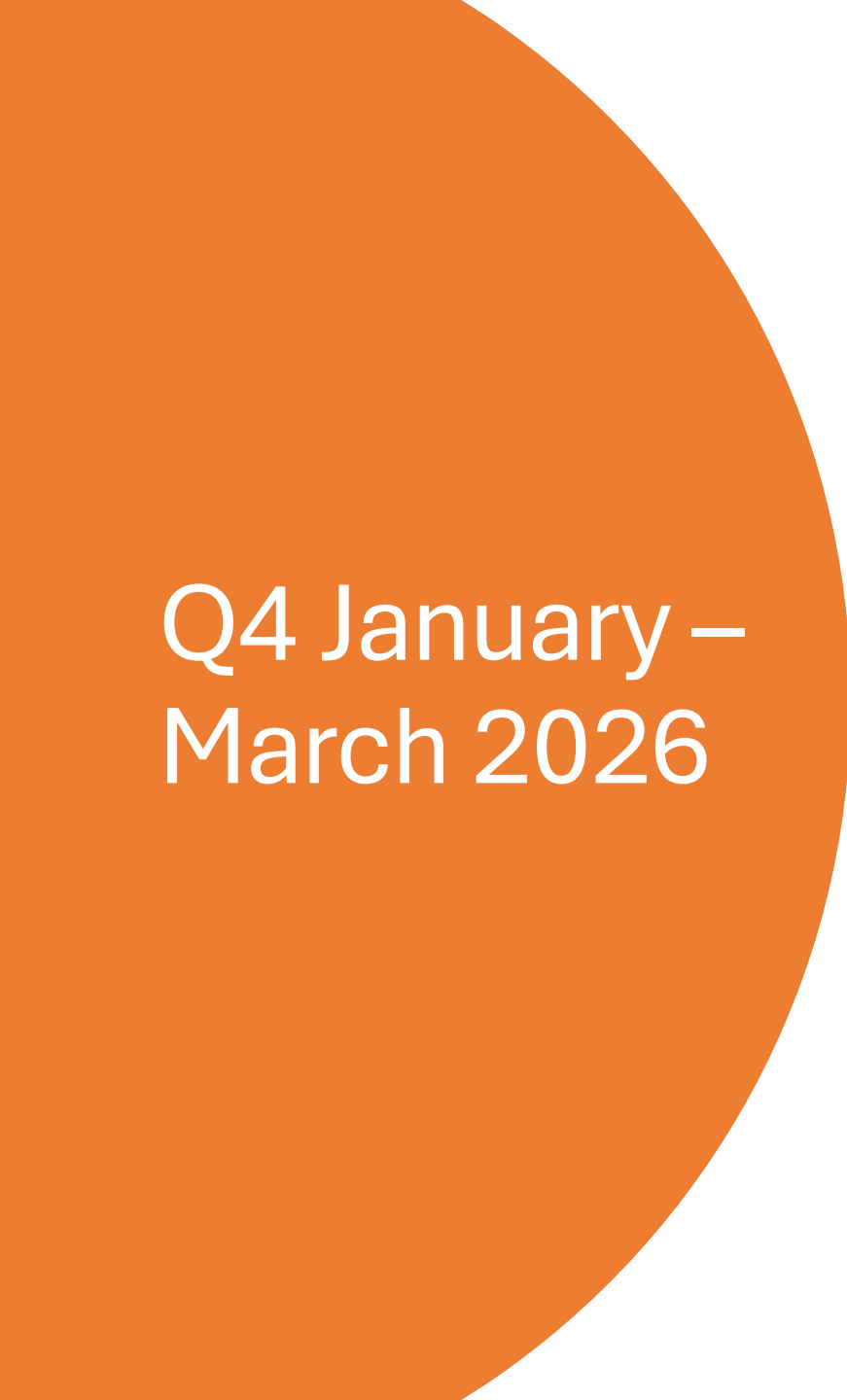




Q4 January –
March 2026

What are Children & Young People with SEND telling us?

- Listen to us
- Involve us
- Understand our individual needs
- Help reduce the pressures on our wellbeing, especially those linked to school, mental health and navigating life with SEND

How are we supporting these Children & Young people?

The dashboard shows that where services genuinely co-produce with children and young people, they report:

- better experiences
 - greater confidence
 - improved wellbeing
 - stronger engagement in education and support services
- 

Dashboard Summary: Feedback, Co- production, and Participation

Strengths

- Robust evidence of embedded co-production and participation across services
- Positive feedback from children, young people and families about services
- Clear examples of “You Said, We Did” demonstrating that feedback leads to change
- Children and young people actively influencing strategy, service design and commissioning decisions

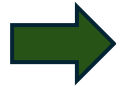
Areas for Development

- Growing pressures on young people’s mental health, reflected in what children and young people are telling us – Youth Talk survey - slide 6
- Long waiting times continue to negatively impact experiences and outcomes – CYPMHS slides 8-10
- Inconsistent experiences of neuro-affirming practice across services and settings - CYPMHS slide 11
- Declining wellbeing, including a significant reduction in reported happiness levels - SEND survey slide 25
- School-related pressures remain a key factor affecting young people’s wellbeing - SEND survey slide 25
- Around 1 in 10 children report experiencing bullying, with prevalence remaining broadly unchanged over time - SEND survey slide 25
- Knowledge gaps remain in areas such as sexual health, relationships and self-understanding - SEND survey slide 25
- Children and young people do not always feel listened to consistently, particularly within education settings -SEND survey slide 25
- Gaps in EHCP awareness and participation, with only around 50% of children and young people aware of their EHCP - SEND survey slide 26

Children & Young People influencing the Partnership

Areas of influence:

- Strategy development
- Workforce training
- Communications and engagement
- Service planning and design



Evidence:

- Children and young people have contributed to the development of the Hertfordshire Plan for Children and Young People
- The Preparation for Adulthood (PfA) Toolkit will influence workforce knowledge and practice
- Children and young people have shaped SEND strategy communications
- Survey findings and engagement activity are informing strategic planning and priority-setting

Evidence needed:

Clear examples of how participation has directly influenced:

- Policy decisions
- Commissioning decisions
- Resource allocation
- Service delivery and practice changes

Evidence demonstrating:

- What changed because of children and young people's input
- The impact of those changes on outcomes and experiences
- How feedback has been translated into measurable system improvement

Next steps:

- Strengthen impact reporting by evidencing measurable outcomes, identifying trends, and demonstrating the difference engagement has made over time.
- Embed a consistent 'You Said – We Did – Impact' approach across all services to clearly demonstrate how feedback has informed action and delivered change.
- Increase the representation of under-heard groups and improve the monitoring of demographic reach to ensure engagement is inclusive, equitable, and reflective of diverse communities.

Hertfordshire Local Area SEND Partnership

Voice Report

January – March 2026

Voices of Hertfordshire Dashboard



Headlines

Children & Young People's Mental Health Service

Voices of Hertfordshire - Experts by Experience & Supported Interns

Public Health

Educational Psychology Service

Services for Young People

Integrated Care Board Youth Council

SEND Commissioning

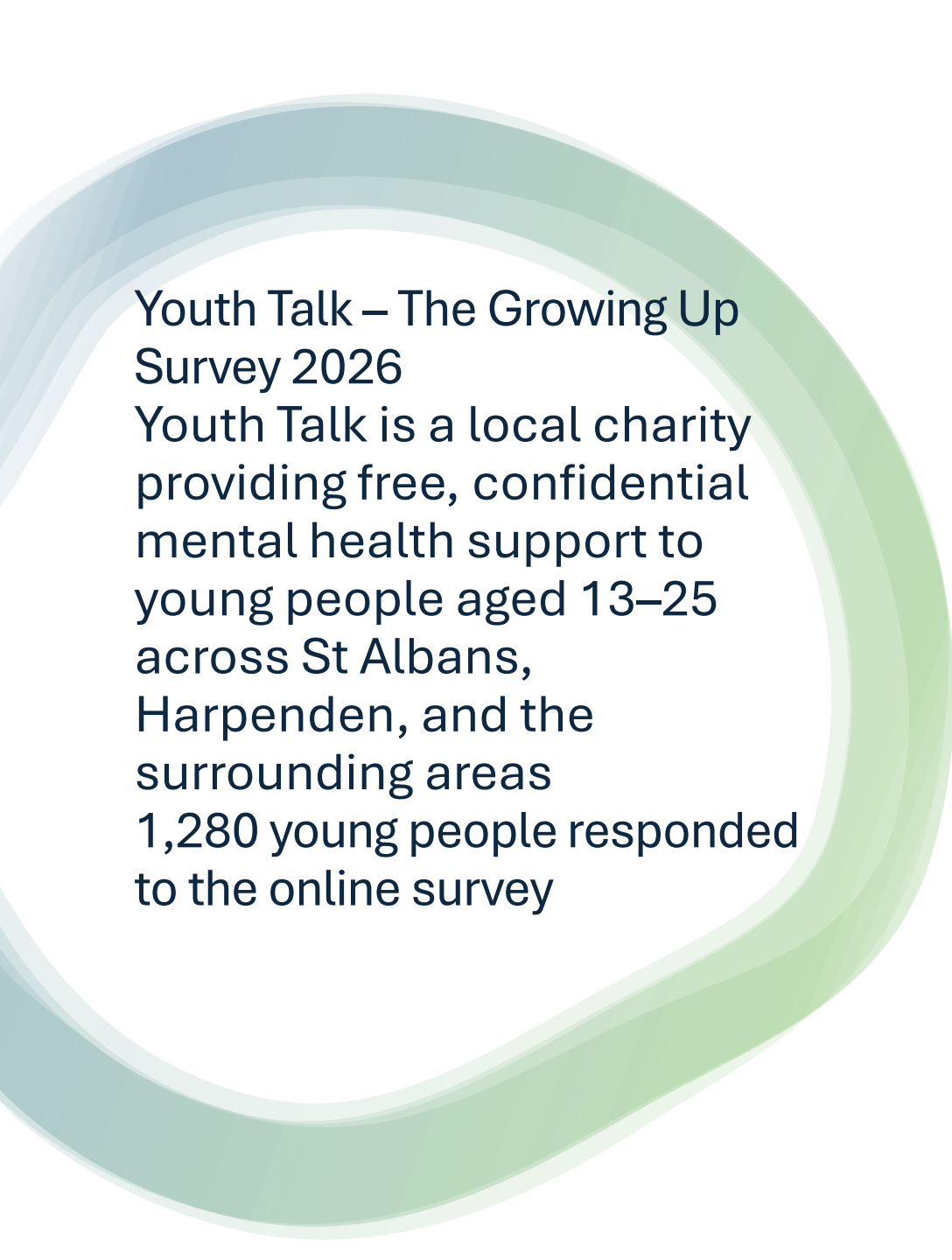
Neurodiversity Support Hub

Supporting Families and Social Care Participation Team

SEND Specialist Advice and Support

SEND Implementation & Statutory Assessment

Access, Inclusion & Alternative Provision



Youth Talk – The Growing Up Survey 2026

Youth Talk is a local charity providing free, confidential mental health support to young people aged 13–25 across St Albans, Harpenden, and the surrounding areas
1,280 young people responded to the online survey

Key Findings

- Growing up today can feel overwhelming
- Over half of young people say mental health is one of the biggest challenges facing young people, while one in six say life feels difficult right now.
- Words like “stressful”, “anxious”, “pressure”, “overwhelming” and “lonely” feature heavily when asked which three words describe being a young person right now.

What Young People Want Adults to know

- The most consistent message was simple but powerful: young people want adults to listen.
- Recognise that mental health challenges are real and that their feelings should be taken seriously.
- Adults sometimes underestimate the pressures faced today and draw too quickly and heavily on their own experiences of growing up
- Another recurring theme was frustration when young people feel their emotions are dismissed or downplayed.

Children and Young People's Mental Health Service

Feedback by service

'You said, we will' examples

CYPMHS North

At HPFT we will listen to your feedback and make changes to our practise in response to this. You can read below some of the improvements we have made in response to your feedback.

You said:

It was a life-saver – my therapist really fought in my corner. My child's mood and confidence have really improved.

Clinic and waiting rooms can feel too warm or uncomfortable, especially for anxious patients

Occasionally preferences around **communication style** were not always what young people expected

We will:

- **Build on strong therapeutic relationships by:**
 - Sharing positive feedback with staff to recognise excellent care
 - Supporting staff to adapt communication styles to individual needs
- **Maintain clear, person-centred care by:**
 - Ensuring treatment and medication options are explained clearly
 - Checking understanding and encouraging questions from families
- **Improve the clinic environment by:**
 - Reviewing temperature and comfort in waiting and clinic rooms
 - Making spaces feel calmer and more comfortable for young people

CYPMHS East

At HPFT we will listen to your feedback and make changes to our practise in response to this. You can read below some of the improvements we have made in response to your feedback.

You said:

*Staff were very friendly, kind and helpful
I felt comfortable and not judged.
My child felt at ease and opened up during*

It can be difficult to contact the service by telephone when support is needed urgently

Clinic rooms and waiting areas could feel brighter and more welcoming

We will:

- **Build on positive clinical practice by:**
 - Sharing compliments and positive feedback with staff to recognise excellent care
 - Supporting clinicians to maintain clear explanations and unhurried appointments
- **Improve access and communication by:**
 - Reviewing telephone access and sign-posting alternative ways to get in touch
 - Making it clearer who to contact if concerns are urgent
- **Create a more welcoming environment by:**
 - Exploring ways to make clinic rooms and waiting areas feel brighter and more comfortable

'You said, we will' examples

CYPMHS South

At HPFT we will listen to your feedback and make changes to our practise in response to this. You can read below some of the improvements we have made in response to your feedback.

You said:

They listened to my concerns and helped promote viable solutions to my problems."

Waiting areas could be more child-friendly
The environment could be clearer and more welcoming

It is sometimes hard to know who to contact or where to go

We will:

- **Improve communication and accessibility** by:
 - Making it clearer who families can contact for support and advice
 - Ensuring information is easy to understand and well sign-posted
- **Create a more welcoming environment** by:
 - Reviewing waiting areas to make them more child-friendly
 - Exploring simple distractions or calming resources for young people
- **Keep listening and learning** by:
 - Regularly reviewing feedback from surveys and compliments
 - Updating this poster to show how your feedback continues to shape improvements

CYPMHS West

At HPFT we will listen to your feedback and make changes to our practise in response to this. You can read below some of the improvements we have made in response to your feedback.

You said:

I felt validated, safe and comfortable knowing I would be taken seriously

Waiting times can feel too long.
Changes in clinicians can be disruptive or stressful

I made a strong bond with my therapist – they really listened and helped me build skills

We will:

- **Continue to listen and validate concerns** by:
 - Making sure young people feel heard, respected and not judged
 - Creating calm, supportive spaces where it feels safe to open up
- **Build on strong therapeutic relationships** by:
 - Sharing positive feedback with staff to recognise compassionate care
 - Supporting consistency wherever possible and explaining changes clearly when they happen
- **Improve access and experience of care** by:
 - Continuing to review waiting times and capacity pressures
 - Keeping families informed about appointments and next steps

'You said, we will' examples

Forest House

At HPFT we will listen to your feedback and make changes to our practise in response to this. You can read below some of the improvements we have made in response to your feedback.

You said:

We were very happy and complimentary about the care and treatment our child received

The team focused on the whole child and worked closely with us as a family

Medication decisions were explained clearly and we felt listened to

We will:

- **Continue to provide compassionate, high-quality inpatient care by:**
 - Keeping the voice of the young person and family central to all care decisions
 - Maintaining a holistic approach that supports both recovery and wellbeing
- **Strengthen communication and partnership with families by:**
 - Explaining treatment and medication decisions clearly and honestly
 - Remaining accessible to families, including at weekends, when support is needed
- **Build on strong multidisciplinary working by:**
 - Ensuring coordinated care between medical, nursing, therapy and psychology teams
 - Supporting key workers to maintain consistent relationships with young people and families

CYPMHS ADHD

At HPFT we will listen to your feedback and make changes to our practise in response to this. You can read below some of the improvements we have made in response to your feedback.

You said:

The assessment was excellent and really helped us understand our child

Waiting times for initial assessments can feel very long

Families would value more mental health support alongside ADHD care

We will:

- **Continue to listen to children, young people and families by:**
 - Making sure families feel heard, understood and taken seriously
 - Providing compassionate and supportive assessments
- **Maintain high-quality ADHD assessments and follow-up by:**
 - Ensuring clear explanations of outcomes, treatment options and next steps
 - Supporting smooth transition of care into NHS services where appropriate
- **Support the whole child by:**
 - Considering mental health and emotional wellbeing alongside ADHD needs
 - Sign-posting to appropriate support and services when required

PALMS Family and Friends Test



This quarter compared to last: Increase in number of responses (4 vs 11), gives a more reliable picture of individuals experiences at PALMS. Last quarter we had 100% positive feedback vs 90.9% this quarter, which is most likely understood in the context of an increase in responses. Themes that have remained strong across both quarters is listening and communication, helpful strategies and staff professionalism, indicating that these are consistent strengths of PALMS.

What was good?

Feedback on the service was overwhelmingly positive, with most respondents rating their experience as very good and reporting that they felt safe, listened to, and treated with kindness. Clinicians were described as warm, knowledgeable, and approachable, with good communication skills and a clear commitment to understanding both the child and family. Families particularly valued the practical strategies provided (e.g. use of timers), which were clearly explained and easy to apply. The service was seen as child-centred and flexible, with sessions tailored to individual needs. Many respondents highlighted feeling genuinely heard and supported, and appreciated the relevant information and guidance offered.

What could be better?

One individual shared a negative experience, where they felt unsupported and uninvolved in decisions about their care. They provided feedback that PBS approaches were not perceived as neurodivergent-affirming.

FFTs are anonymous so we are unable to contact the family and discuss their concerns. However, PALMS uses Positive Behavioural Support (PBS) within its service model, alongside other interventions such as Acceptance and Commitment Therapy (ACT), Narrative Therapy and Systemic Interventions. Clinicians are trained to use these models to guide their interventions, the PALMS ethos is clear that every intervention should be tailored to the individual.

We value our ability to go above and beyond the standard reasonable adjustments offered in a mainstream service, and by doing so, we aim to be at the forefront of neuroaffirmative care. We are aware that neuroaffirmative care is not one size fits all and that sometimes the way we operate may fall short of this standard. We are constantly looking for opportunities to gather feedback, learn and improve as individuals and as a service.

HCT Mental Health School Teams



Friends & Family Test

NHS
Hertfordshire Community
NHS Trust

100%
Positive
Response

86%
Very Good

14%
Good

You said, we did...

NHS
Hertfordshire Community
NHS Trust

You Said...	We Did...
Standard referral criteria were proving unsuitable for CYP at SEMH schools.	Referral criteria adapted to encompass the different contextual / risk factors of CYP in SEMH settings.
Parents fed back that the terminology around "Parenting" in workshop titles could be interpreted as simplistic or even judgemental.	Terminology replaced with "Supporting your child"

By the end of the work, Mikey seemed more able to **recognise, tolerate, and express his feelings** in words rather than *carrying them silently*. **He spoke more openly about frustration, disappointment, hope, and uncertainty.** The question of school remained unresolved and continued to weigh on him, but the change felt significant. A boy who had arrived largely adapted to his circumstances, and with little space for his own emotional needs, **now found his voice a little bit more.**

'My goal was to help me express my feelings and it was achieved'

'The most helpful thing about the sessions was being able to express my feelings'



Be Resilient

'You helped me get confidence, doing the sessions teachers have seen a difference in me'

Be Happy

'Sessions make me happy; I get to do worksheets about how to build my confidence. They helped me do things out of my comfort zone'

Be Healthy

'I found it helpful to have tips that get me to sleep much easier and that get bad thoughts out of my head'

Be Independent

'Sessions helped me understand myself better and I learned ways to cope when upset and ways to calm down'

Be Safe

'The support so far has been really good, helping me a lot, and before I started having support, I was worrying a lot, and I feel like I am worrying less now'

Be Included

'You helped me a lot with anger and with corresponding with my parents'

Be Ambitious

'Sessions gave me courage and made me open to making new friends, trying new things, doing new activities and talking to someone openly'

“Being able to identify his feelings better, being able to, after being upset, rationalise why he was upset and how to reach to his family for support”

“X felt listened to, heard, understood and comfortable. It relieved some burden from me and offered a way forward, giving us all hope. I think having someone outside the family to talk to gives more validation to the problems. 10 sessions is extremely generous, and I think that really helps the child to work through things, having plenty of chance to remember things they need to talk about and any new developments that may come up”

“Extremely positive. Both my child and us as a family have a changed mindset”

“My son really opened up to X. He enjoyed the sessions and took what the counsellor said to heart. He was more than happy to try what she suggested at home and everyday life”

“X has calmed down majorly on self-harm and has felt confident enough to come to us to talk when they are upset or down”

“Even though X is still suffering with anxiety/effects, the sessions improved things a lot as they allowed her to 'let everything out' and she 'feels less worried/scared about depersonalisation/realization episodes. I think it has given her a sense that she has dealt with things as much as possible right now. As a mother I was at a loss what to do about these things as Doctors and Schools can't really offer anything and don't have time to listen. So, it was amazing for her to have all these hours of dedicated attention from X”

Experience - Testimonials

Email received from a parent whose child was supported through creative sessions recently.

“I would like to express my sincere gratitude and share very positive feedback regarding the support (my child) and I have received.

From the very beginning, the entire process has been incredibly efficient and supportive. I was truly amazed that just one day after the referral was made, (my child) was already able to receive help. This made a huge difference to us during a very difficult time.

I would especially like to thank (the counsellor), who has been an incredible support for (my child) over the past months. (They) helped (my child) so much with managing (my child's) emotions and the challenges (my child) was experiencing. (My child) really grew to like (the counsellor), and it truly means a lot to me as a parent to see how safe, heard, and understood (my child) felt during their sessions.



Our feedback tree has grown and is proving a firm favourite with our CYP.

“Thanks for helping me. I feel much more confident now.”

“Play therapy has really helped me to calm down my anger and my emotions.”

“I really liked doing all of the activities and it was really nice being in a group of people who kind of understand me.”

Feedback – First Steps ED

I got to try new food and understand more about it. I liked the one to one support as opposed to group support as I found it more beneficial.

It has helped me be able to manage and get help to begin recovery and it was very accessible.

It was a place for me to speak about things that I couldn't speak about before, and it was like a weekly debrief.

It being easy to access and reliable

It has been useful to gain some knowledge and skills towards helping my daughter to try new foods and the steps to use.



You said, we did summary

Young people and families want to feel listened to, understood and involved in discussions about support and next steps

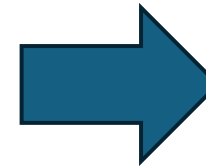
Some families said generic advice given at assessment stage did not always meet complex or severe needs

Young people and parents highlighted the importance of kind, knowledgeable professionals and clear communication

Young people said waiting times impacted on their experience, even when care itself was positive

Young people wanted their voices included in care planning and how services engage with them

Young people expressed a desire to speak up, influence change, and reduce stigma around mental health



Services reinforced a focus on listening to children, young people, and families, with tailored recommendations developed during intervention

Voices of Hertfordshire

SEND Experts by Experience

Supported Internships

SEND Coproduction Groups

SEND Experts by Experiences consultation Preparing for Adulthood Toolkit

- On 30th January, Amy Brittain the QA SEND Team Manager joined the SEND Experts by Experience.
- She shared the Preparing for Adulthood Toolkit, which will be used to support education settings and post-16 settings in preparing young people for adulthood
- The Experts gave their input and feedback including several short videos



Following their feedback ...

- Feedback from the Experts by Experience has been incorporated on page 3 of the *Stacked for Adulthood Success Outcomes* document as part of the introduction.
- Their contributions are also acknowledged at the end of the document, where they are credited first alongside the other teams and professionals involved in its development.

The key messages from Hertfordshire's Experts by Experience on effective PfA

Do we need to prepare for adulthood or do things that already exist just need to start working properly?

To help us to prepare for adulthood, you need to treat us like adults.

It's important to not limit the young person but open chances for them to reach their potential.

It's not always about the 'special' option, young people need to have the same opportunities as everyone.

We've all got different ways of preparing for adulthood. Listen to me and what I need, we all have a different starting point and lived experience.

3

A huge thank you to those who have given input to the creation of this document

- The Experts by Experience at Hertfordshire County Council
- Colleges across Hertfordshire
- Hertfordshire County Council Services for Young People Team
- Health input from the Deputy Designated Clinical Officer and Children and Young People Commissioning Programme Manager for SEND

Following their feedback ...

The recordings relating to the pathway area discussions include the following themes:

- Views on transitioning from Children's Services to Adult health services
- Transitions between education settings, including primary to secondary school and then on to college
- Support from the people around them
- What adulthood means to them
- Budgeting
- Travel
- Money management
- Life skills



These will;

- ▶ Be built into the PfA SEND Academy session for new starters to the LA – April 2026
- ▶ Advertised to Multi-agencies to attend in the SEND Academy on PfA – April 2026
- ▶ Be included in phase transfer training for education settings in April & May 2026
- ▶ Be a focus in the sharing good practice PfA session for multi-agencies – July 2026
- ▶ Be built into the PfA session for parents/carers – From September 2026

Co-producing our SEND Strategy animation

January 2026

Experts by Experience worked with us to co-produce an animation that explains:

- The SEND strategy
- Our shared ambitions for children and young people



Co- producing our SEND Strategy animation

- **What we worked on together**

- Creating the look and feel of the animation
- Writing the script in plain, accessible language
- Recording voiceovers

- **Why it matters**

- Ensures the strategy and our ambitions are clear, accessible to families and young people
- Demonstrates genuine co-production and commitment to participation
- Children and young people have told us that they want to hear from people that look and sound like them

Public Health

SEND Young People's Health and Wellbeing Survey (SEND YPHWS)

SEND Young People Health & Wellbeing Survey 2025/26 – Key Insights

Hertfordshire's SEND Young People's Health and Wellbeing Survey gathers self-reported data from young people aged 11-25 with special educational needs and disabilities.

It gives young people with SEND the opportunity to share their views on various aspects of their health and wellbeing.

Demographics

Majority respondents from college (30%) and Year11 (18%) Very small proportion not in education (2%) Most common needs: ASD (43%) and learning difficulties (35%) Widening range of SEND needs represented.

Lifestyle

83% drink water regularly. Majority perceive weight as 'about right' (44%), but 24% unsure. Low smoking experimentation (11%) Lifestyle behaviours generally positive but some uncertainty around health awareness.

Sexual health

Around 65% are aware of some common sexually transmitted infections, though gaps in awareness remain. Main information sources: family (53%) and professionals (40%) Lower reliance on media sources indicates importance of trusted adults in sexual health education.

Mental health

Biggest concerns: school/exams (56%) and mental health (39%) Only 35% reported feeling happy yesterday; 14% unhappy. Majority know where to access support (58%), but 15% do not. Mental health remains a significant pressure area .

Bullying & Safety

Around 10% report currently being bullied Majority not experiencing bullying, but still a notable minority Highlights ongoing safeguarding need

Education

38% feel listened to in school; 16% do not. There is some uncertainty about voice and influence in education. Indicates opportunity to strengthen pupil voice and inclusion

SEND Young People Health & Wellbeing Survey 2025/26 –Key Insights

- In the second year of the SEND YPHWS (2025) we introduced 2 new questions on the Education, Health and Care Plan, asking pupils knowledge and understanding on the process and if they had attended their annual review.
- 620 pupils responded with only 50% of students being aware of their EHCP
- For those that knew about their EHCP, 52% attended their annual review
- 21.5% did not attend and 26.2% did not know if they attended or not.



Key comparisons (2024 vs 2025/26 SEND Survey)

Shifts the focus from measuring outcomes to understanding what's causing them —highlighting school pressure, gaps in knowledge, and inconsistent inclusion as the main areas to improve.

2024

- Survey was small (210 responses)
- Focused on basic headline results
- Focused on behaviours like diet, exercise, and brushing teeth.
- Sexual health was not a strong focus
- Mental health: Over half of respondents (53.7%) said they felt happy
- Bullying: 9.3% of respondents reported being bullied
- Education: Limited insight into pupil voice

2025/26

- Much larger response (635), giving stronger evidence. Explores more areas like pupil voice, knowledge, worries, and support
- Also looks at understanding (e.g. many unsure about their weight) Young people may be doing the right things but are not always confident or clear about their own health.
- Sexual health: 35% reported they lack basic knowledge and mainly get information from family or professionals. There are clear gaps in knowledge, and access to information depends too much on who young people know rather than consistent support being in place.
- Mental health: Happiness drops to 34.9%, with main worries being school (56%) and mental health (39%) Wellbeing may be lower, or young people may be sharing more openly. Mental health linked to specific pressures like school and future worries rather than general wellbeing.
- Bullying: 10.3% reported being bullied. Rates have stayed about the same, around 1 in 10, showing no clear improvement despite increased focus.
- Education: Only 38% feel listened to at school; around 1 in 4 don't feel listened to or aren't sure

Educational Psychology Service

Educational Psychologists use their professional judgment to choose activities that best match the child's individual needs, strengths, and developmental goals, ensuring interventions are appropriate, and effective.

Promoting pupil voice using a PATH – Promoting Alternative Tomorrows with Hope

Educational Psychologists often use the PATH to capture pupil voice in a meaningful way, placing the young person at the centre of discussions about their future.

A colourful, hand drawn graphic is produced in the meeting to record the discussions. The young person can take the graphic home with them.



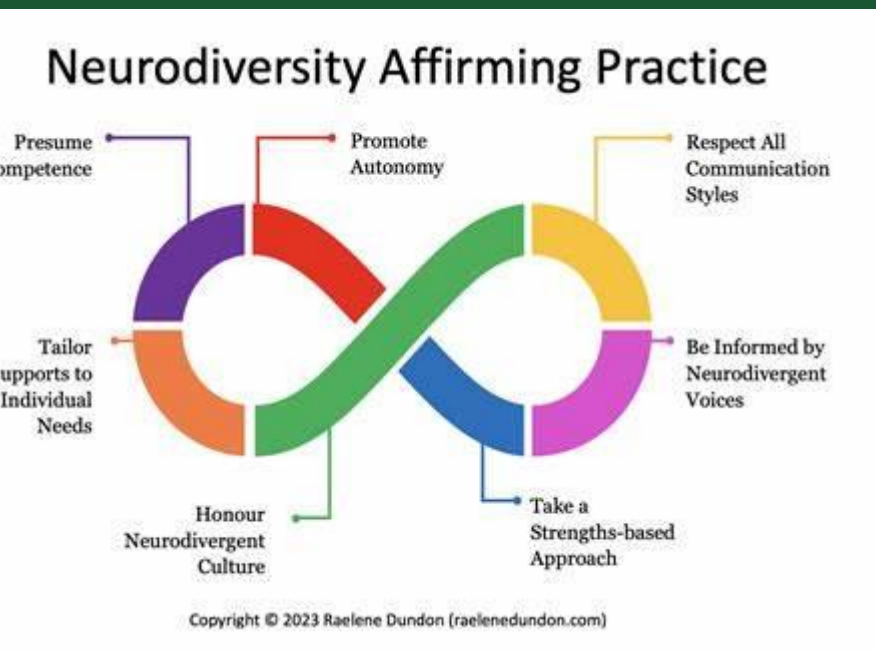
Older pupils can join the whole meeting and be central to the discussions about what they would like for the future.

Younger pupils can join the meeting for the first part to talk about their strengths and dreams for the future.

PATH | Person Centred Planning | Person Centred Planning Tools (inclusive-solutions.com)



Educational Psychology (EP) Practice Informed by Experts by Experience (EbE)



Neuroaffirming Learning Set (NLS)

Continual Professional Development (CPD)

EPs meet half-termly to develop specific areas of interest and learning through a learning set; documents, policy and practice are developed as an output.

Neuroaffirming Practice document for EPs

Between Sept 2024-Sept 2025 EPs met to develop practice document which guided assessment, consultation, research, report writing and training.

Meeting with Experts

Practice document was shared with EbE and they were invited to comment and discuss at a NLS meeting. The document was adapted and informed by their views.

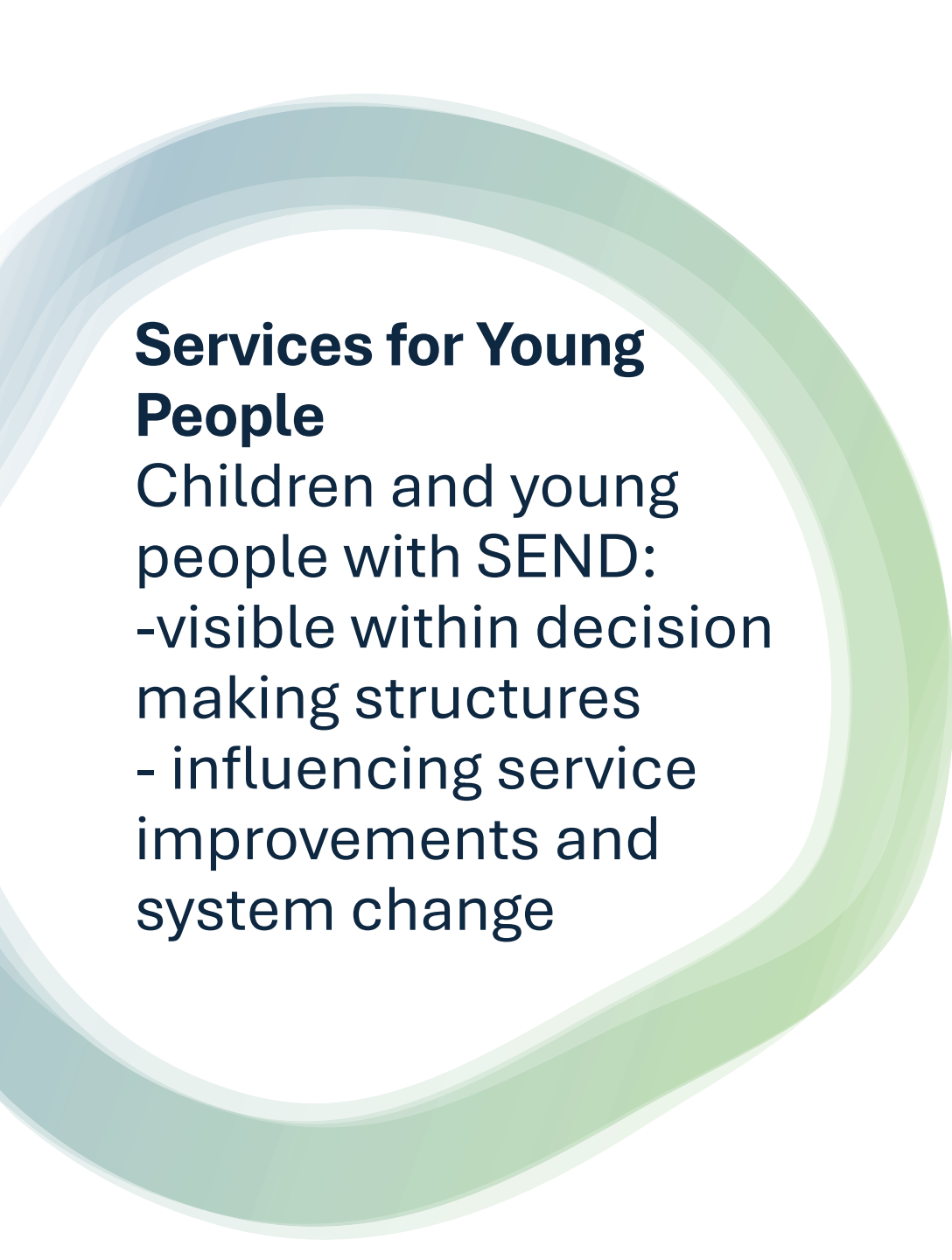
Sharing the Knowledge

The learning set shared practice guidance to other EPs at EPS CPD day and at the Association of Educational Psychologists 2025 Conference.



Services for Young People

Overview of SEND Youth Councils



Services for Young People

Children and young people with SEND:
-visible within decision making structures
- influencing service improvements and system change

Young people with SEND are supported to:

- Explore and discuss the issues that matter most to them
- Contribute their lived experiences in ways that directly inform local priorities, commissioning, and service development.

Young people have:

- Co-produced accessible resources and influenced mental health referral processes, with services showing how this input has shaped the development of new and improved materials.
- Worked with Hertfordshire Police to shape approaches to knife crime and personal safety
- Reviewed and shaped the Hertfordshire Plan for Children and Young People 2026–31, co-producing the launch video and strengthening the visibility of their voice in setting strategic priorities.
- Co-produced the “Vape Brain” anti-vaping campaign
- Influenced improvements to public transport by identifying barriers and working with providers to improve access
- Co-produced the questions and format of the SEND Young People’s Health and Wellbeing Survey, contributing to a considerable evidence base with over 600 responses, which is now informing wider system understanding and decision-making.

Integrated Care Board Youth Council

Overview of Youth Council activities

ICB Youth Council



Young people's feedback was actively sought on a youth prevention vaping campaign following earlier consultation, demonstrating ongoing involvement in shaping public health messaging.



Social media campaign materials (videos) were tested directly with young people, and they were invited to create their own content, embedding co-production in campaign delivery.



Young people were given information about the new Central East ICB, including its role and approach to engagement, supporting transparency, and encouraging their input into how services engage with the public.

SEND Commissioning

Short Breaks

How is the voice of the child/young person heard?	What changes have been made as a result?
In session feedback – including accessible methods to support non-verbal participants	Session changes: After-school sessions reduced to 1.5 hrs, smaller groups → improved focus and value
Ongoing engagement via continuous informal conversations with children and young people	Holiday model: 3-hour sessions with age-based groups → full sessions and positive feedback
Home visits and relationship building	Safer delivery: Tailored cohorts → no reported incidents/accidents
Surveys and structured feedback	Teen Club redesign: Added on-site option alongside trips → increased engagement (95% capacity)
	Child-led activities: New resources (e.g. dragons) and expanded favourites (e.g. Helping Hooves)
	Ongoing adaptation: Activities shaped by real-time feedback and observed engagement

Overnight Short Breaks (OSB)

How is the voice of the child/young person heard?	What changes have been made as a result?
Regular feedback: Monthly	Personalised activities: tailored to individual interest, including seasonal changes and themed nights
Early insight: new post induction survey for new starters	Menus adapted: Weekly food choices shaped by children's preferences
Easy access: QR codes, email, and phone options	Child led planning: Voting on trips/activities with plans updated each half term
Child led surveys: e.g. favourite staff/activities and voting on trips/meals	You said, we did: Stronger focus on evidencing changes made from feedback
Feedback recorded through visits, activities, and 'You said, we did'	Social needs recognised: sessions aligned so children can attend with friends where possible
Engagement forums: six monthly parent/child surveys and monthly young people's meetings	

Neurodiversity Support Hub

Some feedback comments from Q4 25/26

“For the first time I felt heard. A reassuring voice at the end of the phone today was exactly what I needed. Somebody to say we understand and have been there. To give me some tools to try and manage our situation and make me feel that I am trying to help my child and not just failing as a parent. Thank you, Sam, you have made the world of difference to me today.”

“Jennie was an amazing support to me - I work in a busy secondary school and needed some advice for one of our families - Jennie spent ages trying to understand how she could help and then followed up with advice and I have been able to send this to the family. Thanks so much Jennie!! What a fabulous organisation.”

“I spoke to Donna; she was very supportive and non-judgemental. She sent me an email with some helpful information and links that I will look through. It was helpful to me to speak to someone that understood where I was coming from and appreciated how exhausting and overwhelming it can be as a single SEND mum. Maybe I should have called sooner, Thank you so much.”

ADD-vance ask all callers/enquirers for feedback on the service they have received-

Based on a total of 1062 responses

4.9

On a scale of 1-5, how useful did you find the service?

98.7%

% who would recommend the service

16%

% callers who complete feedback form

Understanding my ADHD & Autism

Young
people said

They wanted to better
understand their
autism/ADHD, recognise
their strengths and feel
more confident

A 12-month programme
was funded and delivered
by specialist providers

Young
people said

Sessions helped them
reflect on identity,
relationships, and support
strategies and they valued
having their voices heard

What
happened
next?

Remaining funds were
used to create a legacy
project

Children and young
people co-produced a
poem based on their lived
experiences which is now
used to support learning
in schools

Supporting Families and Social Care Participation Team

Intensive Family Support Team (IFST)

Relationships with staff are key to engagement, with facilitators seen as approachable and supportive. The programme takes a responsive approach, adapting activities to help children and families feel safe, included, and able to participate. Tools like emotion cards, creative methods, and structured discussions support different communication styles, enabling a wider range of children to engage.

Delivery has evolved based on feedback, with a stronger focus on emotional literacy for both children and parents. Activities addressing anxiety, emotions, and individuality help families better understand and manage their experiences. This has led to increased participation, including from children who may struggle in other settings.

Safe, supportive environments are also central, with opportunities for peer connection and shared experiences built into sessions. Informal, calming activities help build confidence and sustain engagement, reflecting the importance families place on connection and a relaxed atmosphere.

You value being
able to share
feedback as the
sessions happen,
not just at the end

Built in ongoing
opportunities for feedback
throughout each session as
well as at the end of each
programme. This ensures that
delivery can be adapted in real
time and continuously
improved

Children engage in
different ways and
need sessions to
reflect their
individual needs

Designed each group to be
flexible and
responsive, adapting activities,
pace and approaches based on
the children and young people
attending

You want to see
that your feedback
leads to meaningful
change.

We have embedded a cycle of
continuous improvement, using
feedback from each session to
shape the next, and inform how
the programme evolves as it
expands across the county

IFST wanted to create a safe space for children and young people with SEND – transforming an unloved area into a sensory room

Services for Young People supported SEND young people in an information gathering session

Children and young people's voices were heard and helped shape the final design of the sensory room

To create a safe space for children and young people with SEND



IFST Watford & Three Rivers

Creation of sensory room



Participation Team

Co-production & Voice of Children and Young People

Participation Team

Joint work between the Participation Team and the Fostering Service

Junior CHICC members were asked to share practical ideas to help children and young people feel a sense of belonging when entering care

With input from the CHICC seniors, coming into care welcome boxes were created, to help each young person adjust to their new space, at their own pace

CHICC members

- Selected items for the welcome boxes
- Reviewed and adjusted paperwork included in the pack – including envelopes for the young person to share anything they feel is important for their carer to know and a food preference card allowing young people to share what they like to eat

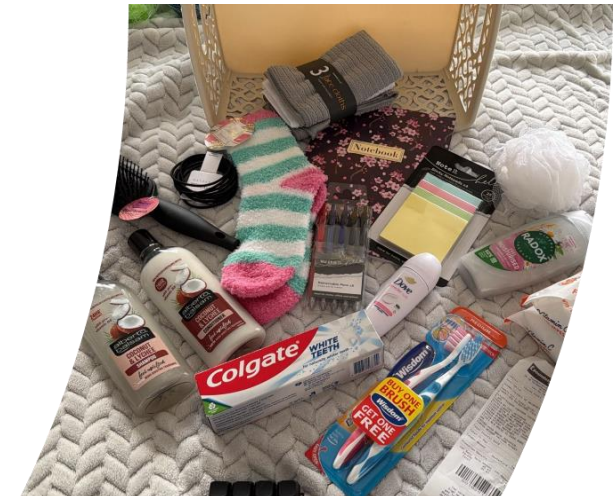
The Fostering Service have confirmed that these boxes are now available in emergency hubs and are being rolled out to all foster carers

Children in Care Council - Juniors

Coming into Care Boxes

Feedback:

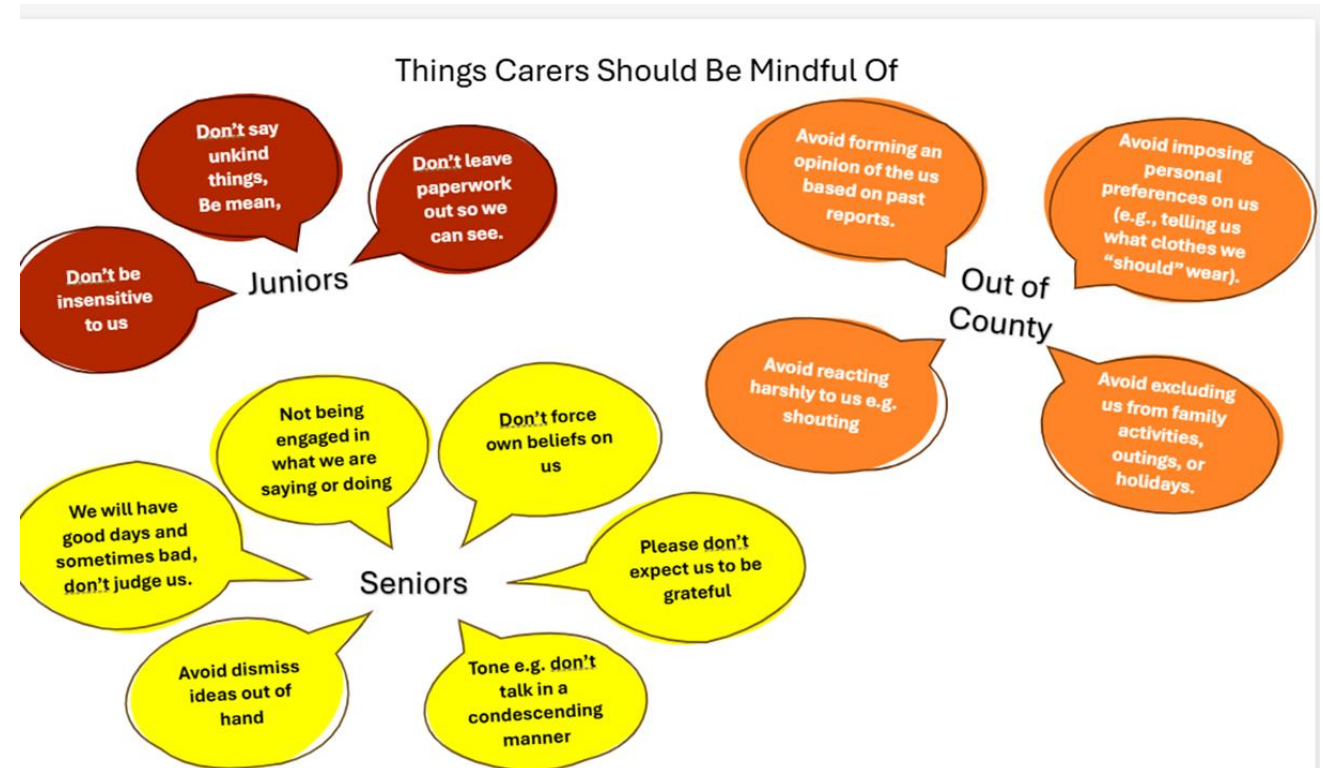
Seeing their ideas come to life had a significant impact on the Juniors, giving them a powerful sense of pride and reassurance that their voices have directly influenced positive change within the service.



Participation Team

Skills to Foster

CHICC Seniors delivered a session as part of the Skills to Foster programme. The presentation was co-produced, incorporating advice and guidance from children and young people for foster carers. It focused on sharing the perspectives of young people with lived experience, while also creating space for foster carers to ask questions and engage in open discussion.



SEND Specialist Advice & Support

Cognition & Learning Team

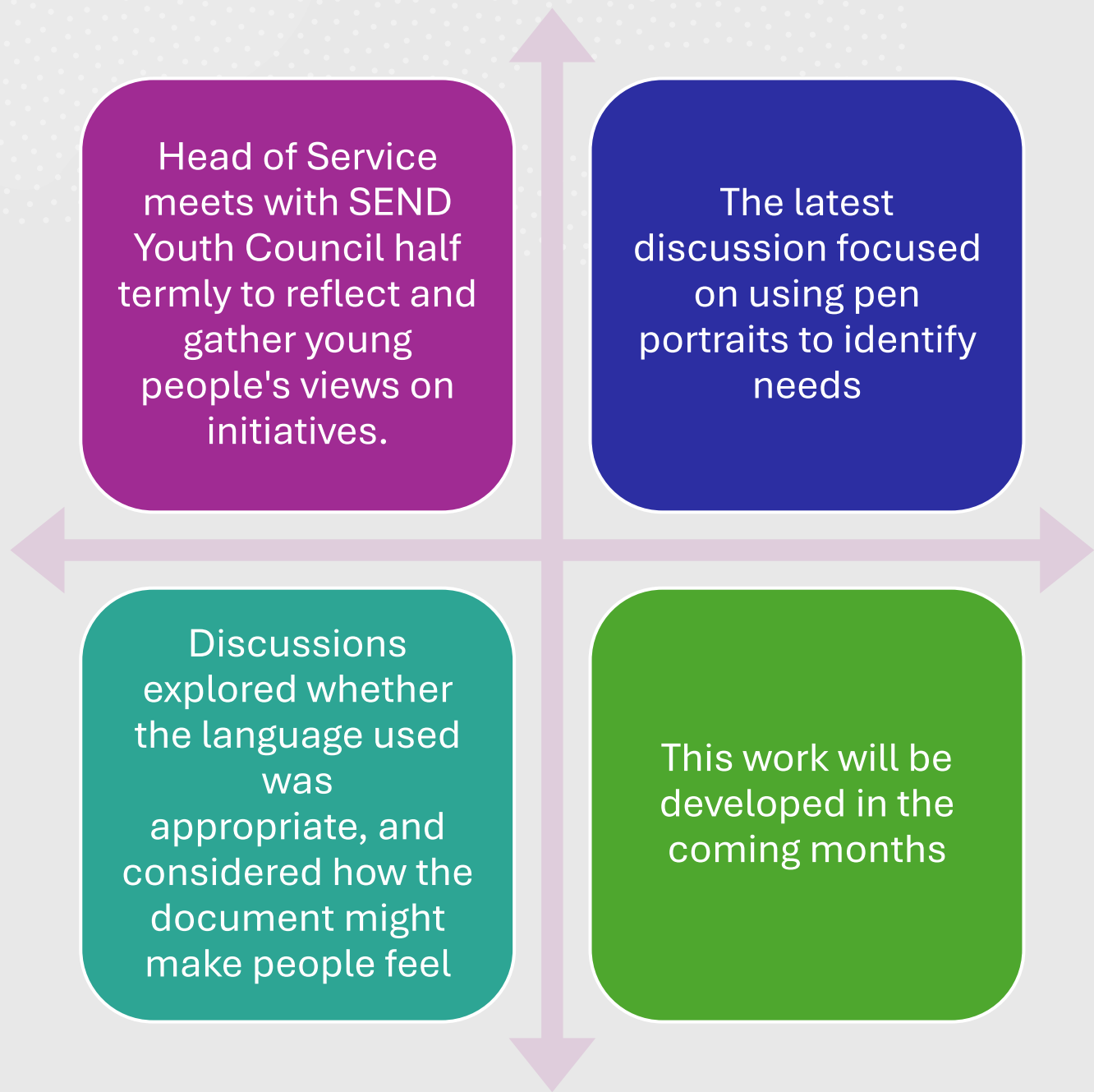
Child voice is actively sought before, during and after interventions	Child voice informs personalised provision	Inclusive approaches ensure all children can express their views
Specialist teachers gather pupil views before interventions begin and at the end	The focus on pupils with emerging SEMH needs and potential cognition and learning barriers highlights:	In the Children Missing Education Cohort, pupil voice is gathered using a variety of communication methods adapted to individual need
Pupil perspective informs the design and evaluation of support	Their views help identify what matters to them in accessing learning and interventions can be tailored	

Cognition & Learning Team

Child voice	What the service did	What changed as a result?
Reading is going well but I do not like writing as I cannot remember letters	Introduced structured multisensory phonics intervention	Evidence of early writing attempts
Do not like maths, it is boring	Used small group/1:1 intervention the pupil is enthusiastic to attend	Increased willingness to engage in intervention sessions
Uses comfort object ('Fifi...makes X feels safe)	Created a supportive, adapted environment	Improved engagement in targeted activities

SEND Implementation & Statutory Assessment

SEND Implementation & Statutory Assessment



Access, Inclusion & Alternative Provision

Access to Education for Travellers and Refugees

You Said: Anxiety, disengagement, safety concerns, and risk of leaving education.

We Did: Delivered tailored, flexible, and collaborative support with schools and families.

Impact: Improved attendance, wellbeing, and engagement; all pupils maintained or regained access to education and future pathways.

Access to Education for Travellers & Refugees



Case Study 1 – DC (Year 8) You Said • Felt anxious about returning to school due to peer judgement and social pressure. • Refused attendance following a suspension. We Did • Met with family and worked with school to plan a supported reintegration. • Introduced a reduced timetable and adjustments to avoid peer triggers. • Provided regular check-ins and ongoing review of support. Impact • Successfully returned to school through a phased approach. • Anxiety reduced; confidence and peer relationships improved. • Now engaged and expressing a more positive view of school.	Case Study 2 – LS (Year 11) You Said • Struggled with conflict, frustration, and focus in school. • Concern about behaviour escalating before GCSEs. We Did • Arranged early study leave and alternative learning (library sessions). • Provided targeted GCSE support and maintained school communication. • Supported engagement with Army Cadets and career planning. Impact • Completed GCSEs without further exclusions. • Reduced conflict and improved focus. • Maintained pathway towards army career aspirations.
Case Study 3 – FD (Year 11) You Said • Wanted to leave school at 16 to pursue a trade. We Did • Explained legal requirements and importance of completing GCSEs. • Worked with family and school to maintain engagement. • Supported exam access arrangements and post-16 planning. Impact • Attended and completed all GCSE exams. • Retained pathway to college and chosen trade. • Prevented early disengagement from education.	Case Study 4 – CD (Year 9) You Said • Experienced trauma and felt unsafe returning to previous school settings. • Wanted a fresh start but feared others knowing her past. We Did • Identified a suitable new school and supported appeal process. • Planned a safe transition with tailored emotional support. • Maintained regular check-ins and reviews. Impact • Successfully reintegrated into a new school. • Increased confidence, safety, and trust in staff. • Developed friendships and re-engaged with education.
Case Study 5 – L (Year 10) You Said • Low confidence, expected exclusion, found it difficult to engage academically and socially. We Did • Built consistent, trusting relationships through regular support • Advocated for and supported a move to alternative provision better suited to his needs • Adapted his timetable to include vocational, trade-based learning • Provided ongoing review, encouragement and post-16 guidance linked to his interests. Impact • Improved attendance, behaviour and engagement in education • Developed clear aspirations, now planning to attend college . • Shifted from expecting failure to being future focused and motivated, particularly in trade skills.	Case study summaries