



# Kent County Council Children and Young People Emotional Wellbeing Support

## Consultation report



Prepared by Lake Market Research



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## EXECUTIVE SUMMARY

- 382 responses were received to the consultation questionnaires. 302 were made via the main questionnaire and 72 were made via the young person questionnaire. 8 were made via the Easy Read version of the main questionnaire. Feedback from all sources has been included in this report.

## Main consultation questionnaire

- Whilst 58% of consultees responding to the main questionnaire are residents, 28% of responses are from professionals and 6% are on behalf of educational establishments (102 questionnaires). The remaining 8% of responses were made by members of Kent County Council staff (4%), organisations (1%), on behalf of VCSEs (0.3%) and other stakeholders (3%).
- The most common means of finding out about the consultation was an email from Let's talk Kent / KCC's Engagement and Consultation team (21%), a friend or relative (15%), another organisation (12%) or an email from KCC's Public Health team (11%).
- The majority of resident consultees answering the main questionnaire have children (79%). 51% of consultees with children indicated their child / children have Special Educational Needs and/or Disabilities and a further 22% indicated their child / children has / have additional needs but no formal diagnosis.
- 39% of resident consultees answering the main questionnaire have used the current Kent Children and Young People's Counselling Service within their family (67 consultees).
- 49% of consultees answering the main questionnaire agree with the proposal to fund a new Therapeutic Support Service when the contract for the current Children and Young People's Counselling Service ends in March 2026; 45% disagree. 6% neither agree nor disagree with the proposal and 1% are unsure.
- Consultees were asked to indicate their reasons for their response to the proposal. 17% of consultees answering commented that group support sounds like a good idea / it could enable children to access support more quickly. However, a number of themes expressed concerns about the use of group sessions and fewer one to one sessions:
  - Many children cannot / will not engage or cope with group setting and prefer one to one sessions.
  - One to one sessions should remain / more one to one sessions are needed / as well as quicker access / not less.
  - Children may not feel safe or secure in a group setting / one to one sessions allow children to open up / disclose / gain confidence talking / concern children and young people could be exposed to bullying if sharing in a group setting.
  - Group support will be suitable for some / not others / there will still need to be one to one services (this concern is particularly strong amongst professional consultees responding).
  - Therapeutic support is not the same as counselling / not as effective / group support is not counselling.
  - Children are individuals / each have different needs / a group setting / one size fits all will not work.
- The three proposals put forward regarding service content received varying levels of agreement:

- Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health – 76% agree, 16% disagree.
- Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support – 37% agree, 57% disagree.
- Provide more opportunities for peer support to help children and young people to build mutual connections and understanding – 58% agree, 25% disagree.
- The three proposals put forward regarding service strategy also received varying levels of agreement:
  - Align our activity with the NHS Kent & Medway and children and young people’s mental health services – 64% agree, 15% disagree.
  - Deliver the proposed Therapeutic Support Service as part of the Family Hub network – 50% agree, 27% disagree.
  - Continue offering support for parents and carers of younger children or children and young people with more complex needs – 87% agree, 7% disagree.

### **Young person consultation questionnaire**

- The most common means of finding out about the consultation was from a friend or family member (28%).
- The majority of young person consultees responding to the young person questionnaire live in Kent (75%).
- 32% of consultees answering the young person questionnaire have used the current Kent Children and Young People’s Counselling Service (23 consultees).
- 63% of consultees answering the young person questionnaire agree with the proposal to fund a new Therapeutic Support Service when the contract for the current Children and Young People’s Counselling Service ends in March 2026; 29% disagree. 6% neither agree nor disagree with the proposal and 3% are unsure.
- The three proposals put forward regarding service content received fairly high levels of agreement:
  - Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health – 75% agree, 13% disagree.
  - Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support – 65% agree, 31% disagree.
  - Provide more opportunities for peer support to help children and young people to build mutual connections and understanding – 64% agree, 14% disagree.
- The three proposals put forward regarding service strategy received varying levels of agreement:
  - Align our activity with the NHS Kent & Medway and children and young people’s mental health services – 68% agree, 11% disagree.
  - Deliver the proposed Therapeutic Support Service as part of the Family Hub network – 68% agree, 11% disagree.

- Continue offering support for parents and carers of younger children or children and young people with more complex needs – 81% agree, 0% disagree.

# BACKGROUND AND METHODOLOGY

## Background

Kent County Council (KCC) are proposing to fund a new Therapeutic Support Service rather than the current Kent Children and Young People's Counselling Service.

Instead of one-to-one sessions with a counsellor, the new service would run mostly group activities. These activities would help children and young people learn a new skill, activity or technique that is proven to help with emotional wellbeing. It is understood that some children and young people might find it difficult to join a group. Under proposals, KCC would still offer some one-to-one sessions to help some children and young people who need extra support or who find group sessions difficult. For younger children and those with additional needs, the service would continue to include supporting parents and carers too.

## Consultation process

On the 25 September 2024, a 7-week consultation was launched and ran until the 12 November 2024. The consultation invited residents, professionals and other interested parties to provide views on proposals.

Feedback was captured via a consultation questionnaire which was available on the KCC engagement website ([www.letstalk.kent.gov.uk/cyp-wellbeing-support](http://www.letstalk.kent.gov.uk/cyp-wellbeing-support)). Hard copies of the consultation material were also available on request. Young person and Easy Read versions were available from the consultation webpage and consultation material and the webpage included details of how people could contact KCC to ask a question, request hard copies or an alternative format. A Word version of the questionnaire was provided on the webpage for people who did not wish to complete the online version.

A consultation stage Equality Impact Assessment (EqIA) was carried out to assess the impact the proposals could have on those with protected characteristics. The EqIA was available as one of the consultation documents and the questionnaire invited consultees to comment on the assessment that had been carried out. An analysis of responses to this question can be found with the overall findings' sections of this report.

Activities to raise awareness of the consultation and encourage participation, included the following:

- Attendance at Kent Youth County Council, gathering views on the proposals through a creative exercise (see Appendix A).
- Engaging with young people at the Big Mental Health Conversation event. This involved an interactive stand, where young people could indicate their responses to a number of the proposals using the same scale and question-wording as in the consultation questionnaire (see Appendix A).
- Targeted promotion to groups identified in the EqIA, including: Be You service (LGBTQ support), Virtual School Kent council, and other current providers of children's mental health services as well as networks for parents/carers of children and young people with SEND
- Targeted promotion with young people's participation groups including school network leads and lunch clubs.
- Emails to stakeholders, including all schools in Kent and wider children and young people's service providers encouraging them to participate in the consultation and promote through their networks.
- Articles in KCC's residents and SEND newsletters and Kelsi schools e-bulletin.

- Invite to 10,349 people registered with Let's talk Kent who have expressed an interest in 'Children and families', 'Young people' and 'Public Health'.
- Media release – <https://news.kent.gov.uk/articles/kcc-launches-consultation-on-proposed-new-therapeutic-support-service-for-children-and-young-people>.
- Poster and postcards displayed in Family Hubs, current providers premises, Kent Libraries and Gateways.
- Posts on KCC's Facebook, X (formerly Twitter), Instagram, Nextdoor and LinkedIn channels and sponsored posts on Facebook to extend reach.
- Links to consultation webpage from Kent.gov. service page and from the Kent Community Health NHS Foundation Trust [website](#).
- Promotion through internal staff comms channels.
- Promoted to towns and parish councils through the Kent Association of Local Councils (KALC).

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

- 4,563 visits to the consultation webpage by 4,095 visitors.
- 914 document downloads, including 659 downloads of the consultation document, 109 of the young persons summary and questionnaire and 70 of the Easy Read summary. The Easy Read survey was downloaded 27 times and the Word version of the questionnaire 16 times. The Equality Impact Assessment was downloaded 33 times.

## Consultation response

There were 382 responses to this consultation:

- 302 responses were made via the main consultation questionnaire.
- 72 responses were made via the young person consultation questionnaire.
- An additional 8 questionnaires were submitted via the Easy Read version of the questionnaire.

## Points to note

- Consultees were given the choice of which questions to answer / provide a comment for. The number of consultees providing an answer to each question is shown on each chart / data table featured in this report.
- Consultees were asked to detail the reasons for their views in their own words. For the purpose of reporting, we have reviewed the comments made for each of these questions and grouped common responses together into themes. These themes are reported where relevant in this report. Please note the percentages in these data tables will exceed the sum of 100% and comments often cover more than one theme.
- The sum of individual percentages in any single choice question in this report may not sum to 100% due to rounding.
- 10 consultees who completed the young person questionnaire indicated they are 24 years old or older. Responses to the young person questionnaire have been analysed including and excluding consultees who indicated they are aged 24 and over. The findings are consistent both including and excluding these consultees. Responses to the young person questionnaire therefore includes all consultees answering the young person questionnaire.

- Participation in consultations is self-selecting and this needs to be considered when interpreting responses. Inclination to take part in the consultation is subject to individual personal topic interest and service usage.
- KCC were responsible for the design, promotion and collection of the consultation responses. Lake Market Research were appointed to conduct an independent analysis of feedback.



# CONSULTATION PROFILE AND AWARENESS

## Main consultation questionnaire - response profile

The majority of consultees responding to the main consultation questionnaire are residents (58% - 54% are Kent residents, 2% are residents from somewhere else, 2% responded to the consultation on behalf of a family member or friend).

Over a quarter of consultees are responding to the consultation as a professional (28%).

CONSULTEE TYPE	Count	Percentage
As a Kent resident (living in the Kent County Council authority area)	162	54%
As a resident from somewhere else, such as Medway or further away	6	2%
On behalf of a family member or friend	5	2%
As a member of KCC staff	12	4%
As a professional	84	28%
Providing the official response of an organisation, group, or business	3	1%
On behalf of an educational establishment, such as a school or college	18	6%
As a Town, Parish, District, Borough or County Councillor	0	0%
On behalf of a Town, Parish, District or Borough Council in an official capacity	0	0%
As a representative of a local community group or residents' association	0	0%
On behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation	1	0.3%
Other / As something else	9	3%
Blank	2	1%
Total	302	

PROFESSION OF PROFESSIONALS	Count	Percentage
Child or young person's emotional wellbeing / mental health practitioner / counsellor	25	30%
Children's social worker	1	1%
Early Years practitioner / teacher	0	0%
Family Hub staff	1	1%

<b>PROFESSION OF PROFESSIONALS</b>	<b>Count</b>	<b>Percentage</b>
General Practitioner (GP)	2	2%
Primary school teacher / teaching assistant / pastoral staff / SENCO	17	20%
Secondary school teacher / teaching assistant / pastoral staff / SENCO	5	6%
Teaching / SENCO / pastoral staff in Further Education or a Higher Education setting	3	4%
Other (school nurse / health, support coordinators, Early Help workers, psychologists)	30	36%

## **Young person consultation questionnaire - response profile**

The majority of young person consultees responding to the young person questionnaire live in Kent (75%). 6% of young person consultees live outside Kent. 18% responded to the consultation on behalf of a family member or friend.

<b>CONSULTEE TYPE</b>	<b>Count</b>	<b>Percentage</b>
As a young person living in Kent	54	75%
As young person living outside Kent like Medway or further away	4	6%
For a friend or family member	13	18%
Total	72	

## **Easy Read consultation questionnaire - response profile**

The majority of consultees responding to the consultation questionnaire live in Kent (87%). 13% responded to the consultation on behalf of a family member or friend.

<b>CONSULTEE TYPE</b>	<b>Count</b>	<b>Percentage</b>
As a resident living in Kent	7	87%
For a friend or family member	1	13%
Total	8	

## Main consultation questionnaire - Demographic profile

The tables below show the demographic profile of resident consultees who completed the consultation questionnaire (173 residents in total). The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

<b>POSTCODE AREA (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
Ashford	20	12%
Canterbury	14	8%
Dartford	2	1%
Dover	17	10%
Folkestone and Hythe	9	5%
Gravesham	4	2%
Maidstone	21	12%
Sevenoaks	6	3%
Swale	14	8%
Thanet	16	9%
Tonbridge and Malling	13	8%
Tunbridge Wells	10	6%
Outside Kent	6	3%
Prefer not to answer / blank	21	12%

<b>SEX (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
Male	14	8%
Female	106	61%
Prefer not to say / blank	53	31%

<b>GENDER SAME AS BIRTH (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
Yes	118	68%
No	3	2%
Prefer not to say / blank	52	30%

<b>AGE (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
16-24	0	0%
25-34	11	6%
35-49	69	40%
50-59	26	15%

<b>AGE (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
60-64	9	5%
65-74	4	2%
75-84	0	0%
85 and over	0	0%
Prefer not to say / blank	54	31%

<b>DISABILITY (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
Yes	25	14%
- Physical impairment	8	5%
- Sensory impairment	4	2%
- Longstanding illness or health condition	11	6%
- Mental health condition	14	8%
- Learning disability	1	1%
- Other	4	2%
No	91	53%
Prefer not to say / blank	15	9%

<b>CARER (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
Yes	49	28%
No	72	42%
Prefer not to say / blank	52	30%

<b>ETHNICITY (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
White English	101	58%
White Scottish	0	0%
White Welsh	1	1%
White Northern Irish	1	1%
White Irish	1	1%
White Gypsy / Roma	1	1%
Mixed White & Black Caribbean	1	1%
Mixed White & Asian	1	1%
Black or Black British Caribbean	2	1%
Other	10	6%
Prefer not to say / blank	54	31%
<b>RELIGION (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>

Yes	38	22%
- Christian	37	21%
- Muslim	1	1%
No	79	46%
Prefer not to say / blank	18	10%

<b>SEXUALITY (resident consultees only)</b>	<b>Number of responses</b>	<b>Percentage</b>
Heterosexual / Straight	109	63%
Bi / Bisexual	1	1%
Gay man	1	1%
Gay woman / Lesbian	0	0%
Other	3	2%
Prefer not to say / blank	59	34%

## Young person consultation questionnaire - Demographic profile

The tables below show the demographic profile of consultees who completed the young person questionnaire (72 in total). The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

<b>POSTCODE AREA</b>	<b>Number of responses</b>	<b>Percentage</b>
Ashford	5	7%
Canterbury	5	7%
Dartford	3	4%
Dover	5	7%
Folkestone and Hythe	3	4%
Gravesham	3	4%
Maidstone	9	13%
Sevenoaks	7	10%
Swale	5	7%
Thanet	5	7%
Tonbridge and Malling	9	13%
Tunbridge Wells	3	4%
Outside Kent	4	6%
Prefer not to answer / blank	6	8%
<b>SEX</b>	<b>Number of responses</b>	<b>Percentage</b>
Male	19	26%

Female	51	71%
Prefer not to say / blank	2	3%

<b>AGE</b>	<b>Number of responses</b>	<b>Percentage</b>
6	1	1%
9	1	1%
10	1	1%
11	2	3%
12	6	8%
13	11	15%
14	11	15%
15	9	13%
16	7	10%
17	6	8%
18	3	4%
24 and over *	10	14%
Prefer not to say / blank	4	6%

\* Responses to the young person questionnaire have been analysed including and excluding consultees who indicated they are aged 24 and over. The findings are consistent both including and excluding these consultees. Responses to the young person questionnaire therefore includes all consultees answering the young person questionnaire.

## Easy Read consultation questionnaire - Demographic profile

The tables below show the demographic profile of consultees who completed the Easy Read questionnaire (8 in total). The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

<b>SEX</b>	<b>Number of responses</b>	<b>Percentage</b>
Male	5	63%
Female	2	25%
Prefer not to say / blank	1	13%

<b>AGE</b>	<b>Number of responses</b>	<b>Percentage</b>
11	1	13%
13	1	13%
14	1	13%
27	1	13%
31	1	13%
41	2	25%
Prefer not to say / blank	1	13%

<b>RELIGION</b>	<b>Number of responses</b>	<b>Percentage</b>
I do not have a religion	1	13%
Christian	6	75%
Prefer not to say / blank	1	13%

<b>DISABILITY</b>	<b>Number of responses</b>	<b>Percentage</b>
Yes	3	38%
- Mental health illness	1	13%
- Learning disability	2	25%
No	4	50%
Prefer not to say / blank	1	13%

<b>CARER</b>	<b>Number of responses</b>	<b>Percentage</b>
Yes	3 (2 x young carers, 1 x adult carer aged 25+)	38%
No	4	50%
Prefer not to say / blank	1	13%

<b>ETHNICITY</b>	<b>Number of responses</b>	<b>Percentage</b>
White English	7	87%
Prefer not to say / blank	1	13%

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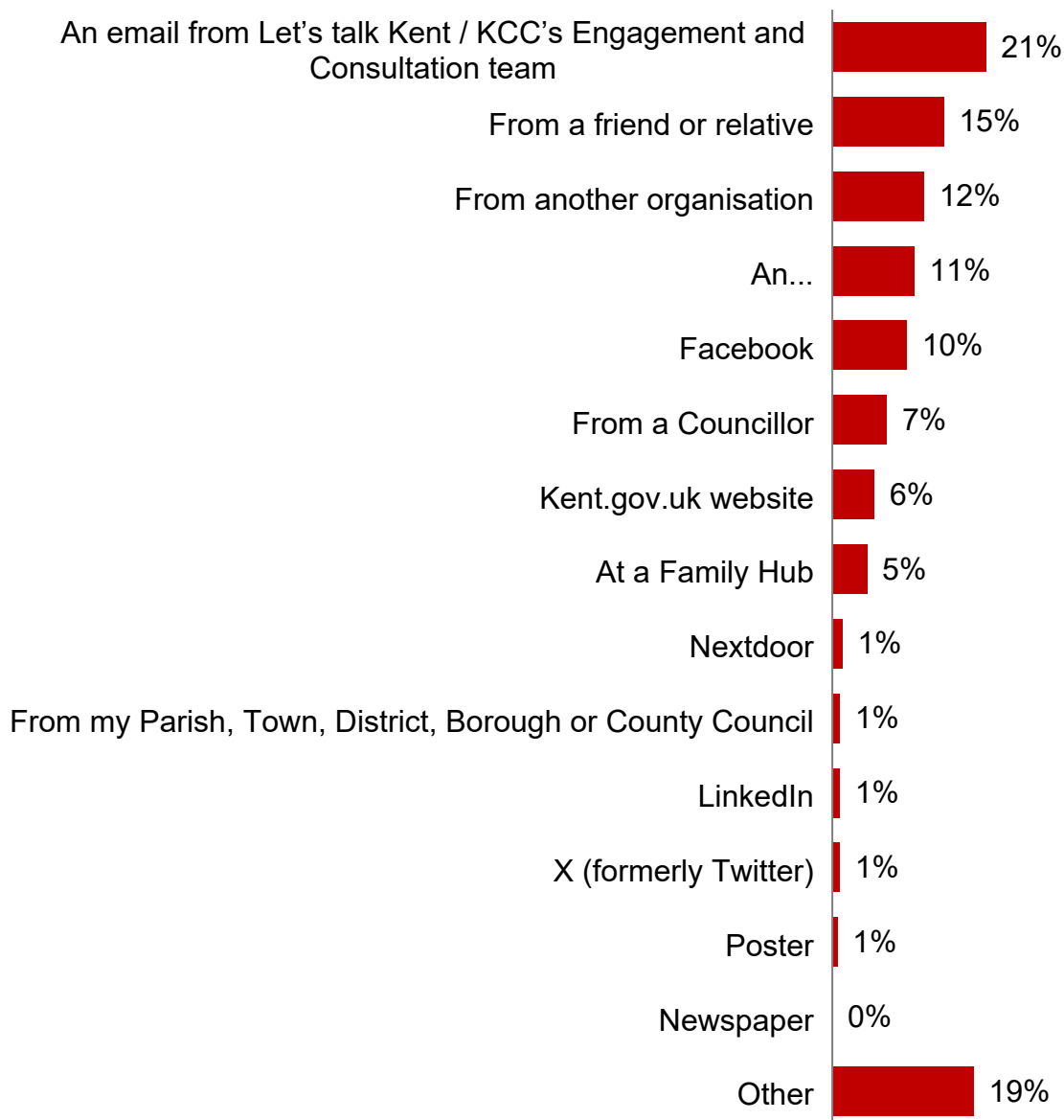


# MAIN CONSULTATION QUESTIONNAIRE – CONSULTATION AWARENESS

The most common means of finding out about the consultation is via an email from Let's talk Kent / KCC's Engagement and Consultation team (21%), a friend or relative (15%), another organisation (12%) or an email from KCC's Public Health team (11%).

10% found out from Facebook and 7% found out from a Councillor.

**How did you find out about this consultation?** Base: all providing a response (299).



SUPPORTING DATA TABLE	Number of responses	Percentage
An email from Let's Talk Kent / KCC's Engagement and Consultation team	62	21%
From a friend or relative	45	15%
From another organisation	37	12%
SUPPORTING DATA TABLE	Number of responses	Percentage

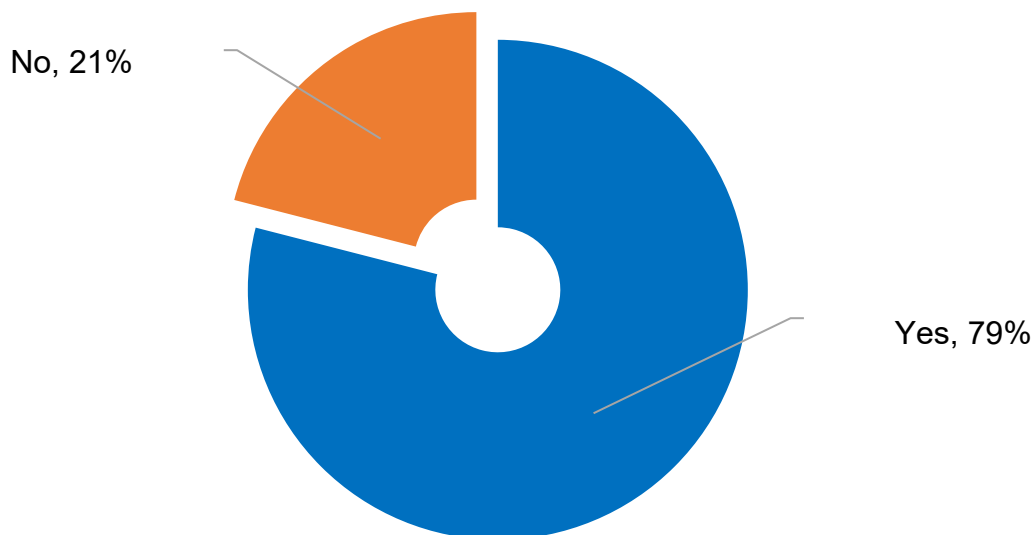
An email from KCC's Public Health team (phstprogramme@kent.gov.uk)	33	11%
Facebook	30	10%
From a Councillor	22	7%
Kent.gov.uk website	17	6%
At a Family Hub	14	5%
Nextdoor	4	1%
From my Parish, Town, District, Borough or County Council	3	1%
LinkedIn	3	1%
X (formerly Twitter)	3	1%
Poster	2	1%
Newspaper	0	0%
Other (school, colleagues, counsellors)	57	19%

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# MAIN CONSULTATION QUESTIONNAIRE - RESIDENT CIRCUMSTANCES AND USE OF KENT CHILDREN AND YOUNG PEOPLE'S COUNSELLING SERVICE

Just over three quarters of resident consultees answering the main consultation questionnaire have children (79%).

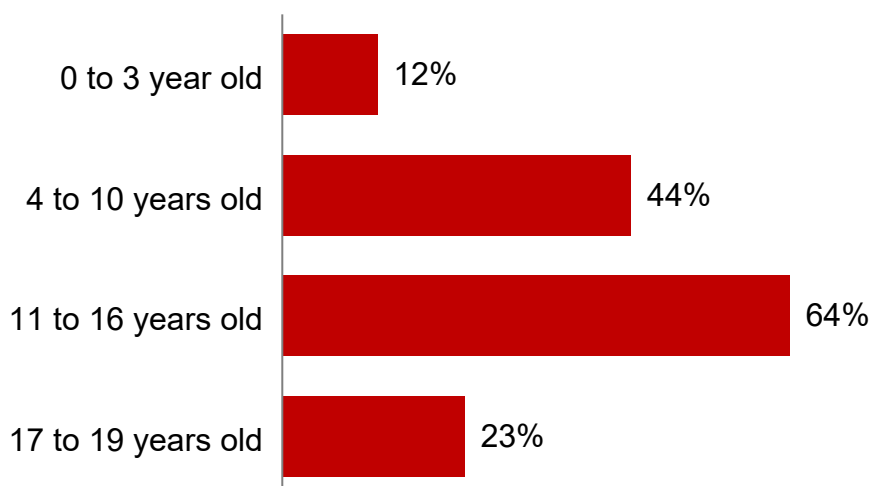
**Do you have any children?** Base: all responding (173).



SUPPORTING DATA TABLE	Number of responses	Percentage
Yes	136	79%
No	37	21%

The age groups of the children vary but the most common are 11-16 years old (64%) and 4-10 year old (44%).

**Which of the following age groups does your child / children fall into?** Base: all responding to consultation (132).



SUPPORTING DATA TABLE	Number of responses	Percentage
0 to 3 years old	16	12%
4 to 10 years old	58	44%
11 to 16 years old	84	64%
17 to 19 years old	30	23%

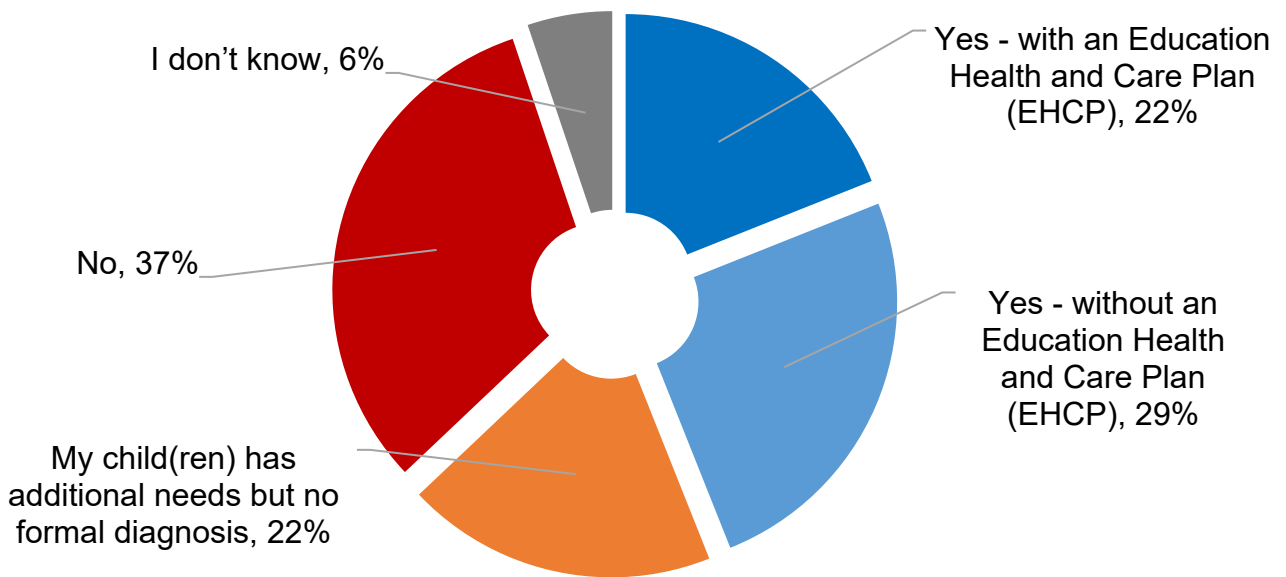
### Proportion of consultees who have children with Special Educational Needs and/or Disabilities

Just over half of resident consultees answering (51%) indicated their child / children have Special Educational Needs and/or Disabilities; 21% with an Education Health and Care Plan and 30% without an Education Health and Care Plan.

A further 22% indicated their child / children has / have additional needs but no formal diagnosis. 37% indicated their child / children do not have Special Educational Needs and/or Disabilities and 6% are unsure.

#### Does your child / children have Special Educational Needs and/or Disabilities?

Base: all responding (136).

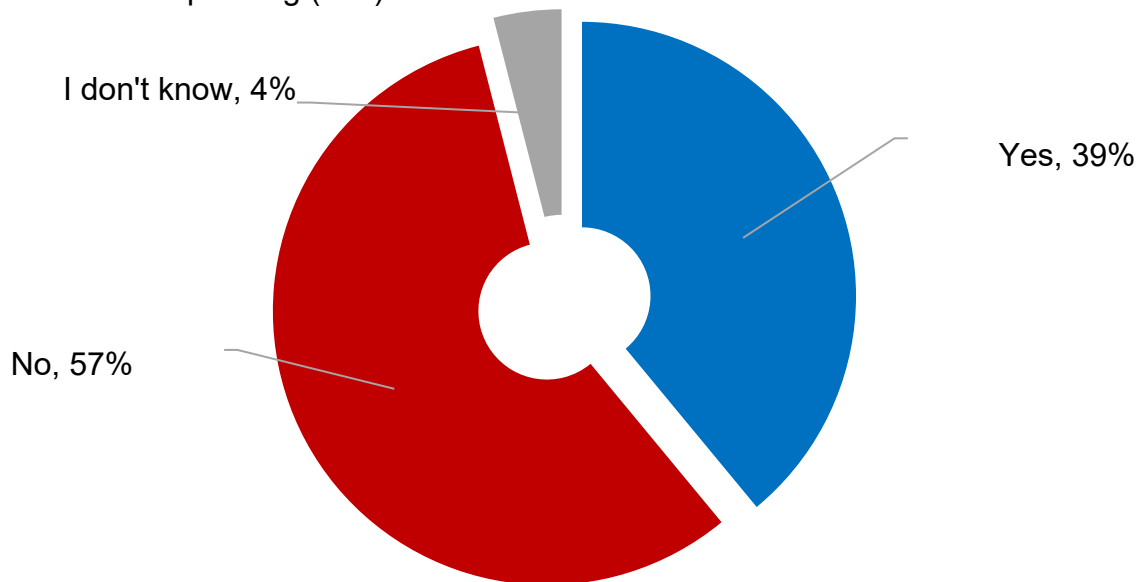


SUPPORTING DATA TABLE	Number of responses	Percentage
Yes - with an Education Health and Care Plan (EHCP)	30	22%
Yes - without an Education Health and Care Plan (EHCP)	40	29%
My child(ren) has additional needs but no formal diagnosis	30	22%
No	50	37%
I don't know	8	6%

## Use of current Kent Children and Young People Counselling Service

Just under four in ten resident consultees (39%) indicated use of the current Kent Children and Young People’s Counselling Service either themselves or within their family. 57% indicated they have not and 4% are unsure.

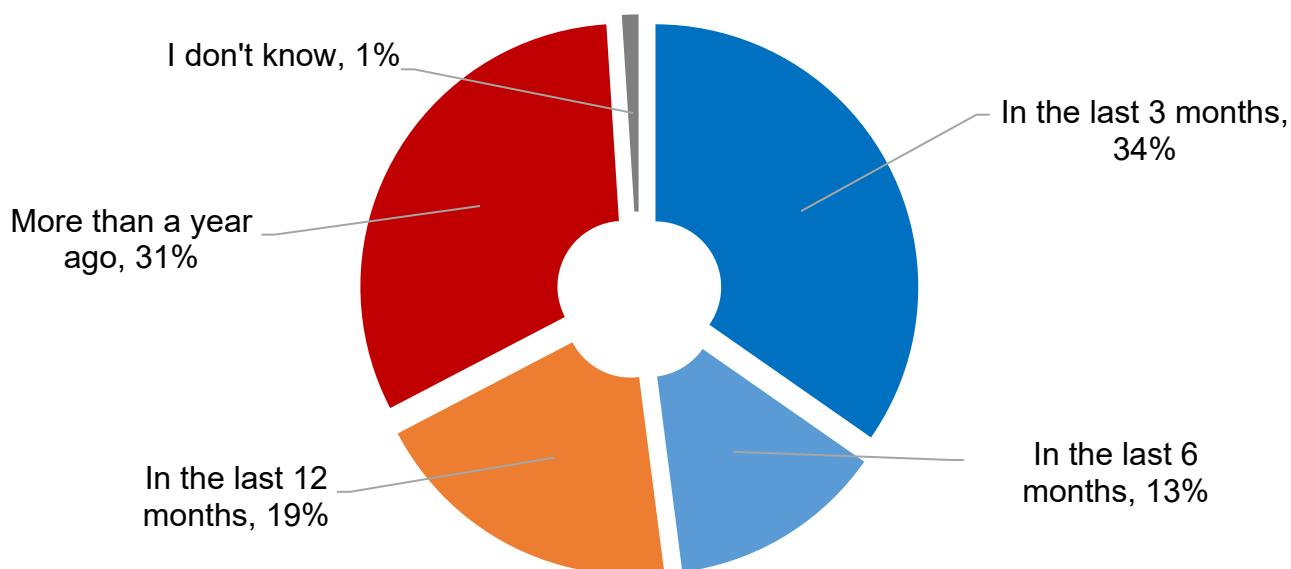
**Have you or your family used the current Kent Children and Young People’s Counselling Service?** Base: all responding (173).



SUPPORTING DATA TABLE	Number of responses	Percentage
Yes	67	39%
No	99	57%
I don't know	7	4%

Recent use of the service varies with 48% using the service in the last 6 months (34% last 3 months, 13% last 6 months). 19% using it in the last 12 months and 31% more than a year ago.

**Please tell us when you or your family last used the Children and Young People’s Counselling Service?** Base: all responding (67).



<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
In the last 3 months	23	34%
In the last 6 months	9	13%
In the last 12 months	13	19%
More than a year ago	21	31%
I don't know	1	1%

### **Most helpful thing about the Counselling Service**

Consultees who had indicated that their families are current users of the current Children and Young People's Counselling Service were asked to describe the most helpful thing about the service in their own words. The comments have been reviewed and summarised below (themes have not been quantified in terms of statistics due to the number of consultees answering).

97% of consultees who indicated they use the service provided a comment to this question (65 consultees).

Consultees praised the support they were given and how it helped them:

**“The service was very beneficial to me and my family. The staff, admin and counsellors, were amazing and really helped my child improve their mental health and emotional regulation.”**

**“Felt it helped my child understand its normal to get angry and feel worried at times but there's ways of dealing with that.”**

**“My child felt heard, had a safe space to share and explore her concerns and worries, and built up a rapport with the counsellor. She looked forward to her sessions. Found the activities fun and interesting and helpful and came home with new techniques.”**

Consultees also commented on the value of having one to one sessions and how this format helped them express their feelings:

**“1 to 1 professional counselling offered , my child was self-harm and suicidal and CAMHS would not accept them. We were at a very low point and do not know what we would have done without the support.”**

**“The 121 personal service which allows young people to fully open up and discuss personal issues which they would not do in a group environment. The fact that they have the consistency of seeing the same, fully qualified professional counsellor.”**

**“Yes, my daughter valued having one to one sessions with a trained counsellor. Accessing the service in a clinic environment on a one to one basis supported her to talk through her concerns and worries, allowing her to process them and implement strategies.”**

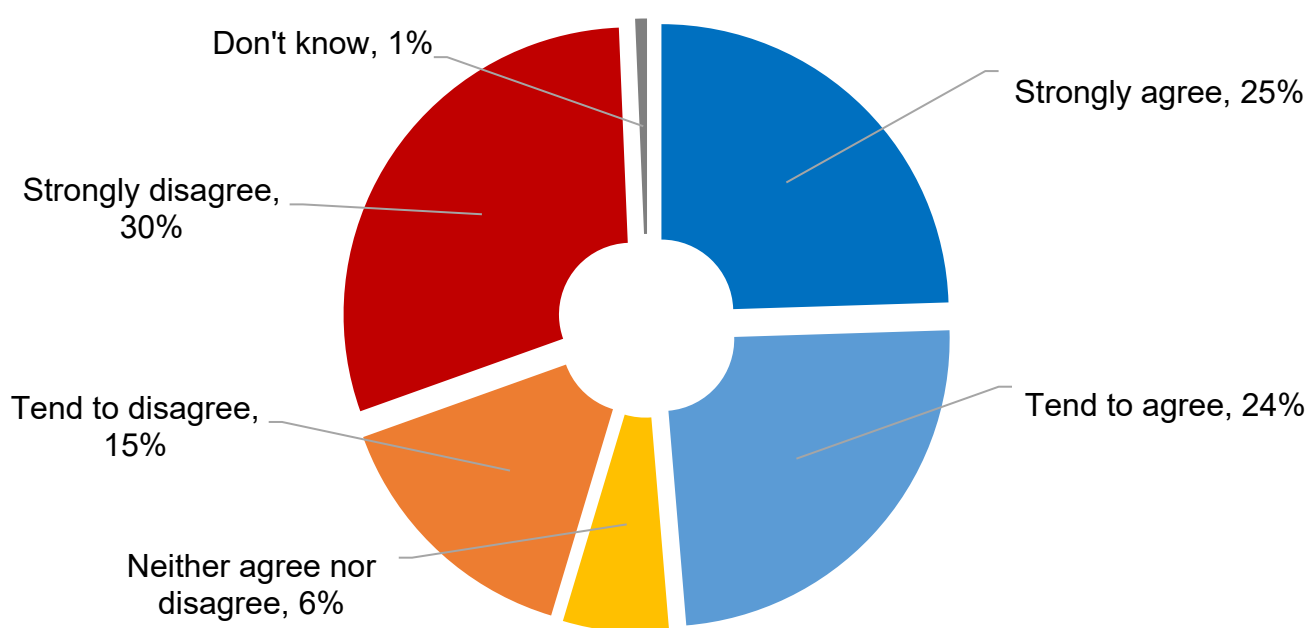
## RESPONSE TO CONSULTATION PROPOSALS

This section of the report details responses to the main proposal as well as the sub proposals concerning service content and service strategy put forward in the consultation.

### Proposal to fund a new Therapeutic Support Service when the contract for the current Children and Young People’s Counselling Service ends in March 2026

Views are polarising with 49% indicating they agree with the proposal (25% strongly agree, 24% tend to agree) and 45% disagreeing. Strength of disagree is slightly higher with 30% strongly disagreeing and 15% tending to disagree. 6% neither agree nor disagree. 6% neither agree nor disagree. 1% neither agree nor disagree.

**How much do you agree or disagree with our proposal to fund a new Therapeutic Support Service when the contract for our current Children and Young People’s Counselling Service ends in March 2026?** Base: all providing a response (302).



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	147	49%
Net – Disagree	135	45%
Strongly agree	74	25%
Tend to agree	73	24%
Neither agree nor disagree	18	6%
Tend to disagree	45	15%
Strongly disagree	90	30%
Don't know	2	1%

The table below depicts response to the proposal to fund a new Therapeutic Support Service by consultee subgroups by consultee type, family circumstances and prior use of current Kent Children and Young People’s Counselling Service.

Agreement is higher amongst professional consultees (55%) and resident consultees who have not used the current Kent Children and Young People’s Counselling Service (52%). Agreement is low amongst resident consultees who have used the current Kent Children and Young People’s Counselling Service (27%) and resident consultees who do not have children (27%).

Agreement levels across subgroups of consultees with children are broadly consistent (between 42% and 45%).

<b>Subgroups – residents and professionals</b>	<b>% Net - Agree</b>	<b>% neither agree nor disagree</b>	<b>% Net - Disagree</b>
All resident consultees	41%	6%	52%
All responding to consultation as a professional	55%	8%	37%

<b>Subgroups – presence of children</b>	<b>% Net - Agree</b>	<b>% neither agree nor disagree</b>	<b>% Net - Disagree</b>
Have children (resident consultees)	45%	6%	49%
Do not have children (resident consultees)	27%	5%	65%

<b>Subgroups – age of children</b>	<b>% Net - Agree</b>	<b>% neither agree nor disagree</b>	<b>% Net - Disagree</b>
Aged 0-10 (resident consultees)	51%	3%	46%
Aged 11-19 (resident consultees)	46%	8%	45%

<b>Subgroups – Special Educational Needs or Disabilities</b>	<b>% Net - Agree</b>	<b>% neither agree nor disagree</b>	<b>% Net - Disagree</b>
Have children with Special Educational Needs or Disabilities (diagnosed or not diagnosed) (resident consultees)	45%	7%	46%
Have children who do not have Special Educational Needs or Disabilities (resident consultees)	42%	6%	53%

<b>Subgroups – use of current service</b>	<b>% Net - Agree</b>	<b>% neither agree nor disagree</b>	<b>% Net - Disagree</b>
Used current Kent Children and Young People’s Counselling Service (resident consultees)	27%	9%	63%



Not used current Kent Children and Young People's Counselling Service (resident consultees)	52%	4%	44%
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**Reason for agreement rating (proposal to fund a new Therapeutic Support Service when the contract for the current Children and Young People's Counselling Service ends in March 2026)**

Consultees were asked to detail their reasons for their level of agreement with the proposal in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section.

The vast majority of consultees (92%) provided a comment to this question.

17% of consultees answering commented that group support sounds like a good idea / it could enable children to access support more quickly.

Many consultees answering expressed concerns with the proposed group sessions compared to one to one sessions:

- Many children cannot / will not engage or cope with group setting and prefer one to one sessions – 27% of consultees answering
- One to one sessions should remain / more one to one sessions are needed / as well as quicker access / not less – 20%
- Children may not feel safe or secure in a group setting / one to one sessions allow children to open up / disclose / gain confidence talking / concern children and young people could be exposed to bullying if sharing in a group setting – 16%
- Group support will be suitable for some / not others / there will still need to be one to one services – 15%
- Children are individuals / each have different needs / a group setting / one size fits all will not work – 14%
- Removal of one to one support will have a huge impact on children / worsen the situation and impact outcomes – 10%

15% of consultees expressed concern that therapeutic support is not the same as counselling / not as effective / group support is not counselling.

**Please tell us the reason for your answer in the box below.**

Base: all consultees providing a response (278), themes 3% and above reported below.

THEME	Number of responses	Percentage
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Many children cannot / will not engage or cope with group setting and prefer one to one sessions	75	27%
One to one sessions should remain / more one to one sessions are needed / as well as quicker access / not less	56	20%
Group support sounds like a good idea (generic) / may enable children to access support more quickly	47	17%
Children may not feel safe or secure in a group setting / one to one sessions allow children to open up / disclose / gain confidence talking / concern children and young people could be exposed to bullying if sharing in a group setting	45	16%
Group support will be suitable for some / not others / there will still need to be one to one services	43	15%
Therapeutic support is not the same as counselling / not as effective / group support is not counselling	41	15%
Children are individuals / each have different needs / a group setting / one size fits all will not work	39	14%
The current service is not working / something needs to be done (service is stretched / very difficult to get support needed / timely support / long wait times)	37	13%
The service is working and should be retained / expanded on	29	10%
Removal of one to one support will have a huge impact on children / worsen the situation and impact outcomes	27	10%
Therapeutic support suggests staff are not qualified / will they be qualified / trained counsellors? / must be trained and qualified to deliver the support	24	9%
Those with anxiety will not cope in a group setting	22	8%
Group support will be beneficial for children, e.g. making friends, being in a safe space	19	7%
Concern neurodivergent children cannot cope in a group setting / they will be further stigmatised / they can mask in such settings	15	5%
Concern about those who fall between: not mild / medium category but not severe enough for CAMHs / some will end up without support	15	5%
Not enough detail provided / would need to know more (detail of ratio of one to one / group support, safeguarding and confidentiality protocols)	14	5%
Trauma needs managing in one to one sessions	12	4%
These (therapeutic) services are already provided	12	4%
This is about saving money	11	4%
The service needs more funding	11	4%
<b>THEME</b>	<b>Number of responses</b>	<b>Percentage</b>
Group support seems focused on early intervention / good as a first intervention / prevention, for primary school children (not older children)	11	4%
Group support good idea as long as the service is properly funded / children comfortable / administration is improved	10	4%

Group support proposed activities are good	9	3%
Group support will deter children and families / will result in many being without support	8	3%

Example comments concerning group support sounding like a good idea / may enable children to access support more quickly can be found below (in consultees own words):

**“I agree that change is needed to ensure that more timely, more appropriate levels of support are available locally to all families. I agree that group models can be effective in helping to build resilience and confidence in children by teaching and developing emotional literacy, intelligence and social and communication skills, whilst also enabling children to connect with their peers and learn from one another. Group work would be a good first intervention to provide children with, particularly those of primary age - this would ensure all children requiring emotional wellbeing support are provided with the basic knowledge and skills needed for good emotional and social health. Group work can be effective for addressing situations deemed to be the everyday, ordinary, challenges of life, and can help children normalise some of these situations, develop solutions for managing difficult experiences such as friendships, parental separation, school related issues, etc. and therefore reduce felt anxieties and prevent mental health and long term conditions from arising. However, one to one work must continue to be part of the offer, particularly for children and young people who present with a history of trauma (ACE's) or those deemed to have complex needs (which do not meet the specialist threshold).”** (Professional)

**“From reading the document provided I believe that the proposed plan would enable support to a larger volume of those that need help and support as well as being more cost efficient would also encourage peer relationships for young persons by taking part in group activities. I also feel that there will be a greater support for families of young people that need help and support that would be accessible.”** (Kent resident)

**“As a SENCO I can see the current model isn’t having an impact. They have the six sessions and return to school. They may be brighter for a short time, but they rarely develop strategies that help them in the long term. Teaching them a skill will build self-esteem and a means of expressing themselves. It makes sense to me.”** (Kent resident)

Example comments concerning children not being able to engage or cope with group setting and prefer one to one sessions can be found below (in consultees own words):

**“Children and young people are individual and so are their life experiences. They will internalise these lived experiences differently and a group process may impound vulnerabilities more. Many children are not able to emotionally engage with group situations so this suggestion will discriminate lots of children and young people. Leaving them more vulnerable and without services. We need to move away from a “one size fits all”.”** (Professional)

**“In my profession I see many young people who require support emotionally/mentally. A high number of these young people really struggle with opening up and sharing their thoughts and feeling which a group setting would be completely unsuitable and not be in the best interest of the child. It may be hard for young people to trust the environment and**

**other peers with their worries, and I don't believe pushing for group settings will bring the best outcome.” (Professional)**

**“As I work in a secondary school, I know that such services already exist within the school environment. As a parent I would not have asked for help from outside if this kind of strategy was working for my child. Many of the issues my child faced were around social situations and so putting them into that situation would have exacerbated the situation rather than improved. Young people are already vulnerable and need to know they will be listened to on a one to one level. They need to feel like they have a safe place and person where they can open up to get to the root of the issues they face.” (Kent resident)**

Example comments concerning the possibility of children not feeling safe or secure in a group setting or being exposed to bullying, whereas one to one sessions allow children to open up / disclose / gain confidence talking can be found below (in consultees own words):

**“As a parent that knows of children who have had previous support from current team, I feel that it is highly unlikely a lot of adolescents will engage in group therapy as it is hard enough from them to gain the courage to actually ask for support for 1:1 therapy let alone discuss with other children that they might have known in the session.” (Kent resident)**

**“I understood that these is a high demand which is why I suppose this is proposed, but from a person who had a difficult upbringing and who always wanted to seem ok and happy being in a group you tend to have a double layer shield and won't confide and open up in front of other youngsters and this might cause any trauma to morale deeper inwards, especially if you are often a bit different whether culturally or just in general.” (Kent resident)**

**“Young people struggle to expose their feelings and problems in front of a group of their peers, fearing ridicule and bullying. Knowing that seeing a counsellor one to one they know they are in a safe, no- judgemental space where they are free to discuss their issues.” (Professional)**

Example comments about group support being suitable for some / not others and children being individuals / have different needs can be found below (in consultees own words):

**“One of my concerns is the potential lack of 1-1 counselling opportunities that will be available for young people. Group counselling is fine for some but many young people with more complex needs may find group sessions not suitable for their needs and overwhelming and may not enter into counselling as a result. As a result, their situation could get worse! I also noticed some of the activities suggested. I find it difficult to believe that it will be possible to meet these individual needs by group sessions in theatre, drama sport etc! I feel their needs will be too complex to then expect them to not only be part of a group but then to be involved in these activities.” (Professional)**

**“Although updating the service will be positive, as the majority of children will be receiving group support rather than 1:1 a large number of vulnerable children and young people will no longer receive appropriate support. Building resilience is positive for many children however, being able to process experiences and making sense of emotions is especially important relating to trauma work, before any resilience building can take place.**

**Simplifying therapeutic care to one size fits all and into group work is not going to be appropriate for all children and young people.” (Professional)**

**“As a mental health professional, I have seen and been part of several attempts to provide more group therapy to see more clients at the same time to save resources and get through long waitlists. Sadly, this approach has not always led to success, and in particular can lead to people moving up the services to finally access 1:1 support that they so badly need. While I recognise the importance and benefits of group work, some of the children who will be seen in the new service will not be able to make use of this, even with initial support, and end up on overly long CAMHS or other waitlists, hoping for support. This increases risk. The current service already has a long waitlist, and I understand that this needs addressing, however, there needs to be more funding for this type of work with the option to do 1:1 for everyone who needs it at this stage (preventative approach), rather than trying to fit people into groups that they might not attend or might not be sufficient. I do understand that there are plans to diversify the groups etc., however this needs to be done carefully and with rising costs everywhere I cannot image that with the same budget the same quality of care can be achieved.” (Professional)**

Example comments concerning perceptions of therapeutic support not being the same as counselling / not as effective / group support can be found below (in consultees own words):

**“The ideas sound creative and a good way to help more people in a shorter time period, reducing waiting times and trying to ensure families don't enter a stage of crisis. However, I am not sure if my child would have got so much from a group session as she took from her individual counselling sessions. I am concerned that sharing one's own concerns may not be so easy in a group setting and would reduce that feeling of being heard and listened to.” (Kent resident)**

**“Counselling provides children and young people with a unique, personalised bespoke space to best meet the child's needs, it enables children/young people to look at what goals they want to achieve from a one-to-one intervention, focusing on what changes they would like to make - if one-to-one counselling work is de-commissioned there will not be an alternative confidential and trusting space to dive in deeply into a child's life and help make those changes, group work can dilute individual needs. Counselling is a proven intervention to help reduce psychological distress. Kent needs more open access to counselling sessions, not fewer.” (Counselling professional body)**

**“I am under no illusions as to the increasing numbers of young people with mild to medium emotional and mental health needs (I am the mother to 2 such children). But it is simply not possible to effectively support young people with these needs in group environments. Thinking that you can support more children simply because you have SEEN more children is so short-sighted. All this proposal will do is play the numbers game - "more children with these needs > no more money to support more children > therefore we'll just see a bunch of them altogether and then we'll be able to report a huge success with the thousands more children who've been able to access the service." The majority of issues facing these children cannot be addressed in group situations - one such concerning proposal is the plans for CBT to be conducted as a group activity! That's an horrific thought and the very principle of CBT goes against that. Social issues and anxieties are often a huge part of the difficulties that these children have and Counselling and therapy for children with these**

**issues can be a lifeline. To put them in a therapeutic situation where they have to face the very thing they struggle with; it's a very poor proposal that is only driven by the numbers, and not by the actual needs. I'm strongly against the proposals made.”** (Kent resident)

Example comments concerning perceptions the current service is not working / something needs to be done can be found below (in consultees own words):

**“Something needs to be done to provide better and more accessible support. At the moment children seem to be having to hit rock bottom before they receive help and that isn't fair. I don't know if this is the right way to go but any change is better than it staying the same.”** (Kent resident)

**“Having worked alongside the children and young people services, it is clear there is a need for young people to access therapeutic emotional health services. I have mixed feelings, as most CYP I have contact with and refer to tier 2 counselling services ask for 1:1 support. However, wait list times are a concern and something needs to be done to address these issues.”** (Professional)

**“In education we are currently dealing with a high proportion of children who are neurodivergent and who are struggling with mainstream settings. The services that we can access are limited and schools are having to invest in alternatives to support them. In my experience, the majority of families struggle to access information and help and more needs to be done in this area.”** (On behalf of educational establishment)

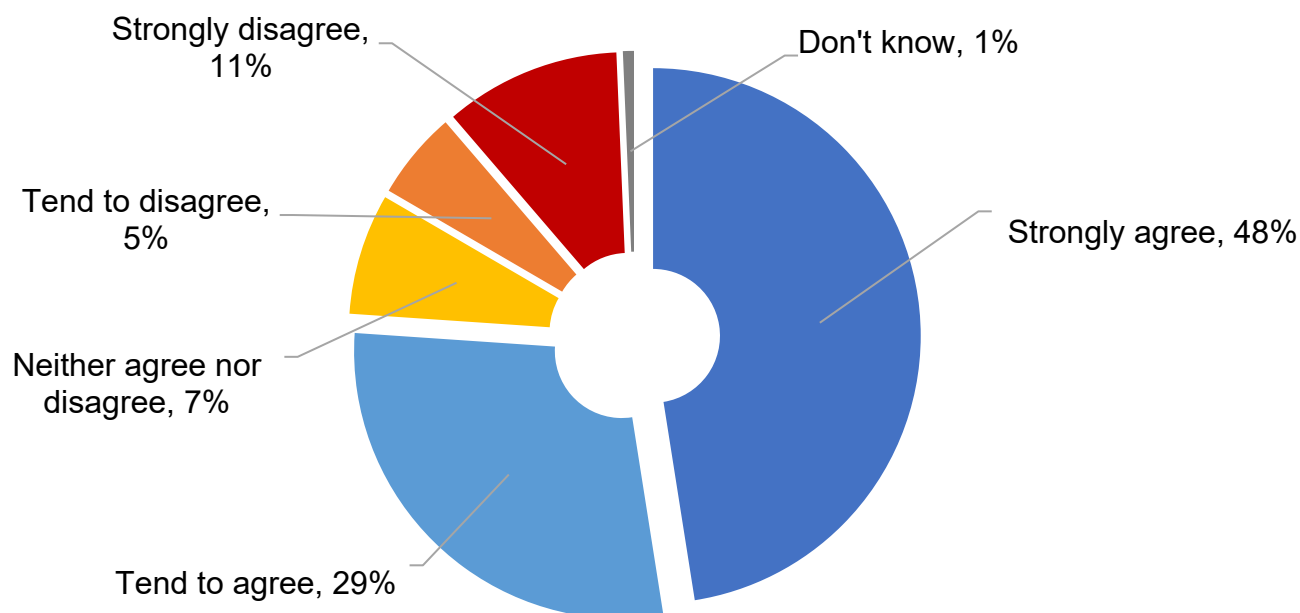
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## Proposals surrounding service content

Over three quarters agree with the proposal to offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health (48% strongly agree, 29% tend to agree). 16% disagree with this proposal (5% tend to disagree, 11% strongly disagree) and 7% neither agree nor disagree.

### How much do you agree or disagree with our proposals to?

**Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health.** Base: all providing a response (301).



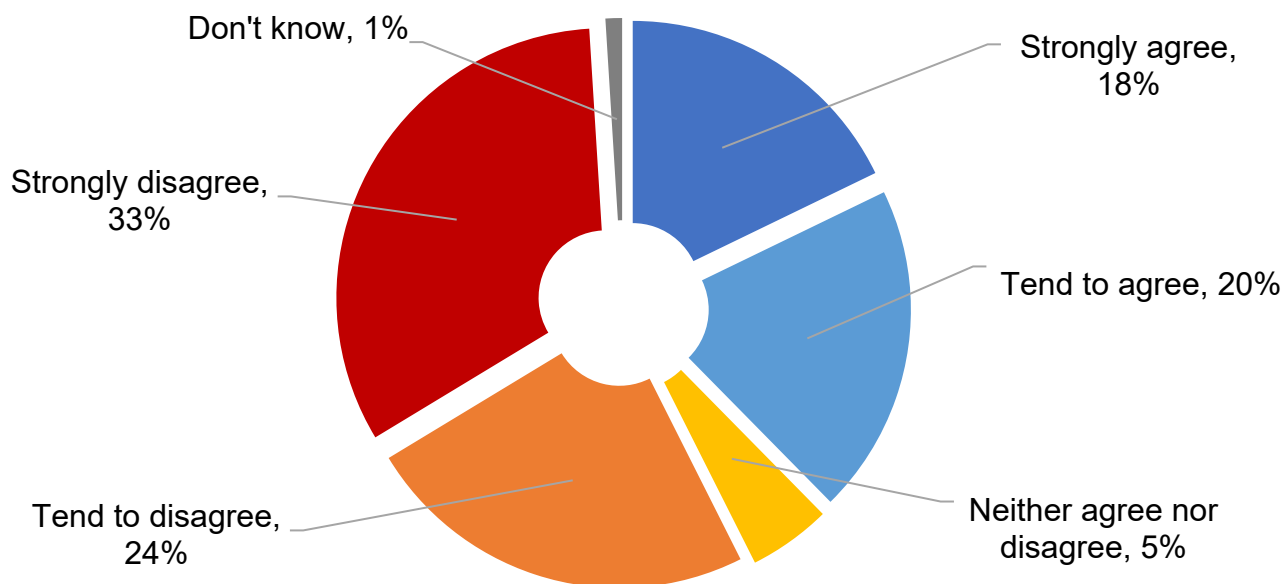
SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	229	76%
Net – Disagree	48	16%
Strongly agree	143	48%
Tend to agree	86	29%
Neither agree nor disagree	22	7%
Tend to disagree	16	5%
Strongly disagree	32	11%
Don't know	2	1%

Agreement with the offering mostly group sessions with some one-to-one sessions for children and young people who need extra support is comparably lower with 37% agreeing (18% strongly

agree, 20% tend to agree). Over half (57%) disagree with this proposal. Strength of disagreement is quite high with 33% strongly disagreeing and 24% tending to disagree.

**How much do you agree or disagree with our proposals to?**

**Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support.** Base: all providing a response (301).



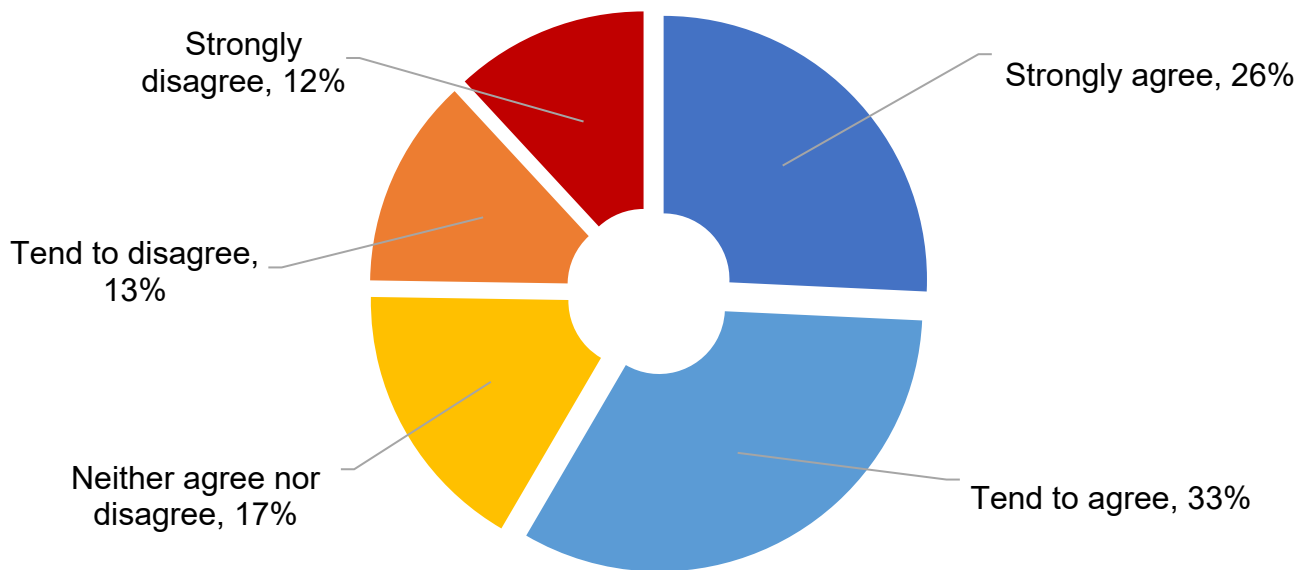
<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
Net – Agree	112	37%
Net – Disagree	171	57%
Strongly agree	53	18%
Tend to agree	59	20%
Neither agree nor disagree	15	5%
Tend to disagree	72	24%
Strongly disagree	99	33%
Don't know	3	1%

Agreement with providing more opportunities for peer support to help children and young people to build mutual connections and understanding ranks second of the three at 58% agreement (26% strongly agree, 33% tend to agree). A quarter (25%) disagree with this proposal (12% strongly disagree, 13% tend to disagree).



## How much do you agree or disagree with our proposals to?

**Provide more opportunities for peer support to help children and young people to build mutual connections and understanding.** Base: all providing a response (301).



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	176	58%
Net – Disagree	74	25%
Strongly agree	78	26%
Tend to agree	98	33%
Neither agree nor disagree	50	17%
Tend to disagree	38	13%
Strongly disagree	36	12%
Don't know	1	0%

The table below depicts response to the **service content proposals** by consultee subgroups by consultee type, family circumstances and prior use of current Kent Children and Young People's Counselling Service.

Agreement is higher for two of the proposals amongst professional consultees – offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health (81%) and offer mostly group sessions with some one-to-one

sessions for children and young people who need extra support (45%). Agreement with providing more opportunities for peer support to help children and young people to build connections and understanding is identical amongst professional consultees and resident consultees (52%).

Agreement is also higher for two of the proposals amongst resident consultees with children with Special Educational Needs or Disabilities – offer mostly group sessions with some one-to-one sessions for children and young people who need extra support (37%) and provide more opportunities for peer support to help children and young people to build connections and understanding is identical amongst professional consultees and resident consultees (61%). Agreement with these proposals is lower amongst resident consultees with children without Special Educational Needs or Disabilities and resident consultees who do not have children.

Agreement is lower for two of the proposals amongst resident consultees who have used the current Kent Children and Young People’s Counselling Service – offer mostly group sessions with some one-to-one sessions for children and young people who need extra support (21%) and provide more opportunities for peer support to help children and young people to build connections and understanding is identical amongst professional consultees and resident consultees (42%).

<b>Subgroups – residents and professionals</b>	<b>% net agree - Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health</b>	<b>% net agree - Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support</b>	<b>% net agree - Provide more opportunities for peer support to help children and young people to build mutual connections and understanding</b>
All resident consultees	72%	30%	52%
All responding to consultation as a professional	81%	45%	52%

<b>Subgroups – presence of children</b>	<b>% net agree - Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health</b>	<b>% net agree - Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support</b>	<b>% net agree - Provide more opportunities for peer support to help children and young people to build mutual connections and understanding</b>
Resident consultees - have children	74%	32%	54%
Resident consultees - do not have children	65%	22%	46%

<b>Subgroups – Age of child/ren</b>	<b>% net agree - Offer opportunities for children and young people to take part in creative and therapeutic activities to</b>	<b>% net agree - Offer mostly group sessions with some one-to-one sessions for children and</b>	<b>% net agree - Provide more opportunities for peer support to help children and young people to build</b>
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	support their emotional and mental health	young people who need extra support	mutual connections and understanding
Aged 0-10	79%	37%	59%
Aged 11-19	75%	33%	54%

<b>Subgroups – Special Educational Needs or Disabilities</b>	% net agree - Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health	% net agree - Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support	% net agree - Provide more opportunities for peer support to help children and young people to build mutual connections and understanding
Resident consultees – with children with Special Educational Needs or Disabilities (diagnosed or not diagnosed)	75%	37%	61%
Resident consultees – with children who do not have Special Educational Needs or Disabilities	72%	26%	40%

<b>Subgroups – use of current service</b>	% net agree - Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health	% net agree - Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support	% net agree - Provide more opportunities for peer support to help children and young people to build mutual connections and understanding
Resident consultees – used current Kent Children and Young People’s Counselling Service	70%	21%	42%
Resident consultees – not used current Kent Children and Young People’s Counselling Service	74%	35%	59%

### **Any comments on any of the service content proposals**

Consultees were asked to make any comments on any of the three service content proposals in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the ‘Points to Note’ section.

58% of consultees provided a comment to this question.

The majority of comments made by consultees answering expressed concerns with the proposed group sessions compared to one to one sessions:

- Many (especially older) children cannot / will not engage or cope with group settings and prefer one to one sessions – 22% of consultees answering
- Group sessions will be suitable for some / not others / there will still need to be one to one services – 22%
- The one to one service is working and should be retained / why another service / why not build on the existing service - 16%
- One to one sessions should remain / more one to one sessions are needed / as well as quicker access / not less – 16%
- Children are individuals / each have different needs / a group setting / one size fits all will not work – 13%
- Removal of one to one support will have a huge impact on children / worsen the situation and impact outcomes – 12%
- Children will not feel safe or secure in a group setting / one to one sessions allow children to open up / disclose / gain confidence talking / fear being exposed to bullying if peers in group – 12%

14% of consultees expressed concern that therapeutic support is not the same as counselling / not as effective / group support is not counselling. One in ten raise concerns that the therapeutic support proposed suggests staff are not qualified / query whether they will be qualified / trained counsellors.

**If you would like to make any comments on any of the proposals, please tell us in the box below. If your comment relates to a specific proposal, please make this clear in your answer.**

Base: all consultees providing a response (174), themes 3% and above reported below.

THEME	Number of responses	Percentage
Many (especially older) children cannot / will not engage or cope with group settings and prefer one to one sessions	39	22%
Group sessions will be suitable for some / not others / there will still need to be one to one sessions	38	22%
The one to one service is working and should be retained / why another service / why not build on the existing service	28	16%
One to one sessions should remain / more one to one sessions are needed / as well as quicker access / not less	27	16%
THEME	Number of responses	Percentage
Therapeutic support is not the same as counselling / it is not as effective / group support is not counselling	24	14%
Children are individuals / each have different needs / a group setting / one size fits all will not work	22	13%
Removal of one to one support will have a huge impact on children / worsen the situation and impact outcomes	21	12%

Children will not feel safe or secure in a group setting / one to one sessions allow children to open up / disclose / gain confidence talking / fear being exposed to bullying if peers in group	21	12%
Therapeutic support suggests staff are not qualified / will they be qualified / trained counsellors?	18	10%
Group sessions are a good idea as long as the service is properly funded / suitable number of adults to facilitate / deliver	14	8%
These (therapeutic) services are already provided	12	7%
Peer to peer support concerns, e.g. impacting one another, mixing different need children together	11	6%
Not enough detail provided / would need to know more (e.g. would there be enough 1:1 support available)	11	6%
Concern neurodivergent children cannot cope in a group setting / they will be further stigmatised / they can mask in such settings	10	6%
Group support sounds like a good idea (generic) / may enable children to access support more quickly	10	6%
Trauma needs managing one to one	9	5%
This is about saving money	9	5%
The service needs more funding	8	5%
The proposed activities are / may not be appropriate for these children and young people, e.g. theatre is for extroverts, creativity is not for everyone, negative experience of this kind of activity	8	5%
Those with anxiety will not cope in a group setting	7	4%
Group activities only when accessed one to one support first / as a follow on, when ready	7	4%
Dialectical behaviour therapy is a long term therapy / concerns relating to Dialectical behaviour therapy	6	3%
Group support may / will work for younger children / without SEND needs, but not for more complex needs, or older children / teenagers	6	3%

Example comments concerning children not engaging or coping with group settings / group sessions not being suitable for some can be found below (in consultees own words):

**“Children don’t need to hear other children’s feeling they need adults to help them process their feelings. Group sessions will put a lot of children off. Also, you do not know what children may say in group and other children are then exposed to and had not thought of. Different age groups have different experiences - mixing ages would not simply not work. Children need a safe space to talk, one to one offers that. A group session would cause anxiety in my child and would cause them to not want to engage - if budget is an issue have less one to one sessions and if suitable for some children have a group session. Controlling behaviours within these sessions could be very hard for one person as children usually have additional needs.”** (Kent resident)

**“Whilst offering ‘skills’ to children can be useful, many young people need 1-1 work which can go at their own pace. There is little point in shortening waiting times if the offer is ineffective. It would be more useful to reopen sure start centres where early interventions**

can be made, alongside working with the backlog of children who have fallen through the net.” (Professional)

**“My child who has been most in need of Mental Health Support would never have access a group setting, a setting without a trusted carer present or talked about a mental health issues in front of peers. This would have made accessing support almost impossible.”**  
(Kent resident)

Example comments about preferences to keep the one to one service / build on the existing service / provide more one to one sessions / quicker access to them can be found below:

**“There should not be a decrease in 1:1 support offered. The group should be in addition to the current 1:1 counselling offer. I feel this will be detrimental to the children and young people needing help. Group situations are not appropriate for all, whilst they do have their place, it should not be a replacement for 1:1 counselling where necessary deep work and reflections take place.”** (Professional)

**“Whilst group sessions work well for a proportion of the children and young people many who have a lived trauma experience struggle to integrate into group settings. I feel that there needs to be a very clear division to offer an equal split of group and 1:1 sessions and also a commitment to support children and young people past 6 sessions whilst appropriate follow on support is put in place.”** (Kent resident)

**“No to group work! Please stick with the model of providing individual counselling for young people, especially teenagers. Group work will water down the help provided and prevent young people from accessing care they so plainly need. We have a crisis in youth mental health. Offering a quick fix is not good enough and not going to work. We have a great counselling service - please support it to grow - hire more counsellors. Don't replace it with a poorer model.”** (Kent resident)

Example comments about perceptions of the removal of one to one support having a huge impact on children / worsen the situation / impact outcomes can be found below (in consultees own words):

**“Children accessing such services are already struggling - enforcing social situations on vulnerable young people could do further harm. With early intervention in mind, ideally, they'd be opportunities for 1:1 sessions initially that could then be followed up with group work when it was appropriate.”** (On behalf of educational establishment)

**“Although the proposal states that some one to one support will be available, the essence of the one to one support seems to be to get them 'ready' to access a group, rather than providing them with support on a one to one level as an alternative. Some children and young people simply will not wish to access group support, and under an i-thrive model approach, they will not be able to choose an alternative service if there is no one to one service available. DBT is not evidence based for mild to moderate emotional health issues, it is recommended as a longer term intervention for young people who are self-harming and/or with suicidal ideation - this does not seem to fit within a mild to moderate service? If a therapeutic support service were to run alongside a one to one counselling/support service, this would potentially remove some of the bottle neck, whereby children and young**

**people with mild to moderate needs could access group support quickly in the first instance, but also allow for escalation as well as retaining a provision for those with more complex presentations/emotional health needs requiring more targeted support.”**

**(Professional)**

**“The new proposed plan does not adequately address the majority (90%) of current referrals to the individual counselling service. So, there would be few children appropriately referred to group activities. The 'evidence' on which the decision was made to run groups is not representative of most children and young people currently accessing the individual counselling service, and there, getting the individualised goals, treatment approaches, and time they need with a qualified and experienced counsellor. Please look at the 'evidence' critically. Who are the children in these studies? Who was excluded from the studies? What was the drop out or attrition rate? And what is the severity of the majority of child cases that KCC is currently treating? The point is these don't match. It is a misinformed approach, that does not critically examine the evidence or accurately reflect the current service treatment.”** (Professional)

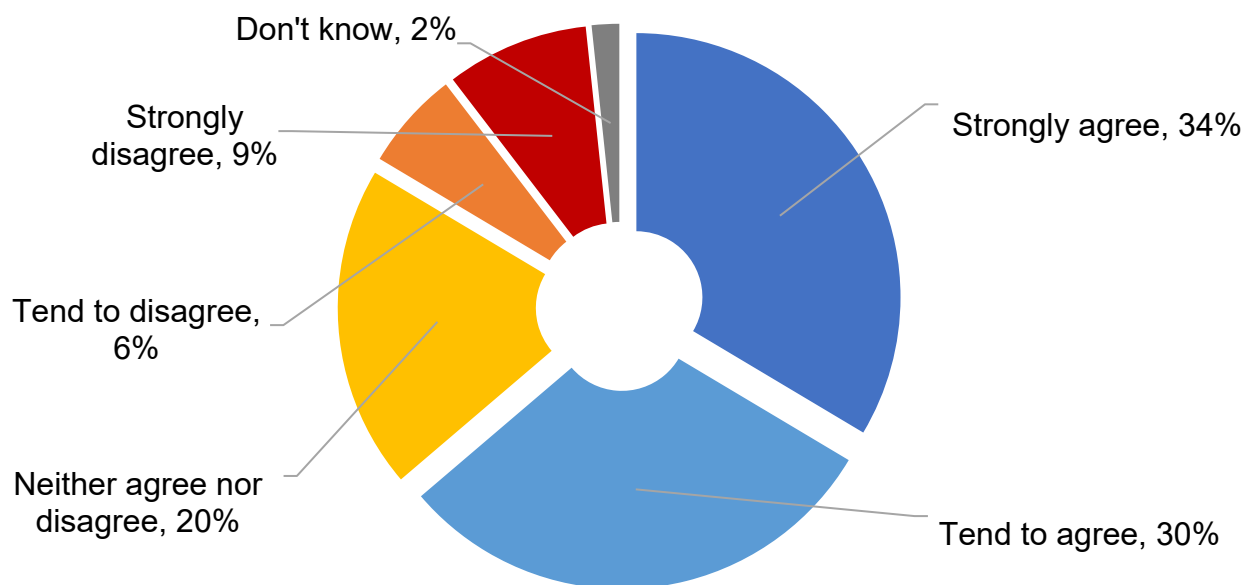
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## Proposals surrounding service strategy

Agreement with the first service strategy proposal ranks second of the three proposals in terms of agreement. 64% agree with proposals to align activity with the NHS Kent & Medway and children and young people’s mental health services (34% strongly agree, 30% tend to agree). 15% disagree with this proposal (9% strongly disagree, 6% tend to disagree). The proportion neither agreeing nor disagreeing is quite high compared to other proposals (20%).

### How much do you agree or disagree with our proposals to?

**Align our activity with the NHS Kent & Medway and children and young people’s mental health services.** Base: all providing a response (298).



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	190	64%
Net – Disagree	44	15%
Strongly agree	100	34%
Tend to agree	90	30%
Neither agree nor disagree	59	20%
Tend to disagree	18	6%
Strongly disagree	26	9%
Don't know	5	2%

Agreement with proposals to deliver the proposed Therapeutic Support Service as part of the Family Hub network is comparably lower than other service strategy proposals. Half (50%) agree

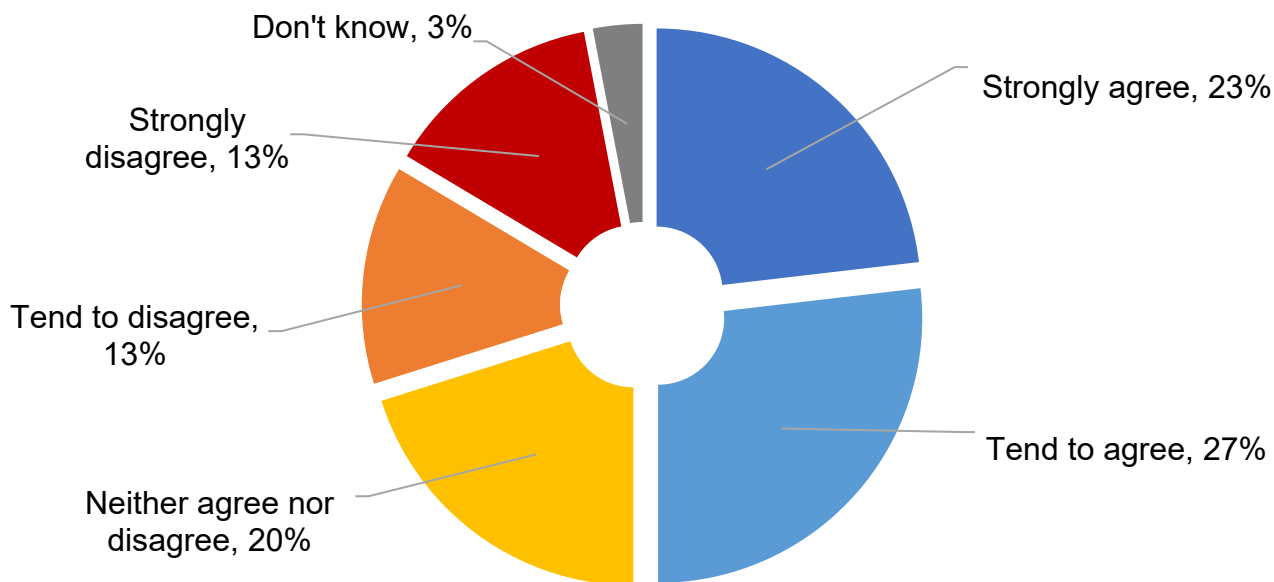


with this proposal (23% strongly agree, 27% tend to agree). Just over a quarter (27%) disagree with this proposal (13% strongly disagree, 13% tend to disagree). The proportion neither agreeing nor disagreeing is quite high compared to other proposals (20%).

**How much do you agree or disagree with our proposals to?**

**Deliver the proposed Therapeutic Support Service as part of the Family Hub network.**

Base: all providing a response (298).

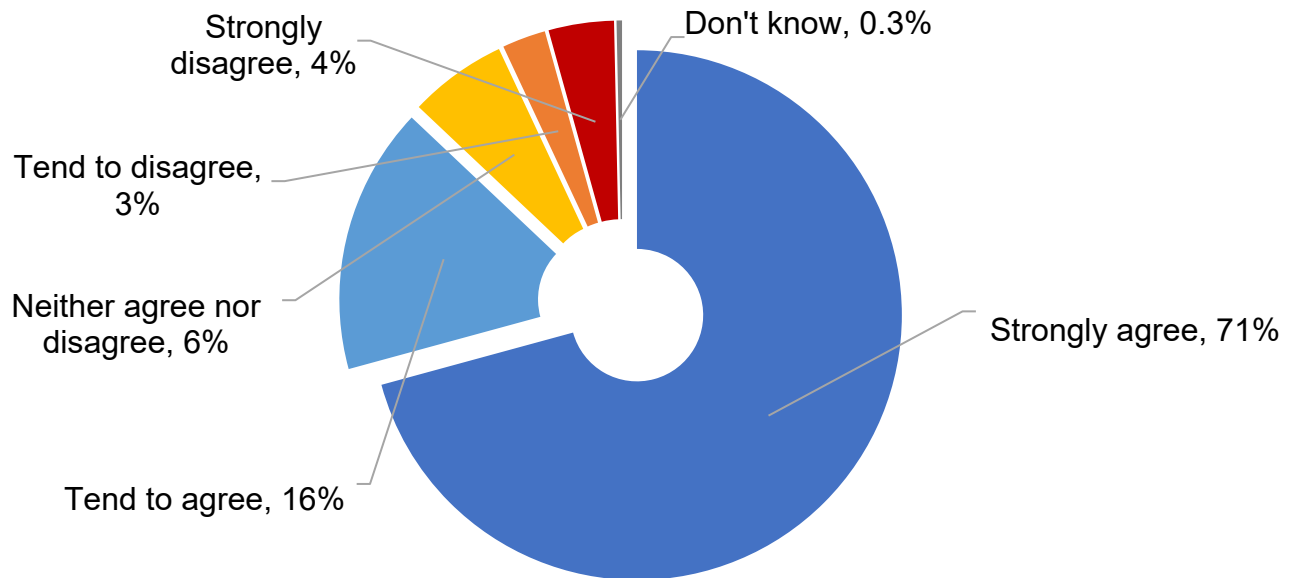


<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
Net – Agree	149	50%
Net – Disagree	80	27%
Strongly agree	69	23%
Tend to agree	80	27%
Neither agree nor disagree	60	20%
Tend to disagree	40	13%
Strongly disagree	40	13%
Don't know	9	3%

Agreement with the proposal to continue offering support for parents and carers of younger children or children and young people with more complex needs is high at 87%; strength of agreement is also high at 71% strongly agreeing. 7% disagree with this proposal (4% tend to disagree, 3% strongly disagree) and 6% neither agree nor disagree.

**How much do you agree or disagree with our proposals to?**

**Continue offering support for parents and carers of younger children or children and young people with more complex needs.** Base: all providing a response (301).



<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
Net – Agree	262	87%
Net – Disagree	20	7%
Strongly agree	213	71%
Tend to agree	49	16%
Neither agree nor disagree	18	6%
Tend to disagree	8	3%
Strongly disagree	12	4%
Don't know	1	0.3%

The table below depicts response to the **service strategy** proposals by consultee subgroups by consultee type, family circumstances and prior use of current Kent Children and Young People’s Counselling Service.

Agreement with the third proposal to continue offering support for parents and carers of younger children or children and young people with more complex needs is high amongst all consultee subgroups.

Agreement is higher for all three proposals amongst professional consultees compared to resident consultees – align our activity with the NHS Kent & Medway and children and young people’s mental health services (76%), deliver the proposed Therapeutic Support Service as part of the Family Hub network (45%) and continue offering support for parents and carers of younger children or children and young people with more complex needs (92%).

Agreement is higher for two of the proposals amongst resident consultees with children with Special Educational Needs or Disabilities – align our activity with the NHS Kent & Medway and children and young people’s mental health services (65%) and deliver the proposed Therapeutic Support Service as part of the Family Hub network (49%). Agreement with these proposals is lower amongst resident consultees with children without Special Educational Needs or Disabilities and resident consultees who do not have children.

Agreement is lower for two of the proposals amongst resident consultees who have used the current Kent Children and Young People’s Counselling Service – align our activity with the NHS Kent & Medway and children and young people’s mental health services (51%) and deliver the proposed Therapeutic Support Service as part of the Family Hub network (37%).

<b>Subgroups – residents and professionals</b>	<b>% agree - Align our activity with the NHS Kent &amp; Medway and children and young people’s mental health services</b>	<b>% agree - Deliver the proposed Therapeutic Support Service as part of the Family Hub network</b>	<b>% agree - Continue offering support for parents and carers of younger children or children and young people with more complex needs</b>
All resident consultees	57%	41%	83%
All responding to consultation as a professional	76%	63%	92%

<b>Subgroups – presence of children</b>	<b>% agree - Align our activity with the NHS Kent &amp; Medway and children and young people’s mental health services</b>	<b>% agree - Deliver the proposed Therapeutic Support Service as part of the Family Hub network</b>	<b>% agree - Continue offering support for parents and carers of younger children or children and young people with more complex needs</b>
Resident consultees - have children	60%	46%	83%
Resident consultees - do not have children	47%	22%	83%

<b>Subgroups – Age of child/ren</b>	<b>% agree - Align our activity with the NHS Kent &amp; Medway and children and young people’s mental health services</b>	<b>% agree - Deliver the proposed Therapeutic Support Service as part of the Family Hub network</b>	<b>% agree - Continue offering support for parents and carers of younger children or children and young people with more complex needs</b>
Aged 0-10	69%	54%	85%
Aged 11-19	60%	44%	83%

<b>Subgroups – Special Educational Needs or Disabilities</b>	<b>% agree - Align our activity with the NHS Kent &amp; Medway and children and young people’s mental health services</b>	<b>% agree - Deliver the proposed Therapeutic Support Service as part of the Family Hub network</b>	<b>% agree - Continue offering support for parents and carers of younger children or children and young people with more complex needs</b>
Resident consultees – with children with Special Educational Needs or Disabilities (diagnosed or not diagnosed)	65%	49%	87%
Resident consultees – with children who do not have Special Educational Needs or Disabilities	46%	35%	81%

<b>Subgroups – use of current service</b>	<b>% agree - Align our activity with the NHS Kent &amp; Medway and children and young people’s mental health services</b>	<b>% agree - Deliver the proposed Therapeutic Support Service as part of the Family Hub network</b>	<b>% agree - Continue offering support for parents and carers of younger children or children and young people with more complex needs</b>
Resident consultees – used current Kent Children and Young People’s Counselling Service	51%	37%	84%
Resident consultees – not used current Kent Children and Young People’s Counselling Service	61%	43%	82%

## Any comments on any of the service proposals

Consultees were asked to make any comments on any of the three service strategy proposals in their own words.

43% of consultees provided a comment to this question.

The value of the service was expressed in the range of comments made by consultees:

- The service needs more funding / short term support is not effective – 12% of consultees answering
- Continuing to support parents and caregivers is essential – 12%
- The current service already delivers this / need to expand upon existing service / provide in addition to existing – 11%

Concerns regarding the proposals were also expressed regarding the presence of one to one sessions, the qualifications of professionals and Family Hub delivery:

- One to one sessions are still needed – 11%
- Those delivering the service must be trained and qualified professionals – 11%
- Concerns / questions around Family Hubs: how would it work? / would they work the same as one another? – 10%
- Family Hubs are not accessible to everyone / not everyone can travel to a Family Hub / therefore some unable to attend / access support – 9%

**If you would like to make any comments on any of the proposals, please tell us in the box below. If your comment relates to a specific proposal, please make this clear in your answer.**  
Base: all consultees providing a response (131), themes 3% and above reported below.

THEME	Number of responses	Percentage
The service needs more funding / short term support is not effective	16	12%
Continuing to support parents and caregivers is essential	16	12%
The current service already delivers this / need to expand upon existing service / provide in addition to existing service	15	11%
One to one sessions are still needed	14	11%
Those delivering the service must be trained and qualified professionals	14	11%
Concerns / questions around Family Hubs: how would it work? / would they work the same as one another?	13	10%
Family Hubs are not accessible to everyone / not everyone can travel to a Family Hub / therefore some unable to attend / access support	12	9%
Children and young people should be given the choice / treated as individuals and be able to access the service best suited to them	11	8%
All services need to work together to deliver an effective / professional / seamless service	11	8%
Need more information / do not know enough about these proposals	10	8%
% THEME	Number of responses	Percentage

Does not have children's needs at the forefront / this is a cost cutting exercise / the mental health of children needs to be taken more seriously	8	6%
Family Hubs do not have the space / the physical environment is not suitable (for example for neurodivergent children / no quiet space)	7	5%
Parents and caregivers of all children / it's not just those with complex needs that need supporting	6	5%
Would be beneficial to have some services delivered in schools	5	4%
Family Hubs may lose their focus / concern they are trying to deliver too much	5	4%
Will leave many children at risk / Family Hubs will miss a large number of children and young people	4	3%
A clinical / professional setting is still needed / children and young people need a safe and secure environment	4	3%
Who assesses / how are complex needs assessed?	4	3%
Change / merges usually create chaos / problems / loss of services	4	3%
CAMHS are unhelpful	4	3%
Older children may not want to attend a Family Hub, they are more child focused	4	3%

Example comments concerning the service needing more funding / short term support is not effective can be found below (in consultees own words):

**“Parents and carers are suffering because of the current system. The challenges to families are significant and, in my experience, they need more support, more advice and in many cases respite from some of the stresses they are encountering. Most complex needs are not being met by schools due to a lack of resources and financial constraints. This has a direct impact on parents and carers.”** (On behalf of an educational establishment)

**“Our lived experience is that we cannot find support available, even with an EHCP and you are advising making whatever support is there less. This cannot continue.”** (Kent resident)

**“It would benefit our family to have longer support for counselling as we are now finishing the sessions, and my child has only just started to really express herself so the option should/could be so beneficial. My child has additional needs and needs longer.”** (Kent resident)

Example comments about perceptions of the continuation of supporting parents and caregivers being essential can be found below (in consultees own words):

**“It is vital that parents continue to get support to help them understand their child's needs. Increasing investment in this area has the potential to prevent worsening mental health. Family hubs do not appear to be fully established and not everyone can access them.”** (Kent resident)

**“I don't think it is enough to only offer support for parents and carers of younger children or children with more complex needs. As a Mum to two neurodiverse children, it's great to**

**know that they would be offered great level of support but if I was a mum with two neurotypical children or older children with mental health issues, I wouldn't be so happy. Every individual should be entitled to the same level of care. I realise some might need more intensive levels of intervention, but this is where everyone needs to start at a level playing field as then it would be easier to identify. It seems too easy and, if I'm honest, lazy to try and assess and treat a group of children at once. Where mental health needs are increasing, we should be intensifying the work and spending more rather than trying to cut corners and save money which is what the crux of this method is all about, in my opinion. To not invest now at such a dire time, will mean that the problems will persist and intensify. Group settings will not work for a majority of children who really need the help as they will be overlooked and overshadowed by other children or not feel comfortable to engage in group settings. I know for certain that I wouldn't, and I wouldn't want my children to be shoved into a group with other children with a few worries. I would want a tailored individual treatment plan for my child which is what we have had access to in the past. Yes, it costs money, it takes time, but the results, in my opinion as a parent and someone who works closely with children, will be far more beneficial to keep seeing children as individuals rather than as a group.” (Kent resident)**

**“I think involvement and support for parents is essential. Aligning it with other mental health services is also beneficial-but there are avenues of support in schools and other services potentially such as educational psychologists and the approach needs to be strategic across all services.” (Kent resident)**

Example comments about concerns around Family Hubs in terms of how it would work / consistency of offering and perceived accessibility can be found below (in consultees own words):

**“Concern is that Family Hub / EHW's are not trained mental health/emotional wellbeing workers and are being expected to support children and young people when CAMHS refused. I believe CAMHS will push more children to the therapeutic service due to their own waiting lists and eligibility. CAMHS/NHS in Kent should be inputting staff, resources, training and monies to KCC to help with the services KCC will be providing.” (Member of Kent County Council staff)**

**“I'm not sure how all family hubs would be covered under the current proposal? Would there be one therapeutic support work in each one? The NHS Kent and Medway transformation proposal Nov 23 suggests very strongly from user feedback that a one to one counselling model is needed as well as tailored individual support for young people, it does not advocate group work, as ICB services already operate many other group models, what is missing in mental health support is counselling and one to one therapy.” (Kent resident)**

**“What capacity do these Hubs have for increased workload? Will it come with funding and professionals who have the time and experience? Will the increased workload match the hours of professionals' time? Will there still be children waiting a long time to access support? Will there be a range of support/groups available to address different needs?” (Professional)**

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**Any comments on anything not already covered or any other options / ideas that should be considered**

Consultees were asked if they had any comments on anything not already covered or any other options / ideas that should be considered in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section.

It should be noted that only 23% of consultees provided a response to this question.

The most common themes reiterate points made in earlier questions:

- One to one counselling needs to be retained / accessible to those who cannot attend group sessions / children and young people will be at risk if unable to access one to one sessions – 25% of consultees answering
- Services need funding / not cuts / expand on the existing service – 20%
- Concerns regarding who will deliver the sessions? / will they be qualified, trained? / provide more training to Family Hub staff / schools – 13%

In addition, 18% of consultees commented that mental health is a huge / increasing problem / needs serious attention and funding and 15% of consultees commented that work with schools / use school nurses / drop ins / support based in schools is essential.

**Is there anything else, not already covered, that you would like to tell us, including any other options or ideas you think we should consider.** Base: all consultees providing a response (84).

<b>% THEME</b>	<b>Number of responses</b>	<b>Percentage</b>
One to one counselling needs to be retained / accessible to those who cannot attend group sessions / children and young people will be at risk if unable to access one to one sessions	21	25%
Services need funding / not cuts / expand on the existing service	17	20%
Mental health is a huge / increasing problem / needs serious attention and funding	15	18%
Work with schools / use school nurses / drop ins / support based in schools is essential	13	15%
Who will deliver the sessions? / will they be qualified / trained? / provide more training to Family Hub staff / schools	11	13%
Prevention is needed / early years / early family-centric support / one to one support between parents and children	10	12%
Support needs to be easily accessible / parents need to know where to find it / needs proper promotion and explaining (including dispelling fear of social services becoming involved)	9	11%
Children and young people need to be treated as individuals including their diagnosis and treatment	8	10%
Need more information on how this / group sessions will work	8	10%
More than 6 sessions will be needed / will there still be 12?	6	7%
There are gaps in support, e.g. T1 and T3/T4; from youth to adult service	5	6%
In support of proposals (generic)	3	4%
<b>% THEME</b>	<b>Number of responses</b>	<b>Percentage</b>



Children and young people need to be given the choice / not forced into groups	2	2%
Link up with other groups, e.g. charities, sports groups	2	2%
Provide online support, home visits for those who can't leave the house	2	2%
Many children do not meet CAMHS criteria / they need support / will fall through the gaps	2	2%

Example comments about retaining one to one counselling / making it accessible to those who cannot attend group sessions and children and young people being at risk if unable to access one to one sessions can be found below (in consultees own words):

**“Children and young people of come to counselling with anxiety or anger being the reason, however in one to one session they talk self-harm, trauma, bereavement and struggles to cope emotionally, the young people are unlikely to disclose these things in a group so would not get the support they so badly need.”** (Professional)

**“I think there is a place for group sessions and activities, particularly for those children and young people who have the confidence to access these. However, I think it would a tragedy and an oversight if the options for 1-1 counselling support were removed. A lot of children and young people need to access this support but will never meet the criteria of services such as CYPMHS because their needs are less complex and intensive.”** (Professional)

**“Many of the children that have needed and accessed 1 to 1 counselling would never attended a group session. I have supported hundreds of students, so there would be thousands of children across a school would not have engaged.”** (Professional)

Example comments about concerns of who will deliver the sessions / whether they will they be qualified / trained and training required for Family Hub staff / schools can be found below (in consultees own words):

**“I would like to understand the level of expertise those delivering the sessions would have. Will they still be qualified counsellors or will the counsellors focus on one to one support and specific therapies whilst wellbeing practitioners offer the group sessions looking at more generalised coping strategies?”** (Kent resident)

**“I think it's very important that neuro-diverse children/young people get the right support. A counsellor needs to be trained to support neuro-diverse children otherwise any support could adversely affect the child/young person without the counsellor/professional even knowing. I was trained by the Specialist Teaching and Learning Service. I have seen lots of professionals over the years that don't know how to support neuro-diverse children and have experienced them, although well-meaning, not give the right support and make the child/young person worse. A professional needs at least basic training otherwise they can't support the child/young person appropriately and meet their needs.”** (Kent resident)

**“More training and qualifications for school staff who know the children and have the best insight into Homelife and personal lives and what the child is currently going through.”** (Kent resident)



# MAIN CONSULTATION QUESTIONNAIRE – RESPONSE TO EQUALITY IMPACT ASSESSMENT

Consultees were asked to provide the views on KCC’s equality analysis on in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the ‘Points to Note’ section.

Only 21% of consultees provided a response to this question. Amongst those answering, 31% made reference to areas unrelated to the equality analysis and reiterated earlier points made and 5% indicated they had nothing to add.

The main area of concern amongst those who provided a view on the equality analysis is that proposals are perceived to be discriminatory towards neurodiverse individuals (22%). In addition, a proportion believe they are discriminatory towards:

- Certain groups based on gender, age, disability – 13%
- Ethnic minorities – 9%
- Those without transport / limited transport options due to location of groups – 9%
- Low income / less affluent households – 8%

**We welcome your views on our equality analysis and if you think there is anything else we should consider relating to equality and diversity?** Base: all consultees providing a response (64).

% THEME	Number of responses	Percentage
Discriminatory towards neurodiverse individuals	14	22%
Everyone should be treated equally / considered / given same opportunities	9	14%
Discriminatory towards certain groups based on – gender / age / disability	8	13%
Discriminatory towards ethnic minorities	6	9%
Discriminatory towards those without transport / limited transport options due to location of groups	6	9%
Discriminatory towards low income / less affluent households	5	8%
Equality analysis is appropriate / adequate / sufficient	4	6%
Discriminatory to those who do not meet criteria / those with undiagnosed conditions	3	5%
Family Hubs might not be suitable/accessible locations	3	5%
Criticism of consultation	2	3%
Other comments unrelated to equality analysis	20	31%
Nothing to add	5	8%

Example comments about perceptions of proposals being discriminatory towards neurodiverse individuals can be found below (in consultees own words):

**“Group sessions are less appropriate for many neurodivergent people as the very session will become stressors.”** (Kent resident)

**“I think that those who are SEND could be more adversely affected if forced to attend group sessions that do not meet their needs. Children with SEND often feel "different" as it is and some will mask their difficulties such that KCC may feel it's appropriate to place them in a group setting, when actually this may place enormous stress of those children, who will mask and camouflage during their therapy sessions which could lead to a worsening of their mental (and physical) health.”** (Kent resident)

**“Neurodiverse children will potentially struggle with it being mainly group focused, as such they may fall through the gaps - there are limited services for this group as it is.”**  
(Professional)

Example comments regarding references to everyone should be treated equally / considered / given same opportunities can be found below (in consultees own words):

**“I think the same 1 to 1 service should be offered to all irrelevant of a young person's specific needs. This would mean that each person is given equal rights and opportunities.”**  
(Kent resident)

**“We are all human being and need the same things.”** (Kent resident)

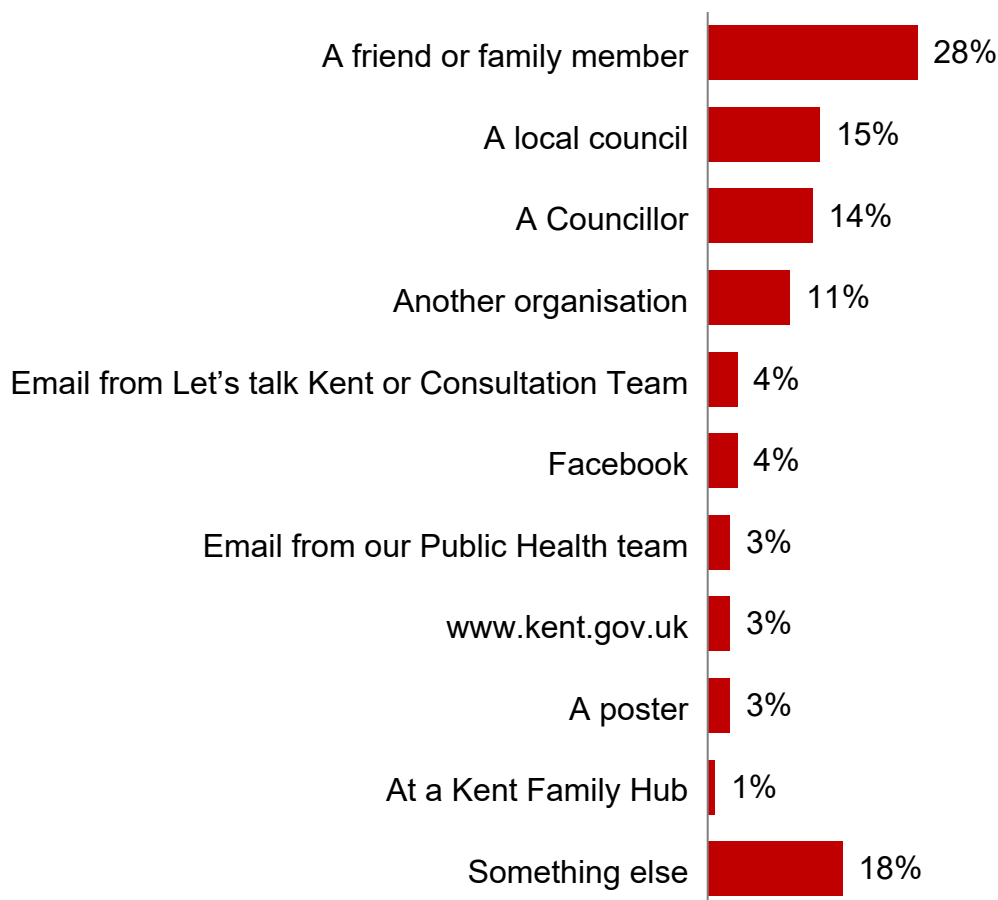
Example comments regarding perceptions of discrimination towards certain groups based on – gender / age / disability can be found below (in consultees own words):

**“The funding is being shared out fairly, our future, our children are not being given what they need in anyway by planning on group therapy but assuming you can help more people in groups which is not going to happen when none of those people are going to get help in the first place, you a wonderful service which is being aimed to be cut is now looking at using money for other health and wellness ideas in the community. Funding is the issue , not the concern or well fair of the children which in my eyes is not using the money fairly by not looking after the children. This is age discrimination.”** (Kent resident)

**“Absolutely - how do you propose to be equitable with CYP who may have global developmental delay, neurodiversity, physical health issues or other physical / emotional / neurological difficulties? How would the new service provide for this element of our society?”** (Kent resident)

The most common means of finding out about the consultation is from a friend or family member (28%), followed by a local council (15%), a councillor (14%) and another organisation (11%).

**How did you find out about this consultation?** Base: all providing a response (73).



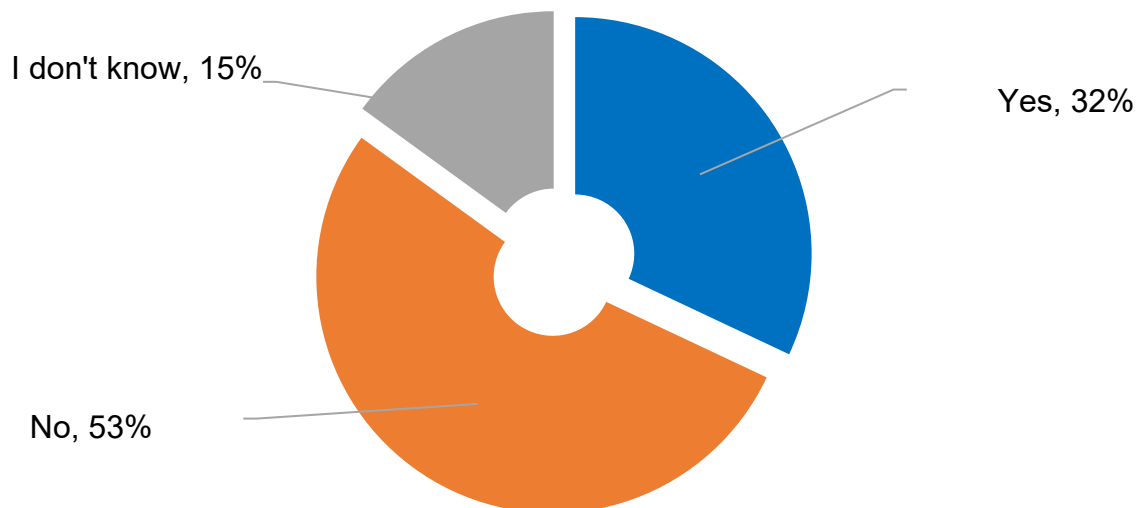
<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
A friend or family member	20	28%
A local council	11	15%
A Councillor	10	14%
Another organisation	8	11%
Email from Let's talk Kent or Consultation Team	3	4%
Facebook	3	4%
Email from our Public Health team	2	3%
www.kent.gov.uk	2	3%
A poster	2	3%
At a Kent Family Hub	1	1%
Something else (e.g. school, KYCC, counsellor)	13	18%

**YOUNG PERSON CONSULTATION QUESTIONNAIRE –  
USE OF KENT CHILDREN AND YOUNG PEOPLE'S  
COUNSELLING SERVICE**

## Use of current Kent Children and Young People Counselling Service

Just under a third of those responding via the young person questionnaire (32%) indicated use of the current Kent Children and Young People's Counselling Service either themselves or within their family. 53% indicated they have not and 15% are unsure.

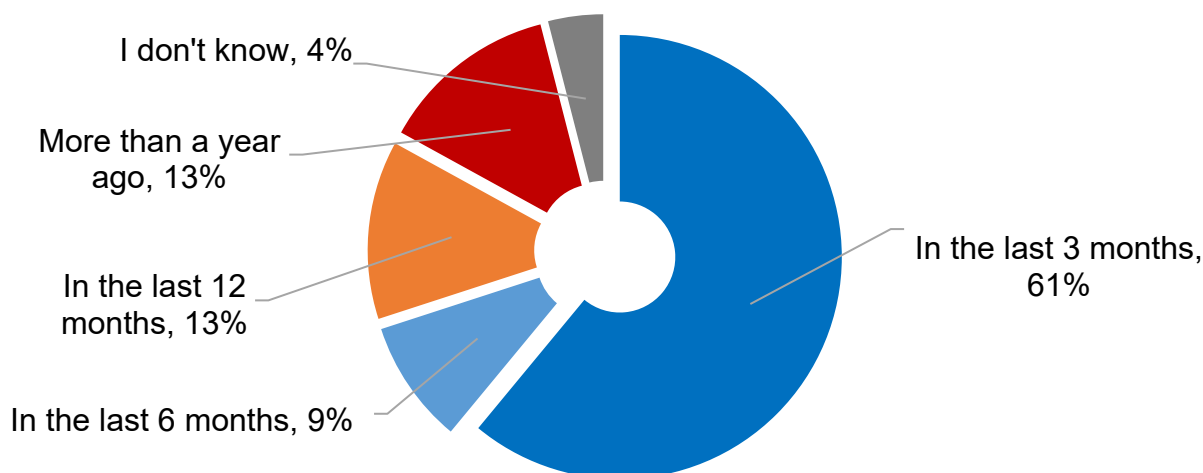
**Have you or your family used the current Kent Children and Young People's Counselling Service?** Base: all responding (72).



SUPPORTING DATA TABLE	Number of responses	Percentage
Yes	23	32%
No	38	53%
I don't know	11	15%

Recency of using the service is more recent than observed for the main consultation questionnaire with 61% using the service in the last 3 months.

**Please tell us when you or your family last used the Children and Young People's Counselling Service?** Base: all responding (23).



SUPPORTING DATA TABLE	Number of responses	Percentage
In the last 3 months	14	61%
In the last 6 months	2	9%
In the last 12 months	3	13%

More than a year ago	3	13%
I don't know	1	4%

### **Most helpful thing about the Counselling Service**

Consultees who had indicated that their families are current users of the Children and Young People’s Counselling Service were asked to describe the most helpful thing about the service in their own words. The comments have been reviewed and summarised below (themes have not been quantified in terms of statistics due to the number of consultees answering).

83% of consultees who indicated they use the service provided a comment to this question (19 consultees).

Consultees praised the support they were given and how it helped them:

**“To feel supported, heard, listened to and given the feeling that we mattered and that the struggles were important and needed to be addressed and solutions presented.”**

**“Provided me an outlet for my worries and allowed me to decompress after a long week.”**

**“I felt supported and comfortable to talk about really hard things.”**

Consultees also commented on the value of having one to one sessions and how this format helped them express their feelings:

**“Having one to one sessions helped me to deal with the loss of my nan that I have been struggling with for a long time.”**

**“My 12 year old daughter enjoyed and found very valuable that she had one to one sessions with a professional councillor who was able to listen. My daughter particularly enjoyed that she had a very personal experience.”**

**“Being able to talk to someone about my feelings in a one to one setting. Having the one to one session has really helped my anxiety and to be able to understand controlling my anxiety.”**

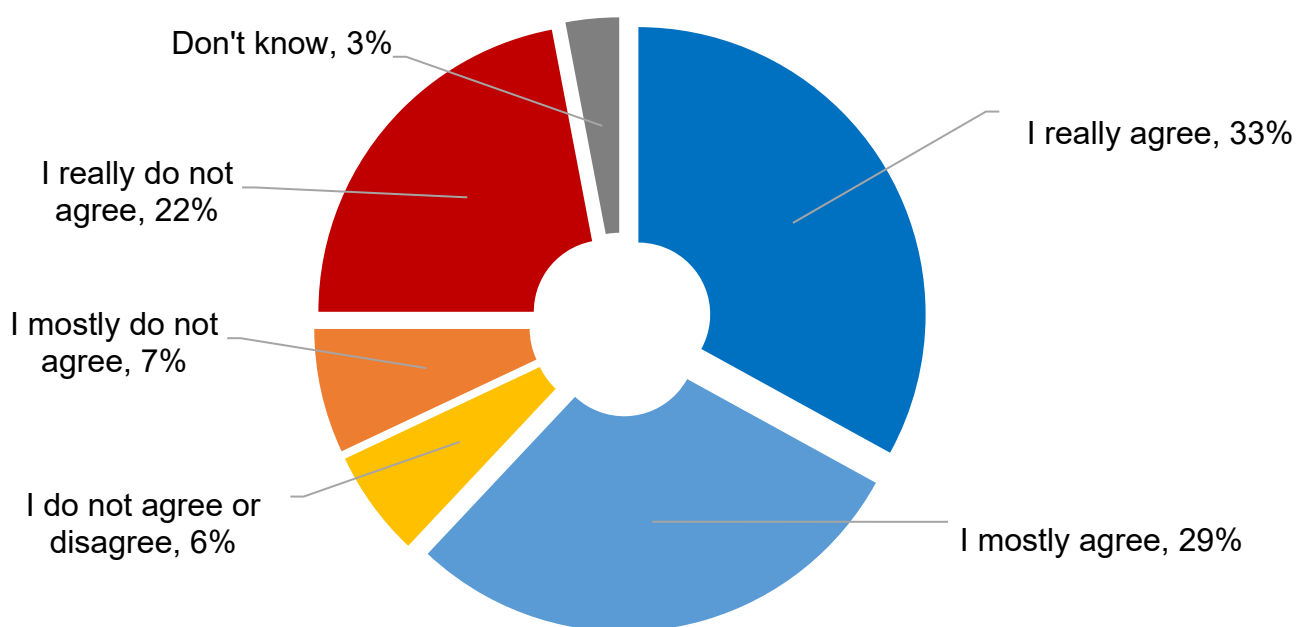
# YOUNG PERSON CONSULTATION QUESTIONNAIRE – RESPONSE TO CONSULTATION PROPOSALS

This section of the report details response to the main proposal as well as the sub proposals concerning service content and service strategy put forward in the consultation.

## Proposal to fund a new Therapeutic Support Service when the agreement for our current Children and Young People’s Counselling Service ends in March 2026

Just under two thirds (63%) agree with the proposal to fund a new Therapeutic Support Service when the contract for our current Children and Young People’s Counselling Service ends in March 2026 (33% strongly agree, 29% tend to agree). 29% disagree with the proposal (22% strongly disagree and 7% tend to disagree). 6% neither agree nor disagree. 3% don't know.

### How much do you agree or disagree with our proposal to fund a new Therapeutic Support Service when the agreement for our current Children and Young People’s Counselling Service ends in March 2026? Base: all providing a response (72)



SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	45	63%
Net – Disagree	21	29%
I really agree	24	33%
I mostly agree	21	29%
I do not agree or disagree	4	6%
I mostly do not agree	5	7%
I really do not agree	16	22%
I do not know	2	3%



## **Reason for agreement rating (proposal to fund a new Therapeutic Support Service when the arrangement for our current Children and Young People's Counselling Service ends in March 2026)**

Consultees were asked to detail their reasons for their level of agreement with the proposal in their own words. The comments have been reviewed and summarised below under key themes (themes have not been quantified in terms of statistics due to the number of consultees answering).

78% of consultees provided a comment to this question (56 consultees).

Some express the positive impact of support for children and teenagers and compliment the availability of services to engage with / talk to:

**"It sounds really good for children and teenagers support because of the range of different things you can do with it such as different activities."**

**"It is a vital service to support anyone with mental health issues or going through a difficult patch."**

**"It's really important for all young people to have the ability to go and speak to someone."**

**"I think using other activities as a gateway to helping and talking about mental health is really helpful, especially for those who have shame around needing help. However, I think the one to one counselling you currently have in place is also useful for many people."**

**"I think that a Therapeutic support service would be good and could help a lot of people with their mental health or if they are struggling with something."**

Others raise concerns about whether group settings will work for all children and young people in terms of personal circumstances, anxiety, being able to open up and peer reaction:

**"Teens are more than likely to struggle or be resistant to a group setting as it feels a lot more impersonal."**

**"I have always preferred working by myself with counsellors rather than in a group as I get too self-conscious talking about myself in front of other people, friends or not. I don't like creativity either."**

**"I wonder whose idea it is to change from one to one counselling to group work, whoever suggested it does not understand children and young people I'd rather be in a group full of adults than my peers. The groups I've done have rules but as soon as you're out of the group people take it out of you and I still got bullied. I'd never do that type of group work again. Young people need one to ones."**

**"I suffer with anxiety so I wouldn't feel comfortable in any other circumstance than a one to one session, group sessions are not for everyone. I would find it hard to talk about my feelings etc."**

**"My daughter's personal needs required one to one counselling as such delicate personal information would be inappropriate to discuss in a group setting. One to one has provided and empowered her to open up and discuss the trauma experienced. She also has possibility of neurodivergent and struggles in group settings so would be a huge barrier in this environment."**

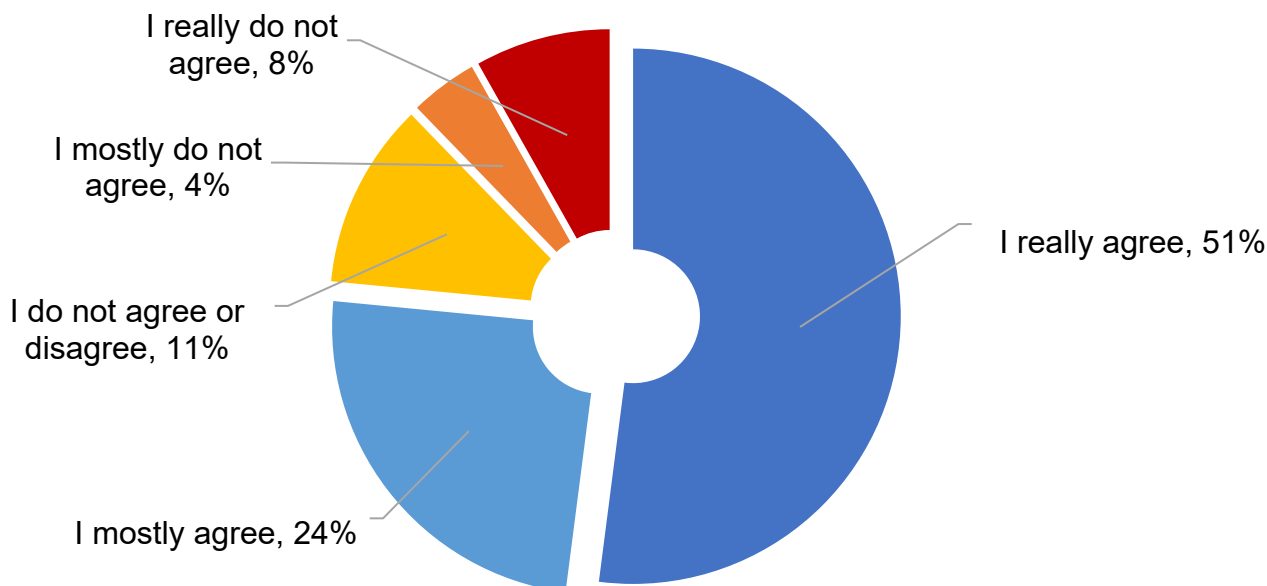
**“I think it is more beneficial for 1 to 1 therapy and counselling sessions. I think that art therapy can be helpful, but I really disagree with group therapy, as people like myself may internalise others’ issues and feelings, altogether making the situation for everyone worse. I also feel like you don’t get enough focus or support in these environments.”**

### Proposals surrounding service content

Three quarters agree with the proposal to offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health (51% strongly agree, 24% tend to agree). 13% disagree with this proposal (4% tend to disagree, 8% strongly disagree) and 11% neither agree nor disagree.

#### How much do you agree or disagree with our proposals to?

**Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health. Base: all providing a response (71)**

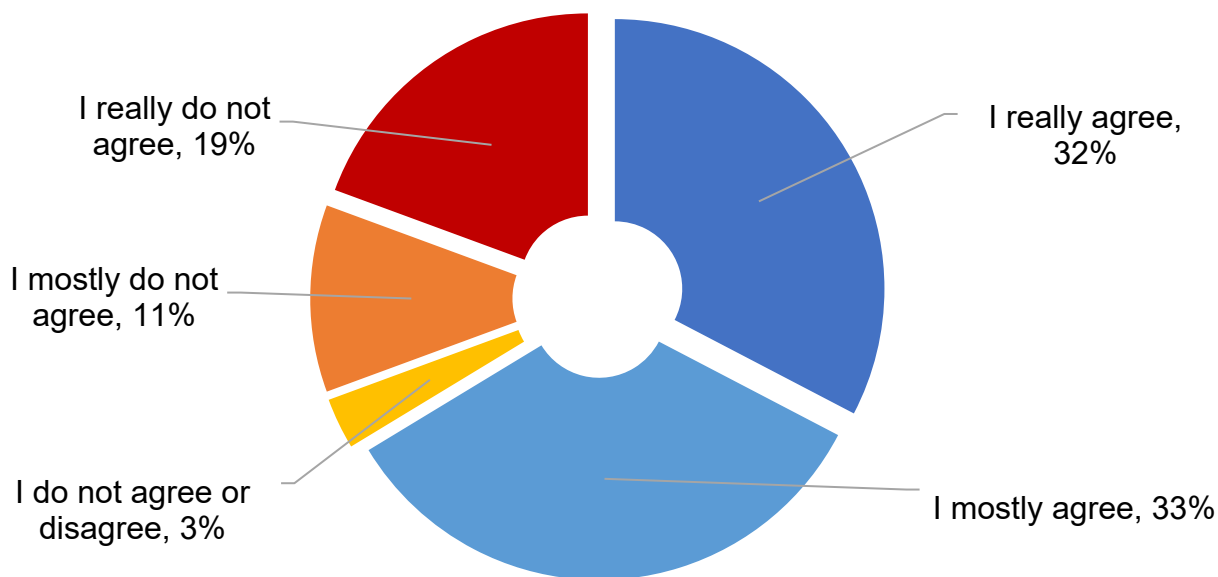


SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	54	75%
Net – Disagree	9	13%
I really agree	37	51%
I mostly agree	17	24%
I do not agree or disagree	8	11%
I mostly do not agree	3	4%
I really do not agree	6	8%
Don't know	0	0%

Just under two thirds (65%) agree with the proposal to offer mostly group sessions with some one-to-one sessions for children and young people who need extra support (32% strongly agree, 33% tend to agree). A significant proportion (31%) disagree with this proposal (11% tend to disagree, 19% strongly disagree). 3% neither agree nor disagree.

## How much do you agree or disagree with our proposals to?

**Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support.** Base: all providing a response (71).

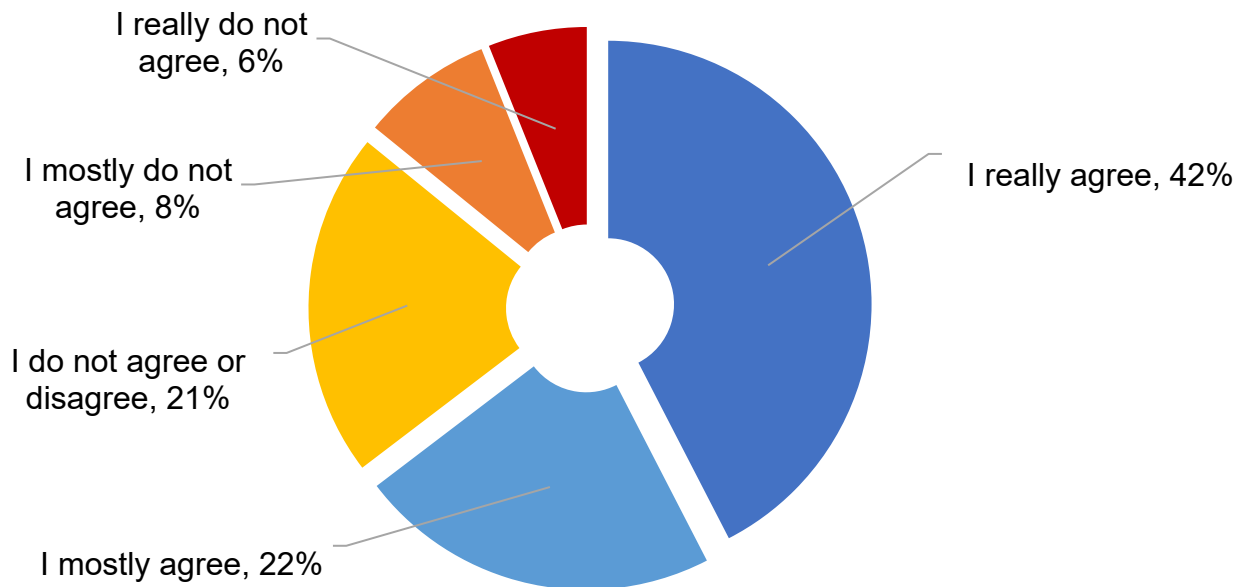


<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
Net – Agree	47	65%
Net – Disagree	10	31%
I really agree	23	32%
I mostly agree	24	33%
I do not agree or disagree	2	3%
I mostly do not agree	8	11%
I really do not agree	14	19%
Don't know	0	0%

Just under two thirds (64%) also agree with the proposal to provide more opportunities for peer support to help children and young people to build mutual connections and understanding (42% strongly agree, 22% tend to agree). 14% disagree with this proposal (8% tend to disagree, 6% strongly disagree). A significant proportion (21%) neither agree nor disagree.

## How much do you agree or disagree with our proposals to?

**Provide more opportunities for peer support to help children and young people to build mutual connections and understanding. Base: all providing a response (71).**



<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
Net – Agree	46	64%
Net – Disagree	21	14%
I really agree	30	42%
I mostly agree	16	22%
I do not agree or disagree	15	21%
I mostly do not agree	6	8%
I really do not agree	4	6%
Don't know	0	0%

## **Any comments on any of the proposals surrounding service content**

Consultees were asked to make any comments on any of the three service content proposals in their own words. The comments have been reviewed and summarised below (themes have not been quantified in terms of statistics due to the number of consultees answering).

28% of consultees provided a comment to this question (20 consultees).

The main concern expressed by those answering is that group sessions will not work / be as effective as one to one session support:

**“In my opinion it is vital that some people receive only one to one sessions as their problems may be too severe to share to a group and may need full attention from the counsellor.”**

**“As I mentioned before groups probably have their place but would not have been suitable for my daughter due to personal information she wanted to discuss.”**

**“I think the proposals are ok, but one to one sessions are still needed because not everyone feels comfortable in groups etc so would not get the help they need or even reach out for help.”**

**“In my opinion it is vital that some people receive only one to one sessions as their problems may be too severe to share to a group and may need full attention from the counsellor.”**

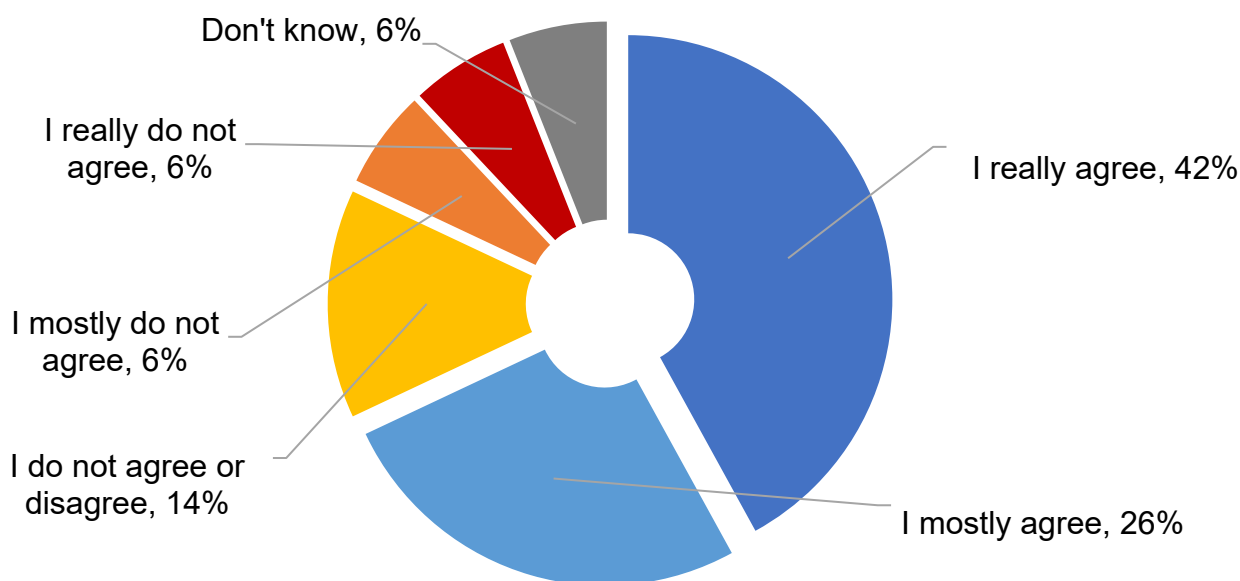
**“Peers can work, but when children have a disagreement, this could blow up. The child then has no one. It should be a class effort not relying on individuals. It can lead to isolation.”**

## Proposals surrounding service strategy

Just over two thirds (68%) agree with the proposal to align activity with the NHS Kent & Medway and children and young people’s mental health services (42% strongly agree, 26% tend to agree). 11% disagree with this proposal (6% tend to disagree, 6% strongly disagree). A significant proportion (14%) neither agree nor disagree.

### How much do you agree or disagree with our proposals to?

**Align our activity with the NHS Kent & Medway and children and young people’s mental health services.** Base: all providing a response (71).



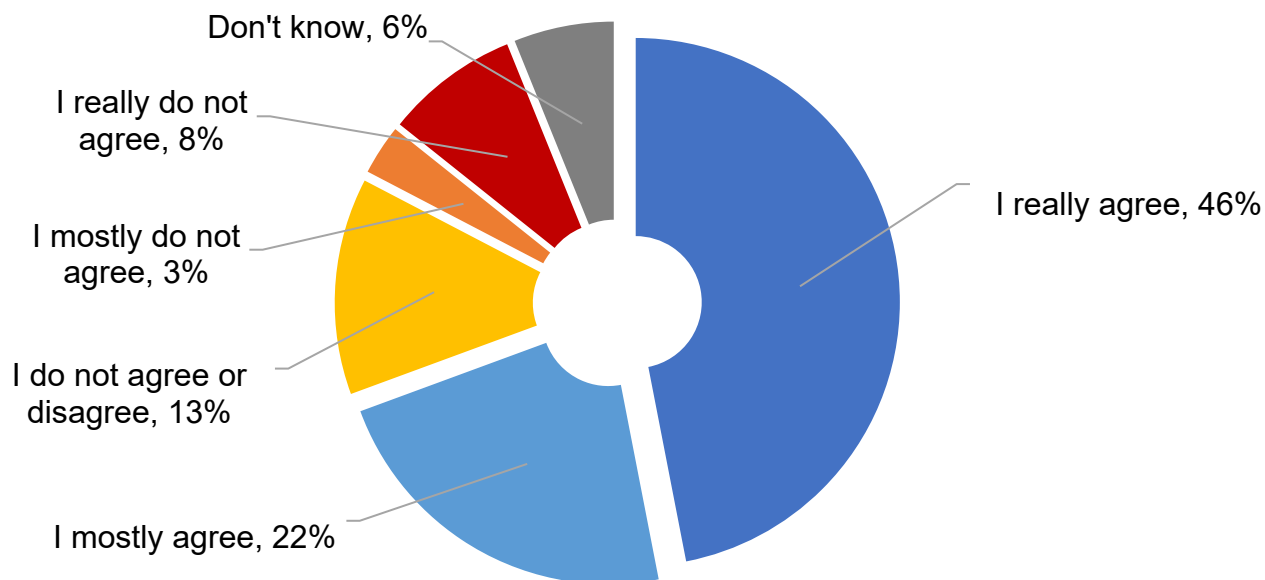
SUPPORTING DATA TABLE	Number of responses	Percentage
Net – Agree	49	68%
Net – Disagree	8	11%
I really agree	30	42%
I mostly agree	19	26%
I do not agree or disagree	10	24%
I mostly do not agree	4	6%
I really do not agree	4	6%
Don't know	4	6%

Just over two thirds (68%) also agree with the proposal to deliver the proposed Therapeutic Support Service as part of the Family Hub network (46% strongly agree, 22% tend to agree). 11% disagree with this proposal (3% tend to disagree, 8% strongly disagree). A significant proportion (13%) neither agree nor disagree.

**How much do you agree or disagree with our proposals to?**

**Deliver the proposed Therapeutic Support Service as part of the Family Hub network.**

Base: all providing a response (70).

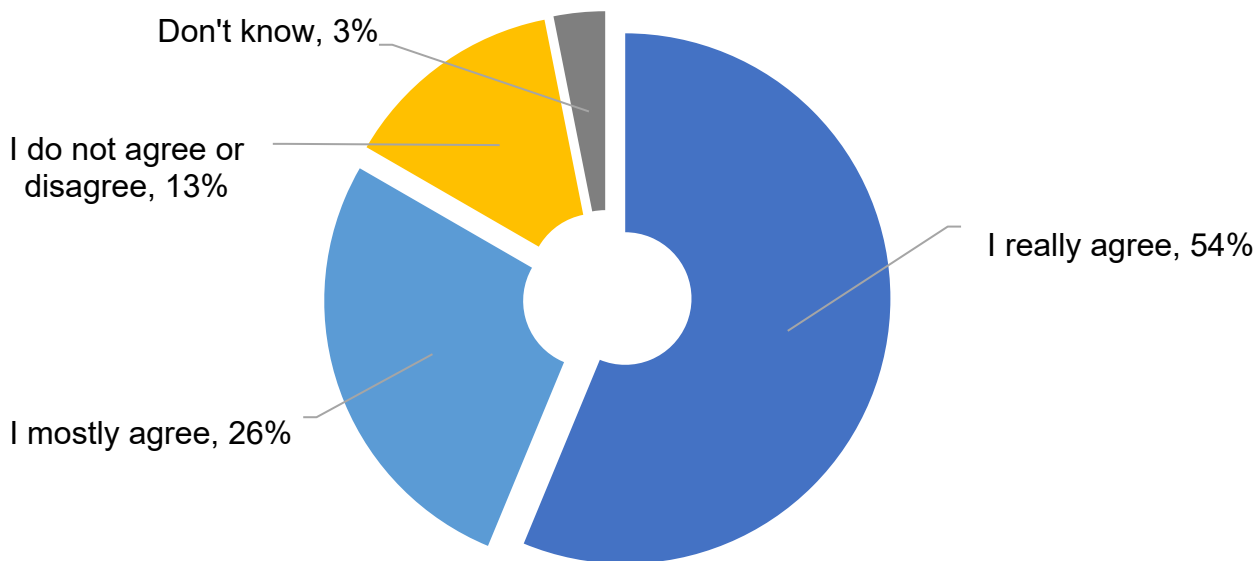


<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
Net – Agree	49	68%
Net – Disagree	8	11%
I really agree	33	46%
I mostly agree	16	22%
I do not agree or disagree	9	13%
I mostly do not agree	2	3%
I really do not agree	6	8%
Don't know	4	6%

Agreement with the proposal to continue offering support for parents and carers of younger children or children and young people with more complex needs is high at 81% (54% strongly agree, 26% tend to agree). 13% neither agree nor disagree.

**How much do you agree or disagree with our proposals to?**

**Continue offering support for parents and carers of younger children or children and young people with more complex needs.** Base: all providing a response (69).



<b>SUPPORTING DATA TABLE</b>	<b>Number of responses</b>	<b>Percentage</b>
Net – Agree	58	81%
Net – Disagree	0	0%
I really agree	39	54%
I mostly agree	19	26%
I do not agree or disagree	9	13%
I mostly do not agree	0	0%
I really do not agree	0	0%
Don't know	2	3%



## **Any comments on any of the proposals surrounding service strategy**

Consultees were asked to make any comments on any of the three service strategy proposals in their own words. The comments have been reviewed and summarised below (themes have not been quantified in terms of statistics due to the number of consultees answering).

Only 17% of consultees provided a comment to this question (12 consultees).

A range of different comments were made touching on group session concerns, definitions of complex needs and Family Hub accessibility:

**“I wouldn’t want to join a group session and would want to see a counsellor 1:1.”**

**“I think joint counselling is a bad idea as many may feel as they cannot open up Infront of more than one person, trust is earnt not given and that is hard to do in group sessions.”**

**“What is complex, my needs may not mean the same to you as they do to me - I have complex needs, but you don’t think I do.”**

**“I don't know how accessible family hubs are and I'm not sure how aware people are of them but assuming this is advertised we'll that should be fine.”**

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## **Any comments on anything not already covered or any other options or ideas that should be considered**

Consultees were asked if they had any comments on anything not already covered or any other options / ideas that should be considered in their own words. The comments have been reviewed and summarised below (themes have not been quantified in terms of statistics due to the number of consultees answering).

Only 17% of consultees provided a comment to this question (12 consultees).

The majority of comments made compliment the existing service and raise concern that services for children and young people are continuously being cut:

**“Stop cutting services for young people, there are not enough things for us to do already. I don’t want to talk about the type of very personal things i discussed with my counsellor with a group of people my own age, it’s a terrible and inconsiderate idea and shows some people haven’t got a clue about young people and some of the issues they face, peer pressure and bullying being very common and important issues.”**

**“Make sure everything is neurodivergent friendly as many of the young people struggling with mental health are. Thank you for offering these support services it is appreciated:-)))”**

**“I just would like to say that current set up worked wonders for my daughter. Yes, the waiting time was few months so I understand that creating group sessions would help with this, but the groups will never provide the intimate and personal experience that some children need.”**

**“I don't think the service should change, if anything more sessions one to one are to be offered and more support for bereaved children.”**

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## YOUNG PERSON CONSULTATION QUESTIONNAIRE – RESPONSE TO EQUALITY IMPACT ASSESSMENT

Consultees were asked to provide the views on KCC's equality analysis on in their own words. The comments have been reviewed and summarised below (themes have not been quantified in terms of statistics due to the number of consultees answering).

Only 14% of consultees provided a comment to this question (10 consultees).

Comments reference potential discrimination or concern about how children and young people are / will be feeling:

**“People who struggle to talk in groups may be negatively affected.”**

**“Young people experiencing sexuality questioning or gender questioning like my daughter are potentially not going to get the support they need. I cannot imagine her speaking about it in a group.”**

**“I think that some may feel singled out.”**

**“We are not treated as equal in society. Because you label us special needs”**

---

# EASY READ CONSULTATION QUESTIONNAIRE SUMMARY

8 consultees completed the Easy Read version of the questionnaire; 7 completed the questionnaires as someone living in Kent and 1 completed the questionnaire on behalf of a friend or family member. 4 indicated they have children and 4 indicated they do not have children.

Responses from these questionnaires can be found below:

## Have you or your family used the Children and Young People’s Counselling Service?

	Number of responses
Yes	4
- In last three months	2
- In the last year	1
- More than a year ago	1
No	0
Don’t know	1
Prefer not to answer / left blank	3

## What was the most helpful thing about the Counselling Service for you or your family? (4 consultees answering)

“My child building a special bond with our counsellor. The resources of ongoing support. Learning more about my child.”

“It provided a one to one support opportunity for my child to have the freedom to openly discuss her thoughts, feelings, worries with a trusted adult. My daughter has had a recent ASC diagnosis so allowing her to meet in a one to one set up was crucial for her to feel she could open up and have very important conversations that she would not have done in a group session. The sessions were in a safe and secure neutral setting where my daughter felt comfortable to leave me. On observation, the current service providers have a very strong partnership with the Family Hub and as a parent this was very reassuring. If you take away the current service providers, it will be at the cost of the young people currently benefiting from the service.”

## Main proposal

## How much do you agree with this? (Start a new service called the Therapeutic Support Service.)

	Number of responses
Net – Agree	3
Net – Disagree	5
I really agree	2
I mostly agree	1
I do not agree or disagree	0
	Number of responses

I mostly do not agree	2
I really do not agree	3
Don't know	0

**Tell us more about your answer. Why did you say that? (8 consultees answering)**

“We need help with different activities for children and young people.”

“Young people struggle to talk one to one, let alone in a group setting.”

**Service content proposals**

**How much do you agree with this? (We want to help children and young people with their emotional wellbeing using group therapy activities.)**

	Number of responses
Net – Agree	5
Net – Disagree	2
I really agree	4
I mostly agree	1
I do not agree or disagree	1
I mostly do not agree	0
I really do not agree	2
Don't know	0

**How much do you agree with this? (In our new service, we want to help children and young people with their emotional wellbeing mostly in groups. But we would still have some activities for children and young people who need support on their own.)**

	Number of responses
Net – Agree	5
Net – Disagree	3
I really agree	5
I mostly agree	0
I do not agree or disagree	0
I mostly do not agree	0
I really do not agree	3
Don't know	0

**How much do you agree with this? (In our new service we want to give children and young people a chance to meet others who have similar experiences, learn from each other, support each other. This is called peer support.)**

	Number of responses
Net – Agree	4
Net – Disagree	2
I really agree	3
I mostly agree	1
I do not agree or disagree	0
I mostly do not agree	0
I really do not agree	2
Don't know	1

### **Service strategy proposals**

**How much do you agree with this? (The new service would need to work closely with NHS Kent and Medway and children and young people's mental health services. This is so children and young people can get the right support quickly. And from the right service.)**

	Number of responses
Net – Agree	6
Net – Disagree	1
I really agree	5
I mostly agree	1
I do not agree or disagree	1
I mostly do not agree	0
I really do not agree	1
Don't know	0

**How much do you agree with this? (We plan to run the new Therapeutic Support Services as part of Kent Family Hubs. This means some groups will be in the same place as lots of other KCC services, like youth workers and speech therapy.)**

	Number of responses
Net – Agree	5
Net – Disagree	3
I really agree	3
I mostly agree	2
I do not agree or disagree	0
I mostly do not agree	1

	Number of responses
I really do not agree	2
Don't know	0

**How much do you agree with this? (We plan to keep offering support to parents and carers of younger children, children and young people with complex needs.)**

	Number of responses
Net – Agree	7
Net – Disagree	0
I really agree	7
I mostly agree	0
I do not agree or disagree	1
I mostly do not agree	0
I really do not agree	0
Don't know	0

**Do you want to tell us anything else about our plan to support children and young people's wellbeing? (7 consultees answering)**

"Many young people struggle to face and share their worries. Expecting them to talk about their wellbeing in a group setting is worrying. How many young people will not attend due to speaking out in front of others."

"Some people might find peer support helpful, but I would probably not say anything."

**Do you have any ideas that you think would be good for how we support children and young people with their emotional wellbeing? (8 consultees answering)**

"Could the offer be to continue the one to one sessions as they are but bring in an additional service for group work. I can only speak from experience, but my daughter benefited hugely from her one to one sessions."

"If they get to know one person with whom they can stay with and slowly get to know and trust."

**Do you want to say anything about what our plan might mean for equality and diversity? (4 consultees answering)**

"They all need separate support as they are all different."

"I fear that equality and diversity will be missed due to the nature of providing a group setting/ sessions. By providing one to one sessions, it allows the current provider to tailor the sessions."

## NEXT STEPS

This report and KCC's response to the consultation is expected to be presented to Members of the Public Health and Reform Cabinet Committee on 11 March 2025 before a decision is made by the Cabinet Member for Adult Social Care and Public Health.

We will publish both documents and details of any decisions taken on the consultation webpage: <https://letstalk.kent.gov.uk/cyp-wellbeing-support>. An email will also be sent to those who completed the online questionnaire and selected that they would like to be kept informed of KCC consultations.

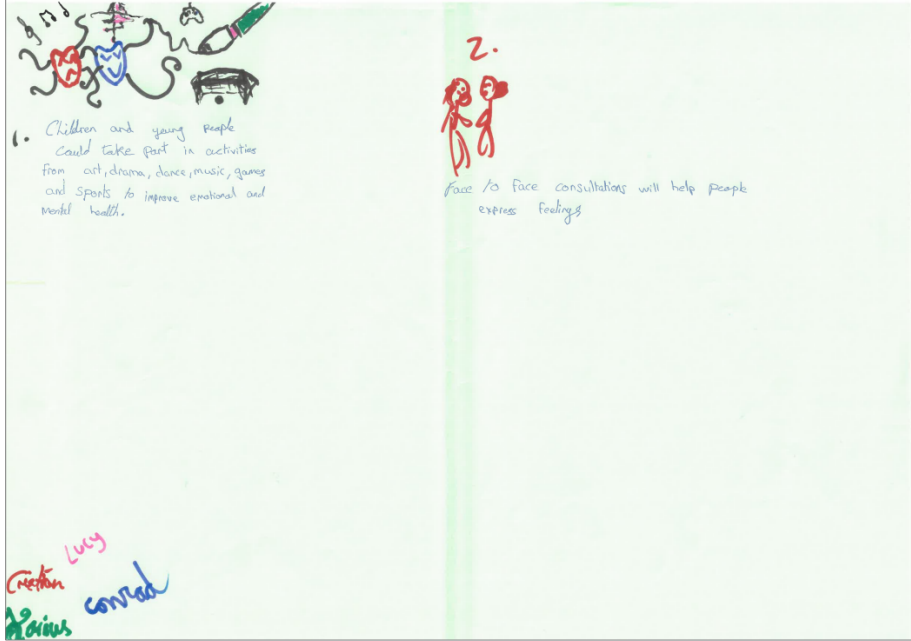
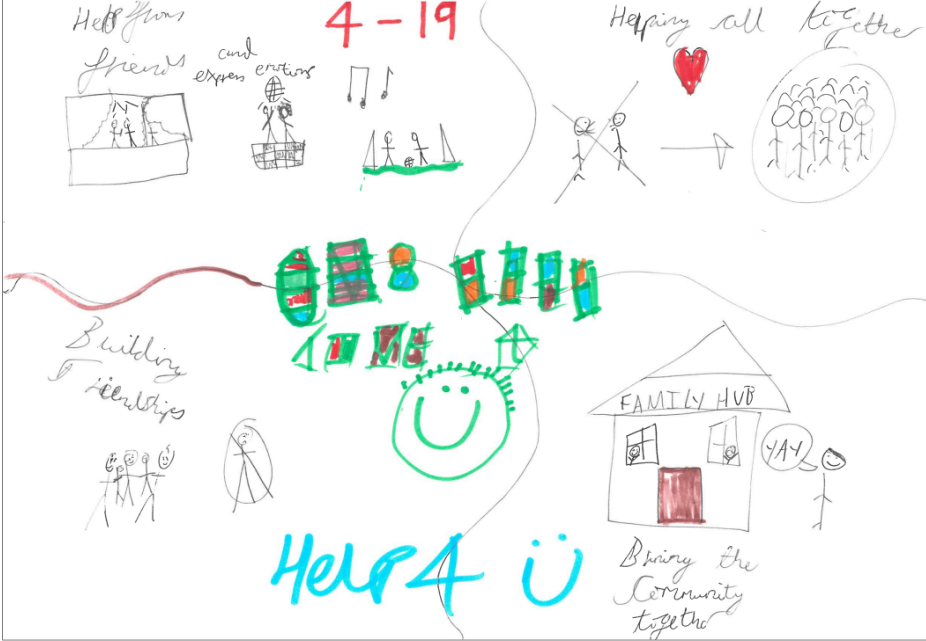


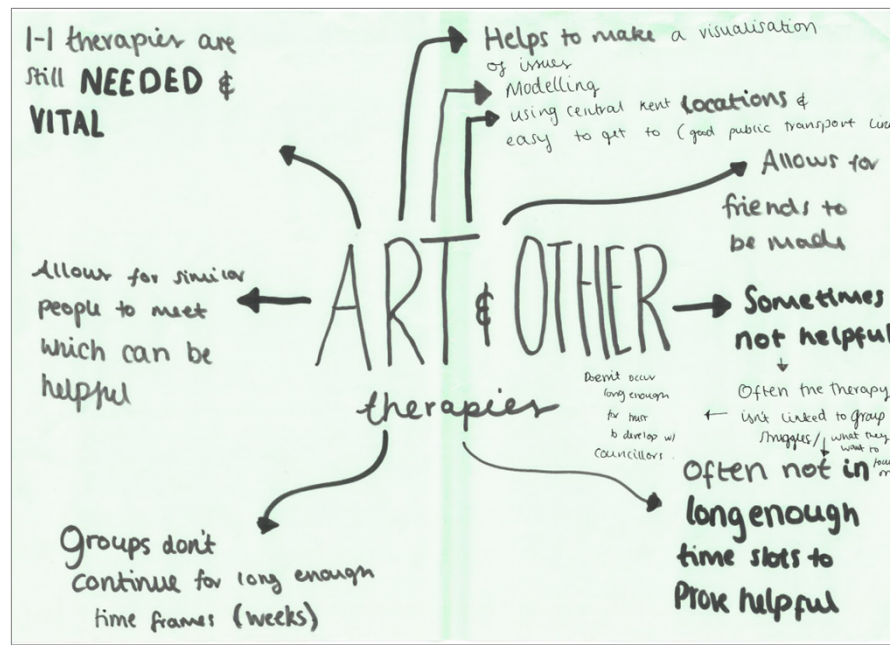
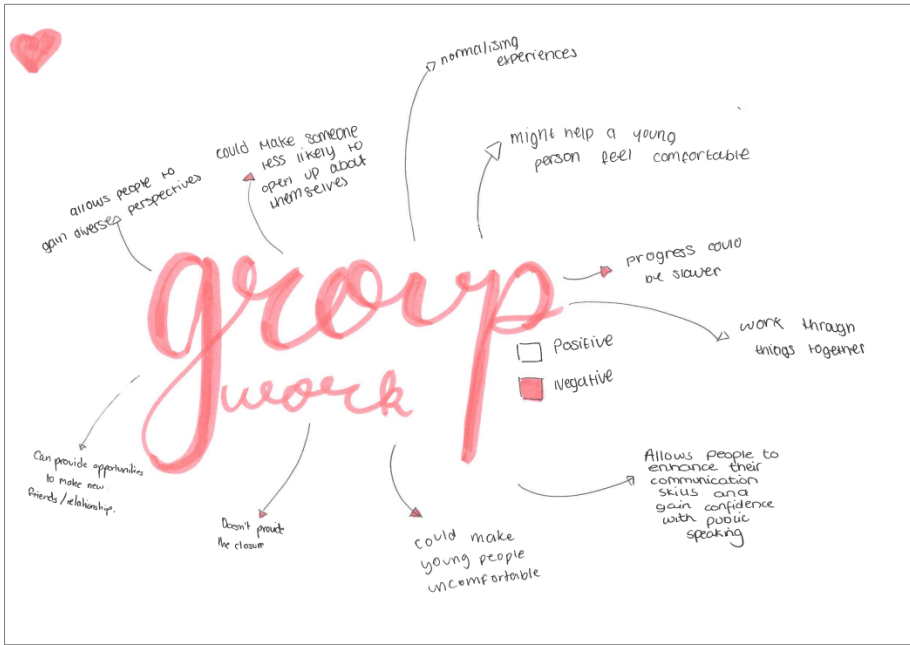
## APPENDIX A – SUMMARY OF ENGAGEMENT EVENT OUTPUTS

100 young people took part in the Big Mental Health consultation event in Maidstone on 9<sup>th</sup> October 2025. At the event, similar questions to those in the consultation questionnaire were asked of those attending. A summary of responses can be found below (please note, one adult who was accompanying a young person also shared their views; for clarity, their responses are shown separately from the young person responses in the table below).

Consultation questionnaire question	Big Mental Health session question	Ratings						Total responses
		0	1	2	3	4	5	
		I do not know	I really do not agree	I mostly do not agree	I do not agree or disagree	I mostly agree	I really agree	
Offer mostly group sessions with some one to one sessions for children and young people who need extra support	The activities would mostly be in groups with someone to one sessions for people who need extra support	0	3	4	5	20	7	40
Adult response to Q1		0	0	0	0	0	1	1
Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health	Instead of speaking to a counsellor on their own, children and young people could take part in activities like art, drama, dance, music, games and sport to help their emotional and mental health	0	0	0	3	21	21	48
Adult response to Q2		0	0	0	0	2	0	2
Deliver the proposed Therapeutic Support Service as part of the Kent Family Hubs	The activities could happen in a Family Hub, school, or other places in the community	0	0	1	4	12	17	35
Adult response to Q3		0	0	0	0	1	0	1
Provide more opportunities for peer support to help children and young people to build mutual connections and understanding	We would provide more chances for people to meet others who have the same feelings, learn from each other and support each other	0	0	1	5	11	18	37
Adult response to Q4		0	0	0	0	0	0	0

A discussion session was held with approximately 40 members of Kent Youth County Council on 19<sup>th</sup> October 2025, exploring similar questions to those used in the consultation questionnaire. Young people participating in the discussion produced the following posters as part of their responses:





It won't work.

It needs to be more available

1. A big community could help make people feel comfortable and accepted and able to share their problems.

It could work in some cases

1. counselling helps people talk about their problems, doing public bus schemes with lots of people it might not help people talk about what's bothering them

Might not work in some ways

Jojo & Lamin, Manned.

# Activities

Doing drama can help improve confidence

Playing / listening to music can help you feel more calm

Playing games can improve mental health by reducing stress

Doing art allows children to express themselves in a productive way

Sports can help improve their not only mental but also physical health

Abena + tani

Theater, music and art workshops are great ideas!!

having people around who face similar problems with you, could make you feel as if you're not alone and could make you more confident



Providing a community for affected children who might need support is a good thing

Art is a great group activity

It's good to provide opportunities for children to socialize, however you should spend one on one so group activities could be confusing. Many to approach. I think it would be good to spread awareness for group therapy sessions in schools. But to have them that environment can be inappropriate. I think you should have some paper.



Make sure there is no pressure to talk about feelings, socialize with others or do anything specific to lower anxiety

Make sure you have coping mechanisms • ear-buds / headphones • separate room in case of overstimulation • choices of activities

Sessions being in the family will make it more comfortable

Steve



Could seem a bit scary if it were a character



having opportunities to do it in groups so people socialise skills

1) Some people might not want to do it in groups

scared

4) offering virtual sessions would be useful too





# APPENDIX B - CONSULTATION QUESTIONNAIRES

## MAIN CONSULTATION QUESTIONNAIRE

### SECTION 1 – ABOUT YOU

Before you tell us your views on our proposals, we would like to ask you some questions about you. This information will help us to understand your views in more depth.

#### Q1. How are you responding to this consultation?

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

[If you are a young person we recommend that you use the young person version of the questionnaire, which is available from the consultation webpage or on request.](#)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | As a Kent resident (living in the Kent County Council authority area)   |
| <input type="checkbox"/> | As a resident from somewhere else, such as Medway or further away   |
| <input type="checkbox"/> | On behalf of a family member or friend ( <a href="#">please complete this questionnaire using their information</a> ) |
| <input type="checkbox"/> | As a member of Kent County Council staff  |
| <input type="checkbox"/> | As a professional   |
| <input type="checkbox"/> | Providing the official response of an organisation, group, or business  |
| <input type="checkbox"/> | On behalf of an educational establishment, such as a school or college  |
| <input type="checkbox"/> | As a Town, Parish, District, Borough or County Councillor   |
| <input type="checkbox"/> | On behalf of a Town, Parish, District or Borough Council in an official capacity                                      |
| <input type="checkbox"/> | As a representative of a local community group or residents' association  |
| <input type="checkbox"/> | On behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation                               |
| <input type="checkbox"/> | Other, please tell us:  |

**Q1a. If you are providing the official response of an organisation, group, or business or responding as a professional, please tell us the name of your organisation. Write in below.**

**Q1b. If you are a professional, please select from the list below, your profession. Select one option.**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Child or young person's emotional wellbeing / mental health practitioner / counsellor |
| <input type="checkbox"/> | Children's social worker  |
| <input type="checkbox"/> | Early years practitioner / teacher  |
| <input type="checkbox"/> | Family Hub staff  |
| <input type="checkbox"/> | General Practitioner (GP)   |
| <input type="checkbox"/> | Health Visitor  |
| <input type="checkbox"/> | Primary school teacher / teaching assistant / pastoral staff / SENCO                  |
| <input type="checkbox"/> | Secondary school teacher / teaching assistant / pastoral staff / SENCO                |
| <input type="checkbox"/> | Teaching / SENCO / pastoral staff in Further Education or Higher Education setting    |
| <input type="checkbox"/> | Other, please tell us:  |

**Q2. Please tell us the first 5 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.

**Q3. How did you find out about this consultation? Select all that apply.**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | An email from KCC's Public Health team ( <a href="mailto:phstprogramme@kent.gov.uk">phstprogramme@kent.gov.uk</a> ) |
| <input type="checkbox"/> | An email from Let's talk Kent / KCC's Engagement and Consultation team  |
| <input type="checkbox"/> | At a Family Hub   |

- Facebook
- From a Councillor
- From a friend or family member
- From another organisation
- From my Parish, Town or District Council
- Kent.gov.uk website
- LinkedIn
- Poster
- Newspaper
- Nextdoor
- X (formerly Twitter)
- Other, please tell us:

**If you are responding on behalf of an organisation, as a professional or as a member of KCC staff, please go to Section 2, question 7.**

**If you are responding as a resident or on behalf of a family member or friend, please continue to the next question (question 4).**

**Q4. Do you have any children? Select one option.**

- Yes
- No



**Q4a. If you answered 'Yes' to Q4, which of the following age groups does your child / children fall into? Select all that apply.**

- |                          |                    |
|--------------------------|--------------------|
| <input type="checkbox"/> | 0 to 3 years old   |
| <input type="checkbox"/> | 4 to 10 years old  |
| <input type="checkbox"/> | 11 to 16 years old |
| <input type="checkbox"/> | 17 to 19 years old |

**Q5. Does your child / children have Special Educational Needs and/or Disabilities? Select all that apply.**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Yes – with an Education Health and Care Plan (EHCP)        |
| <input type="checkbox"/> | Yes – without an Education Health and Care Plan (EHCP)     |
| <input type="checkbox"/> | My child(ren) has additional needs but no formal diagnosis |
| <input type="checkbox"/> | No   |
| <input type="checkbox"/> | I don't know   |

The Kent Children and Young People's Counselling Service is delivered on KCC's behalf by the Kent Community Health NHS Foundation Trust or their partners.

The Counselling Service offers up to six one-to-one counselling sessions to help a young person gain understanding and develop strategies to help them explore, manage and understand difficult feelings. For primary school-aged children, the service can offer the child sessions with a counsellor, or if more appropriate, can offer parents online sessions with advice on practical, easy to use strategies to support their child.

The Counselling Service is provided in a range of community locations in Kent, such as health centres and Family Hubs. Online sessions are also offered. The service can be accessed through a referral, which can be made [online](#)<sup>1</sup> or by phoning 0300 123 5205.

More information on the current service is available on the [Kent Community Health NHS Foundation Trust website](#)<sup>2</sup>.

**Q6. Have you or your family used the current Kent Children and Young People's Counselling Service?** Select **one** option.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Yes  |
| <input type="checkbox"/> | No - <a href="#">please straight to question 7</a>           |
| <input type="checkbox"/> | I don't know - <a href="#">please straight to question 7</a> |

**Q6a. If you have answered 'Yes' to Q6, please tell us when you or your family last used the Children and Young People's Counselling Service.**

Select **one** option.

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | In the last 3 months  |
| <input type="checkbox"/> | In the last 6 months  |
| <input type="checkbox"/> | In the last 12 months |
| <input type="checkbox"/> | More than a year ago  |
| <input type="checkbox"/> | I don't know          |

**Q6b. What did you find the most helpful to you / your family about this service?** Write in below. Please do not include any personal information that could identify you or anyone else in your answer.

## SECTION 2 – OUR PROPOSALS

<sup>1</sup> [www.kentcht.nhs.uk/forms/school-health-kent-referral-form](http://www.kentcht.nhs.uk/forms/school-health-kent-referral-form)

<sup>2</sup> <https://family.kentcht.nhs.uk/children-and-young-peoples-counselling-service>

KCC is proposing to fund a new Therapeutic Support Service targeted to meet the needs of children and young people with mild to medium emotional wellbeing and mental health needs, instead of the Kent Children and Young People’s Counselling Service when the contract ends in March 2026.

The new service would offer a range of creative therapies and therapeutic group activities. These would be themed and age-appropriate. The new service would help children and young people:

- Understand and express their emotions positively.
- Build resilience.
- Learn coping strategies and tools.
- Learn long-term self-management skills.

The new service would:

- Recognise and respond to the needs of children and young people who have experienced trauma.
- Provide flexible support for neurodivergent children and young people or those awaiting neurodiversity assessment.
- Provide the opportunity to build connections, develop new relationship(s) and access peer support.
- Make sure children and young people and families know where to find helpful information and resources to access support themselves and to know when and how to contact services for support when they need to.

**We recognise that some children and young people will need some one-to-one sessions and this would still be provided.**

More information on the proposal can be found on page 8 of the consultation document.

**Q7. How much do you agree or disagree with our proposal to fund a new Therapeutic Support Service when the contract for our current Children and Young People’s Counselling Service ends in March 2026? Select one option.**

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Tend to agree
<input type="checkbox"/>	Neither agree nor disagree
<input type="checkbox"/>	Tend to disagree
<input type="checkbox"/>	Strongly disagree
<input type="checkbox"/>	I don’t know

**Q7a. Please tell us the reason for your answer to Q7 in the box below.**

Please do not include any personal information that could identify you or anyone else in your answer.

The proposed Therapeutic Support Service would offer a range of creative and therapeutic activities for children and young people. This means that they could take part in different activities to learn a new skill, activity or technique that is proven to help with emotional wellbeing. The child or young person could use the skills they learn in future to help them look after their wellbeing and increase their resilience. They would learn how to sustain these skills, activities and relationships into the future.

These 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).

The new service would involve offering mainly group sessions with some one-to-one sessions to support children and young people who would need extra support at the start to gently move into group sessions and for those who find interaction in groups overwhelming. For younger children and those with more complex needs, support for parents/carers would also be offered. Groups would be themed and age-appropriate. The number of children and young people attending the sessions would be flexible to make sure that those who attend can achieve their goals and experience an improvement in their emotional wellbeing.

Offering more group sessions would mean:

- More children and young people can be supported.
- Children and young people can get support more quickly with shorter waiting times. This would enable early support and the prevention of on-going mental health difficulties.
- Children and young people would have greater choice in the support available, particularly in more active and creative ways.
- Children and young people could receive support that is tailored to specific needs, for example, neurodivergent children and young people, parent/carer support, peer networks.

The proposed service would also include opportunities for peer support to help children and young people to build connections, understanding and may also support them to develop a new relationship(s) with a peer.

More information on the proposals can be found on page 8 of the consultation document.

**Q8. How much do you agree or disagree with our proposals to ...?**

Select **one** option in each row.

Proposals	Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly Disagree	Don't know
1. Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health						
2. Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support						
3. Provide more opportunities for peer support to help children and young people to build mutual connections and understanding						

**Q8a. If you would like to make any comments on any of the proposals, please tell us in the box below. If your comment relates to a specific proposal, please make this clear in your answer.** Please do not include any personal information that could identify you or anyone else in your answer.

NHS Kent & Medway and KCC are working together to transform children and young people's mental health services, so that children and young people 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. This includes creating a Therapeutic Alliance of providers to deliver services. The proposed KCC Therapeutic Support Service would be aligned to this Alliance by offering short-term

support that is recognised as being effective by the National Institute for Health and Care Excellent (NICE).

A new contract would be set up to make sure that the organisation(s) delivering the proposed Therapeutic Support Service works together with other mental health service providers, so that children, young people and families get support from services that are best able to meet their needs.

The current Children and Young People's Counselling Service is delivered as part of the School-aged Public Health Service. The proposed Therapeutic Support Service would be delivered as part of the Kent Family Hub network. The Kent Family Hub network is a group of organisations across Kent that work in partnership to deliver services for children, young people and families under the umbrella of Kent Family Hubs. The proposed change would mean that services are delivered from one of the 56 local Family Hub sites across Kent or through outreach within local communities. More information on Kent Family Hubs is available from KCC's [website](#)<sup>3</sup>.

In some cases, for younger children or those with complex needs, the proposed service would also continue to 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.
- Access parental peer support groups.

More information on the proposals can be found on page 8 of the consultation document.

## **Q9. How much do you agree or disagree with our proposals to ...?**

Select **one** option in each row.

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<sup>3</sup> [www.kent.gov.uk/education-and-children/kent-family-hub](http://www.kent.gov.uk/education-and-children/kent-family-hub)

Proposals	Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly Disagree	Don't know
1. Align our activity with the NHS Kent & Medway and children and young people's mental health services						
2. Deliver the proposed Therapeutic Support Service as part of the Family Hub network						
3. Continue offering support for parents and carers of younger children or children and young people with more complex needs						

**Q9a. If you would like to make any comments on any of the proposals, please tell us in the box below. If your comment relates to a specific proposal, please make this clear in your answer.** Please do not include any personal information that could identify you or anyone else in your answer.

**Q10. Is there anything else, not already covered, that you would like to tell us, including any other options or ideas you think we should consider?** Write in below. Please do not include any personal information that could identify you or anyone else in your answer.

## SECTION 3 – EQUALITY ANALYSIS

To help ensure that we are meeting our obligations under the Equality Act 2010 we have carried out an Equality Impact Assessment (EqIA) on the proposed Therapeutic Support Service.

An EqIA is a tool to assess the potential impact any proposals could have on the protected characteristics: age, disability, gender identity, marriage and civil partnership, pregnancy and

maternity, race, religion or belief, sex, sexual orientation. At KCC we also include carer's responsibilities. The EqIA is available online at [www.kent.gov.uk/cypwellbeingsupport](http://www.kent.gov.uk/cypwellbeingsupport) or in paper copy on request.

**Q11. We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity. Please add any comments below.**

Please do not include any personal information that could identify you or anyone else in your answer.

## SECTION 4 – MORE ABOUT YOU

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions.

This information really helps us to understand how different people could be affected by the proposals but **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.

**Q12. Are you...? Select one option.**

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	I prefer not to say

**Q13. Is your gender the same as at your birth? Select one option.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I prefer not to say



**Q14. Which of these age groups applies to you? Select one option.**

<input type="checkbox"/>	0-15	<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-49	<input type="checkbox"/>	50-59
<input type="checkbox"/>	60-64	<input type="checkbox"/>	65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>	85+ over	<input type="checkbox"/>	I prefer not to say

**Q15. Do you regard yourself as belonging to a particular religion or holding a belief? Select one option.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I prefer not to say

**Q15a. If you answered 'Yes' to Q15, which of the following applies to you? Select one option.**

<input type="checkbox"/>	Christian
<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Other
<input type="checkbox"/>	I prefer not to say

If you selected Other, please specify:

The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis, and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

**Q16. Do you consider yourself to be disabled as set out in the Equality Act 2010?** Select one option.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I prefer not to say

**Q16a. If you answered 'Yes' to Q16, please tell us the type of impairment that applies to you.**

You may have more than one type of impairment, so please select **all** that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.

<input type="checkbox"/>	Physical impairment
<input type="checkbox"/>	Sensory impairment (hearing, sight or both)
<input type="checkbox"/>	Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
<input type="checkbox"/>	Mental health condition
<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	I prefer not to say

Other

Other, please specify:

A Carer is anyone who provides unpaid care for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

**Q17. Are you a Carer?** Select **one** option.

- Yes
- No
- I prefer not to say

**Q18. Are you ...?** Select **one** option.

- Heterosexual/Straight
- Bi/Bisexual
- Gay man
- Gay woman/Lesbian
- Other
- I prefer not to say

**Q19. To which of these ethnic groups do you feel you belong? Select one option.** (Source 2011 Census)

<input type="checkbox"/>	White English	<input type="checkbox"/>	Mixed White & Black Caribbean
<input type="checkbox"/>	White Scottish	<input type="checkbox"/>	Mixed White & Black African
<input type="checkbox"/>	White Welsh	<input type="checkbox"/>	Mixed White & Asian
<input type="checkbox"/>	White Northern Irish	<input type="checkbox"/>	Mixed Other*
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Black or Black British Caribbean
<input type="checkbox"/>	White Gypsy/Roma	<input type="checkbox"/>	Black or Black British African
<input type="checkbox"/>	White Irish Traveller	<input type="checkbox"/>	Black or Black British Other*
<input type="checkbox"/>	White Other*	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>	I prefer not to say
<input type="checkbox"/>	Asian or Asian British Bangladeshi		
<input type="checkbox"/>	Asian or Asian British Other*		

\*Other - If your ethnic group is not specified on the list, please describe it here:

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered before any decisions are taken.

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

## YOUNG PERSON CONSULTATION QUESTIONNAIRE

### SECTION 1 – ABOUT YOU

Before you tell us your views on our proposals, we would like to ask you some questions about you. This information will help us to understand your views.

#### Q1. Are you filling in this questionnaire ...

Tick 1 box.

As a young person living in Kent

As young person living outside Kent like Medway or further away

For a friend or family member ([please fill in this questionnaire using their information](#))

As someone else, please tell us below:

#### Q2. Write the first 5 letters and numbers of your postcode in the box:

Please do not tell us your whole postcode. We will use this information to help us understand people's answers not to find out who you are.

**Q3. Are you male or female?** Tick 1 box.

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	I do not want to say

**Q4. How old are you?** Write your age in the box below.

I do not want to say

**Q5. How did you find out about this consultation?**

You can tick more than one box.

<input type="checkbox"/>	Email from our Public Health team
<input type="checkbox"/>	Email from Let's talk Kent or Consultation Team
<input type="checkbox"/>	At a Kent Family Hub
<input type="checkbox"/>	A Councillor
<input type="checkbox"/>	A friend or family member
<input type="checkbox"/>	Another organisation
<input type="checkbox"/>	A local council
<input type="checkbox"/>	www.kent.gov.uk
<input type="checkbox"/>	LinkedIn
<input type="checkbox"/>	Facebook
<input type="checkbox"/>	X (was called Twitter)
<input type="checkbox"/>	A poster
<input type="checkbox"/>	A newspaper
<input type="checkbox"/>	Nextdoor
<input type="checkbox"/>	Something else, please tell us what below.

**Q6. Have you or your family used the Children and Young People's Counselling Service?**

Tick 1 box.

- |                          |                                 |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Yes – please answer Q7          |
| <input type="checkbox"/> | No – please go to Q9            |
| <input type="checkbox"/> | I do not know – please go to Q9 |

**Q7. When was the last time you or your family used the Children and Young People's Counselling Service?** Tick 1 box.

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | In the last 3 months  |
| <input type="checkbox"/> | In the last 6 months  |
| <input type="checkbox"/> | In the last 12 months |
| <input type="checkbox"/> | More than a year ago  |
| <input type="checkbox"/> | I do not know         |

**Q8. What was the most helpful thing about the Counselling Service for you or your family?** Do not tell us any names or personal information.

## SECTION 2. OUR PROPOSALS – WHAT WE ARE THINKING OF DOING

**Q9. How much do you agree or disagree with our proposal to fund a new Therapeutic Support Service when the agreement for our current Children and Young People's Counselling Service ends in March 2026? Tick 1 box.**

<input type="checkbox"/>	I really agree
<input type="checkbox"/>	I mostly agree
<input type="checkbox"/>	I do not agree or disagree
<input type="checkbox"/>	I mostly do not agree
<input type="checkbox"/>	I really do not agree
<input type="checkbox"/>	I do not know

**Q9a. Tell us more about your answer to Question 9 in the box below. Why did you say that?**  
Do not tell us any names or personal information

In the new service we want to help children and young people with their emotional wellbeing mostly using group activities. For example, using art, drama, dance, music, games and sport.

But we would still have some activities for children and young people who need support on their own.

We want to give children and young people a chance to meet others who have the same feelings, learn from each other and support each other. This is called peer support.

**Q10. How much do you agree or disagree with our proposal to ...?**

Tick 1 box in each row.



Proposals	I really agree	I mostly agree	I do not agree or disagree	I mostly do not agree	I really do not agree	I do not know
1. Offer opportunities for children and young people to take part in creative and therapeutic activities to support their emotional and mental health						
2. Offer mostly group sessions with some one-to-one sessions for children and young people who need extra support						
3. Provide more opportunities for peer support to help children and young people to build mutual connections and understanding						

**Q10a. If you would like to make comments on any of the proposals, tell us in the box below. If your comment is about a particular proposal, make this clear in your answer. Do not tell us any names or personal information.**

NHS Kent & Medway and KCC are working together to transform children and young people's mental health services, so that children and young people are able to access the right support to meet their emotional and mental health needs and to make sure they can get help from the right service more quickly. Any new arrangement with organisation(s) delivering the proposed Therapeutic Support Service would need to make sure that they work together and align with other mental health service providers, so that children, young people and families get support from services that are best able to meet their needs.

We plan to run the new Therapeutic Support Services as part of Kent Family Hubs. This means some groups will be in the same place as lots of other KCC services, like language services and youth workers.

We plan to keep offering support to parents and carers of younger children and children and young people with complex needs.

**Q11. How much do you agree or disagree with our proposal to ...?**

Tick 1 box in each row.

Proposals	I really agree	I mostly agree	I do not agree or disagree	I mostly do not agree	I really do not agree	I do not know
1. Align our activity (work together) with the NHS Kent & Medway and children and young people's mental health services						
2. Deliver the proposed Therapeutic Support Service as part of the Kent Family Hubs						
3. Continue offering support for parents and carers of younger children or children and young people with more complex needs						

**Q11a. If you would like to make comments on any of the proposals, tell us in the box below. If your comment is about a particular proposal, make this clear in your answer. Do not tell us any names or personal information.**

**Q12. Is there anything else, not already covered, that you would like to tell us, including any other options or ideas you think we should consider? Please tell us in the box below. Do not tell us any names or personal information.**

## SECTION 3 – TREATING EVERYONE FAIRLY

We try to make sure that our proposals are fair for everyone and supports our goals for equality and diversity. Equality means that everyone has the same chance to do what they want. Sometimes people need extra help to get the same chance.

Diversity means a mix of different kinds of people. Like having a mix of people who are disabled and not disabled, from different races and cultures and who are different ages.

Our equality analysis (we call this an Equality Impact Assessment or EqIA for short) is available at [www.kent.gov.uk/cypwellbeingsupport](http://www.kent.gov.uk/cypwellbeingsupport) or in paper copy on request.

**Q13. Do you want to say anything about what our proposals might mean for equality and diversity?**

Tell us if you have any ideas or worries about the proposals in the box below.

Do not tell us any names or personal information.



This report was produced for Kent County Council