)

“The principles are good and make sense. However, there is little reflection on the realities of life. I work with the elderly and many of them have little access to technology, sometimes because they just don't understand it, or are afraid of getting it wrong or worse, being scammed (which happens). They need access to people who can help them directly.” (On behalf of a charity or voluntary, community and social enterprise)

“Completely agree with the principles however you need to be careful not to exclude the people you are attempting to reach with the use of technologies as this still doesn't work well for a large number of people.” (Kent resident)

“Too much emphasis is being put into technology and AI whilst people are to be encouraged / expected to take more control of their own support and decisions about care- is this such a good idea? The support needs to be readily available and partners need to work together- rather than in competition/ duplication.” (Kent resident)

Example comments, in consultees own words, about simplifying service access can be found below:

“A strong focus on information, advice and guidance, and also early intervention as I feel that if we target support and advice early this will support people to look after their own health and wellbeing which in turn keeps people out of hospital which then frees up beds and then have less people needing support and care to return home which then helps with money going to prevention. Also helping people to access the right support for them. I had a stroke 2 years ago and once discharged I was given limited support, I was sign posted to physio and speech therapy but had to find other support myself which included the stroke association, ACAS, Financial, emotional physical support all of which I feel I should have had support with.” (Identified as other)

“To enable people to have access to the right support in their own communities, firstly these people need to be identified-who will do this? If via GP, almost impossible to get an appointment.” (On behalf of a Parish / Town / Borough / District Council)

“Item 4 "make it easier for people to take control of their own care online, from assessing needs to planning support and managing payments." Online needs to be straight forward, clear and simple to transfer the relevant data. The older I get the more time it takes to transfer this information.” (Kent resident)

Example comments, in consultees own words, about perceived difficulties with partnership working / different ways of working / needing an integrated system / collaboration can be found below:

“There needs to be a much better cross-pollination of Departments within the NHS and County Council. To work collaboratively for early intervention and prevention, they need to have access to each other's files and databases etc.” (Kent resident)

“I'd have thought that GPs and hospitals should be a part of this discussion, at least as much as social services. What also needs to be addressed is the known outcomes of hospital interventions. I don't think it's joined up enough, and you run the risk of duplicating effort and/or picking up the cost of services provided by others.” (Kent resident)

“Coordination and making every contact count do not come out strong here. Partnership working is key and although people may need to interact with each stakeholder, we need to move to a more coordinated care model.” (Kent resident)

Example comments, in consultees own words, about concerns AI / tech removes in person contact / has consequences can be found below:

“Who are these people who will coordinate care. Where are they? AI is great, I'm sure but most people need a flesh and blood human who cares what happens to them.” (Kent resident)

“Too much emphasis of online support. I am able and tech confident yet have seen how difficult it can be for people with moderate to profound health problems from mental and cognitive to physical to sometime access information due to cognitive and physical difficulties. Access need to be inclusive and person centred. It is my experience, health care data is not shared across services even when permission has been given which is very time consuming for a carer who is required to personally input the same information in

forms across different suppliers of health and social care services during what is often the most stressful period of their life....when someone comes home form long stay in hospital.”
(Kent resident)

“It all sounds good, but I don't really think AI can help much. You need someone to speak to you face to face and assess your needs. You also need people in Adult and Social Care to speak to each other instead of ringfencing what they do. What most people want is one point of contact (a team of people) who will help them navigate what is a difficult area - Social Care.” (Kent resident)

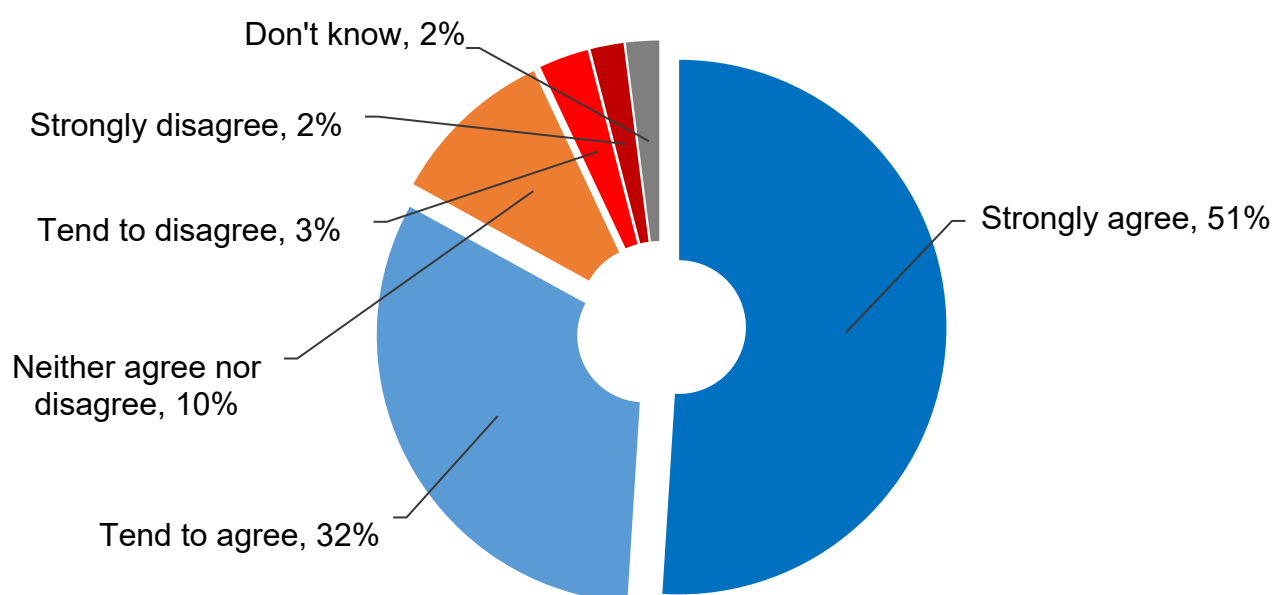
Level of agreement with 'Focused support' priorities

The priorities outlined in the consultation document are as follows:

- use data and insights to co-design support that helps older people to stay healthy, well-connected and independent and able to continue living in their own home for as long as they can.
- create the conditions for younger people to be empowered as they move into adulthood, so that they feel equipped to make their own decisions and achieve their life goals. This will mean more joined-up planning between education, health, social care, housing, transport and employers.
- work with partners (including through multi-agency working) to identify and reach people at risk of, or living with long term conditions, such as stroke, dementia and frailty, in an effort to maximise people's independence and wellbeing.
- invest in community action that improves mental health and wellbeing especially in communities most at risk. We recognise the need for supported living, employment support alongside support groups, social activities and peer support networks.
- raise the profile of unpaid carers, recognising the value they bring and proactively support their needs to see positive health and wellbeing outcomes.

Over eight in ten consultees (83%) indicated they agree with the priorities for the 'Focused support'; 51% indicated they strongly agree. 5% indicated they disagree with the priorities and 10% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for 'Focused support'? Base: all providing a response (410)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	341	83%
Net – Disagree	32	5%
Strongly agree	322	51%
Tend to agree	130	32%
Neither agree nor disagree	41	10%
Tend to disagree	12	3%
Strongly disagree	9	2%
Don't know	7	2%

Response by consultee type and demographics

Agreement with the priorities for the 'Focused support' is broadly consistent across demographic subgroups.

To what extent do you agree or disagree with the priorities for 'Focused support'?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	258	81%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	20	100%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	160	82%
Male	70	86%
Aged 41-60	51	86%
Aged 61-70	54	76%
Aged 71-80	76	85%
Aged 81 and over	39	89%
Has a disability	89	83%
A carer	66	87%

Reasons for level of agreement with 'Focused support' priorities

Consultees were given the opportunity to provide any comments or suggestions about the priorities for 'Focused support' in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Under half of consultees provided a comment to this question (44%).

20% of consultees answering commented they would like to see support for carers as well as raising their profile. 12% commented they would like to see more support and funding for community groups / local support.

16% of consultees answering commented that the priorities / aims are vague and do not contain any detail on how they will be put into practice / achieved. Multi agency working / joined up working (16%) and suitable funding (14%) will be required.

A proportion of those commenting believe that the actions referenced appear empty and they would like to see more tangibility (11%).

Please tell us if you have any comments or suggestions about the priorities for 'Focused support'. Base: all consultees providing a response (202)

%	Number of responses	Percentage
Support (financially and holistically, respite) for carers as well as raising profile / not just a pat on the back	41	20%
Priorities / aims are vague / no mention of how this will be put into practice / how achieved	32	16%
Multi agency working is key, but could be problematic as not joined up	32	16%
Needs suitable funding (for resource, properly trained staff) / where will the money come from?	28	14%
More support and funding for community groups / local support	24	12%
Empty promises / actions not words needed / this has been attempted before / what's new / different?	22	11%
Raise awareness / people do not know what's available or how to access it	19	9%
All options should be available / support still needs to be available for those who need it	18	9%
Help / empower young people / youth provision as a wraparound from schools / reinstate youth clubs	16	8%
Improved communications needed with recipients of social care is needed, incl listening to suggestions of what is needed	15	7%
Staying home and remaining independent is essential	12	6%
Support needs to be focused on the individual, person-centred	11	5%
More funding into mental health support is needed / mental health support is essential	11	5%
The elderly community need focus / support, including elderly carers	11	5%
No mention of support for Learning Disabled Adults / Young Disabled Adults / neurodiverse adults and young people	10	5%
%	Number of responses	Percentage

Empowering people to help themselves can only be a good thing / as long as it works	9	4%
Education is key within these principles, including how to be physically active / self-help	8	4%
There are / will be gaps in service provision (for example Supported People, working-age people, sight and hearing), which must be filled	8	4%
Issue of IT skills / computer literacy / digitally excluded needs to be accounted for	5	2%
Data concerns - where will the data come from, how comprehensive? GDPR / privacy laws on sharing data	5	2%
Transport is an area for consideration / access	4	2%
Dementia support and awareness is needed	4	2%
Where is the data for those without access to informal care / the elderly without children or family	3	2%
Support for money management is needed	3	1%
Housing needs need focus / supported accommodation	3	1%
GP practices are struggling to provide support and advice	2	1%
AI needs human oversight, could be inaccurate	2	1%
Sometimes staying home is worse than being in a care home / residential	2	1%

Example comments, in consultees own words, about supporting for carers and raising their profile can be found below:

“Good to see the role of unpaid carers as part of this process. Like to see the objective as not just to support but also to listen to our suggestions for what may assist our role in what appears to be a disjointed system. Equally, many carers have health difficulties of their own which may be overlooked . Value the skills they bring.” (Kent resident)

“Unpaid carers. It's really important to focus on especially making sure they feel valued and supported and have respite.” (Kent resident)

“Support should be given to child carers and families that care for loved ones many lack support networks some carers are elderly themselves they are struggling to cope.” (Kent resident)

“Raise the profile of unpaid carers, recognising the value they bring and proactively support their needs to see positive health and wellbeing outcomes”. Working across the system to increase unpaid carer resilience is important, including a better understanding of the unpaid carer population.” (Identified as other)

Example comments, in consultees own words, about vague aims / lack of mentions of how plans will be put into practice / empty promises can be found below:

“Carers, especially those of the elderly are not aware of any support available. A few have some support but most struggle balancing careers, family life and caring for an aging

parent. The stresses are huge. Also, many older folk and their carers tend to feel very much on their own. Given better resources we could do much more to support this vulnerable, and growing group of families. While the principles in the framework are great, there are no indications of how this is to be achieved, and how you can use the current organisations, like ourselves, better, when you are disconnecting with them through stopping the grant that we have been receiving.” (On behalf of a charity or voluntary, community and social enterprise)

“There is no data within the document about the increasing number of older people living alone and/or without access to informal care. The limited data available suggests that the proportion of older people in these situations will grow faster than the overall number of older people. For example, an 85 year old who is alone in the world is likely to need different and potentially more support than one with a large number of siblings or “next generation” family living nearby. So far as we are aware, no data is systematically captured which allows planning based on differing access to informal care either now or over time. This needs to be rectified. The Equality Impact Assessment highlights the impact of partner loss in older age but neither it nor the Framework acknowledges or considers the differing needs of those with and without wider family support.” (On behalf of a charity or voluntary, community and social enterprise)

“The principles are OK but too generalised with no mention of young people with existing learning differences/disabilities. There is no mention of respite/short break services for young adults with complex needs living with their parent carers?? The health/mental wellbeing of these carers is again overlooked.” (Kent resident)

“This whole area needs improving, again fine words, but will there actually be an improvement. So far we have been waiting for a number of weeks just to have an assessment from your occupational health team, they have visited before. One, why is the wait so long (there is no point answering a query within 48 hours, if the next step takes months). Two, they have been before, why the need for a second visit?” (Kent resident)

“These aims are vague, with little information on how they'd be achieved.” (Kent resident)

Example comments, in consultees own words, about multi agency working concerns can be found below:

“I support all priorities they say the things I agree with. Self-help with relevant support is the way to go. My feeling is that working partnerships are not without its challenges in achieving this protocol. Partnership working is easily said but in my experience not the easiest thing to achieve. Clearly for most people with medical / clinical needs staying at home is often better than going into some form of care or hospitalisation.” (Kent resident)

“Actual needs come first. Dangers arise if those with more serious needs face delays due to implementation of a focus template. We already know that there are often unhelpful complexities of interests (organisational as well as health & wellbeing) when working with partners (including through multi-agency working). For example, it can be argued that the Multi Agency Risk Management programme is designed to recognise and minimise problems arising from multi-agency activities (risks being recognised during a care process rather than prior to a care process). Frankly makes me feel uneasy.” (Identified as other)

“Community action and support can be shaped to local need and circumstance which in some areas is greater than average. Joined up work is vital but often hindered by lack of shared communication and replication of basics, administration and practice.” (Kent resident)

“We would welcome closer collaboration with statutory partners to ensure holistic assessments, including physical, emotional, social and spiritual dimensions of wellbeing, are routinely considered. We also urge the Framework to recognise the specialist needs of bereaved individuals, who often fall outside formal care systems but remain vulnerable to social isolation, poor mental health and unmet support needs” (Letter received)

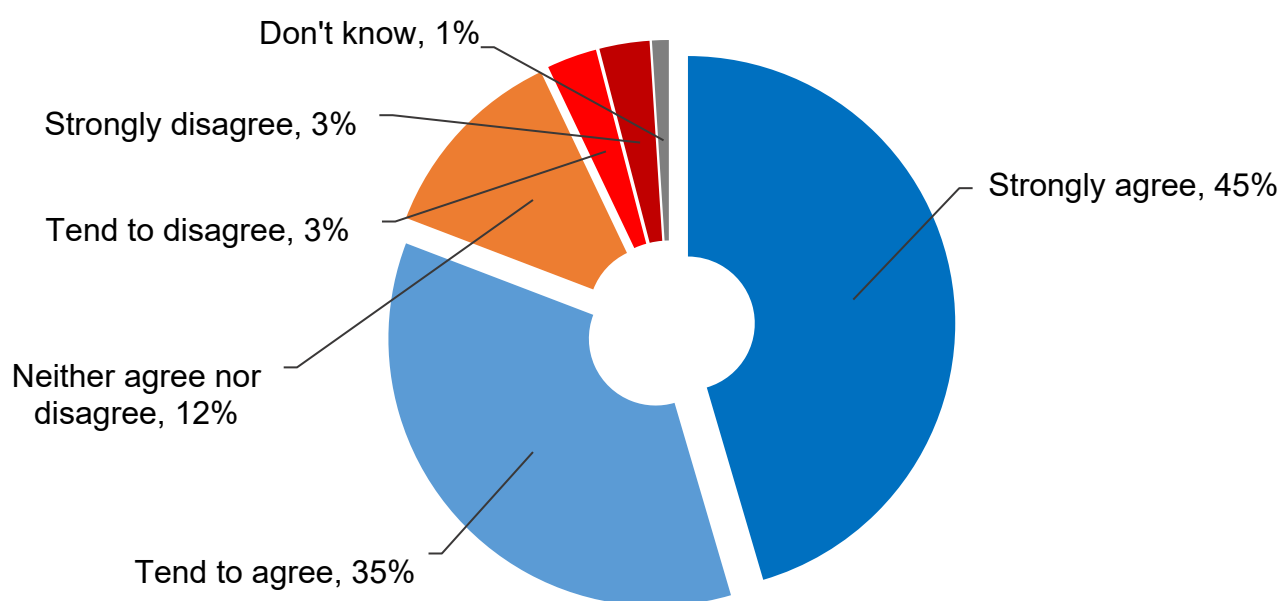
Level of agreement with 'Partnership working' priority

The priorities outlined in the consultation document are as follows:

- work with our partners to align our prevention priorities, encourage and support good life choices, join up funding and ensure our resources are better coordinated to respond to the needs of our population.
- work more closely with the Voluntary, Community and Social Enterprise (VCSE) sector as a strategic delivery partner to co-design and co-deliver support with communities. Together we will monitor and evaluate outcomes to ensure support is effective, responsive and delivering good value.
- take a place-based commissioning approach to co-design and deliver the right support to meet local needs, which is built on mutual trust, shared values and ongoing communication.
- play our part alongside partners to consider how good housing, employment, financial circumstances, a social network and a clean and sustainable environment can enhance health and how our actions can reduce inequalities in need for health and social care.
- work with partners to enable people to “wait well” for care and support, by increasing access to technology, rehabilitation, therapies and other community-based support.

Over eight in ten consultees (81%) indicated they agree with the priorities for the 'Partnership working'; 45% indicated they strongly agree. 6% indicated they disagree with the priorities and 12% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for 'Partnership working'? Base: all providing a response (407)



Net – Agree	329	81%
Net – Disagree	23	6%
Strongly agree	185	45%
Tend to agree	144	35%
Neither agree nor disagree	50	12%
Tend to disagree	12	3%
Strongly disagree	11	3%
Don't know	5	1%

Response by consultee type and demographics

Agreement with the priorities for the 'Partnership working' is broadly consistent across demographic subgroups.

To what extent do you agree or disagree with the priorities for 'Partnership working'?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	249	79%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	6	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	18	90%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	155	79%
Male	67	83%
Aged 41-60	50	85%
Aged 61-70	54	76%
Aged 71-80	70	80%
Aged 81 and over	38	86%
Has a disability	89	84%
A carer	59	79%

Reasons for level of agreement with 'Partnership working' priorities

Consultees were given the opportunity to provide any comments or suggestions about the priorities for 'Partnership working' in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Under half of consultees provided a comment to this question (49%).

23% of consultees answering commented that joined up and good working relations needs embedding for priorities to work / have concerned that this often doesn't work in practice. 13% commented these priorities will require funding / they are unsure where such funding will come from.

13% of consultees answering commented the VCSE sector are crucial and will need support and funding to deliver / not just a partnership approach. 11% believe plans should include grassroots charities / local community groups and not only national charities.

A proportion of those commenting would like to see better vetting / reviewing / assessing of partners / carers (12%).

Please tell us if you have any comments or suggestions about the priorities for 'Partnership working'. Base: all consultees providing a response (222)

%	Number of responses	Percentage
Joined up and good working relations needs embedding for this to work / often doesn't work	50	23%
This will need funding / where will the funding come from?	29	13%
The VCSE sector are crucial and need support and funding to deliver / not just partnering with them	29	13%
Better vetting / reviewing / assessing of partners / carers / with clear parameters	27	12%
Should include grassroots charities / community groups / not just national charities	25	11%
Action not words needed	23	10%
More detail, clarity, how will this work / be implemented?	19	9%
Agree with this / definitely advocate for this	15	7%
Why focusing / relying on the voluntary sector, shouldn't be to save money	13	6%
Doesn't seem practical	12	5%
Statutory and personalised support should also be provided as needed	11	5%
Do not understand it, what does it mean?	10	5%
Listen to those on the ground / users / carers / voluntary groups	10	5%
This is already established, so it should be / why isn't it happening	9	4%
Not everyone uses / has access to digital, human contact needs to also be available	9	4%
Sounds worrying / doesn't seem right	7	3%
%	Number of responses	Percentage

Seems like lots of meetings and management fees, before funding reaches those that need it	7	3%
Wording is over the top / needs simplifying	6	3%
Need to raise awareness about what is available and how to access it	5	2%
Needs to be more support from GPs	5	2%
The elderly need to be supported more	4	2%
Young people need more support	4	2%
Finance / mis information awareness / awareness of scams and fraudsters	3	1%
Trust will need building	3	1%
Transport will need to improved / provided	3	1%
Family is a major group of partners	3	1%

Example comments, in consultees own words, about the embedding of joined up and good working relations and the importance of the VCSE sector can be found below:

“This is absolutely vital but is thing that absolutely does not happen at all at present. The amount of times you have to repeat everything over and over again, when you speak to different officers and Departments is totally unacceptable. We need joined up thinking and cross-pollination.” (Kent resident)

“Partnership working is important as some organisations have closer links with members of the community and information coming from them is seeing as reliable and individuals can trust it.” (KCC employee)

“Ensuring that the VCSE are linked by locality to ensure that they are connected properly with local services on the ground to ensure that they are not overwhelmed by referrals that they are not funded for.” (On behalf of a Parish / Town / Borough / District Council)

“While I think the priorities are good, it seems that KCC is disconnecting with the voluntary sector by stopping grants that would have given access to some data and good practice. While we have received some funding from KCC, and therefore giving them some data and feedback, this is going to stop totally, so how is the framework going to get this information and co-ordination?” (On behalf of a charity or voluntary, community and social enterprise)

“While we need to have a place based focus on elements of support we also need to ensure we do not return to a time where the county is covered by a huge variety of different interventions which struggle to evidence their impact and have limited oversight. VCSE sector encompasses of huge variety of organisation sizes and not all are at a point to be recognised as strategic partners so we need to work with the larger organisations to help develop the sector as a whole. They also are struggling to keep providing services when contracts are either only offered on a year to year basis or are at constant risk of cuts. It doesn't work well for retaining well trained staff and leads to distrust of KCC in the sector.” (KCC employee)

“Working closely with the VCSE sector can help to bridge gaps between services, build relationships and connect with underserved groups.” (Identified as other)

Example comments, in consultees own words, about funding concerns can be found below:

“There's not enough resources or enough professionals that have the experience to help and see through what is accurately needed.” (Kent resident)

“The core issues of housing, finance etc are less easily solved without adequate strategies and resources from all partners and each is constrained by short termism and lack of future proofing.” (Kent resident)

“Very successful support schemes and groups are already operating in local areas to support people to 'wait well' with very little financial support, much of this offering could be improved and expanded with some financial investment.” (On behalf of a charity or voluntary, community and social enterprise)

Example comments, in consultees own words, about better vetting / reviewing / assessing of partners / carers can be found below:

“Partnership working only works if there are clear parameters set of responsibility and that cost/budgets do not become the guiding factor.” (Kent resident)

“Sounds good on paper but given the voluntary sector is also short of on funding, creating more administrative positions is wasteful and rarely effective. Better collaboration and quality of homeworkers are the most important factors currently there are too few care workers who are of the right calibre. The vetting of care workers is not great currently.”
(Kent resident)

“Working closely with the voluntary and community sectors needs to be carefully and well led by professionals as are many factors involved such as safeguarding issues and training.” (Kent resident)

Example comments, in consultees own words, about the inclusion of grassroots charities / community groups can be found below:

“It is important that the grassroots charities are fully engaged and supported - currently support is directed to the large national charities funding CEOs excessive pay.” (A representative of a local community group or residents' association)

“In view of the restraints on budgets we need to look to the community to work in a joined up way through local hubs to support the health and wellbeing of our communities.” (On behalf of a Parish / Town / Borough / District Council)

“Inclusion of voluntary community charity organisations imperative to success and well supported individuals ultimately saving money.” (Kent resident)

Level of agreement with ‘Inclusion and Equity’ priorities

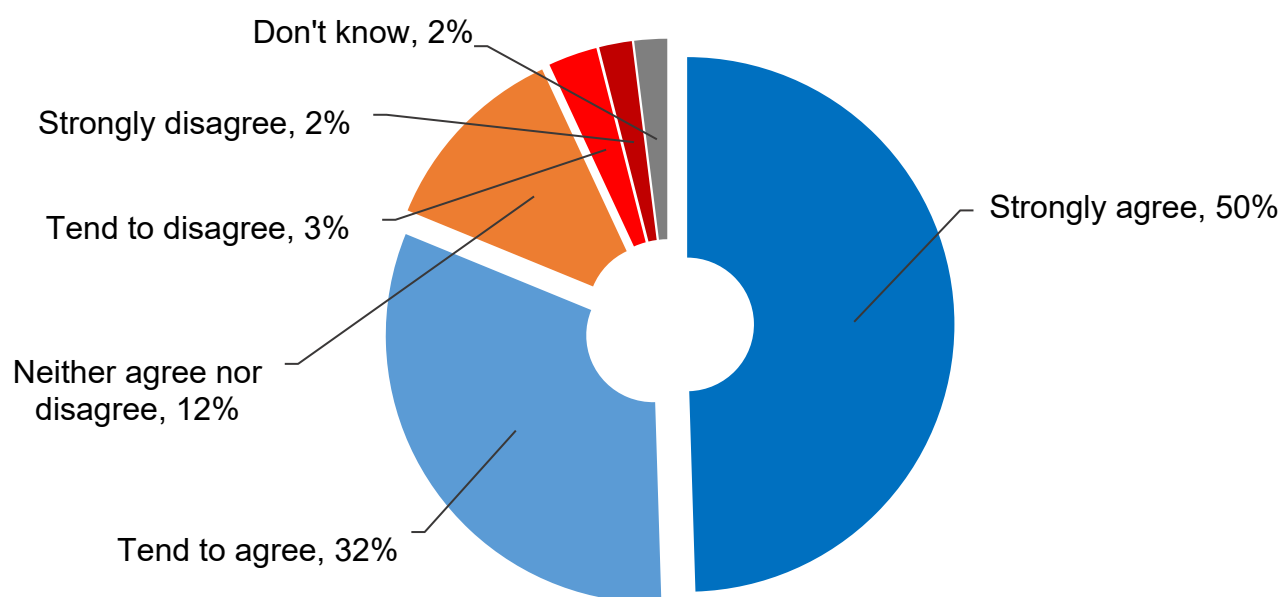
The priorities outlined in the consultation document are as follows:

- work with partners to maximise our use of data and move our efforts to where they are most needed, so that we can help people more effectively.
- understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, including online.
- take active steps to reach those who may have greater or unmet needs for care and support, and ensure they have good outcomes.
- actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- continue to develop strong partnerships with all Kent communities.

Over eight in ten consultees (81%) indicated they agree with the priorities for the 'Inclusion and Equity'; 50% indicated they strongly agree. 5% indicated they disagree with the priorities and 12% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for 'Inclusion and Equity'?

Base: all providing a response (406)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	330	81%
Net – Disagree	21	5%
Strongly agree	202	50%

Tend to agree	128	32%
Neither agree nor disagree	47	12%
Tend to disagree	13	3%
Strongly disagree	8	2%
Don't know	8	2%

Response by consultee type and demographics

Agreement with the priorities for the 'Inclusion and Equity' is broadly consistent across demographic subgroups.

To what extent do you agree or disagree with the priorities for 'Inclusion and Equity'?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	250	79%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	5	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	17	85%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	160	82%
Male	64	79%
Aged 41-60	48	81%
Aged 61-70	54	76%
Aged 71-80	71	80%
Aged 81 and over	40	91%
Has a disability	84	80%
A carer	61	81%

Reasons for level of agreement with 'Inclusion and Equity' priorities

Consultees were given the opportunity to provide any comments or suggestions about the priorities for 'Inclusion and Equity' in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just over four in ten consultees provided a comment to this question (39%).

17% of consultees answering commented that equity and inclusion for all is important. 12% believe local community groups are best placed to reach / consult and engage with these communities / people and partnership is important.

14% of consultees answering believe the priorities stated are surface level, i.e. just words / meaningless / box ticking.

A proportion of those commenting raise concerns for how these priorities will be achieved (11%).

Please tell us if you have any comments or suggestions about the priorities for 'Inclusion and equity'. Base: all consultees providing a response (179)

%	Number of responses	Percentage
Equity and inclusion for all is important – areas / communities / all minority groups	31	17%
Just words / meaningless / new speak / buzz words / box ticking	25	14%
Local community groups are best placed to reach / consult and engage with these communities / people / partnering with communities is important	21	12%
Concerns for how priorities will be achieved	19	11%
Partnerships are a good idea, but must be embedded / joined up to deliver effectively, less bureaucracy	14	8%
More awareness of what and how to access is needed / places where people can access support	14	8%
Not everyone can access / can use online	13	7%
Big challenge reaching hard to reach people	12	7%
Technology should be supported to include everyone / human support / 'read aloud'	12	7%
Good idea / is essential / ensure it happens	11	6%
How will this be funded / will need proper funding	10	6%
Reliable and relevant data important but human input is essential	10	6%
Will need adequately trained staff to provide a solid service	10	6%
Should be doing this anyway	8	4%
People should not be pigeon-holed / should be person centred / treated as individuals	8	4%
Data security / breaches: fear / mistrust (e.g. of council) if data shared	8	4%
What does it actually mean?	6	3%
Partnership is usually just signposting / leaflets / no practical support	6	3%
Emphasis should be on outcomes / not just collecting data	4	2%

%	Number of responses	Percentage
Like Active steps	4	2%
Sceptical / doubts based on own experience	4	2%
Will make people feel involved, less stigma, included	3	2%
VCSE will need to be funded / not just used to fill gaps	2	1%
Just means get everyone online / save money / cut out human interface	2	1%
GPs need to be more involved	2	1%
There is a need to identify those without family / informal care	2	1%
Needs to be more support for elderly people	1	1%

Example comments, in consultees own words, about ensuring equity and inclusion for all can be found below:

“Ensuring that all people are treated with dignity and respect and with a single point of access, with person centred support.” (A resident from outside Kent)

“The priorities outlined for inclusion and equity provide a strong foundation for creating a truly inclusive care system. However, the successful implementation of these priorities will require ongoing community collaboration, consistent engagement, and continuous evaluation to ensure that services are accessible, equitable, and effective for all populations. Regular feedback from communities and the flexibility to adapt services will be key to addressing changing needs and ensuring that no one is left behind.”

(Representative of a local community group or residents’ association)

“Inclusion is very important and needs met by using different strategies to fit in the persons needs and disabilities.” (Kent resident)

“We need to work with people where inequalities exist such as the homeless, severe mental health, travellers, those without access to computers or mobile phones as we enter a digital world, where appointments are.” (Kent resident)

“A reduction in health inequalities and an increase in equity of access, experience and outcomes should be at the centre of efforts to deliver prevention. A collaborative approach with all partners would be beneficial in reaching communities with greater or unmet needs, where information and insights are shared along with evidence of what works.” (Identified as other)

Example comments, in consultees own words, about the importance of local community groups to reach / consult and engage with communities can be found below:

“The grassroots small charities working closely with their communities are best able to engage with those 'hard to reach's individuals.” (Representative of a local community group or residents’ association)

“Most grassroot services are already working in the community to facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations. Supporting and working collectively will ensure the continual growth and offerings to identify and support those people in the community that need it most.” (On behalf of a charity or voluntary, community and social enterprise)

““The priorities outlined for inclusion and equity provide a strong foundation for creating a truly inclusive care system. However, the successful implementation of these priorities will require ongoing community collaboration, consistent engagement, and continuous evaluation to ensure that services are accessible, equitable, and effective for all populations. Regular feedback from communities and the flexibility to adapt services will be key to addressing changing needs and ensuring that no one is left behind.”

(Representative of a local community group or residents’ association)

Example comments, in consultees own words, about concerns for how they will be achieved can be found below:

“These are all very good suggestions, however, how is this going to work practically on the ground level. How will different cultures/ demographics be attracted to engage in these services and co-production.” (KCC employee)

“Not sure what this means in practice. The words are good, but the actions and meaning behind them is not clear.” (On behalf of a charity or voluntary, community and social enterprise)

“Uses the word "data" without defining how and where this data will come from, and the accuracy and reliability of the data.” (Kent resident)

Example comments, in consultees own words, about awareness of what and how to access / places where people can access support can be found below:

“By setting up focus groups and places where people can access information and get support to access the correct support for them is key.” (Identified as other)

“People do not realise the extent of the services available to them until they become involved due to health or social care issues. They are then flooded with information from lots of different departments either leaflets or online and it can be very confusing. This needs to be streamlined.” (KCC employee)

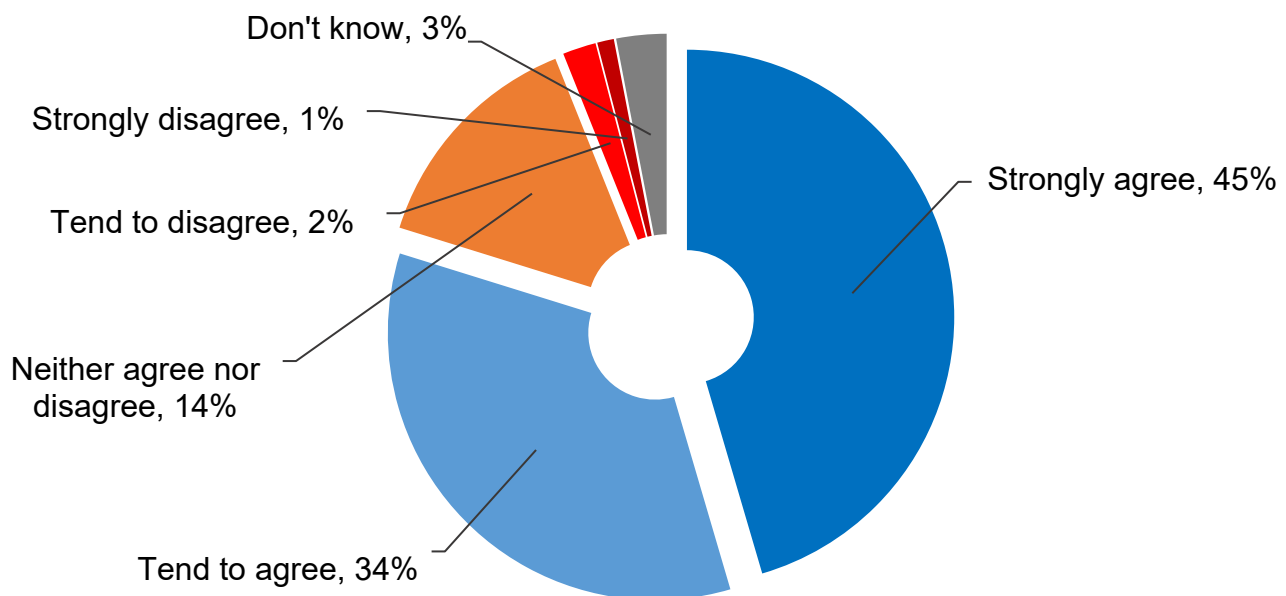
“Identifying and breaking down barriers to accessing care is a real positive if it can be achieved to a greater extent.” (Kent resident)

The priorities outlined in the consultation document are as follows:

- co-design with communities and partners how we measure outcomes and value for money, making sure it reflects what matters to people.
- work with partners to improve how we collect, record and share data, so we better understand Kent residents' needs and experiences and can focus support where it's needed most.
- champion for Kent-based research to include a focus on social care outcomes, advocate nationally for a greater focus on prevention research and source funding opportunities to support prevention activity.
- use consistent and robust methods to measure our impact, ensuring evaluations are proportionate, to inform our decision-making processes.
- take a long-term approach when investing in prevention, understanding it takes time to show its full impact. We will monitor progress and remain flexible to continuously improve outcomes.

Just under eight in ten consultees (79%) indicated they agree with the priorities for the 'Measuring and evidencing impact'; 45% indicated they strongly agree. 3% indicated they disagree with the priorities and 14% indicated they neither agree nor disagree.

To what extent do you agree or disagree with the priorities for 'Measuring and evidencing impact'? Base: all providing a response (403)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	320	79%
Net – Disagree	12	3%

Strongly agree	183	45%
Tend to agree	137	34%
Neither agree nor disagree	57	14%
Tend to disagree	7	2%
Strongly disagree	5	1%
Don't know	14	3%

Response by consultee type and demographics

A comparably higher proportion of resident consultees aged 41-60 agree with the 'Measuring and evidencing impact' priorities (90%).

To what extent do you agree or disagree with the priorities for 'Measuring and evidencing impact'?

CONSULTEE TYPE % net agree	Number of responses	Percentage
As a Kent resident	242	77%
As a representative of a local community group or residents' association	5	100%
On behalf of a Parish / Borough / District Council in an official capacity	5	100%
As a Parish, District or County Councillor	6	100%
As a Kent business owner or representative	6	86%
On behalf of a charity, voluntary, community and social enterprise (VCSE)	19	95%

RESIDENT DEMOGRAPHICS % net agree	Number of responses	Percentage
Female	153	80%
Male	64	79%
Aged 41-60	52	90%
Aged 61-70	52	74%
Aged 71-80	64	74%
Aged 81 and over	37	84%
Has a disability	80	77%
A carer	61	81%

Reasons for level of agreement with 'Measuring and evidencing impact' priorities

Consultees were given the to provide any comments or suggestions about the priorities for 'Measuring and evidencing impact' in their own words. The comments have been reviewed and

grouped into themes consistent with the process reported in the 'Points to Note' section. Just under four in ten consultees provided a comment to this question (36%).

21% of consultees answering referenced their agreement with the priorities outlined / commented that measuring impact is important. 18% commented on the importance of ensuring measurement includes listening to Kent residents / stakeholders and acting accordingly.

A proportion of those commenting reference the importance of everyone / all stakeholders / services being included / consulted in measuring and evidencing impact (10%) and long-term approaches / measurement (9%).

Please tell us if you have any comments or suggestions about the priorities for 'Measuring and evidencing impact'. Base: all consultees providing a response (168)

%	Number of responses	Percentage
Agree with priorities / measuring impact is important	35	21%
Importance to still listen to what people are saying / act upon that / action outcomes	31	18%
All of society / all services must be included and consulted at all stages / not a one box fits all approach	17	10%
Long-term approaches / measurement is necessary / service / funding changes must not be made too quickly	15	9%
Service needs improving / focus on that	14	8%
Needs to be clearer / difficult to understand what is being said	14	8%
As long as not just another tick box exercise	13	8%
Won't happen, doubtful, words, losing the will	13	8%
Impact measures must be standardised	11	7%
Needs to be flexible, reviewed regularly, and allow for continuous improvement	10	6%
As long as not solely focused on budgets / finance	9	5%
Evaluation must be professionally done, qualified / trained accordingly	8	5%
Outcomes must be transparent, made publicly available	8	5%
Impact measures must be easy to collect and user-friendly	7	4%
Will need funding	7	4%
Must not be swayed by political or private sector interests	6	4%
Evaluations must be independently conducted	4	2%
Must be focused on Kent, not wider population	3	2%
Data security and privacy / data sharing concerns	3	2%
Will GDPR be a barrier to co-design?	3	2%
Prevention is subjective, difficult to measure	2	1%
%	Number of responses	Percentage
The public need to understand the aims clearly, not expect quick changes	2	1%

Example comments, in consultees own words, about listening to what people are saying / action outcomes can be found below:

“I think it is crucial to understand the benefits from prevention will mostly only be seen long-term, and so measuring impact should not result in changes of funding or services just because there is no immediate or midterm quantitative benefits - as long as users and providers can agree there are benefits being seen. Again, it is crucial that measuring impact is not just measured by agencies and figures, but by real life experiences of service users.”
(Identified as other)

“Make sure that all of this data collecting, understanding people's needs, doesn't become just another job creation, box ticking exercise that doesn't translate into active improvements for those who need it most.” (Kent resident)

“Whilst this is a necessary piece of work, it should underpin the other four priorities, by creating a built in system that captures information and data on impact and effectiveness. There should be more emphasis on what people want and listening to their needs, so that services can be designed appropriately, and feedback from the community can be collated as part of the measuring process.” (On behalf of a Parish / Town / Borough / District Council)

Example comments, in consultees own words, about everyone being included / consulted at all stages can be found below:

“Measuring impact needs to be focussed on Kent for the benefit of Kent residents. What happens nationwide may not work for Kent specifically. Data measurement and recording should be according to the demographic involved otherwise money could be wasted addressing needs of different areas.” (Kent resident)

“Let's have some normal people in for discussion go to the different groups to hear what they have to say.” (Identified as other)

“Importance of co-production in hearing and responding to the experiences of those who draw and our care and support, and families and carers, and for lived experience people; for impact surveys etc to be co-designed.” (Identified as other)

Example comments, in consultees own words, about the necessity of long-term approaches / measurement changes can be found below:

“Measuring and evidencing impact must be a long term process and not swayed by political whims and short-term politics. This will be a huge challenge in the current political climate and I am highly concerned as to the impact the unstable administration will have, both in funding and delivering this framework in the timescales set.” (Kent resident)

“Much of the services in the community have been lost because a long-term approach has not been facilitated when investing in prevention, or understanding it takes time to show its full impact. In a community where it feels constantly let down, confidence needs to be restored before any real monitor in the progress will show success, it is important to

remain flexible to continuously improve outcomes.” (On behalf of a charity or voluntary, community and social enterprise)

“Short term funding often means that good projects and support mechanisms do not meet outcomes and money is then often wasted when a longer term focus would have produced appropriate progress.” (Kent resident)

Any further comments

Consultees were given the opportunity to add any other comments about the Prevention Framework in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just over four in ten consultees provided a comment to this question (42%).

19% of consultees answering commented on the current care system and the perceived improvements required (e.g. wait times / support).

12% commented on the framework being appropriate / needed. In addition, 12% commented on the framework being too vague / lacking in detail / actions.

A proportion of those commenting reiterated earlier concerns with regards to the experience / training and quantity of individuals / care workers available (11%), how the framework will be implemented (10%) and that it will require funding / there are concerns where the funding will come from.

Please add any further comments you would like to make about the Prevention Framework. Is there anything else you feel may need to be included or emphasised?

Base: all consultees providing a response (175)

%	Number of responses	Percentage
Current system needs improving / wait times / support (including for disabled, elderly, and neurodiverse)	33	19%
Appropriate framework / needed	21	12%
The framework is too vague / lacking in detail / actions	21	12%
Needs ample / trained / consistent / accountable / experienced individuals and care workers to deliver a proper service	20	11%
The challenge is actually implementing it	17	10%
Will need funding / where will the funding come from?	16	9%
The VCSE sector must be supported and funded, including carers, local charities, and community groups	16	9%
Doubtful it will happen, will be constrained by current infrastructure (e.g. social services, local government)	15	9%
Needs a person-centred approach, not communities - individuals, support must still be available for those who need it	15	9%
How will you reach those under the radar, / those who refuse help / those without informal care?	14	8%
Specific actions, targets, timelines need to be set, and careful planning	14	8%
Well written / comprehensive / strong document	13	7%
You must listen to Kent residents / consult / involve	13	7%
Mental health support needs focus	12	7%
Organisations, services, systems need to be joined up, integrated, embedded	11	6%
You must listen to those on the ground, the staff, the service providers	10	6%

%	Number of responses	Percentage
Too wordy, no clarity, people don't / won't understand what is written	8	5%
Please make it happen	7	4%
Increase awareness of what services / how to access, people don't know	7	4%
Online concerns - not all have access / able to use, face to face is also necessary	5	3%
Educating people to help themselves needs focus	4	2%
Encouraging community, rebuilding communities, proving community spaces needs focus	4	2%
Just a re-hash of previous documents, dull	3	2%
Communication needs to be improved from service providers to users	3	2%
Framework needs to be shorter	2	1%
Pleased to see carers included	1	1%

Example comments, in consultees own words, about the appropriateness of the framework as well as more of the detail consultees would like to see can be found below:

“Very well written and eminently sensible. Glad to see it mentions those with caring responsibilities.” (Kent resident)

“Good framework that fit with primary care health, we need to collaborate and work together in a smarter way than previously.” (Kent resident)

“This ambition is appropriate and strong. The challenge is moving to proactive whilst carrying out reactive activities. I would expect that the document is in essence also the current ambition however, in reality, this is extremely difficult to deliver with the disparate and complex structure of social services and local government services within the region.” (Kent resident)

“The framework is sound in principle, but it could potentially just become another time consuming, new jobs in the council, study that does not actually meet its goals. It’s very broad and generalised at this stage.” (Kent resident)

“This is a good idea and I fully support its principles, but it feels like it’s all words and no substance. The constant cutbacks to services, the withdrawal of funding from projects and the hoops and leaps to get things authorised at management level, make these new aspirations sound like a wonderful promise to Kent, but can you really deliver constructive change?” (KCC employee)

Example comments, in consultees own words, about needing appropriate individuals and care workers to deliver a proper service can be found below:

“Acknowledgement of the need to invest in services staff and infrastructure. Investment in an increase in services to rural areas... improved public transport to reduce the hugely

harmful effect of social isolation... increase provision of elderly groups and centres which are key to ensuring those most vulnerable don't slip through the holey net!" (Kent resident)

"Social care is very important the people who give this care need to be trained to a high standard no more zero hour contracts they carry out important role in our society and should be treated as such the person that requires the care should always be at the forefront but of course value for money is a consideration but good quality care will always come at a cost." (Kent resident)

"Expanding on the idea of community networks, peer support programs could be a valuable addition. This could include fostering peer-to-peer support for both carers and those receiving care. Empowering people to support each other and share experiences has proven to improve outcomes in various health and social care settings. Resilience and Preparedness for Future Challenges: Given the current climate of economic uncertainty and the potential for future health crises, it would be helpful to include a focus on building resilience within communities and systems to anticipate and respond to unforeseen challenges. This could include emergency preparedness, ensuring communities have the skills, resources, and support systems in place to weather future challenges." (A representative of a local community group or residents' association)

Response to Equality Impact Assessment

Consultees were asked to provide the views on KCC's equality analysis on in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Only 23% of consultees provided a response to this question.

23% of consultees commenting made reference to ensuring everyone is treated the same / equally. 11% commented that it is important to have the equality analysis / looks good / has everyone covered.

8% highlighted concerns with regards to digital exclusion and 6% believe there is a negative attitude to disabled people and the support / funding needs changing.

We welcome your views on our equality analysis and if you think there is anything else we should consider relating to equality and diversity?

Base: all consultees providing a response (96)

%	Number of responses	Percentage
Treat everyone the same / make all services universal	22	23%
Waste of time / virtue signalling	11	11%
Important to have / looks good / all covered	11	11%
Digital exclusion (financial, disability)	8	8%
Negative attitude to disabled people - the support of, funding of, needs changing	6	6%
Staff training should be standardised so attitudes and treatment of all people is the same	6	6%
Intersectionality needs consideration	5	5%
Age impacts / all ages considered	5	5%
Impacts on carers / family members	5	5%
Need to look at everything after consultation / see how demographics impact answers	4	4%
Too wordy / needs plain English	4	4%
Learning disabilities need to be taken into account	3	3%
Political comments	3	3%
Hidden disabilities need to be taken into account	2	2%
Impacts on trans / non-binary needs taking into account	2	2%
Biological / sex at birth is the legal view now	2	2%
Services should be linguistically appropriate	2	2%
Disagree with word 'diversity'	2	2%
Accessibility to services should be taken into account	1	1%
Impact on users with children (as opposed to no children)	1	1%
Impact on refugees	1	1%

%	Number of responses	Percentage
Services should be culturally competent	1	1%
Spiritual / faith should be taken into account	1	1%
Left-handedness	1	1%
Categorising people is discrimination in itself	1	1%
Protected characteristics list is incorrect	1	1%
Assessment tool can lead to unconscious bias	1	1%

Easy Read consultation questionnaire summary

12 consultees completed the Easy Read version of the questionnaire; all 12 indicated they are responding as Kent residents.

Responses from these questionnaires can be found below:

How easy was the wording in the Prevention Framework to understand? (Base – 12)

	Number of responses
Very easy	0
Quite easy	7
Not easy or difficult	1
Quite difficult	1
Very difficult	1
Don't know	0

How easy was the pictures and graphics in the Prevention Framework to understand? (Base – 12)

	Number of responses
Very easy	0
Quite easy	5
Not easy or difficult	4
Quite difficult	1
Very difficult	0
Don't know	1

How much do you agree or disagree with this ambition? (Base – 12)

	Number of responses
I really agree	4
I mostly agree	5
I do not mind	1
I mostly disagree	0
I really do not agree	1
I don't know	1

How much do you agree or disagree with the priorities for 'Principle of prevention first'? (Base – 12)

	Number of responses
I really agree	5
I mostly agree	5
I do not mind	0
I mostly disagree	1
I really do not agree	0
I don't know	1

How much do you agree or disagree with the priorities for 'Focused support'?
(Base – 12)

	Number of responses
I really agree	5
I mostly agree	6
I do not mind	0
I mostly disagree	0
I really do not agree	0
I don't know	1

How much do you agree or disagree with the priorities for 'Partnership working'?
(Base – 12)

	Number of responses
I really agree	4
I mostly agree	6
I do not mind	1
I mostly disagree	1
I really do not agree	0
I don't know	0

How much do you agree or disagree with the priorities for 'Inclusion and equity'?
(Base – 12)

	Number of responses
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I really agree	2
I mostly agree	7
I do not mind	0
I mostly disagree	1
I really do not agree	0
I don't know	1

How much do you agree or disagree with the priorities for 'Measuring and evidencing impact? (Base – 12)

	Number of responses
I really agree	2
I mostly agree	4
I do not mind	1
I mostly disagree	2
I really do not agree	0
I don't know	2

Easy Read questionnaire - Demographic profile

The tables below show the demographic profile of **resident consultees who completed the Easy Read consultation questionnaire (12 in total)**. The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

Gender	Number of responses
Male	2
Female	9
Prefer not to say / blank	1

Gender same as birth	Number of responses
Yes	11
No	0
Prefer not to say / blank	1

Age	Number of responses
53	1
77	1
78	1

81	1
85	1
88	1
91	1
Prefer not to say / blank	5

Disability	Number of responses
Yes	6
No	5
Prefer not to say / blank	1

Religion	Number of responses
- Christian	6
- Buddhist	0
- Hindu	0
- Jewish	1
- Muslim	0
- Sikh	0
- A different religion or belief	0
No	4
Prefer not to say / blank	2

Next steps

The Engagement and Consultation report, alongside the raw data collected in the Consultation will be used to inform how we reflect the feedback provided in the Prevention Framework. An updated version of the framework will then go through our internal governance structures, ready for Adult Social Care and Public Health Cabinet Committee for Key Decision on 10 September. A detailed co-designed Delivery Plan will be developed to support the Prevention Framework, which will set out how Adult Social Care will achieve the ambitions set out in the document.

For further information about this work, or to get involved, please contact preventionframework@kent.gov.uk

Appendix – Main consultation questionnaire

Section 1 – About you

If you are helping someone to respond because they cannot fill in the questionnaire themselves, please make sure your answers are about them and their details. If you also want to give your views, please fill in a separate questionnaire and include your details in that questionnaire.

Q1a. Please tell us in what capacity you are completing this questionnaire:

Please select the option that most closely represents how you will be responding to this consultation. Please select **one** option.

☐	As a Kent resident
☐	As a representative of a local community group or residents' association
☐	On behalf of an educational establishment, such as a school or college
☐	On behalf of a Parish / Town / Borough / District Council in an official capacity
☐	As a Parish, District or County Councillor
☐	As a Kent business owner or representative
☐	On behalf of a charity or voluntary, community and social enterprise (VCSE)
☐	As a KCC employee (Kent resident)
☐	As a KCC employee (non-Kent resident)
☐	As resident from somewhere else, such as Medway
☐	Other, please tell us:

Q1b. If you are responding on behalf of an organisation (community group, council VCSE), please tell us the name of your organisation. Please write in below.

Q2. Please tell us the first five characters of your postcode:

Please do not reveal your whole postcode. If you are responding on behalf of an organisation, please use your organisation's postcode. If you are responding on behalf of someone else, please use their postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Q3. How did you find out about this consultation? Please select **all** that apply.

☐	From a charity or voluntary, community and social enterprise (VCSE)
☐	An email from Let's talk Kent or KCC's Engagement and Consultation Team
☐	An email from KCC's Adult Social Care
☐	From a friend or relative
☐	From a member of KCC staff
☐	From my Parish, Town, District, Borough, City Council
☐	Kent.gov.uk website
☐	Newspaper
☐	Social media (e.g. Facebook, Nextdoor, X etc.)
☐	Poster / postcard
☐	Other, please tell us:

Section 2 – The Prevention Framework

Q4a. How easy or difficult was the wording in the Prevention Framework to understand?
Please select **one** option.

☐	Very easy
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☐	Quite easy
☐	Neither easy nor difficult
☐	Quite difficult
☐	Very difficult
☐	I don't know

Q4b. If you found the wording in the Prevention Framework quite difficult or very difficult to understand, please tell us why.

Q5a. How easy or difficult was it to understand the diagrams and pictures in the Prevention Framework?

Please select **one** option.

☐	Very easy
☐	Quite easy
☐	Neither easy nor difficult
☐	Quite difficult
☐	Very difficult
☐	I don't know

Q5b. If you found the diagrams and pictures in the Prevention Framework quite difficult or very difficult to understand, please tell us why.

Our draft ambition is: “By 2035, adult social care in Kent will have fundamentally shifted towards a strategic, operational and financial model that prioritise prevention, early intervention and delay of escalating care needs. We will make the best use of data and research-led practices, early interventions and partnership working”

Q6a. To what extent do you agree or disagree with our draft ambition?

Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree
☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q6b. Please tell us the reason for your answer.

The next questions are about the five key approaches in the Prevention Framework. These are:

Principle of prevention first

Focused support
Partnership working
Inclusion and equity
Measuring and evidencing impact

We would like to know what you think about the priorities for each of these areas.

The priorities for the **'Principle of prevention first'** are:

- work with partners to strengthen community capacity to enable people to have access to the right support in their own communities.
- offer simpler, more coordinated ways for people to find trusted information and support, so they can make good lifestyle choices and plan ahead.
- train a resilient workforce to strengthen community health and wellbeing and connect people with proactive community solutions which provide early support and maximise independence.
- make it easier for people to take control of their own care online, from assessing needs to planning support and managing payments.
- make the most of technology to help people remain independent and in control of their own care at home. This includes better use of data and Artificial Intelligence (AI) to predict needs early and improve outcomes.

Q7a. To what extent do you agree or disagree with the priorities for the 'Principle of prevention first'? Please select one option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree
☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q7b. Please tell us if you have any comments or suggestions about the priorities for the 'Principle of prevention first'. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

The priorities for **'Focused support'** are:

- use data and insights to co-design support that helps older people to stay healthy, well-connected and independent - and able to continue living in their own home for as long as they can.
- create the conditions for younger people to be empowered as they move into adulthood, so that they feel equipped to make their own decisions and achieve their life goals. This will mean more joined-up planning between education, health, social care, housing, transport and employers.
- work with partners (including through multi-agency working) to identify and reach people at risk of, or living with long term conditions, such as stroke, dementia and frailty, in an effort to maximise people's independence and wellbeing.
- invest in community action that improves mental health and wellbeing especially in communities most at risk. We recognise the need for supported living, employment support alongside support groups, social activities and peer support networks.
- raise the profile of unpaid carers, recognising the value they bring and proactively support their needs to see positive health and wellbeing outcomes.

Q8a. To what extent do you agree or disagree with the priorities for 'Focused support'?
Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree
☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q8b. Please tell us if you have any comments or suggestions about the priorities for ‘Focused support’. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

The priorities for **‘Partnership working’** are:

- work with our partners to align our prevention priorities, encourage and support good life choices, join up funding and ensure our resources are better coordinated to respond to the needs of our population.
- work more closely with the Voluntary, Community and Social Enterprise (VCSE) sector as a strategic delivery partner to co-design and co-deliver support with communities. Together we will monitor and evaluate outcomes to ensure support is effective, responsive and delivering good value.
- take a place-based commissioning approach to co-design and deliver the right support to meet local needs, which is built on mutual trust, shared values and ongoing communication.
- play our part alongside partners to consider how good housing, employment, financial circumstances, a social network and a clean and sustainable environment can enhance health and how our actions can reduce inequalities in need for health and social care.
- work with partners to enable people to “wait well” for care and support, by increasing access to technology, rehabilitation, therapies and other community-based support.

Q9a. To what extent do you agree or disagree with the priorities for ‘Partnership working’?
Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree

☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q9b. Please tell us if you have any comments or suggestions about the priorities for 'Partnership working'. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

The priorities for **'Inclusion and equity'** are:

- work with partners to maximise our use of data and move our efforts to where they are most needed, so that we can help people more effectively.
- understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, including online.
- take active steps to reach those who may have greater or unmet needs for care and support, and ensure they have good outcomes.
- actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- continue to develop strong partnerships with all Kent communities.

Q10a. To what extent do you agree or disagree with the priorities for 'Inclusion and Equity'?
Please select **one** option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree

☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q10b. Please tell us if you have any comments or suggestions about the priorities for 'Inclusion and equity'. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

The priorities for **'Measuring and evidencing impact'** are:

- co-design with communities and partners how we measure outcomes and value for money, making sure it reflects what matters to people.
- work with partners to improve how we collect, record and share data, so we better understand Kent residents' needs and experiences and can focus support where it's needed most.
- champion for Kent-based research to include a focus on social care outcomes, advocate nationally for a greater focus on prevention research and will source funding opportunities to support prevention activity.
- use consistent and robust methods to measure our impact, ensuring evaluations are proportionate, to inform our decision-making processes.
- take a long-term approach when investing in prevention, understanding it takes time to show its full impact. We will monitor progress and remain flexible to continuously improve outcomes.

Q11a. To what extent do you agree or disagree with the priorities for ‘Measuring and evidencing impact’? Please select one option.

☐	Strongly agree
☐	Tend to agree
☐	Neither agree nor disagree
☐	Tend to disagree
☐	Strongly disagree
☐	I don't know

Q11b. Please tell us if you have any comments or suggestions about the priorities for ‘Measuring and evidencing impact’. In your answer, please tell us which of the priorities you are commenting about. Please write your comments in the box below.

Q12. Please add any further comments you would like to make about the Prevention Framework. Is there anything else you feel may need to be included or emphasised? Please write your comments in the box below.

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIA) on the Prevention Framework. An EqIA is a tool to assess the impact any proposals would have on the protected characteristics: age, disability, sex, gender reassignment, sexual orientation, race, religion, and carer's responsibilities. The EqIA is available online at www.kent.gov.uk/preventionframework or on request.

Q13. We welcome your views on our equality analysis, and if you think there is anything we should consider relating to equality and diversity. Please add your comments below.

Please do not include any personal information that could identify you or anyone else within your response.

Section 3 – More about you

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these equality monitoring questions. This information really helps us to understand how different people could be affected by our proposals, but if you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

Q14. What is your sex? A question about gender identity will follow. Please select **one** option.

☐	Female
☐	Male
☐	I prefer not to say

Q15. Is the gender you identify with the same as your sex registered at birth? Please select **one** option.

☐	Yes	
☐	No, please tell us your gender identity:	
☐	I prefer not to say	

Q16. Which of these age groups applies to you? Please select **one** option.

☐	Under 16	☐	16-20	☐	21-25	☐	26-30	☐	31-35
☐	36-40	☐	41-45	☐	46-50	☐	51-55	☐	56-60
☐	61-65	☐	66-70	☐	71-75	☐	76-80	☐	81-85
☐	86-90	☐	91-95	☐	Over 95	☐	I prefer not to say		

Q17. Do you have a disability, health condition, physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities? Please select **one** option.

☐	Yes
☐	No
☐	I prefer not to say

Q18. If you answered 'Yes' to Q17, please tell us if any of the following disabilities or health conditions apply to you.

You may have more than one, so please select **all** that apply. If none of these applies to you, please select 'A different disability or health condition' and give brief details.

☐	Physical
☐	Sensory (hearing, sight or both)
☐	Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
☐	Mental health condition
☐	Learning disability
☐	Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia
☐	I prefer not to say
☐	A different disability or health condition

If you have selected 'A different disability or health condition', please tell us:

Q19. What is your religion or belief? Please select **one** option.

☐	No religion or belief	
☐	Atheist	
☐	Christian	
☐	Buddhist	
☐	Hindu	
☐	Jewish	
☐	Muslim	
☐	Sikh	
☐	A different religion or belief, please tell us:	
☐	I prefer not to say	

Q20. Which of the following best describes your sexual orientation? Please select **one** option.

☐	Heterosexual/Straight	
☐	Bisexual	
☐	Gay or Lesbian	

☐
☐

I prefer to define my own sexuality, please tell us:

--

I prefer not to say

A Carer is someone who gives unpaid care or help to anyone because they have a long-term physical or mental health condition or illness, or problem related to old age. Both children and adults can be Carers.

Q21. Are you a Carer? Please select **one** option.

☐
☐
☐

Yes

No

I prefer not to say

Q22. What is your ethnic group? Please select **one** option.

White

☐
☐
☐
☐
☐

English, Scottish, Welsh, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background, please tell us:

--

Mixed or Multiple

☐

White and Black Caribbean

☐	White and Black African	
☐	White and Asian	
☐	Any other Mixed or Multiple background, please tell us:	

Asian or Asian British

☐	Indian	
☐	Pakistani	
☐	Bangladeshi	
☐	Chinese	
☐	Any other Asian background, please tell us:	

Black, Black British, Caribbean or African

☐	Caribbean
☐	African background, write in below
☐	Any other Black, Black British, or Caribbean background, please write in below:

Another ethnic group

☐	Arab	
☐	Roma	
☐	Any other ethnic group, please tell us:	

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered in the development of the Prevention Framework.

We will report back on the feedback we receive, but details of individual responses will remain anonymous, and we will keep your personal details confidential.

Closing date for responses: Monday 14 July 2025

