

Appendix E:

You Said We Did: KCC's response to Public Consultation – Children and Young People's Emotional Wellbeing Support

KCC held a public consultation on Children and Young People's Emotional Wellbeing Support between 25 September to 12 November 2024.

The consultation set out a proposal to fund a new Therapeutic Support Service to meet the needs of children and young people aged 4 to 19 experiencing mild to medium emotional wellbeing and mental health needs. It was proposed that the new service would be funded instead of the current Kent Children and Young People's Counselling Service, when the contract ends in March 2026.

The rationale for this proposal was to meet the needs of more children and young people, more quickly, by delivering support mostly within groups (with some one-to-one support available) and to offer more choice through a range of creative, therapeutic and peer support activities. It was also proposed that the service would be delivered through the Family Hub network and be aligned with the wider model of children and young people's mental health services being commissioned by NHS Kent and Medway.

As set out in the full consultation report, **382 responses were received** to the consultation questionnaires (including 8 Easy Read questionnaires). 302 responses were made via the main questionnaire and 72 were made via the young person questionnaire. The majority of these were from residents (58%), with 28% from professionals and 6% on behalf of schools and educational establishments. We also engaged with nearly 140 young people through the Big Mental Health Conversation event in Maidstone on 9th October 2025 and at the Kent Youth County Council on 19th October 2025.

We would like to thank everyone who took part in and helped to promote the consultation. KCC commissioned an independent organisation, Lake Market Research, to analyse the feedback and produce the consultation report, which has been published alongside this report on the [consultation webpage](#).

All of the feedback has now been analysed and will be used to shape the development of the proposed model of emotional wellbeing support for children and young people aged 4 to 19 experiencing mild to medium emotional wellbeing and mental health needs.

Responding to the consultation findings

The questions that we asked in the consultation questionnaire led to a very wide range of views being shared; for example, when it came to whether people agreed with the overall proposal to **fund a new Therapeutic Support Service**, there was a very clear difference in views between those answering the main questionnaire,

and those answering the young person's version. Among young people responding, 63% agreed (29% disagreed) with the proposal, while for those answering the main questionnaire, 49% agreed (45% disagreed).

We have spent time carefully reviewing all of the comments that were shared by respondents to help us better understand the experiences, insights and concerns that lay behind these differences, and we are grateful to all those respondents who took the time to share them with us.

The consultation showed broad agreement for a number of key elements of the proposals:

- **Offer opportunities for children and young people to take part in creative and therapeutic activities** to support their emotional and mental health (this was particularly strong among professionals and young people responding).
- **Continue offering support for parents and carers** of younger children or children and young people with more complex needs.
- **Provide more opportunities for peer support** to help children and young people to build mutual connections and understanding.
- There was also a majority in favour of the proposals to deliver the new model as part of the **Family Hub network** and **aligned with the wider system of children and young people's mental health services** being commissioned by NHS Kent and Medway.

The aspect of the consultation that generated the widest range of views was the proposal to **Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support**. In the main questionnaire, 37% agreed (57% disagreed), while among those responding to the young person's questionnaire, 65% agreed (31% disagreed). As the full consultation report shows, there were a number of concerns raised by those responding to the main questionnaire, mostly in relation to the suitability and effectiveness of group-based approaches to meet needs, whether children and young people would feel sufficiently safe and supported to share feelings within a group setting, and concerns about how accessible groups would be (particularly for those who are neurodivergent or may have anxieties about joining a group).

There were also some views that expressed a perception that there would no longer be any one-to-one support available for children and young people. It is important to note that this was not part of the proposal: the consultation document set out that **"some children and young people will need some one-to-one support and this would still be provided."** In addition, one-to-one support for children and young people with emotional and mental health difficulties is available where appropriate through wider services commissioned by NHS Kent and Medway.

The table below sets out how we intend to respond to the key themes that came from the consultation responses.

You told us:	Changes we will make:
Children are individuals and have different needs. Some children may not be able to engage or cope with group sessions, or choose not to participate in them, and so there will still need to be one-to-one support available.	We recognise that group activities will not be appropriate or helpful for all children and young people, and this will vary depending on their ages, circumstances, experiences and needs. For others, group work may be helpful in combination with one-to-one support, or through a gradual introduction to build confidence with the group leader and peers. The consultation proposed that some one-to-one support would continue to be available. Responding to the feedback, our proposal going forward will be more flexible regarding the balance of one-to-one and group-work delivery. We will work with the service provider to ensure a focus on understanding children and young people's individual needs and preferences and working with them and their families (as appropriate) to plan together how best they can be supported. To achieve this, we propose that an initial one-to-one assessment would be offered to children and young people (and/or parents/carers as appropriate) to understand their needs, the goals they would like to work towards, and their preferences (as far as possible) for how support is delivered. From here we would expect the service to co-create an individual goal-based support plan which could be based on group activities, a blended approach of one-to-one and group work with support from the service, or one-to-one support throughout, where this is felt to be most appropriate. For children and young people who can be supported within a group (and would like to do so), the initial assessment will help identify those who may work well together. We will ensure that there are regular reviews to understand how the child or young person is feeling, make sure that the support plan is meeting needs and enabling progress towards their goals, and to consider

	alternative approaches if this is not the case. For those accessing group support, review points will check whether this form of support is still appropriate, based on the child or young person's progress. Over the coming weeks we will work with children and young people to further shape our service specification and develop our understanding of their needs and preferences for different types of support. We will also ensure that children and young people are involved and represented in the procurement process to select the new service provider. Throughout the lifetime of the contract, we will require our service provider to demonstrate that the offer of creative and therapeutic activities is being continually reviewed, co-developed, and updated with children and young people.
Neurodivergent children and young people in particular may not cope in a group setting. They may 'mask' and feel unable to share or feel further stigmatised.	As above, we recognise that group-based activities may not be suitable for all children and young people, and particularly the concerns that these opportunities may be less appropriate or accessible for neurodivergent children and young people. We will require our new service provider to build a flexible support plan based on individual needs. We want to ensure however that all children and young people have choice, and that those who would like to participate in group activities are supported to do so. We will require our new service provider to demonstrate that their offer of group activities and opportunities is inclusive and accessible, including flexible approaches to delivery, supported access and/or a more gradual introduction where necessary. This could also include supporting children and young people to access other accessible opportunities within the local community.
Therapeutic support may not be as effective as counselling for some children and young people.	The Therapeutic Support Service would include a range of different types of one-to-one and group-based creative and therapeutic activities, that have been demonstrated to be appropriate and be effective in supporting children and young people aged 4 to 19 with mild to medium emotional wellbeing needs.

	We will require the new service provider to demonstrate that the activities they propose to deliver are evidence-based and compliant with NICE guidelines and we propose to assess this during the procurement process for the new service when we evaluate (score) bids from potential service providers. Examples of evidence-based activities and opportunities could for example include cognitive behavioural therapy (CBT), creative therapies recognised by the British Association for Counselling and Psychotherapy (BACP) such as arts, music, drama, eco-therapies, as well as peer support opportunities. We would aim as far as possible to give children, young people and families a choice of activities appropriate to meet their needs and goals. We will also require the new service provider to use a range of recognised, robust evaluation tools, appropriate to age and other factors, to demonstrate the overall effectiveness of activities and interventions as well as monitoring their impact for individual children and young people. We will require the provider to work with children, young people and families to measure progress at regular review points against the goals set in their initial assessment meeting to ensure that the support offered is making a positive difference, and to make any changes to the support plan where needed.
What level of training and qualifications would staff hold in the Therapeutic Support Service?	In order to deliver a flexible offer of creative and therapeutic opportunities across a range of ages and needs, the new service provider will need to employ staff with a range of qualifications, skills and experience. As part of the procurement process, we will ask potential service providers to demonstrate that staff have the required qualifications and experience relevant to the types of therapeutic support being proposed, and experience in delivering group-based interventions to children and young people of different ages and needs. Given this is an offer for mild/moderate needs, the service may include both clinical and non-clinical

	approaches, dependent on presenting needs and goals identified. Practitioners who are delivering evidence-based clinical therapeutic interventions will need to evidence and maintain the relevant accreditation and registration/memberships, where relevant and appropriate to their roles. Examples of accredited bodies may include the following: • British Association of Drama-Therapists • British Association of Art Therapists • British Association for Music Therapy • British Association of Play Therapists (BAPT) • Play Therapy UK (PTUK) • Health and Care Professions Council (HCPC) • Association for Dance Movement Therapy UK • British Association for Behavioural and Cognitive Behavioural Therapy (BABCP) • British Association for Counselling and Psychotherapy (BACP) • The National Counselling & Psychotherapy Society (NCPS) • United Kingdom Council for Psychotherapy (UKCP) • British Psychoanalytic Council (BPC) We will also ask potential service providers to demonstrate that all staff have undertaken a range of mandatory checks and training, including (but not limited to) Disclosure and Barring Service (DBS) checks, safeguarding, trauma-informed and healing-centred approaches, Prevent, and to evidence that this is training being regularly refreshed. We will also ensure that the service provider has appropriate supervision in place for all staff. As well as qualifications, we will require the service to ensure that all staff, regardless of role, possess the necessary qualities to build and maintain positive and effective relationships with children, young people and families, in line with the VCSE Competency Framework^[1].
Children and young people may not feel safe or secure in a	We recognise that children and young people will only be able to benefit from group-based support if they feel safe, comfortable and confident with the adult(s)

group setting to be able to share feelings or experiences. Sharing in this way may expose them to potential bullying, particularly if they encounter peers from school etc.	leading the session, with any peers involved, and within the environment. Some children and young people may not be able, or prefer not to access groups; for others, it may take time to build up to feeling confident enough to participate. This may be a helpful addition to one-to-one work; a goal that some choose to pursue, with support; or a means of sustaining the skills and resilience they are building. We will require the service provider to do an initial assessment prior to any support beginning, to identify the child or young person's goals as well as their needs and preferences - including their feelings about group-based opportunities. We will require the Therapeutic Support Service to demonstrate a trauma-informed, healing-centred approach throughout all aspects of their delivery: from staff training and supervision, through to individual and group work sessions. We will expect staff delivering group sessions to have specific skills and experience in safe and effective group facilitation. This will include working with children, young people and families to identify where someone might benefit from a group opportunity, what type of opportunity might be most appropriate, and (within the sessions themselves), to understand safe boundaries. We will also ensure that the service provider has appropriate supervision in place for all staff delivering group sessions. We anticipate that group work may be part of a mixed offer of support for children and young people and there would be regular formal and informal reviews of progress towards their goals to ensure this continued to be helpful for them.
How would the service be delivered through the Family Hub Network and what would this mean? Some families may have difficulties in travelling to a Family Hub.	We recognise this concern and would like to clarify that delivering support through the Family Hub network does not just mean services being available within a Family Hub building. The 'network' approach to Family Hubs includes virtual and digital options, as well as delivery within wider community venues, where these are appropriate to the needs of children and young people and easily accessible.

	We would therefore expect the new service to ensure that children, young people and their families are able to access support through a range of local settings and methods, including virtual or digital options. We will also expect them to work with families to understand and overcome any potential barriers to accessing support from the outset to inform their support plan. We will work with our Family Hub network across Kent to ensure that the new Therapeutic Support Service, and the pathway to request support, is understood by colleagues in Family Hubs, as well as those in partner organisations. We will ensure the new service offer is communicated clearly to families, alongside other relevant information, advice and support within the Family Hub, such as the Compass programme for young people.
Changes to services can cause problems for children, young people and families especially during the transition period.	We understand the concern that making changes to services can cause uncertainty for children and young people seeking support. To support a smoother transition between the current and new service, we are seeking approval for additional one-off funding to enable the new Therapeutic Support Service to start earlier than initially planned, during Autumn 2025. This will be part of the Key Decision taken in March 2025. This will mean that the new service and current Children and Young People's Counselling Service would both be operating alongside one another for several months, until the Counselling Service contract ends on 31 March 2026. This will help the current service to support those children and young people for whom they have accepted a referral (and are on the waiting list) and vastly reduce the number of children and young people needing to transition across to the new service. This will improve the experience for children, young people and families by aiming to reduce disruption and potential risks to individuals and reduce delays for those seeking to access the new service.

^[1] <https://vcsekent.org.uk/wp-content/uploads/2023/05/K-M-VCSE-Competency-Framework-Final.pdf>

