

# Kent Adult Accommodation Market Position Statement: Evidence Base

November 2025

## Quality information

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## Executive Summary

1. The objective of this report is to provide evidence on the demand, supply and gaps in the quantity and quality of adult social care accommodation in Kent. This evidence is being used to support Kent County Council (KCC) in preparing an up-to-date strategy for the accommodation of adults who need care or support within Kent, known as the Market Position Statement (MPS).
2. The focus of the evidence in this report is the group of people supported by KCC adult social care. There is a wider population of people within Kent who are not supported by KCC because they are either not eligible on the basis of their needs, or do not qualify for financial support (and so they arrange and fund their own care), or they may have lower-level needs which can be managed without accommodation based care and support.<sup>1</sup> This report sets out the scale of this wider population and, where possible, how they are accommodated. Changes in the size of this wider population, or changes in the severity of needs or financial and personal circumstances (such as ability and willingness of family to provide care), could impact on the number people needing care and support from KCC in the future.
3. The scope of this evidence is limited to an assessment of people who have care needs and qualify for accommodation based support from KCC. However, through the course of this study, a range of issues have been raised and whilst it is not possible to cover these within this report, it is useful to acknowledge them. These include:
  - The needs of homeless people and the challenge in bringing together the right housing and support to address their needs, especially when individuals do not qualify for KCC accommodation based support and/or have been discharged from NHS care. These individuals rely on the district/borough housing services, but quite often need some level of support to maintain their tenancy and this could include support to address mental health problems, substance abuse etc.
  - Challenges in recruitment and retention of the care workforce which is critical to delivering both accommodation based care and care in the home in the future. Whilst these issues are beyond the scope of this study, they are acknowledged as important to achieving the Strategy.
4. There are also areas where data gaps exist and so the evidence on the needs of particular groups of people is less developed. This includes people who are neurodivergent. Where such data gaps exist this study has sought to gather insights through engagement with KCC officers who arrange accommodation and support. However, it is important to note that this study has not included engagement directly with people who need care and support as it is a limited desk based study.

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<sup>1</sup> Eligibility for care and support from KCC is determined by the Care Act 2014 and the local authority's own criteria

## Current Needs

5. In 2025<sup>2</sup>, KCC provides accommodation based care and support for:
  - 1,213 people in nursing care homes<sup>3</sup>, of which the vast majority are older people (defined here as aged 65 or over) and the remainder are working age adults with disabilities or young adults moving from being supported by children's services and with high care needs, with relatively small numbers of people from within each working age client group.
  - 4,386 people in residential care<sup>4</sup> of which again over half are older people (2,848). Whilst the number of people with learning disabilities living in residential care homes has reduced over time, there remain over 800 people living in this type of accommodation with a substantial proportion placed outside of the county, due to a lack of suitable local accommodation.
  - 3,335 people in supported living accommodation<sup>5</sup>, of which around half are people with learning disabilities (1,656 people) and 922 people with mental health needs. There are an additional 178 people living in shared lives placements (akin to foster care for adults) with most of these people having learning disabilities or mental health needs.
  - 4,466 people have care and support packages provided while living in their own homes, of which the majority (3,481) are older people and 756 people who have physical disabilities. There are smaller numbers (fewer than 100) of people who have learning disabilities and mental health needs who receive care and support in their own home.
6. The data suggests that there has been a reduced reliance on residential care (as opposed to supported living or care in people's own homes) for most client groups that KCC accommodates over time. This particularly applies to the number of older people and those with learning disabilities living in residential settings now, compared to 10 years ago. The reduction in the use of residential care homes is in line with what most people who need care want, as well as with KCC's strategy to ensure individuals maintain independence where possible.
7. People with learning disabilities are increasingly being placed in supported living accommodation over time rather than residential care homes. Similarly, there has been a large increase in the number of people with mental health needs living in supported living accommodation, but this is likely to reflect growth in overall demand from this client group as well as a shift away from other settings.
8. Most older people who receive care and support provided by KCC receive a care package in their own home. The next most common accommodation type for older people assisted by KCC adult social care is residential care. This reflects the fact that there are few options between care in a person's own home and living in a care home, because of the limited size of the supported living market

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<sup>2</sup> Data collated from KCC Adult Social care Mosaic system in May 2025

<sup>3</sup> For more complex medical needs requiring 24 hour care and medical supervision

<sup>4</sup> For those who can largely live independently but require on-site supervision / and/or assistance with some daily tasks, mobility, medication etc.

<sup>5</sup> E.g. 'extra care'; Offering on-demand support for daily tasks but with more independence for individuals to live in their own self-contained units.

- for older people. Referrals into care homes are typically crisis-led and the opportunity to move to a more independent setting sooner is sometimes missed.
9. There does not appear to have been substantive change in the number of people that KCC place in nursing care compared to 10 years ago. However, commissioners cite growing need from all client groups, associated with increasingly complex conditions (e.g. dementia), multiple conditions and challenging behaviours.
  10. There are additional, often smaller scale needs, not robustly reflected in the data but which have been raised by commissioners and teams responsible for placing people with care and support needs, as they are difficult to place, including:
    - People with learning disabilities or mental health needs who require single person accommodation i.e. they are not suitable to be accommodated with others, with the exception of carers.
    - People with forensic mental health needs<sup>6</sup>, women who require women only services (e.g. for some domestic violence survivors), and people with Prader Willi Syndrome<sup>7</sup>.
    - People with bariatric care needs due to obesity which means existing accommodation is often not designed to meet their needs.
    - Whilst there are also some complex needs for those with eating disorders, substance misuse, and those requiring neuro-rehabilitation (e.g. while recovering from neurological injuries or disorders such as due to a stroke), commissioners considered these were likely to be health-led rather than social care led requirements, although this distinction is not always clear.
  11. Accommodating people with complex and multiple needs has been cited as a challenge across client groups, with some people more likely to be placed out of the county to find suitable accommodation at the time it is needed. This is more likely for people with learning disabilities or mental health needs, as brokerage and arranging support teams are often looking for accommodation suitable to the needs of an individual as well as in terms of the mix of other people living there.

## Current Accommodation

12. Kent has 509 care homes within the county that provide accommodation across a range of client groups, with 14,587 bed spaces in total. The vast majority are available for older people.
13. There are 6,551 nursing care bed spaces in Kent for older people but only a minority are occupied by those supported by KCC (13.5%). This illustrates the scale of the wider market for nursing care. Most people in Kent are having to arrange and fund their own care.
14. There are an additional 5,754 residential care bed spaces for older people with the largest proportion (47%) occupied by those supported by KCC. KCC's

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<sup>6</sup> Individuals with mental health requirements involved in criminal or civil legal matters (e.g. who have committed crimes, are at risk of offending or found not guilty by reason of their mental health condition)

<sup>7</sup> Rare genetic condition with wide range of symptoms ([Prader-Willi syndrome - NHS](#))

commissioning activities therefore have a strong influence on the size and nature of this part of the accommodation market.

15. There are 897 supported living schemes within Kent in which KCC is able to place people for accommodation-based support. These schemes provide 2,785 bed spaces in total. Some bed spaces can be used for different client need groups, but the largest number are available for those with learning disabilities.
16. There are 18 extra care schemes for older people in Kent which KCC has contractual relationships with and therefore the ability to place people into these schemes.
17. In total, these 18 schemes contain 834 homes. 429 of these homes have 1 bedroom and 366 have 2 bedrooms with the remainder (39) of unknown size. The majority (755) are available for rent (social/affordable) with the remainder available for shared ownership.
18. There is a wider market of extra care schemes for older people which, according to information from the Elderly Accommodation Counsel (EAC), includes 4 further schemes with 250 homes which provide similar accommodation (for social rent) which KCC has no contractual relationship with. There are 7 additional schemes containing 433 homes which are primarily for private (leasehold) sale or private rent but some schemes also contain an element of social rent and shared ownership.
19. The value of extra care schemes and other supported settings over traditional residential care has been cited by numerous practitioners.<sup>8</sup> Benefits include:
  - Ability to maintain independence including an 'own front door' or self-contained living environment;
  - Reduced need for care and support because the setting is accessible and there is a community on site to reduce isolation (and associated care required for those living alone); and
  - Reduction in hospital admissions and GP call outs because of improvements to health and wellbeing and due to reductions in falls and other incidents associated with unsuitable housing.
20. The scale of care and support provided within mainstream homes, either commissioned by KCC directly, or where individuals arrange and fund their own care, underlines the importance of overlaps and interdependencies between different services including social care, housing and planning.
21. If care in the home is to be expanded over time to improve the independence and wellbeing of those with care and support needs, this will require an expansion in the housing stock which is accessible and adaptable through the application of planning policies (and/or national changes to building regulations).
22. Care provided in a person's own home will also require the growth of the care sector which is likely to require improvements in pay, skills and training so that it is an attractive prospect for staff and so that they have the necessary skills to respond to increasingly complex needs.

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<sup>8</sup> [Extra Care Housing: The Current State of Research and Prospects for the Future - Blogs - Housing LIN](#)

## Future needs

23. Population growth in the older age groups and, to a lesser extent, working age people, is likely to increase the need in the different client groups that require care and support from KCC.
24. Growth in the number of older people, as the population ages, with a substantial proportion of older people needing some form of care and support in later life, is one of the key future challenges for KCC's adult social care service.
25. Around 70,000 (+20%) additional older people are expected in Kent over the next 10 years. Based on this growth alone, and assuming 'business as usual' in terms of how older people are accommodated by KCC to receive care and support, KCC may expect to provide care and support to an additional 710 people in their own home, around 581 in residential care, and 226 in nursing homes.
26. The number of people supported by KCC in residential care has remained relatively stable over the last 10 years. If reducing reliance on residential care homes remains an objective, KCC will need to expand care and support with the home and/or the availability of supported living or extra care accommodation which enables people with some care and support needs to remain independent.
27. The Housing Learning Improvement Network (HLIN) SHOP toolkit<sup>9</sup> provides a tool for forecasting the need for extra care and other forms of older persons specialist housing. In Kent as a whole, the model estimates need for 485 extra care homes for rent and 969 for leasehold sale over the next 10 years. These figures relate only to the growth in likely demand and do not take account of any current shortfall.
28. There is more modest growth expected in the other main client groups supported by KCC over the next 10 years:
  - Around 200 additional people with learning disabilities who primarily require supported living accommodation. Along with the continued aim to reduce reliance on residential care for people with learning disabilities, the overall demand for supported living is likely to increase further.
  - Around 120 additional people with physical disabilities with the majority requiring support in their own home or supported living accommodation.
  - Around 100 additional people with mental health needs based on population growth. However, the likelihood is that actual demand will be higher, given the rise in referrals in the past year and growth in the number people supported by KCC over the last 10 years which appears to have increased fourfold.

## Gaps in Provision

29. Across all client groups there appears to be a need to expand the provision of supported living accommodation. This is likely to be needed to meet growth in populations but also to allow those accommodated in care homes to move to more independent settings. Expansion of supported living accommodation will be challenging in the context of changing regulations.<sup>10</sup> A range of organisations,

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<sup>9</sup> [SHOP - Strategy - Extra Care - Topics - Resources - Housing LIN](#)

<sup>10</sup> [National Housing Federation - The Supported Housing \(Regulatory Oversight\) Act](#)

including the National Housing Federation, have raised concerns about the contraction of the supported housing sector in recent years and the challenge of new regulations for providing supported housing in the future.

30. Extra care for older people can be described as a form of supported living, providing independent homes but with care and support available on site as well as a range of amenities and facilities to support wellbeing and avoid isolation. Projections presented in this report suggest this sector could be doubling in size over the next 10 years to provide accommodation both for those older people supported by KCC but also the wider population of older people who may need this accommodation but can afford to make their own arrangements.
31. The potential to develop extra care which is inter-generational has been cited as an option for meeting wider needs, including for some people with disabilities. However, new or existing schemes would need to be designed or remodelled with wider age groups and needs in mind.
32. New homes built in the county will increasingly need to include accessible and adaptable homes to allow people to live independently for longer. More accessible and adaptable homes are also more likely to be suitable for the provision of care and support in the home, as mentioned above.
33. The majority of local authorities in the county (e.g. Ashford, Canterbury, Dartford, Dover, Folkestone & Hythe, Gravesham, Maidstone, Sevenoaks, Swale, Thanet, and Tunbridge Wells) include policies in their Local Plans outlining support or requirements for the delivery of housing to meet the needs of older people. However, a smaller group of authorities (Ashford, Canterbury, Dartford, Dover, Folkestone & Hythe, Maidstone, Sevenoaks, Thanet, Tunbridge Wells) have policies which encourage (or provide requirements for) the delivery of dwellings to Building Regulation M4(2) (adaptable and accessible dwellings) standard or M4(3) (wheelchair accessible) standard. The provision of M4(2) accessible and adaptable dwellings and M4(3) wheelchair accessible dwellings will need to increase to support objectives to provide care and support in the home.
34. Whilst population growth and business as usual would imply the need to expand residential care, KCC has broadly reduced reliance on care homes over recent years. Private residential care homes or care villages have emerged in recent years, which provide a more 'luxury' model for those who can fund their own care. KCC and the districts and boroughs will need to monitor the planning pipeline to ensure provision is balanced, as far as possible, with needs and demands and that the location and nature of schemes coming forward is sustainable in the longer term.
35. Population growth will drive some expansion in the number of nursing care beds which KCC needs to provide in the next 10 years. Commissioners have also cited a current shortage of nursing provision for people with physical disabilities, learning disabilities and mental health needs. There are particular gaps in the provision of nursing care to meet complex needs as well as geographical gaps in parts of Kent, including the Isle of Sheppey. Additional insight into geographic gaps in provision is provided by KCC's Kent Analytics' report 'Identifying Hotspots and Gaps in Accommodation-Based Provision in Kent', published alongside this report and referred to in subsequent sections.
36. Expansion of any care provision will also require the growth of the care sector, which is likely to require improvements in pay, skills and training so that it is an attractive prospect for staff with the necessary skills to respond to increasingly

complex needs. Skilled staff shortage is a significant issue reported by commissioners across different types of accommodation and client groups.

# 1. Introduction

## 1.1 Objectives

- 1.1.1 The key objective of this study is to develop the evidence on the demand, supply, and gaps in the quantity and quality of adult accommodation in Kent. This evidence will then be used to support KCC to prepare an up-to-date strategy for the accommodation of adults who need care or support within Kent (known as the Market Position Statement) and to provide an evidence base for Kent Housing Group's (KHG) Maintaining Independence Through Housing project. The work will update the existing adult accommodation evidence and strategy, which was last prepared in 2019.
- 1.1.2 This report examines the needs of the core groups supported by adult social care accommodation in Kent (older people, working age adults with disabilities including physical, learning and mental health need, and young adults moving from being supported by children's services and with high care needs, including looked after children).
- 1.1.3 The report also considers different types of needs in terms of accommodation support, including nursing care, residential care, supported living accommodation, as well as care and support packages to enable continued living at home. It also considers the spatial dimension of needs, in terms of where accommodation is needed and where key gaps are in provision across the county.
- 1.1.4 The key purpose of the evidence base and refreshed strategy is to provide clear direction to the market, particularly to the providers and developers of accommodation. This will guide the type of accommodation expected and provided in the future, as well as future commissioning by KCC to support the people who need accommodation and are eligible for KCC's support.
- 1.1.5 Whilst the core purpose is to provide direction for providers and developers, the individual districts and boroughs comprising the county and its residents, particularly those needing care, are important stakeholders and the wider audience for the strategy.

## 1.2 Context

- 1.1.6 This work is being commissioned to reflect changes in the adult accommodation environment since the last strategy was produced in 2019. There are a range of issues and challenges that are driving the need to prepare an up-to-date strategy. These can be summarised briefly as follows:
  - Introduction of the Care Act 2014, which requires KCC to produce a 'market position statement' (MPS) to give direction to providers and developers on future commissioning; Local authorities have a duty to write a MPS to advise providers about how their commissioning process could change and what their commissioning intentions are. It is a key element of the commissioning cycle as it will inform the subsequent planning and delivery of services for future years.

- The Statutory Guidance to the Care Act 2014, which describes how local authorities have a role in shaping the market, through a market position statement:

*‘The core activities of market shaping are to engage with stakeholders to develop understanding of supply and demand and articulate likely trends that reflect people’s evolving needs and aspirations, and based on evidence, to signal to the market the types of services needed now and in the future to meet them, encourage innovation, investment and continuous improvement. It also includes working to ensure that those who purchase their own services are empowered to be effective consumers, for example by helping people who want to take direct payments make informed decisions about employing personal assistants. A local authority’s own commissioning practices are likely to have a significant influence on the market to achieve the desired outcomes, but other interventions may be needed, for example, incentivising innovation by user-led or third sector providers, possibly through grant funding.’*

- KCC’s new Adult Social Care Strategy (which sits above the Adult Accommodation Strategy) emphasising the move towards home based care and overall objective to ‘prevent, reduce and delay’ the need for care;
- A general drive from KCC and Government more widely to move away from placing people in institutional environments; KHG’s Maintaining Independence Through Housing project reflects this objective with the aim to deliver 1,000 new homes specifically designed to meet the needs and aspirations of the ageing population.
- Kent Housing Group’s refreshed evidence base and Kent and Medway Housing Strategy, launched in June 2025, particularly around the evidence of need for older persons specialist housing and the link between the provision of sufficient new homes in order to increase accessibility of affordable housing and better quality homes which support residents’ health and wellbeing.
- Recent and ongoing changes to Building Regulations including through the Building Safety Act 2022, making new requirements on sustainability, safety and accessibility standards in the built environment, including a government commitment to mandate current M4(2) accessible and adaptable dwellings requirement in Building Regulations as a minimum standard for all new homes, subject to a further consultation on the draft technical details;
- Recognition of the link and flow between children who are supported by KCC and will go on to need support as adults. This also relates to changes in the Children’s Act which require local authorities to provide support to care leavers up to age 25 if required and the Staying Close programme, providing additional support to care leavers moving to independent living;
- Potential changes in inheritance tax, with possible wide-ranging implications for personal estates and care business succession planning;
- Ongoing organisational change and changes in multi-agency working; Whilst adult social care and accommodation is currently the responsibility of the County Council, this could change in the future as plans for combined authority areas are developed.

- Changing needs of those requiring care and support. This includes increases in the scale of need due to ageing of the population and chronic conditions associated, as well as due to acute pressures from vulnerable working age adults with disabilities and mental health needs.
- Changing expectations of those needing care and support, including increased desire to stay at home or have care provided in an independent setting.
- Market turmoil affecting providers and developers following the Covid 19 pandemic and related impacts, such as backlogs in people waiting for support including mental health diagnoses, as well as staff burnout and mental health issues.
- High and rising cost of adult social care/accommodation alongside other cost increases due to inflation, which is placing individual and local authority finances under pressure.
- Continued pressures on Kent due to placements from other local authorities, and the fact that after a period of residency in the county, this person eventually is likely to become the responsibility of KCC.
- Improvements in assistive and remote care technology, personal monitoring, dementia friendly design etc; and
- Targets and aspirations for net zero carbon emissions in the NHS and local authority operations.

## 1.3 Outline of Report Structure

- 1.1.7 Section 2 of this report sets out the evidence of current needs within Kent from different client groups who are provided with accommodation based care and support by KCC.
- 1.1.8 Section 3 examines the stock of accommodation across Kent in terms of care homes, supported living accommodation and extra care.
- 1.1.9 Section 4 sets out projections for future needs amongst client groups that KCC supports.
- 1.1.10 Within each of these Sections 2-4, a final heading focuses on 'Key Findings', summarising those results of our research, as well as headline data, most likely to be significant to, and impact on, KCC future commissioning.
- 1.1.11 Section 5 provides a synthesis of the evidence to outline gaps in accommodation type, location and other cross-cutting themes identified through AECOM's research and engagement with practitioners, to inform future commissioning.
- 1.1.12 Finally, Appendix A contains the detailed data tables underlying the analysis throughout the report, and Appendix B provides an overview of the Local Plan policies relevant to this report.

## 2. Current Needs

- 2.1.1 This section sets out the evidence of the need for accommodation based care and support provided by KCC Adult Social Care to adults with care needs.
- 2.1.2 The data focuses on those whose needs are being met by KCC and not the wider population of people with needs who organise and fund their own accommodation with care and support.
- 2.1.3 The analysis is organised by broad client group. However, in some cases people have multiple and complex needs which intersect. Under each client group, this section sets out the current number of people who are accommodated by KCC in different forms of accommodation.
- 2.1.4 Where possible, comparisons are made to the data analysed in 2014 for the previous strategy, to provide a longer-term view of changes in needs. However, the way that data is recorded and the system used has changed over time so these comparisons should be treated with caution and are tested against insights from KCC officers.
- 2.1.5 The rest of this section sets out current needs for the following groups of people:
- Older people (age 65 and over)
  - People with physical disabilities (working age adults)
  - People with learning disabilities (working age adults)
  - People with mental health needs (working age adults)
  - People with sensory disabilities (working age adults)
  - People with other specialist needs, including children and young people in transition to adult social care.
- 2.1.6 For each group of people, where possible, this section sets out the wider population (e.g. the total number of older people in the population), the number of people who may be receiving care and support (with most people arranging and/or funding their own care) and then the number who receive accommodation based care and support provided by KCC.

### 2.1 Older People

#### 2.1.1 Population

- 2.1.7 Census 2021 records 319,327 people aged 65+ in Kent, of which 41,025 were aged 85 and over. ONS sub-national population projections (2022 based) estimate the number to be 341,324 aged 65+ in 2025. The ONS estimate of the number of over 65s equates to 20.8% of the estimated Kent population in 2025.
- 2.1.8 Table 2-1 breaks this down by local authority. The ONS estimates show that in 2025, Canterbury has the greatest number of individuals aged 65 and over, at 36,989, with the smallest number in Dartford (16,817). Turning to the

proportion of the population aged 65 and over, the greatest proportion of individuals in this age category in 2025 live in Folkestone & Hythe (26.1%), Dover (25.0%), and Thanet (24.5%). The smallest proportion live in Dartford (13.4%).

**Table 2-1: Proportion of the population aged 65+, 2021 and 2025, Kent authorities**

<b>Local Authority</b>	<b>2021 Census population aged 65+</b>	<b>Projected 2025 population aged 65+</b>	<b>Proportion of population aged 65+ (2025)</b>
Ashford	25,997	28,370	20.1%
Canterbury	34,250	36,989	22.4%
Dartford	16,038	16,817	13.4%
Dover	27,899	30,120	25.0%
Folkestone & Hythe	27,428	29,436	26.1%
Gravesham	18,414	18,789	17.3%
Maidstone	33,525	36,359	19.1%
Sevenoaks	25,928	27,502	22.4%
Swale	28,912	30,807	19.3%
Thanet	33,258	34,831	24.5%
Tonbridge & Malling	25,306	26,940	19.7%
Tunbridge Wells	22,373	24,364	20.6%
<b>Kent</b>	<b>319,327</b>	<b>341,324</b>	<b>20.8%</b>

*Source: 2021 Census, 2022-based SNPP, AECOM Calculations*

2.1.9 Not all older people need care and support and many continue to lead healthy and active lives into advanced older age. However, the likelihood of needing care and support increases with age. When considering the wider older population that may be in receipt of care or support, there are a number of POPPI<sup>11</sup> datasets that provide useful information. Table 2-2 below presents information on the number of people aged 65+ with a limiting long-term illness that causes their day-to-day activities to be limited a lot (including in particular cardiovascular disease, severe respiratory conditions and obesity) and information on the population aged 65+ that are unable to manage at least one mobility activity alone.

2.1.10 These mobility activities include:

- Going out of doors and walking down the road;
- Getting up and down stairs;
- Getting around the house on one level;

<sup>11</sup> [Projecting Older People Population Information System](#)

- Getting to the toilet; and
- Getting in and out of bed.

2.1.11 Table 2-2 suggests that in 2025 there are between 65,915 and 76,153 individuals aged 65 and over across Kent that may require some kind of support (either in their home or in specialist accommodation) due to mobility or activity limiting problems. This is 19-22% of the estimated 65+ population in Kent in 2025 noted above in Table 2-1. Whilst this represents a substantial proportion of the older population, in many cases the older people in question can arrange their own adaptations or support to continue living independent lives. Where these people are living with or supported by partners or family, unpaid care and support may prevent the need to access formal support and care, either self-arranged/funded, or where eligible through KCC.

2.1.12 However, this is dependent on the willingness and ability of family to act as carers, particularly considering that many of those providing unpaid care in the family are themselves aged 65 or over (24.1% of unpaid carers in Kent<sup>12</sup>). Census 2021 for Kent also shows the significant extent of this unpaid care sector, counting 135,895 persons aged over the age of 5 (9.1% of the total population) who provide unpaid care (although this is not related solely to care for older person).

**Table 2-2: Population aged 65+ with mobility or activity limitations, Kent and authorities, 2025**

<b>Local Authority</b>	<b>Population aged 65+ whose day-to-day activities are limited a lot</b>	<b>Population aged 65+ unable to manage at least 1 mobility activity alone</b>
Ashford	6,016	5,305
Canterbury	8,262	7,252
Dartford	3,698	3,145
Dover	7,218	5,707
Folkestone & Hythe	7,021	5,779
Gravesham	4,460	3,702
Maidstone	7,426	6,914
Sevenoaks	5,113	5,319
Swale	7,702	5,813
Thanet	9,282	6,773
Tonbridge & Malling	5,485	5,170
Tunbridge Wells	4,476	4,979
Kent	76,153	65,915

Source: POPPI (14.2)

<sup>12</sup> 2021 Census RM113

- 2.1.13 The number of older people receiving accommodation based care and support provided by KCC is 4,143 in May 2025. Table 2-3 provides a breakdown of where these people are accommodated. Note that these figures exclude those people who KCC supports within their own home with an appropriate package of care.
- 2.1.14 Overall, 1.2% of the population aged 65+ across Kent receive accommodation based care and support provided by KCC, equating to 5.4% of over 65s whose day-to-day activities are limited a lot (76,153 in 2025).
- 2.1.15 A further 3,479 older people receive care and support provided by KCC in their own home. This is an additional 1.0% of the population aged 65+ and an additional 4.6% of those whose day-to-day activities are limited a lot. Taken together, the number of older people receiving accommodation based support and care in the home provided by KCC equates to 2.2% of the over 65 population and around 10% of older people whose day to day activities are limited a lot.

**Table 2-3: Older People in Accommodation Commissioned by KCC**

Local Authority	Nursing		Residential		Supported Living	Total	% of Pop. 65+
	Long term	Short term	Long term	Short term	All	All	%
Ashford	95	12	169	27	33	337	1.2%
Canterbury	57	13	290	40	14	414	1.1%
Dartford	75	5	162	15	*	**	1.5%
Dover	86	13	246	49	19	413	1.4%
Folkestone and Hythe	68	*	267	54	13	**	1.4%
Gravesham	28	*	41	20	*	103	0.5%
Maidstone	164	24	239	15	18	460	1.3%
Sevenoaks	60	*	105	10	*	186	0.7%
Swale	59	*	191	25	18	**	1.0%
Thanet	56	14	355	79	36	540	1.6%
Tonbridge and Malling	36	13	122	10	*	**	0.7%
Tunbridge Wells	102	*	171	*	18	308	1.3%
<b>Kent</b>	<b>886</b>	<b>135</b>	<b>2,358</b>	<b>351</b>	<b>185</b>	3,917	1.1%
<i>Outside Kent</i>	84	*	135	*	*	223	
<b>Total</b>	<b>970</b>	<b>137</b>	<b>2,494</b>	<b>354</b>	<b>186</b>	4,143	

Source: Kent County Council Adult Social Care \*Figures lower than 10 are suppressed. \*\*Total redacted because contains suppressed figures. Totals include a smaller number of people in Shared Lives placements. As there are fewer than 10 in any authority these figures have been suppressed.

- 2.1.16 The proportion of older people supported in KCC accommodation varies between authority areas, with rates in Thanet, Dartford, Dover, Folkestone, Maidstone and Tunbridge Wells all above the average Kent rate of 1.1%,

with Gravesham, Sevenoaks and Tonbridge & Malling all below 1% (see final column, Table 2-3).

- 2.1.17 A small proportion of older people are accommodated by KCC outside of Kent, with the majority of these living in long term nursing care. This may in some cases be due to suitable accommodation being unavailable where they live, particularly for complex needs or challenging behaviours. However, most often this reflects moves of older persons due to their families moving away, with KCC facilitating a placement out of the county.

## 2.1.2 Residential and nursing care

- 2.1.18 POPPI data estimates the number of people in Kent aged 65 and over living in a care home (with or without nursing) by local authority, presented in Table 2-4. This shows that 12,428 people aged 65+ in Kent live in a care home (with or without nursing), with 2.5% of those living in a local authority care home. It should be noted that people may still be living in non-local authority contracted care homes whilst being placed and funded by the local authority, as KCC makes some use of non-contracted accommodation. In other cases, some older people who were previously self-funding their accommodation have depleted their funds, with KCC then picking up the cost of their accommodation.
- 2.1.19 Table 2-4 shows that Canterbury had the greatest number of people aged 65 and over living in a care home (1,611), followed by Maidstone (1,398), and Thanet (1,362). This does not align with the local authorities with the greatest proportion of the population aged 65 and over outlined in Table 2-3, with Canterbury's 65+ population 5<sup>th</sup> of 12, Maidstone's 10<sup>th</sup>, and Thanet's 3<sup>rd</sup>. However, insights from KCC practitioners suggest that there is a concentration of residential care home provision in the east of the county, particularly the coastal areas, driven to some extent by demand from older people to move to care homes in coastal areas and also the economics of providing residential care in these areas with cheaper availability of land and properties. Conversely, KCC practitioners considered that in broad terms, the west of the county has greater provision of nursing care (and conversely less residential care) because of higher costs in the north and west of the county which is more viable if there is a higher level of care.
- 2.1.20 This demonstrates that age is not the only determinant of whether residential care is required, with some local authorities potentially having more active and healthy older populations, they may have more instances of families looking after older relatives, or they may focus social care on in-home support rather than residential care. Equally, those with the largest older population outlined in Table 2-3 may not have sufficient residential care accommodation, leading to residents being placed in other local authorities within the county.

**Table 2-4: Population aged 65+ living in a care home (with or without nursing), 2025**

Local Authority	Number of people living in a care home	Number of people living in LA care home	Number of people living in a non-LA care home
Ashford	695	20	676
Canterbury	1,611	12	1,599
Dartford	779	15	764
Dover	1,209	54	1,155
Folkestone & Hythe	1,200	0	1,200
Gravesham	603	66	537
Maidstone	1,398	*	**
Sevenoaks	806	0	806
Swale	807	46	761
Thanet	1,362	57	1,306
Tonbridge & Malling	711	*	**
Tunbridge Wells	1,147	32	1,114
Kent	12,428	313	12,115

Source: POPPI (14.2), AECOM Calculations \*Figures lower than 10 suppressed \*\*Figure redacted as input contains suppressed figure.

- 2.1.21 According to KCC’s data in May 2025, of those who are accommodated by KCC, 970 people live in long term nursing care with a further 137 placed in short term nursing care. The combined total of 1,107 older people in nursing care provided by KCC in 2025 appears to be lower than the number 10 years ago (1,500 in the 2014 evidence base).
- 2.1.22 There are 2,494 older people accommodated by KCC in long term residential care with a further 354 in short term care. The combined total of 2,848 appears to be the same as the number 10 years ago (2,850), despite the growth in the older population overall which demonstrates a reduced reliance of residential care over time. KCC referrals into residential care are usually crisis led rather than planned moves due to a trigger event and change in older person’s needs.
- 2.1.23 Combining these figures, KCC accommodates 3,955 individuals in long term and short term nursing and residential care. This is 31.8% of the individuals aged 65 and over estimated by POPPI to be living in a care home in Kent (with or without nursing). It could be assumed that the remaining 8,473 individuals are self-funded or placed by other local authorities into Kent.
- 2.1.24 The KCC placement data suggests that the highest numbers of older people in nursing care live in Maidstone, Tunbridge Wells, and Ashford. These authorities have highest share of Kent’s nursing care placements.

- 2.1.25 Thanet, Canterbury, Folkestone and Hythe, and Dover have higher numbers of older people in residential care and have highest share of KCC's residential care placements.
- 2.1.26 These geographical patterns are reflected in the insights gathered from KCC locality commissioners who suggested that, in broad terms, there was a concentration of residential care homes in the east of the county and nursing care homes in the west.
- 2.1.27 Insights from KCC commissioners also suggests that the demand for residential care has reduced over time, with the Covid pandemic having a particular impact on demand. In contrast, the need for nursing care, particularly for complex needs including advanced dementia is increasing according to commissioners, with very limited provision in north Kent. Commissioners identified specific gaps in nursing care, including the lack of nursing provision on the Isle of Sheppey, resulting in vulnerable older people having to be placed elsewhere.
- 2.1.28 Over the last 10 years, practitioners within Kent perceive that the quality of residential care homes has improved in line with KCC's current and previous strategies. However, there has been an increase in the number of residential care home schemes delivered and being proposed within the east, particularly Thanet, but also in Sheppey and Gravesham. These are described as providing a 'luxury residential care model' with largely private care at higher rates, which are not affordable under KCC contracts. If those schemes in the pipeline are all built out there is some concern about potential over-provision of residential care in some locations, with knock on impacts on the demand for and cost of KCC services if residents who move into these homes as self-funders require support from KCC in the future.

### **2.1.3 Supported Living and Shared Lives**

- 2.1.29 186 older people are accommodated by KCC in supported living schemes, with the highest numbers and share of the Kent total living within Ashford and Thanet.
- 2.1.30 There are an additional small number of older people accommodated in shared lives placements. This is essentially sharing accommodation with another household, akin to foster care for adults.
- 2.1.31 The overall number of older people in supported living accommodation appears to be lower than that identified in the 2014 evidence base (260 people).

### **2.1.4 Accommodated in Own Home**

- 2.1.32 An additional 3,479 older people receive care or support in their own home through a care package provided by KCC (see Appendix 1, Table A-1 for detailed breakdown by authority). This equates to 1.0% of the older population aged 65+ in 2025 or 4.6% of those aged over 65 whose day-to-day activities are limited a lot. Dartford, Gravesham and Swale have rates above the Kent average. This may reflect the fact that these authority areas have more limited provision of accommodation based care and support.

2.1.33 Whilst comparable data on the scale of support received by people in their own homes 10 years ago is not available, commissioners and practitioners have suggested that demand to stay at home with a care and support package has increased over time. It is perceived by commissioners as the preference for most older people, as it allows them to maintain their independence. It is also consistent with KCC's Adult Social Care Prevention Framework (draft for consultation in July 2025).

## 2.2 People with Learning Disabilities

### 2.2.1 Population

2.1.34 PANSI<sup>13</sup> data identifies the number of people (aged 18-64) with a severe learning disability and therefore likely to be in receipt of care and support services. Table 2-5 presents this data for Kent and each of the individual authorities. It shows that the greatest proportion of individuals aged 18-64 with a severe learning disability in Kent live in Canterbury, at 11.4% (158 individuals), followed by Maidstone, at 11.0% (152 individuals). The smallest proportion live in Gravesham, at 6.6%, or 91 individuals. The PANSI figure of 1,383 people in Kent with severe learning disabilities is lower than the actual number of people who receive accommodation based care and support from KCC. This suggests a substantial number of people with moderate learning disabilities also need accommodation based care and support.

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<sup>13</sup> Projecting Adult Needs and Service Information

**Table 2-5: People aged 18-64 with a severe learning disability, Kent and authorities, 2025**

<b>Local Authority</b>	<b>Number of people aged 18-64 with a severe learning disability</b>	<b>% of Kent total disability</b>
Ashford	114	8.2%
Canterbury	158	11.4%
Dartford	110	8.0%
Dover	101	7.3%
Folkestone & Hythe	94	6.8%
Gravesham	91	6.6%
Maidstone	152	11.0%
Sevenoaks	98	7.1%
Swale	134	9.7%
Thanet	116	8.4%
Tonbridge & Malling	115	8.3%
Tunbridge Wells	98	7.1%
<b>Kent</b>	<b>1,383</b>	<b>100.0%</b>

*Source: PANSI (14.2), AECOM Calculations*

- 2.1.35 According to KCC data in May 2025, there are 2,578 people with learning disabilities accommodated by KCC in specialist accommodation where they receive care and support. This equates to 0.3% of working age population in Kent in 2025<sup>14</sup>. The highest number of people are accommodated in Folkestone and Hythe, Canterbury, Dover, and Thanet, with correspondingly higher rates as a percentage of the working age population in these authority areas as well. This is likely to reflect the location of accommodation for people with learning disabilities, which is more concentrated in the east of the County, again partly due to the relative affordability of properties which can be developed or converted to care homes or supported living schemes.
- 2.1.36 Dartford and Sevenoaks have the smallest number of people with learning disabilities placed in accommodation based care and support .
- 2.1.37 Almost 10% of those placed in accommodation by KCC are accommodated outside of Kent. This is likely to be due to the difficulty in finding appropriate accommodation within the County and may relate to the complex needs of the individuals needing care and support, as well as potentially due to location of family in some cases. The largest number of people who are placed in accommodation outside of Kent are placed in Medway, with Tandridge and Wealden also providing a modest number of placements. These placements are primarily for residential care, followed by supported living.

<sup>14</sup> ONS Sub-National Population projection of 1,017,505 working age people (16-64) in Kent in 2025

**Table 2-6: People with Learning Disabilities Accommodated by KCC**

Local Authority	Nursing		Residential		Supported Living	Shared lives	LA total
	Long term	Short term	Long term	Short term	All	All	All
Ashford	0	0	64	0	106	*	179
Canterbury	*	0	120	0	177	*	307
Dartford	0	0	16	0	56	*	**
Dover	0	*	103	*	145	*	256
Folkestone & Hythe	0	0	129	*	229	13	**
Gravesham	0	0	18	0	96	*	**
Maidstone	0	0	28	*	188	*	218
Sevenoaks	*	0	19	0	57	*	79
Swale	0	0	66	*	128	*	203
Thanet	0	0	37	*	183	32	**
Tonbridge & Malling	0	0	16	0	100	*	**
Tunbridge Wells	0	0	41	0	101	0	142
<b>Total Kent</b>	*	*	<b>657</b>	<b>13</b>	<b>1,566</b>	<b>86</b>	<b>2,326</b>
<i>Outside Kent Total</i>	*		150	*	87	*	247
<b>Overall Total</b>	*	*	<b>807</b>	<b>15</b>	<b>1,656</b>	<b>93</b>	<b>2,578</b>

Source: Kent County Council Adult Social Care \*Figures below 10 are suppressed  
\*\*Figure redacted as it contains suppressed figure.

## 2.2.2 Residential and nursing care

- 2.1.38 There are 807 people with learning disabilities accommodated by KCC in residential care homes and receiving long term care, with a further 15 in short term care. This appears to be substantially lower than the numbers recorded by the 2014 evidence base (1,207 in residential care in 2014).
- 2.1.39 There are fewer than 10 people with learning disabilities accommodated by KCC in nursing care. Again, this appears to be a reduction from the figure of 13 in 2014 although as these figures are very small it is difficult to draw firm conclusions.
- 2.1.40 Overall, the evidence suggests there has been a reduced reliance on residential and nursing care home accommodation to support people with learning disabilities over the last decade.

## 2.2.3 Supported Living and Shared Lives

- 2.1.41 The largest number of people with learning disabilities accommodated by KCC are placed in supported living accommodation (1,656 people in 2025) with additional 83 people in shared lives placements.
- 2.1.42 The number of people living in supported accommodation appears to have increased since 2014 (840 in supported accommodation and 110 in shared

lives placements). This increase corresponds with the reduction in care home placements as described above. It is also in line with the explicit aim of KCC as set out in the previous Strategy (MPS), in order to improve the independence and wellbeing of people with learning disabilities.

## 2.2.4 Accommodated in Own Home

2.1.43 An additional 76 people with learning disabilities are accommodated in their own home, with KCC providing a care/support package. This figure only includes those with care packages from KCC, but there is likely to be a wider population who receive some form of support, such as through day centre access and transport.

## 2.3 People with Physical Disabilities

### 2.3.1 Population

2.1.44 It is helpful to first understand the population across Kent with physical disabilities, regardless of whether they currently receive care and support from KCC. 2021 Census data records whether individuals are disabled under the Equality Act, and to what extent their day-to-day activities are limited. However, this is not broken down between individuals with a physical disability, learning disability, or mental health condition. This includes children and older people, it is not just the working age population.

**Table 2-7: Disability status of individuals, Kent and authorities, 2021**

Local Authority	Disabled under Equality Act	Disabled: Day-to-day activities limited a lot	Disabled: Day-to-day activities limited a little	Not disabled - long term physical or mental health condition – day-to-day activities not limited
Ashford	22,655	9,079	13,576	9,592
Canterbury	30,870	12,400	18,470	12,431
Dartford	16,374	6,646	9,728	7,148
Dover	24,647	10,634	14,013	9,063
Folkestone & Hythe	23,960	10,429	13,531	8,486
Gravesham	17,509	7,414	10,095	6,541
Maidstone	28,025	11,012	17,013	13,001
Sevenoaks	18,088	7,016	11,072	9,064
Swale	29,637	12,671	16,966	11,087
Thanet	32,135	14,390	17,745	10,392
Tonbridge & Malling	20,224	7,841	12,383	10,388
Tunbridge Wells	17,299	6,511	10,788	9,284
Kent	281,423	116,043	165,380	116,477

Source: Census 2021

2.1.45 Table 2-7 presents this data for Kent and the constituent local authorities, with Table 2-8 showing the data as a proportion of all residents in each authority. These tables show that across Kent, there were 281,423 people with a disability in Kent, representing 17.9% of all usual residents. Thanet had the greatest proportion of residents considered disabled under the Equality Act, at 22.9% (32,135 people), with Dartford having the smallest proportion, at 14.0% (16,374 people).

**Table 2-8: Disability status of individuals as a proportion of the population, Kent and authorities, 2021**

Local Authority	Disabled under Equality Act	Disabled: Day-to-day activities limited a lot	Disabled: Day-to-day activities limited a little	Not disabled - long term physical or mental health condition – day-to-day activities not limited
Ashford	17.1%	6.8%	10.2%	7.2%
Canterbury	19.6%	7.9%	11.7%	7.9%
Dartford	14.0%	5.7%	8.3%	6.1%
Dover	21.2%	9.1%	12.0%	7.8%
Folkestone & Hythe	21.8%	9.5%	12.3%	7.7%
Gravesham	16.4%	6.9%	9.4%	6.1%
Maidstone	15.9%	6.3%	9.7%	7.4%
Sevenoaks	15.0%	5.8%	9.2%	7.5%
Swale	19.5%	8.4%	11.2%	7.3%
Thanet	22.9%	10.2%	12.6%	7.4%
Tonbridge & Malling	15.3%	5.9%	9.4%	7.9%
Tunbridge Wells	15.0%	5.6%	9.4%	8.1%
Kent	17.9%	7.4%	10.5%	7.4%

Source: Census 2021

2.1.46 Another approach to determining the number of people across Kent with a physical disability is PANSI data on people aged 18-64 with impaired mobility. Those aged 65 and over are counted within POPPI data. The PANSI projections for 2025 are presented in Table 2-9. They show that in 2025 there are estimated to be 55,513 people aged 18-64 across Kent with impaired mobility, with 11.0% (6,095) of those living in Maidstone, 9.6% in Swale, and 9.2% in Canterbury. Gravesham had the smallest proportion of Kent's population aged 18-64 with impaired mobility at 6.5%.

**Table 2-9: People aged 18-64 with impaired mobility, 2025**

<b>Local Authority</b>	<b>Number of people with impaired mobility</b>	<b>% of Kent total</b>
Ashford	4,689	8.4%
Canterbury	5,101	9.2%
Dartford	3,999	7.2%
Dover	4,378	7.9%
Folkestone & Hythe	4,187	7.5%
Gravesham	3,591	6.5%
Maidstone	6,095	11.0%
Sevenoaks	4,189	7.5%
Swale	5,344	9.6%
Thanet	4,884	8.8%
Tonbridge & Malling	4,768	8.6%
Tunbridge Wells	4,251	7.7%
Kent	55,513	100.0%

Source: PANSI (14.2)

- 2.1.47 There are 912 working age people with physical disabilities who are accommodated by KCC in specialist accommodation to receive care and support. This is 1.6% of the Kent working age population with impaired mobility in 2025 (see Table 2-9). Whilst this does not cover all physical disabilities, it illustrates that the vast majority of disabled people continue to live independently, managing their own care and support where needed. KCC is likely to provide accommodation based care and support to those with the most complex needs.
- 2.1.48 The largest numbers of people with physical disabilities placed in specialist accommodation live within Thanet, Folkestone and Hythe and Canterbury. There are low numbers within Dartford, Sevenoaks and Gravesham.

**Table 2-10: People with Physical Disabilities Receiving Care/Support in Accommodation Commissioned by KCC**

Local Authority	LT Nursing	ST Nursing	LT Resi	ST Resi	Supported living	Shared lives	Total
Ashford	*	*	*	*	31	*	52
Canterbury	*	*	44	*	60	*	115
Dartford	*	*	11	*	*	*	29
Dover	*	*	12	*	35	*	60
Folkestone and Hythe	*	*	42	*	51	*	116
Gravesham	*	*	*	*	24	*	34
Maidstone	*	*	*	*	75	*	95
Sevenoaks	*	*	11	*	15	*	27
Swale	*	*	25	*	33	*	67
Thanet	*	*	33	*	68	11	124
Tonbridge & Malling	*	*	*	*	29	*	39
Tunbridge Wells	*	*	19	*	58	*	83
<b>Total Kent</b>	<b>34</b>	<b>19</b>	<b>221</b>	<b>46</b>	<b>488</b>	<b>33</b>	<b>841</b>
<i>Outside Kent</i>	*	0	35	*	24	*	70
<b>Total</b>	<b>43</b>	<b>19</b>	<b>256</b>	<b>47</b>	<b>513</b>	<b>34</b>	<b>912</b>

Source: Kent County Council Adult Social Care \*Figures lower than 10 are suppressed

## 2.3.2 Residential and nursing care

2.1.49 43 people with physical disabilities are accommodated by KCC in long term nursing care and a further 19 in short term nursing care. There are 256 people living in long term residential care homes and a further 47 in short term care.

2.1.50 The number of people with physical disabilities accommodated by KCC in care homes appears to have increased slightly since 2014 (280 people in 2014). However, this is not a large increase and reflects the growth of the working age population over the same time. Essentially the numbers in care homes appear to have been relatively stable.

2.1.51 Commissioners and practitioners consulted during the course of this study raised the small but growing need for bariatric residential and nursing care to support people who are obese, with interrelated physical and mobility disabilities. This small scale need often proves hard to meet because accommodation is not designed to cater for these needs, including, for example, widened doorways.

## 2.3.3 Supported Living and Shared Lives

2.1.52 513 people with physical disabilities live in supported living accommodation provided by KCC and additional 34 people live in shared lives placements. The number of people accommodated in supported living placements appears to have increased substantially since 2014, when 210 people were

placed in supported living accommodation by KCC. This pattern confirms the longer-term strategy to ensure, where possible, people with physical disabilities can live in independent settings with accommodation and care and support packages adapted to their needs.

## 2.3.4 Accommodated in Own Home

2.1.53 The largest number of people with physical disabilities who receive care and support provided by KCC are accommodated in their own home (756 people). This equates to 1.4% of the population of people in Kent (aged 18-64) with impaired mobility, in addition to 1.6% placed by KCC in accommodation based care and support.

## 2.4 People with Mental Health Conditions

### 2.4.1 Population

2.1.54 It is helpful to understand the potential number of working age people (aged 18-64) in Kent and the individual authorities that have a mental health condition. PANSI data presented in Table 2-11 below shows the projected number of people in each authority with a mental health problem in 2025. It suggests that in 2025 there are 308,309 18-64 year olds across Kent with a mental health problem. However, the vast majority of these will not require accommodation based care and support from KCC.

**Table 2-11: People aged 18-64 with a mental health problem, Kent and authorities, 2025**

Local Authority	Number of people with a mental health problem	% of Kent total
Ashford	25,748	8.4%
Canterbury	33,014	10.7%
Dartford	24,202	7.8%
Dover	22,830	7.4%
Folkestone & Hythe	21,297	6.9%
Gravesham	20,259	6.6%
Maidstone	34,124	11.1%
Sevenoaks	22,363	7.3%
Swale	29,895	9.7%
Thanet	26,087	8.5%
Tonbridge & Malling	26,051	8.4%
Tunbridge Wells	22,374	7.3%
Kent	308,309	100.0%

Source: PANSI (14.2)

2.1.55 There are 1,360 people with mental health conditions who receive accommodation based care and support provided by KCC. This is 0.4% of the working age population identified with a mental health problem in Kent (see Table 2-11).

2.1.56 The highest numbers of people are accommodated in Canterbury, Thanet, Maidstone and Folkestone and Hythe, largely in supported living accommodation. This is a similar geographical pattern as for those with learning disabilities. Discussions with Kent’s senior and locality commissioners suggests this reflects the economics of schemes with lower property prices in the east of the county making it viable to provide such accommodation.

2.1.57 It is also likely to reflect the movement, or placement including by authorities outside Kent, of vulnerable people to the east of the county, particularly coastal areas. In part this is due to the relatively cheaper rents and availability of private rented accommodation. This movement pattern contributes to higher concentrations of vulnerable people in coastal areas with higher rates of mental health conditions. In some cases, when conditions become severe or when people with serious conditions are discharged from NHS care, they may require accommodation based care and support provided by KCC in the short or even long term.

**Table 2-12: People with Mental Health Conditions Receiving Care in Accommodation Commissioned by KCC**

Local Authority	Nursing - Long Term	Nursing - Short Term	Resi – Long Term	Resi – Short Term	Supported Living	Shared Lives	Total
Ashford	*	*	10	*	57	*	78
Canterbury	*	*	70	11	108	10	199
Dartford	*	*	*	*	35	*	39
Dover	*	*	32	*	73	*	111
Folkestone & Hythe	*	*	36	*	88	*	141
Gravesham	*	*	*	*	54	*	65
Maidstone	*	*	28	*	125	*	155
Sevenoaks	*	*	*	*	19	*	21
Swale	*	*	*	*	46	*	56
Thanet	*	*	67	*	112	13	195
Tonbridge & Malling	*	*	*	*	34	*	38
Tunbridge Wells	*	*	12	*	61	*	74
Total Kent Authorities	12	*	275	23	812	46	1172
Outside Kent Total	*	*	70	*	110	*	188
<b>Overall Kent</b>	<b>18</b>	<b>*</b>	<b>345</b>	<b>24</b>	<b>922</b>	<b>47</b>	<b>1,360</b>

Source: Kent County Council Adult Social Care \*Figures lower than 10 are suppressed.

2.1.58 A substantial proportion of people with mental health conditions are placed by KCC outside of the county (16%). These placements are largely to supported living accommodation followed by long term residential care. The largest share of out of county placements are to neighbouring Medway, with a dispersed pattern of small numbers of people placed in authority areas further afield (including some of the outer London boroughs). Discussions

with the KCC brokerage and arranging support teams suggests that it is often difficult to find appropriate placements at the time they are needed when people have complex needs. Placements also need to take into consideration the other people already living in the scheme. As such, sometimes it is only possible to find the right placement outside of the county.

- 2.1.59 Whilst not reflected in the data, there is a small group of individuals with complex needs who have substance misuse issues, which are often paired in its most severe form with unmet physical and mental health needs. They people may, or may not, have eligible social care needs however. People with these complex needs are often very difficult to accommodate and require a significant multi-agency approach. The evidence base does not consider the impact such individuals have on services. Whilst it is a small cohort the impact is significant, often resulting in serious self neglect or unmet needs, and the demand for intensive support.

## 2.4.2 Residential and Nursing Care

- 2.1.60 There are a small number of people with mental health conditions accommodated in nursing care homes (22 people), of which 18 are in long term care.
- 2.1.61 345 people with mental health conditions are in long term residential care and a further 24 in short term residential care. The largest numbers of people in care homes are resident in Canterbury and Thanet. The total number of people with mental health conditions in care homes appears to have increased since 2014 (230 people in both residential and nursing care at that time).

## 2.4.3 Supported Living and Shared Lives

- 2.1.62 The largest number of people with mental health conditions who receive accommodation based care and support provided by KCC live in supported living scheme (922 people) with a further 47 in shared lives placements. Maidstone, Thanet and Canterbury have the highest numbers of people living in supported living accommodation.
- 2.1.63 The number of supported accommodation placements appears to have increased significantly since 2014, when the data provided by KCC at the time suggested that just 240 people with mental health conditions lived in supported accommodation provided by KCC. This is around one quarter of current levels.
- 2.1.64 The increase in demand for supported living accommodation from people with mental health needs is also reflected in insights from KCC commissioners and practitioners. Discussions during the course of this study suggest some difficulty in placing people across the county, particularly for those with multiple or complex needs. This includes drug and alcohol users (with some needing 'wet services'<sup>15</sup> and unable to be placed with others who

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<sup>15</sup> A term used in adult addiction services to refer to specialised support that allow individuals to access care and services without the need to stop the consumption they are addicted to (e.g. alcohol).

are recovering from addiction), and people with forensic mental health conditions (because of the level of care required), including those who are ex-offenders where the location of placement may need to be considered. Whilst there may be availability within some supported living schemes, the location or type of accommodation or current mix of occupants may not be suitable for a particular client's, or other residents' needs. The KCC brokerage and arranging support teams have described the process of striking a delicate balance, to ensure people are placed in accommodation suitable to their needs whilst taking into consideration the needs of others in those schemes.

## **2.4.4 Accommodated in Own Home**

2.1.65 An additional 98 people with mental health conditions receive care and support from KCC, which is provided in their own home. The largest numbers supported in their own home live in Thanet, Dover, Folkestone and Hythe and Swale. This again reflects the pattern of concentration of those with mental health conditions needing support in the east of the county and coastal areas, and the availability of cheaper private rented housing (including Houses in Multiple Occupation (HMOs)).

## **2.5 People with Sensory Disabilities**

### **2.5.1 Population**

2.1.66 Sensory disabilities cover impairments in one or more of a person's senses, such as sight, hearing, smell, touch, taste, and spatial awareness. The term 'sensory impairments' is often used to cover those with sight or hearing impairment, whether mild or severe. Dual sensory impairments involve partial or total loss of more than one sense (e.g. being deafblind).

2.1.67 Table 2-13 outlines the projected population in 2025 with visual and hearing impairments in Kent and the constituent authorities. This focuses on those with moderate, serious, or severe impairments<sup>16</sup>, as these individuals are most likely to be in need of care or support. It shows that there are projected to be 32,725 people with serious (18-64) or moderate to severe (65+) visual impairments, and 34,565 people with a severe hearing impairment in 2025. Together this totals 67,290 individuals across Kent.

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<sup>16</sup> The range of describing sensory impairments can range from mild, to moderate, to moderately severe, to severe, to profound, although the former and latter often do not feature as separate data categories.

**Figure 2-13: Number of people with visual or hearing impairments, Kent and authorities, 2025**

Local Authority	Visual Impairment			Hearing Impairment			Overall Total
	18-64 (serious)	65+ (moderate or severe)	Total	18-64 (severe)	65+ (severe)	Total	
Ashford	51	2,615	2,666	515	2,292	2,807	5,473
Canterbury	66	3,489	3,555	551	3,166	3,717	7,272
Dartford	48	1,527	1,575	443	1,351	1,794	3,369
Dover	46	2,819	2,865	489	2,438	2,927	5,792
Folkestone & Hythe	43	2,847	2,890	461	2,476	2,937	5,827
Gravesham	40	1,801	1,841	396	1,614	2,010	3,851
Maidstone	68	3,373	3,441	669	3,021	3,690	7,131
Sevenoaks	45	2,551	2,596	455	2,329	2,784	5,380
Swale	60	2,886	2,946	588	2,454	3,042	5,988
Thanet	52	3,338	3,390	542	2,873	3,415	6,805
Tonbridge & Malling	52	2,529	2,581	522	2,258	2,780	5,361
Tunbridge Wells	45	2,352	2,397	459	2,203	2,662	5,059
Kent	615	32,110	32,725	6,090	28,475	34,565	67,290

Source: POPPI (14.2), PANSI (14.2)

2.1.68 Overall, 119 people with sensory disabilities are cared for in accommodation commissioned by KCC. Although the numbers are relatively small at the local authority level, there is a clear concentration of people supported in accommodation in Thanet, Canterbury and Folkestone and Hythe. This broadly aligns with the rates of visual and hearing impairment shown in Table 2-13, with Thanet, Canterbury, and Folkestone & Hythe having the 3<sup>rd</sup>, 1<sup>st</sup>, and 5<sup>th</sup> rate of incidence.

**Table 2-14: People with Sensory Disabilities in Accommodation Commissioned by KCC**

Local Authority	Nursing - Long term	Nursing - short term	Resi - long term	Resi - short term	Supported living	Shared Lives	Total
Ashford	*	*					*
Canterbury	*	*	10				15
Dartford	*	*					
Dover	*	*					
Folkestone & Hythe	*	*					15
Gravesham	*	*					
Maidstone	*	*					11
Sevenoaks	*	*					
Swale	*	*					
Thanet	*	*			20		30
Tonbridge & Malling	*	*					
Tunbridge Wells	*	*					
<b>Kent Total</b>	<b>11</b>	<b>*</b>	<b>31</b>	<b>10</b>	<b>58</b>		<b>113</b>
<i>Outside Kent Total</i>	*	*					
<b>Overall Total</b>	<b>14</b>	<b>*</b>	<b>34</b>	<b>10</b>	<b>58</b>		<b>119</b>

Source: Kent County Council Adult Social Care

## 2.5.2 Residential and Nursing Care

2.1.69 15 people with sensory disabilities are accommodated by KCC in nursing care, of which 14 are long term placements.

2.1.70 A further 44 people live in residential care homes, of which 34 are placed long term.

## 2.5.3 Supported Living and Shared Lives

2.1.71 58 people with sensory disabilities live in supported living accommodation provided by KCC with fewer than 10 in long term shared lives placements. The largest number of people are placed within Thanet, with small numbers in the other local authority areas.

## 2.5.4 Accommodated in Own Home

2.1.72 An additional 55 people with sensory disabilities receive care and support provided by KCC in their own home.

2.1.73 Data for the 2014 evidence base was not provided for those with sensory disabilities, so it is not possible to examine how accommodation patterns have changed over the longer term.

## 2.6 Children and Young People moving into Adult Social Care

- 2.1.74 KCC's Children and Young Person Future Planning Tool monitors the number of young people (aged 14+) and their likely needs for accommodation, care and support as they reach adulthood. In July 2025 there were 362 children aged 14+ and these young people will be reaching adulthood during the course of the strategy.
- 2.1.75 Discussions with KCC Children's service suggests most will not need adult social care accommodation but they will need initial support to live independently, for example, to find and maintain their own tenancy. Most children and young people leaving care go into the private rented sector, partly because social landlords are often unwilling to take the risk with younger tenants, and are supported by a Personal Advisor and the district/borough housing authority to put down a deposit as well as costs with moving.
- 2.1.76 Accommodation for children and young people in KCC's care is concentrated in east Kent, particularly the coastal areas, because of the supply of more affordable properties and providers of this accommodation have located here. This means that when children and young people are approaching adulthood they typically express a preference to remain living locally, with the highest number of those who have expressed a preference wishing to live in Thanet.
- 2.1.77 Placements from London are also made by London Borough into children's homes in Kent which adds to the flow of young people who need some form of care and support as they reach adulthood.
- 2.1.78 Typically those children reaching adulthood that need adult social care accommodation are those with disabilities, including learning disabilities. The aim for those that do need care and support is supported living accommodation and an ongoing ambition to reduce the use of residential care except for those with high and complex needs.
- 2.1.79 Practitioners have cited some gaps in the provision of accommodation to support those children transitioning to adult social care. These include solo placements with the need for a small number of 2-3 bed properties to accommodate staff and provide overnight support. Practitioners also cited limited availability of accommodation for wheelchair users, consistent with discussions with commissioners of adult accommodation for those with physical disabilities.

## 2.7 Key Findings

- 2.1.80 KCC currently provides accommodation based care and support for:
- 1,213 people in nursing care homes, of which half are older people with relatively small numbers of people from the other working age client groups;
  - 4,386 in residential care, of which over half are older people (2,848); Whilst the number of people with learning disabilities living in residential

care homes has reduced over time, there remain over 800 people living in this type of accommodation, with a substantial proportion placed outside of the county.

- 3,335 people in supported living accommodation of which around half are people with learning disabilities (1,656 people) and 922 people with mental health needs and 513 people with physical disabilities. There are an additional 178 people living in shared lives placements (akin to foster care for adults) with most of these people having learning disabilities or mental health needs.
- 4,466 people have care and support packages provided in their own homes. The majority of these (3,481) are older people, while 756 are people with physical disabilities. There are smaller numbers (fewer than 100) of people who have learning disabilities and mental health needs who received care and support in their own home.

- 2.1.81 The data suggests that there has been a reduced reliance on residential care for most client groups that KCC accommodates over time, in line with most people's preferences and KCC's strategy to maintain independence where possible.
- 2.1.82 People with learning disabilities are increasingly being placed in supported living accommodation over time. Similarly, there has been a large increase in the number of people with mental health needs living in supported living. However, this is also likely to reflect growth in demand generally.
- 2.1.83 Most older people who receive care and support provided by KCC receive a care package in their own home. The next largest accommodation type for older people accommodated by KCC is residential care. This reflects the fact that there are few options between people remaining in their own home and moving to a care home, because of the limited size of the supported living market (e.g. extra care). Referrals into care homes are typically crisis-led and the opportunity to move to a more independent setting sooner is sometimes missed.
- 2.1.84 There does not appear to have been substantive change in number of people that KCC place in nursing care, but commissioners cite growing demand from all client groups associated with the rise in prevalence of increasingly complex conditions, such as dementia and people with multiple needs.
- 2.1.85 There are additional but often smaller scale needs that are not robustly reflected in the data but have been raised by commissioners and teams responsible for placing people. These include people with learning disabilities or mental health needs who require single person accommodation i.e. they are not suitable to be accommodated with others, with the exception of carers.
- 2.1.86 Small scale but difficult to accommodate needs also include people with forensic mental health needs, women who need women-only mental health services, and people with Prader Willi Syndrome. Whilst there are also some complex needs for those with eating disorders, substance misuse, and neurorehabilitation, commissioners considered that these needs were likely

to be health led rather than social care led, although this distinction is not always clear.

- 2.1.87 Accommodating people with complex and multiple needs has been cited as a key challenge across client groups, with some people more likely to be placed out of county to find suitable accommodation. This is more likely for people with learning disabilities or mental health needs, as brokerage and arranging support teams are often looking for specialist accommodation that is suitable to the needs of an individual.

## 3. Current Accommodation

- 3.1.1 This section examines the accommodation which is contracted by KCC to provide accommodation based care and support across the client groups considered in Section 2.
- 3.1.2 The data in this section focuses on accommodation which KCC commissions from providers. This can include whole schemes which are used to accommodate those cared for or supported by KCC, or a number of beds or placements within schemes with the scheme also including people who self-fund or are placed by other authorities into accommodation in Kent.
- 3.1.3 It is important to note that there is a wider stock of accommodation available to those who need accommodation based care and support and are not eligible for KCC support. KCC regularly makes use of this accommodation if the schemes within its contracts are at full capacity, or to meet specific needs which arise. However, KCC has limited influence over the nature and cost of this accommodation.
- 3.1.4 This section provides headline data on the number of care homes, extra care and supported living schemes within Kent. Some schemes offer accommodation to a range of different client groups and so it is not always possible to disaggregate on the basis of single groups of people. However, where appropriate, this distinction is made.

### 3.1 Care Homes

- 3.1.5 There are 509 care homes within Kent that provide accommodation across a range of groups with 14,587 bed spaces in total.
- 3.1.6 Table 3-1 sets out the number of bed spaces in care homes that provide nursing care by authority area and group of people. There are 6,649 bed spaces across Kent in total, with the majority of schemes providing nursing care for older people (6,551 bed spaces). Tunbridge Wells and Tonbridge and Malling have the highest number of nursing bed spaces with the lowest numbers in Swale and Gravesham.
- 3.1.7 Care homes with nursing care beds for people with learning disabilities, physical disabilities and mental health conditions are limited in number and account for just under 200 beds in total.
- 3.1.8 Comparing the data from KCC in Section 2 to the total stock of accommodation in Table 3-1 suggests that 13.5% nursing care beds available to older people in Kent are taken up by people supported by KCC (886 of the 6,551 beds).
- 3.1.9 Whilst the number of nursing care beds for other groups of people is small, those placed by KCC account for just under 10% of nursing care beds for people with learning disabilities, 42% of beds for people with physical disabilities and the majority (70%) of nursing care beds for people with mental health needs.

**Table 3-1: Nursing Care Home Accommodation (Beds) in Kent**

<b>Local Authority</b>	<b>LD</b>	<b>MH</b>	<b>OP</b>	<b>PD</b>	<b>All</b>
Ashford			619	32	651
Canterbury	9		542	55	606
Dartford			561		561
Dover	40		357		397
Folkestone & Hythe			547	39	586
Gravesham			289		289
Maidstone		23	762		785
Sevenoaks			533		533
Swale			243		243
Thanet			510		510
Tonbridge & Malling			722		722
Tunbridge Wells			830		830
Unknown			36		36
<b>Kent Total</b>	<b>49</b>	<b>23</b>	<b>6,551</b>	<b>126</b>	<b>6,749</b>

*Source: Kent County Council Adult Social Care*

- 3.1.10 There are 7,822 bed spaces in residential care homes in Kent. Again, the majority of care homes and bed spaces are provided for older people (5,754) with the highest level of provision in Canterbury and Thanet. There is much more limited provision in Tonbridge and Malling and Gravesham. There are an additional 100 bed spaces in Thanet for older people with mental health conditions.
- 3.1.11 Data in Section 2 suggests the 47% of residential bed spaces for older people in Kent are taken up by people supported by KCC (2,709 of the available 5,754 beds).
- 3.1.12 There are a further 1,446 bedspaces in residential care homes provided for people with learning disabilities. The largest provision is found in the east of the county in the authorities of Dover, Folkestone and Hythe and Canterbury. Almost half (46%) of beds (670 beds out of the 1,446 total) are taken up by people with learning disabilities supported by KCC.
- 3.1.13 There are limited numbers of bedspaces in residential care homes for people with physical disabilities or mental health conditions. However, as with the provision for older people and people with learning disabilities, these are primarily concentrated in the east but with some modest provision for people with physical disabilities in the west in Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells.
- 3.1.14 The majority (90%) of beds for people with physical disabilities in residential care homes in Kent are taken up by people supported by KCC (267 out of 297 available bed spaces). Similarly, the majority 89% of beds for people with mental health needs in residential care homes in Kent are taken up by people supported by KCC (298 out of the 334 available bed spaces).

**Table 3-2: Residential Care Home Accommodation (Beds) in Kent**

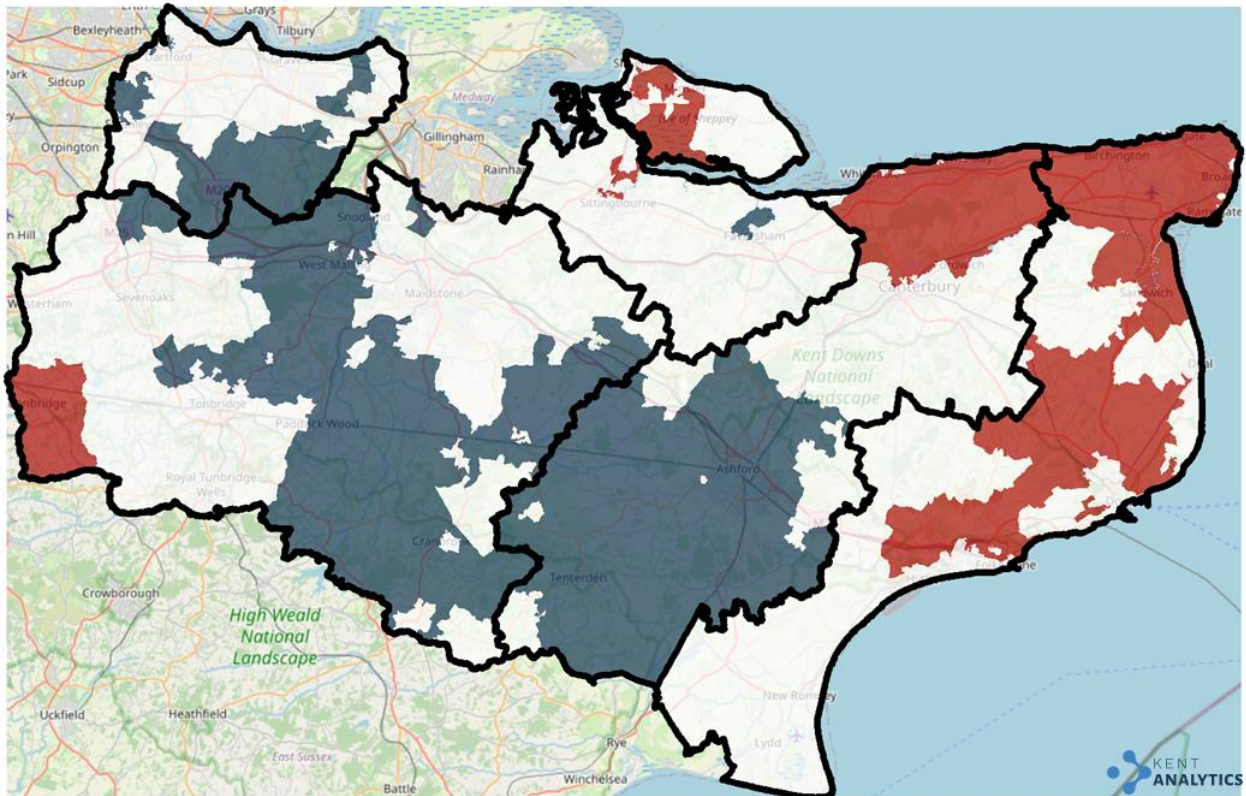
Local Authority	LD	MH	MH & OP	OP	PD	Not Known	All
Ashford	159	15		196			370
Canterbury	203	103		1,074	68		1,448
Dartford	37			283			320
Dover	230	32		584			846
Folkestone & Hythe	250	29		600	52		931
Gravesham	53	14		247			314
Maidstone	83	16		534	21		654
Sevenoaks	41			444	24		509
Swale	155			486	64	5	710
Thanet	122	8	100	848			1,078
Tonbridge & Malling	21			206	38		265
Tunbridge Wells	77	17		252	30		376
<b>Kent Total</b>	<b>1,431</b>	<b>234</b>	<b>100</b>	<b>5,754</b>	<b>297</b>		<b>7,822</b>
Medway	15						15
Unknown						1	1
<b>Total</b>	<b>1,446</b>	<b>234</b>	<b>100</b>	<b>5,754</b>	<b>297</b>	<b>6</b>	<b>7,837</b>

Source: Kent County Council Adult Social Care

3.1.15 Research produced in parallel by Kent Analytics confirmed these patterns and identified hot and cold spots for the availability of different forms of accommodation. Map 3-1 shows hot spots (where availability is higher) for residential care homes in the east and coastal areas of the county and cold spots (where availability is limited) in part of the west of the county. Map 3-2 shows hot spots for nursing care homes in the west and cold spots in the east and coastal areas.

### Map 3-1: Hot and Cold Spots for Residential Care

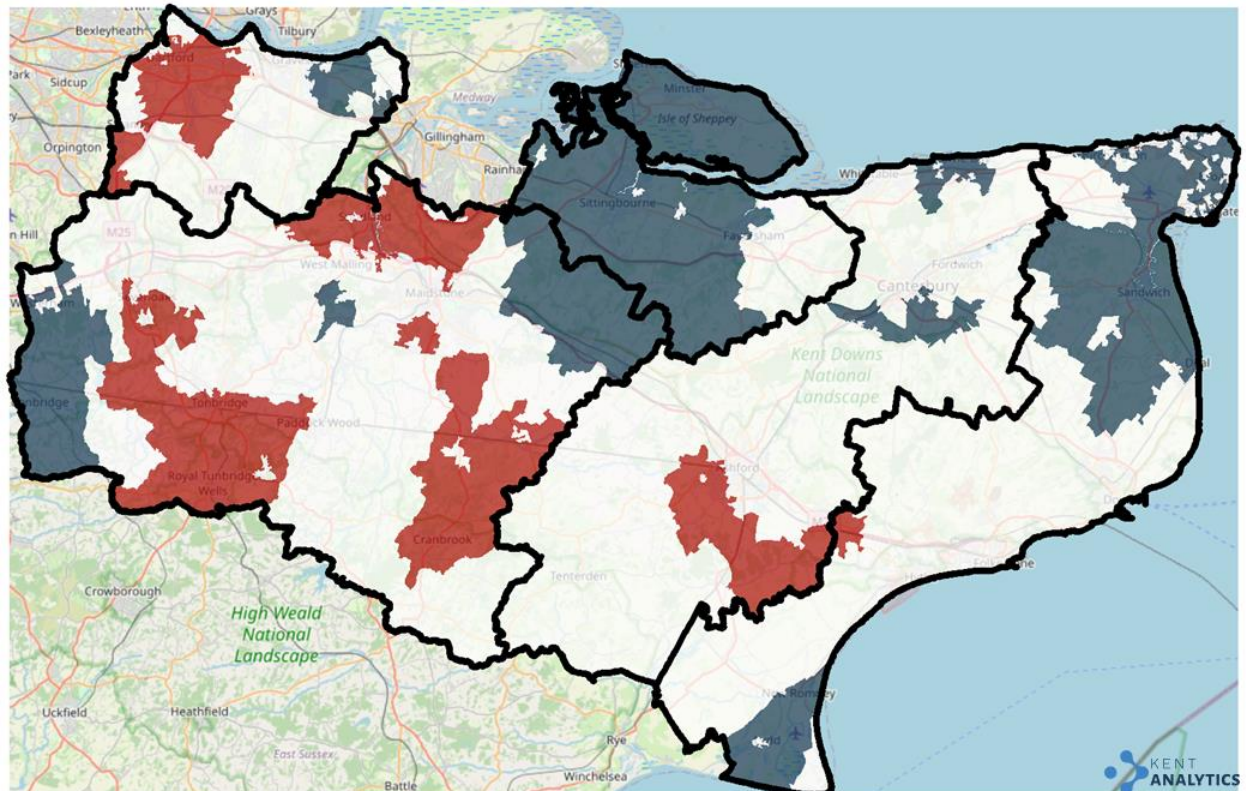
Hot & Cold Spots for Older Person's Residential Care Homes (red – hotspots; blue – cold spots)



Source: Kent Analytics, KCC

### Map 3-2: Hot and Cold Spots for Nursing Care

Hot & Cold Spots for Older Person's Nursing Care Homes (red – hotspots; blue – cold spots)



Source: Kent Analytics, KCC

## 3.2 Supported Living

3.1.16 The NHS defines supported living services as those which can provide help/support if an individual does not want to live in residential care, and can include support in someone's existing home. Some supported living homes may also be shared by multiple individuals within similar health problems (e.g. a particular disability, substance misuse problems, or care leavers in need of support) or include placements in other households akin to foster placements for adults (Shared Lives).

3.1.17 There are 897 schemes in within Kent that KCC is able to place people into for accommodation based support. These schemes provide 2,785 bed spaces in total. Note that some bed spaces can be used for different client need groups and so they are effectively counted more than once in the bullet points below. Within these schemes there are:

- 2,149 bed spaces in schemes suitable for people with learning disabilities.
- 1,406 bed spaces in schemes suitable for people with mental health conditions.
- 948 bed spaces in schemes suitable for people with sensory disabilities.
- 1,715 bed spaces in schemes suitable for people with autism.
- 533 bed spaces in schemes suitable for forensic mental health conditions.
- 334 bed spaces in schemes suitable for people with drug/alcohol dependencies.

3.1.18 The largest number of schemes and bedspaces are located within the east of the county and in particular the coastal areas.

3.1.19 The number of people that KCC supports in total within supported living accommodation (excluding extra care for older people) within Kent is 2,924, which includes 1,566 people with learning disabilities, 922 people with mental health needs, 488 with physical disabilities, and 58 people with sensory disabilities. This figure exceeds the total number of supported living beds within Kent (as contracted by KCC), which contain 2,785 beds. It is likely that some of those counted as living in supporting living accommodation are accommodated in their own home but receiving a supported living care package. Others may be accommodated in supported living schemes which are not under KCC contract and thus not included in the data. Nevertheless, this suggests that there is little if any capacity in KCC supported living schemes. This corroborates discussions with practitioners who have described losses to the stock over time and difficulty in bringing new schemes forward.

## 3.3 Extra Care

3.1.20 Extra care is a form of supported living for older persons. The Housing Learning and Improvement Network (HLIN) defines 'extra care' housing as self-contained homes with design features and support services available to enable independent living. It also outlines that extra-care housing is used as

intermediate and rehabilitation care as well as longer-term housing, generally for older people. Age UK<sup>17</sup> outlines the common personal care and support services available through extra-care or assisted living schemes, which include:

- 24-hour emergency alarm service;
- Warden/support staff;
- Help with personal care (e.g. washing, dressing);
- Help with tasks such as shopping, laundry, and providing meals; and
- Communal space for residents to socialise (e.g. lounge, dining, gardens).

3.1.21 There are 18 extra care schemes for older people in Kent which KCC has contractual relationships with and therefore the ability to place people into these schemes.

3.1.22 In total, these 18 schemes have 834 units collectively with over half (429) having 1 bedroom, 366 with 2 beds and the remainder unknown size. The majority of these units (755) are available for rent (social/affordable) with the remainder (approx. 10%) for shared ownership.

**Table 3-3: Number of Extra Care Homes within Local Authorities**

	<b>KCC contract: primarily Social Rented</b>	<b>Other: Social Rented</b>	<b>Other: primarily Leasehold</b>	<b>Total</b>
Ashford	177			177
Canterbury	40		50	90
Dartford	80			80
Dover	161		74	235
Folkestone & Hythe	39			39
Gravesham	0	117		117
Maidstone	97		242	339
Sevenoaks	52			52
Swale	51			51
Thanet	89			89
Tonbridge & Malling	0	133		133
Tunbridge Wells	48		67	115
<b>Kent</b>	<b>834</b>	<b>250</b>	<b>433</b>	<b>1,517</b>

Source: KCC extra care contracts, Elderly Accommodation Counsel housingcare.org data

3.1.23 The largest number of schemes (4) with 177 units are within Ashford, with 3 schemes in Dover district providing 161 units. There are also schemes within Canterbury, Dartford, Folkestone, Maidstone, Sevenoaks, Swale, Tunbridge

<sup>17</sup> ageuk.org.uk

Wells and Thanet. However, there are currently no extra care schemes under KCC contracts in Tonbridge and Malling and Gravesham.

3.1.24 There is a wider market of extra care schemes which, according to information from the Elderly Accommodation Counsel, includes 11 further schemes totalling 683 units. This includes:

- 4 additional schemes which contain 250 homes for social rent. All four schemes are in Gravesham (117 homes) and Tonbridge and Malling (133).
- 7 additional private led schemes which are primarily for leasehold sale, but some contain a small proportion of rented or shared ownership flats. It is interesting to note that four of these are within Maidstone.

3.1.25 There are 3 further schemes in the pipeline which are due to be completed in 2026 and plan to deliver 313 homes in total, including a private scheme in Tonbridge and Malling for 200 homes.

## 3.4 Mainstream Housing Stock

3.1.26 It is important to keep in mind that most people supported by KCC are accommodated in their own home. This is because the largest numbers of people supported are older people who need care or support to maintain independence. It is also usually the case that older people wish to remain in their own home for as long as possible.

3.1.27 The provision of care and support within a client's own home is less common amongst the other client groups but this is generally because of more serious and complex needs and the vulnerabilities of those individuals.

3.1.28 However, as the population grows and particularly ages, the number of people with care and support packages in mainstream housing will increase. It is also the explicit aim of KCC's adult social care prevention strategy to enable people to stay independent for as long as possible, including living within their own homes.

3.1.29 KCC data does not provide information on the type of own home accommodation that people are supported within. For example, whether it is level access, in good condition, capable of being kept warm etc. However, the recently published Kent & Medway Housing Strategy and accompanying evidence base set out some of the issues and challenges in terms of the condition of the housing stock and how this impacts on the health and wellbeing of Kent's residents.<sup>18</sup>

3.1.30 Discussions with commissioners and practitioners during this study emphasised the importance of new housing being accessible and capable of adaptation so that it can increasingly accommodate those with care and support needs.

3.1.31 The Local Plans in the majority of local authorities (Ashford, Canterbury, Dartford, Dover, Folkestone & Hythe, Gravesham, Maidstone, Sevenoaks, Swale, Thanet, and Tunbridge Wells) include policies outlining support or

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<sup>18</sup> [Kent and Medway Housing Strategy 2025-2030, Better Homes: Growth, Wellbeing and Choice - Kent Housing Group](#)

requirements for the delivery of housing to meet the needs of older people. A smaller group of authorities (Ashford, Canterbury, Dartford, Dover, Folkestone & Hythe, Maidstone, Sevenoaks, Thanet, Tunbridge Wells) have policies which encourage (or provide requirements for) the delivery of dwellings to Building Regulation M4(2) (adaptable and accessible dwellings) standard or M4(3) (wheelchair accessible) standard. See Appendix B for a review of existing and emerging policies.

- 3.1.32 Consultation also highlighted the importance of existing mechanisms such as Disabled Facilities Grants to allow people to stay in their own home (with lower levels of care due to adaptations), retain independence, and prevent health problems worsening.
- 3.1.33 Key to enabling people to remain in their own home, assuming the accommodation itself is suitable or can be made so, is the provision of care packages to people at home. For people supported by KCC, care in the home is typically provided by regular visits carers from a number of care agencies in the county.
- 3.1.34 Discussions with commissioners raised a number of challenges with care and support in the home and the likely need to expand provision over time:
- There are challenges in recruiting and retaining sufficient numbers of care staff within some agencies, in part due to lower pay levels in this sector. Consultations with KCC practitioners in this area suggest turnover of care staff is around 25% each year.
  - A related challenge is the difficulty of recruiting care staff from overseas to fill gaps because of changes to immigration rules and with many overseas care workers leaving the country during and post the covid pandemic.
  - There is a need to improve skills and training in the care sector particularly so that care staff are able to provide care and support to those with more complex needs.
  - It is particularly difficult in some locations to recruit care workers because there is strong competition from other organisations who need care staff, such as local hospitals where rates of pay are typically better.
  - It can be difficult to find care agencies to cover some rural areas in the county because of transport costs and the dispersed nature of clients.
  - Practitioners also cited the risk that a number of larger care agencies dominate the market within Kent which means that the model may be less resilient. If a significant problem arises in one agency it could put the delivery of care at risk to a larger number of people.
- 3.1.35 The scale of care and support provided within mainstream homes, either commissioned by KCC directly or where individuals arrange and fund their own care, underlines the importance of overlaps and interdependencies between different services including social care, housing, planning and workforce and skills.

## 3.5 Key findings

- 3.1.36 Kent has 509 care homes within the county that provide accommodation across a range of client groups, with 14,587 bed spaces in total. The vast majority of these are aimed at and available for older people.
- 3.1.37 There are 6,551 nursing care bed spaces in Kent for older people, but only the minority are occupied by those supported by KCC (13.5%). This illustrates the scale of the wider market for nursing care, with most people having to arrange and fund their own care, and many authorities making placements outside of their area.
- 3.1.38 There are an additional 5,754 residential care bed spaces for older people, with the largest proportion (47%) occupied by those supported by KCC. KCC's commissioning activities therefore have a strong influence on the size and nature of this part of the accommodation market.
- 3.1.39 There are 897 supported living schemes within Kent, into which KCC is able to place people for accommodation based support. These schemes provide 2,785 bed spaces in total. Some bed spaces can be used for different client need groups but the largest number are available for those with learning disabilities.
- 3.1.40 There are 18 extra care schemes for older people in Kent which KCC has contractual relationships with and therefore the ability to place people into these schemes. In total, these 18 schemes have 834 units collectively.
- 3.1.41 There is a wider market of extra care schemes which, according to information from the Elderly Accommodation Counsel, includes 11 further schemes. This includes four schemes providing 250 social rented homes and a further seven schemes which are primarily for leasehold sale and contain 433 homes.
- 3.1.42 The scale of care and support provided within mainstream homes, either commissioned by KCC directly or where individuals arrange and fund their own care, underlines the importance of overlaps and interdependencies between different services including social care, housing and planning.
- 3.1.43 If care in the home is to be expanded over time to improve independence and wellbeing of those with care and support needs, this will require an expansion in the housing stock which is accessible and adaptable through the application of planning policies (and/or changes at the national level to Building Regulations). Care provided in a person's own home will also require the growth of the care sector which is likely to require improvements in pay, skills and training so that it is an attractive prospect for staff and so that they have the necessary skills to respond to increasingly complex needs.

## 4. Future Needs

- 4.1.1 This section considers the potential future need for accommodation based care and support from the client groups that KCC currently supports.
- 4.1.2 There are a number of approaches to estimating future needs which are reflected in this section:
- Using the latest ONS population projections and applying growth over the next 10 years to the current client group. This assumes needs will grow at the same rate as the growth in the relevant population.
  - Drawing on POPPI and PANSI projection data, which has been developed specifically for understanding the growth in particular needs amongst vulnerable groups; and
  - Applying the Housing Learning Improvement Network's (HLIN) 'SHOP' toolkit to the projected population of older people in the Kent authorities, to estimate the 'ideal' rates of provision of different specialist housing and care home schemes.
- 4.1.3 Projecting future needs is a highly uncertain science and whilst it is a useful tool for planning it should be used alongside an understanding of past trends and emerging developments, which may shift the predicted outcomes. Importantly, the projections in this section assume a continuation of current policies and thresholds on eligibility for care and support. If these are changed, by either Government or KCC, it would impact on the number of people who are eligible for support from KCC in the future.
- 4.1.4 The rest of this section considers projected needs for each broad client group and provides estimates for Kent as a whole and for each of the individual authorities.

### 4.1 Older People

- 4.1.5 Table 4-1 sets out the projected number of older people (aged 65+) in the population in 2025 and 2035. The latest ONS projections anticipate 20% growth in the older population across Kent, the addition of almost 70,000 older people over the next 10 years. The largest growth in absolute numbers is expected in Canterbury and Maidstone reflecting the larger size of the older populations in these areas in 2025. The fastest growth rate is expected in Ashford (27.5%) which would add 7,810 older people to the older population of the borough in 2035.
- 4.1.6 The Kent Housing Strategy Evidence Base (2025)<sup>19</sup> sets out historic growth in the older population across the Kent authorities and finds that growth of the older population has driven population change in the 10 years to 2021, with the most substantial growth in the 70-74 and 75-79 age groups (broadly the baby boom generation). In some authorities (Ashford, Folkestone and Swale), the 70-74 age group grew by over 50% between 2011 and 2021.

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<sup>19</sup> [Kent and Medway Housing Strategy 2025-2030, Better Homes: Growth, Wellbeing and Choice - Kent Housing Group](#)

This helps to explain the growth in the need for accommodation with care and support for some of these older people when they develop needs.

- 4.1.7 The growth in the number of people in the oldest age group (85+) was particularly high in Tonbridge and Malling and Sevenoaks with more limited growth (and even some falls) in the east Kent authorities. To some extent this may reflect the movement of older people to nursing care homes which, as Section 3 demonstrates, are more numerous in the west.

**Table 4-1: Population of Over 65s 2025-2035**

	2025	2030	2035	Change	% Change
Ashford	28,370	32,285	36,180	7,810	27.5%
Canterbury	36,989	41,167	45,023	8,034	21.7%
Dartford	16,817	18,281	19,888	3,071	18.3%
Dover	30,120	33,506	36,327	6,207	20.6%
Folkestone and Hythe	29,436	32,616	35,621	6,184	21.0%
Gravesham	18,789	20,029	21,230	2,441	13.0%
Maidstone	36,359	40,557	44,688	8,329	22.9%
Sevenoaks	27,502	29,862	31,976	4,474	16.3%
Swale	30,807	34,132	37,204	6,397	20.8%
Thanet	34,831	37,937	40,745	5,915	17.0%
Tonbridge and Malling	26,940	29,826	32,517	5,577	20.7%
Tunbridge Wells	24,364	27,000	29,567	5,202	21.4%
<b>Kent</b>	<b>341,324</b>	<b>377,196</b>	<b>410,965</b>	<b>69,641</b>	<b>20.4%</b>

Source: ONS Sub National Population Projections 2022 Based

- 4.1.8 Applying the growth rate in Table 4-1 to the current number of older people supported by KCC produces a set of simple estimates of the size of the population who will require accommodation based care and support from KCC in 2035. It also projects the number people receiving a care package in their own home.
- 4.1.9 The growth in the older population is likely to increase the demand for KCC care and support by 1,555 additional people between 2025-2035. The projections in Table 4-2 estimate that, if current trends continue, KCC is likely to be supporting an additional 710 in their own home, an additional 581 people in residential care (long and short term) and an additional 226 people in nursing homes.
- 4.1.10 The projections in Table 4-2 assume 'business as usual' i.e. that the use of each accommodation type expands in line with this population growth. However, KCC strategy direction may involve providing a greater share of care and support in the home and expanding more independent living options with the aim of reducing care home use where possible. These projections do not take account of strategy and are essentially 'policy off'.

**Table 4-2: Older People Projected to Need KCC Accommodation Based Care and Support in 2035**

	Own home	Shared Lives	Supported Living	Residential Long term	Residential Short term	Nursing long term	Nursing short term	All	Growth 2025-2035
Ashford	348	*	42	216	34	121	15	778	168
Canterbury	420	-	17	353	49	69	16	924	165
Dartford	290	-	*	192	18	89	*	596	92
Dover	314	-	23	297	59	104	16	812	139
Folkestone and Hythe	381	-	16	323	65	82	11	879	153
Gravesham	308	-	*	46	23	32	*	425	49
Maidstone	403	-	22	294	18	202	29	969	181
Sevenoaks	245	-	*	122	12	70	10	462	65
Swale	484	-	22	231	30	71	*	847	146
Thanet	429	-	42	415	92	66	16	1,061	154
Tonbridge and Malling	302	-	*	147	12	43	16	526	90
Tunbridge Wells	254	*	22	208	*	124	11	627	110
Kent	4,186	*	223	2,839	423	1,067	163	8,903	1,509
Outside Kent	2	-	*	163	*	101	*	271	46
Overall total	4,189	*	224	3,003	426	1,168	165	9,177	1,555
<b>Growth 2025-2035</b>	<b>710</b>	<b>*</b>	<b>38</b>	<b>509</b>	<b>72</b>	<b>198</b>	<b>28</b>	<b>1,555</b>	

Source: AECOM calculations using ONS 2022 based sub national population projections (aged 65+) and KCC caseload data for older people currently supported in accommodation or own home by KCC. \*Figures lower than 10 suppressed.

4.1.11 Looking at the projected care needs of the wider Kent 65+ population, not just those supported by KCC, POPPI data projects the number of people aged 65+ expected to be living in a care home (with or without nursing) in 2025 and 2035. Table 4-3 shows these projections and the expected increase across Kent and the authorities. It is projected that over the decade the number of people aged 65+ in Kent living in a care home will increase by 4,099 people, or 33.0%. The greatest percentage increase is projected to be in Ashford (+40.4%) despite not expecting one of the higher increases in number. The smallest percentage increase is projected to be in Gravesham, with it expected that the number of people aged 65+ living in a care home will increase by 23.2% between 2025 and 2035.

4.1.12 Table 4-2 above identifies that KCC could be projected to support an additional 807 individuals in residential or nursing care (either long or short term) between 2025 and 2035. This would equate to 19.7% of the projected increase in the number of people aged 65+ living in a care home (with or without care) in Kent over the same period (+4,099 people).

4.1.13 As noted above, these are effectively ‘policy off’ figures, and do not take into account KCC’s strategies around providing care for older people. In practice, these projections for older people living in care homes may not be realised as more support may be provided in the individual’s own home or other supported living settings. Although there may be a focus towards providing more care in the home, commissioners do expect a growing need for nursing care as people live longer with more complex and multiple needs.

**Table 4-3: Projected number of people aged 65+ living in a care home (with or without nursing), Kent and authorities, 2025 and 2035**

<b>Local Authority</b>	<b>2025</b>	<b>2035</b>	<b>Increase</b>	<b>% Increase</b>
Ashford	695	976	281	40.4%
Canterbury	1,611	2,159	548	34.0%
Dartford	779	969	190	24.4%
Dover	1,209	1,654	445	36.8%
Folkestone & Hythe	1,200	1,648	448	37.3%
Gravesham	603	743	140	23.2%
Maidstone	1,398	1,861	463	33.1%
Sevenoaks	807	1,034	227	28.1%
Swale	807	1,080	273	33.8%
Thanet	1,362	1,778	416	30.5%
Tonbridge & Malling	711	937	226	31.8%
Tunbridge Wells	1,147	1,531	384	33.5%
<b>Kent</b>	<b>12,428</b>	<b>16,527</b>	<b>4,099</b>	<b>33.0%</b>

Source: POPPI (14.2), AECOM Calculations

## 4.1.1 Housing Learning Improvement Network Projections

4.1.14 Estimates of the need for specialist housing for older people can also be derived from the Housing Learning and Improvement Network (HLIN) model, one of the simplest and most widely used ways of estimating for the housing needs of older people. The model applies an ‘ideal’ rate of provision for different forms of accommodation to the size of the population of over 75s. Note that this includes a range of housing types that do not include care and support but these schemes (such as sheltered housing) can nevertheless help to maintain independence and prevent or delay the need for care and support.

4.1.15 The rates of provision assumed by HLIN are aspirational, with few places achieving them. They are designed to expand provision, with the rates based

on research developed in the 'More Choice, Greater Voice' report<sup>20</sup>. They can be considered best practice in the provision of specialist housing supply.

- 4.1.16 Table 4-4 below serves as a guide to the numbers of specialist homes for older people that should be provided, given the increase in their numbers over the Plan period, and how these should be split into the different tenures.

**Table 4-4: Recommended provision of specialist housing for older people from the SHOP toolkit**

<b>Form of provision</b>	<b>Estimate of demand per thousand of the relevant 75+ population</b>
Conventional sheltered housing to rent	60
Leasehold sheltered housing	120
Enhanced sheltered housing (divided 50:50 between that for rent and that for sale)	20
Extra care housing for rent	15
Extra care housing for sale	30
Housing based provision for dementia	6

*Source: Housing LIN SHOP Toolkit*

- 4.1.17 In total, the HLIN model suggests that in most places, the level of unmet demand for specialist housing for older people of all kinds is likely to be approximately 251 units per 1,000 of the population aged 75+, with roughly half of these (120), requiring leasehold sheltered housing and similar, such as adapted existing housing or retirement accommodation without significant onsite care offers. Table 4-4 does not include the need for care home beds (residential or nursing), which are discussed separately later in this section.
- 4.1.18 Table 4-5 shows the HLIN SHOP toolkit projections for Kent based on the projected increase in the 75+ population between 2025 and 2035 (POPPI 14.2). Appendix A provides data for each of the individual authorities. This produces a need for approximately 8,107 units of specialist housing for older people across Kent between 2025 and 2035. The greatest volume of need is identified in Canterbury (979 units), followed by Folkestone & Hythe (853 units).

<sup>20</sup> [More Choice, Greater Voice - a toolkit for producing a strategy for accommodation with care for older people - Resource Library - Resources - Housing LIN](#)

**Table 4-5: Projected need for specialist housing for older people 2025-2035, Kent and authorities**

Local Authority	Provision	Need to meet increase in population 2025-2035	Total need 2025-2035
Kent	Conventional sheltered housing to rent	1,938	8,107 <sup>21</sup>
	Leasehold sheltered housing	3,876	
	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	646	
	Extra care housing for rent	485	
	Extra care housing for sale	969	
	Housing based provision for dementia	194	

Source: *HLIN SHOP Toolkit, AECOM Calculations, POPPI 14.2*

4.1.19 Turning to the need for care home beds, Table 4-6 shows the need for residential and nursing care home beds based on a rate of provision of 65 residential care beds per 1,000 people aged 75+ and 45 nursing care beds per 1,000 people aged 75+. The total provision required to meet the projected need for the increase in 75+ population between 2025 and 2035 across Kent is 3,553 care home beds, 2,100 for residential care and 1,454 for nursing care. This projection is for the whole market rather than just KCC provision, and includes self-funders. Over the past 10 years there has been limited growth in care home usage by KCC, suggesting that needs are being met in different ways in Kent, such as through care in the home.

**Table 4-6: Projected need for care home bedspaces 2025-2035, Kent and authorities**

Local Authority	Provision	Bedspaces needed
Kent	Residential care	2,100
	Nursing care	1,454
	<b>Total</b>	<b>3,553<sup>22</sup></b>

Source: *POPPI 14.2, AECOM Calculations, HLIN SHOP Toolkit*

<sup>21</sup> Figures may not sum to the individual authorities due to rounding

<sup>22</sup> Figures may not sum to the individual authorities due to rounding

## 4.2 People with Learning Disabilities

4.1.20 The projected change in the number of adults with learning disabilities who will need accommodation based care and support from KCC is estimated using the expected growth in the working age population (16-64) over the next 10 years (Table 4-7).

4.1.21 As with the projections for older people needing care and support above, these are simple estimates that assume the current client group who are supported by KCC will grow in line with the population as a whole. The number of people with learning disabilities who will need accommodation based care and support from KCC in 2035 is estimated in Table 4-8.

**Table 4-7: Working Age Population 2025-2035**

Local Authority	2025	2035	Growth	% growth
Ashford	87,337	94,604	7,267	8.3%
Canterbury	104,821	109,025	4,204	4.0%
Dartford	81,497	93,090	11,593	14.2%
Dover	71,639	75,723	4,084	5.7%
Folkestone & Hythe	67,130	70,477	3,346	5.0%
Gravesham	68,260	71,479	3,219	4.7%
Maidstone	118,983	133,725	14,743	12.4%
Sevenoaks	73,167	76,632	3,465	4.7%
Swale	100,162	109,861	9,699	9.7%
Thanet	85,311	87,440	2,129	2.5%
Tonbridge & Malling	84,434	90,364	5,930	7.0%
Tunbridge Wells	72,739	76,810	4,071	5.6%
<b>Kent</b>	<b>1,017,505</b>	<b>1,091,264</b>	<b>73,759</b>	<b>7.2%</b>

Source: ONS 2022 Based Sub-National Population Projections

**Table 4-8: People with Learning Disabilities Projected to Need KCC Accommodation Based Care and Support in 2035**

Local Authority	Own home	Shared lives	Supported Living	Resi long term	Resi short term	Nursing - Long term	Nursing short term	All	Growth 2025-2035
Ashford	12	10	115	69	0	0	0	206	16
Canterbury	*	*	184	125	0	*	0	322	12
Dartford	*	*	64	18	0	0	0	91	11
Dover	12	*	153	109	*	0	*	282	15
Folkestone & Hythe	*	14	240	135	*	0	0	401	19
Gravesham	*	*	101	19	0	0	0	131	*
Maidstone	15	*	211	31	*	0	0	260	29
Sevenoaks	*	*	60	20	0	*	0	87	*
Swale	*	*	140	72	*	0	0	231	20
Thanet	0	33	188	38	*	0	0	262	*
Tonbridge & Malling	*	*	107	17	0	0	0	129	*
Tunbridge Wells	*	0	107	43	0	0	0	154	*
Total Kent Authorities	82	92	1,680	705	14	*	*	2,576	174
Outside Kent Total	0	*	93	161	*	*	0	265	18
Overall Total	82	100	1,776	865	16	*	*	2,846	192
<b>Growth 2025-2035</b>	<b>*</b>	<b>*</b>	<b>120</b>	<b>58</b>	<b>*</b>	<b>0</b>	<b>0</b>	<b>192</b>	

Source: AECOM calculations using ONS 2022 based sub national population projections (working age population) and KCC caseload data for people with learning disabilities currently supported in accommodation or own home by KCC. \*Figures lower than 10 are suppressed.

4.1.22 Over the 10 years to 2035, a modest increase in the number of people with learning disabilities receiving accommodation based support from KCC is projected (an additional 192 people compared to 2025). The projections assume 'business as usual' i.e. that the people accommodated in supported living or care homes will grow in line with the growth in the working age population. This would suggest the need for an additional 120 supported living placements and an additional 59 people placed in residential care homes. However, KCC strategy may wish to expand care and support in independent settings, consistent with trends in recent years which have reduced reliance on care home accommodation.

4.1.23 PANSI data can also be used to project the potential number of people aged 18-64 with a severe learning disability in Kent (rather than just those projected to be supported by KCC) and therefore likely to be in receipt of services. Table 4-9 shows that there is projected growth of 59 individuals in this group between 2025 and 2035 across Kent. The greatest percentage increase is in Dartford (+10.0%), followed by Swale (+6.7%). There is no change projected in the number of people aged 18-64 with a severe learning disability in Tunbridge Wells, and only minor increases in Gravesham (+1.1%) and Folkestone & Hythe (+2.1%). These numbers are lower than AECOM's caseload estimates in Table 4-8 because KCC accommodation

based case and support is provided to a wider group of people with learning disabilities and not just those with a severe condition.

**Table 4-9: Projected number of people aged 18-64 with a severe learning disability, Kent and authorities, 2025 and 2035**

<b>Local Authority</b>	<b>2025</b>	<b>2035</b>	<b>Increase</b>	<b>% Increase</b>
Ashford	114	120	6	5.3%
Canterbury	158	165	7	4.4%
Dartford	110	121	11	10.0%
Dover	101	106	5	5.0%
Folkestone & Hythe	94	96	2	2.1%
Gravesham	91	92	1	1.1%
Maidstone	152	160	8	5.3%
Sevenoaks	98	101	3	3.1%
Swale	134	143	9	6.7%
Thanet	116	119	3	2.6%
Tonbridge & Malling	115	120	5	4.3%
Tunbridge Wells	98	98	0	0.0%
<b>Kent</b>	<b>1,383</b>	<b>1,442</b>	<b>59</b>	<b>4.3%</b>

Source: PANSI (14.2), AECOM Calculations

## 4.3 People with Physical Disabilities

4.1.24 Table 4-10 presents simple projections for the number of people with physical disabilities who are likely to need accommodation based care and support provided by KCC in 2035. The overall increase in people is expected to be 121 additional people, in line with the growth of the working age population. Based on current patterns of accommodation, 55 people with physical disabilities would be likely to receive care and support in their own home with an additional 37 needing supported living placements. There would be a small scale increase in the need for residential and nursing care beds in line with population growth and under current placement patterns.

**Table 4-10: People with Physical Disabilities Projected to Need KCC Accommodation Based Care and Support in 2035**

Local Authority	Own home	Shared lives	Supported living	LT Resi	ST Resi	LT Nursing	ST Nursing	All	Growth 2025-2035
Ashford	68	*	34	*	*	*	*	125	10
Canterbury	78	*	62	46	*	0	0	198	*
Dartford	42	0	10	13	*	*	0	75	*
Dover	57	*	37	13	*	*	*	120	*
Folkestone and Hythe	72	*	54	44	*	*	*	194	*
Gravesham	47	*	25	*	*	*	*	83	*
Maidstone	107	0	84	10	*	*	*	214	24
Sevenoaks	41	*	16	12	0	0	0	69	*
Swale	95	*	36	27	*	*	0	169	15
Thanet	86	11	70	34	*	*	*	213	*
Tonbridge and Malling	55	0	31	*	*	0	*	96	*
Tunbridge Wells	59	0	61	20	*	*	*	147	*
Kent	810	35	523	237	49	36	20	1,712	116
Outside Kent	*	*	26	38	*	10	0	76	*
Overall total	811	36	550	275	50	46	20	1,789	121
<b>Growth 2025-2035</b>	<b>55</b>	<b>*</b>	<b>37</b>	<b>19</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>121</b>	

Source: AECOM calculations using ONS 2022 based sub national population projections (working age population) and KCC caseload data for people with physical disabilities currently supported in accommodation or own home by KCC. \*Figures lower than 10 are suppressed.

4.1.25 Projecting forward the number of people of working age with impaired mobility from PANSI data (Table 4-11) suggests a slight fall over time in the number of people with impaired mobility in Kent. It is important to keep in mind that these projections related to impaired mobility and do not cover all physical disabilities. However, they do suggest limited if any growth in the

scale of need, partly because of the limited growth in the working age population which is expected.

**Table 4-11: Projected Number of People with Impaired Mobility (aged 18-65)**

	2025	2035	Change	% Change
Ashford	4,689	4,705	16	0%
Canterbury	5,101	4,898	-203	-4%
Dartford	3,999	4,324	325	8%
Dover	4,378	4,346	-32	-1%
Folkestone and Hythe	4,187	4,094	-93	-2%
Gravesham	3,591	3,475	-116	-3%
Maidstone	6,095	6,115	20	0%
Sevenoaks	4,189	4,138	-51	-1%
Swale	5,344	5,373	29	1%
Thanet	4,884	4,813	-71	-1%
Tonbridge and Malling	4,768	4,826	58	1%
Tunbridge Wells	4,251	4,153	-98	-2%
Kent	55,513	55,254	-259	0%

Source: PANSI (14.2), AECOM Calculations

## 4.4 People with Mental Health Conditions

4.1.26 Table 4-12 presents simple projections for the number of people with mental health conditions who are likely to need accommodation based care and support provided by KCC in 2035. The overall increase in people is expected to be 106 additional people, in line with the growth of the working age population and assuming the incidence of people with mental health conditions in the population remains the same as in 2025.

4.1.27 The majority of additional people needing accommodation based support are expected to need supported living accommodation. Whilst some growth in the need for residential care is also projected, these people may be capable of being accommodated in supported living if sufficient provision can be made.

**Table 4-12: People with Mental Health Conditions Projected to Need KCC Accommodation Based Care and Support in 2035**

Local Authority	Own home	Shared Lives	Supported	Resi - LT	Resi - ST	Nursing - Long Term Care	Nursing - Short Term Bed	All	Growth 2025-2035
Ashford	*	10	62	11	*	*	0	91	*
Canterbury	*	10	112	73	11	0	0	216	*
Dartford	*	0	40	*	0	0	*	54	*
Dover	12	0	77	34	*	*	*	129	*
Folkestone and Hythe	10	*	92	38	*	*	0	159	*
Gravesham	*	0	57	*	0	*	*	72	*
Maidstone	*	0	140	31	*	0	0	183	20
Sevenoaks	*	0	20	*	0	*	0	27	*
Swale	11	*	50	*	*	0	0	72	*
Thanet	13	13	115	69	*	*	0	213	*
Tonbridge and Malling	*	0	36	*	0	*	0	46	*
Tunbridge Wells	*	0	64	13	*	0	0	87	*
Kent	104	49	871	295	25	13	*	1361	92
Outside	*	*	118	75	*	*	0	203	14
Overall Total	105	50	989	370	26	19	*	1564	106
<b>Growth 2025-2035</b>	*	*	<b>67</b>	<b>25</b>	*	*	<b>0</b>	<b>106</b>	

Source: AECOM calculations using ONS 2022 based sub national population projections (working age population) and KCC caseload data for people with physical disabilities currently supported in accommodation or own home by KCC. \*Figures lower than 10 suppressed.

4.1.28 PANSI projections for the number of working age people with mental health problems over the next 10 years suggest an increase of 4,633 people with a common mental disorder. This is a large increase in number across Kent but

it is likely that most of these people will not need accommodation based care and support.

- 4.1.29 The projections also expect an increased in 1,840 people with two or more psychiatric disorders between 2025-2035 which may be more likely to feed through into increased demand for KCC's services. However, there are currently (2025), 68,163 people in Kent with two or more psychiatric disorders but only 1,360 people receiving accommodation based care and support from KCC (just under 2% if it is assumed the client group supported by KCC reflects this wider population of people with serious psychiatric conditions). Even the growth of this population (1,840 over the next 10 years) would not imply significant growth in the need for KCC accommodation based care and support.
- 4.1.30 In practice, the data from the evidence base in 2014 suggests that the number of people receiving accommodation based care from KCC has increased more rapidly that would be expected by population growth alone and so the projections in Table 4-12 may underestimate future growth.
- 4.1.31 Engagement with KCC brokerage team confirms this pattern with a larger flow of people in crisis who need care and support from KCC. As an example, in the first 6 months of 2025 (105 referrals), the number of mental health referrals has been double the rate in the first 6 months of the previous year (55 referrals in 2024). It is not possible to extrapolate this data and make conclusions about wider trends because it only covers a short period of time. However, the increase recorded appears consistent with an overall increase in the number of people with mental health needs supported by KCC and discussions with commissioners and practitioners who have cited increased demand from this client group.
- 4.1.32 Furthermore, consultation with the mental health leads at the NHS Integrated Care Board for Kent corroborates these insights. There are a large number of people with mental health needs who are currently under NHS care (usually hospitals) and are ready for discharge but are held up by the lack of suitable accommodation based care and support to move to. These needs could be met by short term placements in supported living accommodation where they can gain skills before moving into mainstream housing with more limited support packages. Some may be capable of being placed directly into social rented or private rented housing with floating support but the system does not always work well, with responsibilities for different aspects falling to individual housing authorities who manage waiting lists for housing and may be the social landlord, the social care authority (KCC) who may be responsible for providing a care and support package and the NHS for ongoing health related care.
- 4.1.33 Pent up demand from people with mental health needs who are ready for discharge from a health care setting is one of the factors which is likely to be adding to current pressures for accommodation amongst this client group.

## 4.5 People with Sensory Needs

- 4.1.34 AECOM's has prepared simple projections for the number of people with sensory disabilities who are likely to need accommodation based care and support provided by KCC in 2035. The overall increase in people is expected to be 13 additional people, in line with the growth of the working age population and assuming the incidence of people with sensory disabilities in the population remains the same as in 2025. These figures are not presented in a table because of the small figures when broken down to the local authority level.
- 4.1.35 As there is only expected to be limited growth in the size of this group in terms of those receiving accommodation based care and support from KCC it is difficult to draw robust conclusions. However, in line with existing patterns, most of the additional growth is likely to be accommodated in an own home or supported living setting.
- 4.1.36 POPPI and PANSI data can be used to project the potential number of people aged 18+ with visual and hearing impairments. This focuses on the projections for people with more severe or serious impairments as these people are more likely to require support or care. Table 4-13 shows that there is projected to be an increase of 14,821 people in Kent (22.0%) with a moderate/serious/severe visual or hearing impairment 2025-2035. The greatest percentage growth is projected in Folkestone & Hythe (26.2%), followed by Ashford (+25.2%) and Dover (+24.8%). Gravesham (+14.8%) and Sevenoaks (16.7%) are projected to have more modest growth.

**Table 4-13: Projected number of people aged 18+ with visual<sup>23</sup> and hearing<sup>24</sup> impairments, Kent and authorities, 2025 and 2035**

Local Authority	2025	2035	Increase	% Increase
Ashford	5,473	6,850	1,377	25.2%
Canterbury	7,272	8,936	1,664	22.9%
Dartford	3,369	4,069	700	20.8%
Dover	5,792	7,227	1,435	24.8%
Folkestone & Hythe	5,827	7,353	1,526	26.2%
Gravesham	3,851	4,420	569	14.8%
Maidstone	7,131	8,723	1,592	22.3%
Sevenoaks	5,380	6,276	896	16.7%
Swale	5,988	7,306	1,318	22.0%
Thanet	6,805	8,243	1,438	21.1%
Tonbridge & Malling	5,361	6,483	1,122	20.9%
Tunbridge Wells	5,059	6,205	1,146	22.7%
<b>Kent</b>	<b>67,290</b>	<b>82,111</b>	<b>14,821</b>	<b>22.0%</b>

Source: PANSI (14.2), POPPI (14.2), AECOM Calculations

<sup>23</sup> Those aged 18-64 with a 'serious' visual impairment and those aged 65+ with a 'moderate or severe' visual impairment

<sup>24</sup> Those aged 18+ with a 'severe' hearing impairment

## 4.6 Children and Young People moving into ASC

4.1.37 As outlined in Section 2, there are 362 children and young people aged 14+ currently, who will move into adulthood during the course of the strategy. Only a minority of these children will need adult social care accommodation with demand most likely from those with more complex physical and learning disabilities and primarily for supported living accommodation. However, most of the children and young people who are looked after by KCC will need some form of support to live independently when they become adults. This is typically provided through support to set up and maintain a housing tenancy.

## 4.7 Key Findings

4.1.38 Population growth in the older age groups and, to a lesser extent, in working age groups, is likely to increase the need in the different client groups that require accommodation based care and support from KCC.

4.1.39 Growth in the number of older people, as the population ages, with a substantial proportion of older people needing some form of care and support in later life, is one of the key future challenges for KCC's adult social care service.

4.1.40 Around 70,000 additional older people are expected in Kent over the next 10 years (20% growth). Based on this population growth alone and assuming 'business as usual' in terms of how older people are accommodated by KCC to receive care and support, KCC may expect to provide care and support to an additional 710 people in their own home, around 581 in residential care and 226 in nursing homes.

4.1.41 The number of people supported by KCC in residential care has remained relatively stable over the last 10 years. If reducing reliance on residential care homes remains an objective, KCC will need to expand care and support with the home and/or the availability of supported living or extra care accommodation which enables older people with some care and support needs to remain independent.

4.1.42 The HLIN SHOP toolkit provides a tool for forecasting the need for extra care and other forms of older persons specialist housing. In Kent as a whole, the HLIN model estimates the need for 485 extra care homes for rent and 969 extra care homes for leasehold sale over the next 10 years.

4.1.43 There is more modest growth expected in the other main client groups supported by KCC over the next 10 years:

- Around 200 additional people with learning disabilities who primarily need to be accommodated in supported living; Along with the continued aim to reduce reliance on residential care for people with learning disabilities, the overall demand for supported living is likely to increase further.
- Around 120 additional people with physical disabilities with the majority needing to be supported in their own home or in supported living accommodation;

- Around 100 additional people with mental health needs based on population growth; However, the likelihood is that actual demand will be higher given the rise in referrals in the last year and PANSI projections which suggest substantial numbers of additional people with two or more psychiatric conditions (1,840 people over 10 years), of which a proportion will need and qualify for KCC support.

## 5. Gap Analysis

5.1.1 Figure 5-1 provides a summary of the key needs and gaps in the provision of accommodation based care and support for different client groups within Kent. These include:

- Largest growth in needs is amongst older people due to the expansion of the population, with the majority needing care and support in their own home.
- Growth required in supported living accommodation across all client groups as demand grows and to reduce reliance on residential care where possible.
- Challenge of dealing with complex needs which, whilst sometimes small in number, require intensive support and multi-agency intervention.

**Figure 5-1: Gap Analysis 2025-2035**

	<b>Nursing Care</b>	<b>Residential Care</b>	<b>Supported Living/Extra Care</b>	<b>Care and Support in Own Home</b>
<p><b>Older People</b></p> <p><i>+1,555 people likely to be supported by KCC based on population growth</i></p> <p><i>Type of accommodation dependent on strategy, investment and prevention activities</i></p>	<p>+ 226 people supported by KCC</p> <p>+ 4,100 people living in a care home (resi/nursing) in Kent (POPPI)</p> <p>+ 1,454 nursing care beds needed in Kent (HLIN)</p> <p>Additional beds required in next 10 years, need for greater provision in east of county.</p> <p>Dementia and complex needs growing.</p> <p>OP with multiple needs, including mental health problems, challenging behaviour and alcohol/drug addiction difficult to place.</p> <p>Need some smaller providers who can be more responsive/ adapt to changing requirements.</p>	<p>+ 581 people supported by KCC (aim to shift to SL or CSIH)</p> <p>+ 4,100 people living in a care home (resi/nursing) in Kent (POPPI)</p> <p>+2,100 resi care beds needed in Kent (HLIN)</p> <p>Projected growth in need for resi care but KCC Strategy to reduce reliance on resi care and offer alternatives including 'own home' and supported e.g. extra care.</p> <p>Growth in luxury model not suitable for KCC clients and risk of KCC picking up costs in longer term.</p> <p>Concentration of homes in east and limited in west of county.</p>	<p>+ 38 people supported by KCC in SL (not extra care)</p> <p>+ 1,454 people needing or wanting extra care type accommodation in Kent in total</p> <p>Projected growth in extra care required for both rented (KCC placements) and ownership.</p> <p>More limited stock of rented extra care schemes in west of county.</p> <p>Gap between 'own home' and care setting.</p> <p>Need for inter-generational extra care that is more versatile.</p>	<p>+ 710 people supported by KCC</p> <p>Expansion of care in home needed due to population growth and preference for people to remain independent.</p> <p>Need to improve accessibility and adaptability of mainstream housing stock.</p> <p>Need to grow capacity in care sector, including smaller providers for resilience, improve retention of staff and develop workforce skills.</p>

<p><b>People with Learning Disabilities</b></p> <p><i>+192 people likely to be supported by KCC based on population growth.</i></p> <p><i>Type of accommodation dependent on strategy, investment and prevention activities</i></p>	<p>Limited change in number of people supported by KCC but insufficient beds currently for those needing nursing care.</p> <p>Some increased need for nursing for those living longer, including with dementia, and to replace loss of some existing homes because of dated/unsuitable buildings.</p>	<p>+ 59 people supported by KCC unless able to shift provision to supported living or care in own home.</p> <p>Continued reduced reliance on residential care.</p>	<p>+ 120 people supported by KCC</p> <p>Continued expansion required beyond additional demand generated by population growth to reduce reliance on residential and respond to growth in numbers.</p> <p>Need suitable accommodation to be built or converted (including from mainstream housing) and sufficient funding streams for providers to deliver.</p>	<p>Limited change in number of people supported by KCC.</p> <p>Potential to increase with improvements in accessibility and adaptability of mainstream housing stock.</p> <p>Need some single person accommodation for those who cannot share, but need 1-1 care so may be 2-3 bed property.</p>
<p><b>People with Physical Disabilities</b></p> <p><i>+122 people likely to be supported by KCC based on population growth</i></p> <p><i>Type of accommodation dependent on strategy, investment and prevention activities</i></p>	<p>Limited change in number of people supported by KCC but insufficient beds currently for those needing nursing care.</p> <p>Increased need for nursing for those living longer and to address some current gaps (East Kent cited as lacking sufficient beds).</p>	<p>Limited change in number of people supported by KCC but aspiration to move some of those currently in residential care into SL or care and support in own home</p> <p>New provision needs to be designed or tailored to younger people, not just placement in OP homes.</p>	<p>+ 39 people supported by KCC</p> <p>Additional demand from people currently in residential setting who wish to move to independent living.</p> <p>Potential for placement in extra care allowing independent living if new schemes are provided as inter-generational.</p>	<p>+ 55 people supported by KCC</p> <p>Additional demand from people currently in residential setting who wish to move to independent living.</p> <p>Need to improve accessibility and adaptability of mainstream housing stock and increase provision of wheelchair</p>

				accessible properties in new homes.
<p><b>People with Mental Health Needs</b></p> <p><i>+106 people likely to be supported by KCC based on population growth but current pressures suggest need is growing more rapidly.</i></p> <p><i>Type of accommodation dependent on strategy, investment and prevention activities</i></p>	<p>Limited change in number of people supported by KCC but insufficient beds reported currently for those needing nursing care.</p>	<p>+ 27 people supported by KCC (aspiration to shift to SL or CSIH)</p>	<p>+ 70 people supported by KCC</p> <p>Continued expansion to address growth in need and shift away from residential care.</p> <p>Need for increase in availability of women only accommodation.</p> <p>Need for increase in availability of accommodation for forensic mental health placements.</p>	<p>Limited change in number of people supported by KCC.</p> <p>Balance between benefits of supporting in own home vs sometimes additional care/support required if living on own compared to shared accommodation.</p> <p>Need some single person accommodation for those who cannot share, but need 1-1 care so may be 2-3 bed property.</p>
<p><b>People with Sensory Disabilities</b></p> <p><i>+ 13 people likely to be supported by KCC based on population growth</i></p> <p><i>Type of accommodation dependent on strategy, investment and prevention activities</i></p>	<p>Limited change in number of people supported by KCC</p>	<p>Limited change in number of people supported by KCC but aspiration to shift to SL or CSIH may reduce reliance on residential care.</p>	<p>Small number of additional people likely to be supported by KCC</p>	<p>Small number of additional people likely to be supported by KCC</p> <p>Need to improve accessibility and adaptability of mainstream housing stock.</p>





## Appendix A – Detailed Tables

**Table A-1: Older People Placed Accommodation by KCC by LA share of Kent total**

Local Authority	LT Nursing	ST Nursing	LT Residential	ST Residential	Supported Living	Shared Lives
Ashford	10%	9%	7%	8%	18%	50%
Canterbury	6%	9%	12%	11%	8%	0%
Dartford	8%	4%	6%	4%	1%	0%
Dover	9%	9%	10%	14%	10%	0%
Folkestone and Hythe	7%	7%	11%	15%	7%	0%
Gravesham	3%	5%	2%	6%	4%	0%
Maidstone	17%	18%	10%	4%	10%	0%
Sevenoaks	6%	7%	4%	3%	1%	0%
Swale	6%	5%	8%	7%	10%	0%
Thanet	6%	10%	14%	22%	19%	0%
Tonbridge and Malling	4%	9%	5%	3%	3%	0%
Tunbridge Wells	11%	7%	7%	2%	10%	50%
Total Kent Authorities	91%	99%	95%	99%	99%	100%
Total Outside Kent	9%	1%	5%	0%	1%	0%
Overall Total	100%	100%	100%	100%	100%	100%

Source: Kent County Council Adult Social Care Mosaic Data

**Table A-2: Older People receiving care and support in their own home provided by KCC**

<b>Local Authority</b>	<b>Total</b>
Ashford	273
Canterbury	345
Dartford	245
Dover	260
Folkestone and Hythe	315
Gravesham	273
Maidstone	328
Sevenoaks	211
Swale	401
Thanet	367
Tonbridge and Malling	250
Tunbridge Wells	209
Wealden	*
Bexley	*
Outside Kent	*
Kent	3,477
Total	3,479

Source: Kent County Council Adult Social Care Mosaic Data

**Table A-3: People with Learning Disabilities Receiving Care and Support in Own Home provided by KCC**

<b>Local Authority</b>	<b>Total</b>
Ashford	11
Canterbury	*
Dartford	*
Dover	11
Folkestone and Hythe	*
Gravesham	*
Maidstone	13
Sevenoaks	*
Swale	*
Tonbridge and Malling	*
Tunbridge Wells	*
Kent	76

*Source: Kent County Council Adult Social Care Mosaic Data. Figures below 10 have been suppressed.*

**Table A-4: People with Physical Disabilities Receiving Care and Support in Own Home provided by KCC**

<b>Local Authority</b>	<b>Total</b>
Ashford	63
Canterbury	75
Dartford	37
Dover	54
Folkestone and Hythe	69
Gravesham	45
Maidstone	95
Sevenoaks	39
Swale	87
Thanet	84
Tonbridge and Malling	51
Tunbridge Wells	56
Kent	755
Outside Kent	*
KCC	756

*Source: Kent County Council Adult Social Care Mosaic Data. Figures below 10 have been suppressed.*

**Table A-5: People with Mental Health Conditions Receiving Care and Support in Own Home provided by KCC**

<b>Local Authority</b>	<b>Total</b>
Ashford	*
Canterbury	*
Dartford	*
Dover	11
Folkestone and Hythe	10
Gravesham	*
Maidstone	*
Sevenoaks	*
Swale	10
Thanet	13
Tonbridge and Malling	*
Tunbridge Wells	*
Unknown	*
<b>Kent</b>	<b>98</b>

*Source: Kent County Council Adult Social Care Mosaic Data. Figures below 10 have been suppressed*

**Table A-6: People with Sensory Disabilities Receiving Care and Support in Own Home provided by KCC**

<b>Local Authority</b>	<b>Total</b>
Ashford	*
Canterbury	*
Dartford	*
Dover	*
Folkestone and Hythe	*
Gravesham	*
Maidstone	*
Sevenoaks	*
Swale	*
Thanet	*
Tonbridge and Malling	*
Tunbridge Wells	*
<b>Kent Total</b>	<b>55</b>

*Source: Kent County Council Adult Social Care Mosaic Data. Figures below 10 have been suppressed.*

**Table A-7: POPPI Projections for Older People 2025-2035**

Local Authority	Age and level of limitation	2025	2030	2035	Projected change 2025-2035	% change 2025-2035	
<b>Kent</b>	Aged 65-74 whose day-to-day activities are limited a little	36,073	41,352	45,559	9,486	26.3%	
	Aged 75-84 whose day-to-day activities are limited a little	40,840	42,782	43,491	2,651	6.5%	
	Aged 85+ whose day-to-day activities are limited a little	12,949	15,169	19,213	6,264	48.4%	
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>89,862</b>	<b>99,303</b>	<b>108,263</b>	<b>18,401</b>	<b>20.5%</b>	
	Aged 65-74 whose day-to-day activities are limited a lot	22,877	26,225	28,892	6,015	26.3%	
	Aged 75-84 whose day-to-day activities are limited a lot	33,089	34,662	35,237	2,148	6.5%	
	Aged 85+ whose day-to-day activities are limited a lot	20,187	23,648	29,952	9,765	48.4%	
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>76,153</b>	<b>84,535</b>	<b>94,081</b>	<b>17,928</b>	<b>23.5%</b>	
	<b>Ashford</b>	Aged 65-74 whose day-to-day activities are limited a little	2,779	3,286	3,732	953	34.3%
		Aged 75-84 whose day-to-day activities are limited a little	3,398	3,491	3,584	186	5.5%
Aged 85+ whose day-to-day activities are limited a little		1,067	1,313	1,669	602	56.4%	
<b>Total aged 65+ whose day-to-day activities are limited a little</b>		<b>7,244</b>	<b>8,090</b>	<b>8,984</b>	<b>1,740</b>	<b>24.0%</b>	
Aged 65-74 whose day-to-day activities are limited a lot		1,664	1,968	2,235	571	34.3%	
Aged 75-84 whose day-to-day activities are limited a lot		2,711	2,785	2,859	148	5.5%	
Aged 85+ whose day-to-day activities are limited a lot		1,641	2,019	2,566	925	56.4%	
<b>Total aged 65+ whose day-to-day activities are limited a lot</b>		<b>6,016</b>	<b>6,772</b>	<b>7,660</b>	<b>1,644</b>	<b>27.3%</b>	
<b>Canterbury</b>	Aged 65-74 whose day-to-day activities are limited a little	3,819	4,334	4,699	880	23.0%	
	Aged 75-84 whose day-to-day activities are limited a little	4,411	4,656	4,717	306	6.9%	
	Aged 85+ whose day-to-day activities are limited a little	1,527	1,794	2,303	776	50.8%	
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>9,756</b>	<b>10,784</b>	<b>11,719</b>	<b>1,963</b>	<b>20.1%</b>	
	Aged 65-74 whose day-to-day activities are limited a lot	2,350	2,666	2,891	541	23.0%	
	Aged 75-84 whose day-to-day activities are limited a lot	3,640	3,842	3,893	253	7.0%	
	Aged 85+ whose day-to-day activities are limited a lot	2,273	2,671	3,429	1,156	50.9%	

	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>8,262</b>	<b>9,180</b>	<b>10,212</b>	<b>1,950</b>	<b>23.6%</b>
<b>Dartford</b>	Aged 65-74 whose day-to-day activities are limited a little	1,949	2,278	2,541	592	30.4%
	Aged 75-84 whose day-to-day activities are limited a little	1,880	2,007	2,134	254	13.5%
	Aged 85+ whose day-to-day activities are limited a little	556	602	718	162	29.1%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>4,385</b>	<b>4,887</b>	<b>5,393</b>	<b>1,008</b>	<b>23.0%</b>
<b>Dartford</b>	Aged 65-74 whose day-to-day activities are limited a lot	1,242	1,452	1,619	377	30.4%
	Aged 75-84 whose day-to-day activities are limited a lot	1,485	1,585	1,686	201	13.5%
	Aged 85+ whose day-to-day activities are limited a lot	971	1,052	1,255	284	29.2%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>3,698</b>	<b>4,089</b>	<b>4,560</b>	<b>862</b>	<b>23.3%</b>
<b>Dover</b>	Aged 65-74 whose day-to-day activities are limited a little	3,485	4,015	4,367	882	25.3%
	Aged 75-84 whose day-to-day activities are limited a little	3,586	3,805	3,961	375	10.5%
	Aged 85+ whose day-to-day activities are limited a little	991	1,190	1,536	545	55.0%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>8,063</b>	<b>9,009</b>	<b>9,865</b>	<b>1,802</b>	<b>22.3%</b>
<b>Dover</b>	Aged 65-74 whose day-to-day activities are limited a lot	2,482	2,859	3,111	629	25.3%
	Aged 75-84 whose day-to-day activities are limited a lot	3,087	3,274	3,409	322	10.4%
	Aged 85+ whose day-to-day activities are limited a lot	1,649	1,979	2,556	907	55.0%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>7,218</b>	<b>8,112</b>	<b>9,075</b>	<b>1,857</b>	<b>25.7%</b>
<b>Folkestone &amp; Hythe</b>	Aged 65-74 whose day-to-day activities are limited a little	3,336	3,863	4,324	988	29.6%
	Aged 75-84 whose day-to-day activities are limited a little	3,658	3,935	3,997	339	9.3%
	Aged 85+ whose day-to-day activities are limited a little	1,100	1,284	1,703	603	54.8%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>8,095</b>	<b>9,082</b>	<b>10,024</b>	<b>1,929</b>	<b>23.8%</b>
<b>Folkestone &amp; Hythe</b>	Aged 65-74 whose day-to-day activities are limited a lot	2,221	2,571	2,878	657	29.6%
	Aged 75-84 whose day-to-day activities are limited a lot	3,163	3,402	3,456	293	9.3%
	Aged 85+ whose day-to-day activities are limited a lot	1,637	1,910	2,533	896	54.7%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>7,021</b>	<b>7,883</b>	<b>8,867</b>	<b>1,846</b>	<b>26.3%</b>
<b>Gravesham</b>	Aged 65-74 whose day-to-day activities are limited a little	2,230	2,526	2,753	523	23.5%

	Aged 75-84 whose day-to-day activities are limited a little	2,274	2,337	2,401	127	5.6%
	Aged 85+ whose day-to-day activities are limited a little	729	807	964	235	32.2%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>5,234</b>	<b>5,671</b>	<b>6,118</b>	<b>884</b>	<b>16.9%</b>
	Aged 65-74 whose day-to-day activities are limited a lot	1,426	1,615	1,760	334	23.4%
	Aged 75-84 whose day-to-day activities are limited a lot	1,842	1,893	1,945	103	5.6%
	Aged 85+ whose day-to-day activities are limited a lot	1,192	1,320	1,575	383	32.1%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>4,460</b>	<b>4,828</b>	<b>5,280</b>	<b>820</b>	<b>18.4%</b>
<b>Maidstone</b>	Aged 65-74 whose day-to-day activities are limited a little	3,504	4,024	4,485	981	28.0%
	Aged 75-84 whose day-to-day activities are limited a little	4,169	4,377	4,377	208	5.0%
	Aged 85+ whose day-to-day activities are limited a little	1,433	1,676	2,135	702	49.0%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>9,105</b>	<b>10,077</b>	<b>10,997</b>	<b>1,892</b>	<b>20.8%</b>
	Aged 65-74 whose day-to-day activities are limited a lot	1,913	2,197	2,449	536	28.0%
	Aged 75-84 whose day-to-day activities are limited a lot	3,316	3,482	3,482	166	5.0%
	Aged 85+ whose day-to-day activities are limited a lot	2,197	2,570	3,275	1,078	49.1%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>7,426</b>	<b>8,249</b>	<b>9,205</b>	<b>1,779</b>	<b>24.0%</b>
<b>Sevenoaks</b>	Aged 65-74 whose day-to-day activities are limited a little	2,324	2,556	2,753	429	18.5%
	Aged 75-84 whose day-to-day activities are limited a little	3,214	3,305	3,214	0	0.0%
	Aged 85+ whose day-to-day activities are limited a little	1,200	1,371	1,685	485	40.4%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>6,738</b>	<b>7,233</b>	<b>7,652</b>	<b>914</b>	<b>13.6%</b>
	Aged 65-74 whose day-to-day activities are limited a lot	1,300	1,430	1,540	240	18.5%
	Aged 75-84 whose day-to-day activities are limited a lot	2,210	2,273	2,210	0	0.0%
	Aged 85+ whose day-to-day activities are limited a lot	1,603	1,832	2,252	649	40.5%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>5,113</b>	<b>5,535</b>	<b>6,002</b>	<b>889</b>	<b>17.4%</b>
<b>Swale</b>	Aged 65-74 whose day-to-day activities are limited a little	3,548	4,077	4,496	948	26.7%
	Aged 75-84 whose day-to-day activities are limited a little	3,802	3,928	3,991	189	5.0%
	Aged 85+ whose day-to-day activities are limited a little	1,011	1,219	1,556	545	53.9%

	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>8,362</b>	<b>9,224</b>	<b>10,042</b>	<b>1,680</b>	<b>20.1%</b>
	Aged 65-74 whose day-to-day activities are limited a lot	2,618	3,008	3,317	699	26.7%
	Aged 75-84 whose day-to-day activities are limited a lot	3,315	3,425	3,479	164	4.9%
	Aged 85+ whose day-to-day activities are limited a lot	1,769	2,132	2,722	953	53.9%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>7,702</b>	<b>8,565</b>	<b>9,518</b>	<b>1,816</b>	<b>23.6%</b>
<b>Thanet</b>	Aged 65-74 whose day-to-day activities are limited a little	4,303	4,799	5,201	898	20.9%
	Aged 75-84 whose day-to-day activities are limited a little	4,317	4,562	4,623	306	7.1%
	Aged 85+ whose day-to-day activities are limited a little	1,186	1,392	1,779	593	50.0%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>9,805</b>	<b>10,753</b>	<b>11,603</b>	<b>1,798</b>	<b>18.3%</b>
	Aged 65-74 whose day-to-day activities are limited a lot	3,213	3,584	3,884	671	20.9%
	Aged 75-84 whose day-to-day activities are limited a lot	4,093	4,326	4,384	291	7.1%
	Aged 85+ whose day-to-day activities are limited a lot	1,975	2,318	2,963	988	50.0%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>9,282</b>	<b>10,228</b>	<b>11,230</b>	<b>1,948</b>	<b>21.0%</b>
<b>Tonbridge &amp; Malling</b>	Aged 65-74 whose day-to-day activities are limited a little	2,683	3,160	3,498	815	30.4%
	Aged 75-84 whose day-to-day activities are limited a little	3,260	3,353	3,446	186	5.7%
	Aged 85+ whose day-to-day activities are limited a little	1,028	1,190	1,487	459	44.6%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>6,970</b>	<b>7,703</b>	<b>8,431</b>	<b>1,461</b>	<b>21.0%</b>
	Aged 65-74 whose day-to-day activities are limited a lot	1,426	1,679	1,859	433	30.4%
	Aged 75-84 whose day-to-day activities are limited a lot	2,432	2,501	2,570	138	5.7%
	Aged 85+ whose day-to-day activities are limited a lot	1,628	1,885	2,356	728	44.7%
	<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>5,485</b>	<b>6,065</b>	<b>6,786</b>	<b>1,301</b>	<b>23.7%</b>
<b>Tunbridge Wells</b>	Aged 65-74 whose day-to-day activities are limited a little	2,120	2,441	2,708	588	27.7%
	Aged 75-84 whose day-to-day activities are limited a little	2,794	2,884	2,943	149	5.3%
	Aged 85+ whose day-to-day activities are limited a little	1,105	1,285	1,619	514	46.5%
	<b>Total aged 65+ whose day-to-day activities are limited a little</b>	<b>6,019</b>	<b>6,609</b>	<b>7,270</b>	<b>1,251</b>	<b>20.8%</b>
	Aged 65-74 whose day-to-day activities are limited a lot	1,089	1,254	1,392	303	27.8%

Aged 75-84 whose day-to-day activities are limited a lot	1,809	1,867	1,905	96	5.3%
Aged 85+ whose day-to-day activities are limited a lot	1,578	1,835	2,312	734	46.5%
<b>Total aged 65+ whose day-to-day activities are limited a lot</b>	<b>4,476</b>	<b>4,956</b>	<b>5,609</b>	<b>1,133</b>	<b>25.3%</b>

**Table A-8: POPPI Care Home Projections 2025-2035**

Local Authority	Care home type	People living in a care home, with or without nursing				
		2023	2025	2030	2035	2040
<b>Kent</b>	Living in LA care home with or without nursing	299	313	353	414	446
	Living in a non-LA care home with or without nursing	11,570	12,115	13,686	16,114	17,344
	Total living in a care home with or without nursing	11,869	12,428	14,040	16,527	17,790
<b>Ashford</b>	Living in LA care home with or without nursing	19	20	24	30	32
	Living in a non-LA care home with or without nursing	628	676	789	947	1,027
	Total living in a care home with or without nursing	647	695	813	976	1,059
<b>Canterbury</b>	Living in LA care home with or without nursing	12	12	13	15	16
	Living in a non-LA care home with or without nursing	1,521	1,599	1,812	2,143	2,319
	Total living in a care home with or without nursing	1,532	1,611	1,826	2,159	2,336
<b>Dartford</b>	Living in LA care home with or without nursing	15	15	16	18	20
	Living in a non-LA care home with or without nursing	753	764	829	950	1,040
	Total living in a care home with or without nursing	767	779	845	969	1,059
<b>Dover</b>	Living in LA care home with or without nursing	52	54	63	76	83
	Living in a non-LA care home with or without nursing	1,112	1,155	1,327	1,579	1,722
	Total living in a care home with or without nursing	1,164	1,209	1,390	1,654	1,804
<b>Folkestone &amp; Hythe</b>	Living in LA care home with or without nursing	0	0	0	0	0
	Living in a non-LA care home with or without nursing	1,140	1,200	1,363	1,647	1,801
	Total living in a care home with or without nursing	1,140	1,200	1,363	1,648	1,801
<b>Gravesham</b>	Living in LA care home with or without nursing	65	66	71	82	86
	Living in a non-LA care home with or without nursing	532	537	584	662	699

	Total living in a care home with or without nursing	597	603	655	743	786
<b>Maidstone</b>	Living in LA care home with or without nursing	1	2	2	2	2
	Living in a non-LA care home with or without nursing	1,324	1,396	1,577	1,860	1,988
	Total living in a care home with or without nursing	1,326	1,398	1,578	1,861	1,990
<b>Sevenoaks</b>	Living in LA care home with or without nursing	0	0	0	0	0
	Living in a non-LA care home with or without nursing	770	806	895	1,034	1,087
	Total living in a care home with or without nursing	770	807	895	1,034	1,086
<b>Swale</b>	Living in LA care home with or without nursing	43	46	53	65	69
	Living in a non-LA care home with or without nursing	715	761	866	1,016	1,082
	Total living in a care home with or without nursing	758	807	919	1,080	1,150
<b>Thanet</b>	Living in LA care home with or without nursing	55	57	62	70	74
	Living in a non-LA care home with or without nursing	1,261	1,306	1,468	1,708	1,832
	Total living in a care home with or without nursing	1,316	1,362	1,530	1,778	1,906
<b>Tonbridge &amp; Malling</b>	Living in LA care home with or without nursing	3	4	4	5	5
	Living in a non-LA care home with or without nursing	674	708	794	932	997
	Total living in a care home with or without nursing	678	711	798	937	1,003
<b>Tunbridge Wells</b>	Living in LA care home with or without nursing	31	32	37	45	47
	Living in a non-LA care home with or without nursing	1,060	1,114	1,254	1,488	1,594
	Total living in a care home with or without nursing	1,091	1,147	1,290	1,531	1,641

**Table A-9: POPPI Projections for Older People with Dementia**

Local Authority	Age	2025	2030	2035	Projected change 2025-2035	% change 2025-2035
<b>Kent</b>	65-69	1,527	1,790	1,867	340	22.3%
	70-74	2,411	2,688	3,161	750	31.1%
	75-79	4,833	4,309	4,828	-5	-0.1%
	80-84	5,746	7,418	6,695	949	16.5%
	85-89	5,584	6,638	8,600	3,016	54.0%
	90+	5,622	6,388	7,720	2,098	37.3%
	All aged 65+	25,724	29,231	32,871	7,147	27.8%
<b>Ashford</b>	65-69	122	150	160	38	31.1%
	70-74	192	213	265	73	38.0%
	75-79	397	348	390	-7	-1.8%
	80-84	487	609	553	66	13.6%
	85-89	434	540	721	287	66.1%
	90+	472	530	648	176	37.3%
	All aged 65+	2,103	2,390	2,738	635	30.2%
<b>Canterbury</b>	65-69	156	179	185	29	18.6%
	70-74	256	283	326	70	27.3%
	75-79	522	473	521	-1	-0.2%
	80-84	622	821	754	132	21.2%
	85-89	636	762	994	358	56.3%
	90+	719	778	990	271	37.7%
	All aged 65+	2,910	3,296	3,770	860	29.6%
<b>Dartford</b>	65-69	83	97	106	23	27.7%
	70-74	119	137	162	43	36.1%
	75-79	216	204	239	23	10.6%
	80-84	255	321	309	54	21.2%
	85-89	272	288	358	86	31.6%
	90+	271	271	330	59	21.8%
	All aged 65+	1,215	1,318	1,504	289	23.8%
<b>Dover</b>	65-69	142	165	168	26	18.3%
	70-74	220	250	293	73	33.2%
	75-79	418	382	436	18	4.3%
	80-84	497	641	597	100	20.1%
	85-89	469	575	736	267	56.9%
	90+	460	519	636	176	38.3%
	All aged 65+	2,205	2,531	2,867	662	30.0%
<b>Folkestone &amp; Hythe</b>	65-69	132	158	167	35	26.5%
	70-74	220	244	296	76	34.5%

	75-79	448	401	448	0	0.0%
	80-84	485	673	607	122	25.2%
	85-89	469	540	757	288	61.4%
	90+	530	589	707	177	33.4%
	All aged 65+	2,285	2,605	2,982	697	30.5%
<b>Gravesham</b>	65-69	89	104	106	17	19.1%
	70-74	134	149	174	40	29.9%
	75-79	259	234	263	4	1.5%
	80-84	321	389	355	34	10.6%
	85-89	328	363	434	106	32.3%
	90+	306	342	365	59	19.3%
	All aged 65+	1,438	1,581	1,696	258	17.9%
<b>Maidstone</b>	65-69	156	184	195	39	25.0%
	70-74	247	274	326	79	32.0%
	75-79	509	444	497	-12	-2.4%
	80-84	609	808	720	111	18.2%
	85-89	651	736	953	302	46.4%
	90+	566	660	778	212	37.5%
	All aged 65+	2,737	3,107	3,470	733	26.8%
<b>Sevenoaks</b>	65-69	113	127	133	20	17.7%
	70-74	186	195	226	40	21.5%
	75-79	385	331	354	-31	-8.1%
	80-84	465	598	521	56	12.0%
	85-89	484	555	701	217	44.8%
	90+	472	530	648	176	37.3%
	All aged 65+	2,104	2,336	2,582	478	22.7%
<b>Swale</b>	65-69	144	172	179	35	24.3%
	70-74	226	253	296	70	31.0%
	75-79	444	389	443	-1	-0.2%
	80-84	521	654	587	66	12.7%
	85-89	454	580	726	272	59.9%
	90+	377	495	589	212	56.2%
	All aged 65+	2,165	2,543	2,820	655	30.3%
<b>Thanet</b>	65-69	158	181	186	28	17.7%
	70-74	265	283	329	64	24.2%
	75-79	522	475	510	-12	-2.3%
	80-84	609	776	720	111	18.2%
	85-89	525	666	847	322	61.3%
	90+	495	554	672	177	35.8%
	All aged 65+	2,573	2,934	3,264	691	26.9%

<b>Tonbridge &amp; Malling</b>	65-69	122	147	152	30	24.6%
	70-74	183	216	256	73	39.9%
	75-79	372	329	383	11	3.0%
	80-84	477	587	519	42	8.8%
	85-89	434	525	666	232	53.5%
	90+	413	472	566	153	37.0%
	All aged 65+	2,000	2,276	2,542	542	27.1%
<b>Tunbridge Wells</b>	65-69	107	127	132	25	23.4%
	70-74	162	186	220	58	35.8%
	75-79	336	295	336	0	0.0%
	80-84	422	532	466	44	10.4%
	85-89	434	525	671	237	54.6%
	90+	566	625	778	212	37.5%
	All aged 65+	2,027	2,289	2,602	575	28.4%

**Table A-10: PANSI projections for working age adults with impaired mobility**

Local Authority	Age	2025	2030	2035	Projected change 2025-2035	% change 2025-2035
<b>Kent</b>	18-24	1,168	1,320	1,358	190	16.3%
	25-34	1,843	1,719	1,770	-73	-4.0%
	35-44	10,645	11,005	10,690	45	0.4%
	45-54	10,385	10,790	11,630	1,245	12.0%
	55-64	31,472	31,094	29,806	-1,666	-5.3%
	All 18-64	55,513	55,928	55,254	-259	-0.5%
<b>Ashford</b>	18-24	84	96	100	16	19.0%
	25-34	155	146	150	-5	-3.2%
	35-44	895	945	925	30	3.4%
	45-54	895	930	1,010	115	12.8%
	55-64	2,660	2,646	2,520	-140	-5.3%
	All 18-64	4,689	4,763	4,705	16	0.3%
<b>Canterbury</b>	18-24	271	303	306	35	12.9%
	25-34	195	173	181	-14	-7.2%
	35-44	840	895	860	20	2.4%
	45-54	855	855	905	50	5.8%
	55-64	2,940	2,842	2,646	-294	-10.0%
	All 18-64	5,101	5,068	4,898	-203	-4.0%
<b>Dartford</b>	18-24	79	95	102	23	29.1%
	25-34	163	156	164	1	0.6%
	35-44	1,015	1,030	985	-30	-3.0%
	45-54	810	915	1,015	205	25.3%
	55-64	1,932	1,988	2,058	126	6.5%
	All 18-64	3,999	4,184	4,324	325	8.1%
<b>Dover</b>	18-24	74	83	85	11	14.9%
	25-34	140	129	131	-9	-6.4%
	35-44	745	820	820	75	10.1%
	45-54	745	770	860	115	15.4%
	55-64	2,674	2,604	2,450	-224	-8.4%
	All 18-64	4,378	4,406	4,346	-32	-0.7%
<b>Folkestone &amp; Hythe</b>	18-24	67	74	74	7	10.4%
	25-34	119	109	111	-8	-6.7%
	35-44	695	725	705	10	1.4%
	45-54	730	745	810	80	11.0%
	55-64	2,576	2,534	2,394	-182	-7.1%
	All 18-64	4,187	4,187	4,094	-93	-2.2%
<b>Gravesham</b>	18-24	73	81	83	10	13.7%
	25-34	123	114	118	-5	-4.1%
	35-44	740	730	685	-55	-7.4%
	45-54	695	710	755	60	8.6%
	55-64	1,960	1,918	1,834	-126	-6.4%
	All 18-64	3,591	3,553	3,475	-116	-3.2%
<b>Maidstone</b>	18-24	112	129	136	24	21.4%

	25-34	214	203	208	-6	-2.8%
	35-44	1,245	1,275	1,240	-5	-0.4%
	45-54	1,150	1,215	1,325	175	15.2%
	55-64	3,374	3,346	3,206	-168	-5.0%
	All 18-64	6,095	6,168	6,115	20	0.3%
<b>Sevenoaks</b>	18-24	66	75	76	10	15.2%
	25-34	121	115	118	-3	-2.5%
	35-44	810	820	795	-15	-1.9%
	45-54	840	860	895	55	6.5%
	55-64	2,352	2,310	2,254	-98	-4.2%
	All 18-64	4,189	4,180	4,138	-51	-1.2%
<b>Swale</b>	18-24	110	126	130	20	18.2%
	25-34	192	182	188	-4	-2.1%
	35-44	1,020	1,080	1,075	55	5.4%
	45-54	970	1,025	1,110	140	14.4%
	55-64	3,052	2,996	2,870	-182	-6.0%
	All 18-64	5,344	5,409	5,373	29	0.5%
<b>Thanet</b>	18-24	93	104	105	12	12.9%
	25-34	153	139	142	-11	-7.2%
	35-44	870	905	875	5	0.6%
	45-54	870	905	975	105	12.1%
	55-64	2,898	2,842	2,716	-182	-6.3%
	All 18-64	4,884	4,895	4,813	-71	-1.5%
<b>Tonbridge &amp; Malling</b>	18-24	79	89	92	13	16.5%
	25-34	148	139	143	-5	-3.4%
	35-44	945	980	960	15	1.6%
	45-54	950	985	1,055	105	11.1%
	55-64	2,646	2,646	2,576	-70	-2.6%
	All 18-64	4,768	4,839	4,826	58	1.2%
<b>Tunbridge Wells</b>	18-24	61	67	67	6	9.8%
	25-34	120	113	115	-5	-4.2%
	35-44	810	790	765	-45	-5.6%
	45-54	880	880	910	30	3.4%
	55-64	2,380	2,380	2,296	-84	-3.5%
	All 18-64	4,251	4,230	4,153	-98	-2.3%

**Table A-11: PANSI Projections for working age population with learning disability**

Local Authority	Age	2025	2030	2035	Projected change 2025-2035	% change 2025-2035
<b>Kent</b>	18-24	245	278	287	42	17.1%
	25-34	275	257	265	-10	-3.6%
	35-44	358	371	363	5	1.4%
	45-54	245	259	281	36	14.7%
	55-64	260	257	247	-13	-5.0%
	All 18-64	1,383	1,423	1,442	59	4.3%
<b>Ashford</b>	18-24	18	20	21	3	16.7%
	25-34	23	22	22	-1	-4.3%
	35-44	30	32	31	1	3.3%
	45-54	21	22	24	3	14.3%
	55-64	22	22	21	-1	-4.5%
	All 18-64	114	118	120	6	5.3%
<b>Canterbury</b>	18-24	57	64	65	8	14.0%
	25-34	29	26	27	-2	-6.9%
	35-44	28	30	29	1	3.6%
	45-54	20	20	22	2	10.0%
	55-64	24	24	22	-2	-8.3%
	All 18-64	158	164	165	7	4.4%
<b>Dartford</b>	18-24	17	20	22	5	29.4%
	25-34	24	23	25	1	4.2%
	35-44	34	35	33	-1	-2.9%
	45-54	19	22	25	6	31.6%
	55-64	16	16	17	1	6.3%
	All 18-64	110	117	121	11	10.0%
<b>Dover</b>	18-24	16	17	18	2	12.5%
	25-34	21	19	20	-1	-4.8%
	35-44	25	28	28	3	12.0%
	45-54	17	18	21	4	23.5%
	55-64	22	22	20	-2	-9.1%
	All 18-64	101	104	106	5	5.0%
<b>Folkestone &amp; Hythe</b>	18-24	14	16	16	2	14.3%
	25-34	18	16	17	-1	-5.6%
	35-44	23	24	24	1	4.3%
	45-54	17	18	20	3	17.6%
	55-64	21	21	20	-1	-4.8%
	All 18-64	94	95	96	2	2.1%
<b>Gravesham</b>	18-24	15	17	18	3	20.0%
	25-34	18	17	18	0	0.0%
	35-44	25	25	23	-2	-8.0%
	45-54	16	17	18	2	12.5%
	55-64	16	16	15	-1	-6.3%
	All 18-64	91	92	92	1	1.1%

<b>Maidstone</b>	18-24	23	27	29	6	26.1%
	25-34	32	30	31	-1	-3.1%
	35-44	42	43	42	0	0.0%
	45-54	27	29	32	5	18.5%
	55-64	28	28	27	-1	-3.6%
	All 18-64	152	157	160	8	5.3%
<b>Sevenoaks</b>	18-24	14	16	16	2	14.3%
	25-34	18	17	18	0	0.0%
	35-44	27	28	27	0	0.0%
	45-54	20	21	22	2	10.0%
	55-64	19	19	19	0	0.0%
	All 18-64	98	100	101	3	3.1%
<b>Swale</b>	18-24	23	27	27	4	17.4%
	25-34	29	27	28	-1	-3.4%
	35-44	34	36	36	2	5.9%
	45-54	23	25	27	4	17.4%
	55-64	25	25	24	-1	-4.0%
	All 18-64	134	140	143	9	6.7%
<b>Thanet</b>	18-24	20	22	22	2	10.0%
	25-34	23	21	21	-2	-8.7%
	35-44	29	31	30	1	3.4%
	45-54	20	22	23	3	15.0%
	55-64	24	24	22	-2	-8.3%
	All 18-64	116	118	119	3	2.6%
<b>Tonbridge &amp; Malling</b>	18-24	17	19	19	2	11.8%
	25-34	22	21	21	-1	-4.5%
	35-44	32	33	33	1	3.1%
	45-54	22	24	26	4	18.2%
	55-64	22	22	21	-1	-4.5%
	All 18-64	115	118	120	5	4.3%
<b>Tunbridge Wells</b>	18-24	13	14	14	1	7.7%
	25-34	18	17	17	-1	-5.6%
	35-44	27	27	26	-1	-3.7%
	45-54	21	21	22	1	4.8%
	55-64	20	20	19	-1	-5.0%
	All 18-64	98	99	98	0	0.0%

**Table A-12: PANSI Projection for working age (18-64) mental health conditions**

Local Authority	Mental Health Problem	2025	2030	2035	Projected change 2025-2035	% change 2025-2035
<b>Kent</b>	Common mental disorder	179,180	182,051	183,813	4,633	2.6%
	Borderline personality disorder	22,751	23,116	23,341	590	2.6%
	Antisocial personality disorder	31,590	32,151	32,544	954	3.0%
	Psychotic disorder	6,625	6,735	6,805	180	2.7%
	Two or more psychiatric disorders	68,163	69,287	70,003	1,840	2.7%
<b>Ashford</b>	Common mental disorder	14,992	15,294	15,527	535	3.6%
	Borderline personality disorder	1,903	1,942	1,971	68	3.6%
	Antisocial personality disorder	2,614	2,667	2,716	102	3.9%
	Psychotic disorder	552	564	573	21	3.8%
	Two or more psychiatric disorders	5,687	5,802	5,894	207	3.6%
<b>Canterbury</b>	Common mental disorder	19,135	19,389	19,377	242	1.3%
	Borderline personality disorder	2,430	2,463	2,462	32	1.3%
	Antisocial personality disorder	3,428	3,490	3,515	87	2.5%
	Psychotic disorder	711	722	723	12	1.7%
	Two or more psychiatric disorders	7,310	7,416	7,427	117	1.6%
<b>Dartford</b>	Common mental disorder	14,064	14,801	15,290	1,226	8.7%
	Borderline personality disorder	1,786	1,880	1,942	156	8.7%
	Antisocial personality disorder	2,481	2,633	2,731	250	10.1%
	Psychotic disorder	520	549	568	48	9.2%
	Two or more psychiatric disorders	5,351	5,644	5,837	486	9.1%
<b>Dover</b>	Common mental disorder	13,243	13,482	13,698	455	3.4%
	Borderline personality disorder	1,682	1,712	1,740	58	3.4%
	Antisocial personality disorder	2,361	2,417	2,472	111	4.7%
	Psychotic disorder	491	501	510	19	3.9%
	Two or more psychiatric disorders	5,053	5,152	5,243	190	3.8%
<b>Folkestone &amp; Hythe</b>	Common mental disorder	12,350	12,419	12,411	61	0.5%

	Borderline personality disorder	1,569	1,577	1,576	7	0.4%
	Antisocial personality disorder	2,205	2,211	2,214	9	0.4%
	Psychotic disorder	459	461	461	2	0.4%
	Two or more psychiatric disorders	4,714	4,736	4,736	22	0.5%
<b>Gravesham</b>	Common mental disorder	11,792	11,747	11,771	-21	-0.2%
	Borderline personality disorder	1,497	1,491	1,494	-3	-0.2%
	Antisocial personality disorder	2,060	2,046	2,047	-13	-0.6%
	Psychotic disorder	435	433	433	-2	-0.5%
	Two or more psychiatric disorders	4,475	4,454	4,462	-13	-0.3%
<b>Maidstone</b>	Common mental disorder	19,843	20,305	20,677	834	4.2%
	Borderline personality disorder	2,519	2,578	2,625	106	4.2%
	Antisocial personality disorder	3,487	3,565	3,624	137	3.9%
	Psychotic disorder	733	750	763	30	4.1%
	Two or more psychiatric disorders	7,542	7,716	7,853	311	4.1%
<b>Sevenoaks</b>	Common mental disorder	13,007	13,136	13,142	135	1.0%
	Borderline personality disorder	1,651	1,668	1,669	18	1.1%
	Antisocial personality disorder	2,283	2,308	2,316	33	1.4%
	Psychotic disorder	480	485	486	6	1.3%
	Two or more psychiatric disorders	4,942	4,992	4,999	57	1.2%
<b>Swale</b>	Common mental disorder	17,367	17,821	18,098	731	4.2%
	Borderline personality disorder	2,205	2,263	2,298	93	4.2%
	Antisocial personality disorder	3,069	3,150	3,212	143	4.7%
	Psychotic disorder	643	659	671	28	4.4%
	Two or more psychiatric disorders	6,611	6,784	6,897	286	4.3%
<b>Thanet</b>	Common mental disorder	15,198	15,393	15,397	199	1.3%
	Borderline personality disorder	1,929	1,954	1,955	26	1.3%
	Antisocial personality disorder	2,641	2,683	2,702	61	2.3%
	Psychotic disorder	559	567	568	9	1.6%

	Two or more psychiatric disorders	5,760	5,838	5,850	90	1.6%
<b>Tonbridge &amp; Malling</b>	Common mental disorder	15,175	15,477	15,628	453	3.0%
	Borderline personality disorder	1,926	1,965	1,984	58	3.0%
	Antisocial personality disorder	2,639	2,693	2,720	81	3.1%
	Psychotic disorder	559	570	575	16	2.9%
	Two or more psychiatric disorders	5,752	5,867	5,925	173	3.0%
<b>Tunbridge Wells</b>	Common mental disorder	12,978	12,932	12,818	-160	-1.2%
	Borderline personality disorder	1,648	1,642	1,628	-20	-1.2%
	Antisocial personality disorder	2,314	2,311	2,290	-24	-1.0%
	Psychotic disorder	482	480	476	-6	-1.2%
	Two or more psychiatric disorders	4,952	4,937	4,894	-58	-1.2%

**Table A-13: PANSI Projection for working age visual impairments**

Local Authority	Age	2025	2030	2035	Projected change 2025-2035	% change 2025-2035
<b>Kent</b>	18-24	76	86	88	12	15.8%
	25-34	120	112	115	-5	-4.2%
	35-44	138	143	139	1	0.7%
	45-54	135	140	151	16	11.9%
	55-64	146	144	138	-8	-5.5%
	All 18-64	615	625	632	17	2.8%
<b>Ashford</b>	18-24	5	6	6	1	20.0%
	25-34	10	9	10	0	0.0%
	35-44	12	12	12	0	0.0%
	45-54	12	12	13	1	8.3%
	55-64	12	12	12	0	0.0%
	All 18-64	51	52	53	2	3.9%
<b>Canterbury</b>	18-24	18	20	20	2	11.1%
	25-34	13	11	12	-1	-7.7%
	35-44	11	12	11	0	0.0%
	45-54	11	11	12	1	9.1%
	55-64	14	13	12	-2	-14.3%
	All 18-64	66	67	67	1	1.5%
<b>Dartford</b>	18-24	5	6	7	2	40.0%
	25-34	11	10	11	0	0.0%
	35-44	13	13	13	0	0.0%
	45-54	11	12	13	2	18.2%
	55-64	9	9	10	1	11.1%
	All 18-64	48	51	53	5	10.4%
<b>Dover</b>	18-24	5	5	6	1	20.0%
	25-34	9	8	9	0	0.0%
	35-44	10	11	11	1	10.0%
	45-54	10	10	11	1	10.0%
	55-64	12	12	11	-1	-8.3%
	All 18-64	46	47	47	1	2.2%
<b>Folkestone &amp; Hythe</b>	18-24	4	5	5	1	25.0%
	25-34	8	7	7	-1	-12.5%
	35-44	9	9	9	0	0.0%
	45-54	9	10	11	2	22.2%
	55-64	12	12	11	-1	-8.3%
	All 18-64	43	43	43	0	0.0%
<b>Gravesham</b>	18-24	5	5	5	0	0.0%
	25-34	8	7	8	0	0.0%
	35-44	10	9	9	-1	-10.0%
	45-54	9	9	10	1	11.1%
	55-64	9	9	9	0	0.0%
	All 18-64	40	40	40	0	0.0%
<b>Maidstone</b>	18-24	7	8	9	2	28.6%

	25-34	14	13	14	0	0.0%
	35-44	16	17	16	0	0.0%
	45-54	15	16	17	2	13.3%
	55-64	16	16	15	-1	-6.3%
	All 18-64	68	69	71	3	4.4%
<b>Sevenoaks</b>	18-24	4	5	5	1	25.0%
	25-34	8	7	8	0	0.0%
	35-44	11	11	10	-1	-9.1%
	45-54	11	11	12	1	9.1%
	55-64	11	11	10	-1	-9.1%
	All 18-64	45	45	45	0	0.0%
<b>Swale</b>	18-24	7	8	8	1	14.3%
	25-34	12	12	12	0	0.0%
	35-44	13	14	14	1	7.7%
	45-54	13	13	14	1	7.7%
	55-64	14	14	13	-1	-7.1%
	All 18-64	60	61	62	2	3.3%
<b>Thanet</b>	18-24	6	7	7	1	16.7%
	25-34	10	9	9	-1	-10.0%
	35-44	11	12	11	0	0.0%
	45-54	11	12	13	2	18.2%
	55-64	13	13	13	0	0.0%
	All 18-64	52	53	53	1	1.9%
<b>Tonbridge &amp; Malling</b>	18-24	5	6	6	1	20.0%
	25-34	10	9	9	-1	-10.0%
	35-44	12	13	12	0	0.0%
	45-54	12	13	14	2	16.7%
	55-64	12	12	12	0	0.0%
	All 18-64	52	53	53	1	1.9%
<b>Tunbridge Wells</b>	18-24	4	4	4	0	0.0%
	25-34	8	7	7	-1	-12.5%
	35-44	11	10	10	-1	-9.1%
	45-54	11	11	12	1	9.1%
	55-64	11	11	11	0	0.0%
	All 18-64	45	44	44	-1	-2.2%

**Table A-14: HLIN projected need for specialist housing for older people 2025-2035, Kent and authorities**

Local Authority	Provision	Need to meet population growth 2025-2035	Total need 2025-2035
Ashford	Conventional sheltered housing to rent	168	703
	Leasehold sheltered housing	336	
	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	56	
	Extra care housing for rent	42	
	Extra care housing for sale	84	
	Housing based provision for dementia	17	
Canterbury	Conventional sheltered housing to rent	234	979
	Leasehold sheltered housing	468	
	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	78	
	Extra care housing for rent	59	
	Extra care housing for sale	117	
	Housing based provision for dementia	23	
Dartford	Conventional sheltered housing to rent	90	377
	Leasehold sheltered housing	180	
	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	30	
	Extra care housing for rent	23	
	Extra care housing for sale	45	
	Housing based provision for dementia	9	
Dover	Conventional sheltered housing to rent	198	828
	Leasehold sheltered housing	396	
	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	66	
	Extra care housing for rent	50	
	Extra care housing for sale	99	
	Housing based provision for dementia	20	
Folkestone & Hythe	Conventional sheltered housing to rent	204	853
	Leasehold sheltered housing	408	
	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	68	
	Extra care housing for rent	51	
	Extra care housing for sale	102	
	Housing based provision for dementia	20	
Gravesham	Conventional sheltered housing to rent	66	276
	Leasehold sheltered housing	132	
	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	22	
	Extra care housing for rent	17	
	Extra care housing for sale	33	
	Housing based provision for dementia	7	
Maidstone	Conventional sheltered housing to rent	198	828
	Leasehold sheltered housing	396	

	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	66	
	Extra care housing for rent	50	
	Extra care housing for sale	99	
	Housing based provision for dementia	20	
	Conventional sheltered housing to rent	108	
	Leasehold sheltered housing	216	
Sevenoaks	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	36	452
	Extra care housing for rent	27	
	Extra care housing for sale	54	
	Housing based provision for dementia	11	
	Conventional sheltered housing to rent	162	
	Leasehold sheltered housing	324	
Swale	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	54	678
	Extra care housing for rent	41	
	Extra care housing for sale	81	
	Housing based provision for dementia	16	
	Conventional sheltered housing to rent	198	
	Leasehold sheltered housing	396	
Thanet	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	66	828
	Extra care housing for rent	50	
	Extra care housing for sale	99	
	Housing based provision for dementia	20	
	Conventional sheltered housing to rent	138	
	Leasehold sheltered housing	276	
Tonbridge & Malling	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	46	577
	Extra care housing for rent	35	
	Extra care housing for sale	69	
	Housing based provision for dementia	14	
	Conventional sheltered housing to rent	156	
	Leasehold sheltered housing	312	
Tunbridge Wells	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	52	653
	Extra care housing for rent	39	
	Extra care housing for sale	78	
	Housing based provision for dementia	16	
	Conventional sheltered housing to rent	1,938	
	Leasehold sheltered housing	3,876	
Kent	Enhanced sheltered housing (divided 50:50 between that for rent and for sale)	646	8,107 <sup>25</sup>
	Extra care housing for rent	485	
	Extra care housing for sale	969	
	Housing based provision for dementia	194	

Source: HLIN SHOP Toolkit, AECOM Calculations, POPPI 14.2

<sup>25</sup> Figures may not sum to the individual authorities due to rounding

**Table A-15: HLIN projected need for care home bedspaces 2025-2035, Kent and authorities**

Local Authority	Provision	Bedspaces needed
Ashford	Residential care	182
	Nursing care	126
	<b>Total</b>	<b>308</b>
Canterbury	Residential care	254
	Nursing care	176
	<b>Total</b>	<b>429</b>
Dartford	Residential care	98
	Nursing care	68
	<b>Total</b>	<b>165</b>
Dover	Residential care	215
	Nursing care	149
	<b>Total</b>	<b>363</b>
Folkestone & Hythe	Residential care	221
	Nursing care	153
	<b>Total</b>	<b>374</b>
Gravesham	Residential care	72
	Nursing care	50
	<b>Total</b>	<b>121</b>
Maidstone	Residential care	215
	Nursing care	149
	<b>Total</b>	<b>363</b>
Sevenoaks	Residential care	117
	Nursing care	81
	<b>Total</b>	<b>198</b>
Swale	Residential care	176
	Nursing care	122
	<b>Total</b>	<b>297</b>
Thanet	Residential care	215
	Nursing care	149
	<b>Total</b>	<b>363</b>
Tonbridge & Malling	Residential care	150
	Nursing care	104
	<b>Total</b>	<b>253</b>
Tunbridge Wells	Residential care	169
	Nursing care	117
	<b>Total</b>	<b>286</b>
Kent	Residential care	2,100
	Nursing care	1,454
	<b>Total</b>	<b>3,553<sup>26</sup></b>

Source: POPPI 14.2, AECOM Calculations, HLIN SHOP Toolkit

<sup>26</sup> Figures may not sum to the individual authorities due to rounding



## Appendix B – Local Plan Policies

Figure B-1: Kent authorities relevant adopted and emerging Local Plan policies

Local Authority	Adopted Local Plan	Emerging Local Plan
Ashford Borough Council	<p>Ashford Local Plan (2030)<sup>27</sup> (adopted February 2019).</p> <p><b>Policy HOU2 – Local Needs/Subsidised Specialist Housing</b> - Planning permission will be granted for proposals for local needs / subsidised specialist housing within or adjoining rural settlements identified under policy HOU3a as ‘exceptions’ to policies restraining housing development provided that the criteria in the full policy is met.</p> <p><b>Policy HOU14 – Accessibility Standards</b> – Accessibility in compliance with building regulations part M shall be provided as follows:-</p> <ul style="list-style-type: none"> <li>- At least 20% of all ‘new build’ homes shall be built in compliance with building regulations part M4(2) as a minimum standard; and</li> <li>- In ‘new build’ properties which are affordable, a proportion of wheelchair accessible homes complying with building regulations part M4(3b) will be required. The number of homes build to M4(3b) standards will be dependent upon the number of households on the Council’s housing waiting list requiring wheelchair accessible homes and the suitability of the location for wheelchair users, and should be provided within the affordable rented element of the scheme, capped at a maximum of 7.5%.</li> </ul> <p><b>Policy HOU18 – Providing a Range and Mix of Dwelling Types and Sizes</b> – Development proposals for standalone older persons housing are exempt from this requirement [policy on range of types/sizes] and will be supported in principle</p>	Early stage, no policies. Will look to 2041.

<sup>27</sup> <https://www.ashford.gov.uk/media/jw3nbvq1/adopted-ashford-local-plan-2030.pdf>

where the need has been identified by extensive and robust evidence, and where they can be located in a suitable and sustainable way.

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Canterbury Canterbury District Local Plan<sup>28</sup> (adopted July 2017).

City Council

No specific policy on specialist or older persons housing.

**Policy DBE5 – Inclusive Design** – The City Council will expect 20% of homes on major developments and strategic sites to meet the accessibility and adaptable dwellings Regulation M4(2) of the Building Regulations.

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Draft Canterbury District Local Plan 2040<sup>29</sup> (Reg 18) (March 2024).

**Policy DS1 – Affordable Housing** – Development proposals for student accommodation, for sheltered housing, or for extra care housing will be required to make financial contributions towards the provision of off-site affordable housing, in line with the requirements in the full policy and the Council's Commuted Sums Calculator.

**Policy DS2 – Housing Mix** – To ensure that new major residential developments provide for the needs of different groups within the community:

- Proposals for 10 or more dwellings, or on sites of 0.5 hectares or greater, will provide a minimum of 15% of new dwellings built to M4(2) standards, and 5% to be built to M4(3) standards. Where appropriate, this may be provided as bungalows which must be designed to prevent their upwards extension or the creation of loft rooms, such as through a shallow roof pitch, and the Council will apply a condition to remove the permitted development rights relating to upwards extension of these bungalows; and
- Proposals for 300 or more homes will provide a minimum of 10% of the homes as older persons housing. The type of provision should be based on local needs and the needs identified within the Housing Needs Assessment, or future updates.

Proposals for older persons housing and student accommodation will provide a minimum of 15% of new properties to be built to M4(2) standards, and 5% to be built to M4(3) standards. Proposals for self and custom built housing should consider whether it is appropriate to be built to M4(2) or M4(3) standard.

**Policy DS5 – Specialist Housing Provision** – Proposals for specialist older persons housing through new build, conversion or redevelopment, and for

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<sup>28</sup> <https://www.canterbury.gov.uk/sites/default/files/2022-10/Adopted%20Local%20Plan.pdf>

<sup>29</sup> <https://www.canterbury.gov.uk/sites/default/files/2024-09/Draft%20Canterbury%20District%20Local%20Plan%20%282040%29.pdf>

extensions to existing nursing and residential care homes will be supported where:

- They help address an identified need for care homes, nursing homes, age exclusive housing, retirement/sheltered housing, enhanced sheltered housing, or extra care housing; and
- The proposal is suitably located within a settlement boundary and with easy access to public transport.

The loss of specialist older persons housing will only be permitted where:

- A replacement facility is to be provided of a better quality, which meets policy requirements and does not provide fewer bedspaces. The replacement facility must be completed prior to the existing facility being lost to prevent a shortage of bedspaces; or
- It is demonstrated through a local housing needs survey, conducted by an independent body, that the current facility or accommodation is no longer required.

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Dartford Borough Council	<p><u>The Dartford Plan, Dartford Borough's Local Plan to 2037<sup>30</sup> (adopted April 2024).</u></p> <p><b>Policy M8 – Housing Mix</b> – The majority of dwellings on all developments should provide two or more bedrooms (for specialist accommodation, a higher proportion of smaller units may be justifiable).</p> <p>All new build dwellings should meet the requirement M4(2): Category 2 – Accessible and Adaptable Dwellings. A limited proportion of dwellings to meet the requirement M4(3): Category 3 – Wheelchair User Dwellings is sought on sites of 100 or more dwellings. Only where it can be robustly demonstrated why it is not possible to contribute to these requirements will applicable developments be exempted.</p> <p>The local planning authority will require, as part of mixed neighbourhoods, the provision of specialist accommodation for specific groups (such as age restricted</p>	No emerging Local Plan.
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<sup>30</sup> <https://www.dartford.gov.uk/downloads/file/2248/the-dartford-plan>

dwellings) and care homes (Use Class C2) suitable for older and vulnerable people where appropriate and sustainably located and need is demonstrated.

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Dover District Council	<p><u>Dover District Local Plan to 2040<sup>31</sup> (adopted October 2024).</u></p> <p><b>Policy H1 – Type and Mix of Housing</b> – Development proposals for standalone older persons’ housing or other specialist housing will be supported in principle where they can be located in accessible and sustainable locations.</p> <p><b>Policy PM2 – Quality of Residential Accommodation</b> – On schemes of up to 19 dwellings, the Council will expect all new build development to be built in compliance with Building Regulation part M4(2). On schemes of 20 or more dwellings, the Council will require 5% of the development to be built in compliance with Building Regulation M4(3) (wheelchair user homes), with the remaining development to be built in compliance with Building Regulation part M4(2). In circumstances where the optional technical standards M4(2) and M4(3) cannot be met due to site-specific factors, the Council will require robust evidence to justify this as part of a planning application.</p>	No emerging Local Plan.
Folkestone & Hythe District Council	<p><u>Core Strategy Review<sup>32</sup> (adopted March 2022).</u></p> <p><b>Policy SS6 – New Garden Settlement – Development Requirements</b> – A minimum of 10% of homes in each substantial phase shall be built to meet the needs of the elderly, from active retired people to those requiring intensive nursing care, including specialist C2 provision. All such homes shall be built to meet M4(3) Category 3: Wheelchair User Dwellings standards as set out in Building Regulations. The remaining 90% of homes shall be built to meet M4(2) Category 2: Accessible and Adaptable Dwellings as set out in Building Regulations. Homes should be designed to be flexible to respond to the changing needs of families.</p>	No emerging Local Plan.

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<sup>31</sup> <https://www.doverdistrictlocalplan.co.uk/uploads/Adopted-Local-Plan-Documents/V2-Dover-District-Local-Plan-to-2040-Low-Resolution-for-viewing-7.68-MB.pdf>

<sup>32</sup> <https://www.folkestone-hythe.gov.uk/downloads/file/3593/core-strategy-review-2022>

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**Policy CSD2 – District Residential Needs** – Specialist units for older people (Class C3(b)) will be delivered primarily through strategic allocations as part of a new garden settlement in the North Downs Area and expansion at Sellindge. Elsewhere, residential accommodation providing an element of care for, or supervision of, elderly or other individuals in need of supervised care will be permitted where:

- It does not lead to an over-concentration of socially vulnerable people in any neighbourhood, and
- It makes a suitable contribution as necessary to the community and sustainable transport infrastructure needs associated with residents, and
- It is designed to facilitate the provision of high quality care.

Places and Policies Local Plan<sup>33</sup> (adopted September 2020).

**Policy HB3 – Internal and External Space Standards** – A minimum of 20% of homes on major new build developments will meet the accessibility and adaptable Building Regulation M4(2) Adaptable Homes standards, with an aspiration that all dwellings meet these standards.

**Policy HB11 – Loss of Residential Care Homes and Institutions** – Planning permission will be granted for the conversion of a residential care home or institution (C2) to residential (C3), hotel or bed and breakfast (C1) or non-residential institution (D1) use, or the demolition of the building or buildings and new build development for these uses, if the criteria in the full policy are satisfied.

**Policy HB12 – Development of New or Extended Residential Institutions (C2 Use)** – Planning permission will be granted for the development of new residential institutions, or the conversion of existing properties to this use, subject to the requirements in the full policy.

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<sup>33</sup> <https://www.folkestone-hythe.gov.uk/downloads/file/3598/places-and-policies-local-plan>

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Gravesham Borough Council	<u>Gravesham Local Plan Core Strategy<sup>34</sup> (adopted September 2014)</u> <b>Policy CS14 – Housing Type and Size</b> – Sheltered housing and extra care housing for people with special needs will be supported on suitable sites in areas with access to a range of services that provide for the needs of future occupants.	<u>Gravesham Local Plan Regulation 18 Stage 1 Consultation Part 2: Development Management Policies Document (April 2018)<sup>35</sup></u> <b>No relevant policies.</b>
Maidstone Borough Council	<u>Maidstone Borough Council Local Plan Review 2021-2038<sup>36</sup> (adopted March 2024)</u> <b>Policy LPRSP10(A) – Housing Mix</b> – The Council will work with partners to support the provision of specialist and supported housing for elderly, disabled, and vulnerable people. <b>Policy LPRHOU7 – Specialist Residential Accommodation</b> – On land within or adjacent to the settlement boundaries, proposals for new retirement living, sheltered housing, enhanced sheltered housing, and extra-care facilities, through new build, conversion, or redevelopment, and for extensions to existing nursing and residential care homes which meet the following criteria will be permitted. <ol style="list-style-type: none"><li>The site is located adjacent to the settlement boundary;</li><li>The proposal is sustainably located with accessibility by public transport;</li><li>The proposal will not adversely affect the character of the locality or the amenity of neighbouring properties, including by means of noise, disturbance, or intensity of use; or by way of size, bulk, or overlooking; and</li><li>Sufficient visitor and staff vehicle parking is provided in a manner which does not diminish the character of the street scene.</li></ol> <p>Proposals for specialist residential accommodation in unsustainable locations, and not within or adjacent to the defined boundaries of the Maidstone Urban Area, Rural Service Centres, and Larger Villages will not be permitted.</p>	No emerging Local Plan.

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<sup>34</sup> <https://www.gravesham.gov.uk/local-plan-policy/local-plan>

<sup>35</sup> <https://localplan.gravesham.gov.uk/consult.ti/dmpreg18/consultationHome>

<sup>36</sup> <https://localplan.maidstone.gov.uk/home/local-plan-review>

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Existing specialist residential accommodation will be protected from loss through either redevelopment or conversion where there is an identified need. Any change outside that permitted will need to demonstrate the lack of need for, or financial viability of, the facility within the borough.

**Policy LPRQD6 – Technical Standards** – All new development will be expected where possible to meet the new technical standards as follows:

1. Internal space standards (as per full policy)
2. Accessibility and adaptable dwellings standard M4(2) or any superseding standards in line with evidence of the SHMA, national planning policy and guidance. Development proposals will be considered having regard to site specific factors which may make a specific site less suitable for M4(2) compliant dwellings, particularly where step free access cannot be achieved or is not viable.
3. Where the Council has identified evidence of a specific need for a wheelchair accessible standard M4(3) property (for which the Council is responsible for allocating or nominating a person to live in that dwelling) that is relevant to a site, this will be negotiated with the developer and secured by planning obligation, subject to consideration of viability and suitability.

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Sevenoaks District Council Core Strategy<sup>37</sup> (adopted February 2011)

**Policy SP3 – Provision of Affordable Housing** – In order to meet the needs of people who are not able to compete in the general housing market, the Council will expect the provision of affordable housing in all types of residential development, including specialised housing.

**Policy SP5 – Housing Size and Type** – Sheltered and extra care housing for people with special needs will be encouraged on suitable sites in areas close to a range of services that provide for the needs of future occupants.

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Plan 2040. A New Local Plan for Sevenoaks District. Regulation 18 Consultation<sup>39</sup> (2023)

**Policy H1 – Housing Mix** – For new built development, commit to delivering all homes to meet the M4(2) standard for accessible and adaptable homes. For new build schemes of 20 units or more, commit to delivering at least 5% of homes to meet the M4(3)b standard for wheelchair user dwellings, to be delivered as affordable housing for rent.

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<sup>37</sup> [https://www.sevenoaks.gov.uk/downloads/file/356/core\\_strategy\\_adopted\\_version\\_february\\_2011](https://www.sevenoaks.gov.uk/downloads/file/356/core_strategy_adopted_version_february_2011)

<sup>39</sup> <https://documents.sevenoaks.gov.uk/Environment%20and%20Planning/Planning/Planning%20Policy/Local-Plan/Local%20Plan.pdf>

The Allocations and Development Management Plan<sup>38</sup> (adopted February 2015)

**No relevant policies.**

**Policy H4 – Housing for Older People** – Proposals for new retirement housing are required to meet the following technical and design criteria, in addition to the criteria set out in the Housing Mix policy:

- Proposals should reflect the latest evidence on older persons housing needs set out in the latest housing evidence. Alternative methods of assessment will not be considered appropriate;
- Be within sustainable located and well-connected areas of the District, where there is easy access to shops, community facilities including healthcare, public transport, and other services appropriate to the needs of the future occupiers;
- Incorporate the latest HAPPI (Housing our Ageing Population Panel for Innovation) design principles, where possible, in order to offer attractive alternatives to the current home;
- Incorporate an accessible lift in flatted development of 2 or more storeys;
- Provide access to private and/or communal outdoor space; and
- Provide high quality homes built to high sustainability standards with built-in resilience to climate change and fuel poverty, which contributes towards addressing the challenge of climate change.

Developments of 50 or more dwellings, in appropriate locations subject to the criteria above, will be expected to provide units for older people. This is to be informed by the latest evidence including up-to-date Local Housing Needs Surveys. The inclusion of housing for older people on smaller sites is also encouraged.

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Swale Borough Council      Bearing Fruits 2031. The Swale Borough Local Plan<sup>40</sup> (adopted July 2017)

Emerging Local Plan at evidence gathering stage.

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[https://www.sevenoaks.gov.uk/downloads/file/304/the\\_allocations\\_and\\_development\\_management\\_plan\\_adopted\\_version\\_february\\_2015](https://www.sevenoaks.gov.uk/downloads/file/304/the_allocations_and_development_management_plan_adopted_version_february_2015)

<sup>40</sup> <https://services.swale.gov.uk/media/files/localplan/adoptedlocalplanfinalwebversion.pdf>

**Policy CP3 – Delivering a wide choice of high quality homes** – development proposals will meet the requirements of specific groups, including families, older persons, or disabled and vulnerable persons.

**Policy DM8 – Affordable housing** – For development proposals of 11 or more dwellings, and where a need to provide affordable housing has been determined as appropriate, provision will be made for affordable housing. Where possible, by designing homes for use by disabled, elderly, and vulnerable residents.

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Thanet  
District  
Council

Thanet District Council Local Plan<sup>41</sup> (adopted July 2020)

Emerging Local Plan at very early stage.

**Policy SP14 – General Housing Policy** – All proposals for 10 or more units must provide an appropriate mix of dwellings (including care and supported housing) to meet the requirements of Policy SP22 and provide accessible homes to meet the requirements of Policy QD05.

**Policy HO18 – Care and Supported Housing** – The Council will seek to approve applications that provide accommodation for those in the community with care needs (including the provision of facilities and services which will support independent living). Where such accommodation falls within Use Class C2 proposals will be expected to demonstrate they are suitably located to meet the needs of the occupiers, including proximity and ease of access to community facilities and services.

**Policy QD05 – Accessible and Adaptable Accommodation** – Accessibility provision in new developments as required by Building Regulations Part M4 shall be provided as follows:

1. 10% of new build developments will be expected to be built in compliance with building regulation part M4(2) accessible and adaptable dwellings;
2. 5% of the affordable housing units on housing developments will be expected to be built in compliance with building regulations part M4(3) wheelchair user dwellings.

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<sup>41</sup> <https://www.thanet.gov.uk/info-pages/local-plan-updates/>

The above requirements will only be reduced if it would make the proposed development unviable or site specific factors prevent their inclusion.

Tonbridge & Malling Borough Council	<p><u>Tonbridge and Malling Borough Council Local Development Framework Core Strategy<sup>42</sup> (adopted September 2007)</u></p> <p><b>No relevant policies.</b></p> <p><u>Tonbridge and Malling Borough Council Local Development Framework Development Land Allocations DPD<sup>43</sup> (adopted April 2008)</u></p> <p><b>No relevant policies.</b></p>	<p><u>Regulation 18 Local Plan Consultation Document<sup>44</sup>, September 2022.</u></p> <p>Early stage document with no policies drafted.</p>
Tunbridge Wells Borough Council	<p><u>Tunbridge Wells Borough Local Development Framework Core Strategy Development Plan Document<sup>45</sup> (adopted June 2010)</u></p> <p><b>Core Policy 6 – Housing Provision</b> – Provision will be made to achieve a sustainable mix of dwelling types that will meet the needs of all people, including the following groups: older people, people with disabilities, vulnerable people, and minority ethnic communities.</p> <p><u>Tunbridge Wells Borough Site Allocations Local Plan<sup>46</sup> (adopted July 2016)</u></p> <p><b>No relevant policies.</b></p>	<p><u>Tunbridge Wells Borough Submission Local Plan 2020-2038 (Submitted October 2021)<sup>47</sup></u></p> <p><b>Policy H3 – Affordable Housing</b> – All affordable housing should meet, as a minimum, the Building Regulation Standard Part M4(2). Where affordable housing is designed for households with a disability, the homes should meet the higher M4(3) standards.</p> <p><b>Policy H6 – Housing for Older People and People with Disabilities</b> – Development proposals should have regard to meeting the housing needs of older people and people with disabilities in a manner proportionate to the scale of the proposal. This includes:</p> <ol style="list-style-type: none"> <li>1. Adaptations and alterations, including conversions and extensions, to enable people to live in their home, which will be supported where these meet the</li> </ol>

<sup>42</sup> <https://www.tmbc.gov.uk/downloads/file/276/core-strategy>

<sup>43</sup> <https://www.tmbc.gov.uk/downloads/file/1358/development-land-allocations-dpd>

<sup>44</sup> <https://www.tmbc.gov.uk/downloads/file/2229/local-plan-regulation-18-consultation>

<sup>45</sup> [https://tunbridgewells.gov.uk/data/assets/pdf\\_file/0003/343353/Core-Strategy-adopted-June-2010.compressed.pdf](https://tunbridgewells.gov.uk/data/assets/pdf_file/0003/343353/Core-Strategy-adopted-June-2010.compressed.pdf)

<sup>46</sup> [https://tunbridgewells.gov.uk/data/assets/pdf\\_file/0006/343788/Site-Allocations-Local-Plan\\_July-2016.pdf](https://tunbridgewells.gov.uk/data/assets/pdf_file/0006/343788/Site-Allocations-Local-Plan_July-2016.pdf)

<sup>47</sup> [https://tunbridgewells.gov.uk/data/assets/pdf\\_file/0009/403587/CD\\_3.128\\_Local-Plan\\_Submission-accessible\\_reduced.pdf](https://tunbridgewells.gov.uk/data/assets/pdf_file/0009/403587/CD_3.128_Local-Plan_Submission-accessible_reduced.pdf)

- requirements of Policy H11 (Residential Extensions, Alterations, Outbuildings, and Annexes);
2. All new build housing development will be expected to meet the optional technical standard M4(2) for accessible and adaptable dwellings, as set out in the Building Regulations, unless demonstrably unviable;
  3. On new build housing developments of 20 or more homes, at least 10% of homes should be suitable for older people in that they are bungalows or one or two bed flats/houses;
  4. On new build housing developments of 20 or more homes, at least 5% of the affordable housing element will be expected to meet the optional technical standard M4(3) for wheelchair user dwellings, to support people with physical disabilities, where a need has been identified in the parish or ward (by the Housing Authority);
  5. In addition to sites specifically allocated for specialist housing, such schemes will be supported on sites identified for residential development and other suitable sites, including extensions to existing schemes, particularly in accessible locations, subject to other policies of the Local Plan being satisfied.

Amenity space and parking provision are outlined in the full policy.

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