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Date: 23rd November 2026

Dear Member

CHILDREN, YOUNG PEOPLE AND EDUCATION CABINET COMMITTEE - THURSDAY, 26 NOVEMBER 2026

Please find enclosed, for consideration at the CYPE Cabinet Committee meeting on Thursday, November 26th, 2026, the following reports for items added to the agenda after publication. These have been added to the agenda with the Chair's agreement to support effective pre-decision consultation with the Committee, in accordance the Council's standard decision-making arrangements.

Agenda Item No

21 **26/00070 - Relocation of Tunbridge Wells Family Hub Services to The Amelia Scott, Tunbridge Wells (Pages 1 - 72)**

22 **26/00067 - Commissioning a contract for the provision of privately owned Children's Residential Homes (Pages 73 - 96)**

Yours sincerely

Benjamin Watts
Deputy Chief Executive

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From: Paul Webb, Cabinet Member for Children's Services

Christine McInnes, Corporate Director of Children, Young People and Education

To: Children, Young People and Education Cabinet Committee – 26 November 2026

Subject: Proposal to relocate Tunbridge Wells Family Hub Services from Grove Hill Road to The Amelia Scott, Tunbridge Wells

Decision no: 26/00070

Key Decision: It involves a significant service development.

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member Decision

Electoral Division: Tunbridge Wells South (Martin Brice)

Is the decision eligible for call-in? Yes

Summary: This report asks the Children, Young People and Education Cabinet Committee to consider and advise the Cabinet Member on the proposed relocation of Tunbridge Wells Family Hub services from Grove Hill Road to The Amelia Scott.

The proposal would retain the full Family Hub offer in Tunbridge Wells town centre in larger, step-free and more flexible accommodation, with greater opportunities for partnership working. The public consultation received 42 questionnaire responses and supplementary feedback from eight young people. Respondents identified clear potential benefits while also setting practical conditions relating to parking and whole-journey access, privacy and confidentiality, room suitability, safeguarding, sensory needs, play and outdoor space, and service continuity. The preferred option has been reviewed against those findings. The consultation-informed measures set out in this report and the updated Equality Impact Assessment will be implemented as part of implementation and monitored before and after opening. The full Consultation Outcome Report is at Appendix B.

Recommendation(s):

The Children, Young People and Education Cabinet Committee is asked to consider, endorse or make recommendation to the Cabinet Member for Children's Services on the proposal as set out in the attached Proposed Record of Decision, to approve the relocation of Tunbridge Wells Family Hub services from Grove Hill Road to The Amelia Scott, Tunbridge Wells.

1. Introduction

1.1. Tunbridge Wells Family Hub currently operates from 39a Grove Hill Road, providing information, advice, guidance, courses, targeted sessions and drop-in support for children, young people and families. Approval is sought to relocate these services to The Amelia Scott, Mount Pleasant Road, while maintaining the Family Hub offer in Tunbridge Wells town centre.

1.2. The proposal is to relocate those services to The Amelia Scott, Tunbridge Wells. The relocation would retain the full Family Hub offer within Tunbridge Wells town centre while providing larger, step-free and more flexible accommodation. The proposed accommodation would offer improved accessibility, additional space for service delivery and greater opportunities for partnership working with other services and organisations.

1.3. At the point when the Family Hub model and venue confirmation was agreed by KCC, extensive consideration was given to the specific location of the Hubs. This proposal involves moving the service to an alternative site, recognising the potential impact such moves or changes may have, so the matter has been progressed through the significant decision process.

2. Key Considerations

2.1. Tunbridge Wells Family Hub currently operates from Grove Hill Road which provides 189 m² of accommodation over two floors, has no lift to the first floor and has limited private appointment, buggy-storage and baby-changing provision. The proposed accommodation at The Amelia Scott would provide approximately 322 m² of ground-floor Family Hub space, step-free access, lifts, buggy parking, baby-changing facilities and private appointment rooms.

2.2. The move is approximately 0.4 miles, or a ten-minute walk, from the current site. The relocation would not reduce or withdraw services and would support a more visible, flexible and partnership-focused offer.

2.3. The consultation found more support than opposition to the proposal, while also identifying practical concerns that must be addressed if the move is approved. The detailed response profile and findings are set out in section 5 and the Consultation Outcome Report at Appendix B.

2.4. The main findings are summarised in section 5.3 and reported in full at Appendix B. The measures arising from the consultation will be included in the implementation plan and checked before services begin.

3. Background

3.1. The Grove Hill Road building is a converted older town house that has supported children's and youth services for more than ten years and has operated as a Family Hub since April 2024. Its layout and limited accessibility constrain service development and future expansion. The Amelia Scott is an established public-facing civic, cultural and community building in central Tunbridge Wells.

3.2. A six-week public consultation ran from 4 August to 15 September 2026. It received 42 completed questionnaires: 30 from residents, parents or carers and 12 from professionals or people responding on behalf of organisations. The consultation webpage recorded 358 visits from 287 visitors. In addition, eight young people aged 12 to 17 shared their views through separate informal discussions with Family Hub staff. Their views were generally positive, with no negative views reported, but they wanted clearer information about how the relocated service would operate and wanted the Family Hub to remain welcoming and homely. This feedback was recorded separately and is not included in the 42 questionnaire responses. Participation was self-selecting and is not statistically representative of all Tunbridge Wells residents or Family Hub users. The findings have therefore been considered alongside service data covering 703 individual users and 377 families, service knowledge, stakeholder evidence and the updated EqIA. Further detail on the consultation activity, methodology and limitations is provided at Appendix B.

3.3. The questionnaire results show more support than opposition, but also a clear minority who did not support the proposal or were unsure. Of the 35 respondents who answered the overall agreement question, 21 strongly agreed or tended to agree with the relocation, 11 strongly disagreed or tended to disagree and three neither agreed nor disagreed. Of the 40 who answered the question about benefits, 23 strongly agreed or tended to agree that the move would benefit the Family Hub service, 10 strongly disagreed or tended to disagree, four neither agreed nor disagreed and three did not know. Of the 32 who answered the question about negative impact, 14 strongly disagreed or tended to disagree that the move would have a negative impact, while six strongly agreed or tended to agree that it would; seven neither agreed nor disagreed and five did not know.

3.4. Respondents welcomed the central, well-known location, good public transport links, extra space and opportunities for services to work more closely together. Their main concerns were parking costs and availability, privacy, suitable rooms, safeguarding, access for disabled and neurodiverse people, play and outdoor space, and keeping services running during the move. It should be noted that parking is already limited at the current town-centre site: Grove Hill Road has no public parking and only a small number of on-site spaces.

3.5. Some respondents also raised concerns about the loss of Adult Education courses at The Amelia Scott. This is outside the scope of the Family Hub decision as it was a previous decision that has already been taken and implemented. That previous decision was a result of funding changes by the

Department for Education (DfE) / Education and Skills Funding Agency (ESFA), which were effective from 1st August 2024. Due to this KCC Community Learning and Skills (CLS) undertook significant changes to its delivery model, which included ceasing all courses delivered from the Amelia. The link to that previous decision (24/00046) can be found in 16.1.2 and Appendix B includes reference to the current Adult Education offer in Tunbridge Wells following this change.

3.6. Overall, the consultation identified potential benefits from the move together with practical concerns that would need to be addressed if the proposal is approved.

4. Options considered and dismissed, and associated risk

4.1. Five options were considered as the basis of the public consultation. Each option was assessed consistently against whether it could:

- provide suitable and accessible accommodation for the full Family Hub offer;
- maintain services in a central Tunbridge Wells location;
- provide sufficient private, group and flexible space;
- support safeguarding, confidentiality and the needs of disabled and neurodiverse users;
- enable partnership working;
- be affordable and deliverable; and
- make effective use of KCC's estate.

4.2. The summary of the assessment of the **options not preferred** is as follows:

Option 1 - retain services at Grove Hill Road - Retaining Grove Hill Road would maintain the existing central location but would not meet the criteria relating to accessibility, capacity, suitable private and flexible space or effective estate use, and would retain standalone running and maintenance costs.
Option 2 - relocate to another KCC-owned building - Relocation to another KCC-owned building could potentially support estate objectives, but no suitable property has been identified within the required town-centre area that meets the service and accommodation criteria.
Option 3 - co-locate in another partner building - Relocation to co-locate in another partner building could potentially support estate or partnership objectives, but no suitable property has been identified within the required town-centre area that meets the service and accommodation criteria.
Option 4 - take a new lease - Taking a new lease could provide alternative accommodation but would incur additional revenue and conversion costs and is therefore less affordable and deliverable.

4.3. **Option 5 - relocate to The Amelia Scott. - Relocation to The Amelia Scott is the proposal to be progressed** because, of the five options considered, it

best meets the assessment criteria listed in 4.1. It would retain services in a central Tunbridge Wells location; provide more accessible, private, group and flexible accommodation; support safeguarding, confidentiality and the needs of disabled and neurodiverse users through the detailed design and operational arrangements; enable closer partnership working; make effective use of an established public-facing building; and provide the most deliverable basis for maintaining and developing the full Family Hub offer. The public consultation was based on this being the preferred option.

5. Consultation

5.1. The consultation was hosted on Let's Talk Kent (link in 16.1.1) and was supported by a consultation document, questionnaire and consultation-stage Equality Impact Assessment. These materials explained the proposal, compared the current and proposed locations, set out the options considered and invited views on the likely benefits, impacts, equality issues and any alternatives. A shorter service-user questionnaire was also made available during the consultation to encourage participation. People could respond online, in writing, by email, telephone or in person, and accessible Word and paper versions were available, with alternative formats and language support offered on request. Awareness was raised through direct stakeholder emails, KCC and partner networks, schools and SEND contacts, local councils, staff communications, social media, a media release and information displayed in Family Hub, library and community locations. Partner organisations were also asked to share the consultation through their own networks. Family Hub staff held separate informal discussions with young people attending Compass sessions so that their views could also be considered. Full details of the consultation activity, responses received, analysis and findings are set out in the Consultation Outcome Report at Appendix B.

5.2. The Consultation Outcome Report at Appendix B sets out the response profile, questionnaire results, written comments, young people's feedback and analytical limitations. The key findings and their relevance to the preferred option are summarised in sections 2 and 3 of this report. The consultation-informed measures are addressed through the options and risk assessment in section 4, the EqIA and action plan in section 8 and the proposed implementation and governance arrangements. Members should consider this evidence alongside the other matters in this report when advising the Cabinet Member on the proposed decision.

5.3 The main consultation concerns and the proposed response are summarised below. The measures respond directly to the feedback received and will form part of the implementation plan if the relocation is approved. Further detail is provided in the Consultation Outcome Report at Appendix B and the EqIA action plan at Appendix C.

Consultation feedback	Proposed mitigation
Parking costs, limited nearby parking and difficulties completing the full journey to the building,	Complete a whole-journey access review and provide clear information on parking, charges, Blue Badge spaces, drop-off points, walking

particularly for disabled users and families with young children. Grove Hill Road also has no public parking and only limited on-site spaces, so parking is already constrained at the current town-centre location.	routes and public transport. Put reasonable adjustments or alternative arrangements in place where needed.
Privacy and confidentiality in a busy public building.	Provide discreet check-in and waiting arrangements, enough private rooms, suitable soundproofing and secure storage. Test these arrangements before services begin.
The need for rooms that are suitable and reliably available for confidential appointments, therapy, group work and specialist support.	Agree room sizes, equipment, storage and booking arrangements with staff and partners before opening, and monitor room availability once services are operating.
Safeguarding, security and visitor management in a shared building.	Agree controlled access, visitor procedures, safe waiting arrangements, safeguarding protocols, lone-working procedures and incident-response arrangements before opening.
Noise, busy shared areas and changes in routine for disabled and neurodiverse users.	Provide quiet or low-stimulation options, clear arrival information, familiarisation visits and individual reasonable adjustments.
The need for suitable indoor play and outdoor activity space.	Agree suitable indoor play arrangements and assess safe use of the courtyard or other outdoor locations as part of the detailed service design.
Concern that the move could interrupt access to advice, activities or ongoing support.	Prepare a transition and business-continuity plan, give advance notice and confirm any temporary, outreach or alternative arrangements before relocation.
The importance of keeping the Family Hub welcoming, easy to identify and homely.	Involve children, young people, families, staff and partners in the layout, signs and welcome arrangements, and gather feedback after opening.
The need for accessible information and support for people who cannot use digital channels or need information in another format or language.	Continue to provide accessible, translated and non-digital information and offer support to understand the new access and service arrangements.

5.4 These measures will be assigned to responsible officers with clear completion dates. Readiness checks will confirm that the required arrangements are in place before services open at The Amelia Scott. Their effectiveness will then be monitored through feedback from service users, young people, staff and partners, together with attendance information, complaints, incidents and requests for reasonable adjustments. Where a measure is not working as intended, further action or an alternative way of providing support will be required.

5.5 The KCC Member for Tunbridge Wells South, Cllr Martin Brice, has been consulted on the proposal.

6. Review of preferred option following consultation

6.1. Following the close of the consultation, the proposal to relocate Tunbridge Wells Family Hub services from Grove Hill Road to The Amelia Scott has been reviewed in light of the consultation findings, the updated Equality Impact Assessment and the financial, legal and operational implications set out in the consultation outcome report (appendix B). Having considered these matters, the recommended proposal remains the relocation to The Amelia Scott. The consultation has identified a number of matters that would need to be addressed through detailed design and implementation should the relocation be approved, including privacy, room suitability, parking and access, safeguarding, sensory needs, play space and service continuity.

6.2. The main risks are that agreed measures may not fully address the issues raised through the consultation. These risks will be managed by completing the detailed design and confirming mitigations that will be in place before any commitment is made; agreeing clear timescales for occupation, procurement and building works; completing the actions in the EqIA and DPIA; and testing the arrangements for private rooms, soundproofing, access control and safeguarding. Clear communications, plans to maintain services during the move and final readiness checks will also be required before the new site opens. Any risks that remain will be recorded in the project risk register and escalated through the agreed governance process.

6.3. The assessment also took account of the consultation findings, including the benefits respondents identified in a central, visible and accessible location and their concerns about parking, privacy, suitable rooms, safeguarding, play space and continuity of services.

7. How the proposed decision supports the Council's Strategic Statement

7.1. The proposal supports *Reforming Kent 2025–2028* by putting Kent residents first and supporting residents who need help. It would maintain Family Hub services in a central, visible and accessible location; strengthen early help and family support; and enable more joined-up delivery with health, community and other partners. By using larger, more flexible accommodation within an established public building and avoiding the continued operation of Grove Hill Road as a standalone site, the proposal also supports more efficient use of KCC's estate.

8. Financial and Property Implications

8.1. The project can be delivered within a capital envelope of £300k inclusive of core works, associated fees, contingency and fitout costs. There is also likely

to be c£20k revenue costs to manage the move between locations. This will be funded from existing capital and revenue budgets held by Infrastructure for rationalisation of assets.

8.2. The design will be developed further to incorporate the mitigations identified in response to the feedback received from the public consultation. This next stage will provide greater clarity on the detailed scope of the refurbishment and fit-out works and enable the associated costs to be reviewed in more detail. The full scheme cost will therefore be refined and confirmed as detailed design and cost planning progress, ensuring that the costs do not exceed the capital envelope of £300k. The capital costs, together with any associated revenue project delivery costs, will be met from Infrastructure's existing budgets.

8.3. The service's staffing costs are expected to remain unaffected by the proposed relocation, as no changes to the existing staffing arrangements are currently anticipated. The current site at Grove Hill Road has a revenue budget of £42,500 for 2026/27. If the relocation proceeds, Grove Hill Road would no longer be required for the Family Hub. Its future would then be reviewed separately through established property governance. An alternative operational use would need to demonstrate a sufficiently strong case when assessed against the option of disposal.

8.4. The future of Grove Hill Road falls outside the scope of this decision and no assumption is being made at this stage about its future use or the extent of any resulting saving. The site will instead be reassessed separately in accordance with the Council's Property Management Protocol and Asset Management Strategy**.**

9. Legal implications

9.1. KCC must comply with its statutory responsibilities for children, young people and families, safeguarding duties, the Public Sector Equality Duty and the public-law requirements for lawful, rational and evidence-based decision-making. The consultation was undertaken at a formative stage, provided sufficient information and time for response. The decision-maker must conscientiously consider the responses, particularly the need to address those issues/requirements (mitigations) set out within paragraphs 4.4 and 4.5 of this report, alongside the updated EqIA and all material financial, property, accessibility, safeguarding, service-continuity and implementation matters. Occupation and use of The Amelia Scott, any works and procurement, and any future consideration of Grove Hill Road will follow the relevant legal, property and governance requirements.

9.2. No separate legal barrier arising from Local Government Reorganisation has been identified for this service decision. Any consequential property, occupancy, contractual or transition matters will be managed through the established corporate governance arrangements and will not alter the need for the approved controls to be in place before implementation.

10. Equalities implications

10.1. The post-consultation EqIA has been submitted and approved through the EqIA process. It reflects the consultation findings, service-user data, stakeholder engagement, service knowledge and supplementary feedback from young people. The evidence includes 42 consultation responses and CYPE management information for 1 April 2025 to 31 March 2026, covering 703 individual service users and 377 families, including 402 children and 301 carers.

10.2. The consultation was self-selecting and is not statistically representative of all residents or Family Hub users; its findings have therefore been considered alongside the wider evidence base.

10.3. The EqIA identifies potential positive impacts from retaining services in a central town-centre location with public transport links, step-free ground-floor accommodation, larger and more flexible space, increased visibility and greater opportunities for partnership working. Consultation feedback did not identify significant new equality impacts beyond those already recognised but reinforced the need to address parking and the whole journey, privacy and dignity in a busy public building, confidential-room capacity and acoustic suitability, SEND, sensory and neurodiverse needs, changes in routine, accessible information, language, literacy and digital barriers, caring responsibilities and continuity of support. These issues may particularly affect disabled and neurodiverse people, children and young people with SEND, pregnant women and new mothers, young parents, older carers and people whose overlapping needs compound barriers to access.

10.4. If the relocation is approved, the consultation-informed mitigations will include a whole-journey accessibility walk-through; clear information on travel, parking, Blue Badge provision, drop-off points, entrances and arrival arrangements; reasonable adjustments, quiet-space options and familiarisation support; sufficient private rooms, appropriate acoustic controls, discreet check-in and suitable waiting arrangements; accessible and non-digital communications; managed access, secure storage, visitor, incident, lone-working and safeguarding procedures; and outreach or alternative arrangements where individual barriers cannot reasonably be resolved.

10.5. The detailed impacts, actions, responsible officers and monitoring arrangements are set out in the post-consultation EqIA and action plan in Appendix C. Completion of the required actions will be checked before services commence and monitored during the transition and settling-in period.

11. Data Protection Implications

11.1. DPIA 846, *Public Consultation for Relocating Tunbridge Wells Family Hub Services*, has been approved by the Information Asset Owner following review by Information Governance. It sets out the measures required to protect personal information during the relocation and subsequent delivery of services, including children’s data and special-category data. Before services commence, arrangements will be confirmed for role-based access, secure

storage and disposal, confidential meetings, records retention, incident management and any information sharing with co-located partners, including the lawful basis for that sharing. All actions and recommendations arising from the DPIA will be assigned, completed and monitored through the implementation plan.

12. Other corporate implications

12.1. The relocation will require coordinated support from Infrastructure, ICT, HR, procurement, communications, health and safety, safeguarding, business continuity, workforce and delivery partners. Required arrangements will be confirmed and tested before opening, including occupation and works, secure ICT, accessible communications, safe access, service continuity, staff support and partnership protocols. The Capital and Strategic Programmes team will coordinate delivery, assurance and readiness checks.

13. Governance

13.1. The relocation represents a significant service development because it changes the way in which Tunbridge Wells Family Hub services are delivered, through delivery from a different location.

13.2. The decision proposed is approval to relocate Tunbridge Wells Family Hub services from Grove Hill Road to The Amelia Scott, Tunbridge Wells.

13.3. As part of the decision, authority will be delegated to the Director of Operational Integrated Children's Services to oversee implementation of the approved relocation, including service continuity, safeguarding arrangements, communications, completion of the required EqIA and DPIA actions and service readiness.

13.4. Furthermore, authority will be delegated to the Director of Operational Integrated Children's Services to oversee implementation of the approved relocation, including service continuity, safeguarding arrangements, communications, and delivery of the required EqIA and DPIA actions

13.5. The Director of Infrastructure, in consultation with the Director of Operational Integrated Children's Services, will be responsible for delivering the property and project elements of the relocation, including occupation arrangements, design and building works, procurement, contractual arrangements and other actions necessary to implement the approved relocation. Authority will be delegated to the Director of Infrastructure to take all necessary actions, including negotiating, entering into and finalising the terms of relevant contracts and other legal agreements, required to implement the decision

13.6. This decision relates solely to the relocation of the Family Hub Services and does not cover the future use or disposal of the Grove Hill Road building. Any future decision regarding the use, retention or disposal of the Grove Hill property would consider separately through KCC's property and decision-making processes.

13.7. Local County Council Members were briefed before the consultation and contacted again while it was open. Any material comments received will be included in the formal decision record.

14. Conclusions

The evidence presented in this report supports the proposed relocation of Tunbridge Wells Family Hub services to The Amelia Scott. The move would retain the Family Hub offer in the town centre while providing more accessible, flexible and visible accommodation, strengthening partnership working and making more efficient use of KCC's estate. The consultation and updated EqIA identified practical matters requiring mitigation rather than reasons not to proceed. The assessments undertaken have identified a number of detailed measures relating to accessibility, privacy, safeguarding, information governance and service continuity, which will be addressed through the detailed design and implementation of the proposed relocation.

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15. Recommendation(s):

15.1. The Children, Young People and Education Cabinet Committee is asked to consider, endorse or make recommendation to the Cabinet Member for Children's Services on the proposal as set out in the attached Proposed Record of Decision, to approve the relocation of Tunbridge Wells Family Hub services from Grove Hill Road to The Amelia Scott, Tunbridge Wells.

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16. Background Documents

16.1.1. Consultation link **www.kent.gov.uk/tunbridgewellsfamilyhub**

16.1.2. Link to previous key decision about Kent Adult Education changes - **Decision - 24/00046 - KCC CLS Adult Education Funding Reform - Kent County Council - Council & Democracy**

17. Appendices

Appendix A – Proposed Record of Decision
Appendix B – Tunbridge Wells Family Hub Consultation Outcome Report
Appendix C – Updated Equality Impact Assessment post consultation

18. Contact details

Lead Officer: Rebecca Anderson, Head of Business Information Strategy and Assurance Infrastructure	Lead Director: Ingrid Crisan, Director of Operational Integrated Children's Services Ingrid.crisan@kent.gov.uk Telephone number: 03000 412795

Rebecca.anderson2@kent.gov.uk Telephone number: 03000 417731 Maria Nunn, Special Project Lead, Infrastructure maria.nunn@kent.gov.uk Telephone number: 03000 410239	

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NUMBER:
Cabinet Member for Children's Services	26/00070

Executive Decision – key

26/00070- Proposal to relocate Tunbridge Wells Family Hub Services from Grove Hill Road to The Amelia Scott, Tunbridge Wells

Decision: Proposal to relocate Tunbridge Wells Family Hub Services from Grove Hill Road to The Amelia Scott, Tunbridge Wells

As Cabinet Member for Children's Services, I agree to:

(a) APPROVE the relocation of Tunbridge Wells Family Hub services from Grove Hill Road to The Amelia Scott, Tunbridge Wells;

(b) DELEGATE authority to the Director of Operational Integrated Children's Services, to take relevant actions as necessary to implement the decision in relation to service delivery; and

(c) DELEGATE authority to the Director of Infrastructure to undertake all necessary property activities, including but not limited to negotiating, finalising the terms of and entering into the relevant contracts, contract variations, and other legal agreements required to implement the decision

Reasons for decision:

The decision is required to approve the relocation of the Tunbridge Wells Family Hub services from 39a Grove Hill Road to The Amelia Scott. The proposed relocation would enable services to continue to be delivered from a central town centre location whilst providing a more accessible, flexible and partnership-focused environment, for children, young people and families. The relocation would also support opportunities for enhanced Family Hub delivery, greater collaboration with partners and more efficient use of the Council's estate.

A six-week public consultation ran from 4 August to 15 September 2026 to understand views on the proposed relocation.

The proposal supports the Council's strategic approach by helping to make best use of KCC's estate, maintaining access to services in a central and accessible location,

supporting early help and family support, and enabling more joined-up working with partners. It is also consistent with the Council's focus on financial sustainability, efficient use of buildings and resident-focused service delivery.

Financial implications:

The project can be delivered within a capital envelope of £300k inclusive of core works, associated fees, contingency and fitout costs. There is also likely to be c£20k revenue costs to manage the move between locations. This will be funded from existing capital and revenue budgets held by Infrastructure for rationalisation of assets

Following the public consultation, the design will be developed further to incorporate the identified mitigations. The final scheme cost will therefore be refined and confirmed as detailed design and cost planning progress. The capital costs, together with any associated revenue project delivery costs, will be met from Infrastructure's existing budgets.

There will be a revenue saving through amalgamating the sites. The current site at Grove Hill Road has a revenue budget for 26/27 of £42,500. However, the future of Grove Hill Road is outside this decision and will be reassessed separately under the Council's Property Management Protocol and Asset Management Strategy.

Legal implications:

KCC must exercise the proposed decision lawfully, rationally and with proper regard to all material considerations. These include its statutory responsibilities for the wellbeing, safeguarding and support of children, young people and families, the Public Sector Equality Duty, applicable consultation principles, and relevant property, procurement, information-governance and decision-making requirements.

Legal support will be procured and appointed in consultation with KCC Legal Services.

Equalities implications:

The post-consultation Equality Impact Assessment has been undertaken. The EqIA sets out proportionate mitigations, including a whole-journey accessibility review, accessible travel information, reasonable adjustments, suitable confidential and quiet spaces, accessible and non-digital communications, safeguarding arrangements and advance transition planning. Completion of the required actions will be checked before services commence and monitored during the transition and settling-in period.

Data Protection implications:

DPIA 846, *Public Consultation for Relocating Tunbridge Wells Family Hub Services*, has been approved by the Information Asset Owner following review by Information Governance. It sets out the measures required to protect personal information during

the relocation and subsequent delivery of services, including children's data and special-category data. Before services commence, arrangements will be confirmed for role-based access, secure storage and disposal, confidential meetings, records retention, incident management and any information sharing with co-located partners, including the lawful basis for that sharing. All actions and recommendations arising from the DPIA will be assigned, completed and monitored through the implementation plan.

Any alternatives considered and rejected:

Five options were considered as the basis of the public consultation. The summary of the assessment of the **options not preferred** is as follows:

Option 1 - retain services at Grove Hill Road - Retaining Grove Hill Road would maintain the existing central location but would not meet the criteria relating to accessibility, capacity, suitable private and flexible space or effective estate use.
Option 2 - relocate to another KCC-owned building - Relocation to another KCC-owned building could potentially support estate objectives, but no suitable property has been identified within the required town-centre area that meets the service and accommodation criteria.
Option 3 - co-locate in another partner building - Relocation to co-locate in another partner building could potentially support partnership objectives, but no suitable property has been identified within the required town-centre area that meets the service and accommodation criteria.
Option 4 - take a new lease - Taking a new lease could provide alternative accommodation but would incur additional revenue and conversion costs and is therefore less affordable and deliverable.

The preferred option in the consultation was Option 5 - relocate to The Amelia Scott.

Following the close of the consultation, the proposal to relocate Tunbridge Wells Family Hub services from Grove Hill Road to The Amelia Scott has been reviewed and the Equality Impact Assessment updated. The recommended proposal remains the relocation to The Amelia Scott. The consultation has identified a number of matters that would need to be addressed through detailed design and implementation should the relocation be approved, including privacy, room suitability, parking and access, safeguarding, sensory needs, play space and service continuity.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

Signed Date

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Relocating Tunbridge Wells Family Hub Services

2. Directorate

Children Young People and Education (CYPE)

3. Responsible Service/Division

CYPE – Adolescent and Open Access

Accountability and Responsibility

4. Officer completing EQIA
Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Luke Westbrook /Maria Nunn

5. Head of Service
Note: This should be the Head of Service who will be approving your submitted EQIA.

Dan Bride

6. Director of Service
Note: This should be the name of your responsible director.

Ingrid Crisan (Director of Operational Integrated Children's Services)

The type of Activity you are undertaking

7. What type of activity are you undertaking?

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

Yes

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

No

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

No

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

No

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

No

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

Relocation of staff and service delivery from existing building to alternative site

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The proposal is to relocate services currently delivered from Tunbridge Wells Family Hub, 39a Grove Hill Road, to The Amelia Scott, Mount Pleasant Road, Tunbridge Wells. The proposal is intended to support continued delivery of Family Hub services from an alternative town centre location, while improving the quality, accessibility and flexibility of the accommodation available to children, young people, families, carers, staff and partner organisations.

The Amelia Scott is approximately 0.4 miles, from Grove Hill Road, which is around a 10-minute walk. Services would therefore remain in a central Tunbridge Wells location. The proposal is expected to avoid the continued property, utility and maintenance costs associated with operating Grove Hill Road as a standalone building and may support the potential future disposal of that site. Staffing is expected to be unaffected as services would move to the new site.

The move would enhance the Family Hub offer by providing a larger, more welcoming and contemporary environment for children and young people aged 0–19, their families and carers. The new accommodation would offer a higher quality setting that is more accessible and better suited to the delivery of a broad range of services and activities, including targeted sessions, drop-ins, courses and partner-led support.

The Amelia Scott is likely to be more familiar to some service users, residents and partners because of its central location and existing role as a public-facing community and cultural venue. This may help improve attendance, visibility and opportunities for partnership working, while ensuring the Family Hub remains accessible within Tunbridge Wells town centre.

The consultation assessed whether the proposed location could create practical barriers for service users, including access, parking, public transport, mobility, SEND and sensory needs, caring responsibilities, language, literacy, digital exclusion and confidence accessing services. Feedback identified potential benefits from the central and accessible location, alongside concerns about parking, privacy, confidentiality, room suitability, whole-journey accessibility, sensory needs and service continuity. These findings have informed the updated EqIA and proposed mitigations.

If approved and services relocate to the new site, there will be a carefully managed transition period to ensure families know which site to attend and when services will relocate. Following the relocation, there will be a settling-in period and a lessons learned exercise so that any challenges can be addressed in Tunbridge Wells and used to inform any future Family Hub moves elsewhere in the county.

The principles of the Family Hub model are as follows:

1. The proposed Family Hubs Model is a community-based model.
2. A fundamental principle of the model is to ensure that all children, young people and families are able to access these services, through a range of mechanisms and spaces.
3. It is therefore key to the success of this principle that the model does not discriminate against any

group or individual and provides an inclusive offer and environment for service users to access the support they need.

Family Hubs provide a multi-agency model working across a range of services and needs.

- With a focus on whole family working across 0-19 (and up to 25 for SEND)
- With evidence-based targeting of services to provide additional support to vulnerable families
- Delivered in places and spaces which best supports the communities they serve and is relevant across all protected groups.
- In addition, we will consider health and safety and communication implications for service users, partners and staff.
- Family Hub service branding and images used in our documentation should reflect the diversity of the children, young people, parents/carers, families and communities in Kent.

In November 2023 the KCC Cabinet approved decision 23/00092 which proposed the transformation of our Open Access service into the Family Hub model. This decision was subject to public consultation. The Cabinet also approved the Kent Communities Programme decision 23/00101 which identified the level of need for various services across the county and which physical locations would be retained for service delivery. This decision was also subject to public consultation.

A six-week public consultation ran from 4 August to 15 September 2026. It received 42 responses, comprising 30 resident responses and 12 professional and organisational responses. Feedback, equality-related comments, stakeholder engagement and identified mitigations have been reviewed and reflected in this updated EqIA to inform the formal decision.

Consultation on the Relocation of Tunbridge Wells Family Hub Services

Through the proposed model, we will retain gender/sex specific support and services where appropriate, e.g. sexual health services, and will retain a service offer that is inclusive of a range of needs and identities, including where service delivery is targeted to particular service user groups, such as SEND groups, LGBTQ+ groups and carer groups.

The current services delivered from Grove Hill Road are:

- Baby massage
- Young Parents Support Group
- Kinship Carers Support Group
- Breast Pump Loan Scheme
- Compass Wellbeing Course for Young People
- Young People Information, Advice and Guidance drop-in
- Food Parcel Distribution
- Young People Emotional Wellbeing 1-2-1 (delivered by partners)
- Young Person Tutoring (delivered by partners)
- Parenting Courses

At The Amelia Scott, the proposal is expected to support an enhanced offer through improved space, a more welcoming environment, flexible rooms for sessions and meetings, and better opportunities for joined up working with partners including Tunbridge Wells Borough Council, health services and other local agencies.

- Potential space for further health and counselling support
- Added room(s) for 1-2-1 work (Family Hub staff and partners)
- Greater scope for groups for 0–11-year-olds (including Stay and Play and Little Talkers. The Communication Tree) through a larger multi-use space.

The consultation gathered feedback from respondents which included service users, families, children and young people, staff, partners, professionals, organisations, councillors and residents who currently use, may use, deliver, or are otherwise affected by Tunbridge Wells Family Hub services. Accessible and non-digital response routes were available to support participation by people who may face barriers to engagement.

Although the proposed move is close to the current site, it may still significantly affect people who face equality-related or practical barriers, particularly those who need additional support to travel to, navigate or feel confident using a new location.

Consultation feedback indicated that entry, check-in or waiting arrangements in a busy public building could deter people from seeking confidential or sensitive support. This may particularly affect vulnerable families and people requiring some family hub services, with impacts across several protected characteristics and caring responsibilities.

Overlapping protected characteristics may compound access barriers and deter residents from using Family Hub services. The proposed mitigations have been informed by consultation and used to update this EqIA, inform the formal decision and identify the actions required before any relocation takes place:

1. Clear information will cover the location, travel and parking, building access and facilities, and how to request support.
2. Service users who may find the change difficult will receive information, reassurance about service continuity and support through the Family Hub Service and its partners.
3. Consultation concerns about access, transport, SEND, sensory and mobility needs, communication barriers and caring responsibilities have informed the EqIA, decision papers and mitigations.
4. Before relocation, the service and Infrastructure team, along with Tunbridge Wells Borough Council will confirm suitable private rooms and acoustic standards, secure storage, managed access, visitor, safeguarding, incident and lone-working procedures. Arrangements will be tested and communicated before services begin.

Summary of EqIA position

Overall, the EqIA identifies consultation-supported positive impacts from the central location, public transport links, improved physical access, larger and more flexible accommodation, increased visibility and stronger partnership-working opportunities.

The consultation did not identify significant new equality impacts beyond those already recognised, but it reinforced that the benefits must be balanced against parking availability and privacy in a busy public building, private-room capacity and acoustic suitability, and sensory and neurodiverse needs.

The proposed mitigations for whole-journey accessibility, discreet and confidential access, suitable accommodation, clear information, service continuity and an inclusive and welcoming environment have therefore been strengthened and will inform formal decision-making and implementation planning.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity?

Answer: Yes/No

Yes. CYPE management information for Tunbridge Wells Family Hub has been used to understand who currently accesses the service and who may be affected by the proposed relocation. The Core+ system extract for 1 April 2025 to 31 March 2026 shows that 703 individual service users and 377 families were reached, including 402 children and 301 carers. Equality breakdowns include age, sex, ethnicity, gender identity and recorded SEND. The data shows 454 female and 247 male service users, with other records not known. At least 31 service users were recorded as having SEND. This evidence has been considered alongside consultation feedback and service knowledge to identify impacts and required mitigations.

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

Yes

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

Yes

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

Yes. Stakeholder consultation has been completed. The six-week public consultation ran from 4 August to 15 September 2026 and involved service users, families, children and young people, Family Hub staff and managers, KCC services, partner organisations, health and education providers, voluntary and community organisations, local councils, elected Members, residents and others with an interest in the proposal.

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

The consultation involved KCC Family Hub staff and managers; CYPE, Infrastructure, communications and customer services colleagues; Tunbridge Wells Borough Council; health and education partners; early years settings and schools; SEND networks; voluntary and community organisations; local Members and councils; service users; parents and carers; children and young people; residents; and other people with an interest in the proposal.

The consultation was hosted on Let's Talk Kent. People could respond using the online questionnaire, an accessible Word version, paper copies, email, telephone or letter. Alternative formats and language support were available on request. The consultation was promoted through direct stakeholder communications, Family Hub and KCC channels, partner and community networks, schools and SEND networks, local councils, staff communications, social media and printed materials in relevant locations. Family Hub staff also undertook informal engagement with children and young people attending sessions, and this feedback provided additional qualitative insight.

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

Yes – There was an EqIA for the Family Hub model transformation linked to decision 23/00092

15. Do you have evidence/data that can help you understand the potential impact of your

activity?
Answer: Yes/No

Yes. The EqIA uses CYPE management information and local service data for Tunbridge Wells Family Hub, together with the completed consultation evidence. This evidence helps identify the groups currently using the hub, the support accessed and the groups that may experience barriers as a result of the proposed relocation. Available breakdowns include age, sex, ethnicity and SEND, alongside information about attendance at groups, drop-ins, one-to-one support, courses, partner-led sessions and targeted provision.

The Core+ system extract for the period 1 April 2025 to 31 March 2026 shows that 703 individual service users and 377 families were reached, including 402 children and 301 carers. The age profile breakdown includes 163 children aged 0-5 years, 233 children and young people aged 6-18 years, 5 young parents aged 15-19 years, 253 parents/carers aged 25-64 years, of which 28 where older carers aged 65-80 years. The data shows 454 female service users and 247 male service users recorded. With 31 service users recorded as SEND. This helps to provide an updated profile of current users and will help identify where the proposed relocation may have greater impact, including in relation to age, caring responsibilities, pregnancy or maternity, disability, SEND and confidence in using a new location.

Management information has also been used to review the pattern and nature of contact with the service, including attendance at universal and targeted sessions, family support activity and partner-delivered provision. It has been considered alongside 42 consultation responses, feedback from Family Hub staff and managers, partner intelligence and equality-related comments. Five respondents answered the question about current or recent use of Tunbridge Wells Family Hub services; findings for this group provide useful indicative insight and have been considered alongside the wider evidence base. The Family Hub Team also undertook informal engagement with young people through its usual sessions during the consultation period. This feedback provides supplementary qualitative insight and complements the formal consultation analysis.

Equality monitoring covered the 30 responses only. As participation was self-selecting, data gaps may remain as equality information was not be recorded for every respondent. Management information, consultation and stakeholder feedback, professional judgement and young people's views have therefore been considered together to assess impacts and proportionate mitigations.

Uploading Evidence/Data/related information into the App
Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Evidence includes the CYPE management information for the Tunbridge Wells Family Hub, including attendees, contacts, targeted sessions and available equality breakdowns. This would be accompanied by any service narrative explaining data definitions, reporting period, data quality limitations and how the data has been interpreted for the EqIA.

Section C – Impact

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

Service users - *Answer: Yes/No*

Yes

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

Yes

Staff/Volunteers - *Answer: Yes/No*

Yes

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

Yes

18. Please give details of Positive Impacts

Consultation feedback supported several potential positive impacts from relocating services to The Amelia Scott. Respondents identified the central town-centre location, good public transport links, improved physical access, larger and more flexible accommodation, increased visibility of Family Hub services and opportunities for closer partnership working and easier access to other services. These benefits may improve access and the service environment for children, young people, families, carers, disabled and neurodiverse service users, staff and partner organisations.

The larger and more flexible accommodation could support a broader range of sessions, drop-ins, meetings, targeted activity and partner-led provision, with greater scope to adjust spaces to different service needs. A well-used public venue may also make Family Hub services more visible and offer families opportunities to access several forms of support in one location.

The proposed Family Hub accommodation is on the ground floor and benefits from step-free access, accessible circulation space, buggy access and facilities within a modern public building. Lifts are available elsewhere in The Amelia Scott where access to other floors is required, but the accessibility assessment does not rely on lift access for the main Family Hub accommodation. These features may improve access for disabled service users, children and young people with SEND, parents and carers with buggies, older carers, pregnant women, staff and partners. The assessment nevertheless recognises that internal accessibility alone does not determine whether the service is accessible across the whole journey.

The proposed shared location is expected to support stronger collaborative working between KCC teams and partners, including Tunbridge Wells Borough Council, health services and other local agencies. This could improve coordination, referrals, signposting and joined-up support for children, young people and families. These positive impacts are balanced against consultation concerns about parking availability and cost, privacy and discreet access within a busy public building, the capacity and acoustic suitability of rooms for confidential or specialist work, and the effect of noise, activity and shared spaces on people with sensory or neurodiverse needs. The benefits will therefore depend on the identified access, privacy, room-suitability and sensory mitigations being confirmed and monitored before services begin.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Age

Children aged 0–5 years may be affected if parents or carers need to adjust travel routines, parking arrangements, buggy access or session timings to attend the proposed new location. Although The Amelia Scott is close to the current site, any change in location may affect attendance for families who rely on familiar routines, have mobility needs, have low confidence using new public buildings or need additional support to access services.

As set out above, any barrier to access could lead to poorer outcomes for children in families that require support from the Family Hub model, if not suitably mitigated. For example, they may suffer from poorer health outcomes if their parents do not receive infant feeding support when needed. Equally, they may suffer poorer outcomes and diminished social abilities if they do not access the early language support available.

Older children and young people aged 6–18 may need support to understand the proposed change and how to access the new location. Informal engagement undertaken by the Family Hub Team through usual sessions indicated that young people wanted clear information about how services would operate and wanted the new accommodation to retain a welcoming, familiar and homely feel. The central town-centre location may improve visibility and access for some young people, while advance information, clear arrival guidance, familiarisation support and attention to SEND, sensory needs, independent travel and session timings will be important.

Parent/carers aged 25–64 Usage data for 1 April 2025 to 31 March 2026 shows that 253 parent/carers aged 25–64 accessed Tunbridge Wells Family Hub, comprising 39 aged 25–29 and 214 aged 30–64. We recognise that parents and carers may need to access services in different ways, and may need to adjust travel routes, parking arrangements, appointment times or the type of support accessed if services relocate. Travel costs, parking availability and confidence using a town centre location could become barriers to access and may affect their ability to receive support when needed.

15–19-year-old parents Usage data for 1 April 2025 to 31 March 2026 shows that 5 young parents accessed Tunbridge Wells Family Hub. The impact of changes to journey times, walking routes, gradients, parking or public transport may be greater for this cohort, as young parents may be less likely to have access to a car and may be more reliant on family, friends, walking or public transport. As young parents may also be more reliant on Family Hub support, there could be a greater impact on them and their children if access to services becomes more difficult.

Older parents/carers aged 65–80 Usage data for 1 April 2025 to 31 March 2026 shows that 28 older parents/carers aged 65–80 accessed Tunbridge Wells Family Hub. Older parents and carers may be disproportionately affected if they have mobility needs, rely on familiar travel routes, experience difficulty using public transport or parking, or need non-digital information and support to understand the proposed change.

c) Mitigating Actions for Age

Mitigations for age-related impacts will focus on reducing practical and communication barriers for children, young people, parents and carers. Service users, including young people, will receive advance information explaining when and how services would move, which services and sessions would continue, where to go, how to arrive and who to contact with questions. Information will be available through accessible, non-digital and trusted Family Hub and partner routes, with staff support to explain the change where required.

Children and young people, service users and staff will be involved, where feasible, in shaping welcome arrangements, wayfinding, signage and the layout and identity of the Family Hub area so that it remains welcoming, familiar and homely. Familiarisation information or visits will be offered where appropriate. Continuity arrangements will be confirmed before any relocation, including advance notice of service dates and locations, communication of any temporary changes, continued support through existing staff and contact routes, and outreach or alternative arrangements where individual access barriers cannot reasonably be resolved.

d) Responsible Officer for Mitigating Actions – Age

Tim O'Brien

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Disability

The Amelia Scott is a central, public-facing venue, and the proposed Family Hub accommodation is on the ground floor with step-free access. Feeback considerations include the availability of parking, drop-off arrangements, public transport, gradients and walking routes, entrances, signage, reception and waiting arrangements, room layout, accessible toilets, use of lifts where other parts of the building are accessed, noise, lighting, busy shared spaces and the sensory environment.

Disabled service users and families with SEND may find a new environment challenging. Travel, parking, sensory needs, quiet spaces, accessible facilities and navigating the building may create barriers, so clear advance information and appropriate mitigations will be required.

Physical disabilities - may affect access for service users, staff and partners, particularly those using mobility aids, buggies, medical equipment or additional support. Parking, drop-off, public transport, walking routes, lifts, accessible facilities, room layout and wayfinding may create barriers. Children and young people with SEND may also find changed routines or busy shared spaces difficult. Without clear planning and information, attendance could fall and existing inequalities worsen.

Mental health, anxiety, neurodiversity and sensory needs - may make unfamiliar, busy or noisy environments difficult. Some service users may therefore need clear information, reassurance and practical support before attending. Core+ data records 31 service users with SEND, although this is likely to understate need because disability, sensory and mental health needs may not always be recorded.

c) Mitigating Actions for Disability

In response to consultation concerns about parking and whole-journey accessibility, an accessibility walk-through will assess travel routes, parking and drop-off points, entrances, reception, waiting areas, toilets, rooms, emergency arrangements and lift access where required. The findings will inform access arrangements and reasonable adjustments for disabled and neurodiverse users, families with SEND, carers, staff and partners.

Consultation feedback also highlighted the need for clear information before attending. Accessible guidance will therefore cover transport, parking and drop-off options, routes and entrances, check-in, lifts, toilets, room and quiet-space locations, and how to request assistance or reasonable adjustments.

In response to consultation feedback on sensory needs, anxiety and confidence in a busy building, neurodiverse users and families with SEND will be offered quiet-space options, visual arrival information, familiarisation visits where feasible, staff reassurance and individual reasonable adjustments. Booking, waiting and arrival arrangements will also reflect sensory, mobility, communication and privacy needs.

Outreach and alternative arrangements – the Family Hub Service will continue to review and update its outreach services, , partner support, adjusted delivery or alternative access where individual barriers cannot reasonably be resolved. Agreed arrangements will be confirmed before relocation.

Safeguarding and access arrangements will balance security with inclusive, supported entry for disabled users and families with SEND, including quieter arrival options where needed.

d) Responsible Officer for Mitigating Actions – Disability

Tim O'Brien

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Sex

The Tunbridge Wells Family Hub Core+ data for 1 April 2025 to 31 March 2026 shows that 703 individual service users accessed interventions and sessions. Of these, 454 were recorded as female, 247 as male and 2 as not known. As female service users make up the majority of recorded users, they may be affected by the relocation if access, travel, parking, safety, privacy or confidence using a shared building is not carefully considered and mitigated.

The crossover with other protected characteristics, including age, disability, pregnancy and those with carers' responsibilities needs considering as the impact on these protected characteristics combined could be greater.

c) Mitigating Actions for Sex

In response to consultation concerns about access, safety and privacy, clear relocation and support information will be shared through Family Hub and partner routes, including accessible and non-digital formats.

Consultation feedback on confidentiality and discreet access will inform safety, privacy, safeguarding and building-access arrangements before services begin. Higher-risk appointments will use agreed controls, including private rooms, discreet check-in, appropriate staffing and clear escalation routes.

d) Responsible Officer for Mitigating Actions – Sex

Tim O'Brien

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

a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Gender identity/transgender

No specific negative impact was identified through the consultation for transgender, non-binary or gender-diverse service users, staff, partners or family members. Core+ gender-identity records are limited and do not support firm conclusions about differential impact. Consultation feedback did, however, reinforce the importance of privacy, dignity, safety, inclusive communication and confidence accessing services in the proposed location. These cross-cutting considerations are reflected in the proposed privacy, safeguarding and inclusive-access arrangements.

c) Mitigating actions for Gender identity/transgender

Consultation feedback reinforced the importance of inclusive communication, privacy, dignity and safety. Relocation information will make clear that Family Hub services remain available to families, and implementation arrangements will support confidential, inclusive and safeguarded access.

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

Tim O'Brien

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Race

The Core+ system information for 1 April 2025 to 31 March 2026 records ethnicity data for 703 service users, this includes 316 White British service users, 22 from other white backgrounds, 11 from other Asian backgrounds, 11 White and Black Caribbean and Black African service users, and small numbers across other ethnic categories. However, 303 records had no ethnic information recorded and 27 refused, so data is limited and should not be used on its own to draw concluded impact of proposed move. People whose first language is not English, people with literacy needs and digitally excluded residents may experience barriers to understanding changes or accessing services.

During consultation, an accessible Word questionnaire and paper materials were available, responses could be submitted through non-digital routes, and language support and alternative formats could be requested. These arrangements supported participation and have informed the communication approach for implementation.

c) Mitigating Actions for Race

Consultation feedback confirmed the importance of accessible information for people facing language, literacy or digital barriers. Relocation information will therefore use plain English and remain available through paper and non-digital routes, direct staff support, trusted Family Hub and partner networks, and alternative formats on request.

d) Responsible Officer for Mitigating Actions – Race

Tim O'Brien

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Religion and belief

No specific negative impact relating to religion or belief was identified through consultation. The proposal is not expected to affect people differently because of religion, belief or no belief. Implementation planning will nevertheless remain attentive to session timing, religious observance, cultural needs, privacy, dignity and confidence accessing services.

c) Mitigating Actions for Religion and belief

The consultation outcome identified no specific additional mitigation for religion or belief beyond inclusive communication and access arrangements. If related needs arise during implementation, reasonable adjustments to communication, signposting, session planning or access information will be considered.

d) Responsible Officer for Mitigating Actions - Religion and belief

Tim O'Brien

25. Negative Impacts and Mitigating actions for Sexual Orientation

a) Are there negative impacts for sexual orientation. *Answer: Yes/No (If yes, please also complete sections b, c, and d).*

No

b) Details of Negative Impacts for Sexual Orientation

No specific negative impact relating to sexual orientation was identified through consultation. Consultation feedback nevertheless reinforced the general importance of privacy, dignity, safety, confidential access and an inclusive and welcoming Family Hub environment. These requirements apply to service users, including lesbian, gay, bisexual and other sexual-orientation groups.

c) Mitigating Actions for Sexual Orientation

The consultation outcome identified no specific additional mitigation for sexual orientation, but reinforced the importance of inclusive communication and safe, confidential access. Relocation information will confirm that Family Hub services remain available to children, young people, parents and carers, and these principles will inform implementation planning.

d) Responsible Officer for Mitigating Actions - Sexual Orientation

Tim O'Brien

26. Negative Impacts and Mitigating actions for Pregnancy and Maternity

a) Are there negative impacts for Pregnancy and Maternity? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Pregnancy and Maternity

Pregnant women, new mothers and families with babies or very young children may be affected by parking cost and availability, changes to travel or drop-off arrangements, the need to move safely with a buggy or additional equipment, access to baby-changing facilities, availability of private space for feeding or sensitive discussions, safe waiting arrangements and familiarity with the building. Practical barriers may be greater during pregnancy, following birth, for people attending alone or where a parent or child also has a disability. The impact may therefore overlap with disability, age and sex and could be compounded where several needs apply.

We recognise that expectant and new mothers may need clear information about how to access the proposed location, what facilities will be available, how to request support or alternative formats, and whether any practical barriers could affect their ability to attend sessions or receive support.
The Core+ system for 1 April 2025 to 31 March 2026 does not record whether a service user was pregnant at the time of an intervention or session. Pregnancy and maternity impacts have therefore been assessed using consultation feedback, service knowledge, staff and partner insight, and the practical concerns raised about parking, buggy access, facilities, privacy and the whole journey.

Consultation concerns about parking, buggy access, suitable facilities and private space indicate that pregnant women and families with young children could be deterred from attending if these needs are not addressed. Reduced access to support could adversely affect the health and wellbeing of parents and children.

c) Mitigating Actions for Pregnancy and Maternity

In response to consultation concerns about parking, buggy access, facilities and privacy, clear information will cover travel and drop-off options, accessible routes, buggy and baby-changing facilities, private space, safe waiting and how to request support.

Consultation feedback will also inform transition support, including advance notice, staff help with arrival and buggies, suitable appointment arrangements and outreach or alternative support where barriers cannot reasonably be resolved. Private rooms and safe access procedures will support feeding, health, confidential or safeguarding needs, with reasonable adjustments reflecting any combined age, sex, disability or caring impacts.

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

Tim O'Brien

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

a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Marriage and Civil Partnerships

No negative impacts have been identified for people who are married or in a civil partnership. The proposal is not expected to affect people differently because of their marital or civil partnership status.

c) Mitigating Actions for Marriage and Civil Partnerships

The consultation outcome raised no issues relating to marriage or civil partnership and identified no specific additional mitigation. Wider privacy, access and communication arrangements will apply consistently to all families and household circumstances.

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

Tim O'Brien

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

a) Are there negative impacts for Carer's responsibilities? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Carer's Responsibilities

Parents, carers and staff with caring responsibilities may be affected by parking availability, changes to travel routes, drop-off arrangements, appointment or session times, public transport, buggy access, or the need to attend with children, vulnerable adults, mobility aids or additional equipment. They may also need access to baby-changing facilities, private space and safe waiting arrangements. These barriers may overlap with disability, age and sex and may have a greater combined impact where a carer or the person they support has additional mobility, sensory, health or communication needs.

Change of venue for Family Hub staff and service users may result in parking to visit the office more challenging on timing for those transporting children or needing to be available for caring activities.

This could affect their ability to access the support required when needed. The crossover with other protected characteristics, including age, sex and disability, needs considering as the impact on these protected characteristics combined would be greater.

c) Mitigating Actions for Carer's responsibilities

In response to consultation concerns about parking, travel, drop-off arrangements and facilities, carers will receive clear, accessible information on routes, costs, Blue Badge provision, buggy and baby-changing facilities, private space and available support. Session times and alternative arrangements will be considered where feasible.

Consultation feedback will also inform transition support, including advance notice, help with arrival or equipment, and safe arrangements for carers attending with children or vulnerable adults.

Reasonable adjustments will reflect any combined impacts relating to age, sex or disability.

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

Tim O'Brien

Relocating Tunbridge Wells Family Hub Services

at Grove Hill Road

Consultation report



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Executive summary

Kent County Council (KCC) consulted on a proposal to relocate Tunbridge Wells Family Hub services from 39a Grove Hill Road to The Amelia Scott. The **consultation** ran from **4 August to 15 September 2026.** The proposal would retain Family Hub services in Tunbridge Wells town centre and would not reduce or withdraw the current service Family Hub Service.

The consultation received 42 questionnaire responses. Thirty responses were from residents, parents or carers, and 12 were from professionals or people responding on behalf of organisations. Of the 30 individual responses, 19 were from Tunbridge Wells residents, 10 from parents or carers, and one respondent left the category blank. The 12 professional and organisational responses included professionals, organisational representatives, councillors and KCC employees.

During the consultation period, the webpage recorded **358 visits** from 287 visitors; 84 visitors viewed the questionnaire and nine people registered on the platform. These platform measures describe different forms of engagement and should not be added together or treated as numbers of formal responses.

Headline findings

- Respondents identified benefits from a central, visible location, good public transport links, larger and more flexible space, and opportunities for closer working with other services.
- The strongest practical concerns related to parking availability and cost, privacy and confidentiality, room suitability, access for disabled and neurodiverse users, and outdoor or play space.
- Some respondents raised concerns about the future of Adult Education provision at The Amelia Scott.
- Professional and organisational respondents generally recognised the potential benefits, while emphasising the operational arrangements needed to protect service quality, confidentiality and safeguarding.
- Informal engagement with young people was reported by staff as generally positive. Young people wanted clarity on how services would operate and for the proposed accommodation to retain a welcoming and homely feel.
- If the proposal is approved through the formal governance process, the proposed mitigations for privacy, safeguarding, room access, travel and parking information, accessibility and sensory needs, service continuity, and outdoor or play activity would be incorporated into detailed implementation planning and monitored through delivery.

The findings have informed proposed measures relating to privacy, safeguarding, accessibility, travel, room suitability and service continuity. The consultation evidence and updated Equality Impact Assessment (EqIA) will now inform the formal decision.

Introduction

Purpose of this report

This report explains how the consultation was carried out, who responded, what the respondents said, the equality issues raised, and KCC's proposed response. It will help ensure that all feedback is carefully considered before a final decision is made.

The proposal

The consultation sought views on the proposal to move Tunbridge Wells Family Hub services from their current location at 39a Grove Hill Road to The Amelia Scott on Mount Pleasant Road. Both buildings are in central Tunbridge Wells. The Amelia Scott is approximately 0.4 miles from Grove Hill Road, which is around a 10-minute walk, so services would remain in a central and accessible town centre location.

When developing this proposal, we considered:

- the needs of children, young people and families,
- the opportunity to improve the Family Hub offer,
- the potential to work more closely with partners, and
- KCC's financial situation and ways to reduce costs across our estate.

Consultation approach

The six-week public consultation ran from 4 August to 15 September 2026. The consultation was open to anyone with an interest in the proposal. It provided clear information and accessible ways for people to share their views before a final decision is made.

We invited responses from people who use, provide, support or may be affected by Tunbridge Wells Family Hub services. This included current and potential service users, children and young people, parents and carers, local residents, Family Hub staff, KCC services, partner organisations, health and education providers, voluntary and community groups, local councils and elected Members. This helped us gather a range of views from service users, staff, partners and others interested in the future of these services.

The consultation asked for views on the proposed move, its potential benefits and impacts, equality issues and other suggestions.

The consultation was hosted on KCC's engagement website, Let's Talk Kent. The consultation webpage (https://letstalk.kent.gov.uk/relocating-tunbridge-wells-family-hub) included a consultation document, questionnaire and consultation-stage Equality Impact Assessment.

These materials explained the proposal and the reasons for it, compared the current and proposed buildings, set out the potential impacts and other options considered, and explained how people could take part and how their feedback would be used.

An Equality Impact Assessment (EqIA) was carried out to assess the potential effects of the proposal on people with protected characteristics. The consultation-stage EqIA was

published with the consultation documents, and consultees were invited to comment on whether any additional equality impacts should be considered. The feedback received and the themes identified are summarised in the Equality considerations section of this report.

People could complete the questionnaire online through Let's Talk Kent or use a Word or paper version. During the consultation, a shorter service-user questionnaire was produced to encourage feedback. Feedback was also accepted by email, telephone or letter from people who did not wish to complete the questionnaire. Respondents could answer all or selected questions.

Accessible Word and paper materials were available, with alternative formats and language support available on request. Information about how to obtain support or request a different format was included in the consultation materials. This helped to reduce digital, communication and accessibility barriers.

To raise awareness and encourage participation, the consultation was promoted through:

- direct stakeholder emails
- notifications to relevant registered Let's Talk Kent users
- a media release: Consultation opens on proposed move for Tunbridge Wells Family Hub services - News & Features - Kent County Council
- KCC corporate social media channels, including Facebook, X, Instagram, Nextdoor and LinkedIn
- KCC and partner networks
- local schools and SEND networks
- local councils
- staff communications
- posters, postcards and consultation materials in relevant Family Hub, library and community locations
- stakeholders and partner organisations were encouraged to share the consultation through their own networks and service contacts.

Family Hub staff engaged with young people attending the Compass sessions during the consultation period on 8 September 2026 (2 young people aged between 12-14 years) and 15 September 2026 (6 young people aged between 12-17 years), whilst this was noted informally this feedback has been included to help us understand those young people's views.

KCC has reviewed and considered all feedback, including written comments, alongside the updated Equality Impact Assessment and other relevant evidence.

Consultation awareness

Respondents were asked how they found out about the consultation. The table below shows the total number of times each awareness route was selected by the 29 respondents who answered this question.

The most frequently selected route was an email from Let's Talk Kent or KCC's Engagement and Consultation Team, selected by nine respondents.

How did you find out about the consultation? (Base: 29 respondents)	Number
Email from Let's Talk Kent / KCC Engagement and Consultation Team	9
Nextdoor	4
KCC building	4
Facebook	3
Email from Tunbridge Wells Family Hub Team	3
Friend or family member	2
KCC Councillor	1
Parish or district Councillor	1
Another organisation	1
Other	4

Respondents could select more than one source of awareness, so the total number of selections exceeds the 29 respondents who answered the question.

The results show that awareness was generated through a mix of direct communications, Family Hub and KCC channels, community contacts and social media.

Consultation reach and participation

The consultation received 42 questionnaire responses (30 online and 12 paper versions).

Out of the 42 questionnaire responses, 30 were completed by individuals (resident, parent or carer). The other 12 were completed by professionals and/or people responding on behalf of an organisation.

Are you responding as…?	Number
Residents, parents and carers	30
Professionals or on behalf of an organisation	12
Total	42

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

- 358 visits to the consultation webpage by 287 visitors.
- 63 downloads of the consultation document.
- 7 downloads of the Word version of the consultation questionnaire.
- 5 downloads of the consultation stage Equality Impact Assessment.
- Organic posts via KCC's corporate channels had a reach of 8,836 on Facebook and Instagram. There were 11,259 impressions on X, LinkedIn, and Nextdoor. Reach refers to the number of people who saw a post at least once and impressions are the number of times the post is displayed on someone's screen. The posts generated 57 clicks through to the consultation webpage. (Not all social media platforms report the same statistics).

  Reach refers to the number of people who saw a post at least once and impressions are the number of times the post is displayed on someone's screen.

How the responses were analysed

Closed questions are reported using the number of respondents who answered the relevant question. For open questions, comments were reviewed and grouped into themes. A respondent could raise more than one point, so theme totals can exceed the number of respondents answering the question. Selected anonymous quotations are included to illustrate the themes and retain the respondents' original wording.

Analytical limitations and respondent differences

References in this report to the 'respondent base' mean the number of people who answered the relevant question, which may be fewer than 42 questionnaire responses.

Equality-monitoring information is reported in **Section 3.10** and relates to respondents who completed the individual monitoring questions; professionals and those responding on behalf of organisations were not asked these questions.

Participation was self-selecting, so the findings are not statistically representative of all Tunbridge Wells residents or Family Hub users. This should be considered when interpreting the results.

Disabled respondents and those reporting a long-term health condition more frequently raised concerns that parking and whole-journey accessibility could create barriers.

Respondents who did not currently use Family Hub services more frequently raised concerns about Adult Education.

Analysis and interpretation

Closed (quantitative) question findings are reported using the number of respondents who answered each question. For open questions, free-text (qualitative) responses were grouped into common themes. A respondent may mention the same theme more than once or comment on several different themes. We therefore report:

- References – the total number of times a theme was mentioned; and
- Respondents commenting – the number of people who mentioned that theme.

A respondent could raise more than one point, so theme totals can exceed the number of respondents answering the question. Selected anonymous quotations are included to illustrate the themes and retain the respondents' original wording.

As one person can make several references, the number of references may be higher than the number of respondents.

Consultation Findings

The findings below follow the order of the questionnaire. Each section gives the question, the response base, results and quotations from the questionnaire's free-text responses are included to illustrate the themes raised by respondents. These comments are presented anonymously and retain the respondents' original wording.

3.1 About respondents

Q1. Are you responding as…?

Base: 42 respondents.

Respondent category	Number
Tunbridge Wells resident	19
Parent or carer	10
Professional working with children, young people and families at the Family Hub	3
Charity or VCSE organisation	1
Councillor	1
KCC employee	2
Other professional	5
Not stated	1
Total	42

The consultation used one questionnaire with routing for different respondent types. The categories describe how people chose to respond; an individual may also have belonged to another category.

3.2 Consultation awareness

Q2. How did you find out about this consultation?

Base: 29 respondents. Respondents could select more than one option.

Source of awareness	Number
Email from Let's Talk Kent / KCC Engagement and Consultation Team	9
Nextdoor	4
KCC building	4
Facebook	3
Email from Tunbridge Wells Family Hub Team	3
Friend or family member	2
KCC Councillor	1
Parish or district Councillor	1
Another organisation	1
Other	4

The most frequently selected route was an email from Let's Talk Kent or KCC's Engagement and Consultation Team. The results show that awareness was generated through a mixture of direct, service-based, community and digital routes.

3.3 Current use of Tunbridge Wells Family Hub

Q3. If you are an expectant parent, parent/carer or young person, do you currently access or visit the Tunbridge Wells Family Hub?

Base: 6 respondents.

Response	Number
I currently access services there as an expectant parent or parent/carer	1
I have accessed or visited there in the last 12 months as an expectant parent or parent/carer	2
I have accessed or visited there more than 12 months ago as an expectant parent or parent/carer	1
I have never accessed or visited the Tunbridge Wells Family Hub	2
Total	**6**

Of the six respondents who answered this question, three currently accessed the Family Hub or had done so within the previous 12 months. One had accessed or visited it more than 12 months ago, and two had never accessed or visited the Hub.

Q4. If you are a professional, do you currently access or visit the Tunbridge Wells Family Hub?

Base: 4 respondents.

Response	Number
I currently visit, work at or refer to the Tunbridge Wells Family Hub as a professional	3
I have visited, worked at or referred to the Tunbridge Wells Family Hub more than 12 months ago	1
Total	**4**

Three of the four professional respondents currently visited, worked at or referred to the Tunbridge Wells Family Hub. The remaining respondent had done so more than 12 months ago.

Q5. If you currently access services at the Tunbridge Wells Family Hub, or have in the last 12 months, how often do you visit?

Base: 5 respondents.

Response	Number
Once a week	1
Less than once a month	2
Not applicable	2
Total	**5**

Of the five respondents, one visited the Family Hub weekly, two visited less than once a month and two selected “Not applicable”. The responses therefore provide useful indicative feedback from a small number of current or recent users but should not be assumed to reflect the experiences of the wider Family Hub user population.

Q6. If you currently use or have used the Tunbridge Wells Family Hub in the last 12 months, which services do or did you use?

Base: 3 respondents. Respondents could select more than one option.

Response	Number
Drop-in groups	3
One to one support	0
Food parcels	0
Information, advice and guidance	1
Education course	2
Something else, please tell us	0

All three respondents selected drop-in groups. Education courses were selected twice and information, advice and guidance once.

Q7. If you currently access services at Tunbridge Wells Family Hub, or have in the last 12 months, how have you travelled to the Hub?

Base: 9 respondents. Respondents could select more than one option.

Response	Number
Car	4
Bus	1
Taxi	0
Train	1
Walk	4
Bicycle	0
Something else, please tell us	0

Car and walking were the most frequently selected travel methods, with four selections each.

Q8. Do you have a child or children and/or are you expecting a child?

Base: 15 respondents. Respondents could select more than one option.

Response	Number
I have a child / children	10
I am expecting a child	0
Neither	5
Total	**15**

Ten respondents reported having a child or children; five selected “Neither”.

Q8a. If you have a child or children, please tell us their ages(s).

Base: 10 respondents. Respondents could select more than one age group.

Age group	Number
0 to 1 year old	7
2 to 5 years old	5
6 to 10 years old	3

The largest number of selections was for children aged 0 to 1. As respondents could select more than one age group, the selections total more than the response base.

3.4 Likelihood of using services at The Amelia Scott

Q9. As an expectant parent, parent/carer or young person, how likely are you to use the Family Hub services if they move to The Amelia Scott building?

Base: 5 respondents.

Response	Number
Very likely	2
Fairly likely	0
Neither likely nor unlikely	0
Fairly unlikely	1
Very unlikely	0
I'm not sure	2
Total	**5**

Two respondents said they were very likely to use the relocated services; one was fairly unlikely and two were not sure.

Q9a. If you answered fairly unlikely, very unlikely or "I'm not sure" to Q9, please tell us why and if we could do anything to encourage you to access services at The Amelia Scott.

Base: 3 respondents.

The follow-up comments referred to parking and privacy concerns, and one respondent being more likely to use a Family Hub close to their home.

3.5 Overall agreement with the proposal

Q10. How much do you agree or disagree with the proposal to relocate services from Tunbridge Wells Family Hub into The Amelia Scott building?

Base: 35 respondents.

Response	Number
Strongly agree	17
Tend to agree	4
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	7
I don't know	0
Total	**35**

Twenty-one of the 35 respondents strongly agreed or tended to agree with the proposal. Eleven strongly disagreed or tended to disagree, and three neither agreed nor disagreed.

Q10a. Please tell us the reason for your answer.

Base: 41 respondents. The Q10a response base is higher than the Q10 base because six respondents provided a written reason without selecting an agreement response at Q10. Their comments were included in the qualitative analysis so that all feedback received was considered.

Theme	Number of references
Positive about central location, accessibility and transport links	12
Positive about improved facilities, space and flexibility	10
Concern about parking availability, cost and access by car	8
Positive about partnership working and access to other services	7
Concern about privacy and confidentiality	7
Concern about loss of Adult Education provision at The Amelia Scott	6
Need for suitable rooms and confidential spaces	5
Need to maintain access for disabled and neurodiverse users	4
Need for adequate outdoor and play space	3

These themes present a mixed picture of perceived benefits and practical concerns.

Illustrative comments

“More central location with better accessibility.”

“Central to town, easy to access. Good transport options. A building used by so many already.”

“Privacy for people using the family hub will be important.”

“There is no free parking.”

3.6 Perceived benefits

Q11. How much do you agree or disagree that moving to The Amelia Scott building would have benefits for the Family Hub service for children, young people and families?

Base: 40 respondents.

Response	Number
Strongly agree	17
Tend to agree	6
Neither agree nor disagree	4
Tend to disagree	7
Strongly disagree	3
I don't know	3
Total	**40**

Twenty-three of the 40 respondents strongly agreed or tended to agree that the move would have benefits. Ten strongly disagreed or tended to disagree, four neither agreed nor disagreed and three did not know.

Q11a. Please tell us the reason for your answer.

Base: 29 respondents.

Theme	Number of references
Central location, visibility and public transport accessibility	15
Improved facilities, larger spaces and greater flexibility	11
Access to other services and opportunities for partnership working	8
Need for privacy, confidentiality and suitable rooms	7
Parking availability, cost and access by car	6
Concern about Adult Education provision at The Amelia Scott	4
Accessibility and the needs of disabled or neurodiverse users	3
Need for adequate play or outdoor space	3
Operational arrangements, including room booking, staffing or cost	3

Respondents could raise more than one point, so theme totals exceed the response base.

Respondents identified benefits from the central, visible location, public transport links, larger and more flexible accommodation, improved physical accessibility, and opportunities for closer partnership working and access to other services. Professional and organisational respondents emphasised that suitable confidential rooms, reliable room access and booking arrangements, safeguarding controls, and an environment that works for neurodiverse children and families would be important to realising these benefits.

3.7 Potential negative impacts

Q12. How much do you agree or disagree that moving to The Amelia Scott building would have a negative impact for the Family Hub service for children, young people and families?

Base: 32 respondents.

Response	Number
Strongly agree	5
Tend to agree	1
Neither agree nor disagree	7
Tend to disagree	5
Strongly disagree	9
I don't know	5
Total	**32**

Six respondents strongly agreed or tended to agree that the move would have a negative impact. Fourteen strongly disagreed or tended to disagree, seven neither agreed nor disagreed and five did not know.

Q12a. Please tell us the reason for your answer.

Base: 17 respondents.

Theme	Number of references
Parking availability, cost and access by car	6
Privacy, confidentiality and discreet access	5
Suitable rooms for therapeutic, confidential and group work	4
Whole-journey accessibility and sensory needs	3
Safeguarding, security and visitor management	2
Indoor play and outdoor space	2

The main potential negative impacts or concerns raised are summarised in the table above, please section 6 which will help explain the actions and measures proposed.

3.8 Alternative options

Q13. Please tell us if there are any alternative options to our proposal that you think we should consider.

Base: 16 respondents.

Theme	Number
Consider alternative locations or maintain outreach provision	3

Other suggestions included retaining outreach alongside a central Family Hub model, using partnerships to maximise accommodation, retaining confidential and specialist rooms, and considering alternative locations for particular meetings or activities.

3.9 Other comments

Q14. Do you have any other comments you would like to share on the proposal to relocate Tunbridge Wells Family Hub services into The Amelia Scott?

Base: 17 respondents.

Theme	Number of references
The Amelia Scott is central and accessible and could improve service access	9
Concern about parking availability and costs	8
Concern about privacy, confidentiality and access to support	7
Concern about loss of Adult Education provision	6
Larger facilities and more space could improve service delivery	5
Need for suitable rooms for therapy, support and confidential meetings	5
Need to maintain access for disabled and neurodiverse users	4
Need for adequate play and family space	3
Consider alternatives or maintain outreach provision	3

Six respondents expressed disappointment about the loss of Adult Education provision at The Amelia Scott, particularly creative activities. This issue was outside the direct scope of the Family Hub relocation consultation but influenced how some respondents viewed use of the building.

From Summer 2026, Kent Adult Education creative courses were no longer delivered from The Amelia Scott because of reduced government funding and revised priorities. Adult skills courses remain available at the Quaker Meeting House in Tunbridge Wells; alongside vocational courses delivered through community partnerships and family learning in schools and Family Hubs.

Q15. We welcome your views on our equality analysis, including suggestions for anything else we should consider relating to equality and diversity.

Base: 8 respondents. Respondents could raise more than one equality consideration, so theme totals exceed the response base.

Theme	Number of references
Whole-journey accessibility, including travel and parking	3
Privacy, dignity and confidential access to support	3
Sensory needs and an environment suitable for neurodiverse users	2
Support for vulnerable families and continuity during transition	2
Accessible information and communication	1
An inclusive and welcoming environment	2
Equality implications of changes to Adult Education provision	2

The table above summarises the equality themes raised by respondents. Section 5 brings these findings together by showing the relevant consultation evidence and the proposed response to each issue. It should therefore be read alongside the themes above rather than as a separate set of findings.

3.10 Equality monitoring questions

Q16. Which of these age groups applies to you?

Base: 24 respondents.

Response	Number
25-34	6
35-49	6
50-59	2
60-64	3
65-74	3
75-84	3
85 or over	1
Total	**24**

Q17. What is your religion or belief?

Base: 24 respondents.

Response	Number
No religion or belief	11
Atheist	1
Christian	10
A different religion or belief	1
I prefer not to say	1
Total	**24**

Q18. Do you have a disability, health condition, physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities?

Base: 32 respondents.

Response	Number
Yes	7
No	23
I prefer not to say	2
Total	**32**

Q18a. If you answered "Yes" to Q18, please tell us which disabilities or health conditions apply to you.

Base: 7 respondents. Respondents could select more than one option.

Response	Number
Physical	3
Sensory: hearing, sight or both	2
Longstanding illness or health condition	2
Mental health condition	2
Learning disability	1
Neurodivergent, such as ADHD, autism, dyslexia or dyspraxia	1

Seven respondents answered this question. Respondents could select more than one option, so the selections total more than the response base.

Q19. Are you a Carer?

Base: 24 respondents.

Response	Number
Yes	2
No	22
Total	**24**

Q20. What is your ethnic group?

Base: 24 respondents.

Response	Number
White	20
Mixed or Multiple ethnic groups	1
Asian or Asian British	1
Black, Black British, Caribbean or African	1
I prefer not to say	1
Total	**24**

Q21. What is your sex?

Base: 31 respondents.

Response	Number
Female	24
Male	6
I prefer not to say	1
Total	**31**

Q22. Is the gender you identify with the same as your sex registered at birth?
Base: 24 respondents.

Response	Number
Yes	22
No	1
I prefer not to say	1
Total	**24**

Q23. Which of the following best describes your sexual orientation?
Base: 24 respondents.

Response	Number
Heterosexual / Straight	22
Bisexual	1
I prefer not to say	1
Total	**24**

3.11 Young people's feedback

Family Hub staff held informal discussions about the proposal with young people attending Compass sessions on 8 and 15 September 2026. The session on 8 September involved two young people aged 12 to 14, while the session on 15 September involved six young people aged 12 to 17. The young people chose to provide their views verbally. Staff reported that the views expressed were generally positive, and no negative views were reported during the discussions. Several young people already accessed The Amelia Scott independently. Young people wanted greater clarity about how the relocated service would operate and emphasised the importance of retaining the welcoming and homely environment of the current Family Hub building.

This feedback is supplementary qualitative evidence and is not included in the 42 questionnaire responses or quantitative analysis. Eight young people took part across the two sessions.

4. Summary

Respondents' comments included both support for the proposed move and concerns about how the relocated service would operate. The themes below explain whether comments were positive, negative or conditional, rather than listing only the general subject discussed.

Positive themes

Positive about the central location, visibility and transport links
Respondents said The Amelia Scott was centrally located, well known and easier to reach by public transport. Some felt that moving the Family Hub to a more visible public building could make services easier to find and improve awareness of the support available.

Positive about the potential for larger and more flexible facilities
Respondents welcomed the possibility of having more space and facilities that could support

a wider range of activities. Comments referred to the potential for larger rooms, more flexible use of space and improved facilities for children, young people, families and professionals.

Positive about opportunities for partnership working and access to other services
Respondents felt that locating the Family Hub alongside other services could support closer partnership working. They said this could make it easier for families to access information, advice and support in one place and could improve referrals between services.

Positive about the building's physical accessibility
Some respondents viewed the step-free access and accessible facilities at The Amelia Scott as an improvement.

Concerns and conditions

Concern about parking availability, cost and access by car
Respondents were concerned about the availability and cost of nearby parking, particularly for families with young children, disabled users and people carrying equipment. Some felt that these issues could make the proposed location more difficult to use, even though it was central and well served by public transport.

Concern about privacy, confidentiality and discreet access to support
Respondents questioned whether families would be able to access sensitive support privately in a busy public building. Comments referred to reception arrangements, being seen entering or using Family Hub services, soundproofing and the need for confidential rooms.

Concern about the loss of Adult Education provision at The Amelia Scott
Some respondents expressed disappointment that Adult Education courses, particularly creative activities, were no longer provided at The Amelia Scott. This issue was outside the scope of the Family Hub relocation consultation but influenced how some respondents viewed the proposed use of the building.

Concern about whether suitable rooms would be available
Professionals and other respondents said that rooms would need to be suitable for therapy, confidential discussions, group activities and specialist support. They also raised the importance of reliable room availability, appropriate booking arrangements and sufficient space for equipment.

Concern about whole-journey accessibility for disabled and neurodiverse users
Respondents emphasised that accessibility should cover the complete journey, including travel, parking, drop-off arrangements, entry to the building, movement within it and access to suitable facilities. Some also raised concerns about noise, busy shared areas and the need for quiet or low-stimulation spaces.

Concern about safeguarding, security and visitor management
Respondents said that clear arrangements would be needed to protect children, young people, families and staff in a shared public building. Comments referred to controlled access, visitor management, safe waiting areas and appropriate safeguarding procedures.

Concern about providing adequate indoor play and outdoor activity space
Respondents wanted reassurance that the relocated Family Hub would provide suitable indoor play space and opportunities for outdoor activity. The comments were mainly concerns about whether the space available at The Amelia Scott would meet the needs of children and families.

Concern about disruption during the move
Some respondents highlighted the need to maintain continuity of support during any transition. They wanted clear information about the timing of the move and any temporary, alternative or outreach arrangements.

Importance of retaining a welcoming and homely environment
Respondents, including young people, valued the informal and welcoming character of the existing Family Hub. They wanted the proposed location to feel identifiable, comfortable and suitable for children, young people and families, rather than feeling like part of a large public building.

Alternative suggestions

Suggestion to retain outreach services or use other locations for some activities
Some respondents suggested retaining outreach provision alongside a central Family Hub. Others proposed using partner buildings or alternative locations for activities requiring specialist rooms, outdoor space or greater privacy.

Overall interpretation

The comments show that most respondents recognised potential benefits from the central location, improved visibility, additional space and closer partnership working. Support was often conditional on KCC addressing practical concerns about parking, privacy, safeguarding, room suitability, whole-journey accessibility, play space and continuity of services. Concerns about Adult Education were separate from the Family Hub proposal but affected the views of some respondents.

5. Equality considerations

The consultation did not identify significant additional equality impacts beyond those considered in the Equality Impact Assessment (EqIA). However, it reinforced the importance of whole-journey accessibility, privacy and dignity, sensory needs, accessible communication, service continuity and support for vulnerable children, young people and families.

The table below summarises feedback and measures proposed, should the proposal go ahead, to reduce any potential barriers. This should be read alongside the equality themes reported in question 15. The EqIA has also been updated to reflect the consultation feedback.

Topic	Consultation Feedback	Proposed measures
Disability, mobility and buggies	Step-free access was viewed positively, but parking and the wider journey may create barriers.	Publish detailed access information, test routes and identify reasonable adjustments.
Privacy and dignity	Some families may not wish to be seen accessing support.	Provide managed access, suitable reception arrangements, private rooms, acoustic controls and secure storage.
Neurodiversity and sensory needs	A busy public building may be difficult for some users.	Provide quiet options, familiarisation visits and clear arrival information.
Language, literacy and digital access	Some people may need alternative formats or support.	Continue accessible, translated and non-digital routes.
Change and continuity	Transition may unsettle some service users.	Give advance notice and confirm temporary or outreach arrangements.
Inclusive service provision	Respondents wanted the service to remain welcoming and accessible.	Involve service users and staff in layout, wayfinding and welcome arrangements.

6. KCC response and proposed mitigations

The table below brings together the main issues raised and KCC's proposed response, should the proposed re-location go ahead. The actions remain subject to approval of the proposal through the formal governance process.

What respondents said	What this means	KCC's suggested mitigation, if the proposal goes ahead
Respondents were concerned that families seeking sensitive support could be seen or overheard in a busy public building.	Privacy will depend on how people enter, wait for and receive support, as well as the availability and acoustic quality of confidential rooms.	Confirm sufficient private rooms, appropriate acoustic controls, discreet reception and waiting arrangements, and secure storage before services begin.
Respondents said clear safeguarding, security and visitor-management arrangements would be needed in a shared public	The operating model must protect children, young people, families and staff while allowing appropriate access for partners and the	Agree access control, visitor management, safe waiting arrangements, lone-working procedures, incident response and safeguarding protocols before

What respondents said	What this means	KCC's suggested mitigation, if the proposal goes ahead
building.	public.	services begin.
Respondents raised concerns about the availability and cost of nearby parking, particularly for disabled users, families with young children and people carrying equipment.	Although the location is central and well served by public transport, parking constraints could make access more difficult for some users and may influence whether they use the service.	Provide clear, accessible information on nearby parking, costs, Blue Badge spaces, public transport, walking routes and drop-off arrangements, and review whether further practical access measures are required.
Respondents emphasised that accessibility should cover the whole journey and the experience inside the building, including the needs of disabled and neurodiverse users.	Step-free access alone will not remove all barriers. Travel, arrival, wayfinding, noise, busy shared areas and access to suitable facilities could affect whether people can use services independently and comfortably.	Complete a whole-journey accessibility review and provide clear arrival and access information, reasonable adjustments, quiet or low-stimulation options and familiarisation visits.
Professionals and respondents said suitable rooms must be reliably available for therapy, confidential discussions, group activities and specialist support.	The potential benefits of co-location will only be realised if room capacity, size, privacy, equipment and booking arrangements support safe and effective service delivery.	Confirm room sizes, suitability, availability, storage and booking arrangements with Family Hub services and partners before implementation.
Families valued suitable indoor play space and opportunities for outdoor activity.	The relocated service will need an environment that supports children's development and the activities currently associated with the Family Hub offer, rather than providing meeting space alone.	Develop and assess options for appropriate indoor play, use of the courtyard and other outdoor activity arrangements as part of the detailed service design.
Respondents wanted reassurance that the move would not interrupt access to advice, activities or ongoing support.	Unclear timings or gaps between locations could particularly affect families receiving regular or targeted support and could reduce confidence in the move.	Prepare a transition plan, provide advance notice, communicate service changes clearly and confirm any temporary, outreach or alternative arrangements before relocation.
Respondents, including young people, wanted the relocated Family Hub to retain a welcoming, identifiable and homely character.	The physical environment and welcome arrangements will influence whether children, young people and families feel comfortable using the service within a larger public building.	Involve service users, young people, staff and partners in the layout, wayfinding, identity and welcome arrangements for the Family Hub space.

What respondents said	What this means	KCC's suggested mitigation, if the proposal goes ahead
Some respondents expressed disappointment about the loss of Adult Education provision at The Amelia Scott.	This was outside the scope of the Family Hub relocation consultation, but it influenced how some respondents viewed the proposed use of the building.	Acknowledge the concern, explain the scope of this decision and signpost to the separate information in section 3.9 about current Adult Education provision.

Conclusion and next steps

The consultation received 42 formal responses, together with supplementary feedback from young people. Respondents identified potential benefits associated with the proposed central location, accessibility, available space and partnership working. They also raised concerns about parking and travel, privacy and confidentiality, safeguarding, room suitability, accessibility for disabled and neurodiverse users, play and outdoor space, and continuity during any transition.

The findings reflect the views of those who chose to respond and are not statistically representative of all residents or Family Hub users. They provide evidence on the potential benefits, impacts and matters requiring consideration. This report, including its detailed response tables and demographic appendices, should accompany the committee report as an appendix or linked background document. The consultation output, updated Equality Impact Assessment and other supporting information will then be considered through the formal governance process, through which the proposal will be considered and a decision made on the way forward.

Appendix 1

Consultation Questionnaire

Kent County Council is seeking views on the proposal to move the Tunbridge Wells Family Hub and its partner services from 39a Grove Hill Road to The Amelia Scott building on Mount Pleasant Road.

We will use your feedback to help inform the final decision on our proposal.

You can respond to all or as many of the sections/questions as you like. If you would rather not provide feedback on a section or question, just move on to the next one.

This questionnaire can be completed online at www.kent.gov.uk/tunbridgewellsfamilyhub

If you are unable to complete the questionnaire online, please complete this Word/paper form and return to:

Email: TWFamilyhub@kent.gov.uk

Tel: 03000 418059

Address: Tunbridge Wells Family Hub, 39a Grove Hill Road, Tunbridge Wells TN1 1SD.

We also welcome your feedback by email, letter or phone if you don't want to fill out the questionnaire.

Please ensure your response reaches us by midnight on 15 September 2026

What information do you need before completing the questionnaire?

We recommend that you view the consultation material online at www.kent.gov.uk/tunbridgewellsfamilyhub before responding to this questionnaire.

If you need any help taking part in this consultation or have any questions, please contact us at TWFamilyhub@kent.gov.uk or telephone us on 03000 418059.

Privacy: Kent County Council (KCC) collects and processes personal information in order to provide a range of public services. KCC respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the United Kingdom General Data Protection Regulation and Data Protection Act 2018. The full Privacy Notice is available online, or please contact us and we will send it to you.

Alternative formats: If you require any of the consultation material in an alternative format or language, please email: alternativeformats@kent.gov.uk or call: 03000 421553 (text relay service number: 18001 03000 421553). This number goes to an answering machine, which is monitored during office hours.

Section 1 – About you

Q1. Are you responding as…?

Please select the option from the list below that most closely represents how you are responding to this consultation.

Please select **one** option.

☐	A Tunbridge Wells resident
☐	A resident from somewhere else in Kent
☐	A parent or carer
☐	An expectant parent
☐	A young person
☐	A professional working with children, young people and families at the Tunbridge Wells Family Hub
☐	A professional working at The Amelia Scott building
☐	A representative of a local community group or residents' association
☐	On behalf of a charity or Voluntary, Community or Social Enterprise organisation (VCSE)
☐	A Tunbridge Wells business owner or representative
☐	On behalf of a Parish / Town / Borough / District Council in an official capacity
☐	A Parish / Town / Borough / District / County Councillor
☐	On behalf of an educational establishment, such as a school or college
☐	A KCC employee
☐	Something else, please tell us:

Q1a. Please tell us the first five characters of your postcode:

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

Q1b. If you are responding as a professional, what is your role?

Please write in your response below, please do not include any personal information that could identify you within your response.

Q1c. If you are responding on behalf of an organisation, please tell us the name of your organisation

Please write in below.

Q2. How did you find out about this consultation? Select **all** that apply.

	An email from KCC's Tunbridge Wells Family Hub Team
	An email from Let's Talk Kent / KCC's Engagement and Consultation Team
	At a KCC building (e.g. Family Hub, Library etc.)
	From a KCC Councillor
	From a Parish or District Councillor
	From a friend or family member
	Poster / postcard
	Facebook
	X (formerly known as Twitter)
	Nextdoor
	Kent.gov.uk website
	KCC's staff internal communications
	Newspaper
	Something else, please tell us:

Q3. If you are an expectant parent, parent/carer or young person, do you currently access or visit the Tunbridge Wells Family Hub?

Please select **one** option.

	I currently access services there as an expectant parent or parent/carer
	I currently access services there as a young person
	I have accessed / visited there in the last 12 months as an expectant parent or parent/carer
	I have accessed / visited there in the last 12 months as a young person
	I have accessed / visited there more than 12 months ago as an expectant parent or parent/carer
	I have accessed / visited there more than 12 months ago as a young person
	I have never accessed / visited the Tunbridge Wells Family Hub

Q4. If you are a professional, do you currently access or visit the Tunbridge Wells Family Hub?

Please select **one** option.

	I currently visit / work / refer there as a professional
	I have visited / worked in / referred to the Tunbridge Wells Family Hub in the last 12 months
	I have visited / worked in / referred to the Tunbridge Wells Family Hub more than 12 months ago
	I have never visited / worked in / referred to the Tunbridge Wells Family Hub

If you are responding as an expectant parent, parent/carer or young person, please answer the following questions. Otherwise, please move to Q10.

Q5. If you are an expectant parent, parent/carer or young person who currently accesses services at the Tunbridge Wells Family Hub, or has in the last 12 months, how often do you visit the Family Hub?

Please select **one** option.

- [ ] More than once a week
- [ ] Once a week
- [ ] Once every 2 weeks
- [ ] Once a month
- [ ] Less than once a month
- [ ] Not applicable

Q6. If you are an expectant parent, parent/carer or young person who currently uses / has used the Tunbridge Wells Family Hub in the last 12 months, which services do / did you use?

Please select **all** that apply.

- [ ] Drop-in groups
- [ ] One to one support
- [ ] Food parcels
- [ ] Information, advice and guidance
- [ ] Education course
- [ ] Something else, please tell us:

Q7. If you are an expectant parent, parent/carer or young person who currently accesses services at Tunbridge Wells Family Hub, or has in the last 12 months, how have you travelled to the Hub?

Please select **all** that apply.

- [ ] Car
- [ ] Bus
- [ ] Taxi
- [ ] Train
- [ ] Walk
- [ ] Bicycle
- [ ] Something else, please tell us:

Q8. Do you have a child / children and/or are you expecting a child?

Please select **all** that apply.

- [ ] I have a child / children
- [ ] I am expecting a child
- [ ] Neither

Q8a. If you have a child / children, please tell us their age(s).

Please select **all** that apply.

- [ ] 0 to 1 year old
- [ ] 2 to 5 years old
- [ ] 6 to 10 years old
- [ ] 11 to 19 years old

Q9. As an expectant parent, parent/carer or young person, how likely are you to use the Family Hub services if they move to The Amelia Scott building?
Please select **one** option.

	Very likely
	Fairly likely
	Neither likely nor unlikely
	Fairly unlikely
	Very unlikely
	I'm not sure

Q9a. If you have answered fairly unlikely, very unlikely or I'm not sure to Q9 above, could you please tell us why and if we could do anything to encourage you to access services at The Amelia Scott?

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

Section 2 – The proposal

Our proposal for the Tunbridge Wells Family Hub is to move it and the partner services delivered from the current site to The Amelia Scott building, Mount Pleasant Road, approximately 0.4 miles, around a 10-minute walk.

You can read an outline of KCC's proposal and the rationale for the proposal on page 3 of the Consultation Document.

Q10. How much do you agree or disagree with the proposal to relocate services from Tunbridge Wells Family Hub into The Amelia Scott building?

Please select **one** option.

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

Q10a. Please tell us the reason for your answer.
Please write in your response below. Please do not include any personal information that could identify you within your response.

In the consultation document, we compared the features of the building and space at Tunbridge Wells Family Hub and The Amelia Scott building. We also looked at the current and potential Family Hub service offer, if the hub moves. You can read more about this on pages 9-11 of the Consultation Document.

Q11. How much do you agree or disagree that moving to The Amelia Scott building would have benefits for the Family Hub service for children, young people and families? Please select **one** option

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

Q11a. Please tell us the reason for your answer.

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

KCC considered how the proposal would affect people who use our Family Hub services in Tunbridge Wells (children, young people and parents). You can read more about the way we have considered impacts (and how we could reduce them, where possible) on pages 11-14 of the Consultation Document.

Q12. How much do you agree or disagree that moving to The Amelia Scott building would have a negative impact for the Family Hub service for children, young people and families? Please select **one** option

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

Q12a. Please tell us the reason for your answer.

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

Section 3 – Other options we have considered

Along with our preferred option to move to The Amelia Scott we considered three other options. These options are presented for comparison in the table on pages 15-17 of the Consultation Document. We looked at the service requirements (whether it met need), the financial aspects (costs and savings), how we deliver our services and environmental aspects.

The other options we considered were:

1. Do nothing – Keep the Tunbridge Wells Family Hub at 39a Grove Hill Road
2. Move to another KCC freehold building
3. Co-locating to another partner building
4. Move to a new leased building

Q13. Please tell us if there are any alternative options to our proposal that you think we should consider.

Please write in your response below, please do not include any personal information that could identify you within your response.

Q14. Do you have any other comments you would like to share on the proposal to relocate Tunbridge Wells Family Hub services into The Amelia Scott?

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

Section 4 – Equality analysis

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an Equality Impact Assessment (EqIA) for this proposal.

An EqIA is a tool to assess the potential impact any proposals could have on the protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. We also include carer's responsibilities. The EqIA is available online at www.kent.gov.uk/tunbridgewellsfamilyhub or in paper copy on request.

Q15. We welcome your views on our equality analysis, including suggestions for anything else we should consider relating to equality and diversity. Please add your comments below.

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

Section 5 – Equality monitoring

We are asking these optional questions to help us meet our obligations under the Public Sector Equality Duty. This information really helps us to understand how people with different protected characteristics could be affected by our proposals.

If you would rather not answer any of these questions, you don't have to.

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

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

Q16. Which of these age groups applies to you?

Please select **one** option.

☐	0-15	☐	16-24	☐	25-34	☐	35-49	☐	50-59
☐	60-64	☐	65-74	☐	75-84	☐	85 or over	☐	I prefer not to say

Q17. What is your religion or belief?

Please select **one** option.

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

DRAFT

Q18. Do you have a disability, health condition, physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities?

Please select **one** option.

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

Q18a. If you answered 'Yes' to Q18, please tell us if any of the following disabilities or health conditions apply to you.

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

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

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

DRAFT

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

Q19. Are you a Carer?

Please select **one** option

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

Q20. What is your ethnic group?

Please select **one** option.

White

- ☐ English, Scottish, Welsh, Northern Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Any other White background, please tell us: ☐

Mixed or Multiple ethnic groups

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

Please see over the page for more ethnic groups.

DRAFT

Asian or Asian British

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

Black, Black British, Caribbean or African

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

Another ethnic group

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

Q21. What is your sex?

A question about gender identity will follow.

Please select **one** option.

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

DRAFT

Q22. Is the gender you identify with the same as your sex registered at birth?

Please select **one** option.

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

Q23. Which of the following best describes your sexual orientation?

Please select **one** option.

- ☐ Heterosexual / Straight
- ☐ Bisexual
- ☐ Gay or Lesbian
- ☐ I prefer to define my own sexuality, please tell us: _____
- ☐ I prefer not to say

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered in the development of our proposal to relocate Tunbridge Wells Family Hub services.

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

Closing date for responses: 15 September 2026

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From: **Paul Webb, Cabinet Member for Children's Services**

Christine McInnes, Corporate Director of Children, Young People and Education

To: **Children, Young People and Education Cabinet Committee – 26 November 2026**

Subject: **Commissioning a Contract for the Provision of Privately Owned Children's Residential Homes**

Decision No: 26/00067

Key Decision: It involves expenditure of more than £1m

Classification: **Unrestricted**

Past Pathway of report:

Future Pathway of report: Cabinet Member Decision

Electoral Division: All
https://democracy.kent.gov.uk/mgMemberIndex.aspx?bcr=1

Is the decision eligible for call-in? *Yes*

Summary: This report provides the Children, Young People and Education Cabinet Committee with the background and rationale for the proposed procurement of a contractual arrangement for placements in privately owned Children's Residential Homes for Children in Care.

The proposed contract represents a significant change from the current placement purchasing model. Whilst placements will continue to be individually matched to children's assessed needs, the contract will move the Council from spot purchasing to a commissioned contractual arrangement compliant with the Procurement Act 2023.

Recommendation:

The Children, Young People and Education Cabinet Committee is asked to CONSIDER and ENDORSE or MAKE RECOMMENDATIONS to the Cabinet Member for Children's Services in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A), to approve the procurement and establishment of a contractual arrangement for privately owned children's residential home placements.

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1 Introduction

1.1 Kent County Council (KCC) has a high demand for privately owned Children's Residential Home placements, which is increasing. In order to improve purchasing leverage and increase KCC's ability to procure suitable local provision for children with complex needs, this report proposes to establish a contractual arrangement for Children's Residential Home provision in Kent and Medway.

1.2 A contractual arrangement is required to improve sufficiency, placement planning, quality oversight, cost consistency and value for money, while supporting KCC's statutory duties to looked-after children. Further, the proposed arrangements have been designed to provide flexibility should future local government reorganisation be implemented across Kent and Medway. The proposed four-year contract term, with options to extend for up to a further four years, would provide continuity and stability for both existing and any successor authorities, as well as providers. The arrangements would retain flexibility through zero guaranteed spend for call-off placements, alongside the option to utilise block arrangements where appropriate.

2 Key Considerations

2.1 The proposed decision is to establish a contractual arrangement for Children's Residential Home provision. The arrangement is intended to improve local sufficiency, support greater use of suitable Kent-based provision and reduce reliance on high-cost reactive purchasing.

2.2 Under the current spot-purchasing approach, provider checks, pricing and contractual arrangements are addressed for each placement, limiting the Council's ability to influence the market and monitor performance consistently. The proposed contract will create a network of providers approved in advance, with transparent pricing, common contractual standards and consistent monitoring of quality, performance and outcomes. Demand and market intelligence will also inform activity to address identified gaps in provision.

2.3 The key issues informing this proposal include:

- Increasing demand for residential placements and rising complexity of children's needs, resulting in significant budget pressures and growing reliance on expensive placements.
- The need to reduce use of out-of-county placements and improve opportunities for children to remain close to their families, communities, education and support networks.
- The requirement to meet the Council's statutory sufficiency duty by securing sufficient, high-quality accommodation that meets the needs of Children in Care.
- The opportunity to improve market influence through transparent pricing, stronger provider relationships and targeted commissioning of specialist provision, including disability, therapeutic and crisis placements.

- The opportunity to actively shape the Children's Residential Home market through demand forecasting, provider engagement, transparent pricing expectations and targeted commissioning activity to address identified local sufficiency gaps.
- Alignment with national policy reforms, including the Children's Wellbeing and Schools Act 2026, and preparation for future Local Government Reorganisation and Regional Care Cooperative arrangements.

2.4 The recommended approach is considered the most effective means of improving placement stability, quality, sufficiency and value for money, whilst providing a flexible commissioning model that can adapt to future organisational and national policy changes

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3 Background

3.1 KCC (and all Authorities with responsibilities for Children's Social Care) is responsible for securing sufficient, suitable accommodation for children in care, while safeguarding and promoting their welfare. Children's Residential Homes form an essential part of the placement continuum for children whose assessed needs cannot appropriately be met through foster care, supported accommodation or other family-based provision.

3.2 The approach to commissioning and procuring Children's Residential Homes responds to rising demand, increasingly complex needs, significant placement cost pressures and ongoing difficulties in securing suitable provision. Sufficiency pressures are particularly acute for disabled children and those requiring therapeutic care, regulated education, crisis or solo placements. These challenges are compounded by the uneven distribution of provision across Kent, especially in West and South Kent.

3.3 At 29 July 2026, 204 children were placed in Children's Residential Homes. Kent had 121 Ofsted-registered children's homes with 505 registered beds. However, registered capacity does not necessarily represent provision that is available, affordable or suitable for an individual child's assessed needs.

3.4 Data from June 2026 shows that 48.4% of children in Children's Residential Homes were placed in Kent, 6.4% in Medway and 45.2% in other local authority areas. More than half of disabled children in Children's Residential Homes are outside Kent or Medway. This can increase costs and make it more difficult for children to maintain relationships with their families, schools, communities and existing professional support networks.

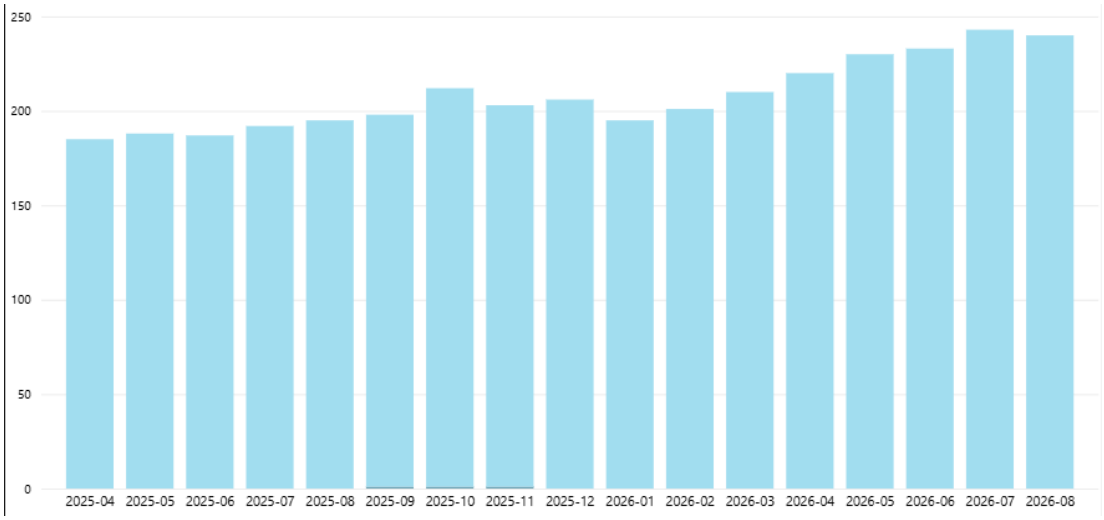
3.5 The proposal is therefore to procure a contract which would provide a structured route for commissioning planned and same-day provision, crisis and solo placements, homes with regulated education, residential parenting assessments, therapeutic care, provision for disabled children and transitional residential accommodation for children approaching adulthood. Secure accommodation is outside the scope of the arrangement.

4 The report

4.1 The establishment of a contractual arrangement is looking to address the issues mentioned in Section 2.2. The Children's Wellbeing and Schools Act (2026) has

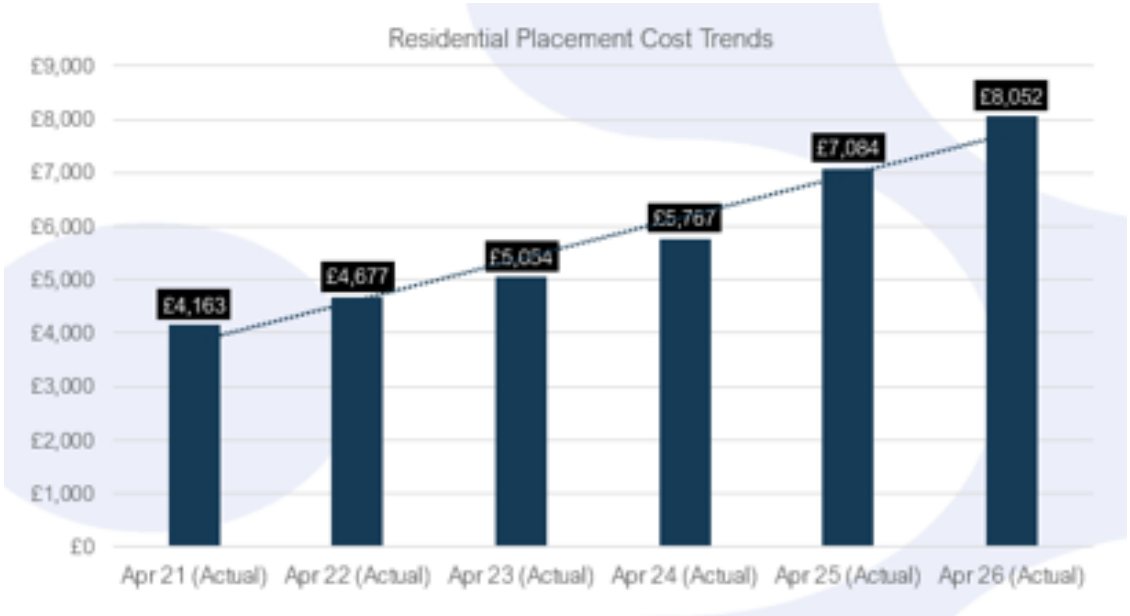
enabled the Council to have a different approach to pricing under the endeavours of transparency. Since April, purchasing conversations have been able to change and as such, there has been a marked reduction in average weekly fees.

4.2 The combined budget line for spend on Children's Residential Homes is £82.5m for disabled children and non-disabled children. There were 185 children living in these provisions in April 2025 increasing to 220 in April 2026, further increasing to 240 in August 2026.



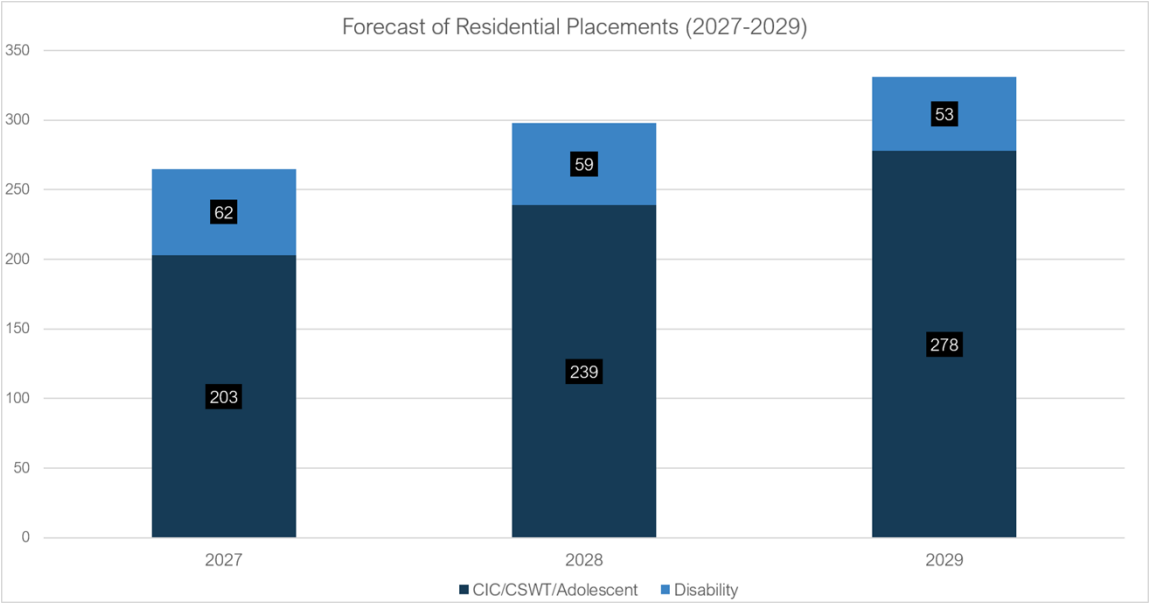
PowerBI – Month End Trend, Children's Homes, Residential and Residential Family Centres

4.3 Kent Analytics monitors the trends as part of the reporting to the Strategic Priorities Board and reports that the average weekly cost of residential placements for children in care almost doubled in the five years from April 2021 to April 2026. Further it states that, should this increased rate continue in 2026/27, the average weekly cost could increase to over £10k per week by March 2027.



4.4 Kent Analytics use a range of indicators to forecast demand for children's services. The impact of the numbers of children in care increasing at a standard

flat rate average weekly fee with no assumed infaltion could see a financial impact of £53.3m by 2029.



4.5 The proposed commissioning approach would introduce a contractual framework for KCC and successor authorities, should future local government reorganisation be implemented across Kent and Medway, to rely on to move away from fragmented arrangements towards a more efficient and strategically managed system with clear pricing structures.

4.6 Commissioners have designed an approach with a pricing model that is clear and transparent and meets the needs of a range of children.

4.7 Commissioning activity to date includes pre-market engagement, understanding the appetite of the sector and the local Kent providers, engaging with children with experience of Children's Residential Homes and learning from other local authorities. The information collected has been used to develop the Service Specification for each of the Lots proposed in the contract. The Lots include:

- Planned and same day residential care
- Crisis care and solo placements
- Residential care with regulated education
- Residential parenting assessments
- Therapeutic residential care
- Disabled children
- Transition towards adulthood

4.8 Whilst this is the intended structure of the contract, there may be opportunities through the design with Commercial and Procurement colleagues to add or change the Lots as appropriate. This could include other Ofsted regisitered provision as part of the continuum of care for Supported Accommodation that is currently spot-purchased and can be used as a step down for children as they age through to transition.

4.9 The engagement from children has identified what is important to them in this service, therefore the Service Specification and Key Performance Indicators will require providers to demonstrate:

- how children are involved in placement planning, reviews and decisions affecting daily life;
- whether children feel safe, listened to and supported by trusted adults;
- continuity of education, family relationships and community connections where this is consistent with the care plan;
- placement stability, including the reasons for unplanned endings;
- progress in health, emotional wellbeing, independence and preparation for adulthood; and
- how feedback and complaints from children result in service improvement.

4.10 The contractual arrangement would be for an initial four years with up to a further four years of extensions, should the contract be performing well. It will have a call-off arrangement with zero guaranteed spend to any particular organisation and an option to enter into block contracts for particular types of provision. This will provide easier and more predictable access to KCC opportunities; however, it will not guarantee business.

4.11 An outline procurement timetable, should the Key Decision be taken could be:

Activity	**Timeline**
Publish Tender	January 2027
Tender Period	February to April 2027
Tender Evaluation	April to June 2027
Contract Award	July 2027
Mobilisation	August 2027
Contract Start	October 2027

4.12 The contractual arrangement would be opened periodically, allowing new providers and services to join as the market, Ofsted registration, local capacity and children's needs change. Providers would be required to submit transparent core placement prices, with child-specific additional support costs identified separately.

4.13 The proposed model is intended to strengthen KCC's influence over the Children's Residential Home market, improve the consistency of quality assurance and contract management, support more effective forecasting and budget management, and encourage the development of suitable local provision. It also provides a mechanism for reducing avoidable reliance on out-of-county placements and improving placement stability, while retaining sufficient flexibility to respond to each child's individual needs. The approach complements KCC's developing in-house provision, including Project Athena, as part of a mixed economy of provision rather than replacing external commissioning of services.

4.14 The contractual arrangement will reduce repeated due diligence and negotiation, provide clearer pricing and call-off arrangements, strengthen quality

and performance oversight, and improve information on demand, costs and market gaps.

4.15 The benefits depend on strong provider participation and consistent use by staff. Providers will be supported through proportionate tender requirements, transparent pricing and reviews, clear referral arrangements, regular market engagement and periodic opportunities to join. Internally, the contract will become the standard external purchasing route, supported by clear guidance, training, named leads and monitoring of use and outcomes.

5. Options Considered and Discarded

5.1 The following options have been considered and discarded:

Option 1 - Continue with current commissioning arrangement - discarded as it maintains weak market influence, inconsistent pricing and reactive placement sourcing.
Option 2 - Large-scale in-house delivery – not viable as the sole solution as it would require substantial capital investment, workforce capacity and operational infrastructure. Existing in-house developments will continue as part of a mixed economy.
Option 3 - Closed framework - not preferred as the provider market and Ofsted registration landscape change over time.
Option 4 - Dynamic Market - not preferred as continuous supplier admissions and separate competitions would create disproportionate administration and delay urgent placements.

6. Strategic Context

6.1 The proposal supports Reforming Kent 2025-2028, Aim 3: support residents who need help. It supports KCC's role as Corporate Parent by improving access to safe, high-quality and suitable local homes, helping children remain close to families, schools and communities where appropriate, and promoting stability, wellbeing and preparation for adulthood.

7. Financial Implications

7.1 The contract would be for an initial four years with up to a further four years of extensions, comprising two additional two-year periods, should the contract be performing well. The contract will have zero guaranteed spend to any provider. Based on 2025/26 expenditure of £69.9m for the relevant services, the estimated maximum contract value is £279.6m over the initial four-year term and £559.2m if both extension options are used, excluding inflation and demand growth. This is existing spend in the budget and is to direct placements through the established contract.

7.2 Funding would be met from existing CYPE placement base budgets for Operational Integrated Children's Services and the Strengthening Independence Service. The commissioning model is intended to deliver cost avoidance, cost containment and greater price consistency. Cashable savings would be achieved through carefully moving children closer to home alongside Social Worker recommendations. This approach estimates an ongoing potential saving of approximately £1.4m to £1.8m once fully implemented, subject to provider participation, contract utilisation, placement suitability, demand and child-specific costs.

7.3 The financial benefits will not arise from the existence of the contract alone. They will arise from provider participation, consistent contract use, transparent core pricing, control and review of child-specific additions, greater use of suitable local provision and selective use of block arrangements where demand is sufficiently predictable.

7.4 In addition to placement-cost benefits, the contract is expected to reduce inefficiencies associated with repeated due diligence, negotiation of individual commercial terms, fragmented pricing information and duplicated quality and contract-management activity. These efficiencies have not yet been assigned a cashable saving and will be measured during mobilisation and contract delivery.

7.5 Key financial risks include increasing demand, placement complexity, inflation, provider pricing, limited suitable capacity and, uncertain NHS contributions.

8. Risks and Mitigations

8.1 The risks and mitigations identified include the following:

Risk	Mitigations
Providers do not engage with the contractual opportunity	Early market engagement; periodic re-opening; targeted engagement for gaps.
Contract membership does not translate into usable placements	Monitor offers, refusals, vacancies, matching outcomes, contract utilisation and exception reasons by Lot.
Prices continue to rise	Transparent core pricing; separately agreed additions; standard hourly rates; review and step-down of enhanced staffing where safe.
Block capacity creates void costs or poor matching	Use blocks selectively; portfolio-based flexibility; clear activation, review and de-activation provisions.
Quality or safeguarding deteriorates	Regulatory requirements; due diligence; contract monitoring; incident escalation; children's feedback; improvement and suspension mechanisms.
Local capacity remains uneven	Target market activity using district and demand intelligence
Forecast benefits are overstated	Treat savings as indicative; distinguish cashable savings, cost avoidance and containment.
LGR or regional changes	Include break, variation, novation, transfer and disaggregation provisions; maintain clear contract and performance records.

9. Legal Implications

9.1 Sections 22 and 22G of the Children Act 1989 require the Council to safeguard and promote the welfare of looked-after children and, so far as reasonably practicable, secure sufficient accommodation within its area that meets their needs. The procurement must comply with the requirements set out in the Procurement Act 2023.

9.2 Key legal and contractual risks will be mitigated through readiness for Local Government Reorganisation or Regional Commissioning changes, such as the Regional Care Cooperatives with appropriate break, variation and novation provisions, and contract design capable of disaggregation or transfer.

10. Equalities Implications

10.1 An Equality Impact Assessment (EqIA) screening has been completed. Overall positive equality impact, with targeted action to address the greater challenges faced by disabled children through specialist commissioning, market shaping and improved local provision. This will be kept under constant review as this project continues.

11. Data Protection Implications

11.1 A Data Protection Implications Assessment (DPIA) screening has been completed. The commissioning model will involve the controlled sharing and processing of personal and special category information needed to match, place and support children. Safeguards will be incorporated to support compliance with UK GDPR and the Data Protection Act 2018.

12. Other Corporate Implications

12.1 This approach requires support from the Commercial and Procurement Division, Finance, Health and Safety and practitioners across the Children, Young People and Education directorate.

13. Governance

13.1 This report sets out the proposal for the Cabinet Member for Children's Services to approve the procurement of a contract for the provision of privately owned children's residential home placements

13.2 Subject to the decision being taken, authority will be delegated to the Corporate Director of Children, Young People and Education **or other Officer authorised by the Corporate Director,** to take relevant actions, including but not limited to, awarding and implementing the contract and any subsequent call-off contracts; managing the resulting contractual arrangements; exercising any permitted contract extensions; undertaking contract re-openings; agreeing any variation, novation and disaggregation arrangements permitted under the terms of the contract and associated contracts; and finalising the terms of and entering into any necessary contracts or other legal agreements, as necessary to implement the decision.

14. Conclusion

14.1 Establishing a compliant contractual arrangement for privately owned Children's Residential Homes will provide a flexible and transparent route to secure planned, specialist and urgent placements, while enabling the provider market to develop as needs change.

14.2 The proposed action will strengthen quality assurance and market oversight, improve pricing consistency and value for money, support more effective placement and budget planning, and increase opportunities for children to live safely closer to their families, communities, education and support networks.

14.3 The contract will replace reactive spot purchasing with a more consistent, transparent and strategic approach through an approved provider network, common standards, clear pricing and call-off arrangements, and stronger performance oversight.

14.4 It will give providers clearer access to opportunities and demand information, while helping the Council to improve placement sourcing and develop local and specialist capacity. These benefits will be achieved through provider participation and consistent staff use, supported by market engagement. Where the contract cannot meet an individual child's needs, placements may still be made through a recorded exception process that informs future commissioning.

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15. Recommendation:

The Children, Young People and Education Cabinet Committee is asked to CONSIDER and ENDORSE, or MAKE RECOMMENDATIONS to the Cabinet Member for Integrated Children's Services in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A), to approve the procurement and establishment of a contractual arrangement for privately owned children's residential home placements.

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16. Background Documents

16.1 The legal requirements around every local authority's "sufficiency duty" are set out in section 22 of The Children Act 1989 https://www.legislation.gov.uk/ukpga/1989/41/section/22G

17. Appendices

17.1 Equality Impact Assessment

18. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NUMBER:
Paul Webb, Cabinet Member for Children's Services	26/00067

Executive Decision – Key

26/00067 – Commissioning a Contract for the Provision of Privately Owned Children's Residential Homes

Decision:

As Cabinet Member for Children's Services, I agree to:

Approve the proposal to procure a strategic contractual arrangement for the provision of placements for children within privately owned Children's Residential Homes.

Delegate authority for decisions and necessary actions, including the award and the implementation of any contract and subsequent call-off contracts, manage the resulting contracts, permitted contract extensions, re-openings of the contract, variations novation's and disaggregation arrangements allowable within the terms and conditions of the contract, to the Corporate Director for Children, Young People and Education, or other Officer authorised by the Corporate Director for Children, Young People and Education, in consultation with the Cabinet Member.

Reasons for decision:

Kent County Council (KCC) currently relies on spot purchasing for privately owned Children's Residential Home placements for children. In order to improve purchasing leverage and increase the Council's ability to procure suitable local provision for children with complex needs, a contractual arrangement is required to improve sufficiency, placement planning, quality oversight, cost consistency and value for money, while supporting KCC's statutory duties to looked-after children. There are opportunities to establish a contractual structure for children with different needs and potentially other Ofsted registered provision such as Supported Accommodation. Further, the proposed arrangements have been designed to provide flexibility should future local government reorganisation be implemented across Kent and Medway. Providing stability for both existing and any successor authorities, and providers, with zero guaranteed spend for call-off arrangements with an option to utilise block arrangements.

How the proposed decision supports the Council's Strategic Statement:

The proposal supports Reforming Kent 2025-2028, Aim 3: support residents who need help. It supports KCC's role as Corporate Parent by improving access to safe, high-quality and suitable local homes, helping children remain close to families, schools and communities where appropriate, and promoting stability, wellbeing and preparation for adulthood.

Financial implications:

The proposed contract will have an initial term of four years, with options to extend for up to a further four years, comprising two additional two-year periods. The contract will have zero guaranteed spend to any provider. Based on 2025/26 expenditure of £69.9m for the relevant services, the estimated maximum contract value is £279.6m over the initial four-year term and £559.2m if both extension options are used, excluding inflation and demand growth.

Funding would be met from existing CYPE Children in Care placement base budgets split across Operational Integrated Children's Services and the Strengthening Independence Service. The commissioning model is intended to deliver cost avoidance, cost containment and greater price consistency. Cashable savings would be achieved through carefully moving children closer to home alongside the recommendations from Social Workers. This approach estimates an ongoing potential saving of approximately £1.4m to £1.8m per year once fully implemented, subject to provider participation, contract utilisation, placement suitability, demand and child-specific costs. The aim is to implement this contract by October 2027.

Key financial risks include increasing demand, placement complexity, inflation, provider pricing, limited suitable capacity, uncertain NHS contributions.

Legal implications:

Sections 22 and 22G of the Children Act 1989 require the Council to safeguard and promote the welfare of looked-after children and, so far as reasonably practicable, secure sufficient accommodation within its area that meets their needs. The procurement must comply with the requirements set out in the Procurement Act 2023.

Key legal and contractual risks will be mitigated through readiness for Local Government Reorganisation or regional commissioning changes, such as the Regional Care Cooperatives with appropriate break, variation and novation provisions, and contract design capable of disaggregation or transfer.

Equalities implications:

An Equality Impact Assessment (EqIA) screening has been completed. This shall be kept under constant review as this project continues.

No significant adverse impacts have been identified for most protected characteristics. The most significant equality consideration relates to disability, where

existing market and sufficiency challenges can disproportionately affect disabled children. The approach includes specific actions to address these risks through dedicated specialist commissioning, market shaping activity and improved access to local provision.

Data Protection implications:

A Data Protection Implications Assessment (DPIA) screening is being completed. The commissioning model will involve the controlled sharing and processing of personal and special category information needed to match, place and support children. Safeguards will be incorporated to support compliance with UK GDPR and the Data Protection Act 2018.

Cabinet Committee recommendations and other consultation:

The proposed decision will be considered by the CYPE Cabinet Committee on 26 November 2026.

Any alternatives considered and rejected:

- Continue with the current purchasing arrangement - discarded as it maintains weak market influence, inconsistent pricing, reactive placement sourcing and is not compliant with the Procurement Act 2023 or Spending the Council's Money.
- Large-scale in-house delivery – not viable as the sole solution as it would require substantial capital investment, workforce capacity and operational infrastructure. Existing in-house developments will continue as part of a mixed economy.
- Closed framework - not preferred as the provider market and Ofsted registration landscape change over time.
- Dynamic Market - not preferred at this stage as it may create disproportionate administrative burden.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

Signed Date

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EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.
You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.
Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Children's Residential Home Commissioning Strategy

2. Directorate

Children, Young People and Education

3. Responsible Service/Division

Children's Commissioning

Accountability and Responsibility

4. Officer completing EQIA
Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Raj Tomsett

5. Head of Service
Note: This should be the Head of Service who will be approving your submitted EQIA.

Caroline Smith

6. Director of Service
Note: This should be the name of your responsible director.

Ingrid Crisan

The type of Activity you are undertaking

7. What type of activity are you undertaking?

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

No

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

No

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

No

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

Yes

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

No

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

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Kent County Council (KCC) has developed a Children's Residential Home Commissioning Strategy to improve sufficiency, quality, affordability and sustainability within the Children's Residential Home market. The Strategy proposes the introduction of a commissioned contractual framework for residential provision, moving from a predominantly spot-purchasing model towards a more planned and strategic commissioning approach. The Strategy seeks to ensure there is sufficient high-quality provision available to meet the needs of children in care, reduce reliance on expensive out-of-county placements, improve placement stability, increase transparency of costs, strengthen relationships with providers and improve outcomes for children.

The Strategy is informed by KCC's statutory duties under Sections 22 and 22G of the Children Act 1989, including the duty to safeguard and promote the welfare of children in care and, as far as reasonably practicable, secure sufficient local accommodation to meet their needs. The strategy also aligns with KCC's Sufficiency Strategy, Reforming Kent 2025-2028, the Children in Care and Care Leavers Strategy, the Children and Young People Outcomes Framework, the Children and Wellbeing Act 2026 and the Children's Social Care National Framework.

The equality objective of this commissioning activity is to improve equitable access to suitable, safe and high-quality Children's Residential Home provision for all children in care, particularly those whose protected characteristics, disabilities or complex needs can create additional barriers in accessing well-matched placements. The Strategy seeks to reduce inequalities created by limited local provision, excessive placement distance from families and communities, and gaps in specialist provision for disabled children and children with complex needs.

The equality profile of the children in Children's Residential Homes is characterised by an older population and a high prevalence of disability. Children aged 13-17 account for 74.3% of all placements, while 50.4% have a recorded disability, with autism being the most common need. Males make up 60.4% of the cohort compared with 39.6% who are female. This highlights the importance of commissioning provision that is responsive to adolescent needs, transition planning, disability, and neurodiversity.

The cohort is also ethnically diverse, with 24.3% of children from Mixed, Asian, Black or Other ethnic groups. There are some gaps in equality data, particularly relating to religion, gender identity and sexual orientation, however, the information available provides a useful basis for assessment and highlights opportunities to further strengthen data collection, enabling a more comprehensive understanding of equality impacts in the future.

The Children's Residential Home Commissioning Strategy is expected to have an overall positive equality impact. No significant adverse impacts have been identified for most protected characteristics. The most significant equality consideration relates to disability, where existing market and sufficiency challenges can disproportionately affect disabled children. The Strategy includes specific actions to address these risks through dedicated specialist commissioning, market shaping activity and improved access to local provision.

The assessment concludes that implementation of the strategy is likely to advance equality of opportunity, improve outcomes for vulnerable children and support KCC's statutory duties as a corporate parent and commissioner of children's services.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continuing working on the EQIA in the App, but you will not be able to submit it for approval without this information.

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

Yes.

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

Yes.

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

Yes.

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

Yes.

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

The development of the Strategy has involved engagement with children, practitioners, providers and partner agencies. This includes:

- Children living in Children's Residential Homes.
- Virtual School Kent Participation Team.
- Social workers.
- Independent Reviewing Officers.
- Children in Care Teams.
- Total Placement Service.
- Kent-based residential providers.
- Providers supporting disabled children.
- NHS partners.
- SEND services.
- Commissioning teams.
- Operational managers and practitioners

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

No

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

Yes

Uploading Evidence/Data/related information into the App
Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Section C – Impact

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

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

Yes

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

Yes

Staff/Volunteers - *Answer: Yes/No*

Yes

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

Yes

18. Please give details of Positive Impacts

The strategy is expected to deliver a range of positive equality impacts by:

- Increasing local access to high-quality residential provision.
- Reducing unnecessary out-of-county placements.
- Supporting children to remain closer to family, friends, schools and communities where appropriate.
- Improving placement stability and continuity of relationships.
- Increasing availability of specialist provision for disabled children and children with complex needs.
- Reducing reliance on unregistered and emergency accommodation arrangements.
- Improving children's experiences and ensuring their views inform service development.
- Promoting independence, wellbeing, participation and positive outcomes.
- Supporting better educational continuity and emotional wellbeing.
- Ensuring commissioning arrangements focus on quality and outcomes rather than cost alone.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? *Answer: Yes/No*
(If yes, please also complete sections b, c,and d).

No

b) Details of Negative Impacts for Age

The strategy directly affects children aged 0-17 years living in or requiring a placement in a Children's Residential Home. Different age groups have differing requirements, with evidence showing particularly high demand amongst older adolescents aged 15-17 years. There is a risk that insufficient capacity for particular age groups could impact placement suitability and choice if market capacity does not develop as intended.

c) Mitigating Actions for Age

The proposed commissioning model includes specialist lots for planned Children's Residential Home provision, crisis care, therapeutic care, specialist disability provision and transitional accommodation for older children approaching adulthood. Placement matching processes will continue to be based on assessed need.

d) Responsible Officer for Mitigating Actions - Age

Caroline Smith

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? *Answer: Yes/No*
(If yes, please also complete sections b, c,and d).

Yes

b) Details of Negative Impacts for Disability

Evidence demonstrates that disabled children experience particular challenges within the Children's Residential Home market. They are more likely to require specialist provision, experience placement searches extending beyond Kent and be placed outside their local communities. Suitable local provision can be difficult to secure and there is increasing demand for placements that support complex physical, behavioural, developmental and health needs. These factors can increase inequalities for disabled children and their families.

c) Mitigating Actions for Disability

The strategy contains several specific mitigations:

- Creation of a dedicated lot for disabled children.
- Increased commissioning focus on specialist disability provision.
- Ongoing market shaping activity with providers.
- Greater emphasis on local sufficiency.
- Joint working with health, SEND and NHS partners.
- Improved contractual arrangements and planning to increase availability of local placements

d) Responsible Officer for Mitigating Actions - Disability

Sharon Howard

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? *Answer: Yes/No*
(If yes, please also complete sections b, c,and d).

No

b) Details of Negative Impacts for Sex

No evidence has been identified that the strategy creates a disproportionate adverse impact based on sex. The commissioning model is intended to provide equitable access to services based on assessed need.

c) Mitigating Actions for Sex

Providers will be required to comply with equality legislation, safeguarding legislation and contractual requirements relating to inclusion and non-discrimination.

d) Responsible Officer for Mitigating Actions - Sex

Caroline Smith

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

a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No*
(If yes, please also complete sections b, c,and d).

No

b) Details of Negative Impacts for Gender identity/transgender

No evidence has been identified that the commissioning proposals create adverse impacts for transgender children or young people. Individual placement planning will continue to consider personal identity, wellbeing and safeguarding requirements.

c) Mitigating actions for Gender identity/transgender

Providers will be required to comply with equality legislation, safeguarding legislation and contractual requirements relating to inclusion and non-discrimination.

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

Caroline Smith

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? *Answer: Yes/No*
(If yes, please also complete sections b, c,and d).

No

b) Details of Negative Impacts for Race

No evidence has been identified that the strategy will adversely affect children based upon race or ethnicity. All commissioned services will be expected to provide culturally appropriate care and comply with equality legislation

c) Mitigating Actions for Race

Providers will be required to comply with equality legislation, safeguarding legislation and contractual requirements relating to inclusion and non-discrimination.

d) Responsible Officer for Mitigating Actions – Race

Caroline Smith

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? *Answer: Yes/No*
(If yes, please also complete sections b, c,and d).

No

b) Details of Negative Impacts for Religion and belief

No adverse impact has been identified. Providers will be expected to support children's faith, belief and cultural needs as part of person-centred care planning

c) Mitigating Actions for Religion and belief

Providers will be required to comply with equality legislation, safeguarding legislation and contractual requirements relating to inclusion and non-discrimination.

d) Responsible Officer for Mitigating Actions - Religion and belief

Caroline Smith

25. Negative Impacts and Mitigating actions for Sexual Orientation

a) Are there negative impacts for sexual orientation. *Answer: Yes/No (If yes, please also complete sections b, c,and d).*

No

b) Details of Negative Impacts for Sexual Orientation

No adverse impact has been identified. Providers will be expected to deliver inclusive services which respect and support individual identity and wellbeing.

c) Mitigating Actions for Sexual Orientation

Providers will be required to comply with equality legislation, safeguarding legislation and contractual requirements relating to inclusion and non-discrimination

d) Responsible Officer for Mitigating Actions - Sexual Orientation

Caroline Smith

26. Negative Impacts and Mitigating actions for Pregnancy and Maternity

a) Are there negative impacts for Pregnancy and Maternity? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*

No

b) Details of Negative Impacts for Pregnancy and Maternity

The strategy includes provision for Residential Parenting Assessments which may positively support parents and their children. No adverse impacts have been identified.

c) Mitigating Actions for Pregnancy and Maternity

Providers will be required to comply with equality legislation, safeguarding legislation and contractual requirements relating to inclusion and non-discrimination

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

Caroline Smith

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

a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No (If yes, please also complete sections b, c, and d).*

No

b) Details of Negative Impacts for Marriage and Civil Partnerships

The minimum legal age for marriage in England is 18. Children's Residential Homes are designed to accommodate children and young people under the age of 18 and are therefore not permitted to provide accommodation for individuals aged 18 or over.

c) Mitigating Actions for Marriage and Civil Partnerships

Providers will be required to comply with equality legislation, safeguarding legislation and contractual requirements relating to inclusion and non-discrimination

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

Caroline Smith

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

a) Are there negative impacts for Carer's responsibilities? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Carer's Responsibilities

The strategy is expected to positively impact parents, carers and wider family networks by increasing the availability of local provision and reducing unnecessary distance from home where appropriate. Maintaining family relationships and community connections was identified as an important issue by children and practitioners throughout engagement activity. Improving local sufficiency should help children remain closer to established support networks and make family involvement easier

c) Mitigating Actions for Carer's responsibilities

- Increase local residential capacity.
- Reduce reliance on out-of-county placements.
- Promote placement stability.
- Consider family and community links when sourcing placements.
- Incorporate children's voice into placement planning and commissioning decisions.

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

Caroline Smith