Kent County Council

Proposed changes to wellbeing services in the community

Consultation Report

Prepared by Lake Market Research

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Contents

Executive summary

- 1,376 responses were received via the consultation questionnaires. 1,331 responses were received via the main consultation questionnaire (407 online and 924 in hard copy). 45 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 46 onwards.

- The majority of consultees responding are people who use wellbeing services in the community / people that have answered the questionnaire on behalf of someone who uses such services (79%). 11% of consultees identified as Kent residents who do not use wellbeing services. 68 questionnaires were completed on behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation. 24 questionnaires were completed by a partner agency

- The most common route to finding out about the consultation is via a charity or voluntary, community and social enterprise (70%).

- 54% of those responding to the consultation as an individual (i.e. not an organisation) indicated they / the person they are responding on behalf of access the Community Wellbeing service. 44% indicated they access the Community Navigation service and 11% indicated they access Mental Health Wellbeing Service in the Community.

- Agreement with proposals put forward in the consultation are low as follows:

    - For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend - 6% agree, 80% disagree, 8% neither agree nor disagree, 6% don't know.

    - For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service - 4% agree, 92% disagree, 2% neither agree nor disagree, 3% don't know.

    - For the Wellbeing Services in the Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation - 17% agree, 77% disagree, 8% neither agree nor disagree, 6% don't know.

- When given the opportunity to provide any comments on the proposals put forward, a number complimented the support offered by wellbeing services to date and how the services are valued / make a difference. The following specific concerns were made in relation to proposals:

    - Proposals are short-sighted as they are important preventive services and will potentially add to the strain on other services (including the importance of supporting prevention / early intervention and how low level needs can escalate)

    - Proposals are short-sighted as they will impact the longer term mental health and wellbeing of people.

    - Services help people to socialise / make friends / have contact with others and this important to combat feelings of isolation / feeling alone.

- The majority of consultees believe the proposal would have a large effect on them or the person / group / community they represent (81%). 12% believe it will have a moderate effect and 3% believe it will have a minor effect. Only 2% believe it would have no effect
- When asked to consider the alternatives possible if services were stopped, 25% of consultees commented that there wouldn't be any alternative ways they could get support / they wouldn't be able to get support. An additional 27% commented that they were not sure / they don't know where they or other people would go. Of the services referenced by consultees, social services (17%) and GPs (14%) are the most commonly referenced.

Background and methodology

Background

The Wellbeing Services in the Community and Community Navigation at the heart of this consultation help people to take a proactive approach to their health and wellbeing, increase independence, and prevent, reduce or delay the need for additional care and support services. These services are part of KCC's broader efforts to prevent, reduce and delay the need for care and support.

The contracts for these services are funded by KCC's Adult Social Care and Health Directorate and delivered by Voluntary, Community and Social Enterprise (VCSE) organisations. The contracts for the services commenced in 2019 and 2020 and reflect an earlier approach to prevention. Since the initiation of these contracts, significant developments have occurred, prompting a strategic review on how prevention services are delivered.

The proposal aims to:

- Remove elements of duplication within the prevention approach and provision.
- Ensure prevention services are more efficient, targeted and making best use of limited resources.
- Focus on people with the greatest need.
- Contribute towards savings that deliver a balanced budget for KCC.

The proposed changes are to:

- reduce the level of funding for Wellbeing Services in the Community and redesign the way they are provided, incorporating some elements of Community Navigation.
- stop funding the Community Navigation services.
- stop funding the 'Innovation Fund' in the Mental Health Community and Wellbeing Service, which is used for testing new approaches

Consultation process

On the 26 November 2024, a 9-week consultation was launched and ran until the 27 January 2025. The consultation invited residents, people supported by wellbeing services in the community and other interested parties to provide views on proposals and any other comments.

Feedback was captured via a consultation questionnaire which was available on the KCC engagement website (https://letstalk.kent.gov.uk/wellbeingconsultation). Upon launch of the consultation, hard copies of the consultation material and questionnaires were provided to the VCSE organisations to distribute to people using services. 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:

Ahead of the consultation launch, feedback was gathered from KCC Adult Social Care's People's Panel, which includes members who have links to organisations such as older people's, mental health, and physical disability forums as well as Healthwatch Kent volunteers, to gather feedback on the proposal, discuss the options considered and review the consultation material.

Stakeholders engaged with prior to consultation:

- VCSE (voluntary, community and social enterprise) providers within scope of the proposal have reviewed the proposal and worked with the council to develop an alternative option
- NHS with verbal updates provided in meetings
- KCC Public Health
- KCC Adult Social Care and Health directorate
- KCC Legal team
- KCC Growth, Environment and Transport directorate
- KCC Corporate Management team
- KCC Consultation and Engagement team
- KCC Adult Social Care People's Panel
- Adult Social Care Senior Management team
- VCS Strategic Board
- Kent and Medway VCSE Steering Group
- KCC Cabinet Members
- District Council Chiefs.

The consultation was hosted on KCC's engagement website Let's talk Kent. To help make sure the consultation was accessible the following activities were undertaken:

- The webpage and all documents met digital accessibility requirements.
- Mapping completed to ensure that engagement sessions during the consultation would reach as many people as possible that could potentially be affected by the proposals. Thinking about protected characteristics and where there are gaps in data and therefore more engagement with certain groups/communities in Kent, for example ethnicity and religion. Engagement sessions held across the county. There were 14 face-to-face drop-in sessions during December 2024 and January 2025 across the county. In addition, Officers attended 9 groups and activities across the county to promote the consultation and help people complete the questionnaire.
- Discussions held with VCSE providers on how to best engage people and utilise existing forums to engage people.
- The Consultation Document provided examples to help illustrate how the proposed change could impact people and included a glossary explaining unfamiliar terms.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- Information about the consultation was sent to partners, care providers and KCC.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version. Responses made by letter / email / telephone were also be accepted.
- Easy Read and Large print versions of the consultation material were available from the consultation webpage and on request.
- The webpage was translated into British Sign Language.

- The consultation material contained a telephone number and email address to contact with any queries relating to the consultation.
- For people who do not speak English, the consultation document could be translated on request.
- For people that are digitally excluded, hard copies of the consultation document can be mailed to people on request. Hard copies were sent to the providers in scope of the proposal share with people. Hard copies were made available during community engagement sessions and attending activities/groups/events.
- The consultation and drop-in sessions were promoted through local community networks by involvement officers working in different areas of Kent. Working with the providers in scope of the proposal to share information with people currently supported by the services. Providers displayed posters, postcards and have hard copies of the Consultation Document. Providers invited KCC to events and forums to engage with people supported by the services.
- During the consultation, KCC monitored the activity on a weekly basis to ensure people from across Kent are engaging and taking targeted action where required.
- Posters were displayed in libraries and gateways.

Emails were sent to stakeholders including contacts from health organisations, care sector, voluntary sector and community organisations, registered people of KCC's engagement website Let's talk Kent who have requested to be kept informed of Adult Social Care activity, and Adult Social Care Your Voice network members. Consultation promotional activities also included social media, newsletters, websites, posters.

Face to Face Drop-in sessions:

15 drop-in sessions organised from 18th December 2024 to 23rd January 2025 10am – 4pm.

- 7 x East Kent,
- 5 x North Kent,
- 3 x West Kent

59 people attended the drop-in sessions, attendance average of 3.9 people per site.

Questionnaires Collected

Total amount of questionnaires collected: 1009

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

- There were 8.81k total visits to the consultation website, 16 video views and 2.07k document downloads.

Information Widget Summary:

Widget Type	Engagement Tool Name	Visitors	Downloads/Views
Document	Consultation Document	1,191	1,492

Document	Frequently Asked Questions	109	131
Document	Equality Impact Assessment	106	127
Document	Consultation document - Easy Read word version	105	125
Document	Word version of questionnaire	102	126
Document	Questionnaire - Easy Read version	36	43
Document	Consultation Document - Large print	11	16
Document	Consultation Questionnaire - Large print	6	8
Document	Equality Impact Assessment - Large print	0	0
Video	British Sign Language video explaining the drop in sessions taking place across Kent	9	9
Video	British Sign Language video explaining the consultation page	7	7

Survey Tool:

Tool Status	Archived
Visitors	2213
Contributors	407
Registered	407
Unverified	0
Anonymous	0
Admin	0
Total Submissions	407

Consultation response

There were 1,376 responses to the consultation questionnaire:

- 1,331 responses were received via the main consultation questionnaire – 407 of these were submitted online and 924 questionnaires were submitted in hard copy or by email.
- 45 responses were received via hard copy Easy Read questionnaires.

In addition to consultation questionnaires, 13 emails / letters received by KCC with regards to consultation feedback and pass 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.
- Whilst this consultation was open to all residents and stakeholders to participate, it should be noted that 79% of consultees responding indicated they are someone who uses wellbeing services in the community / answering the consultation questionnaire on behalf of someone who uses Wellbeing Services in the Community).
- 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 are people who use wellbeing services in the community / people that have answered the questionnaire on behalf of someone who uses such services (79%). 11% of consultees identified as a Kent resident who does not use wellbeing services.

68 questionnaires were completed on behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation. 24 questionnaires were completed by a partner agency.

CONSULTEE TYPE	Count	Percentage
As a Kent resident	149	11%
Someone who uses wellbeing services in the community / on behalf of someone who uses Wellbeing Services in the Community	1,051	79%
A partner agency (e.g. Health services / provider)	24	2%
As a representative of a local community group or residents' association	5	0.4%
A Parish, District, Borough, City or County Councillor	7	1%
On behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation	68	5%
On behalf of a Town, Parish, District or Borough Council in an official capacity	1	0.1%
A KCC employee	4	0.3%
Other / As something else	14	1%
Blank	8	1%
Total	1,331	

Main consultation questionnaire - demographic profile

The tables below show the demographic profile of **people supported by wellbeing services in the community / resident consultees who completed the consultation questionnaire (1,214 in total).** The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

A significant proportion of responses came from consultees living in Deal / Dover (16%) and Folkestone and Hythe (25%).

Postcode area	Number of responses	Percentage
Ashford	98	8%
Canterbury	20	2%
Dartford	35	3%
Deal	98	8%
Dover	99	8%
Folkestone and Hythe	305	25%
Gravesham	102	8%
Maidstone	78	6%
Medway	4	0.3%
Sevenoaks	56	5%
Swale	47	4%
Thanet	120	10%
Tonbridge & Malling	37	3%
Tunbridge Wells	22	2%
Outside Kent	5	0.4%
Prefer not to say / blank	88	7%

Gender	Number of responses	Percentage
Male	375	31%
Female	693	57%
Prefer not to say / blank	146	12%

Gender same as birth	Number of responses	Percentage
Yes	1,013	83%
No	3	0%
Prefer not to say / blank	198	16%

Age	Number of responses	Percentage
18-20	1	0.1%
21-25	2	0.2%
26-30	6	0.5%
31-35	5	0.4%
36-40	10	1%
41-45	20	2%
46-50	31	3%
51-55	55	5%
56-60	83	7%
61-65	124	10%
66-70	161	13%
71-75	189	16%
76-80	194	16%
81-85	112	9%
86-90	57	5%
91-95	25	2%
Over 95	5	0.4%
Prefer not to say / blank	134	11%

Disability	Number of responses	Percentage
Yes	744	61%
- Physical	394	33%
- Sensory (hearing, sight or both)	126	10%
- Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	489	40%
- Mental health condition	179	15%
- Learning disability	25	2%
- Neurodivergent, such as ADHA, autism, dyslexia and dyspraxia	38	3%
- A different disability or health condition	25	2%
No	293	24%
Prefer not to say / blank	177	15%

Carer	Number of responses	Percentage

Yes	204	17%
No	837	69%
Prefer not to say / blank	173	14%

Ethnicity	Number of responses	Percentage
White English, Scottish, Welsh, Northern Irish or British	974	80%
White Irish	7	1%
Any other White background	16	1%
White and Black African	2	0.2%
White and Asian	4	0.3%
Any other Mixed or Multiple background	5	0.4%
Asian or Asian British Indian	11	1%
Asian or Asian British Pakistani	2	0.2%
Asian or Asian British Bangladeshi	2	0.2%
Asian or Asian British Chinese	1	0.1%
Any other Asian background	1	0.1%
Black or Black British Caribbean	5	0.4%
Black or Black British African	3	0.2%
Any other African background	3	0.2%
Roma	1	0.1%
Any other ethnic group	10	1%
Prefer not to say / blank	164	14%

Religion	Number of responses	Percentage
- Atheist	30	2%
- Christian	559	42%
- Buddhist	4	0.3%
- Hindu	7	1%
- Jewish	3	0.2%
- Muslim	8	1%
- Sikh	9	1%
- A different religion or belief	15	1%
No	357	27%
Prefer not to say / blank	222	17%
Sexuality	Number of responses	Percentage
Heterosexual / Straight	943	71%

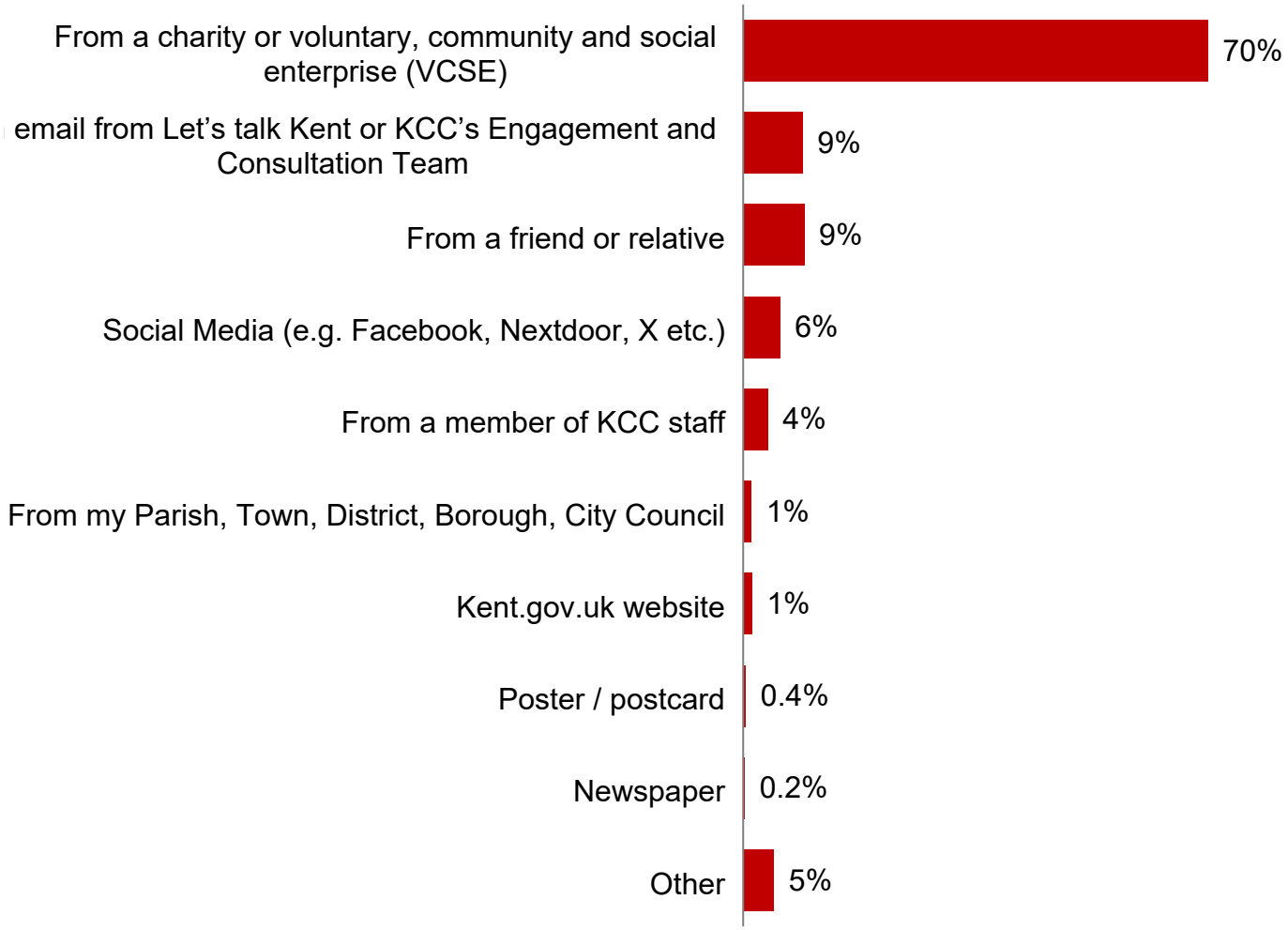
Bisexual	10	1%
Gay or Lesbian	16	1%
Prefer to define my own sexuality	5	0.4%
Prefer not to say / blank	240	18%

Working status	Number of responses	Percentage
Working full time	56	5%
Working part time	64	5%
On a zero-hours or similar casual contract	5	0.4%
Freelance / self employed	24	2%
Unemployed	17	1%
Not working due to a disability or health condition	116	10%
Carer	22	2%
Homemaker	10	1%
Retired	723	60%
Student	1	0.1%
Other	11	1%
Prefer not to say / blank	165	14%

Consultation awareness

The most common route to finding out about the consultation is via a charity or voluntary, community and social enterprise (70%). Just under one in ten found out via an email from Let's talk Kent or KCC's Engagement and Consultation Team (10%) or a friend of relative (10%).

How did you find out about this consultation? Base: all providing a response (1,311)

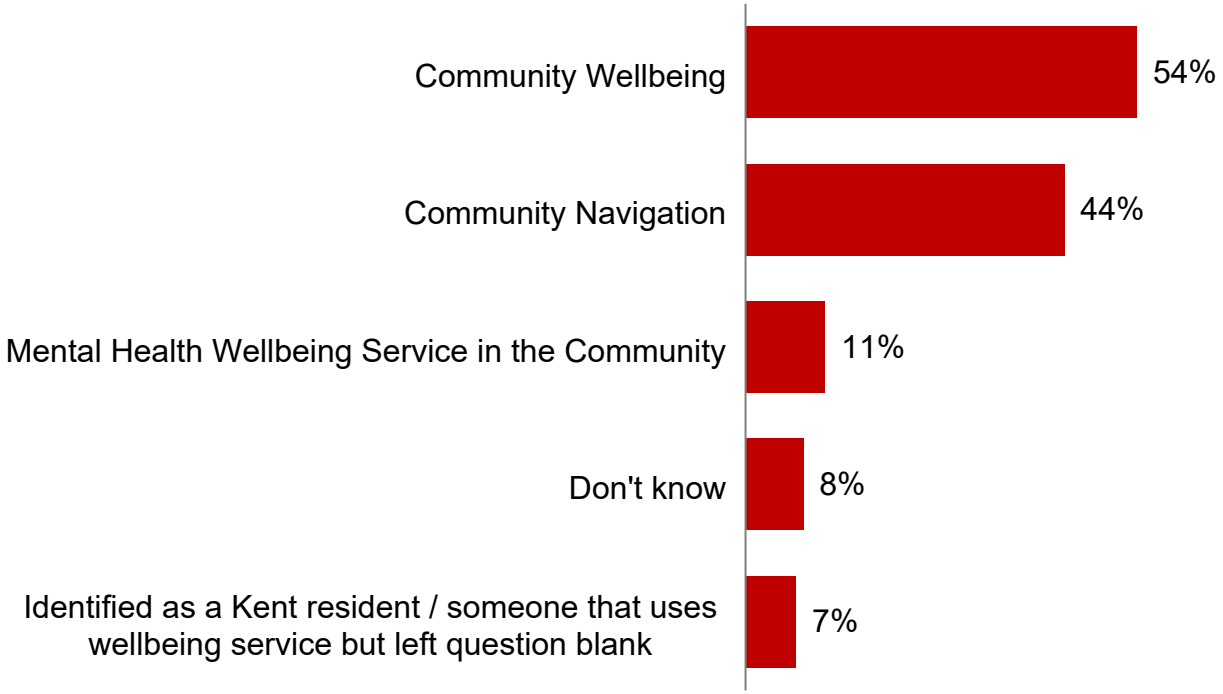


SUPPORTING DATA TABLE	Number of responses	Percentage
From a charity or voluntary, community and social enterprise (VCSE)	922	70%
An email from Let's talk Kent or KCC's Engagement and Consultation Team	118	9%
From a friend or relative	121	9%
Social Media (e.g. Facebook, Nextdoor, X etc.)	73	6%
From a member of KCC staff	49	4%
From my Parish, Town, District, Borough, City Council	16	1%
Kent.gov.uk website	17	1%
Poster / postcard	5	0.4%
Newspaper	3	0.2%
Other	61	5%

Use of community services

54% of those responding to the consultation as an individual (i.e. not an organisation) indicated they / the person they are responding on behalf of access the Community Wellbeing service. 44% indicated they access the Community Navigation service and 11% indicated they access Mental Health Wellbeing Service in the Community.

Do you or the person you are responding on behalf of access any of the following services, as described in the consultation document? Base: all responding (1,214)



SUPPORTING DATA TABLE	Number of responses	Percentage
Community Wellbeing	657	54%
Community Navigation	538	44%
Mental Health Wellbeing Service in the Community	138	11%
Don’t know	95	8%
Identified as a Kent resident / someone that uses wellbeing service but left question blank	86	7%

Community services accessed by consultees

Consultees were asked to indicate the specific services they have accessed in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. The majority of eligible consultees (identified as a Kent resident / someone that uses wellbeing service) provided a comment to this question (81%).

A range of services have been accessed by those answering. The most common are benefit / financial services (22%), Community Navigation (22%), exercise / sports groups / classes (17%), Age UK services (12%), Wellbeing services (11%) and Connect Well services (11%).

If you have accessed any of the above, please can you tell us which specific services you have accessed? Base: all consultees providing a response (985)

%	Number of responses	Percentage
Benefits / financial (including pension credit, council tax, blue badge, attendance allowance)	221	22%
Community Navigation	212	22%
Exercise / sports groups / classes (including Pilates, Yoga, cricket, walking, Tai Chi)	164	17%
Age UK	120	12%
Wellbeing	110	11%
Connect Well	110	11%
Involve Kent	94	10%
Guidance / advice / general help	88	9%
Social activities (including coffee mornings, knit and natter)	86	9%
Equipment / aids, including hand rails, panic alarms	45	5%
Mental Health services (generic / unspecified)	42	4%
Imago	41	4%
Paperwork, applications, form filling	41	4%
Housing	40	4%
Arts, crafts, music, language	36	4%
Lunches, meals, dinners	33	3%
Deal	28	3%
Dementia services, memory café, referral for dementia support	27	3%
Support for carers (including walks, forums)	24	2%
CVS	20	2%
Grand Healthy Living Centre	18	2%
Romney Marsh Community Hub	17	2%
Communigrow	14	1%
Health checks	13	1%
Live Well Kent	12	1%

%	Number of responses	Percentage
SEK Community	11	1%
Actively Involved	10	1%
Hermitage Park Community Centre	10	1%
Social prescribing	6	1%
Other (any mentions under 6 people commenting)	75	8%

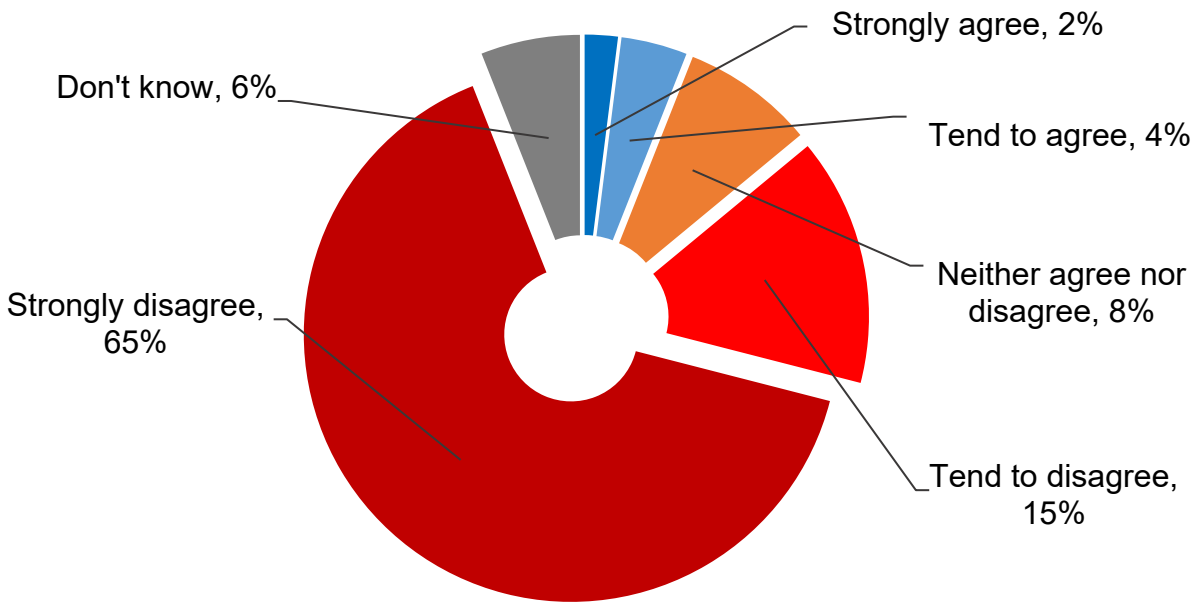
Response to consultation proposals

This section of the report details response to the proposals put forward in the consultation.

Response to Proposal - For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend

Only 6% of consultees indicated they agree with the proposal to stop the innovation fund, back-office support and remove the Shaw Trust unallocated spend. The majority disagree with the proposal (80%).

How much do you agree or disagree with our proposals to…?
Base: all providing a response (1,070)

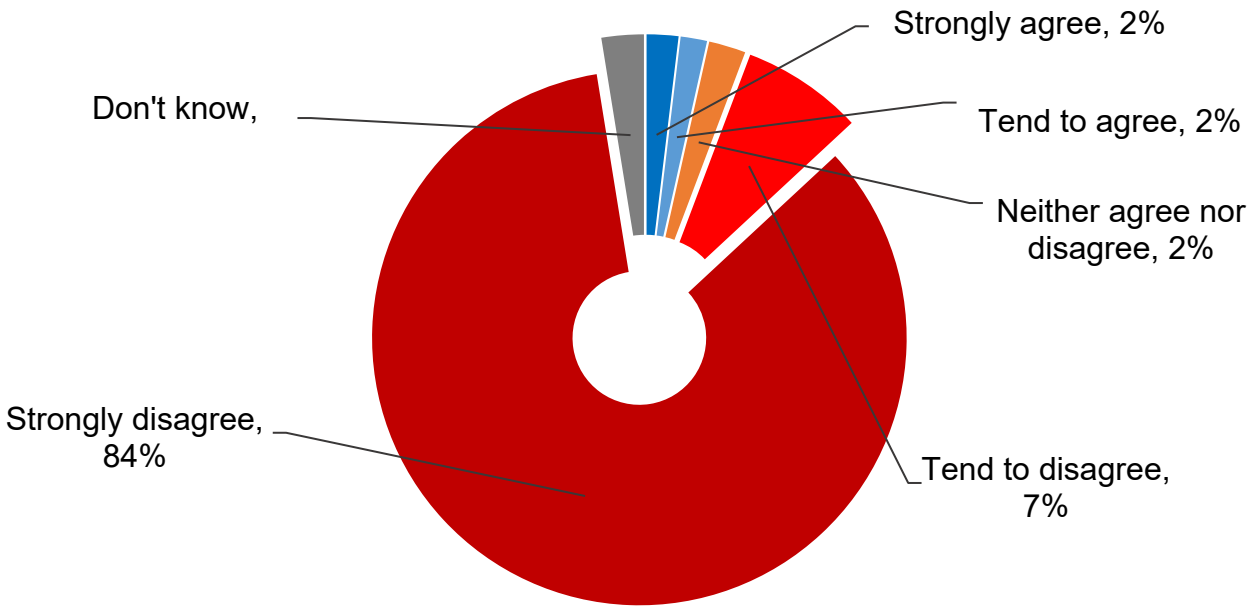


SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	66	6%
Net – Disagree	857	80%
Strongly agree	26	2%
Tend to agree	40	4%
Neither agree nor disagree	81	8%
Tend to disagree	164	15%
Strongly disagree	693	65%
Don’t know	66	6%

Response to Proposal - For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service

Only 4% of consultees indicated they agree with the proposal to stop funding the Community Navigation Service for people aged 55 & over. The majority disagree with the proposal (92%).

How much do you agree or disagree with our proposals to…?
Base: all providing a response (1,253)

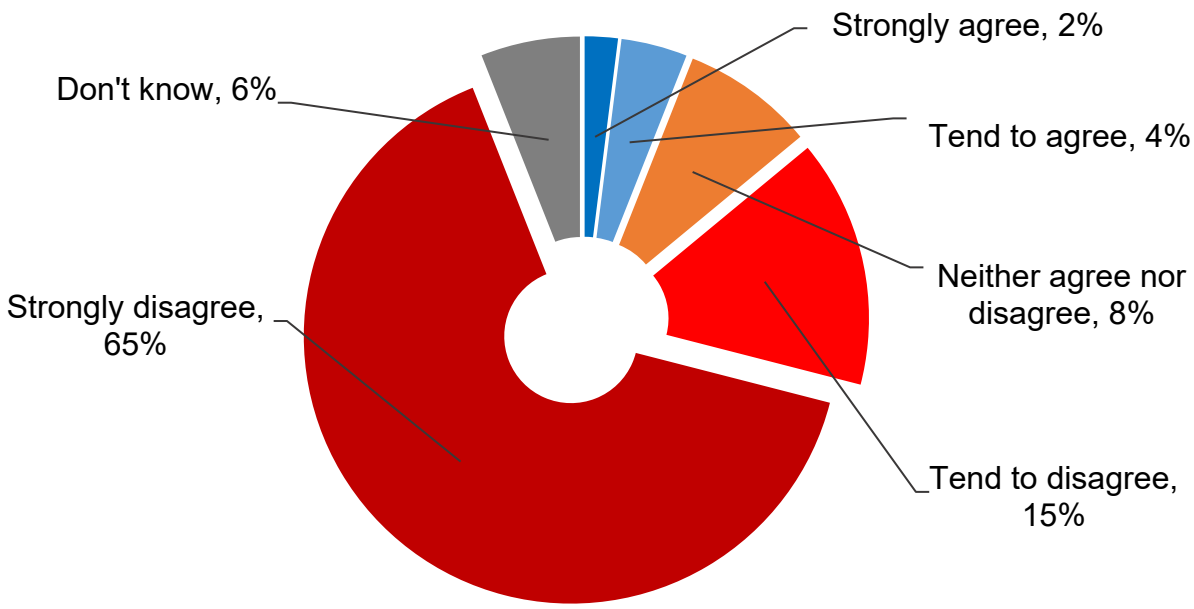


SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	44	4%
Net – Disagree	1,149	92%
Strongly agree	24	2%
Tend to agree	20	2%
Neither agree nor disagree	28	2%
Tend to disagree	92	7%
Strongly disagree	1,057	84%
Don’t know	32	3%

Response to Proposal - For the Wellbeing Services in the Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation

17% of consultees indicated they agree with the proposal to redesign the Wellbeing Services in the Community to focus on people needing a medium to higher level of support. The majority disagree with the proposal (77%).

How much do you agree or disagree with our proposals to…?
Base: all providing a response (1,217)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	205	17%
Net – Disagree	935	77%
Strongly agree	73	6%
Tend to agree	132	11%
Neither agree nor disagree	62	5%
Tend to disagree	167	14%
Strongly disagree	768	63%
Don't know	15	1%

Response to Proposals by consultee type and demographics

Whilst remaining in the minority, a comparably higher proportion of consultees responding as a Kent resident agree with the proposals (stop innovation fund / back-office support / remove Shaw Trust allocated spend – 10%, stop funding Community Navigation Service – 10% and redesign Wellbeing Services in the Community – 36%).

Agreement is low for all three elements of proposals amongst consultees responding as someone who uses wellbeing services in the community (stop innovation fund / back-office support / remove Shaw Trust allocated spend – 4%, stop funding Community Navigation Service – 2% and redesign Wellbeing Services in the Community – 14%).

Agreement with all three elements of proposals is consistent by age of consultee and male / female consultees.

For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend

% net agree	Number of responses	Percentage
Responding as a Kent resident	22	15%
Responding as someone who uses wellbeing services in the community / on behalf of people	31	4%
Partner agency	4	17%
On behalf of a charity or voluntary, community and social enterprise (VCSE)	5	8%

% net agree	Number of responses	Percentage
Use Community Navigation services	20	5%
Use Community Wellbeing services	27	4%
Use Mental Health Wellbeing Service in the Community	12	7%
Residents / wellbeing people - Female	31	6%
Residents / wellbeing people – Male	8	3%
Residents / wellbeing people – aged 31-50	2	4%
Residents / wellbeing people – aged 51-60	10	10%
Residents / wellbeing people – aged 61-65	7	7%
Residents / wellbeing people – aged 66-70	5	4%
Residents / wellbeing people – aged 71-75	4	3%
Residents / wellbeing people – aged 76-80	7	6%
Residents / wellbeing people – aged 81 & over	3	3%

For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service

% net agree	Number of responses	Percentage
Responding as a Kent resident	15	10%
Responding as someone who uses wellbeing services in the community / on behalf of people	23	2%
Partner agency	0	0%
On behalf of a charity or voluntary, community and social enterprise (VCSE)	4	6%

% net agree	Number of responses	Percentage
Use Community Navigation services	8	1%
Use Community Wellbeing services	17	3%
Use Mental Health Wellbeing Service in the Community	9	5%
Residents / wellbeing people - Female	21	4%
Residents / wellbeing people – Male	7	2%
Residents / wellbeing people – aged 31-50	3	5%
Residents / wellbeing people – aged 51-60	6	5%
Residents / wellbeing people – aged 61-65	4	4%
Residents / wellbeing people – aged 66-70	3	2%
Residents / wellbeing people – aged 71-75	3	2%
Residents / wellbeing people – aged 76-80	5	3%
Residents / wellbeing people – aged 81 & over	3	2%

For the Wellbeing Services in the Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation

% net agree	Number of responses	Percentage
Responding as a Kent resident	53	36%
Responding as someone who uses wellbeing services in the community / on behalf of people	129	14%
Partner agency	2	18%
On behalf of a charity or voluntary, community and social enterprise (VCSE)	15	22%

% net agree	Number of responses	Percentage
Use Community Navigation services	80	16%
Use Community Wellbeing services	79	11%
Use Mental Health Wellbeing Service in the Community	32	19%
Residents / wellbeing people - Female	101	18%
% net agree	**Number of responses**	**Percentage**
Residents / wellbeing people – Male	50	18%

Residents / wellbeing people – aged 31-50	7	13%
Residents / wellbeing people – aged 51-60	21	19%
Residents / wellbeing people – aged 61-65	20	19%
Residents / wellbeing people – aged 66-70	25	19%
Residents / wellbeing people – aged 71-75	23	16%
Residents / wellbeing people – aged 76-80	22	16%
Residents / wellbeing people – aged 81 & over	32	23%

Any comments on any / all three proposals outlined

Consultees were given the opportunity to comment on any or all three of the proposals 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 two thirds of consultees provided a comment to this question (67%).

24% of consultees answering commented they disagreed with proposals / would prefer services to stay as they are. 19% commented on their positive experiences of services / groups / support they have received and 17% commented on the valued support offered by the Community Navigation service (particularly for vulnerable people).

A proportion of those commenting believe proposals are somewhat short-sighted as they are important preventive services and will potentially add to the strain on other services (17%) and they will impact the longer term mental health and wellbeing of people (14%).

10% commented on the importance of socialising / people making friends / having contact with others and proposals contributing to isolation / feeling alone.

If you would like to comment on any or all three proposals outlined in Q5, please tell us in the box below. Base: all consultees providing a response (894)

%	Number of responses	Percentage
Disagree with proposals (generic / unspecified) / leave as is / it works, these services are needed	212	24%
Positive personal experience of services / groups / support / helping physical and mental health	167	19%
Shortsighted: these are preventative services, prevention is imperative: will put a strain on other (already stretched) services / NHS	155	17%
Community Navigation - crucial support, the backbone, without this a lot of vulnerable people will be without support, including signposting, advice, guidance (MDT, other service providers)	155	17%
Shortsighted: will impact (long term) mental health and wellbeing of people	123	14%
Importance of socialising and making / meeting friends should not be underestimated / some people's only contact at groups, classes, hubs	93	10%
Isolation and loneliness: will leave a lot of people isolated and alone	89	10%
Lower needs: could miss out those with lower needs on paper / they could quickly become higher needs needing support / low level support is really important	68	8%
Wellbeing services are a lifeline to many / lots of people totally reliant on this service / support	61	7%
Impacts the most vulnerable in society	58	6%
Over 55s need support / more than we may think	57	6%
Lots of people need help with form-filling / this won't be provided if funding cut	55	6%
Where would we go without these services?	51	6%

%	Number of responses	Percentage
Digital: older people and some of those with disabilities unable to / won't use online, will not be signposted, and will get missed out, people need face to face	49	5%
Independence: current service helps older people maintain their independence and to live in their own homes	48	5%
Will impact of a lot of people (generic / unspecified)	43	5%
References to Connect Well - how it has helped, and the importance of the service	31	3%
Is there evidence to support the proposals? / more information is needed	23	3%
Community Navigators / the workers on the ground are skilled / trained / experienced / should not be replaced or lost	22	2%
Dementia - comments relating to the importance of dementia support services	17	2%
This is about saving money / spend our money better / stop wasting it / make cuts elsewhere	17	2%
References to being helped by Age UK	16	2%
Areas of deprivation impacted / and increased health inequalities	14	2%
(Unpaid) carers need more support, they rely on these services too	14	2%
Rural areas will be impacted as unable to travel	12	1%
Community Navigation has been a huge success	10	1%
Collaboration / working together is essential, streamlining and signposting from a single point	9	1%
Romney Marsh provides a vital service in a rural area	8	1%
References to Live Well - how it has helped / the importance of it	6	1%
Some may be prepared to pay for classes / could increase subsidies	4	0.4%
Support should be directed at those who need it most	4	0.4%
Other	18	2%

Example comments, in consultees own words, about preferences to leave services as they are / services are needed and positive personal experience of services / groups / support / helping physical and mental health can be found below:

“The wellbeing services for those aged 55+ is a lifeline for some individuals. We work with a number of these whose lives have been genuinely changed by accessing these services. They have improved their physical, mental and emotional wellbeing and it has supported tackling loneliness in the community.” (VCSE)

“It is an extremely useful service without it I don't know what we will do.” (Someone who uses wellbeing services in the community)

“At what point are we all going to recognize that to support people in the community we have to invest in them first. Absolutely encourage people to take responsibility and

empower them to live better well. First though let's give them the support and life tools to do so." (VCSE)

"I really don't want to hear about funding being stopped or withdrawn. Not enough is being done to support people who don't meet the ridiculously high thresholds. So many people are falling down the cracks of the pavement because they are unseen and unheard! Mental health issues are perpetually on the rise, from children to the elderly. There isn't safe places for them to visit anymore (the public library with ten chairs in the cafe is NOT a safe place), if they don't have access to the internet to hold online assessments or meetings they are dropped. I literally spoke to an elder person (85) who asked for a carers assessment and the THREE questions she was asked was DOB, address and todays date - when she answered all three, she was told there and then she didn't meet thresholds. Never mind she can't shower, bathe, cook or clean by herself anymore. This isn't made up. It's a fact, so if you don't know this is happening in your service, you don't know what is happening at a grass roots level." (Kent resident)

"Don't agree that any re design is needed. This service is needed by all members of society for various health reasons and should not be narrowed down." (Someone who uses wellbeing services in the community)

"IMAGO have been an extremely efficient point of reference on a wide range of care issues. Whilst I appreciate the need for accountability and streamlining public services, I am of the opinion that IMAGO compliments both the NHS and Councils when it comes to dealing with the ever growing requirements in the adult social care sector. In my opinion they are good value for the public money they receive." (Email / letter received)

Example comments, in consultees own words, about proposals being somewhat short-sighted as they are important preventive services / potentially adding to the strain on other services can be found below:

"Post pandemic, austerity, cost of living crisis the level of need in Kent is great. Cutting early intervention leads to escalation of problems and it is shortsighted. KCC needs to audit the quality of service providers, this would ensure less duplication and more efficient and effective outcomes. Signposting to community groups and volunteers is not a valid replacement for trained full time staff supporting patients . For instance, Talking Therapies with the NHS is effective. Similarly, Blackthorn Trust has fully trained therapists and practitioners in pain management, diabetes and mental health. A properly constructed program of support that is reviewed and evaluated for impact is better use of funding. Since Covid patients with Long Covid are often bed-bound or housebound they are unable to access activities, they are signposted to in the community. Instead of cost cutting KCC needs to decide if it cares about public health services and making them timely and preventative. This is a win win situation as genuine properly funded professional support leads to better chances of recovery and participation back in the workforce improving the local economy. The current system is fragmented and there is unfortunately tokenism, this inadequate system is now to be further degraded which means greater public health neglect." (Someone who uses wellbeing services in the community)

"It is better to carry on the funding as a lot of retirees are trying to motivate themselves with exercises and also mentally and physically why do you have to wait for a problem to

develop mentally and physically it would put lots of pressure on the NHS and GP services increasing more workload to health problems in the long run." (Someone who uses wellbeing services in the community)

"As a person who suffers with mental health issues & is over 55, I feel there is little support as it is, so to cut these services would have a detrimental effect on vulnerable people & in the long term does not make economic sense because it will just lead to more suffering & in turn more cost because when people finally get help their situation will be worse & therefore more costly to put right." (Kent resident)

"If you cut funding for social and health groups the amount of people needing more home support, medical support, and general support and help for loneliness and health will go up greatly." (On behalf of someone who uses wellbeing services in the community)

"I feel all three proposals are very short-sighted. By removing the early interventions and the support for pilot projects to test and learn about new services to meet need, you only push the problem on and hinder people from reaching support at a time when it might make a difference more quickly. This will put more pressure on services designed to support those with more complex needs. By removing community based support from vulnerable elder people, who are less likely to seek help, you also risk not finding issues until people are really suffering." (Kent resident)

"In a climate where our new Health Secretary Wes Streeting is trying to emphasise the need for the preventative work which will stop people falling into poor mental or physical health, going off sick from work, or finishing up in hospital, our county council is planning to bring in measures that will result in more referrals to adult social care, because the services which prevent people from falling through the cracks are going to be reduced in order to stop the spending of an imprecise and relatively small amount of money to help balance the books. The removal of the Community Navigation service will impact people across Thanet and East Kent. Last year, the service supported 4,400 people in East Kent, 97% of whom have a disability or long-term health condition. It also played a pivotal role in helping more than 2,000 people apply for benefits last year, as well as supporting with blue badges, housing needs and support to maintain people's independence at home." (Email / letter received)

"The loss of Community Navigation and low-level wellbeing services will disproportionately affect primary care. Care coordinators, social prescribers, and MDT coordinators rely heavily on these services to meet patient needs. Without these resources, patients are likely to return to GP practices and acute settings, increasing demand on already stretched NHS services." (Email / letter received)

Example comments, in consultees own words, about the valued support offered by the Community Navigation service (particularly for vulnerable people) can be found below:

"I think Community Navigation is an invaluable service who support some of the most vulnerable people and without this service I fear many of these people would slip through the net. They support with things which aren't quite meeting need for social services involvement but without the support, things can snowball and escalate to a point where social services may likely be needed. I therefore feel that to close this service would be sort

sighted and could have some really detrimental affects for the vulnerable residents of Kent." (Kent resident)

"Community Navigation covers so many aspects of people's lives and supports them appropriately to find solutions. There is no other service doing this. Housing applications are an example , as there's no one else supporting with this. Also, benefits support, Hoarding, debt support, supporting with social opportunities is also something they support with. They know what is available in their local area, which is invaluable." (VCSE)

"There is not enough mental health services in the local community as it is. I really get the support form community navigation that I have needed for a long time for myself and my children. I feel like I have been listened to and can feel and see the support which is not something that has happened before even dealing with Social Services." (Someone who uses wellbeing services in the community)

"Community navigation is particularly useful to help local people access face to face advice, support and form filling. Many people do not have access to digital platforms and really need these face to face opportunities. Digital platforms are not a suitable alternative for the aging population and the cognitively impaired." (VCSE)

"Community navigation service has helped me with applying for benefits. Support through Home Choice Application and homeless application. Support with getting bills set up now I have permanent accommodation. Stopping this service would be detrimental to the health of people in the community. (Someone who uses wellbeing services in the community)

"Care navigators support those with complex needs (age 55 plus) to 'navigate' access to services – this goes beyond signposting, which traditionally we know many vulnerable people struggle to do on their own. This has been highlighted through serious case reviews and through our own experiences with safeguarding vulnerable people. This service is very much a preventative service, and its benefits far outweigh its cost in the longer term." (Email / letter received)

Example comments, in consultees own words, about impacting long term mental health and wellbeing of people, importance of socialisation and isolation / loneliness concerns can be found below:

"To remove funding for such a fantastic service to help mental health and wellbeing be funded to that all people no matter of financial status is completely disrespectful and morally wrong. People mental health and wellbeing should be respected and looked after no matter what. It should not be only if you can afford to." (Someone who uses wellbeing services in the community)

"These cuts threaten to strip away vital support mechanisms for Kent's aging population and adults with complex needs, leaving many at risk of isolation, declining health, and reduced independence." (VCSE)

"These services are invaluable for the community. The elderly and mental health suffers especially benefit from these services. They need a lot of support and encouragement. Without these services these individuals would suffer greatly and have no one to turn to." (VCSE)

“Cliftonville is one of the most deprived areas of Thanet if not in Kent. If as this consultation document says the council's main objective is to reduce isolation and loneliness and reduce demand on social care taking away these services will be most detrimental to the community.” (Someone who uses wellbeing services in the community)

“My mother benefits from this service and any change will cause her stress and upset. Also, I would worry for her mental health.” (On behalf of someone who uses wellbeing services in the community)

“Am very concerned that my 91 yr old mother, who uses the Deal Centre would become very isolated and lonely if the facilities at the Centre were stopped. After losing my Father 3 years ago the Centre has been invaluable in her mental and physical wellbeing.” (On behalf of someone who uses wellbeing services in the community)

“Services for those who are vulnerable are already stretched and challenged within the community which will allow those in need to be impacted and placed at risk from social harm and lack of support. Lives matter no matter the illness and the proposal is a death sentence for those affected but for those families who do their best to support loved ones whilst holding down jobs etc.” (Someone who uses wellbeing services in the community)

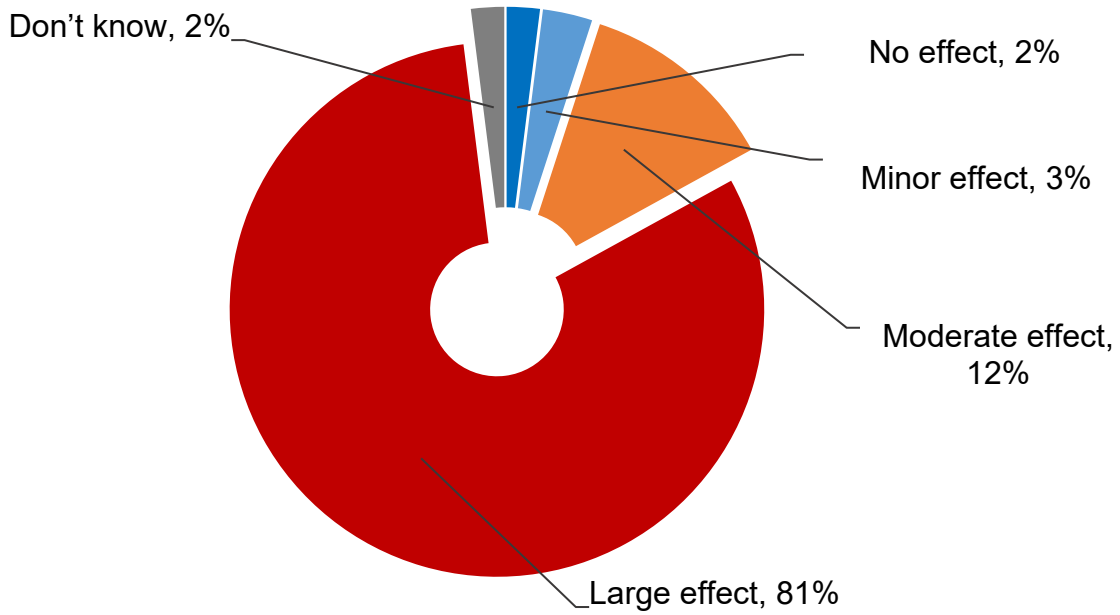
“Withdrawing support of vulnerable adults who need the facilities to be able to socialise and reduce the amount of social isolation is a mistake and not thought through. The funding for these services literally provides a lifeline and the opportunity for partners to offer relevant and quality services.” (Partner agency)

“The services targeted by these cuts support individuals with complex health needs, including those living with dementia, long-term conditions, and mental health challenges. Removing or scaling back these services will exacerbate social isolation, reduce independence, and likely lead to an increased reliance on health and social care services.” (Email / letter received)

Perceived impact of proposal

The majority of consultees believe the proposal would have a large effect on them or the person / group / community they represent (81%). 12% believe it will have a moderate effect and 3% believe it will have a minor effect. Only 2% believe it would have no effect.

Please tell us to what extent the proposal would affect you or the person, group or community that you or your organisation represents? Base: all providing a response (1,322)



SUPPORTING DATA TABLE	Number of responses	Percentage
No effect	31	2%
Minor effect	34	3%
Moderate effect	155	12%
Large effect	1,071	81%
Don't know	31	2%

The proportion who believe it will have a large effect is high amongst those engaged with the relevant consultation services – someone who uses wellbeing services in the community (86%), a partner agency (75%) and on behalf of a charity or voluntary, community and social enterprise (93%).

% large effect	Number of responses	Percentage
Responding as a Kent resident	62	43%
Responding as someone who uses wellbeing services in the community / on behalf of people	901	86%
Partner agency	18	75%
On behalf of a charity or voluntary, community and social enterprise (VCSE)	63	93%

% large effect	Number of responses	Percentage

Use Community Navigation services	543	92%
Use Community Wellbeing services	619	86%
Use Mental Health Wellbeing Service in the Community	138	80%
Residents / wellbeing people - Female	488	81%
Residents / wellbeing people – Male	254	81%
Residents / wellbeing people – aged 31-50	42	72%
Residents / wellbeing people – aged 51-60	98	82%
Residents / wellbeing people – aged 61-65	91	81%
Residents / wellbeing people – aged 66-70	112	81%
Residents / wellbeing people – aged 71-75	135	82%
Residents / wellbeing people – aged 76-80	124	81%
Residents / wellbeing people – aged 81 & over	144	84%

Perceived effect of proposed changes on people

Consultees were given the opportunity to comment on what effect, if any, they think the proposed changes are likely to have in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. The majority of consultees provided a comment to this question (89%).

A range of potential impacts were referenced but the most common reiterate earlier themes expressed – believing proposals are somewhat short-sighted as they will impact the longer term mental health and wellbeing of people (21%), proposals contributing to isolation / feeling alone (18%) and the importance of socialising / people making friends / having contact with others (17%). 13% believe proposals are somewhat short-sighted as they are important preventive services and will potentially add strain to other services.

Other impact themes reference support concerns; 15% reference proposals causing a reduction in services / fewer people receiving the support they need and 14% emphasise the importance of the support received to date / not knowing what they would do if they didn't have this support. 12% commented that people will miss out on accessing advise / housing benefit / advice on other important issues.

We would like to understand more about what impact you think this proposal would have on people. Please tell us what effect, if any, you think the proposed changes are likely to have.
Base: all consultees providing a response (1,188)

%	Number of responses	Percentage
Shortsighted: will impact mental health and wellbeing of people	251	21%
Isolation and loneliness: will leave a lot of people isolated	214	18%
Importance of socialising and making / meeting friends should not be underestimated / some people's only contact at groups, classes, hubs	206	17%
Will mean a reduction in services / fewer people receiving the support they need / unable to deliver the service	177	15%
The support we / I've / my family member has had has been a lifeline and we do not know what we would do if we didn't have these services / they would be greatly missed	164	14%
Shortsighted: will impact services further down the line, put pressure on other (already stretched) services in the future / prevention is essential	150	13%
People will miss out on accessing advice / housing benefit advice / advice on other important issues	144	12%
Impacts the most vulnerable / those most in need	115	10%
Community Navigation - crucial support for vulnerable people who could slip through the net / lifeline / vital support	91	8%
The need for support is high / the services needs more investment and funding	61	5%
Digital: older people and some of those with disabilities unable / won't use online, will not be signposted, missed	56	5%
People will be without help for filling in forms	56	5%
%	Number of responses	Percentage

Physically attending classes is important / contributes to mental, physical well-being / given me confidence / enjoy coming to this group	56	5%
Impacts on people: will affect many people	54	5%
People are suffering financially: unable to afford classes, facilities, or could be without benefits they're entitled to	48	4%
Independence: current service helps (older) people maintain their independence and to live in their own homes	45	4%
Home visits: essential / help people with knowing where to go / what and how to access support / some people are housebound	44	4%
Lower needs: could miss out those with lower needs on paper / they could quickly become higher needs needing support / low level support is really important	26	2%
Cost to society as a whole: fabric of Kent	23	2%
Signposting is important to help people who don't know where to go or what to access	23	2%
Areas of deprivation impacted / health inequalities increased	20	2%
Safe warm place, with food and drinks	20	2%
Disagree / not a good change	17	1%
Those who are unable to travel or due to lack of public transport would not be able to attend classes, groups	14	1%
Staff impacts: losing jobs, pressure to fundraise, unable to salary	9	1%
Is there evidence to support the proposals? / more information needed	8	1%
References to people becoming suicidal without support	7	1%
Raise awareness of the services	7	1%
References to not wasting money / save money elsewhere	5	0.4%
Afraid of social services / do not wish to call social services / poor service	4	0.3%
More joined up working / collaboration / communication is essential	3	0.3%
Other	15	1%

Example comments, in consultees own words, about proposals being somewhat short-sighted as they will impact the longer term mental health and wellbeing of people can be found below:

“People rely on local community activities as a large part of their well-being. Without having these essential services, health will deteriorate, people will become more isolated, and both healthcare and social care needs will increase dramatically.” (Someone who uses wellbeing services in the community)

“If the wellbeing activities for over-55s were to be discontinued it would have a considerable impact on myself and friends. Importantly, the classes are affordable to almost all, unlike commercial offerings. They are a great way to minimise loneliness, meet people, build new friendships and keep healthy.” (Someone who uses wellbeing services in the community)

“For many people in the lower level support categories activities are imperative to their mental health and wellbeing. This can often mean that reduced access to support or group activities will worsen their difficulties eg people accessing groups when they are newly bereaved or those needing specific support and advice at a time in their life when they are struggling.” (Someone who uses wellbeing services in the community)

“In my opinion, if you cut the level 1 funding, and we are not able to attend classes, we will soon progress to levels 2 and 3 and will then require much more support. By allowing people to continue to have independence, make friends and take part in social interaction, they are more likely to remain independent for longer and have more fulfilled lives. Some of the people in these classes, may have very little interaction with others outside of the class times. Learning a language or keeping fit has been scientifically proved to boost brain power and to stave off dementia and other illnesses.” (Someone who uses wellbeing services in the community)

Example comments, in consultees own words, about proposals contributing to isolation / feeling alone and the importance of socialising / having contact with others can be found below:

“The proposed redesign of the Wellbeing services will have a negative effect on those people who are independent, but live with mental health problems, or who are socially inactive, and living in isolation.” (Someone who uses wellbeing services in the community)

“I work for an organisation that delivers some of these services and have seen first-hand how large the impact would be of cutting these navigation/wellbeing services - people are often completely isolated at the point that they initially make contact with these services and preventing them from being able to do so could be in the most extreme cases, deadly.” (Kent resident)

“I will be lonely with no support without the services means I have to look after myself and I can't do that alone I need support from others, my mental health is up and down.” (Someone who uses wellbeing services in the community)

“If it wasn't for these services I would still be lying in bed-it has given me confidence to get out of the house and do the courses that they do to give me more confidence.” (Someone who uses wellbeing services in the community)

Example comments, in consultees own words, about proposals causing a reduction in services / fewer people receiving the support they need as well as the importance of the support received to date can be found below:

“People will not be able to get help, and people will fall through the net. People are not the same in their health or disability and we all need different things. Some people have a fear of meeting people and going to new places as I am as I am worried about people watching me. I currently have assurance that I know who to go to and it is the same person and for referrals to be made that will follow up. Some people do not trust anyone. My navigator knows my history and I feel that I would be dealing with someone different all of the time and we will not be able to build trust.” (Someone who uses wellbeing services in the community)

“The funded project has impacted my mother’s life tremendously, before this she was struggling to live on a daily basis impacting her physical and mental wellbeing. She now has more mobility, better mental health and quality of life. All down to this funded group. To take it away would take away her improved mobility, social interaction and mental health improvements.” (On behalf of someone who uses wellbeing services in the community)

“I have not known where to turn and have no knowledge of how to make referrals online. I am very worried about the risk of being scammed by going online. My family live far away. I have few friends locally.” (On behalf of someone who uses wellbeing services in the community)

“I would be awful as I would not know half the things without them.” (Someone who uses wellbeing services in the community)

“I was referred by social services to connect well so I have no idea where I would get support from if we are to lose these services.” (Someone who uses wellbeing services in the community)

Perceived alternative ways to receive support if proposed services were not available

Consultees were given the opportunity to comment on what alternative ways consultees / the people represented by consultees would get support if the services proposed to end where not available. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. The majority of consultees provided a comment to this question (84%).

A quarter of consultees commented that there wouldn't be any alternative ways they could get support / they wouldn't be able to get support (25%). An additional 27% of consultees commented that they were not sure / they don't know where they or other people would go. 14% of consultees highlighted concerns about the potential impacts of having no support including poorer health outcomes, mental health impacts, isolation, depression and whether there would be support available via other services.

Of the services referenced by consultees, social services (17%) and GPs (14%) are the most commonly referenced.

If the services that are proposed to end were not available, what alternative ways would you or the person you represent get support. Base: all consultees providing a response (1,118)

%	Number of responses	Percentage
Nowhere / there wouldn't be anywhere / no support	282	25%
Not sure / don't know where we / people would go	307	27%
Social services	190	17%
Comments relating to the impacts of having no support – poorer health outcomes, impact on mental health, isolation and depression concerns, pressure on other services, other services not being able to offer support, needing family / friends to provide support	162	14%
GPs	158	14%
Family / friends / peers	41	4%
KCC / council	41	4%
Charity	38	3%
Private / paid for services (but probably wouldn't be able to afford to)	30	3%
CAB	26	2%
Social prescribers	18	2%
Other support services from NHS	17	2%
Community centres / groups / clubs	16	1%
A&E / hospital	16	1%
Would look online / Google	15	1%
Disability Assist	15	1%
Age UK	14	1%
Would have to look at funding / grants / fundraising	9	1%
I would manage / have to find an alternative	7	1%

%	Number of responses	Percentage
Church	7	1%
Walking / outdoor activities	4	0.4%
DWP	4	0.4%
Educational institutions / schools	2	0.2%
Other	11	1%

Example comments, in consultees own words, concerning perceptions that there wouldn't be anywhere to access support / no support can be found below:

“I wouldn't! It took me long enough to find support as it is.” (Someone who uses wellbeing services in the community)

“I would be unable to access any other support as there is nothing else available.” (On behalf of someone who uses wellbeing services in the community)

“Our patients would get support from our social prescribers and care navigators, but they do not have all of the same training and experience so will not be able to offer the same service. There is also no guarantee that these services will continue past 31/3/2025 so it is possible that we will not have any options for patients who need this type of support from April onwards and they will have to either try and find support themselves (if they were able to do this they would usually not be in this cohort!) or fail to get support until reaching crisis point.” (Partner agency)

“They would not get support. There are no other services in the area which provide the support which Community Navigation do, and I believe that people's support needs would escalate until social services are required. Some unmet needs could also lead to poorer health outcomes, meaning primary care and hospital admission would increase, all round leading to an increased strain on services.” (Kent resident)

Example comments, in consultees own words, concerning uncertainty / not knowing where to go for support can be found below:

“I haven't got a clue - most other help requires me to travel and I can't.” (Someone who uses wellbeing services in the community)

“**I don't know, there's nothing like this near where I live.”** (Someone who uses wellbeing services in the community)

“I don't know where people would be able to get support as so many of the services that could offer support have already been hit by cuts and are not coping with the workload now let alone with more people depending on them.” (Someone who uses wellbeing services in the community)

“I am not sure there is such a service that can do the same work that IMAGO do. They not only help with the things they are meant to help with but offer support that that goes above and beyond that. Some people do not know how to navigate all the various systems and

processes that are needed to get the care they need and with this IMAGO have been priceless to us." (Someone who uses wellbeing services in the community)

"I wouldn't know where to go to find out information on social groups or have the encouragement and support to attend things in the community." (Someone who uses wellbeing services in the community)

Example comments, in consultees own words, about the perceived impacts of having no support – poorer health outcomes, impact on mental health, isolation and depression concerns, pressure on other services, other services not being able to offer support, needing family / friends to provide support can be found below:

"If I did not have my navigator there is no support I can think of. If I had to call somewhere I do not know that I would be given the right information. I have experienced ringing somewhere and being given different advice on both occasions. I would not have the trust in the first place. Each time I need support I would need to tell my story / history again and again which is very frustrating and would put me off making that initial call. Dealing with other services such as Green Doctor and Citizen's advice I find them hard to get hold and they are already have long waiting lists this action would only add to the waiting lists. This not acceptable when people are dealing with debt issues as it puts them under a lot of pressure and affects their mental health greatly." (Someone who uses wellbeing services in the community)

"Unable to access support and at a time when mental health services are stretched beyond capacity and account for a fifth of UK's disease burden while receiving less than 10 percent of NHS funding your proposed cuts to local government services will be disastrous. Rather than scaling back it is wiser to strengthen and improve existing services and ensure preventable conditions do not escalate into crisis requiring more expensive interventions." (Someone who uses wellbeing services in the community)

"I would struggle to think what support would be available to replace what they do as part of the Community Navigation service, as I cannot think of anywhere that provides such in depth support and in particular home visits. Although there are other activities as part of the Wellbeing services, I feel cutting activities would be impactful as the activities provided have such a range for people with varying needs." (VCSE)

"They wouldn't. I advocate for an 84 year old profoundly deaf lady with multiple health issues. She cannot access any services and support, and I struggle on her behalf. Basic inequalities exist for the elderly who do not know or cannot access services others can. Even in benefit related schemes, the elderly (over 65) are penalised as the Attendance Allowance (same as PIP in payment level and qualification) does not count as a qualifying benefit, so no financially supported schemes can be accessed. This has left an 84 year old unable to access the 'replace a boiler scheme' ! I find this basic discrimination disgusting and more and more services which the elderly should be able to access are being withdrawn, and or inaccessible by virtue of lack of accessible information. There is no front end entry point for assessing their needs. They cannot get to or access GP's or other front line services which offer referral or signposting support. A rethink is needed." (Identified as other)

Comments on alternative options considered or other ideas to the changes proposed

Consultees were given the opportunity to comment on the alternative options considered in the consultation document or any other ideas to the changes being proposed. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 59% of consultees provided a comment to this question.

The majority of comments made referenced consultees concerns with proposals / service removal and subsequent effects as opposed to the alternative options put forward in the consultation document. 36% of consultees answering emphasised they would like services kept as they are now / current services work well and not to underestimate their importance / impact.

Consultees reiterate earlier concerns with regards to the impact on those in need / vulnerable / elderly if funding is cut (21%) and the impact on the NHS / pressure on other services if funding is cut (16%). A common thread running through a number of themes is a need to support prevention / early intervention and consider low level needs that could escalate.

Do you have any comments on the alternative options considered in the consultation document, or any other ideas to the changes we are proposing. Base: all consultees providing a response (790)

%	Number of responses	Percentage
Leave it as it is / keep services that work well / do not undermine the work that is being done / it's vital	284	36%
Impacts on those in need / vulnerable / elderly if funding cut	165	21%
Impacts on the NHS / pressure on other services if funding cut	128	16%
Stop wasting money: spend our money better / cut top salaries / stop spending on unnecessary things like flowers	65	8%
Services have helped me with what I needed from them	62	8%
Needs more funding / not less / find more	49	6%
Is there evidence to support the proposals? / more information needed on the impacts	37	5%
Invest in preventative initiatives / prevention is key / educate	32	4%
Make sure people know what they can get / where / promote / advertise / ensure they know what's available after the cuts / how will people know where to go?	32	4%
Community Navigation needs to stay	31	4%
Online is not for everyone / some people cannot use / cannot afford / afraid to use technology	30	4%
Low level needs people will be without support	27	3%
Needs a joined up approach / collaboration / enhance community partnerships	26	3%
Charities / churches / volunteers can play a vital part / fund them / advise them on how to access funding	16	2%
Agree with (some of) the proposals / appreciate there is duplication	14	2%

%	Number of responses	Percentage
Provide more help to show people how to apply online / how to fill in forms / apply for benefits	11	1%
Support local initiatives / local access is essential	8	1%
Charge more for classes / means tested / subsidies	8	1%
Retain Wellbeing services	8	1%
Ask the people / gather user feedback	6	1%
Will put a strain on the volunteers / unpaid carers	5	1%
Ask central government for funding	5	1%
Consultation is a tick box exercise	5	1%
Leverage digital solutions	4	1%
References to the consultation document: unclear, jargon, lengthy, late	4	1%
Wellbeing classes generate an income	3	0.4%
None / no / nothing	36	5%
Other	12	2%

Example comments, in consultees own words, about services being kept as they are now / current services work well and not to underestimate their importance / impact can be found below:

“It is totally wrong to offer a service to vulnerable people with any type of condition or age, services which they then become reliant on and then take these services away & not expect that these people will not suffer physically, mentally & affect their whole wellbeing. These services should be improved & expanded to be offered more eligible people NOT TAKEN AWAY.” (Someone who uses wellbeing services in the community)

“It is a duty of care to provide community services to vulnerable people. Reducing funding is not a solution, maybe redistributing funds would be better.” (Someone who uses wellbeing services in the community)

“Alternative options not supported. People won't be able to access anything.” (Someone who uses wellbeing services in the community)

“The hub is well established and loved locally. It is irreplaceable. I believe, for vulnerable people, to have to try elsewhere may lead to them not bothering to get the support they need.” (Identified as other)

“Services important to the community especially those with poor health. If you are vulnerable, you don't know how to help yourself as you cannot understand the forms.” (On behalf of someone who uses wellbeing services in the community)

Example comments, in consultees own words, about perceived impact on those in need / vulnerable / elderly if funding is cut can be found below:

“I would be waiting a long time before I got any help. I need activities to help my mental health. If services are cut, I would become socially isolated, and my mental health would suffer.” (Someone who uses wellbeing services in the community)

“The changes are not for the wellbeing of the community. It's purely a money saving exercise, which will cause huge upset, disadvantage the older generation.” (Someone who uses wellbeing services in the community)

“Reducing services will only make the problems of isolation only worse. The most vulnerable will slip through the cracks. Mental health support locally is already shockingly absent/hard to access. The mind boggles.” (Partner agency)

“The volume of people estimated to be impacted by these proposals is huge. At the moment to get any support means a very long wait. it looks as if you have no plans to employ the people required to cover the calls.” (On behalf of someone who uses wellbeing services in the community)

“When the national need and focus is on health and wellbeing, I fail to understand how cutting these services meets that need. By doing this the community is being failed.” (Kent resident)

Example comments, in consultees own words, about perceived impact on the NHS / pressure on other services if funding is cut can be found below:

“The risk is that by cutting the provision of support to especially (though by no means exclusively) elderly clients, with the current cost of living crisis and state of mental health, many people will not manage their own lives well. They will become even more socially isolated; their physical and mental health will deteriorate further, and it will cost KCC more in the long run to support these clients given the true cost of Hospital admissions and crisis-led interventions.” (Identified as other)

“I feel that cutting or removing services would have a detrimental effect on most people, leaving them with no reasonable alternative. This could create more issues and more expense for other services and the service users.” (Kent resident)

“It feels like KCC will just take peoples information and refer them on to existing services and exclude the low level need people. If low level need people cannot access services, they will soon move into medium and high need categories. This is not good for themselves nor for KCC who will end up having to provide / arrange services that could have been avoided.” (VCSE)

“Prioritise community navigation rather than wellbeing services. Whilst they are important, and hugely beneficial, the effects of community navigation stopping will have the biggest impact- both for lack of support available and increased pressures on statutory services to provide something that isn't there. Having closed Thanet referrals, we can already see the impact it is having.” (VCSE)

“Stopping Connect Well would be very unwise. People would struggle in silence which would make their health poor later down the line.” (Someone who uses wellbeing services in the community)

“The alternative options are the very people who referred me to the community navigator. If they couldn't help me before, how will they help now?” (On behalf of someone who uses wellbeing services in the community)

“Budget cuts to these preventative services will directly affect vulnerable adults within our community. Many of our clients are already known to social services and the removal of at home support, benefits maximisation and access to activities that prevent frailty, will lead to their decline and ability to live independently. The removal of this support will lead to an increase in unmet eligible needs, which statutory services will then be obligated to meet, placing additional strain on social care and health services. Areas such as Thanet, which rank highly on the Indices of Multiple Deprivation, will experience increased re-referrals due to the reduction in community-based support. As Thanet is already facing multiple inequalities in health provision, access to services, and healthy life expectancy compared to more affluent areas in Kent these proposed funding cuts will lead to a deterioration in living conditions, well-being, and health, resulting in increased hospital admissions and reliance on social services.” (Email / letter received)

Example comments, in consultees own words, about the importance of prevention / early intervention and lower level need support can be found below:

“Waiting for medium or higher level need is ridiculous. Prevention is better than cure. Things can change very quickly and become critical, and we are trying to stop this from happening. In the long run helping people at the beginning when situations are not too bad is also cheaper than waiting for things to be worse.” (Someone who uses wellbeing services in the community)

“I understand the thought behind concentrating on the most needy but early intervention will prevent needing more expensive help later on.” (Identified as other)

“Focus on preventative care/support - but this seems to be what is being taken away. It is not just those with severe needs that should have access to support. Some people don't realise how much/what support they need until they start to access the support or when they hear from friends about how it has helped them.” (Partner agency)

“In-person interaction is a far more efficient and informative means of understanding an individual's level of need and vulnerability. Many needs are not immediately apparent and must be elicited over time - even to the client of the service themselves. To use inclusive activities such as nature walks and similar low-cost activities to provide qualitative data for organisations, in a relaxed atmosphere, whilst being of direct benefit to participants in itself, would also reduce energy consumption and other costs caused by keeping navigation services office and technology-based. Many vulnerable people find it difficult and unpleasant to access services online, including imparting sensitive data online or by phone or exposure to screens and this largely increases social isolation and anxiety rather than reducing it. Serving only mid and high level need will inevitably reduce interaction of individuals with those of different need levels; this is in effect discriminatory and reduces social mobility.” (Someone who uses wellbeing services in the community)

“Innovative delivery models using tech, peer support and volunteers would help a lot of people. These would require investment, but not as much as clinical services. Delays to or lack of support ultimately increase the need for more costly interventions.” (Someone who uses wellbeing services in the community)

Any other comments on proposals

Consultees were given the opportunity to comment on the alternative options considered in the consultation document or any other ideas to the changes being proposed. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. Just over a third of consultees provided a comment to this question (37%).

The most common points made by consultees reiterate earlier concerns expressed; the support given by services have been a lifeline / people have positive experiences of support received (23%), disagreeing with the proposal / services are vital / well used (22%) and proposals are short sighted / will impact / put pressure on other services (13%).

If you have any other comments about the proposals, please share these with us. Base: all consultees providing a response (790)

%	Number of responses	Percentage
Comments regarding service support being a lifeline / positive personal experiences of the support received / classes attended	114	23%
Disagree / makes no sense / well used and vital services	110	22%
Short sighted / short term - will impact / put pressure on other (already stretched) services	65	13%
Removal of funding for services will impact the elderly and most vulnerable / they'll fall through the cracks	51	10%
Will impact on the mental health / wellbeing / physical health of people	49	10%
This is about saving money / spend money more wisely / find other ways to save money	47	9%
People need social / human interaction	39	8%
Community Navigation needs to stay / provides essential support and guidance to people / including the most vulnerable / who would not know where to go	26	5%
There will be an increase in loneliness and isolation	24	5%
Where is the evidence? / more information, figures, alternatives needed	24	5%
Neglects those who can't manage or don't want to use technology / fear of scammers	17	3%
Needs more funding / expand services not cut	16	3%
Assessments cannot be made over the phone	16	3%
References to consultation: poorly advertised, complex, received late, difficult to read on mobile, lengthy	12	2%
%	Number of responses	Percentage
Low level need will quickly become medium / higher level need / requiring support	10	2%

Prevention / education is key	10	2%
Comments relating to the importance of Imago	8	2%
More streamlined pathways / ways of working / support is needed	7	1%
The contribution and support provided by VSCEs or volunteers should be recognised / utilised / funded	7	1%
Lives will be at risk (references to hunger, suicide)	5	1%
Those in deprived areas will suffer	5	1%
Advertise what is on offer so there is more uptake (including to ethnic minorities and 75+)	5	1%
Support carers more	4	1%
None / no / nothing	20	4%
Other	11	2%

Example comments, in consultees own words, about the support considered a lifeline / positive experiences of support received can be found below:

"I personally know various people who it has taken a couple of years after Covid to make the, to them, big step of joining a group in Hythe and are amazed at how much better they feel, mentally and physically, now they are not only taking part in an activity but are also meeting other like-minded people. By closing down these groups there is a real risk that many users will become isolated once again and develop mental and physical issues that move them into a higher level needs group." (Someone who uses wellbeing services in the community)

"Keep the services as they are-people rely on the service and get so much help from it. It is one of the best days of the week when we come here." (Someone who uses wellbeing services in the community)

"Prevention should remain as it is. Community navigators prevent us becoming high needs. They help us to remain socially active and more independent." (On behalf of someone who uses wellbeing services in the community)

"These sure vital services- they helped me to make friends and give me information that I could not have otherwise accessed as I don't have a computer or a smart phone. Due to my processing difficulties, I much prefer doing things face to face rather than online/on the phone. I could not afford to pay for the activities." (Someone who uses wellbeing services in the community)

Example comments, in consultees own words, about disagreeing with the proposal / services are vital / well used can be found below:

"These cuts are unrealistic, not thought-out and do not take into consideration the thousands of people who will end up in the social system again. These contracts were designed to reduce this impact but because KCC have not spent wisely the most vulnerable people in these areas will not suffer." (Someone who uses wellbeing services in the community)

“Don't fix it when it is not broken. We need the groups. It is horrible to be alone in a house. The groups are my lifeline while I am waiting for counselling.” (Someone who uses wellbeing services in the community)

“I do not want to use on-line alternatives, due to risk of scammers. I want face to face support with the advisers i already trust and i do not have to go through all my details again.” (On behalf of someone who uses wellbeing services in the community)

“I find it difficult to read this proposal, already the over 55 are suffering from all the government cuts. Families are not close by anymore; they can only rely on the community support. Those charities such as Involve are so important, they give hope and support which sadly is not available under the NHS anymore.” (Someone who uses wellbeing services in the community)

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 17% of consultees provided a response to this question.

20% of consultees commenting made reference to ensuring everyone is treated as individuals / equally. 18% highlighted that the proposals discriminate against the elderly. Small proportions highlighted concerns about the potential for digitally excluding people, the importance of considering any cultural / faith preferences and values and proposals impacting the most vulnerable demographic groups.

***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 (229)

%	Number of responses	Percentage
Everyone treated as an individual / equality and diversity should therefore be irrelevant / just provide a service	46	20%
The elderly are being discriminated against as they will be the most impacted	41	18%
Nothing	20	9%
Concerns about potential for digital exclusion amongst older age groups / more vulnerable	18	7%
Comments around proposals wasting money as other effects will occur / savings not worth impact	14	6%
Cultural / faith preferences and values need to be considered	13	6%
Comments about the impact on the most vulnerable demographic groups	13	6%
Those with disabilities need more consideration / equality has a way to go for anyone with a disability	12	5%
Concerns about impact on carers	11	5%
Concerns for those living in deprived areas / discrimination against low socio-economic groups	10	4%
Concerns about those struggling with their mental health	9	4%
Not just for adults aged 55 & over / should be for all adults	6	3%
Make it easier to understand / the document is unclear and confusing	6	3%
Increase awareness so everyone knows what's available	5	2%
Concerns for those with autism / neurodivergent	5	2%
Concerns about impact on women	5	2%

%	Number of responses	Percentage
Concerns for those who fall into multiple protected or marginalised groups / those with protected characteristics	4	2%
Comments not answering question	18	8%
Other	23	10%

Easy Read consultation questionnaire summary

45 consultees completed the Easy Read version of the questionnaire; 23 completed the questionnaires as someone living in Kent, 12 as someone who uses wellbeing services in the community, 8 on behalf of a charity or voluntary, community and social enterprises (VCSE), 1 on behalf of a Parish / Town / Borough / District Council and 1 identified as someone else.

Responses from these questionnaires can be found below:

Do you or the person you are responding on behalf of access any of the following services as described in the consultation? (Base – 29)

	Number of responses
Community Navigation	12
Community Wellbeing	19
Mental Health Wellbeing Service in the Community	16
Don’t know	2

For the Community Navigation Service (which is for people aged over 55) the proposal is to: Stop paying for Community Navigation services. Some of these services will be included in the redesigned Wellbeing Services in the Community for people aged over 55.

How much do you agree or disagree with the proposals? (Base - 43)

	Number of responses
Net – Agree	1
Net - Disagree	38
I really agree	1
I mostly agree	0
I do not mind	0
I mostly disagree	7
I really do not agree	31
I don’t know	4

For the Wellbeing Services in the Community (for people ages over 55) the proposal is to: Redesign Wellbeing Services in the Community. The service would still be there for people who need a higher level of support which helps them remain independent. This could be supporting people access housing, independent living support and community equipment. The services would cover Kent and be provided by Social Enterprise Kent, Imago Community and Involve Kent.

How much do you agree or disagree with the proposals? (Base - 42)

	Number of responses
Net – Agree	9
Net - Disagree	29
I really agree	4
I mostly agree	5
I do not mind	1
I mostly disagree	7
I really do not agree	22
I don't know	3

For the Mental Health Wellbeing Services in the Community (Live Well Kent) the proposal is to: Stop paying for the Innovation Fund through Porchlight and Shaw Trust. This money is used for testing new ways of helping people. We also propose a saving to Porchlight's central team, who review data and feedback. Remove Shaw Trust unallocated spend. Shaw Trust leaves an amount of money each year for contract changes. By removing this it will save money and resources.

How much do you agree or disagree with the proposals? (Base - 45)

	Number of responses
Net – Agree	4
Net - Disagree	39
I really agree	0
I mostly agree	4
I do not mind	0
I mostly disagree	9
I really do not agree	30
I don't know	2

If you would like to make any comments on any or all three proposals outlined in this survey, please tell us - 1 – Community Navigation, 2 - Wellbeing Services in the Community, 3 – Mental Health Wellbeing Services in the Community (Base – 16)

“I need this service. I would be lonely and isolated without it.”

“Removing services for over 55 will leave vulnerable people at a loss. Short term money saving leads to needing to spend more money later. Prevention is better than cure. Short term is a mistake.”

“It would be very short sighted to make cuts to these services. Mental health, loneliness is known to cause health issues.”

Please tell us how much the proposed changes would affect you - and the group or community you are part of? (Base - 42)

	Number of responses
Things would stay the same and there would not be any changes for me or my group or community	2
There would be some changes for me or my group or community	3
There would be big changes for me or my group or community	33
I don’t know	4

Please tell us more about any changes you think there would be if this proposal went ahead. (Base – 23)

“More pressure on other services making it hard for people to get support they need.”

“People wouldn't have somewhere safe to go. People would lose support and friendship.”

“Interaction and social activities assist in keeping our elderly population mentally fit. To have access to communication activity allows inhabitants to know there is advice and a listening ear available.”

If the services that are proposed to end were not available…, what other ways would you or your group or community get support? (Base – 21)

“We would rely on the council and county council and primary care trust and hospital A&E. I would try my best but cannot see a positive future. Please do not do this.”

“I would have to find another support group or community that can accommodate my needs fully without being restricted.”

“They would have to look for other funding which would be a battle as they would be competing with others.”

Do you have any other ideas to the change we are proposing? (Base – 9)

“Give more money to these services they support so many people.”

“Stop taking away support for OAPs. We have lost enough and are struggling already.”

If you have any other comments about the proposals, please share them? (Base – 8)

“Would make my life very restricted. I feel very anxious to lose my network of support. Depressing thought that these services may go.”

“These proposals seem short sighted to me and will likely result in people not receiving the level of support they need and, in some cases, deteriorating to the point that they need high level of care and support that could have been avoided or mitigated.”

Easy Read questionnaire - Demographic profile

The tables below show the demographic profile of **people supported by wellbeing services in the community / resident consultees who completed the Easy Read consultation questionnaire (36 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	13	36%
Female	22	61%
Prefer not to say / blank	1	3%

Gender same as birth	Number of responses	Percentage
Yes	32	89%
No	1	3%
Prefer not to say / blank	3	8%

Age	Number of responses	Percentage
18-20	0	0%
21-25	1	3%
26-30	2	6%
31-35	0	0%
36-40	0	0%
41-45	1	3%
46-50	2	6%
Age	Number of responses	Percentage
51-55	3	8%

56-60	3	8%
61-65	4	11%
66-70	3	8%
71-75	3	8%
76-80	1	3%
81-85	4	11%
86-90	2	6%
91-95	0	0%
Over 95	0	0%
Prefer not to say / blank	7	19%

Disability	Number of responses	Percentage
Yes	19	53%
- Physical disability	10	28%
- Sensory disability	3	8%
- A long illness	7	19%
- Mental health condition	9	25%
- Learning disability	0	0%
- Neurodivergent, such as ADHA, autism, dyslexia and dyspraxia	4	11%
- A different disability or health condition	1	3%
No	12	33%
Prefer not to say / blank	5	14%

Carer	Number of responses	Percentage
Yes	4	11%
No	30	83%
Prefer not to say / blank	2	6%

Ethnicity	Number of responses	Percentage
White English, Scottish, Welsh, Northern Irish or British	29	81%
White Scottish	1	3%
White Irish	2	6%
White Northern Irish	1	3%
Any other White background	2	6%
Any other Mixed or Multiple backgorund	1	3%

Prefer not to say / blank	0	0%

Religion	Number of responses	Percentage
- Christian	11	31%
- Buddhist	2	6%
- Hindu	0	0%
- Jewish	0	0%
- Muslim	0	0%
- Sikh	0	0%
- A different religion or belief	2	6%
No	13	36%
Prefer not to say / blank	8	22%

Sexuality	Number of responses	Percentage
Heterosexual / Straight	25	69%
Bisexual	1	3%
Gay or Lesbian	1	3%
Prefer to define my own sexuality	0	0%
Prefer not to say / blank	9	25%

Working status	Number of responses	Percentage
Working full time	2	6%
Working part time	8	22%
On a zero-hours or similar casual contract	0	0%
Freelance / self employed	0	0%
Unemployed	1	3%
Not working due to a disability or health condition	7	19%
Carer	1	3%
Homemaker	0	0%
Retired	14	39%
Other	0	0%
Prefer not to say / blank	3	8%

Next steps

TBC by KCC

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.

Q1. Are you responding as…?
Please select the option from the list below that most closely represents how you are responding to this consultation. Please select one option.

☐	**A.** A Kent resident
☐	**B.** Someone who uses wellbeing services in the community, as described in the consultation document
☐	**C.** On behalf of someone who uses Wellbeing Services in the Community, as described in the consultation document (please complete this questionnaire using their information)
☐	**D.** A partner agency (e.g. Health services/provider)
☐	**E.** A representative of a local community group or residents' association
☐	**F.** A Parish / Town / District / Borough / City / County Councillor
☐	**G.** On behalf of a charity or voluntary, community and social enterprise (VCSE)
☐	**H.** On behalf of a Parish / Town / District / Borough / City Council in an official capacity
☐	**I.** A KCC employee
☐	**J.** Other, please tell us:

Q1a. If you are responding on behalf of an organisation (partner agency, community group, council, VCSE), please give the name:
Please write in below.

Q2. Please tell us the first 5 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
- [ ] 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:

If you answered A, B, C or J for Q1, please answer Q4. Otherwise, please move to Q5.

Section 2 – The proposals

Q4. Do you or the person you are responding on behalf of access any of the following services, as described in the consultation document?
Please select all that apply.

- [ ] Community Navigation

☐	Community Wellbeing
☐	Mental Health Wellbeing Service in the Community
☐	Don't know

Q4a. If you have accessed any of the above, please can you tell us which specific services you have accessed?
Please refer to the Consultation Document which describes the services.

Q5. How much do you agree or disagree with our proposals to …?
Please select one option in each row.

Proposals	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
For the Mental Health Community and Wellbeing Service (Live Well Kent), the proposal is to stop the innovation fund, stop back-office support and remove the Shaw Trust unallocated spend						
For the Community Navigation Service (which is for people aged 55+), the proposal is to stop funding this service						
For the Wellbeing Services in the						

Proposals	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Community (for those aged 55+), the proposal is to redesign the service to focus on people needing a medium to higher level of support which promotes independence and helps people do as much as they can for themselves. And include elements of Community Navigation						

Q5a. If you would like to comment on any or all three proposals outlined in Q5, please tell us in the box below.
If your comment relates to a specific proposal, please make this clear in your answer.

Q6. Please tell us to what extent the proposal would affect you or the person, group or community that you or your organisation represents?
Please select one option.

- ☐ No effect
- ☐ Minor effect
- ☐ Moderate effect
- ☐ Large effect
- ☐ Don't know

Q6a. We would like to understand more about what impact you think this proposal would have on people. Please tell us what effect, if any, you think the proposed changes are likely to have.
Please do not include any information that would identify you or anyone else in your answer.

Q7. If the services that are proposed to end were not available, what alternative ways would you or the person you represent get support?
Please do not include any information that would identify you or anyone else in your answer.

Q8. Do you have any comments on the alternative options considered in the consultation document, or any other ideas to the changes we are proposing?

Q9. If you have any other comments about the proposals, please share these with us below:
Please do not include any information that would identify you or anyone else in your answer.

Section 3 – Equality analysis

We have completed an initial Equality Impact Assessment (EqIA) for the proposed changes to Wellbeing Services in the Community.

An EqIA is a tool to assess the impact any proposals would have on the protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) and those with carer's responsibilities.

The EqIA is available online at www.kent.gov.uk/wellbeingconsultation or in hard copy on request.

Q10. 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 any comments below.
Please do not include any personal information that could identify you within your response.

Section 4 – 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.

If you are responding on behalf of someone else, please answer using their details.

Q11. What is your sex?
A question about gender identity will follow. Please select one option.

- ☐ Female
- ☐ Male
- ☐ I prefer not to say

Q12. 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

Q13. Which of these age groups applies to you?
Please select one option.

☐	Under 16	☐	16-17	☐	18-20	☐	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

Q14. 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

Q14a. If you answered 'Yes' to Q14, 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:

Q15. 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

Q16. 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.

Q17. Are you a Carer?
Please select one option.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

Q18. 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 ethnic groups

- ☐ 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: ☐

Q19. Which of the following best describes your working status?
Please select one option.

☐	Working full time
☐	Working part time
☐	On a zero-hours or similar casual contract
☐	Temporarily laid off
☐	Freelance / self employed
☐	Unemployed
☐	Not working due to a disability or health condition
☐	Carer
☐	Homemaker
☐	Retired
☐	Student
☐	Other, 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 our proposals.

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: by midnight on Monday 27 January 2025.

This report was produced for Kent County Council