EQIA Submission Draft Working Template

Section A

1. Name of Activity (EQIA Title):	Children and Young People's Emotional Wellbeing Support
2. Directorate	Adult Social Care and Health
3. Responsible Service/Division	Public Health

Accountability and Responsibility

4. Officer completing EQIA.	Nathalie Reeves
5. Head of Service	Wendy Jeffreys
6. Director of Service	Dr Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
Yes	**Service Change** – operational changes in the way we deliver the service to people.
Yes	**Service Redesign** – a revised approach from a defined counselling model to a flexible, varied therapeutic offer.
No	**Project/Programme**
Yes	**Commissioning/Procurement** – requires commissioning activity needing commercial judgement.
No	**Strategy/Policy**
	Other

8. Aims and Objectives and Equality Recommendations

KCC is proposing to fund a new Therapeutic Support Service targeted to meet the needs of children and young people with mild to moderate emotional wellbeing and mental health needs. This would be instead of funding the Kent Children and Young People's Counselling Service, which currently delivers support for children and young people aged 4—19, mainly through a one-to-one counselling.

The overarching aim of the new service is to ensure that children and young people across Kent are able to access the right support to meet their emotional and mental health needs and to ensure they can get help from the right service more quickly.

The new service proposes do this by offering more therapeutic group sessions (which would be themed and age-appropriate) and fewer one-to-one counselling sessions. Introducing more group sessions would:

- Allow more flexibility in the number of sessions available to each child/young person to meet their desired goals.
- Offer opportunities for children and young people to receive support in more active and creative ways.
- Enable more children and young people in Kent to access the new service and be assessed

and offered a start date in a shorter time period.
- Provide flexible support for neurodivergent children and young people and those awaiting assessment with mild to moderate mental health needs.

We recognise that some children and young people may still need some one-to-one sessions to gently introduce them to group sessions and for those who find interaction in groups overwhelming.

The proposed new service would deliver a range of support (or 'interventions') to help children and young people:

- To express difficult feelings.
- Find different ways to express their feelings.
- Enable them to channel and use emotions positively.

The proposed service would offer a range of activities that evidence shows can bring about change in thoughts, feelings, and behaviours, as well as boosting self-esteem, self-confidence, and other positive qualities. This would include a focus on creative therapies and therapeutic activities, such as creative group sessions, as well as Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT). These interventions would aim to prevent the difficulties children and young people are experiencing from getting worse. These activities can also help children and young people to build their emotional vocabulary, so that they can express how they are feeling more easily and improve communication and life skills.

All activities and interventions including virtual support would follow an evidence based clinical approach underpinned by National Institute for Health and Care Excellence (NICE) guidance[1] and supported by an evidence review in 2023 on children and young people's mental health.[2] The service would also offer more opportunities for peer support to help children and young people build mutual connections and understanding.

The proposed new service would become part of the wider children and young people's mental health support services in Kent and be delivered as part of the Kent Family Hub network, with benefits including:

- Being part of a wider system where staff from different professional backgrounds can work more closely together.
- Clearer routes into and between services, so that children and young people can get the right help they need, at the right time.
- Children and young people getting specialist care when needed, so that fewer children and young people become seriously unwell.
- Supporting children, young people and families to develop increased resilience and the strategies and tools to support their wellbeing over the longer term.
- A number of services are accessed at the same location such as, parental support, health visiting, youth work, maternity, speech and language services.

Collectively the proposed new service would support the reduction of child health inequalities through a holistic approach to identifying and addressing the health needs of children.

Section B – Evidence

9. Do you have data related to the	Yes

protected groups of the people impacted by this activity? *Answer: Yes/No*	
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 - https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england
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?

NHS Kent and Medway have undertaken a range of engagement activity during 2023 with children, young people, families and carers, professionals and providers to understand what they think is important to support emotional wellbeing and mental health

Through this engagement, young people said they would like:

- Support that is available without needing a referral, making it more accessible.
- Support delivered at an earlier stage to prevent difficulties getting worse.
- Reducing waiting times so that support can be accessed more quickly.
- Support that is non-judgmental and tailored to individual needs.
- Support services that are innovative and open-minded in their delivery.
- Support that helps to build resilience and confidence in children, young people and families so that they have tools in place to help them respond and manage those needs going forward.
- Opportunities to meet other young people who are going through similar experiences and to support each other.
- Improved communication and partnership working between services.

The engagement reports and a short video of the findings is available from the Kent and Medway Integrated Care System website[3].

KCC commissioned additional insights activity during Summer 2024 exploring young people's experiences of social media and its impacts upon their emotional and mental health, with 164 young people responding.

We are planning to build on the above engagement activities through a public consultation, running from 25 September to 12 November 2024. During the consultation period we plan to carry out targeted engagement activities to gain particular insight from protected groups identified in this

EQIA and from those who may find it more challenging to engage with the consultation, such as children and young people with Special Educational Needs and /or Disabilities (SEND) and their families. We will develop a young person friendly summary of the consultation materials (in addition to an Easy Read version) and carry out specific engagement activities with young people aged 11-19 to gather their views. In line with the findings of this EQIA, we also plan to do targeted engagement with children, young people and families from diverse ethnic groups and cultural backgrounds.

Updated following public consultation and CYP engagement events

382 responses were received to the public consultation questionnaire. 302 responses were made via the main questionnaire and 72 were made via the young person questionnaire. 140 young people were engaged through the Big Mental Health Conversation event in Maidstone on 9th October 2025 and at the Kent Youth County Council on 19th October 2025.

Responses from the public consultation showed that 63% of young people from the young person's questionnaire and 49% answering the main questionnaire agreed with the proposal to fund a new Therapeutic support service.

The consultation showed broad agreement for a number of key components proposed

- **Offer opportunities for children and young people to take part in creative and therapeutic activities** to support their emotional and mental health
- **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.

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	**A) Population Data** There are 353,707 under 18s in Kent. The national

prevalence of mental health disorders in children and young people has increased by 7.8% between 2017 and 2023 from 12.5% to 20.3%.[4] This means that in 2023 there were an estimated 49,181 children and young people with a probable mental health disorder in Kent.

The published KCC Health Needs Assessment for 5 to 11-year-olds in Kent tells us that more children and young people are experiencing emotional and mental health difficulties, and for some children these difficulties are becoming more serious. Since the Covid 19 pandemic, more children and young people have experienced traumatic situations, and there has been a negative impact on their learning, sleep, social skills and managing daily routines for primary-aged children in particular.

Children and young people in foster care and those who have been adopted show higher levels of mental health problems compared with the general population.[5]

Whilst not all children in care or those who have been adopted have a history of complex trauma, there may be other reasons including bereavement, illness or a family crisis such as being evicted. These are traumatic events that can lead to a child developing mental health issues. The new service would need to be inclusive and available to foster children and young people and those who are adopted.

Improved awareness and understanding of the challenges of foster care and adoptive family life are needed to reduce the stigma associated with seeking support and to empower families to access the support and care they need.

B) Current service data, referral patterns and presenting needs

Population Forecast Tool at: www.kent.gov.uk/about-the-council/about-kent/population-and-census

/digital.nhs.uk/data-and-ealth-of-children-and-young-people-in-england/2023-

oung Children in Foster Care: A Meta-Ene, Christopher S. Greeley, Rachael J. Keefe, 2022

The number of accepted weekly referrals into the Counselling Service increased from 33 a week in March 2021 to 89 a week in March 2024. Children and young people are now waiting an average of four months to be assessed for the service.

	Children and young people may come into service with more than one issue that they need support for. The most common presenting needs addressed by the current service include: • Anxiety / stress • Relationships • Low self-esteem • School • Self-harm 21%[6] of children and young people accessing the service have reported being neurodivergent. Overall, the service has reported an increasing proportion of children and young people presenting with needs related to neurodiversity and an increasing complexity of needs. Approximately, 8% of the children and young people who receive the service are referred to the service again (60% of these within a 12-month period).

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

Children and young people (Service Users/Clients)

- Improvements in children and young people's mental health and wellbeing through the development of strategies and tools to help them understand and express their emotions positively and build resilience.
- Inclusive support for all 4- to 19-year-olds in Kent mild to medium wellbeing and mental health needs that is sensitive to their culture, gender, age and other protected characteristics.
- The service considers the wellbeing of children and young people in the here and now as well as their long-term outcomes.
- Incorporates measures which take into account the context of children and young people's lives attributing their strengths as well as any difficulties they may have experienced.
- Children and young people would be able to access the service more quickly, with reduced waiting times, meaning that needs can be met at an earlier stage and reduce the risk of

difficulties escalating.

- Children and young people and families develop the knowledge and confidence to know where to find helpful information and resources.
- Opportunities for greater alignment between KCC's commissioned service offer for children and young people's emotional wellbeing and wider services delivering as part of the Kent and Medway children and young people's mental health services (commissioned by a range of partners including NHS Kent and Medway). A list of services in Kent and Medway can be found on the children and young people pages of the Kent & Medway Integrated Care System (ICS) website[7].
- Services working more closely together to improve outcomes for children and young people and their families.

Staff and volunteers

The proposal presents an opportunity for greater collaboration between organisations delivering services for children and young people as part of children and young people's mental health services in Kent which is anticipated to provide a number of benefits for staff and volunteers, including:

- Improved recruitment and staff retention to ensure there are sufficient qualified, experienced and skilled professionals across all of the service contracts.
- Collaborative planning for training and development opportunities for professionals working in emotional and mental services.
- Supporting the wider children's workforce to become more knowledgeable, skilled and confident in working with children and young people who have emotional and mental health difficulties.
- Sharing data and intelligence so that we can understand the impact of these services on children and young people.
- Work together on areas such as communications (including digital communications) and engagement strategies.
- Employing people with lived experience to help develop and improve services
- Ensuring there are mechanisms where children and young people can influence the design and evaluation of service delivery.
- Increased capacity for reflective practice, collaboration and team working.
- Provide greater insight into the multi dimension that is childhood wellbeing.

Negative Impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? *Answer: Yes/No*	No
b) Details of Negative Impacts for Age	The proposed new service is not expected to impact negatively on age. We plan to retain the existing age range of children and young people eligible for support from 4 to 19. The most recent service data from the Children and

g-information-about-children-and-young-people

	Young People's Counselling Service shows a higher presentation of secondary age young people (57% aged 12 to 19 and 43% aged 11 or under). There could potentially be a risk of some of the creative therapeutic activities proposed under the new service model being more suitable to older / younger children. The ability to express need will be different by age and is dependent upon maturity, the confidence to share what they may be feeling, or the language to express it. This can lead to potential impacts on sleep, behaviours, communication. This means that there could potentially be negative impacts for different age groups if group sessions were not appropriately targeted to the age / stage of the child or young person participating. This could reduce the value of the service and the opportunity for meaningful peer support relationships to develop.
c) Mitigating Actions for age	The proposed new service would involve offering more group sessions to deliver creative and therapeutic interventions. These sessions would be themed and age-appropriate, and the number of children/young people participating would be flexible to ensure that the session meets the needs of those taking part. For younger children who may find it more difficult to participate in a group, the service would also support parents and carers to: • Better understand their child's mental health and wellbeing. • Learn coping strategies and tools that help their child. • Learn how to positively engage and encourage their child to participate in activities and strategies that support their wellbeing. • Support their child to access information and resources online to help them to support their own wellbeing longer term. It is also recognised that some children and young people, for example those who are very young, would need some one-to-one sessions and this would still be provided.

	The service specification would make clear the requirement for the provider to offer appropriate adaptations to delivery to ensure that the support available is inclusive and accessible to the full age range of children and young people in scope. It would be the service provider's responsibility to assess individual needs prior to support commencing and to ensure that the form of support offered is appropriate to meet the age and developmental stage of the individual child or young person. This would be monitored through contract management processes and service user outcomes and evaluation feedback. **Updated following public consultation** The consultation proposed that some one-to-one support would continue to be available. Responding to the feedback, the **proposal going forward will be more flexible regarding the balance of one-to-one and group-work delivery**. It is proposed 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. 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 including experience in delivering group-based interventions to children and young people of different ages and needs.
d) Responsible Officer for Mitigating Actions – Age	
20. Negative Impacts and Mitigating actions for Disability	
a) Are there Negative Impacts for Disability? *Answer: Yes/*	Yes

b) Details of Negative Impacts for Disability	The proposed service includes a focus on delivering creative therapies and interventions within group sessions. Activities could include: • Sessions which support children and young people to engage in theatre/drama/culture, music, singing, journalling and other creative work. • Sports and team-building activities • Play therapy for younger age groups. • Cognitive Behaviour Therapy (CBT) • Dialectical Behaviour Therapy (DBT) These activities would support children and young people to learn a new skill, activity or tool to improve wellbeing as seen in this study of young children [8] or this study which calls for supporting youth mental health with art based strategies[9] and identified through this review of arts in improving health and wellbeing which looks at all ages.[10] It is recognised that delivery of these sessions would need to be planned to ensure it is fully inclusive, and that specific adaptations may be needed to ensure they are fully accessible to all children and young people, including those with Special Educational Needs and / or Disabilities, as well as those who may be neurodivergent (with or without a formal diagnosis). In particular our data from current service provision indicates that a growing number of children and young people (21%) are presenting with needs related to neurodivergence and it will be important to ensure that changes to the proposed service model remain inclusive and accessible to these children and young people. Neurodivergent children and young people, and children and young people with severe learning disabilities may not articulate need or be able to respond to questions about how they feel. They may demonstrate challenges in social communication which may impact on the type of intervention that would benefit their needs. They may need alternatives or adaptation in the type of intervention, method of delivery of service, different methods of delivering the intervention or communication styles which would need to be

nd psychosocial outcomes of children and young people: a
13, No 3 (tandfonline.com)
al. Supporting youth mental health with arts-based strategies: a
://doi.org/10.1186/s12916-023-03226-6
vidence summary for policy the review of arts in improving
9812268fa8f543f786b37f/DCMS_report_April_2020_finalx_1_.

	considered and explored. Individuals with learning disabilities will sometimes have multiple conditions that co-exist, overlap and interlock to create a complex profile of need. The way that services are presented may exacerbate inequities as identified in one systematic review: '… current therapies can be focused on changing the autistic young person's behaviour to fit in better with neurotypical society rather than improving the autistic young person's mental health'[11].
c) Mitigating Actions for Disability	Mitigations would include: • Specific engagement activities during the public consultation period to engage with children and young people with SEND or who are neurodiverse and their families, to understand how the proposed service could be designed and delivered in the most inclusive way to meet their needs. • Clear requirement within the service specification to ensure that all service delivery is designed and delivered in a way that is fully inclusive, with flexibility and adaptations in place to ensure the offer is accessible to children and young people with SEND and / or those with neurodivergent conditions. This requirement would be monitored through contract management, service user outcomes and evaluation feedback from children, young people and families. • As part of ensuring the provision offered is fully accessible and appropriate to the individual child or young person's needs, the provider would be required to discuss needs and preferences with the child or young person and/or their family and ensure that any reasonable adaptations are put in place before the service is offered. • As part of the service specification, all staff would need to demonstrate that they have undertaken an appropriate level of training to understand and respond to the needs of children and young people with SEND and

	neurodiversity appropriately within the context of delivering emotional wellbeing and mental health support at the required level. • All delivery would take place in fully accessible venues. • It is acknowledged that some children and young people may find it more difficult to participate in a group session, for example due to anxiety. One-to-one support would be offered to help the child or young person build the skills and/or confidence to access a group where appropriate, but alternative models of support (e.g. one-to-one or smaller group setting) would be offered where needed to ensure that all children and young people are able to access support. • For children and young people with more complex needs, support and resources would also be offered to parents/carers to help them develop skills and strategies to respond to the needs of their child/young person. NICE guidance recommends that 'adaptations are needed to make the overall experience of contact with services more accessible and acceptable, as well as to ensure that the structure, delivery, and content of interventions are appropriate for autistic young people. These adaptations should also be in line with the person's developmental age and stage' (NICE, 2021). Adaptations that have been recommended include offering shorter or longer appointments, incorporating visual means to facilitate discussion, and changing the physical environment to accommodate sensory preferences (National Autistic Society, 2021). As above, the service specification would make clear the requirement for the provider to offer appropriate adaptations to delivery to ensure that the support available is inclusive and accessible to all children and young people including those with SEND and /or those who are neurodivergent. It would be the service provider's responsibility to assess individual needs prior to support commencing and to ensure that the form of support offered is accessible appropriate to meet the needs of the individual child or young person. This would be monitored through contract management processes (with a named KCC contract

	manager) and service user outcomes and evaluation feedback. **Updated following public consultation:** **The new service provider will be required to create a flexible support plan tailored to individual needs. This plan should demonstrate that their group activities and opportunities are inclusive and accessible, incorporating flexible delivery methods, supported access, and/or a more gradual introduction when necessary.** 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 including experience in delivering group-based interventions to children and young people of different ages and needs.
d) Responsible Officer for Mitigating Actions - Disability	
a) Are there Negative Impacts for Sex? *Answer: Yes/No*	Yes
b) Details of Negative Impacts for Sex	There may be different presentation and expression of feelings / wellbeing depending on sex. It is acknowledged that current service data demonstrates a higher representation of females to males, particularly in the 11 to 19 age group. This would be an area we would seek to explore further through the consultation activities to ensure that the proposed service is designed in a way that is fully inclusive and engages a more balanced representation of males. https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people
c) Mitigating Actions for Sex	The new service would include a range of therapeutic activities and opportunities to offer choice wherever possible that can meet the needs and preferences of all children and young people regardless of sex. This will be an area that KCC will explore further

	through consultation to ensure the service design responds to the needs and preferences of both sexes, with acknowledgement that males may be under-represented in the current service uptake. As part of the service specification KCC would require the provider to develop an inclusive service offer that is demonstrated to engage children and young people both male and female in line with their representation in local populations. Service uptake by sex would be monitored through contract management processes through a named KCC contract manager. **Update following public consultation:** Over the coming weeks commissioners 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. They will also ensure that children and young people are involved and represented in the procurement process to select the new service provider. The Therapeutic Support Service will be expected 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. Those staff delivering group sessions are expected to have specific skills and experience in safe and effective group facilitation.
d) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there Negative Impacts for Gender identity/transgender? *Answer: Yes/No*	Yes
b) Details of Negative Impacts for Gender identity/transgender	Children and young people who are questioning their gender identity may be reluctant or worried to speak to someone about this due to concerns over the reaction. Such individuals report low trust in health care professionals which make them less likely to seek support. However, when we have a positive view of our identity within a group, we are more likely to relate well to other others in that group and feel positive emotions about ourselves. This social identity fulfils the psychological need for esteem from others and is essential for developing and maintaining levels of wellbeing.

	Mental health diagnoses are more common for transgender and gender-nonconforming children and young people than for those who identify with the gender assigned at birth.[12]
c) Mitigating Actions for Gender identity/transgender	The new service would be available for all persons however they identify. • In order to best understand how to meet these needs and ensure the inclusivity of the service, we plan to run specific engagement activities during the public consultation period with young people to understand how the proposed model could be designed and delivered in the most inclusive way to meet their needs, including those exploring their gender identity or identifying as a different gender to that assigned at birth. • Group sessions would be themed where appropriate, and could provide age-appropriate, specific support around gender identity issues. The new service could also offer the opportunity to deliver peer support between young people which may be particularly helpful for young people experiencing emotional or mental health difficulties who may also be exploring their gender identity or identifying as a different gender to that assigned at birth. This will be an area that KCC will explore further through consultation to ensure the service design responds as far as possible to the needs and preferences of young people experiencing emotional or mental health difficulties who may also be exploring their gender identity or identifying as a different gender to that assigned at birth. As part of the service specification KCC would require the provider to develop an inclusive service offer. Presenting needs and service uptake would be monitored through contract management processes through a named KCC contract manager.
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	

a) Are there Negative Impacts for Race? *Answer: Yes/No*	Yes
b) Details of Negative Impacts for Race	Race / ethnicity are factors that may impact on access and take up of this service due to English as additional language, lack of understanding of the service, lack of knowledge, understanding and recognition of mental health of children and young people and a lack of translators. Expression of mental health needs among black ethnic populations may be presented differently i.e. somatic symptoms. Service requires parental consent which may not be able to be gained. Evidence suggests Gypsy, Roma and Traveller groups are less likely to seek support and access services in general due to stigma and discrimination and so may be less likely to seek support from the proposed service.
c) Mitigating Actions for Race	Specific engagement activities during the public consultation period to engage with children, young people and families from diverse ethnic groups to understand how the proposed model could be designed, delivered and promoted in the most inclusive and culturally sensitive way to meet their needs. The service would be required to promote and provide different ways of accessing support for people from the different ethnic minority groups in Kent, for example via community leaders and outreach. As part of the service specification KCC would require the provider to develop an inclusive service offer. The provider and KCC would monitor service user demographic data relating to ethnicity through contract management processes to ensure the service is engaging and meeting the needs of diverse communities within Kent. This would be the responsibility of a named KCC contract manager to oversee. **Update following public consultation**: It would be expected that the new service would 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. It would be expected that the provider would work with families to understand and overcome any potential barriers to accessing support from the outset to inform their support plan. Support work with children and young people to further shape the service specification and develop our understanding of their needs and preferences for different types of support.
d) Responsible Officer for Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there Negative Impacts for Religion and Belief? *Answer: Yes/No*	Yes
b) Details of Negative Impacts for Religion and belief	Kent has a diverse population with a range of different religious and cultural backgrounds and beliefs which may impact upon children, young people and families' perceptions and experiences of emotional and mental health and support services. There is a potential risk of the proposed model not being designed, promoted or delivered in a culturally sensitive way that would mean children and young people with different religious beliefs feel less able to seek or access appropriate support from services. This will be important to understand as part of the consultation process to ensure that the service model is designed as far as possible in an inclusive way that engages families from different religious backgrounds.
c) Mitigating Actions for Religion and belief	As part of the consultation KCC will aim to undertake targeted engagement with children, young people and families from different ethnic, cultural and religious backgrounds to understand their needs and how best the service can be designed to respond in a culturally appropriate way. These findings will be built into the service design. This will be an area that KCC will explore further through consultation to ensure the service is designed as far as possible in a culturally sensitive way and engages children, young people and families with diverse religious beliefs and backgrounds.

	As part of the service specification KCC would require the provider to develop an inclusive service offer. Presenting needs and service uptake would be monitored through contract management processes through a named KCC contract manager. **Update following public consultation**: Support work with children and young people to further shape the service specification and develop our understanding of their needs and preferences for different types of support. The new service would be expected 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. It would be expected that the provider would work with families to understand and overcome any potential barriers to accessing support from the outset to inform their support plan
d) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there Negative Impacts for sexual orientation. *Answer: Yes/No*	Yes
b) Details of Negative Impacts for Sexual Orientation	Stigma, fear, worries and acceptance on identifying as part of the Lesbian, Gay, Bisexual, Transgender, Questioning + (LGBTQ+) community can impact on wellbeing and mental health. Research has found that LGBTQ+ young people are over two-and-a-half times more likely to have a mental health problem than those who identify as heterosexual.[13]
c) Mitigating Actions for Sexual Orientation	The new service would be available for all persons regardless of sexual orientation. In order to best understand how to meet these needs and ensure the inclusivity of the service, we plan to engage with specific groups during the public consultation period to understand how the proposed service could be designed and delivered in the most inclusive way to meet their needs.

	Group sessions would be themed where appropriate, and could provide age-appropriate, specific support around sexuality issues. The new service could also offer the opportunity to deliver peer support between young people which may be particularly helpful for young people experiencing emotional or mental health difficulties who may also be exploring their sexuality. As part of the service specification KCC would require the provider to develop an inclusive service offer. Presenting needs and service uptake would be monitored through contract management processes through a named KCC contract manager. **Update following public consultation**: Support work with children and young people to further shape the service specification and develop our understanding of their needs and preferences for different types of support.
d) Responsible Officer for Mitigating Actions - Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there Negative Impacts for Pregnancy and Maternity? *Answer: Yes/No*	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	It is recognised that poor perinatal mental health (PNMH) experienced ante- and postnatally can impact on the developing relationship with the baby in utero and following birth. Young parents may be particularly at risk of experiencing perinatal mental health difficulties.[14]
c) Mitigating Actions for Pregnancy and Maternity	As part of the consultation activities we plan to undertake targeted engagement with young people, which could include reaching out to young parent groups within Family Hubs across Kent to understand how the service could best meet their needs. The proposed service offer would be designed to offer flexibility through a range of creative, therapeutic opportunities with group sessions themed by particular needs. This could potentially provide additional

	opportunities for young parents to receive targeted emotional wellbeing support and broaden their peer support network. Delivering the new model as part of the Family Hubs network in Kent would also help to connect young parents to the broader range of support available for expectant and new parents in Kent. As part of the service specification KCC would require the provider to develop an inclusive service offer. Presenting needs and service uptake would be monitored through contract management processes through a named KCC contract manager.
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No*	No
b) Details of Negative Impacts for Marriage and Civil Partnerships	The Marriage and Civil Partnership (Minimum Age) Act 2022, came into force 27/2/2023. This means that 16 and 17 year olds are no longer allowed to marry or enter a civil partnership, even if they have parental consent.
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there Negative Impacts for Carer's responsibilities? *Answer: Yes/No*	Yes
b) Details of Negative Impacts for Carer's Responsibilities	Young carers take on caring responsibilities for a family member who could have a long-term illness, mental health need, substance user or disability. Children and young people who are young carers may be particularly vulnerable to emotional and mental health difficulties and may find it more difficult to seek or access support due to concerns about the person(s) they care for, or fears about sharing their circumstances. Although there are no anticipated negative impacts on this group through the proposed change, it will be important to ensure that the service is designed as far

	as possible in a way that is sensitive to the needs of young carers and delivered flexibly.
c) Mitigating Actions for Carer's responsibilities	Many are hidden and unknown. Identifying sensitively if this is an underlying responsibility is important as there may be fears and anxieties about sharing. The proposal to deliver the service as part of the Family Hubs network may be beneficial through providing opportunities to link young carers to wider support available through Family Hubs. As part of the service specification KCC would require the provider to develop an inclusive service offer. Presenting needs and service uptake would be monitored through contract management processes through a named KCC contract manager. **Update following public consultation** The new service would be expected 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. It would be expected that the provider would work with families to understand and overcome any potential barriers to accessing support from the outset to inform their support plan.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	