EQIA Submission Draft Working Template

Section A

1. Name of Activity (EQIA Title):

Adult Social Care Prevention Framework
Updated 01.08.25

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Innovation and Partnerships Division

Accountability and Responsibility

4. Officer completing EQIA

Daisy Robb – Senior Innovation and Partnerships Officer

5. Head of Service

Helen Gillivan

6. Director of Service

Richard Smith

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – *operational changes in the way we deliver the service to people.* Answer Yes/No

No

Service Redesign – *restructure, new operating model or changes to ways of working.* Answer Yes/No

No

Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

No

Commissioning/Procurement – *means commissioning activity which requires commercial judgement.* Answer Yes/No

No

Strategy /Policy – *includes review, refresh or creating a new document.* Answer Yes/No

Yes

Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations

Overview

The draft ambition in the Framework is: 'By 2035, adult social care in Kent will have shifted towards ways of working and finances that prioritise prevention through the promotion of wellbeing and independence, early intervention and delay of escalating care needs. This will maximise the opportunities for Kent residents to lead more fulfilled, healthy and independent lives. We will make the best use of data and research-led practices and partnership working.'

Prevention is a routine focus of KCC's adult social care. When undertaking our care and support functions in line with the Care Act, the council pays attention to key points in a person's life (for instance, hospital admission and/or discharge) and/or in the care and support process where a preventative intervention may be especially appropriate.

The Adult Social Care Prevention Framework aims to:

- align with the principles of the 'Making a Difference Every Day Strategy', 'Kent and Medway Integrated Care Strategy' and other core strategies.

- make a positive impact on our population's health and wellbeing.

- make sure that prevention in adult social care has a solid foundation informed by data and evidence and has a robust evaluation process.

- better understand a person's adult social care journey, helping to keep people within the Kent population healthy, fulfilled, and independent.

The prevention framework has been co-produced and work to date has been endorsed by the Adult Social Care Delivery Board and through the Adult Social Care and Health Directorate Management Team.

The development of the framework is guided by five approaches.

1. Principle of prevention first
2. Focused support
3. Partnership working
4. Inclusion and equity
5. Measuring and evidencing impact

Equality impact assessment

Kent County Council (KCC) is committed to having "due regard" to the three equality needs identified in section 149(1) of the Equality Act 2010. These needs are eliminating discrimination, promoting equality of opportunity, and fostering good relations between different protected groups. The Equality Impact Assessment (EqIA) has been conducted with these three equality needs in mind.

1.Eliminating discrimination: The EqIA examines whether the framework would place any protected groups at a particular disadvantage and identifies where this is likely to be the case. The prevention framework aims to have a positive impact, and the aim will be to ensure prevention services are more efficient, targeted and making best use of resources.

2.Promoting equality of opportunity: The aim of the prevention framework is to prevent needs from arising before they even start, instead of having a reactive approach. It helps make things fairer for all residents. It will make sure everyone feels included and has a voice. The framework aims to help people to live healthy, fulfilled, and independent for longer.

3.Fostering good relations: The prevention framework actively cultivates positive relationships with partners, organisations, and residents through a collaborative and inclusive approach. It emphasises shared ownership of goals, encouraging working together in identifying needs and developing solutions. Open communication and mutual respect are central to this process, fostering trust and ensuring that all

voices are heard and valued. The framework prioritises community empowerment and engagement, enabling residents to be active participants in shaping their own environments. By aligning resources and efforts towards common prevention objectives, the framework promotes a sense of shared purpose and maximises collective impact. A delivery plan will be co-developed to support the framework and there will be a separate EqIA where relevant.

Public consultation
In order to gain a better understanding of the impact that the prevention framework may have on people, a public consultation was held from 6 June to 14 July 2025 found at: https://www.kent.gov.uk/preventionframework. The responses have been analysed and carefully considered, with changes made to the Prevention Framework to reflect the feedback given. The impact assessment has also been updated to reflect specific comments made in response to the equality analysis. 23% of consultees provided a response to this question.

The EqIA has been updated to reflect the views of consultees, other stakeholders and interested parties to ensure the views have been considered and will support the Consultation Report which will be submitted to the Adult Social Care Cabinet Committee in September 2025.

Section B – Evidence

9. Do you have data related to the protected groups of the people impacted by this activity? *Answer: Yes/No*

Yes

10. Is it possible to get the data in a timely and cost-effective way? *Answer: Yes/No*

Yes

11. Is there national evidence/data that you can use? *Answer:* *Yes/No*

No

12. Have you consulted with Stakeholders?
Answer: Yes/No
Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

To inform the development of the prevention framework, extensive engagement has taken place with over 200 individuals. A series of co-designed and co-chaired workshops were held with the Voluntary, Community, and Social Enterprise (VCSE) sector. Regular updates were also provided to the VCSE Strategic Partnership Board and the VCSE Steering Group. This collaborative approach has been positively received, with growing engagement across the sessions and a diverse range of VCSE organisations participating.

The draft prevention framework has also been shared through existing partnership structures, including Health and Care Partnership Boards and the Integrated Care Partnership sub-committees. Engagement has involved representatives from district and borough councils, the Integrated Care Board (ICB), and other key stakeholders. An external stakeholder workshop with partners together to explore opportunities for collaboration in prevention was held, which was well-attended and reinforced the shared commitment.

Staff engagement has included sessions with commissioning teams and senior managers. Additionally, there was engagement at a routine meeting which was then held monthly with members of frontline adult social care teams and colleagues from the Growth, Environment and Transport (GET) directorate.

These sessions focused on topic-based discussions and identifying opportunities for small, sustainable changes in day-to-day practice to embed preventative approaches.

The voices of people in Kent are vital to this work, and there has been engagement with a number of local community groups facilitated by the Involvement and Information team's adult social care involvement officers, through dedicated face-to-face workshops and discussions. An online survey was designed to capture insights, and this was shared through various communication channels. At the Kent and Medway Mental Health Summit in April 2025, where people who draw on care and support were able to share their experiences of mental health services with statutory providers, approximately 170 attendees engaged in dedicated prevention workshops as a collective to help shape the future approach. The draft prevention framework was presented, and the consultation approach was discussed with the Adult Social Care People's Panel on 23 May 2025.

Feedback gathered through all engagement activity has been incorporated into the development of the framework using an agile approach. A thematic analysis of responses has been undertaken to identify key insights that will shape the document. Engagement sessions have also been used to test and refine language, such as the Care Act terms 'prevent, reduce, and delay', to ensure definitions are clear, meaningful, and accessible to all stakeholders.

The prevention framework will support people not already known to social care services, however, to help assess the potential impact, current adult social care data has been used. The data referred to is the Adult Social Care Protected Characteristics Data, downloaded on March 18, 2025. The Office of National Statistics 2021 Population and Census data also provided a broader understanding of Kent's demographics, in collaboration with Kent Analytics for data and modelling.

Consultation Summary:
A public consultation was held from 6 March to 14 July, which included a combination of face-to-face engagement events, online campaign and an online questionnaire.

Total reached at face-to-face events: 451
Total visits to website: 5,500
Documents downloaded: 1,470
Consultation responses: 451

We also delivered a Social Media Campaign to raise awareness of the Prevention Framework. Social Media channels used included Facebook, Instagram, Twitter, LinkedIn and Nextdoor.
Clicks across channels: 806
Total reach: 32,036
Total impressions: 40,6014

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

No

15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*

Yes (Priority Needs Assessments)

Uploading Evidence/Data/related information into the App

The demographic data used to complete this report has been provided through:

- Performance Team (KCC)
- Office of National Statistics (ONS) Census 2021
- Kent and Medway Public Health Observatory
- Kent Analytics
- Joint Strategic Needs Assessment.

Included in the dataset are those who have made contact with or who are currently engaging with adult social care services. The total number of people, as of March 2025 is 33,017. This data is being used as a representation of the total Kent population.

To support this work, a variety of data has been used to create projections of demand on long-term care and highlight key prevention priority areas. There has been collaborative working with Kent Analytics and the Kent and Medway Public Health Observatory, to adopt a robust data collection and analytic approach. By leveraging the Kent and Medway Care Record (KMCR) and the Johns Hopkins Risk Stratification Tool, valuable insights have been gained into how individuals who draw on care and support may transition between different levels of need. This has enabled better identification of key drivers of demand and exploration of projections to understand how needs may evolve over the next 10 years.

To complement this, a series of targeted 'mini' needs assessments has been conducted which were written between September 2024 and March 2025 (19 in total) and which examine the relationship between specific needs and adult social care support. These assessments combine quantitative data and qualitative examples of best practice, with input from colleagues across the Adult Social Care and Health Directorate which includes public health.

The use of Systems Dynamic Modelling is being explored to enhance the understanding of complex interactions within the care system, adding further depth to the evidence base that underpins the framework. This analytical work will directly inform the priorities and actions within the prevention framework, helping to identify priority areas where interventions could have the greatest impact in preventing, reducing and delaying demand for adult social care.

2025 Kent Joint Strategic Needs Assessment (JSNA) Summary Report
Summary: The JSNA exception report summarises key population health highlights arising from various health needs assessments and other reports and analysis completed this year. This report enables the Kent Health and Wellbeing Board and the Kent and Medway Integrated Care Partnership to be aware of the relevant issues and trends which need to be addressed and reflected in the key priorities and outcomes of the Integrated Care Strategy and district local plans.

Kent Analytics - Census 2021: UK Armed Forces Veterans
This bulletin presents 2021 Census data about residents in Kent and Kent districts who have previously served in the UK armed forces. Comparisons with Medway, the Southeast, England and Wales, are included.

Update on Gypsy Roma Traveller Health, including child immunisations and suicide prevention September 2024
Summary: This report was requested by members of the committee to provide an update on the work of the Public Health Team with the Gypsy, Roma and Traveller community in Kent, following the Health Needs Assessment completed in September 2023. This report highlights the ongoing commitment of the Public Health Team towards improving health outcomes for people from the Gypsy, Roma and Traveller community in Kent through research, community engagement, and coordinated action.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients - *Answer: Yes/No*

Yes

Residents/Communities/Citizens - *Answer: Yes/No*

Yes

Staff/Volunteers - *Answer: Yes/No*

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

The prevention framework is designed to deliver positive outcomes across Adult Social Care and Health. Aligned with our Making a Difference Every Day and Kent Adult Carer strategies, it adopts a strategic approach to ensure resources are directed where they can have the greatest impact.

A focus on prevention has the potential to positively impact all Kent residents. The Department of Health and Social Care (2018) vision, 'Prevention is Better than Cure', states that: "Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven".

With an emphasis on strength-based approaches, it will empower resilient individuals and communities to live healthy, fulfilled, and independently for longer. Furthermore, the aim is to drive improved and effective system collaboration and open communication channels between organisations, which will streamline processes, reduce duplication and result in timely and effective support for the people who draw on care and support.

There is an anticipated 'high positive impact' as the framework aims to deliver services that are responsive to the needs of the population, with consideration of people's protected characteristics to drive equitable outcomes.

How have we responded to feedback:

You Said: Individuals expressed a desire to be part of the team, with insight input, emphasising that the project is complex and all disabilities must be considered.

We Did: The prevention framework has been co-produced through extensive engagement with over 200 individuals, including co-designed and co-chaired workshops with the Voluntary, Community, and Social Enterprise (VCSE) sector. The voices of Kent residents are considered vital, and engagement has occurred with local community groups through face-to-face workshops and an online survey. Feedback has been incorporated using an agile approach, and a thematic analysis was undertaken to identify key insights. The framework prioritises community empowerment and engagement, fostering shared purpose. A co-produced delivery plan will support the framework.

You Said: A comment suggested that the document was "too wordy to understand" and that "plain English" would be better.

We Did: Engagement sessions have been used to test and refine language, such as Care Act terms, to ensure definitions are clear, meaningful, and accessible.

Consultation Responses:

We saw an overall positive consultation response to the Prevention Framework, many agreed that prevention is better than cure.

Responses	Total	Percentage %
Strongly agreed/Agreed with our Draft Ambition	313	75%
Strongly agreed/Agreed with our Principle of Prevention First Priorities	348	85%
Strongly agreed/Agreed with our Focused Support Priorities	341	83%
Strongly agreed/Agreed with our Partnership Working Priorities	329	81%
Strongly agreed/Agreed with our Inclusion and Equity Priorities	330	81%
Strongly agreed/Agreed with our Measuring and Evidencing Impact Priorities	320	79%

Negative Impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Age

The data provided by the Performance and Information Team April 2024 - March 2025 for the age groups of people who draw on care and support in Kent shows:

Age Groups (10-year banding) of people who draw on care and support in Kent:

Table 1

Age group	Total (33,017)	Percentage %
17 and under	26	0.08%
18-25	1004	3%
25-35	2945	9%
35-45	2543	7.7%
45-55	3160	9.6%
55-65	4266	12.9%

65-75	4176	12.6%
75-85	7436	22.5%
85-95	6484	19.6%
95-105	914	2.7%
Over 105	5	0.01%
Not recorded	58	0.17%

The data shows that 57.5% of the total number of people supported are over the age of 65. Therefore, any potential negative impacts resulting from changes to care and support services are likely to disproportionately affect older people in Kent.

This high percentage of older adults receiving care and support is reflective of the overall demographic trends in Kent, where a significant proportion of the population is aged 65 and over, as indicated by Kent County Council's Population and Census data 2021.

The potential negative impacts on older people can be considered through two key sections:

Engagement with the consultation process
Digital questionnaires could inadvertently exclude a significant portion of the older population who may lack access to technology, digital literacy, or confidence in online platforms. This digital divide could lead to an underrepresentation of their views and experiences. The ability of older individuals to physically attend engagement sessions may be limited by factors such as mobility issues, health conditions, transportation availability, or caring responsibilities.

Impact on the prevention approach
Many older adults find it challenging to navigate their way through digital or complex information when accessing health, social, financial and housing support. This can result in heightened feelings of isolation, missed medical appointments, or a lack of awareness about their rights.

According to the Kent and Medway Care Record, more than one in six (18%) of people aged 65 years and over living in Kent are classed as moderately or severely frail. The main contributing conditions are high blood pressure, arthritis, urinary conditions, respiratory and heart disease and visual impairment.

Veterans
The 2021 Census identified that there were 52,545 UK armed forces veterans living in Kent in 2021.

- 57.9% were aged 65 and over.

It is important to highlight veterans as a distinct cohort within the prevention framework as we know that:

- 37.2% of Kent’s veterans were not in good health, above the national (35.6%) average
- 32.6% of veterans were disabled under the Equality Act.

Consultation responses related to age:
Within the consultation the majority of responses were received were from people aged 56+ (72% responses) which is broadly consistent with the data set out above and our pre-consultation assessment that older people are more likely to engage with an Adult Social Care consultation as they are more likely to utilise the service. There were concerns over potential barriers to getting the right support, particularly digital skills and online access for older people.

Under 18	0	**61-65**	31
18-20	1	**66-70**	39
21-25	1	**71-75**	51
26-30	1	**76-80**	39
31-35	4	**81-85**	34
36-40	5	**86-90**	11
41-45	4	**91-95**	1
46-50	7	**Over 95**	1
51-55	18		
56-60	29	**Prefer not to say / Left blank**	48

The consultation questionnaire asked - Which of these age groups applies to you?

c) Mitigating Actions for Age

Mitigations for the development of the prevention framework

The prevention framework recognises that the number of older people aged 65 and over in Kent is expected to rise by 28% in the next decade, with those over 85 increasing by 53% by 2035. This will result in a dramatic surge in care needs, particularly in coastal areas with higher older populations. If we do nothing to alter the trajectory of need for care and assume costs remain at 2024 levels, then by 2035 the costs associated with meeting the needs of the over 65s alone will rise by at least 48%. With an estimated 10,000 of the Kent adult social care workforce to be at retirement age in the next 10 years, staff wellbeing and recruitment is vital. Therefore, high level priorities include using data and insights to co-design support that helps older people to stay healthy, well-connected and independent and able to continue living in their own home for as long as they can.

It's crucial to acknowledge potential challenges and develop proactive mitigation strategies not only for the development but also for the successful implementation of this 10-year prevention framework. These mitigations will ensure the framework is robust, adaptable, and ultimately effective in addressing the escalating needs of Kent's aging population.

Mitigations for engagement with the consultation

The consultation was promoted in various ways – posters in libraries and gateways, social media and through engagement and communication channels and networks.

As well as distribution of the standard version of the prevention framework and consultation documents there was also easy read, downloadable and printed versions available to ensure the information was accessible to all. Inclusive language and imagery were used within both the framework and supporting materials and regular reviews were conducted to ensure the framework was accessible to different age groups.

The Digital Kent service is available to support people to improve their digital literacy and access more online resources. People can be referred to Digital Kent which has many resources available, such as community-based workshops and digital hubs. The service can provide volunteer digital champions to support individuals and enable them to improve their digital and online skills. The Technology Enhanced Lives service also offers digital skills support within the residents home.

When an in-person event took place, measures were taken to ensure physical locations were accessible, including ramps, elevators, and clear signage.

Communication, co-production and awareness activity was carried out with community organisations, staff and contact centres to signpost and support people to access the consultation and prevention framework.

When conducting consultation-related engagement for the framework, as people aged 65 and over have been identified as a large portion of the Kent population who draw on care and support, the aim is to meet people in their local community. By working alongside the VCSE who attended our workshops, opportunities were provided to connect with people locally as part of consultation events. This was achieved by holding engagement sessions within their pre-existing community groups.

To ensure that Kent residents, in particular older people, could engage with the consultation, we held 18 face-to-face engagement sessions across Kent as well as three online virtual events. The feedback from this engagement was considered alongside other feedback from this consultation. This ensured that people's needs and preferences were considered and accommodated where they could be.

The three online workshops were held during weekday evenings, to account for the working age population, families and carers.

The prevention framework, consultation questionnaire and all other relating consultation documents was created in line with accessibility guidelines. Versions were created both online and offline, in easy-read format, with alt-text for images and there was a British Sign Language (BSL) version of the consultation webpage text. Language translations will also be supplied upon request. Contact numbers were provided on all materials so that people could call and request hard copies.

Veteran support organisations were communicated with through dedicated in-person engagement sessions at the Veterans Association in Birchington and the Royal British Legion Village (RBLI) Aylesford. Links for the consultation were also sent directly for wider distribution via the Kent Secretary for RBLI which incorporated all 62 branches within Kent.

Via the Involvement and Information Team, social care involvement officers also promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), which enabled us to actively listen to and respond to community needs identified through those sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens were able to encourage Kent residents to engage with the consultation.

Conclusion

Comments received through the consultation expressed concern over the use of digital, technology and Artificial Intelligence (AI) that may exclude older people. We have made changes to the document to reflect this feedback and emphasised the non-digital ways of accessing support.

Aligning with the outcomes of the Wellbeing Consultation, a prevention campaign will help older people (in a digital and non-digital way) find out about what support is available to them.

The council also ensures the fostering of good relations through the Your Voice network which considers the voices of individuals helping to improve and shape services. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

d) Responsible Officer for Mitigating Actions – Age

Helen Gillivan

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Disability

The data provided by the Performance and Information Team April 2024-March 2025 for the breakdown of health conditions for people who draw on care and support in Kent:

Table 2

Condition	Total (33,017)	Percentage
Learning Disability	1229	3.7%
Mental Health Condition	2698	8.2%
Mental Health Condition, Learning Disability	416	1.3%
Mental Health Condition, Neurological Condition	244	0.7%
Mental Health Condition, Neurological Condition, Learning Disability	23	0.07%
Mental Health Condition, Other Condition	200	0.6%
Mental Health Condition, Other Condition, Learning Disability	94	0.3%
Mental Health Condition, Other Condition, Neurological Condition	49	0.2%
Mental Health Condition, Other Condition, Neurological Condition, Learning Disability	14	0.04%
Neurological Condition	727	2.2%
Neurological Condition, Learning Disability	64	0.2%
Other Condition	364	1.1%
Other Condition, Learning Disability	399	1.2%
Other Condition, Neurological Condition	98	0.3%
Other Condition, Neurological Condition, Learning Disability	36	0.1%
Physical Condition	5625	17%
Physical Condition, Learning Disability	551	16.7%
Physical Condition, Mental Health Condition	3971	12%

Physical Condition, Mental Health Condition, Learning Disability	227	0.7%
Physical Condition, Mental Health Condition, Neurological Condition	777	2.4%
Physical Condition, Mental Health Condition, Neurological Condition, Learning Disability	37	0.1%
Physical Condition, Mental Health Condition, Other Condition	1063	3.2%
Physical Condition, Mental Health Condition, Other Condition, Learning Disability	102	0.3%
Physical Condition, Mental Health Condition, Other Condition, Neurological Condition	307	0.9%
Physical Condition, Mental Health Condition, Other Condition, Neurological Condition, Learning Disability	22	0.07%
Physical Condition, Neurological Condition	1775	5.4%
Physical Condition, Neurological Condition, Learning Disability	69	0.2%
Physical Condition, Other Condition	1613	4.9%
Physical Condition, Other Condition, Learning Disability	424	1.3%
Physical Condition, Other Condition, Neurological Condition	588	1.8%
Physical Condition, Other Condition, Neurological Condition, Learning Disability	40	0.01%
Not Recorded	9171	27.8%

The above data indicates that physical conditions (51.1% overall, including single and combined conditions) are the most common reason for drawing on care and support. This suggests that physical disabilities are a major driver of social care need and support within this specific population.

The social care data also highlights a significant proportion of individuals with mental health conditions (11.3% overall) requiring care and support.

Comparison to Kent Office of National Statistics (ONS) Census 2021

Physical conditions: The 51.1% of people who draw on care and support with physical conditions (including those with other conditions) is much higher than any figure we can directly derive from the general Kent population regarding physical limitations. The Census tells us 17.9% of all Kent residents have some limitation, which includes both physical and mental health.

Mental health conditions: The 11.3% of people who drawn on care and support with mental health conditions (again, including those with other conditions) is also higher than what we might expect in the general population. While the Census doesn't give a direct prevalence of mental health conditions

causing limitation, the Office of National Statistics (ONS) Census report states 17.9% of the total population have mental health conditions.

While we cannot directly compare the percentages due to different data collection methods and focus, the data clearly indicates a much higher prevalence of both physical and mental health conditions among individuals drawing on adult social care in Kent compared to the general Kent population reporting any form of disability in the 2021 Census. This underscores that these conditions are major drivers of the need for care and support services.

Dementia and long-term conditions
Kent has approximately 25,000 people with dementia with an anticipated 15,000 with a diagnosis. Compared to the national picture, Kent and Medway has a higher number of people with dementia but a low diagnosis rate.

According to the Joint Strategic Needs Assessment cohort model, we expect a 17.9% increase in people with dementia between 2022 and 2027. People with neurological conditions, including dementia, have the highest level of measured social care need.

The Office of National Statistics (ONS) Census data for Kent provides the overall prevalence of "disability" (defined as a long-term physical or mental health condition that limits daily activities) in the population.

Impact on prevention approach
If the framework is developed without considering the specific health and social needs of individuals with disabilities, it may fail to address preventable conditions and risk factors that disproportionately affect this population. This could lead to widening health disparities.

Impact on engagement and consultation
If consultation and engagement processes were not inclusive and accessible, people with disabilities would be excluded. This would have resulted in a framework that didn't reflect their lived experiences and priorities.

Various barriers can hinder the participation of people with disabilities in consultation, including inaccessible formats: information not available in accessible formats (e.g. Easy Read, sign language interpretation (BSL), accessible digital formats), physical inaccessibility: meeting venues or consultation locations that are not physically accessible. Engagement processes might not reach individuals with a wide range of disabilities, leading to a framework that primarily reflects the perspectives of more visible or vocal groups.

Consultation responses related to disability:

Through the consultation we reached:

Yes	110
No	153
Prefer not to say	62

Responses to disclose what that disability/health condition falls under:

Physical	75
Sensory (hearing, sight, or both)	31

Longstanding illness or health condition	40
Mental health condition	26
Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia	9
Learning disability	5
A different disability or health condition	6
Prefer not to say	62

Mitigating Actions for Disability

Mitigations for the development of the prevention framework

The framework acknowledges that:

- Young adults with additional needs or disabilities often face unique challenges. Young people require focused support to ensure a smooth progression into independent living. With support from partner organisations and communities, adult social care can empower young adults and their families with the skills and resources to thrive, reducing future reliance on intensive services and encouraging long-term independence.
- People with long term conditions, particularly cardiovascular disease, dementia, frailty and stroke, are more likely to need to draw on care. People going without the things that are essential for a good life (like enough money, good housing, education, healthcare) are more likely to develop long term conditions, and at an earlier age. Without action, the numbers of people with dementia in Kent is expected to increase to 39,000 by 2035, yet action to address risk factors such as hearing loss, social isolation and depression could mitigate the rise.
- People with poor mental health may have an increased need to draw on care and support; Kent social care saw an increase of 60% in relation to mental health in the five years up to 2023. Kent's future mental health trends are concerning – likelihood (prevalence) of depression is already higher than the national average and is increasing. Kent is also seeing increasing rates of serious mental illness and since 2012, the county's suicides rates have increased above the England average, with men shown to be at greater risk. We have found that the level of care and support required is consistently higher for all ages amongst those living alone.

Therefore, high level priorities within the prevention framework include action to:

- We will create the conditions for young adults with additional needs to be empowered and equipped to make their own decisions, setting a strong foundation for them to achieve their life goals. We will also focus on offering holistic support for their family and carers. This will mean more effective wrap-around support between children's and adults' social care, education, health, housing, transport providers and employers.
- We will work with partners to identify and reach people at risk of, or living with long term conditions, such as stroke, dementia and frailty, working together in a multi-agency approach in an effort to maximise people's independence and wellbeing.
- We will invest in community action that improves mental health and wellbeing especially in communities most at risk. We recognise the need for supported living and employment support alongside support groups, social activities and peer support networks that help to address the unique challenges faced by different communities.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to progress the high-level priorities.

Mitigations for the consultation engagement

The consultation was promoted in various ways – posters in libraries and gateways, social media and through networks. There were 15 in-person engagement opportunities across the county within various Voluntary, Community and Social Enterprise (VCSE) partner organisation community sessions and

three online engagement sessions. These were held to suit all accessibility needs and venues had an accessibility risk assessment prior to booking.

The prevention framework, consultation questionnaire and all other relating consultation documents were created in line with accessibility guidelines. Versions were created both online and offline, in easy-read, with alt-text for images and a British Sign Language translation of the consultation webpage content. Language translations were also supplied on request.

When conducting consultation engagement for the framework, we met in the spaces that suited the lives and needs of people with disabilities. This included working with organisations that support people with disabilities. We had in-person engagement sessions with Hi Kent - a charity supporting the D/deaf community and people living with hearing loss on Thursday 12 June and Disability Assist on Wednesday 25 June, and we sent email communications of details of the open in-person sessions and a link to the questionnaire to Kent Association for the Blind, East Kent Mencap, SNAAP, L'Arche Kent, the Kent Health Visitors and Social Prescribing Link Worker Folkestone, Hythe and Rural Primary Care Network. We also held three online virtual engagement sessions.

We communicated with the Veteran support organisations by holding in-person engagement sessions at the Veterans Association in Birchington and Royal British Legion Village (RBLI) Aylesford and sent links for the consultation to the following groups that were identified: the Kent Secretary for RBLI which incorporates all 62 branches within Kent.

Through the Involvement and Information Team, social care involvement officers promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), which enabled us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion

Comments received through the consultation expressed concern over not including the role of families and parents in the lives of young adults with additional needs, and the importance of support setting a good foundation for their life. We have made changes to the document to reflect this feedback.

The council also ensures the fostering of good relations through the Your Voice network which considers the voices of individuals helping to improve and shape services. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.

c) Responsible Officer for Mitigating Actions – Disability

Helen Gillivan

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Sex

The data provided by the Performance and Information Team April 2024 – March 2025 for the sex of people who draw on care and support in Kent shows:

Sex of people who draw on care and support in Kent:

Table 3

Sex	Total (33,017)	Percentage %
Female	18,936	57.4%
Male	13,962	42.3%
Indeterminate	21	0.06%
Unknown	98	0.3%

Just over half the total population of Kent is female 51.3% and 48.7% are male (2023 Mid-Year Population Estimates, Kent Analytics). Services should be equitable and available to support males and females.

Potential negative impact on engaging with the consultation
Consultation processes might inadvertently attract or be more accessible to one sex over the other due to various factors (e.g. meeting times, locations, topics perceived as more relevant to one sex). This can lead to an underrepresentation of perspectives and experiences from the less engaged sex.

The impact on prevention approach
When developing the prevention approach, the following points need to be considered.

Potential negative impacts for females (57.4%):

- Complex care needs due to higher rates of certain chronic conditions: women tend to live longer and may experience a greater burden of multi-morbidity, requiring more complex and coordinated care.
- Specific health concerns: certain health issues, such as osteoporosis, arthritis, and specific types of dementia, may be more prevalent or present differently in women. Services might not be adequately tailored to manage these effectively.
- Unpaid carer responsibilities: women are still disproportionately likely to be unpaid carers before needing services themselves. This prior caring role might impact their health and well-being and influence their needs when they come to access services for themselves. Services might not adequately consider this history.
- Experiences of gender-based violence or discrimination: older women may have experienced gender-based violence or discrimination throughout their lives, which could impact their trust in services or create specific support needs that are not routinely addressed.
- Financial disparities: older women are more likely to experience financial insecurity due to factors like the gender pay gap and career breaks for caring responsibilities. This could impact their ability to access or afford certain aspects of care and support.
- Social isolation: widowhood rates are higher among older women, potentially leading to increased social isolation and loneliness. Services might not be sufficiently focused on social connection and reducing isolation for this demographic.

Potential negative impacts for males (who make up 42.3% of people who draw on care and support):

- Under-identification of needs: some older men may be less likely to seek help or express emotional or personal care needs. This could lead to an under-identification of their requirements and potentially unmet needs.

- Different presentation of health conditions: some conditions, like depression or certain mental health issues, might present differently in men and could be overlooked.
- Addressing social isolation differently: men might experience and cope with social isolation differently than women
- Specific health risks: men have higher rates of certain health conditions, such as cardiovascular disease and some cancers.

Consultation responses related to sex:

Through the consultation we reached:

Female	198
Male	81
Prefer not to say / unknown	46

c) Mitigating Actions for Sex

Mitigations for the development of the prevention framework

The prevention framework recognises that we must have further consideration of people and groups that may experience higher risk of poorer health outcomes that live in Kent and includes the following high-level priorities which considers how females and males will be supported:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement

The consultation was promoted in various ways - posters in libraries and gateways, online social media and through various networks.

We considered that in previous consultations, we received a greater response rate from females, so we looked to target male specific groups such as ‘Men’s Sheds’ and ‘Men Talk’, as part of our engagement to increase the rate of responses from males.

Via the Involvement and Information Team, social care involvement officers promoted and engaged communities with the consultation. The team proactively manages our external engagement channels

within Adult Social Care and Health (ASCH), which enabled us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:

There were limited/no responses directly referencing sex as part of the consultation responses.

d) Responsible Officer for Mitigating Actions – Sex

Helen Gillivan

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Gender identity/transgender

The Office of National Statistics (ONS) Census data for Kent data 2021, provides a broad overview of gender identity within the general population who completed the Census (1,276,566 individuals).

The data indicates that:

Table 4

Identified their gender as the same as their sex registered at birth.	1,205,085	**94.4%**
Identified their gender as different from their sex registered at birth.	2380	**0.2%**

It's crucial to note that this Office of National Statistics data is for the general population of Kent and does not specifically reflect the gender identity of individuals accessing adult social care services.

The 2019 Healthwatch report offers a different perspective, estimating a larger number (around 17,600 people) belonging to the Trans and Non-Binary community within Kent and Medway. This discrepancy could be due to several factors, including:

- Different methodologies: the Census provides a specific count based on self-identification in a structured survey, while the Healthwatch figure might be an estimate based on different data sources or community engagement.
- Geographical scope: the Census data is specifically for Kent, whereas the Healthwatch figure includes Medway.
- Time difference: the Healthwatch data is from 2019, and the community size may have changed since then.
- Inclusivity of "Non-Binary": the Census data specifically captures those whose gender is different from their sex registered at birth (primarily transgender individuals), while the Healthwatch figure includes "non-binary" individuals, whose gender identity is neither exclusively male nor female.

While the Office of National Statistics (ONS) Census data provides a clear demographic snapshot of gender identity in the general Kent population, there is a significant lack of specific data on the gender

identity of individuals who draw on adult social care services. This absence of data makes it difficult to understand the representation of transgender and non-binary individuals that access adult social care support and to assess whether their needs are being met equitably.

Developing the prevention approach
The Healthwatch report suggests a notable Trans and Non-Binary population in the region who have reported a lack of local support, highlighting a potential area of unmet need that could also extend to accessing adult social care support. This needs to be considered when developing the prevention framework.

Potential negative impacts on engagement with the consultation
Individuals who identify outside the binary (male/female) may feel excluded or invisible if consultation materials and discussions are solely framed around these two sexes. This can prevent their unique needs and experiences from being considered.

Individuals of certain sexes might have been hesitant to participate in consultation if they fear experiencing sexism, harassment, or discrimination based on their sex or gender identity within the consultation environment.

Consultation settings might not feel like safe or inclusive spaces for individuals who have experienced gender-based discrimination, hindering their willingness to share their experiences and perspectives.

c) Mitigating actions for Gender identity/transgender

Mitigations for the development of the prevention framework
The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent and includes the following high-level priorities relating to gender identity/transgender:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement

The consultation was promoted in libraries, gateways, online through social media and through networks. There was promotion to LGBQIA+ groups and networks to encourage people to engage with the consultation to gain their views and feedback, ensuring that this could be incorporated into the prevention framework. The following groups were identified and contacted as part of a targeted approach: Be You Project (Porchlight), Mind Out LGBTQ, Medway Gender Sexual Diversity Centre and Speak Up CIC LGBT+ Support Group.

Via the Involvement and Information Team, social care involvement officers also promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), which enabled us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:

There were limited/no responses directly referencing gender identify/transgender as part of the consultation responses.

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

Helen Gillivan

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Race

The data provided by the Performance and Information Team April 2024 – March 2025 for the breakdown of ethnicity for people who draw on care and support in Kent shows:

Table 5

Ethnicity	Total (33,017)	Percentage %
Asian/Asian British	532	1.6%
Black, Black British, Black Welsh, Caribbean or African	423	1.3%
Mixed/Multiple Ethnic Groups	316	1.0%
White	28434	86.1%
Other Ethnic Groups	177	0.5%
Not Recorded	851	2.6%
Not Stated	2284	6.9%

There is a large number (3135) 9.5% either not stated or not recorded. This can leave certain groups isolated or hidden from services and lack representation.

The data provided by the Performance Team for the breakdown of ethnicity for people who draw on care and support in Kent can be compared to the Office of National Statistics data for Kent from the 2021 Census to assess if it is reflective of the Kent population.

The Office of National Statistics data for Kent from the 2021 Census broad ethnic groups:

Table 6

Ethnicity	Total (1,576,069)	Percentage %
Asian/Asian British	69,346	4.4%
Black, Black British, Black Welsh, Caribbean or African	40,978	2.6%
Mixed/Multiple Ethnic Groups	36,250	2.4%
White	1,408,806	89.4%
Other Ethnic Groups	18,913	1.2%

Asian/Asian British: this group appears to be significantly under-represented in accessing care and support (1.6%) compared to their proportion in the Kent population (4.4%).

Black, Black British, Black Welsh, Caribbean or African: this group also appears to be under-represented in accessing care and support (1.3%) compared to their proportion in the Kent population (2.6%).

Mixed/Multiple ethnic groups: this group is also under-represented in accessing care and support (1.0%) compared to their proportion in the Kent population (2.4%).

White: the proportion of White individuals drawing on care and support (86.1%) is very similar to the proportion of White individuals in the overall Kent population according to the 2021 Census (89.4%).

Other Ethnic Groups: this group is also under-represented in accessing care and support (0.5%) compared to their proportion in the Kent population (1.2%).

Based on this comparison, the ethnicity breakdown of people drawing on care and support in Kent does not fully reflect the ethnic diversity of the overall Kent population as recorded in the 2021 Census. Individuals from Asian/Asian British, Black, Mixed/Multiple, and Other ethnic groups appear to be under-represented in accessing these services compared to their population share.

We also need to consider potential language barriers. Below is the breakdown for those who speak English as a first language from the data provided by the Performance and Information Team March 2024 – April 2025:

Table 7

Fluency in English	Total (33,017)	Percentage %
Cannot speak English/Cannot speak English well	485	1.5%
Fluent	12389	37.5%
Sign language or other forms of communication	225	0.7%
Does not wish to reply	1519	4.6%
Not recorded/unknown	18399	55.7%

Although the number for non/poor English speakers is low, the total Not Recorded/Unknown is over half at 55.7%. Therefore, there could be a much higher number who may need support reading English.

Kent has a higher percentage of Gypsy and Traveller populations than the England average and sizeable Roma communities. The Office of National Statistics (ONS) Census data for Kent 2021

recorded that 5,405 people in Kent (0.3%) identified themselves as being from Gypsy and Irish Traveller ethnic groups.

Developing the prevention approach
A review of health needs assessment as reported at the 'Kent Health Reform and Public Health Cabinet Committee (17/09/24)' identified that Gypsy, Roma and Traveller communities are more likely to experience "significantly poorer health outcomes than the general population including high rates of childhood illness, non-communicable diseases, poor mental health, and unhealthy lifestyle behaviours such as smoking and obesity."

Research and data shows that black women are more likely to experience a common mental illness such as anxiety disorder or depression. Black men are more likely to experience psychosis. Black people are four times more likely to be detained under the Mental Health Act. Some of the reasons why rates of mental illness people from global majority backgrounds are higher:

- Inequalities in wealth and living standards,
- Bias, discrimination and racism,
- Stigma about mental health.

People from global majority ethnic groups experience inequalities in health outcomes as well as inequalities in access to and experience of health services compared to white groups.

Therefore, this needs to be considered in developing the prevention framework and delivery plan.

Potential negative impacts on engagement for consultation
Some communities may have a history of negative interactions with statutory services, including health services and local authorities. This can lead to a lack of trust in the consultation process and a reluctance to engage, fearing that their input will not be genuinely valued or acted upon.

Gypsy, Roma and Traveller communities may face higher rates of digital exclusion or have limited access to traditional channels of information used for public consultations. This can result in a lack of awareness about the consultation and how to participate.

Due to the significant health inequalities already identified and the potential for negative stereotypes, individuals from Gypsy, Roma and Traveller communities might be hesitant to engage with a consultation focused on health and lifestyle, fearing further stigmatisation or discrimination.

Some people may not engage with the consultation due to language barriers.

Consultation Responses:

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

Black or Black British Caribbean	0	0%
Black or Black British African	0	0%
Any other African background	2	1%
Roma	1	0.3%
Any other ethnic group	2	1%
Prefer not to say / blank	46	14%

c) Mitigating Actions for Race

Mitigations for the development of the prevention framework:
The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent and includes the following high-level priorities which considers how people from global majority ethnic groups will be supported:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement:
The consultation was promoted in libraries, gateways, online through social media and through networks

The prevention framework consultation documents were interpreted in British Sign Language with easy read versions available and language translations were produced upon request.

There was joint working with the KCC Gypsy and Traveller Service to arrange sending communications and the link to the engagement sessions and questionnaire to try and encourage engagement with the Gypsy, Roma and Traveller community so that their voices are heard, and feedback could be used in the development of the prevention framework. The organisation Roma Drom UK Cliftonville Culture Centre, Thanet was identified, and they received the same email communications and link to the questionnaire.

Efforts ensured communication and engagement relating to the consultation reached groups that were identified such as the Folkestone Nepalese Community, Ngage Community Group (Gravesend), Tunbridge Wells Hong Kong BNO CIC, Polish Community in Kent (PAK), University of Kent Indian

Society, Medway African and Caribbean Association, Karibu Community Action Kent, University of Kent Pakistani Society and Slovak Czech Community by sending communications of the engagement sessions and the link to the questionnaire. We also had an in-person engagement session at the Guru Nanak Darbar Gurdwara (Sikh Temple), in Gravesend.

Via the Involvement and Information Team, social care involvement officers also promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:
Consultation feedback included questions around how Kent County Council will account for intersectional disadvantages (e.g., Black people who are also disabled) and whether the framework will include targeted measures for marginalised communities. The EqIA aims to eliminate discrimination and promote equality of opportunity, ensuring prevention services are efficient and targeted. The framework recognises the need for "further consideration of people and groups that may experience greater health inequalities and poorer health outcomes". It commits to taking active steps to reach those with unmet needs and to continue developing strong partnerships with underrepresented communities so that lived experiences can shape local decisions. The framework also specifically addresses race, stating a commitment to maximise data use to tackle inequalities more effectively.

d) Responsible Officer for Mitigating Actions – Race

Helen Gillivan

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Religion and belief

The data provided by the Performance Team April 2024 -March 2025 for the breakdown of religious group for people who draw on care and support in Kent shows:

Table 8

Religious Group	Total (33,017)	Percentage%
Atheist	5	0.01%
Buddhist	56	0.2%
Christian	9144	27.7%
Church of England	120	0.4%
Hindu	65	0.2%
Islam/Muslim	125	0.4%
Jewish	34	0.1%
Methodist	2	0.01%
Rastafarian	2	0.01%
Roman Catholic	19	0.1%
Sikh	140	0.4%
No Religion	8616	26.1%

Unknown/Not Recorded/Not stated	13697	41.5%
Other Religion	991	3%
Declined to Disclose	1	0.01%

Almost half (41.5%) of people who draw on care support have not stated their religious group.

This could mean that there are hidden or isolated religious/cultural groups that are not accessing services and may be underrepresented.

The four largest religious groups are: Christian, Church of England, Islam/Muslim and Sikh.

The religious breakdown from the 2021 Office of National Statistics (ONS) Census data for Kent:

Table 9

Religious Group	**Total (1,576,069)**	**Percentage %**
Christian (inc Church of England, Roman Catholic & other Christian Denominations)	1,576,069	53.9%
No religion	576,341	36.6%
Muslim	25,217	1.6%
Hindu	9,456	0.6%
Buddhist	6,304	0.4%
Sikh	11,032	0.7%
Jewish	1,576	0.1%
Other religion	4,728	0.3%
Not stated	91,412	5.8%

Based on the data from individuals who did state their religion, the religious breakdown of people drawing on care and support in Kent does not appear to be fully reflective of the religious breakdown of the overall Kent population.

Specifically, Christian, Muslim, Hindu, and Buddhist individuals appear to be under-represented in accessing care and support services compared to their proportion in the general population (among those who stated their religion). Individuals with no religion appear slightly over-represented, and the proportion of Sikh and Jewish individuals is broadly similar.

Developing the prevention approach
The data shows that there is a diverse population of religion and belief and therefore the prevention framework and cultural and beliefs may prevent people from accessing prevention services, increasing health inequalities and poorer health outcomes.

Potential negative impacts on engagement with the consultation
Some communities may have a history of negative interactions with statutory services, including health services and local authorities. This can lead to a lack of trust in the consultation process and a reluctance to engage, fearing that their input will not be genuinely valued or acted upon.

There could be religious/cultural barriers to engaging with the consultation, for example where and how the consultation is promoted.

The high number of "Unknown/Not Recorded" and "Not stated" (41.5%) responses highlight a significant gap in the data. Due to the large gap in this data and the unknown impact and through the consultation process to understand this impact and how these communities may engage.

Consultation responses:

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

c) Mitigating Actions for Religion and belief

Mitigations for the development of the prevention framework:

The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent and includes the following high-level priorities which considers how religion and belief will be supported:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement:

The consultation was promoted in libraries, gateways, online through social media and through networks. Through the consultation, efforts were made to understand where there were data gaps by proactively engaging with religious and belief groups. This meant reaching out to communities such as the Guru Nanak Darbar Gurdwara (Sikh Temple) were we held an in-person engagement session, Kent Liberal Jewish Community, Christian churches including the Church of England, the Catholic Church, Evangelical and other denominational and non-denominational communities across Kent, Kent Islamic Society, The Kent Muslim Welfare Association, Mosque Association of Kent and Sikh University of Kent.

Via the Involvement and Information Team, social care involvement officers were promoting and engaging communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:
Consultation responses included comments noting the consideration of spiritual needs during assessments and the importance of online groups for faith communities. The framework recognises the diverse population of religion and belief in Kent and aims to address potential health inequalities where cultural beliefs might prevent access to services. Efforts will be made throughout the framework to engage proactively with various religious and belief groups, including specific Gurdwara, Jewish, Christian, and Islamic communities, to bridge data gaps.

d) Responsible Officer for Mitigating Actions - Religion and belief

Helen Gillivan

25. Negative Impacts and Mitigating actions for Sexual Orientation

a) Are there negative impacts for sexual orientation. *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Sexual Orientation

The data provided by the Performance Team April 2024 – March 2025 for the Breakdown of sexual orientation for people who draw on care and support in Kent shows:

Table 10

Sexual Orientation	Total (33,017)	Percentage %
Bisexual	116	0.4%
Gay or Lesbian	247	0.7%
Heterosexual	23855	72.3%
Not Recorded	5655	17.1%
Prefer not to say	2847	8.6%
Other	297	0.9%

The data shows that over 25% have chosen not to disclose or has not been recorded, this can leave certain groups isolated or hidden from services and lack representation.

The 2021 Census for England and Wales provides the following data for Kent:

Table 11

Sexual Orientation	Total (1,276,658)	Percentage %
Straight or Heterosexual	1,156,388	90.6%
Gay or Lesbian	16,912	1.3%
Bisexual	14,521	1.1%
Pansexual	1,180	0.1%
Asexual	700	0.1%

Queer	235	0.0%
Other Sexual Orientation	1485	0.1%
Did not answer	85,147	6.7%

Based on the data from individuals who did disclose their sexual orientation, the breakdown of sexual orientation for people drawing on care and support in Kent does not appear to be fully reflective of the sexual orientation breakdown of the overall Kent population as recorded in the 2021 Census. Specifically, heterosexual, gay and bisexual individuals appear to be under-represented in accessing care and support services compared to their proportion in the general population (among those who disclosed).

The "Other" category in the care and support data suggests a potentially higher representation of individuals with other sexual orientations.

Developing the prevention approach
11% of people that draw on care and support have recorded that they are bisexual, gay or lesbian, therefore the prevention framework needs to consider a tailored and targeted prevention approach that responds to the different needs of individuals.

Potential negative impacts on engagement with the consultation
Some individuals may be hesitant to participate in consultation if they fear discrimination based on their sexual orientation within the consultation environment.

The very high proportion (over 24%) of "Not Recorded" and "Prefer not to say" responses is a critical factor. This large amount of missing data makes it difficult to have a complete picture and raises concerns about whether certain sexual orientation groups might be disproportionately represented or under-represented within this non-disclosed population.

Consultation responses for sexual orientation:

As part of the consultation, we reached

Heterosexual / Straight	239	74%
Bisexual	5	2%
Gay or Lesbian	9	3%
Prefer to define my own sexuality	2	1%
Unknown / prefer not to say	70	22%

c) Mitigating Actions for Sexual Orientation

Mitigations for the development of the prevention framework:
The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent and includes the following high-level priorities which considers how this protected characteristic - sexual orientation will be supported:

- We will work with partners to maximise our use of data and concentrate move our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.

- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

The prevention framework will be supported by a co-produced delivery plan which will consider the actions required to deliver on the high-level priorities.

Mitigations for consultation engagement:
There was an opportunity to proactively engage with this cohort to engage in services, and engage with prevention support, to increase representation, promote awareness and inclusivity. We did this by encouraging and promoting LGTBQIA+ peer support groups and networks to engage with the consultation to gain their views and feedback by email communication to the following groups identified: Be You Project (Porchlight), Mind Out LGBTQ, Medway Gender Sexual Diversity Centre, LGBT+ Chaplaincy and Speak Up CIC LGBT+ Support group. Email communications were distributed with details of the engagement sessions and a link to the questionnaire; any responses were then incorporated into the prevention framework. Through the consultation we gained a better understanding of this cohort and how best to reach and communicate better with this community.

Through the Involvement and Information Team, social care involvement officers were promoting and engaging communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusions:

As part of the consultation, a suggestion was made for Kent County Council to do more proactive outreach to LGBT+ groups to support community engagement and bring more lived experience in. Has been noted as part of the Delivery Plan.

d) Responsible Officer for Mitigating Actions - Sexual Orientation

Helen Gillivan

26. Negative Impacts and Mitigating actions for Pregnancy and Maternity

a) Are there negative impacts for Pregnancy and Maternity? *Answer: Yes/No*

No

b) Details of Negative Impacts for Pregnancy and Maternity

Data on Pregnancy and Maternity within Adult Social Care is not readily available, therefore it is not possible to ascertain whether this group in relation to others may be treated less favourably.

c) Mitigating Actions for Pregnancy and Maternity

Mitigating Actions for the prevention framework

The prevention framework recognises that we must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent. The framework sets out high level priorities that will respond to the different needs of our Kent communities and will be supported by a detailed co-designed delivery plan.

Mitigating actions for engagement and consultation

There is no data in relation to this protected characteristic, but we have an extensive list of Kent Health Visitors, Kent Midwifery Teams and Social Prescribing Link Workers which we engaged with during the consultation via email communication to advertise the engagement sessions and also a link to the questionnaire.

Conclusion:

There were limited/no responses directly referencing pregnancy/ maternity as part of the consultation responses.

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

Helen Gillivan

27. Negative Impacts and Mitigating actions for marriage and civil partnerships

a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Marriage and Civil Partnerships

The data provided by the Performance Team March 2024 – April 2025 for the Marriage and Civil Partnerships for people who draw on care and support in Kent shows:

Table 12

Marital Status	Total (33,017)	Percentage %
Married or in a registered civil partnership	7314	22.2%
Not Recorded	2424	7.3%
Other marital or civil partnership status	23,279	70.5%

The indicates that a significant majority (70.5%) have a marital or civil partnership status other than "married or in a registered civil partnership." Only 22.2% are married or in a registered civil partnership, while 7.3% have their status not recorded. This suggests that a large proportion of individuals receiving care and support in Kent are single, widowed, divorced, or separated.

The 2021 Office of National Statistics (ONS) Census data for Kent shows:

Table 13

Marital Status	Total (1,276,566)	Percentage %
Never married and never registered a civil partnership	441,658	34.6%
Married	595,457	46.6%
In a registered civil partnership	2,694	0.2%

Separated, but still legally married or still legally in a civil partnership	29,530	2.3%
Divorced or civil partnership dissolved	124,304	9.7%
Widowed or surviving civil partnership partner	82,923	6.5%

The marital status of individuals drawing on care and support in Kent shows a notably different distribution compared to the overall adult population of Kent, as indicated by the 2021 Office of National Statistics (ONS) Census data. The data reveals a distinct marital status profile among those receiving care and support in Kent, with a lower prevalence of marriage/civil partnerships and a higher proportion of individuals who are single, widowed, divorced, or separated compared to the general adult population. This likely reflects the impact of age, health conditions, and the availability of informal support on the need for formal care services.

Developing the prevention approach

The conclusion we can draw from the data provided to understand the potential negative impact is that individuals who are single, widowed, divorced, or separated in Kent are disproportionately represented among those drawing on care and support services compared to the overall adult population.

This suggests that marital status categories may correlate with a reduced availability of informal support networks (e.g. from a spouse or civil partner). This lack of informal support likely contributes to a greater need for formal care and support services.

Individuals in these categories might be more vulnerable to needing care due to factors associated with their marital status, such as the loss of a partner, the challenges of managing health conditions alone, or a lack of immediate family support within the household.

Consultation engagement

When engaging with Kent residents there was consideration to how and where the consultation was promoted and how people could be supported to engage with the consultation.

c) Mitigating Actions for Marriage and Civil Partnerships

Mitigations for the prevention framework:

Include specific advice for single individuals on healthy living, social engagement, and managing health conditions independently.
Provide resources and signposting to support networks and services relevant to different marital statuses (e.g. bereavement support, single parent groups, social clubs for single individuals).
Address loneliness and social isolation as key preventative factors, with specific strategies for those living alone.
Collaborate with organisations that specifically support single individuals, widowed individuals, or those going through separation or divorce to reach these populations effectively.
Work with community groups that cater to diverse social circles.

Mitigations for engagement during the consultation process:

The consultation was promoted in various ways – posters in libraries and gateways, social media and through networks. Specific community groups and organisations that represented diverse marital status groups were targeted (e.g. widow support groups, single parent networks).

There were 15 in-person engagement sessions across the county within various Voluntary, Community and Social Enterprise and partner organisation community sessions and three online engagement sessions. The virtual consultation events were at accessible times during weekday evenings, considering the potential for individuals who have sole responsibility for household tasks or childcare to not be able to attend in person engagement sessions.

Contact number was provided on consultation materials so that people could call to request hard copies and support with completing the consultation questionnaire.

Through the Involvement and Information Team, social care involvement officers promoted and engaged communities with the consultation. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusion:

There were limited/no responses directly referencing marriage/civil partnerships as part of the consultation responses.

d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

Helen Gillivan

28. Negative Impacts and Mitigating actions for Carer's Responsibilities

a) Are there negative impacts for Carer's Responsibilities? *Answer: Yes/No*

Yes

b) Details of Negative Impacts for Carer's Responsibilities

The data provided by The Performance Team March 2024 – April 2025 for the number of people who draw on care and support who are carers:

Table 14

Carer	Total (33,017)	Percentage %
Yes	2047	6.2%
No	30,970	93.8%

The 2021 Office of National Statistics (ONS) Census data for unpaid care in Kent:

Provides unpaid care	Total (1,488,783)	Percentage %
Yes	135,895	9.1%
No	1,352,888	90.9%

The percentage of individuals who draw on care and support and identify as carers (6.2%) is notably lower than the percentage of carers within the general Kent population (9.1%).

Developing the prevention approach
Unpaid carers are the backbone of care and support in Kent, yet they face higher depression rates, increased poverty and are more likely to have disabilities themselves.

The potential negative impact on carers for the engagement of the consultation
Carers often have significant time constraints due to their caring responsibilities meaning that attending consultation sessions, completing questionnaires, or providing detailed feedback can be challenging and may require them to take time away from their caring role, potentially impacting the person they care for or their own well-being.

Many carers also experience burnout and fatigue. Engaging in a consultation process, which requires additional time and energy, might be overwhelming and exacerbate these feelings, leading to lower participation rates or less thorough engagement.

The emotional and psychological demands of caring can be significant. Carers might find it emotionally draining to participate in discussions about health and prevention, especially if it brings up concerns about the future health and well-being of the person they care for or their own health.

Consultation responses related to carers:

Through the consultation we reached

Yes	82
No	135
Prefer not to say	7
Unknown	83

c) Mitigating Actions for Carer's Responsibilities

Mitigations for the prevention framework
A recommendation within the framework is: 'We will raise the profile of unpaid carers, recognising the value and skills they bring, whilst listening to and proactively supporting their needs throughout and beyond their carer journey so they to see positive health and wellbeing outcomes'.

How this will be achieved will be developed in a delivery plan which will support the prevention framework.

Mitigations for consultation engagement
The consultation was promoted in libraries, gateways, online and through networks. There were 15 in-person events, these included events with Involve Kent on 12 June, Crossroads Care Kent on 18 June, Imago on 1 July and Alzheimer's and Dementia Support Services on 3 July. An email communication was sent out that included a link to the questionnaire to EK360, Involve, Imago, Carers Support East Kent, Carers Trust and Crossroads Care Kent among others.

Options for virtual participation were provided for people, which supported carers who may have had difficulty leaving the person they care for, also evening sessions to support people unable to attend during the day. There were three online virtual sessions on weekday evenings.

Via the Involvement and Information Team, social care involvement officers worked with involvement groups across the county providing the opportunity to hear about carers' experience and views. The team proactively manages our external engagement channels within Adult Social Care and Health (ASCH), enabling us to actively listen to and respond to community needs identified through these sessions. Their responsibilities also include hosting and facilitating ongoing community involvement groups across the county, which further supported our consultation efforts.

Kent Community Wardens were made aware of the consultation and were provided with postcards and posters to display in communities. Community Wardens encouraged Kent residents to engage with the consultation.

Conclusions:
Strong support for the unpaid carer's priority statement in the Prevention Framework, however more emphasis needed on carers skills, listening and a focus on the period after their carer responsibilities end. We have reflected these comments within the priority statement in the Prevention Framework.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Helen Gillivan