

Adult Social Care Accommodation: District Profile for Ashford

February 2026

Summary

Areas where adult social care accommodation provision is strong

Working-age adult residential care provision is good in the west of the borough.

Older people's nursing care provision is generally good across the borough.

Supported living services are good in the south-east of the borough.

Extra care provision is good across the borough.

Areas where further provision is needed

Working-age adult residential provision is poor in the north-east and south-west of the borough. Older people's residential care provision is poor across the borough.

Supported living services are limited around Tenterden and in the north of the borough.

Any new Extra Care Housing provision will need to be intergenerational.

Conclusion

Overall, Ashford presents a mixed picture of accommodation-based care provision, with clear strengths alongside notable gaps. Provision for older people's nursing care and extra care housing is generally strong across the borough, and working-age adult residential care is well-established in many areas, particularly in the west. Supported living provision is also performing well in parts of the borough, most notably in the south-east.

However, there are consistent shortfalls that will need to be addressed to meet current and future demand. Older people's residential care provision is limited across much of Ashford, and there are clear geographic gaps in working-age residential care in the north-east and south-west. Supported living is also unevenly distributed, with limited availability in the north and around Tenterden.

Looking ahead, population growth—particularly the projected increase in residents aged 65 and over—will place additional pressure on existing services. This, combined with expected increases in working-age adults with complex needs, reinforces the importance of targeted development.

Future provision should therefore prioritise addressing identified cold spots, improving access to older people's residential care, and expanding supported living in underserved areas. Any new extra care housing should be designed with an intergenerational approach to ensure flexibility and long-term sustainability.

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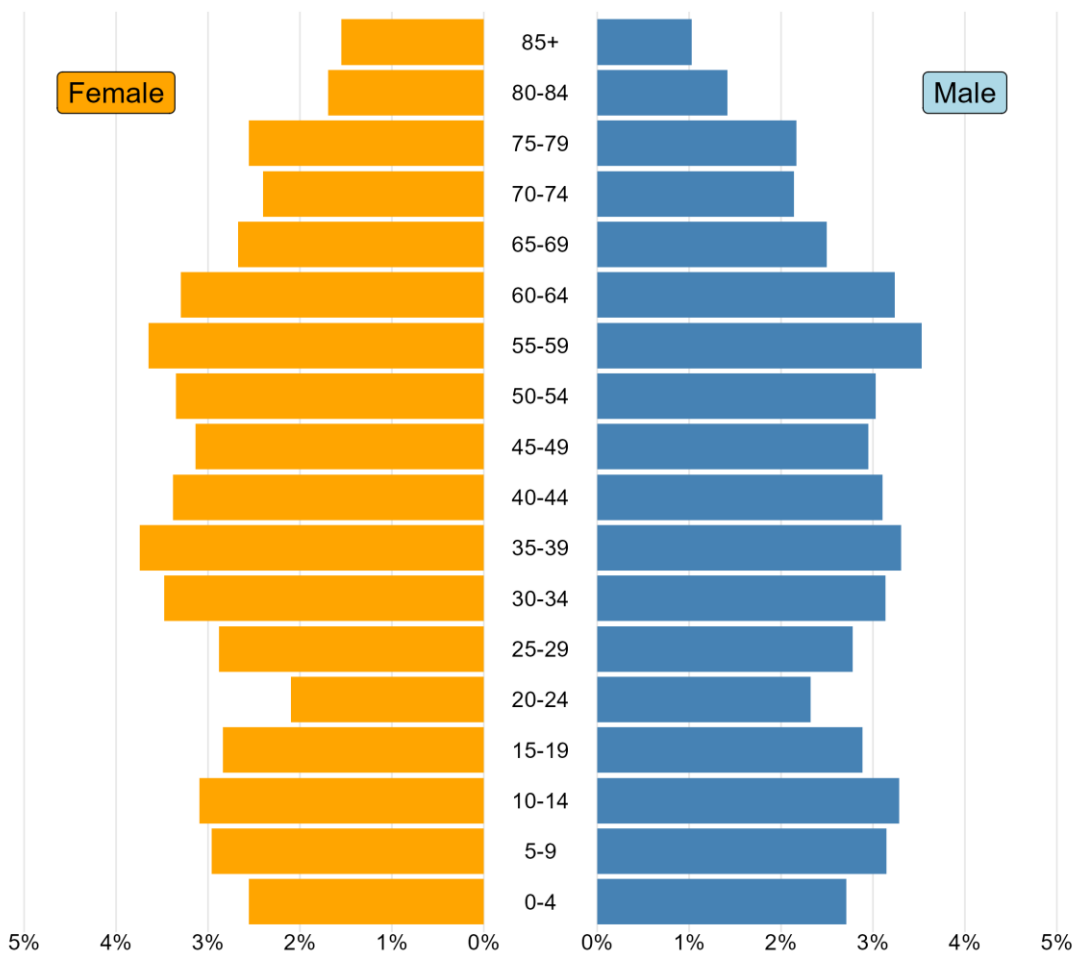
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1 About the area

1.1 Population and projections

Ashford has a similar number of men and women overall. However, there are more women in the older age groups. The graph below shows the population by age and by sex.

Population pyramid for Ashford by age and sex
Total estimated population for Ashford in 2025 is 141,000



ONS subnational projections for England: 2022 based - Migration category variant (released June 2025)

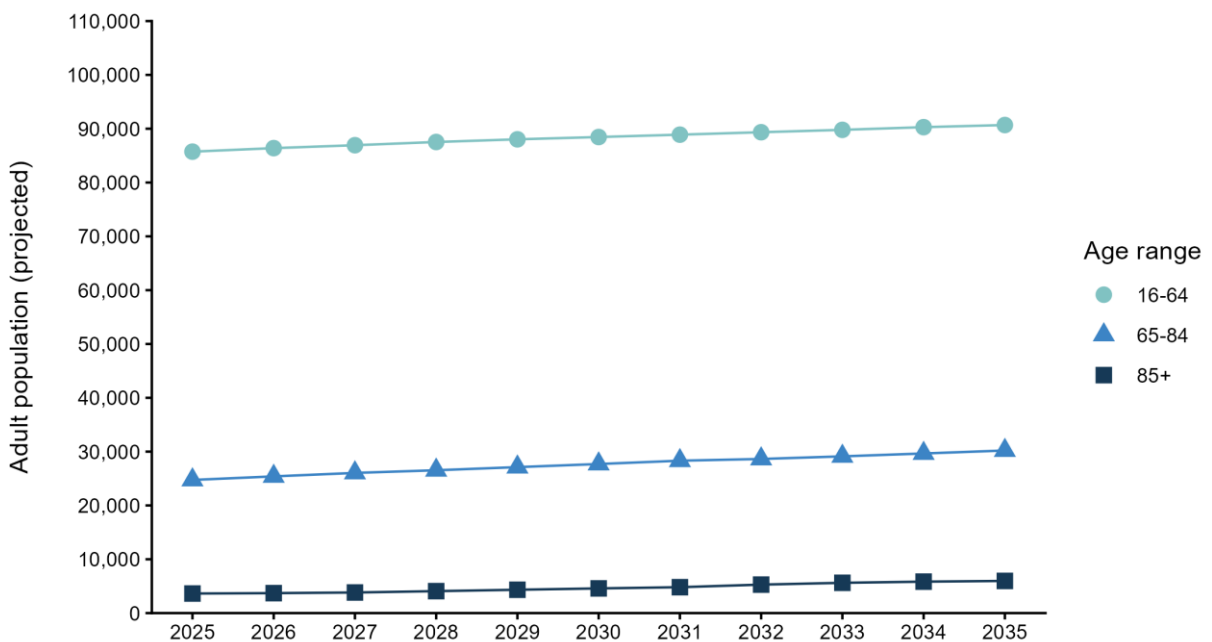
Ashford's adult population is expected to grow from 114,000 in 2025 to 127,000 by 2035.

All adult age groups are expected to grow. However, the number of adults aged over 65 is projected to increase at a higher rate than the number of adults aged 16 to 64.

The graph below shows how the adult population of the borough will change between 2025 and 2035, by age group.

Adult population projection by age group to 2035 for Ashford

Adult population in Ashford is projected to increase from 114,000 to 127,000 by 2035.



ONS subnational projections for England: 2022 based - Migration category variant (released June 2025)

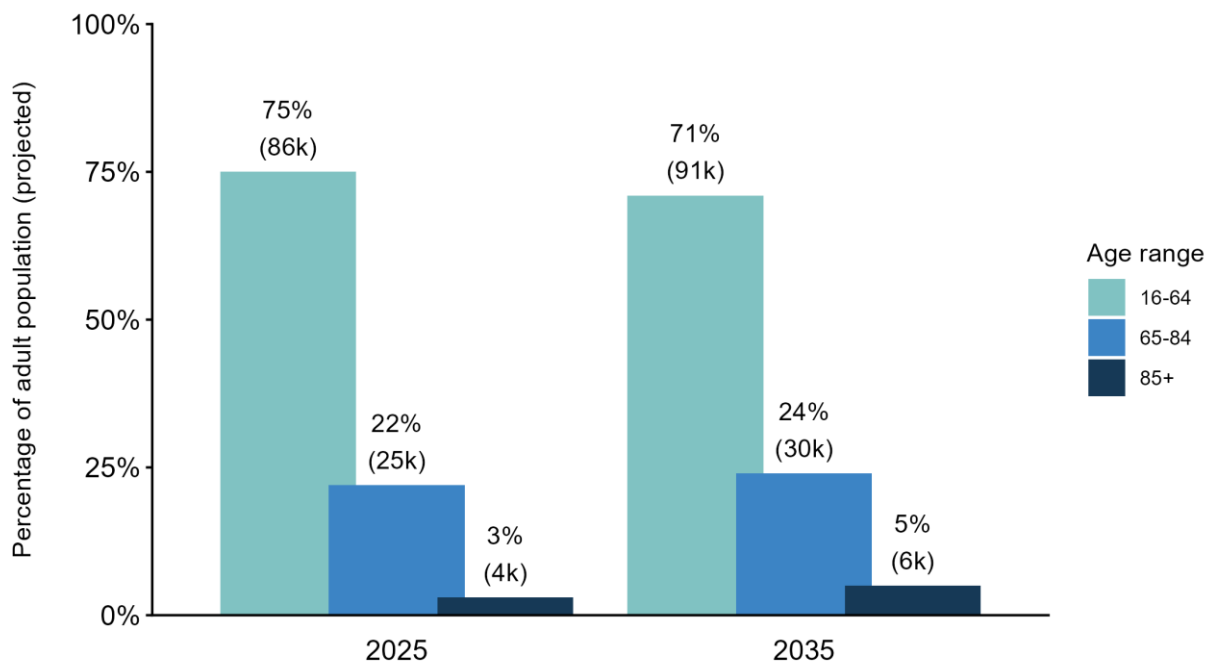
In 2025, about 25 out of every 100 adults in Ashford are over 65. By 2035, this is expected to rise to 29 out of every 100 adults.

This is because the number of people aged over 65 is projected to grow by 24%, whilst the number of working age adults is projected to grow by 6%.

The graph shows the predicted share of adults in each age group, along with the projected number of people in those groups. Percentages may not add up to exactly 100% due to rounding.

Projected adult population comparison 2025 and 2035 for Ashford

Adult population in Ashford is projected to increase from 114,000 to 127,000 by 2035.



ONS subnational projections for England: 2022 based - Migration category variant (released June 2025)

There is expected to be an increase in the number of working age adults with mental health needs (3.6% increase), physical disabilities (0.3% increase) and learning disabilities (6% increase) in Ashford by 2035.

These predictions are based on PANSI (Projecting Adult Needs and Service Information) projections from the Institute of Public Care.



The number of working age adults with a mental health disorder in Ashford is projected to **increase by 3.6% from 25,748 in 2025 to 26,681 in 2035.**

Based on 'Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014' NHS Digital (2016)



The number of working age adults with impaired mobility in Ashford is projected to **increase by 0.3% from 4,689 in 2025 to 4,705 in 2035.**

Based on 'Life Opportunities Survey', Office for Disability Issues (2011)



The number of working age adults with learning disabilities in Ashford is projected to **increase by 6% from 114 in 2025 to 120 in 2035.**

Based on 'Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England', Institute for Health Research (2004)

Source: PANSI projections for working age population aged 16 to 64

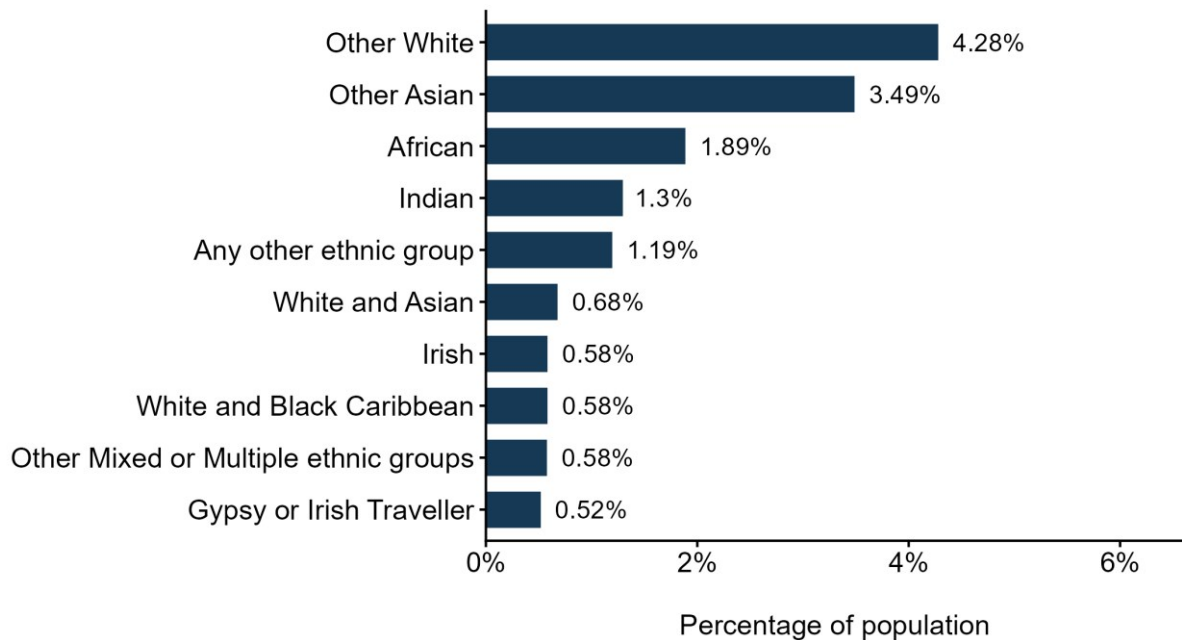
1.2 Ethnicity

The most common ethnicity in Ashford is White British. The next largest groups are Other White groups and Other Asian groups.

The graph below shows the top 10 ethnic groups in the borough that are not White British, and the share of the population they make up.

Top 10 census ethnicities in Ashford excluding White British

82.6% of people in Ashford are white British (English, Welsh, Scottish, Northern Irish or British)

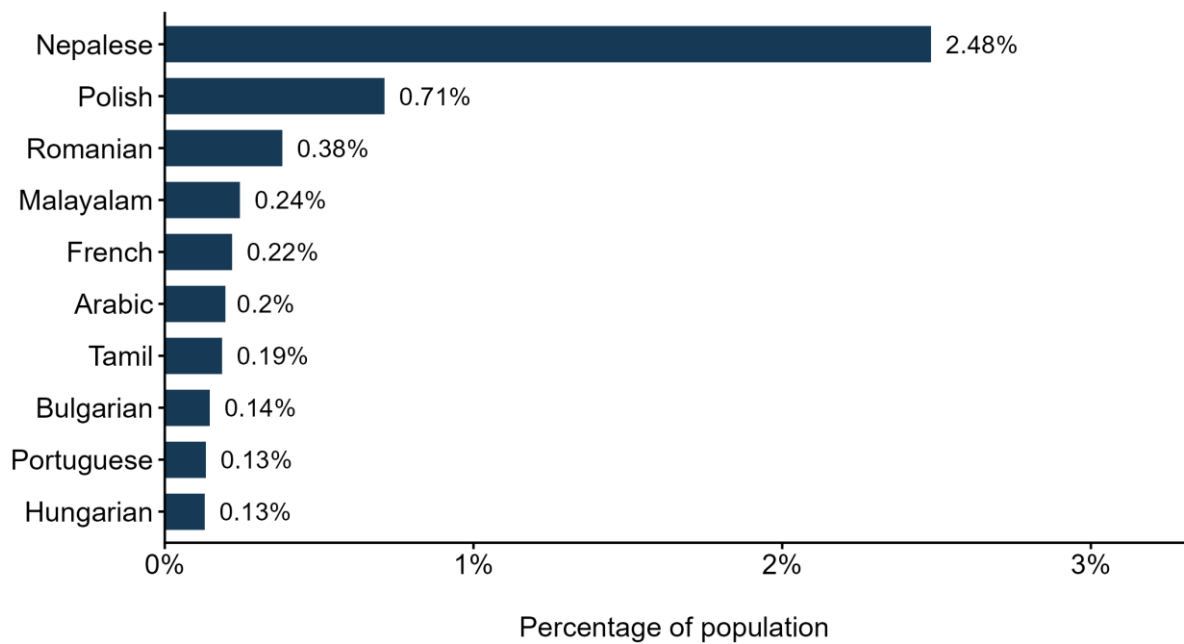


Ethnic group, England and Wales: Census 2021 (released November 2022)

The most common language spoken as a first language is English. The next most common languages are Nepalese and Polish.

The graph below shows the top 10 first languages spoken in the borough that are not English, and the share of the population who speak them.

Top 10 first languages spoken in Ashford excluding English
93.2% of people in Ashford put English as their first or preferred language



Language, England and Wales: Census 2021 (released November 2022)

1.3 Deprivation

Lower Super Output Areas (LSOAs) are geographical areas created by the Office of National Statistics and usually contain a resident population of between 1000 and 3000 people¹.

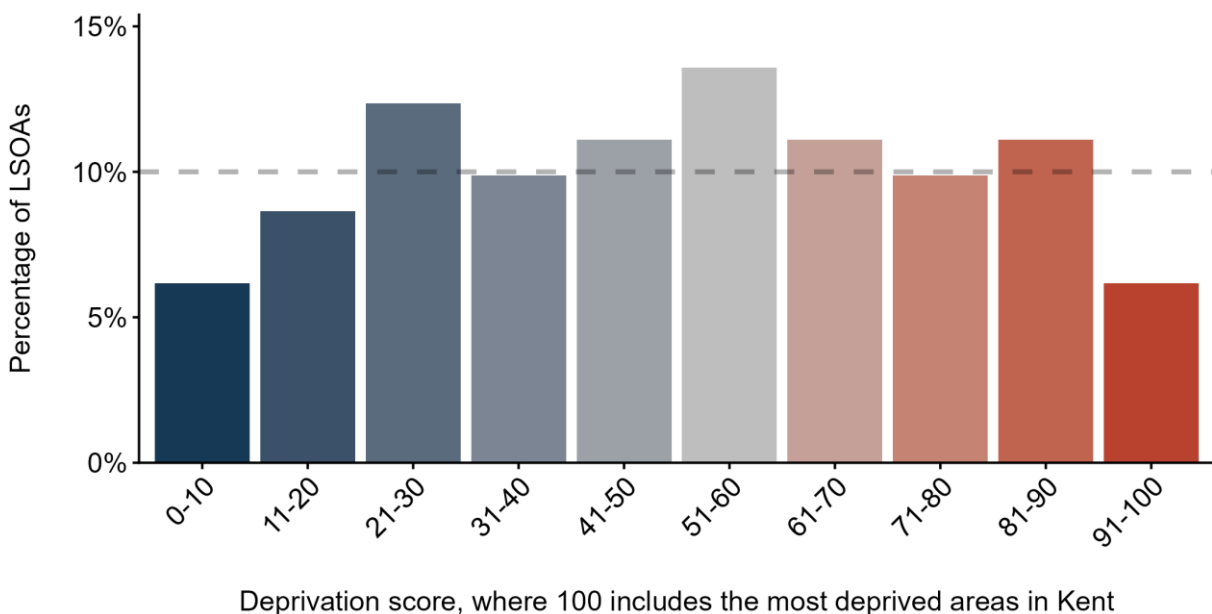
The graph below shows the distribution of LSOAs in Ashford compared to the whole of Kent. This is broken down into deprivation scores. A higher score indicates that an area is more deprived. A score of 90-100 would mean these LSOAs are more deprived than 90% of all LSOAs in Kent.

27% of LSOAs in Ashford are in the top 30% most deprived LSOAs in Kent. If deprivation was split evenly across the county then 10% of LSOAs would fall into each of the score groups.

Overall, Ashford has an average spread of more deprived and less deprived areas for Kent.

Lower Super Output Areas (LSOAs) in Ashford by deprivation score

- 27% of areas in Ashford are among the most deprived in Kent (score over 70)
- 27% of areas in Ashford are among the least deprived in Kent (score under 30).



English indices of deprivation 2025 (Released October 2025)

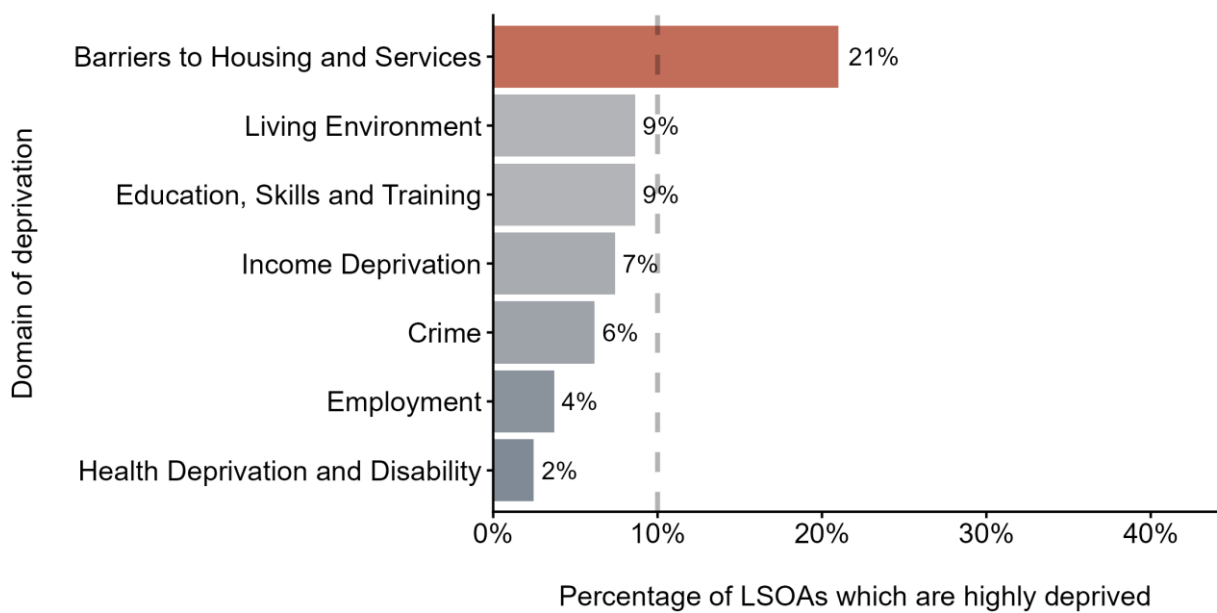
¹ [Census 2021 geographies - Office for National Statistics](#)

The graph below shows the percentage of LSOAs in Ashford which are considered highly deprived in each area of deprivation.

LSOAs in Ashford are most deprived in the barriers to housing and services domain². This domain focuses on geographical and financial barriers to accessing local services and suitable housing.

Percentage of LSOAs (Lower Super Output Areas) in Ashford which are highly deprived, by deprivation domain.

'Highly deprived' defined as being more deprived than 90% of areas in Kent



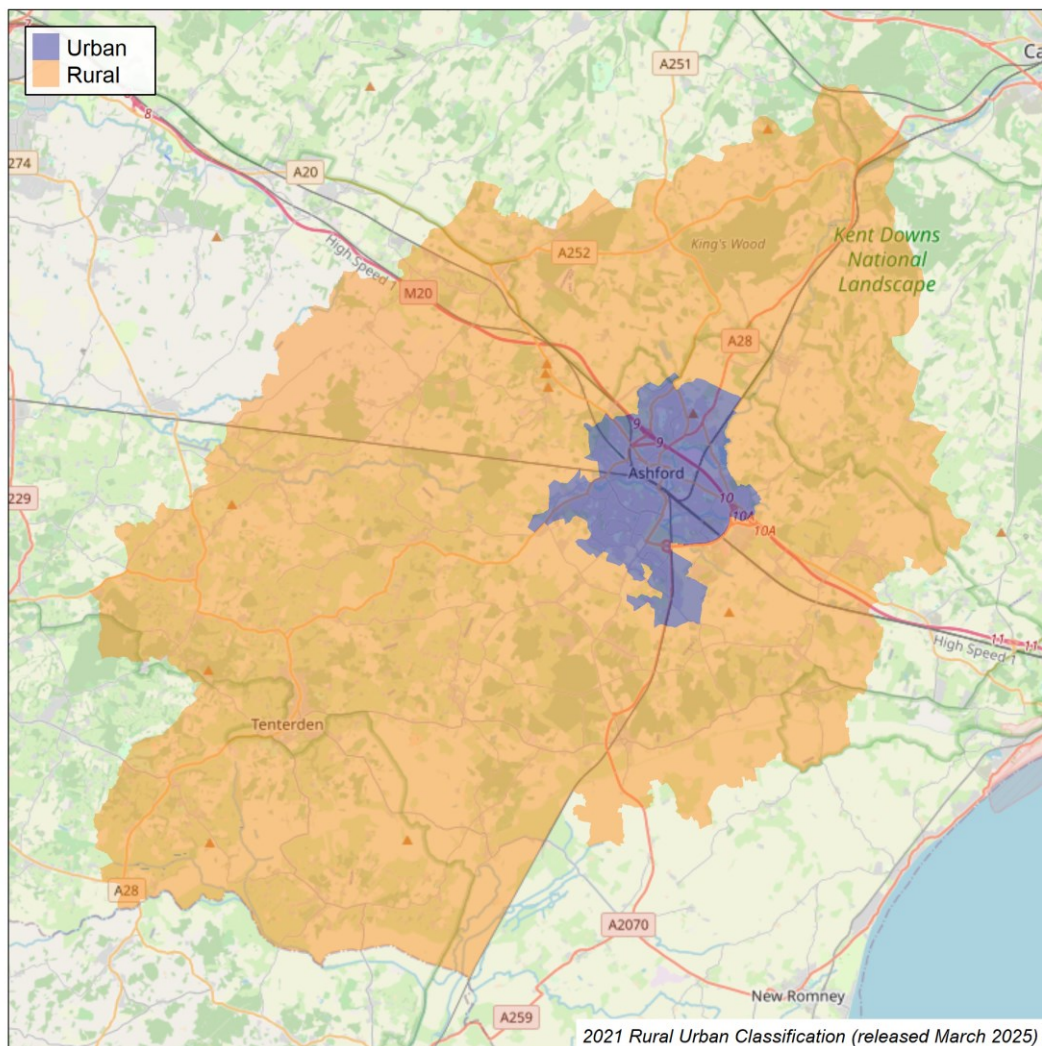
English indices of deprivation 2025 (Released October 2025)

² [English indices of deprivation 2025: technical report](#)

1.4 Rurality

The map below shows how each area in the borough is classified as either rural or urban. These areas, called output areas, are created by the Office for National Statistics and usually contain between 100 and 625 people³. In Ashford, 61% of output areas are classed as urban, whilst 39% are classed as rural. It might look like more of the borough is rural than this, since rural output areas tend to be larger in size than urban ones.

Rural/Urban classification of Ashford district
(61% urban output areas, 39% rural output areas)



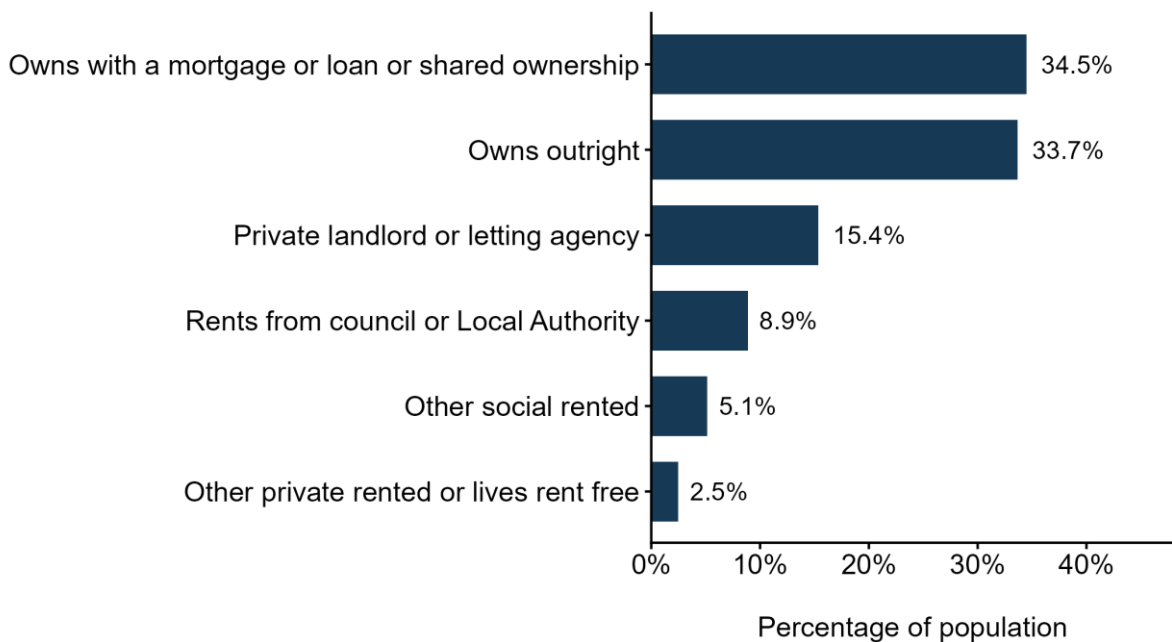
³ [Census 2021 geographies - Office for National Statistics](#)

1.5 Household

Most houses in Ashford (68.2%) are owned either outright or with a mortgage, followed by private rented (15.4%). The graph below shows the breakdown of housing tenures in Ashford.

Housing tenures in Ashford

Approximately 68% of people in Ashford own their home

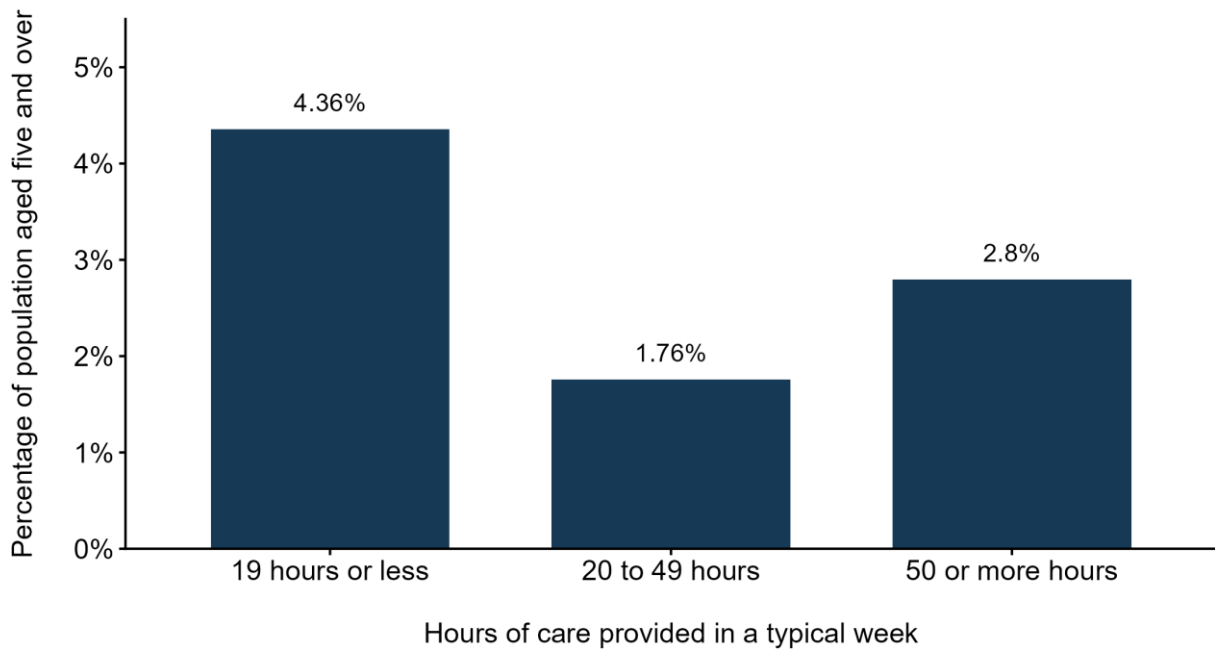


Household tenure, England and Wales: Census 2021 (released November 2022)

8.9% of the population of Ashford say that they provide care for someone. This could include looking after someone most of the time. It might also mean helping a family member, friend or neighbour with specific tasks. For those who provide care, it is most common for people in Ashford to provide 19 hours or less of care in a typical week.

Percentage of population aged five and over in Ashford who provide care

8.9% of people in Ashford reported that they provide care in the 2021 census



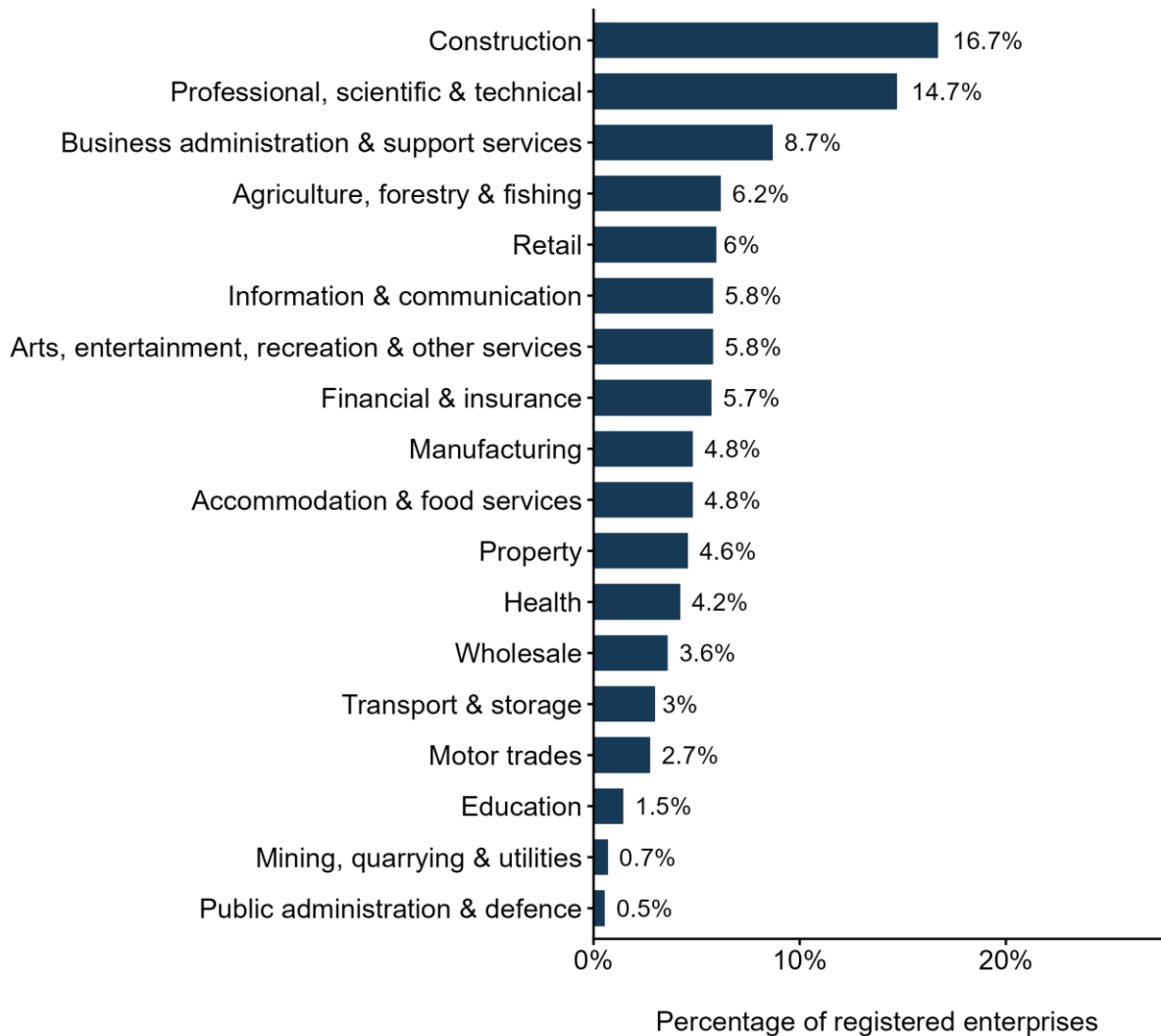
Unpaid care, England and Wales: Census 2021 (released November 2022)

1.6 Local economy

The most common industry group in Ashford is construction, followed by professional, scientific and technical. The graph below shows the percentage of businesses in Ashford that are VAT or PAYE based enterprises by the industry group they belong to.

Percentage of businesses in Ashford by broad industry group

Includes all VAT or PAYE based enterprises



ONS UK Business Counts 2025 (released October 2025)

The industry that employs the most employees in Ashford is wholesale and retail trade, followed by human health and social work activities, then administration and support service activities. The graph below shows the percentage of employees in Ashford by the industry group they work in.

Percentage of employees in Ashford by broad industry group

Based on responses to the Business Register and Employment Survey 2023



Business Register and Employment Survey (BRES) 2023 (released November 2024)

2 Overview of Existing Adult Social Care Accommodation

This section will outline the provision for adults accommodation already available in the borough and where more may be needed. Adult social care accommodation refers to housing settings that provide care and/or support to adults who are unable to live independently without assistance. This includes a range of provision such as residential care, nursing care, supported living and extra care housing, designed to meet different levels of need. The purpose of this accommodation is to enable people to live safely, maintain independence where possible, and achieve good health and wellbeing outcomes.

A methodology for how this analysis was produced can be found in the appendices. The data for this analysis is from July 2025 and reflects the services available at that time.

There are two main measures used in this analysis, these are:

Service Coverage Scores

What it shows: The relative level of access for each area (LSOA) in the borough, based on proximity to providers and total capacity.

Question it answers: How well-served is this specific area?

This score provides a localised view of access for each area, helping to identify individual areas with strong or weak provision.

Hotspot and Cold Spot Patterns

What it shows: Areas where high or low scores cluster together, revealing broader geographic patterns.

We used a spatial clustering method to identify statistically significant patterns.

Question it answers: Are there regional clusters of good or poor coverage?

This analysis highlights where coverage issues are concentrated, beyond individual area scores.

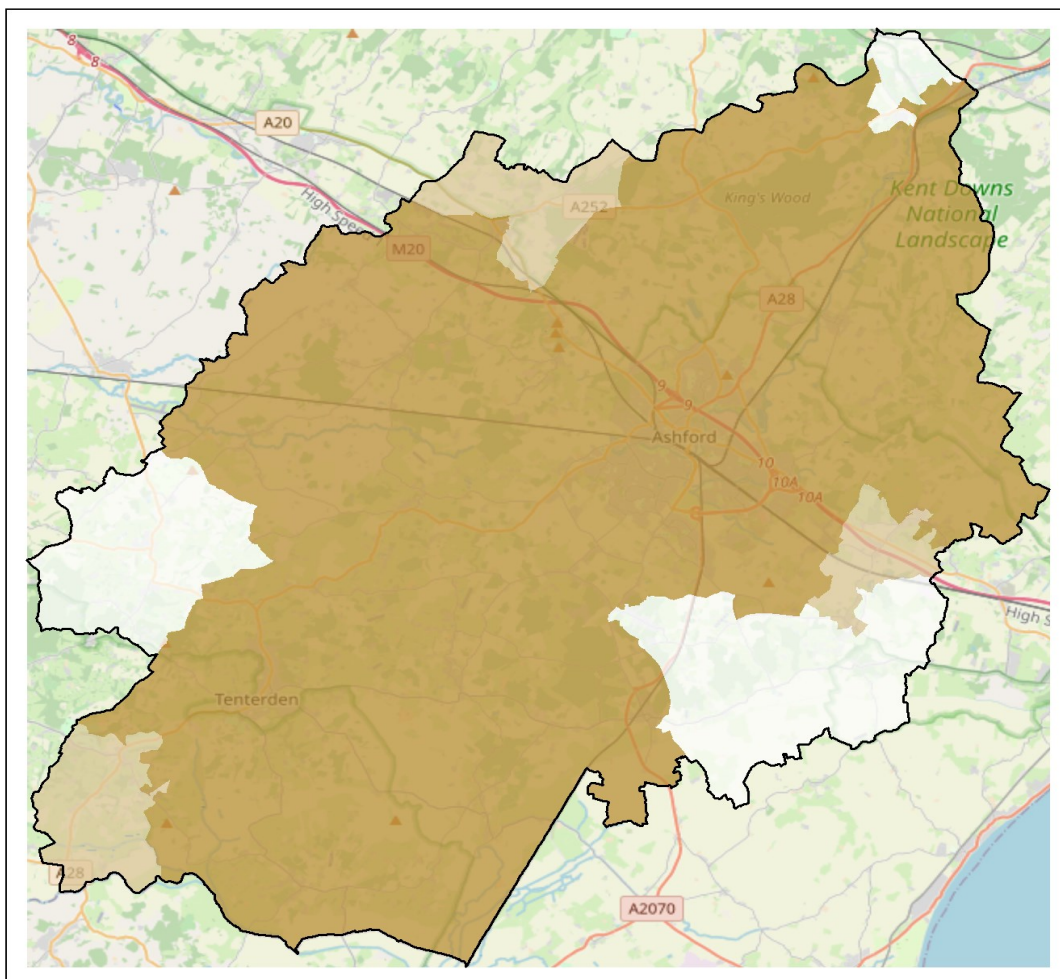
2.1 Residential care homes

There were 31 residential care homes registered with the CQC in Ashford in July 2025, of which 8 are for older people and 25 for working aged adults.

3.1.1 Service Coverage Scores

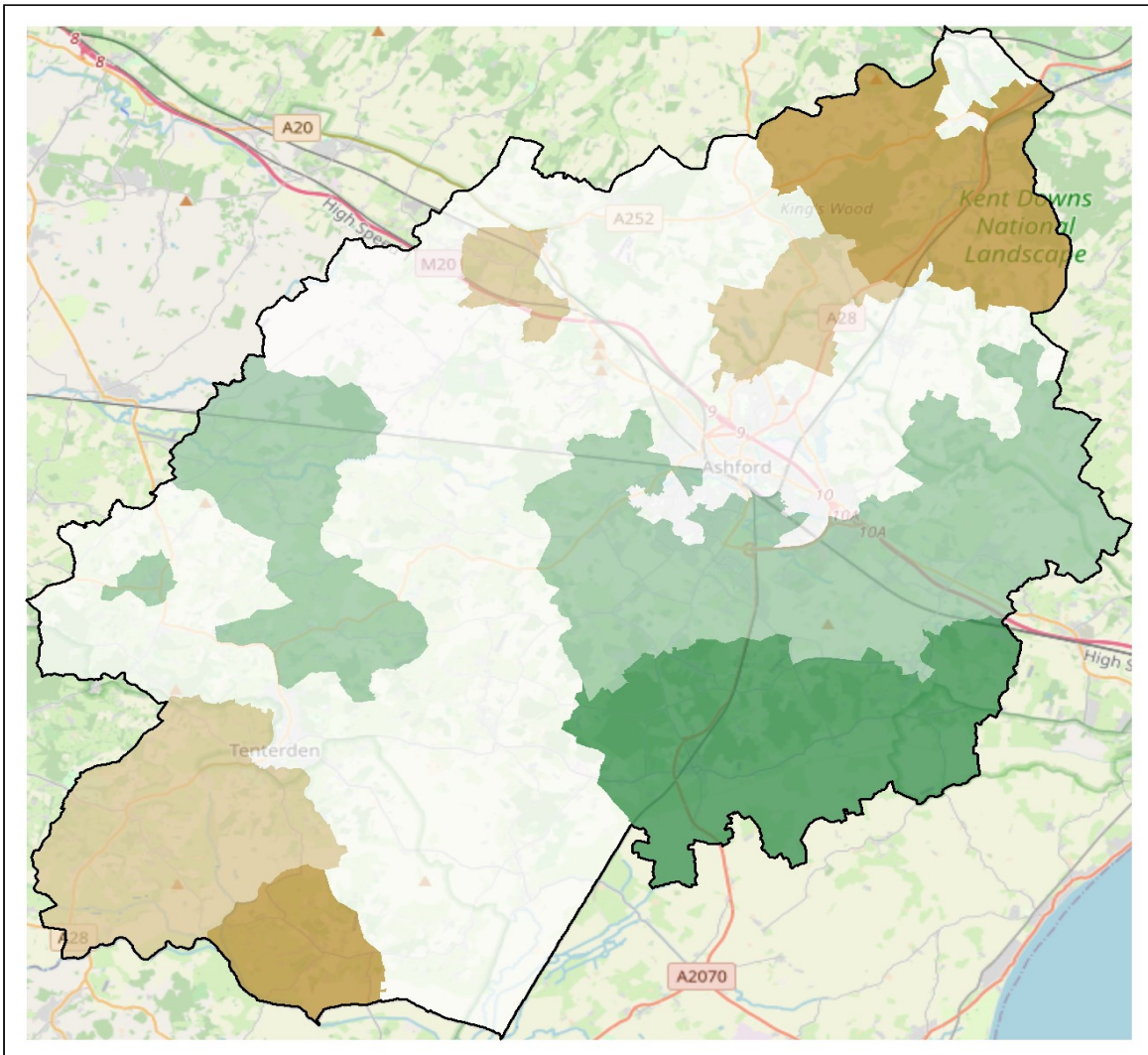
The map below shows the service coverage scores for older people residential care homes across Ashford. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 65 and over. This shows that the provision of older people residential care compared to the local population aged 65 and over is poor across most of Ashford.

Service Coverage Scores for Residential Care Homes for Older People in Ashford
(green – good coverage orange- poor coverage)



The map below shows the service coverage scores for working aged adults residential care homes across Ashford. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 18 to 64. This shows that the provision of working aged adult residential care compared to the local population aged 18 to 64 and over is sufficient or good across most of Ashford, but poor in the north east and south west of the borough.

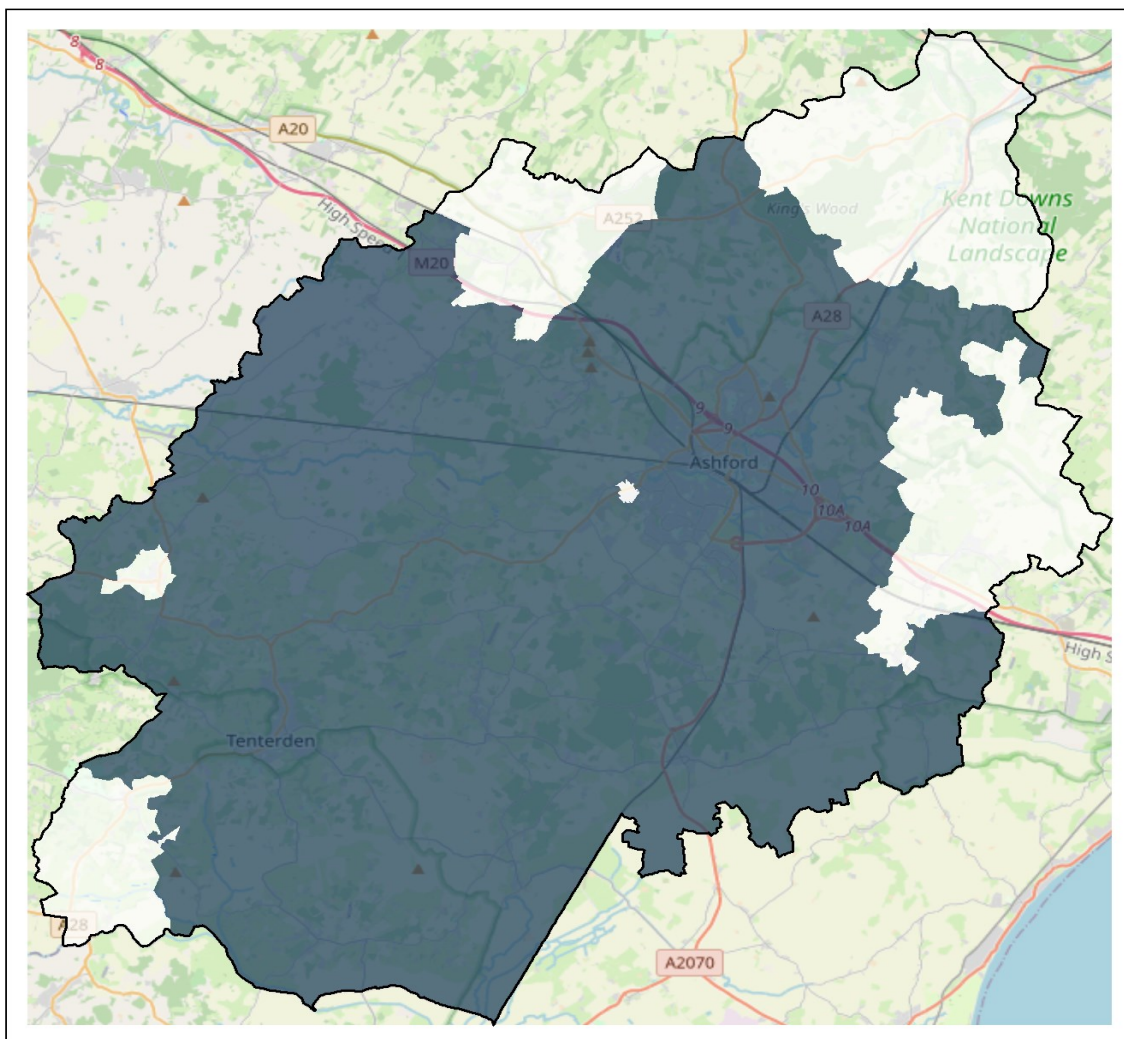
Service Coverage Scores for Residential Care Homes for working aged adults in Ashford
(green – good coverage; orange- poor coverage)



3.1.2 Hot spots and cold spots

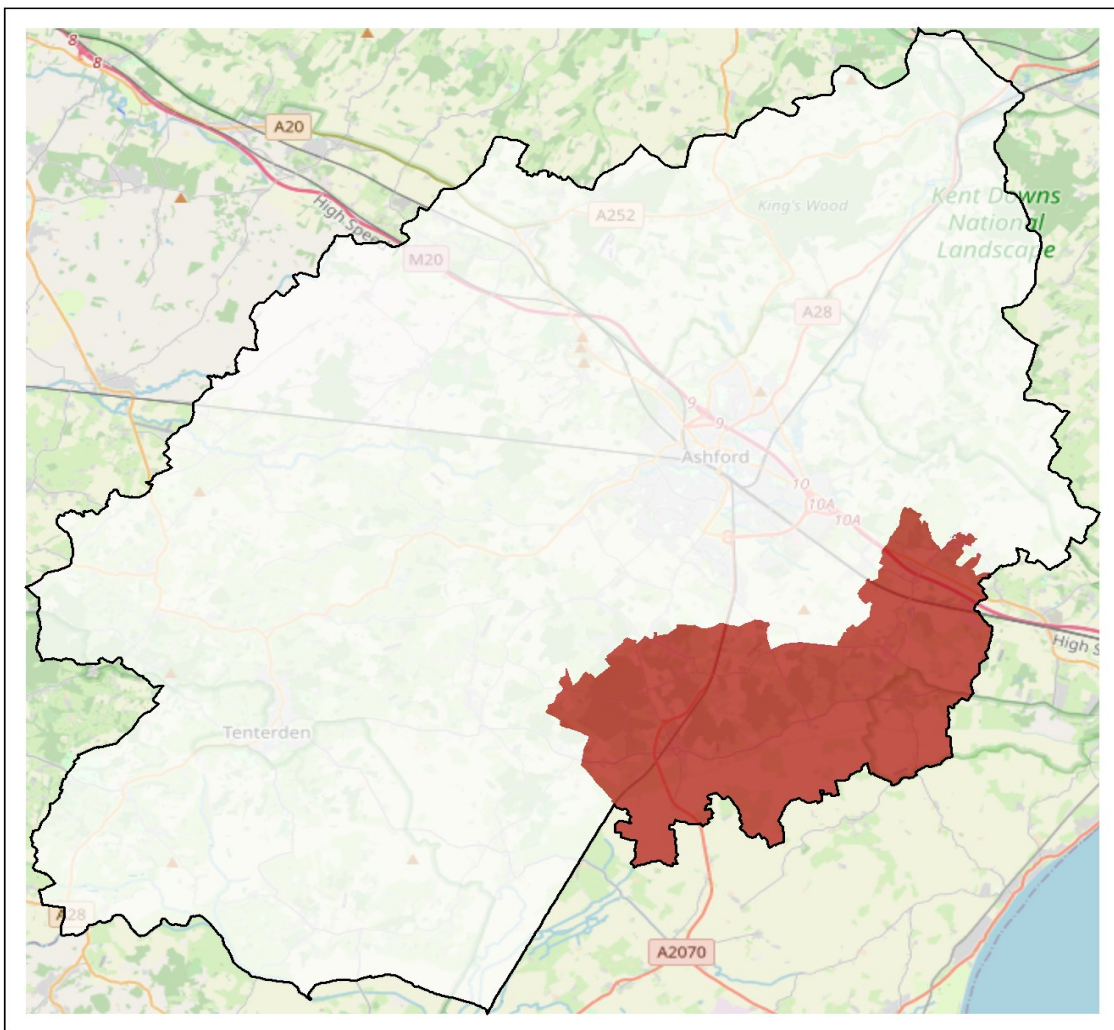
The map below shows areas where high or low coverage scores cluster together for older person residential care. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in residential care provision (**cold spots**). These are mapped below for older people residential care compared to the local population aged 65 and over and show a cold spot across most of Ashford.

Hotspots and Cold spots of coverage for Residential Care Homes for Older People in Ashford
(**red** – hotspots; **blue** - cold spots; white- neutral spots)



The map below shows areas where high or low coverage scores cluster together for working age adult residential care. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in residential care provision (**cold spots**). These are mapped below for working aged adult residential care compared to the local population aged 18 to 64 and over and show that provision is sufficient across most of Ashford with a hotspot in the south east of the borough.

Hotspots and Cold spots of coverage for Residential Care Homes for people aged 18-64 in Ashford
(red – hotspots; blue - cold spots; white- neutral spots)



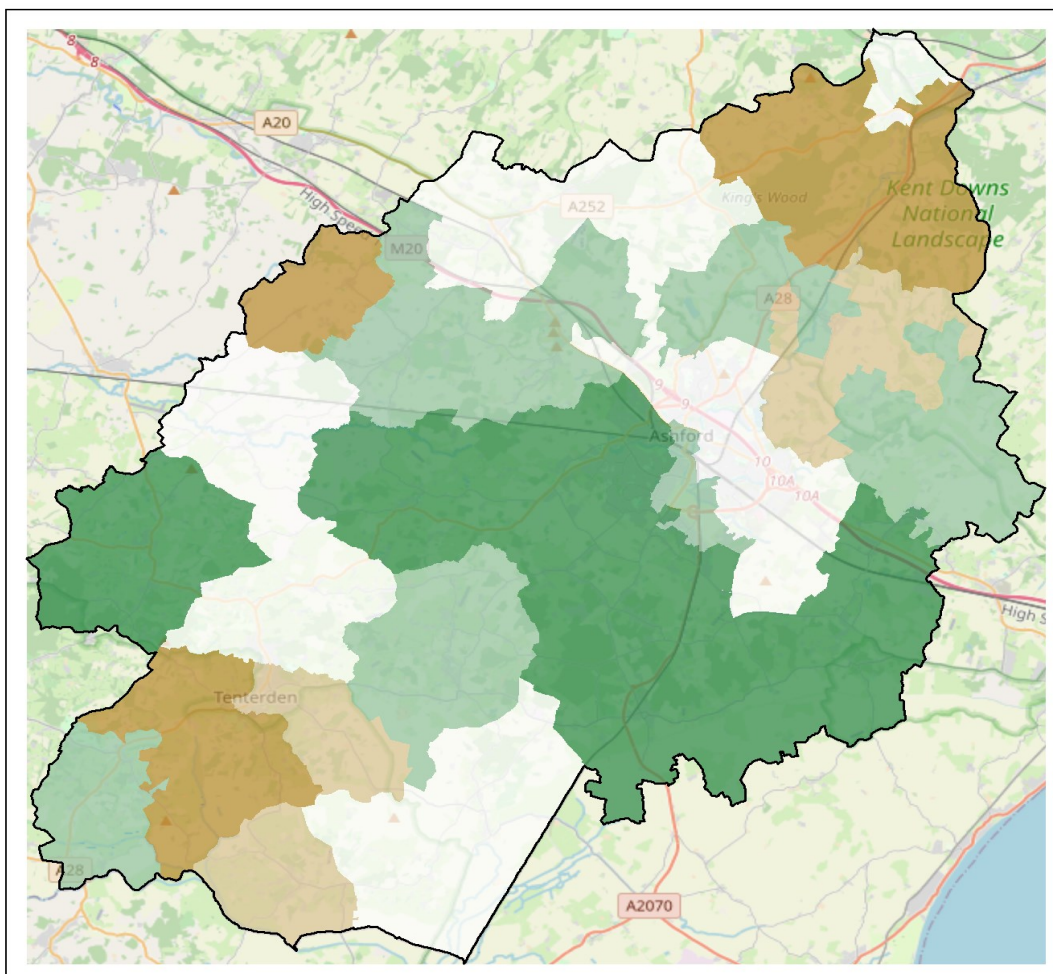
2.2 Nursing care homes

There were 11 nursing care homes registered with the CQC in Ashford in July 2025 all of which were for older people, though 2 also accepted working aged adults .

3.2.1 Service Coverage Scores

The map below shows the service coverage scores for nursing care homes across Ashford. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 65 and over. This shows that the provision of older person nursing care compared to the local population aged 65 and over is sufficient or good across most of Ashford.

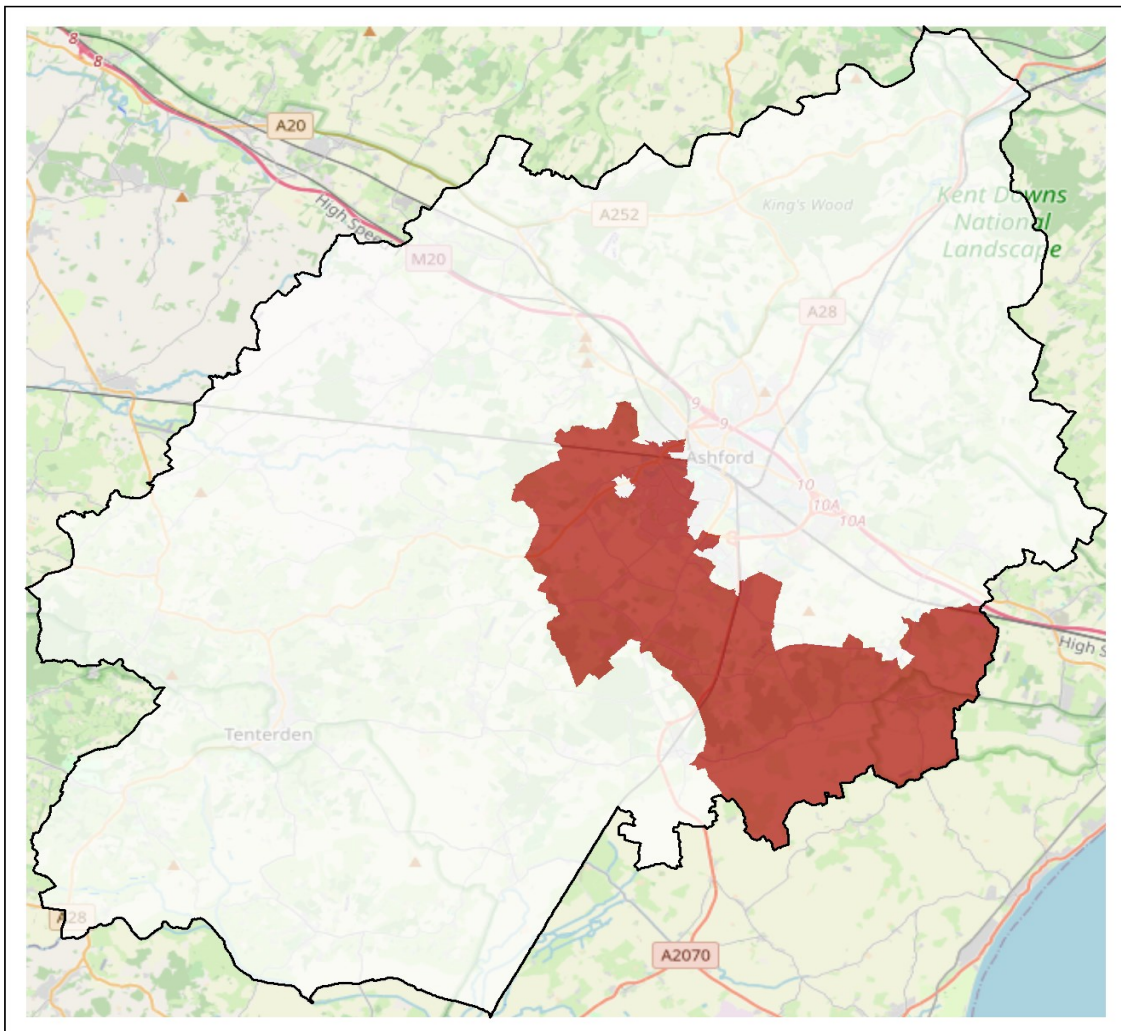
Service Coverage Scores for Nursing Care Homes for Older People in Ashford
(green – good coverage; orange- poor coverage)



3.2.2 Hot spots and cold spots

The map shows areas where high or low coverage scores cluster together for nursing care. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in nursing care provision (**cold spots**). These are mapped below for older people nursing care compared to the local population aged 65 and over and show provision is sufficient across most of Ashford, with a hotspot in the south west of the borough.

Hotspots and Cold spots of coverage for Nursing Care Homes for Older People in Ashford
(red – hotspots; blue - cold spots; white- neutral spots)



2.3 Supported living

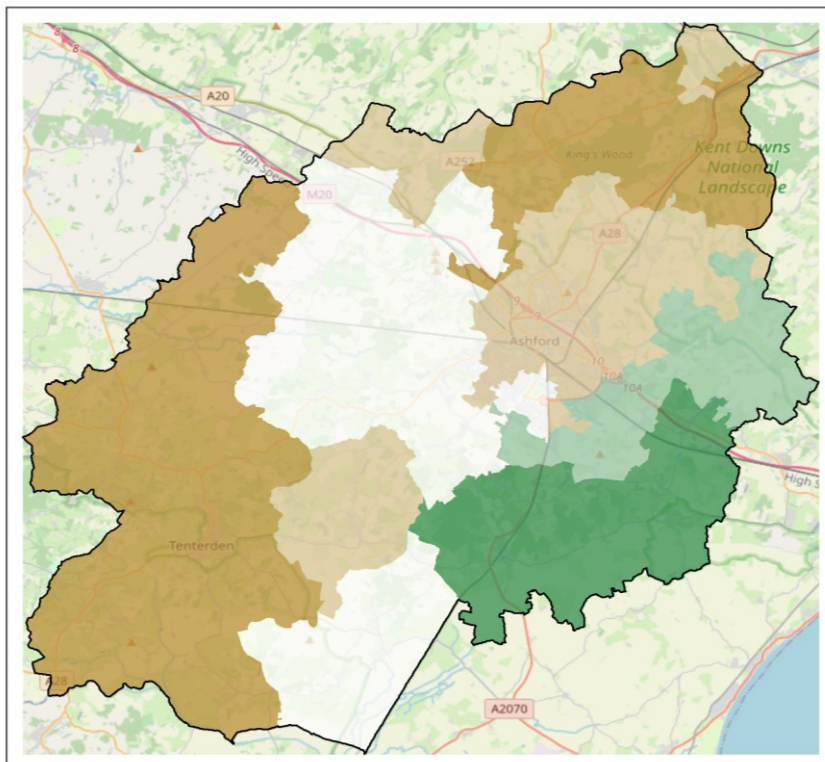
Important Data Caveat: This analysis is based exclusively on supported living services that are commissioned through Kent's contractual framework, which introduces a key assumption: that this dataset reflects the full landscape of supported living provision. In reality, many supported living services operate outside of the contractual framework, including those commissioned by other authorities or funded privately.

There were 42 supported living accommodation on the ASCH contractual framework in Ashford in September 2025

3.3.1 Service Coverage Scores

The map below shows the service coverage scores for supported living accommodation across Ashford. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 18 and over. This shows that the provision of supported living services compared to the local population aged 18 and over is good in the west of Ashford, but poor across the rest of the borough.

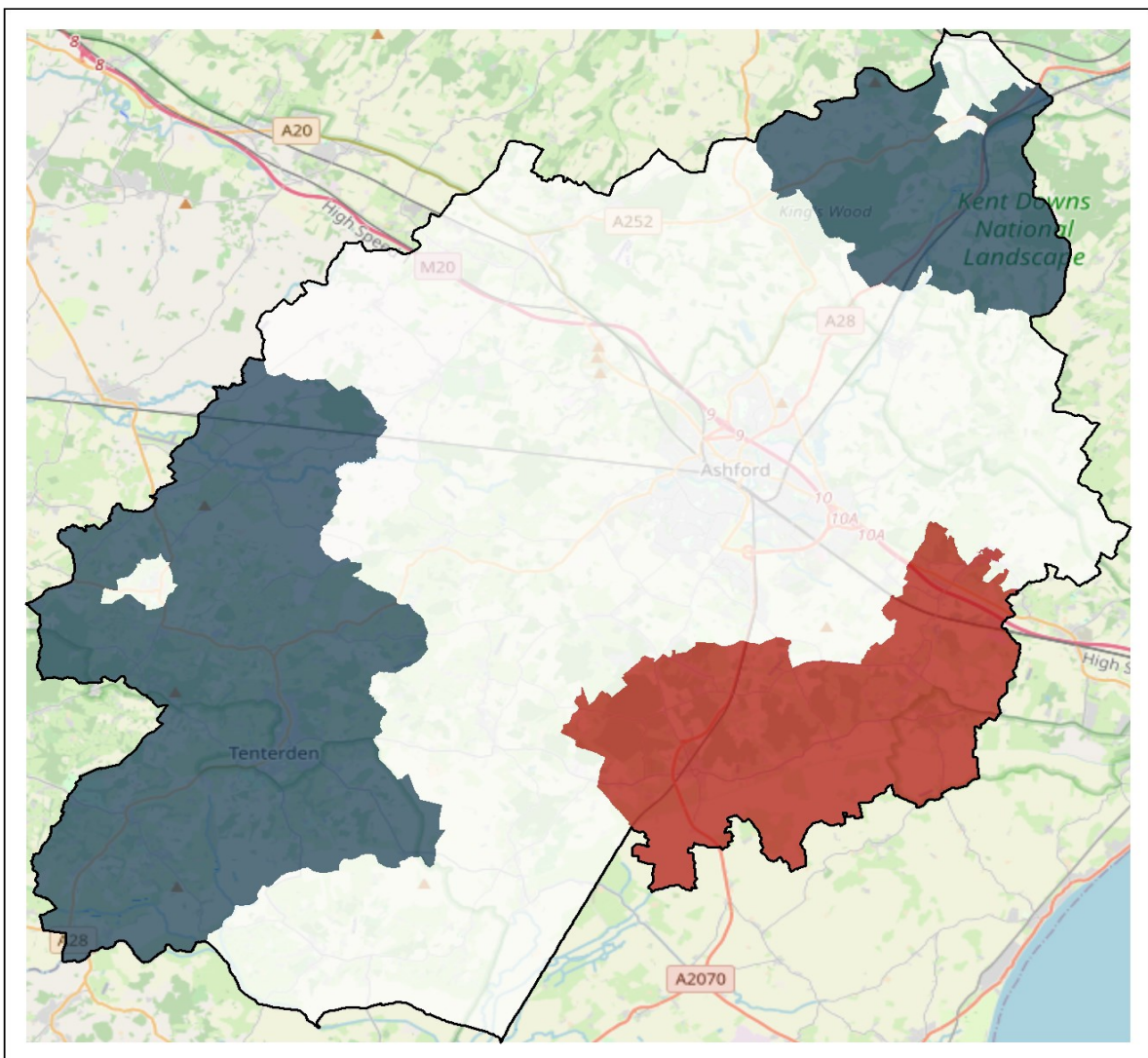
Service Coverage Scores for Supported Living services for people in Ashford
(green – good coverage; orange- poor coverage)



3.3.2 Hot spots and cold spots

The map shows areas where high or low coverage scores cluster together for supported living accommodation. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in supported living accommodation (**cold spots**). These are mapped below for supported living services compared to the local population aged 18 and over and shows cold spots in the north east and south west of the borough and a hotspot in the south east of the borough.

Hotspots and Cold spots of coverage for Supported Living services for people in Ashford
(**red** – hotspots; **blue** - cold spots; white- neutral spots)



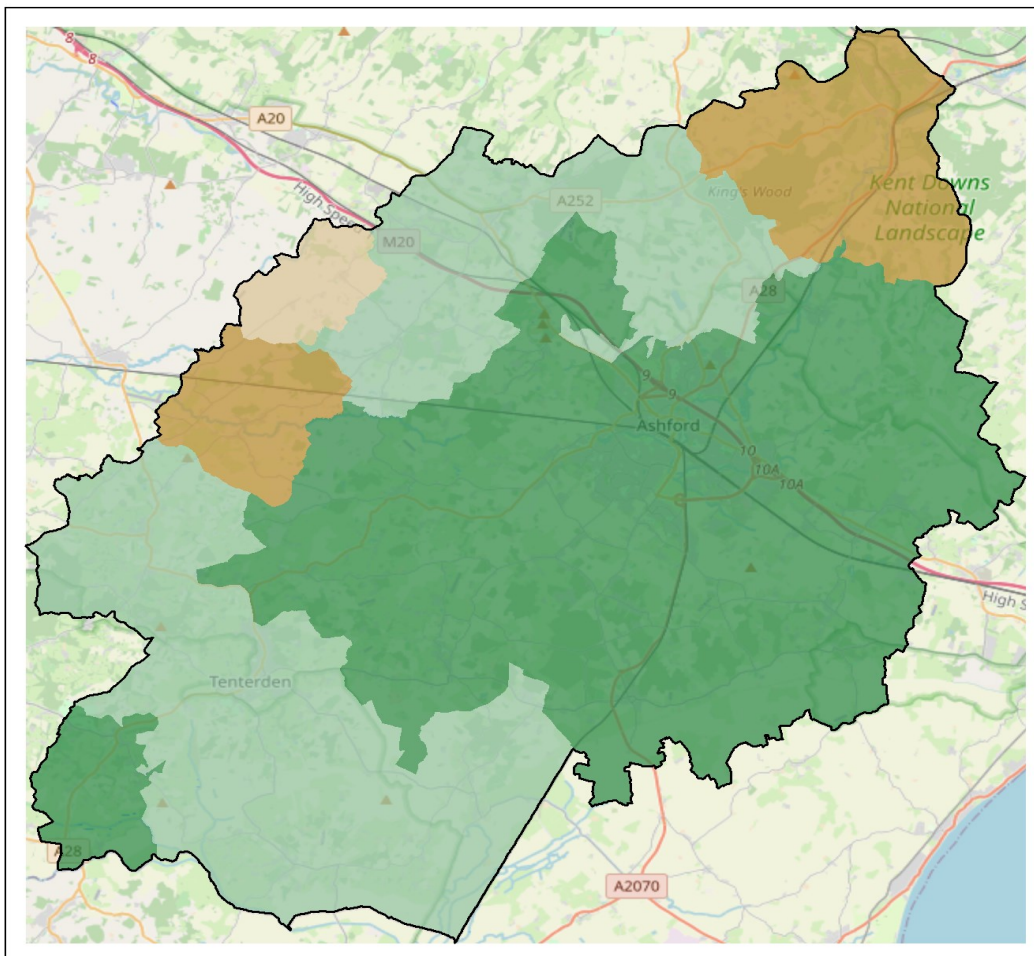
2.4 Extra care

There were 4 extra care facilities for older people in Ashford in August 2025.

3.4.1 Service Coverage Scores

The map below shows the service coverage scores for older person extra care facilities across Ashford. These scores reflect both the proximity of providers (within a 15-minute drive) and their bed capacity, relative to the local population aged 65 and over. This shows that the provision of older person extra care compared to the local population aged 65 and over is good across most of Ashford.

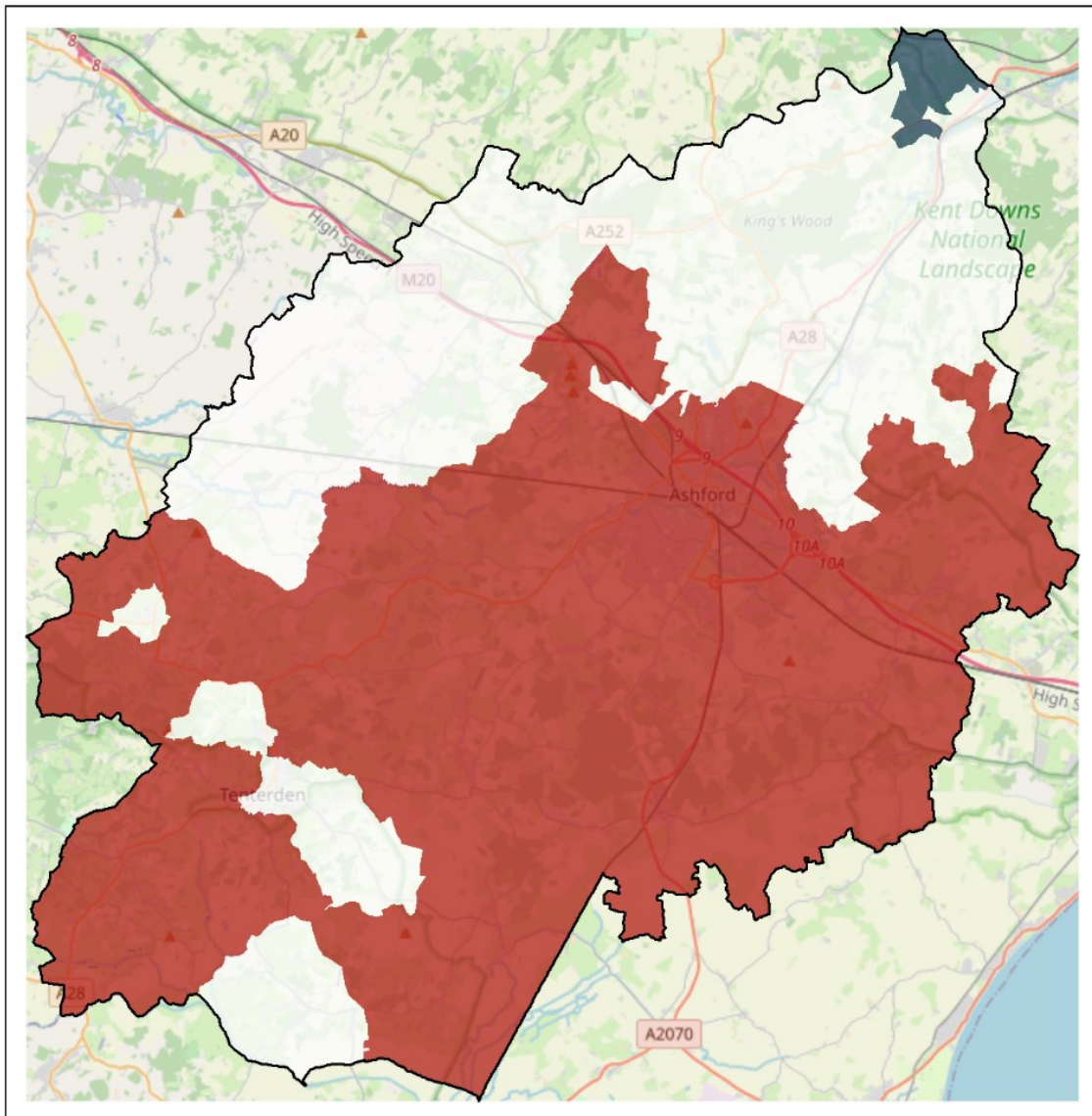
Service Coverage Scores for Extra care services for Older People in Ashford
(**green** – good coverage; **orange**- poor coverage)



3.4.2 Hot spots and cold spots

The map shows areas where high or low coverage scores cluster together for extra care facilities. This helps highlight regions that are consistently well-served (**hotspots**) and those that face gaps in extra care facilities (**cold spots**). These are mapped below for older person extra care compared to the local population aged 65 and over shows a hotspot across most of the borough with a cold spot in the north east.

Hotspots and Cold spots of coverage for Extra care provision for Older People in Ashford
(red – hotspots; blue - cold spots; white- neutral spots)



2.5 Future provision

Between January 2021 and February 2026, there have been 21 planning applications relating to accommodation based care approved or pending in Ashford, which provide 368 more beds of accommodation based care.

3 Appendices

3.1 Methodology for existing provision analysis

4.1.1 Data Sources

Provider Data

We used the Care Quality Commission (CQC) provider dataset⁴ from July 2025 to identify accommodation-based care services in Kent. This included:

- Service types: 237 older people residential care homes (6,978 beds) and 121 nursing care homes (7,029 beds)
- Location details: Name, address, and geocoded coordinates (latitude and longitude)
- Dormancy status to ensure only active providers were included
- Registered bed capacity for each location, as listed by CQC
- Service user type: Filtered for services for older people for care homes

We used an internal dataset to identify the services for working age adults from the CQC provider dataset.

We used an ASCH commissioning dataset to identify extra care housing units in Kent.

We also used an ASCH commissioning dataset to identify supported living accommodation that are part of the contractual framework. To support spatial analysis, we geocoded full addresses to generate longitude and latitude coordinates. Where full addresses didn't match, we used postcodes instead.

⁴ [Using CQC data - Care Quality Commission](#)

Population Data (demand proxy)

To estimate potential demand for services, we used mid-year population estimates from the Office for National Statistics at the Lower Layer Super Output Area (LSOA) level⁵. Age-specific population counts were derived as follows:

- 18+ population for supported living services
- 18 to 64 population for working age adults residential care
- 65+ population for older person residential care, nursing care, and extra care housing

These population figures served as proxies for demand, allowing us to calculate supply-to-demand ratios for each service type.

1. Using CQC data - Care Quality Commission
2. Lower layer Super Output Area population estimates (supporting information) - Office for National Statistics

4.1.2 Service Coverage Score

To understand how easily people can reach accommodation-based care, we used a method that combines travel time and service capacity. First, we mapped each care provider's drive-time catchment area, defined as the area that can be reached within a 15-minute drive. This ensures we account for real-world travel rather than simple straight-line distance.

Next, we applied a Two-Step Floating Catchment Area (2SFCA) approach, which balances supply and demand:

- For each provider, we calculated a ratio of available beds to the population living within its 15-minute catchment.
- For each local area (LSOA), we summed the ratios of all providers that fall within a 15-minute drive. This gives a score that reflects both how close services are and how much capacity they offer.

⁵ Lower layer Super Output Area population estimates (supporting information) - Office for National Statistics

We repeated this process for five different service types:

- Older person residential care homes
- Working aged adults residential care homes
- Nursing care homes
- Supported living services
- Extra care facilities

To reflect the population most likely to need each service, we used different population denominators:

- 18+ population for supported living
- 18-64 population for working aged adults residential care
- 65+ population for older person residential care, nursing care, and extra care

Finally, we rescaled these ratios to scores to make them easier to interpret. Higher scores indicate better access to care in that area, while lower scores highlight areas that may be under-served. This approach goes beyond simply counting facilities. The score captures the realistic accessibility of care, considering both distance and capacity for each type of service.

4.1.3 Hotspot Analysis

After calculating Service Coverage Scores for each local area (LSOA) and service type, we used a spatial statistical technique called Getis-Ord G_i^* to identify patterns in these scores. This method detects clusters where values are significantly higher or lower than expected compared to surrounding areas.

- Hotspots represent areas with consistently high coverage scores, indicating strong service provision relative to need.
- Cold spots represent areas with consistently low coverage scores, highlighting potential “care deserts” where access is limited.

By applying this analysis, we move beyond individual area scores to reveal broader geographic trends

Further Information

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