

Bedford Borough Parent Carer Forum Outcomes Report 2025

February 2026



Introduction

In response to the February 2018 joint Ofsted / Care Quality Commission local area Special Educational Needs and Disability (SEND) inspection, Bedford Borough Parent Carer Forum (BBPCF) undertook to create an “outcomes framework” that enables local leaders to better understand, prioritise, commission and deliver services that families of children and young people (CYP) with SEND need.

In order to benchmark lived experience of families, BBPCF undertook a series of workshops and conducted its first outcomes survey between October and November 2018. This survey has been repeated annually since.

Our methodology

Between October and December 2025, we asked parent carers of CYP with SEND to complete a survey to capture their lived experiences in Bedford Borough. Participants were invited to complete eighteen questions that cover five key outcomes for children and young people. These are for them to:

- Be Happy
- Be Healthy
- Be Ambitious
- Be Independent
- Be Heard

These outcomes were developed in co-production with our membership. The survey questions are based on the United Nations Convention on the Rights of the Child.

The 2025 survey was based on the survey we conducted in previous years to ensure comparability. For a full list of questions see Appendix 2.

We asked respondents to identify the age, ethnicity, the education, training or work setting and status of their CYP, their social work status and whether their child has an EHCP or not. In addition, we asked respondents to tell us whether their child or young person had undergone a transition between school settings or between children's and adult health and social care settings. We also asked whether parent carers themselves had a disability.

We received 613 valid responses (711 in 2024). In addition, there were 1396 comments. A sample of comments are reproduced in this report to offer a qualitative analysis and that gives a direct voice to the views of parent carers. Quotes are presented verbatim to ensure families' voices are accurately represented.

In absolute terms, we are still not meeting the needs of children and young people with SEND well enough. The average score has fallen year on year. Over the last 8 years, scores have fluctuated, with improvement in 3 years, decline in 4 years and 1 year remaining unchanged.

Average score

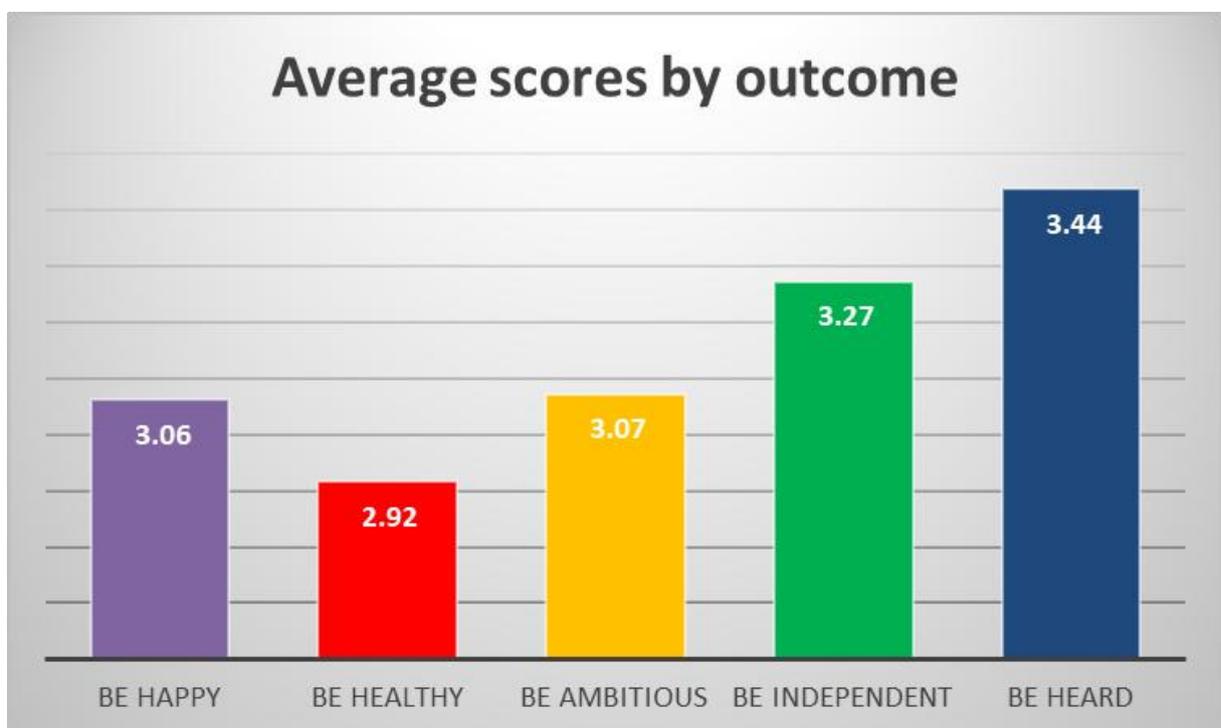
3.12

(out of 5)

The average score across all questions in our survey was 3.12. This is a small fall from last year when the score was 3.32.

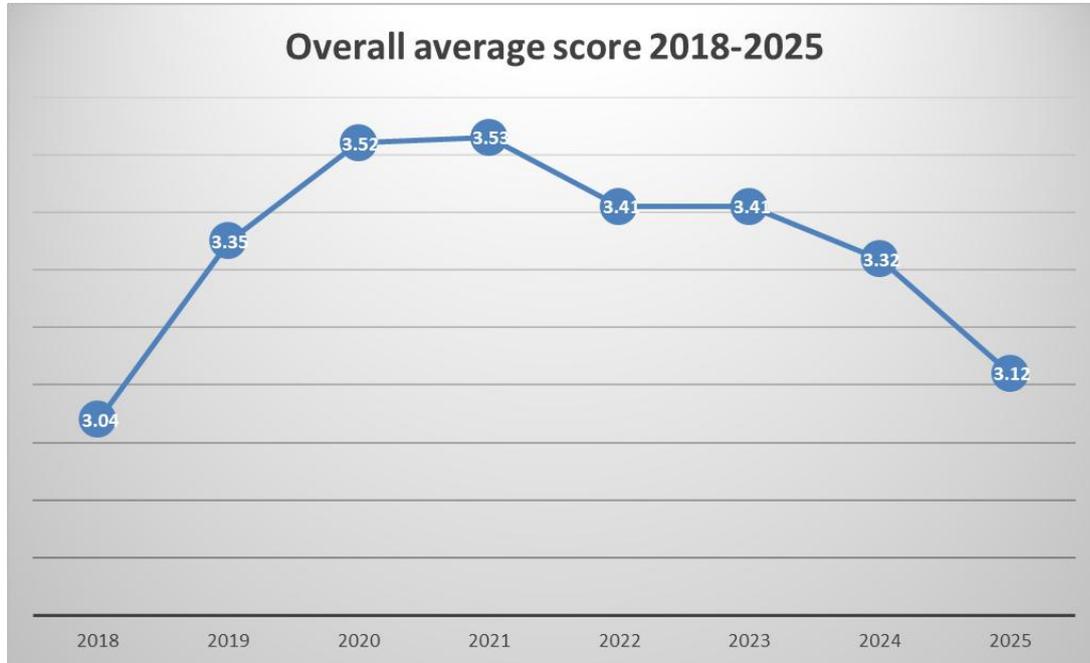
This means that the needs of children and young people with SEND are only being adequately met at best. This falls short of our stated ambition that needs should be being well met (a target score of 4 or more). Given that the questions were based on the United Nations Convention on the Rights of the Child, we believe this to be an appropriate target based on a minimum level that families should be able to expect.

The average scores for each outcome were as follows:



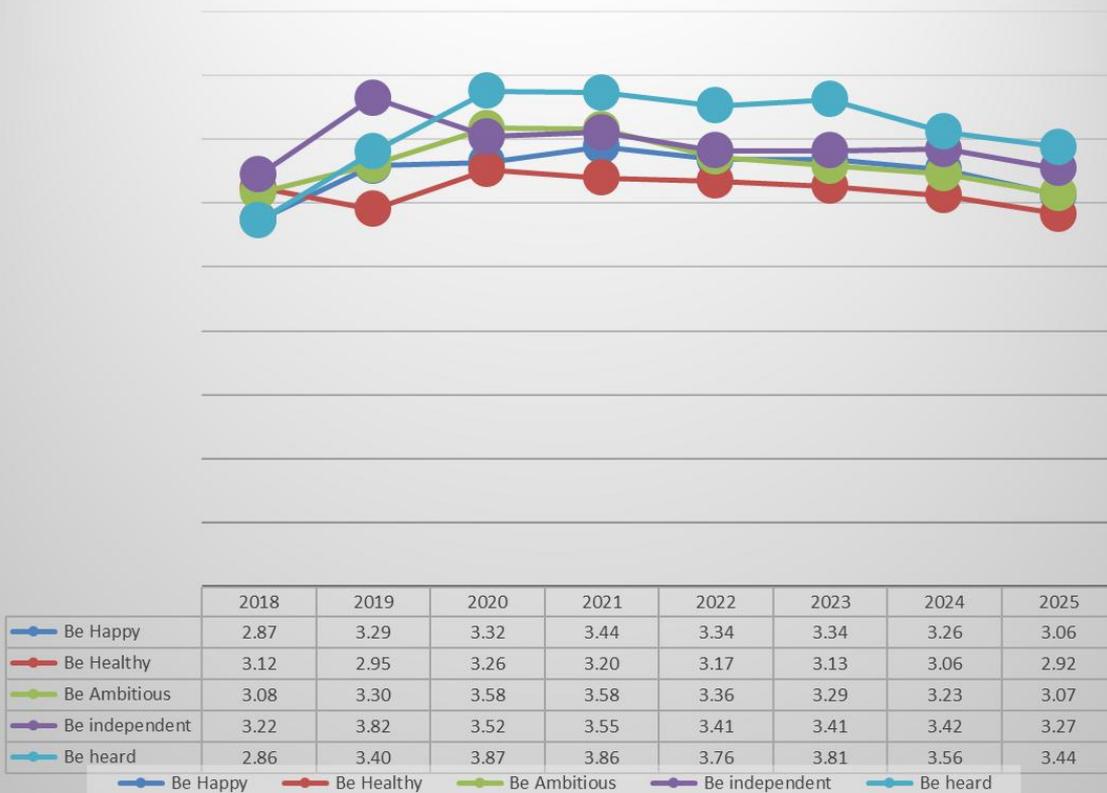
There has been a fall in the overall average score year on year. After an initial rise, scores have declined over the last four years.

The average score in 2024 was 3.32. In our first survey in 2018, the average score was 3.04.



Following a peak in 2021, average scores by outcome have fallen to similar levels to 2018.

Average score by outcome 2018-2025



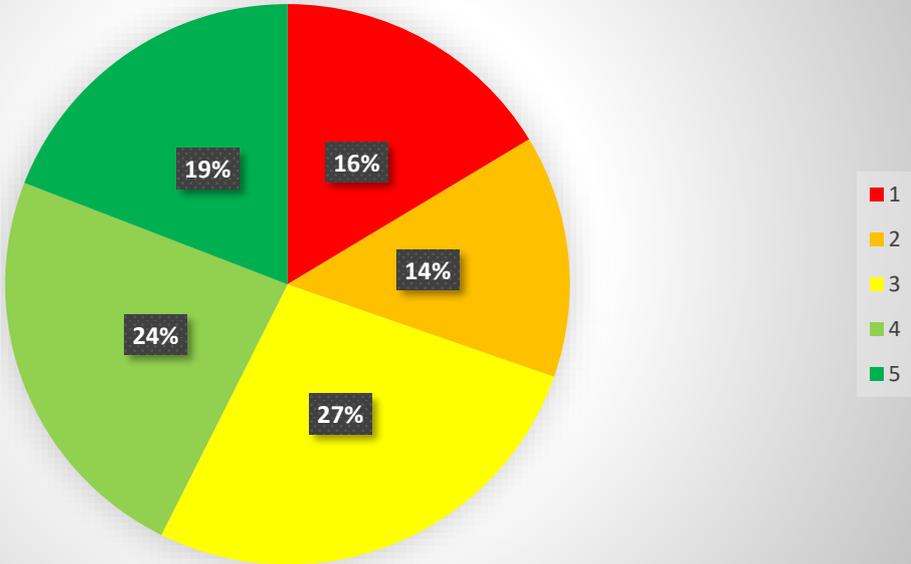
Despite the overall improvements in scores, the majority of the comments collected were negative but give a good indication of what needs to be done to improve scores.

Overall, 43% (2024:43%) of all responses were positive (scores of 4 or 5) whilst 30% (2024: 23%) were negative (scores of 1 or 2).

The largest category of scores was 3 with 27% of answers (last year it was 4 with 36% of answers).



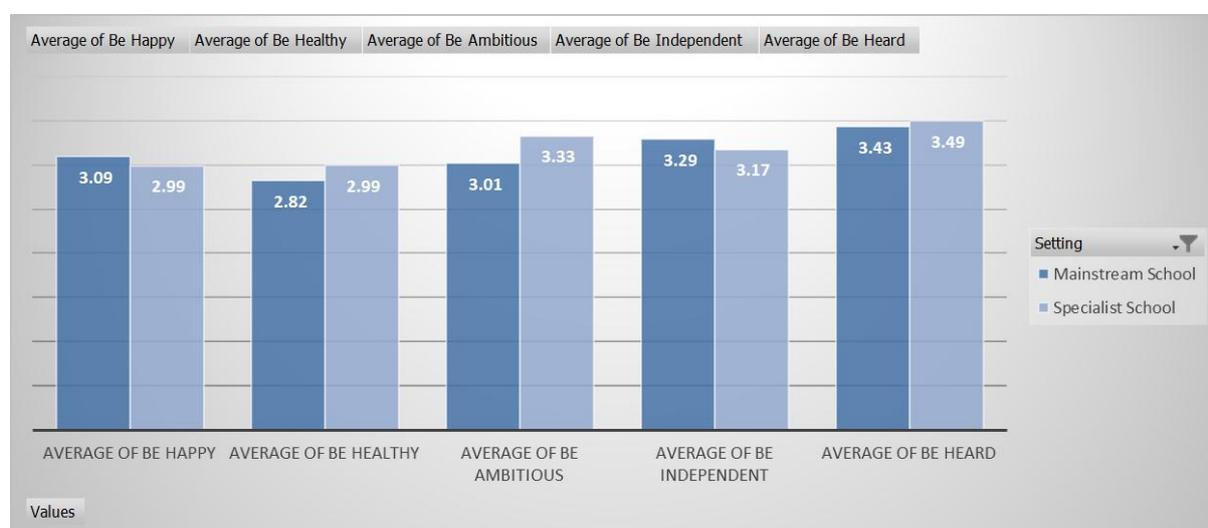
Distribution of scores



Commentary

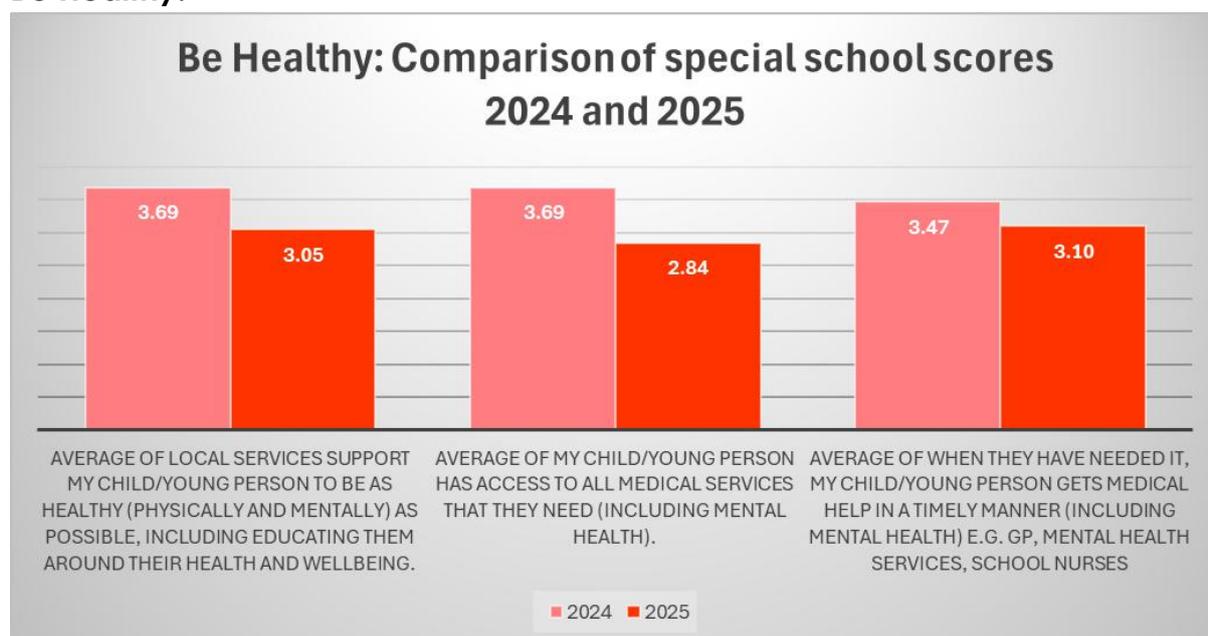
This year has seen a significant fall in the experiences of Children and Young People (CYP) in special schools compared to previous years.

In previous years, CYP in specialist settings have seen better scores in all categories with significant gaps across the Be Healthy and Be Ambitious categories (0.61 and 0.64 respectively). This year, the gap is much smaller with CYP in mainstream settings scoring higher in the Be Happy and Be Independent scores than those in specialist settings.

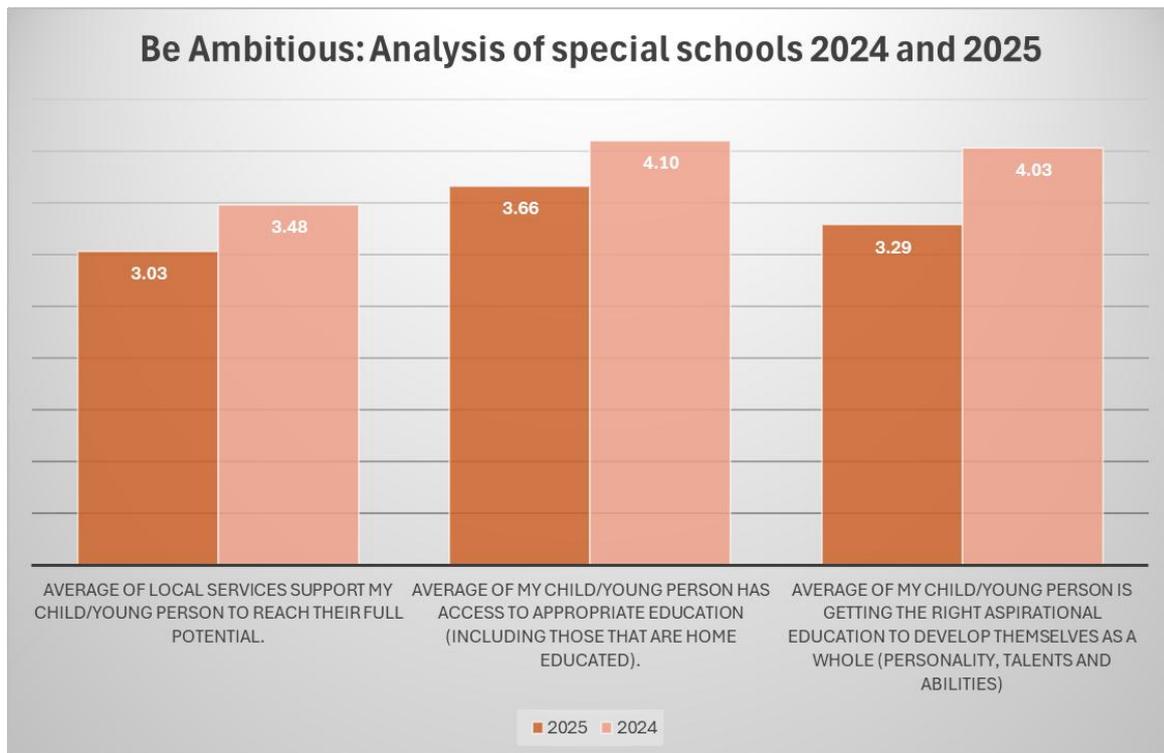


In particular, there were notable falls in three categories:

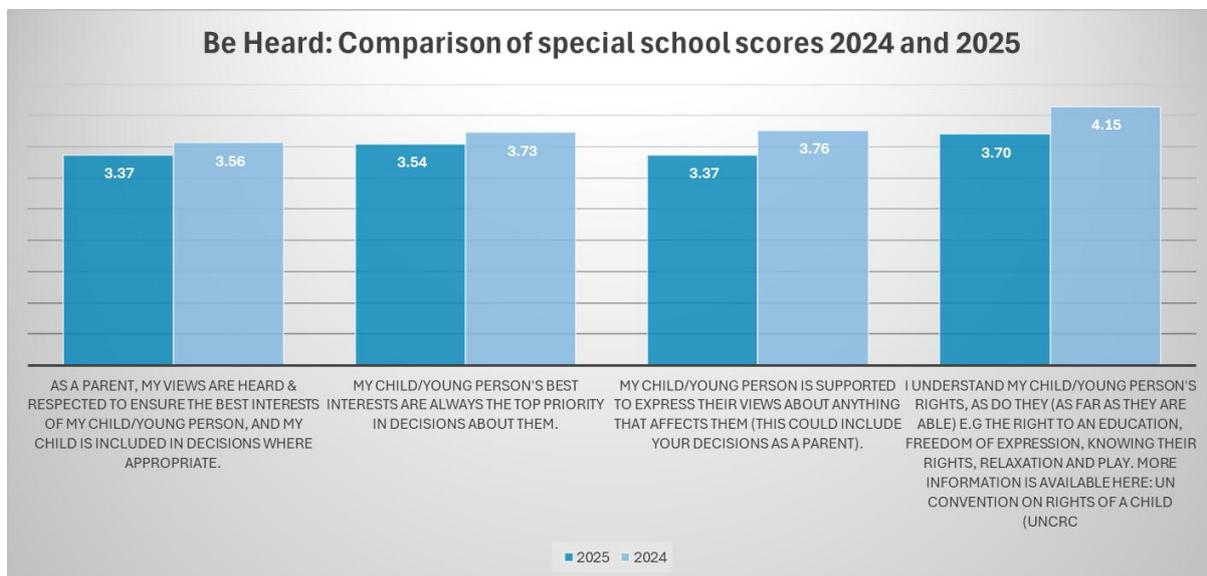
Be Healthy:



Be Ambitious:



Be Heard:

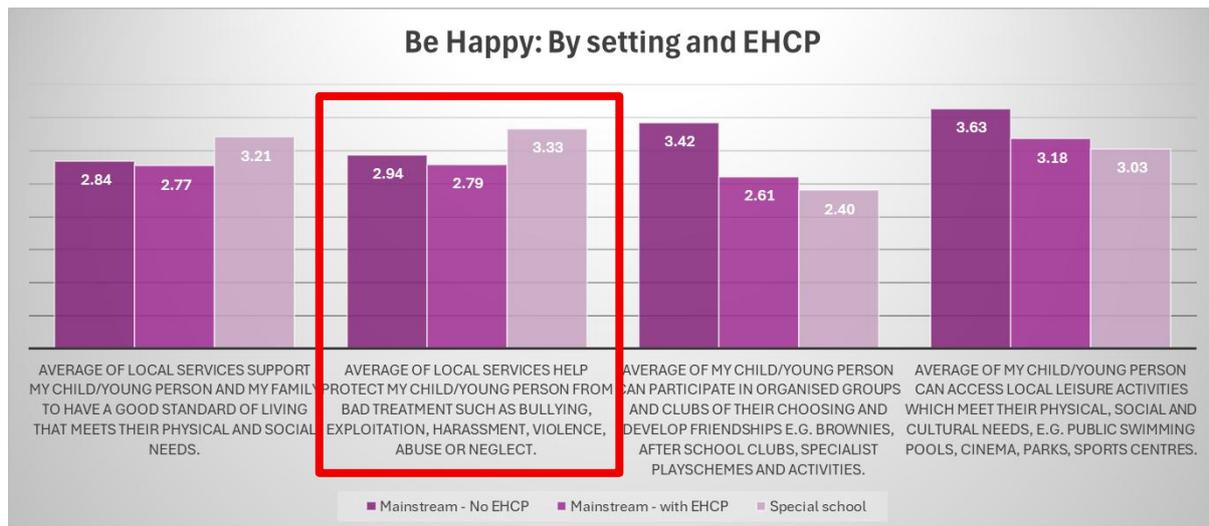


Analysis of scores and comments does not offer any immediate answers for this significant change.

Recommendation 1: Convene working groups for families of children and young people in specialist settings and with leaders from specialist settings to better understand the causes of this fall in outcomes scores between 2024 and 2025.

Bullying remains a major concern raised by many parent carers for children in mainstream schools

The score for protecting CYP from bad treatment shows a continued significant gap between those in special schools and mainstream schools with and without an EHCP – those with an EHCP in mainstream settings having the poorest experiences.



Year-on-year comparison of Q2 shows that all scores have fallen significantly – the biggest falls have come for those in mainstream settings with an EHCP with a fall of 0.59 year on year.

Comments indicate that parent carers, feel CYP experience bullying from both peers and from school staff.

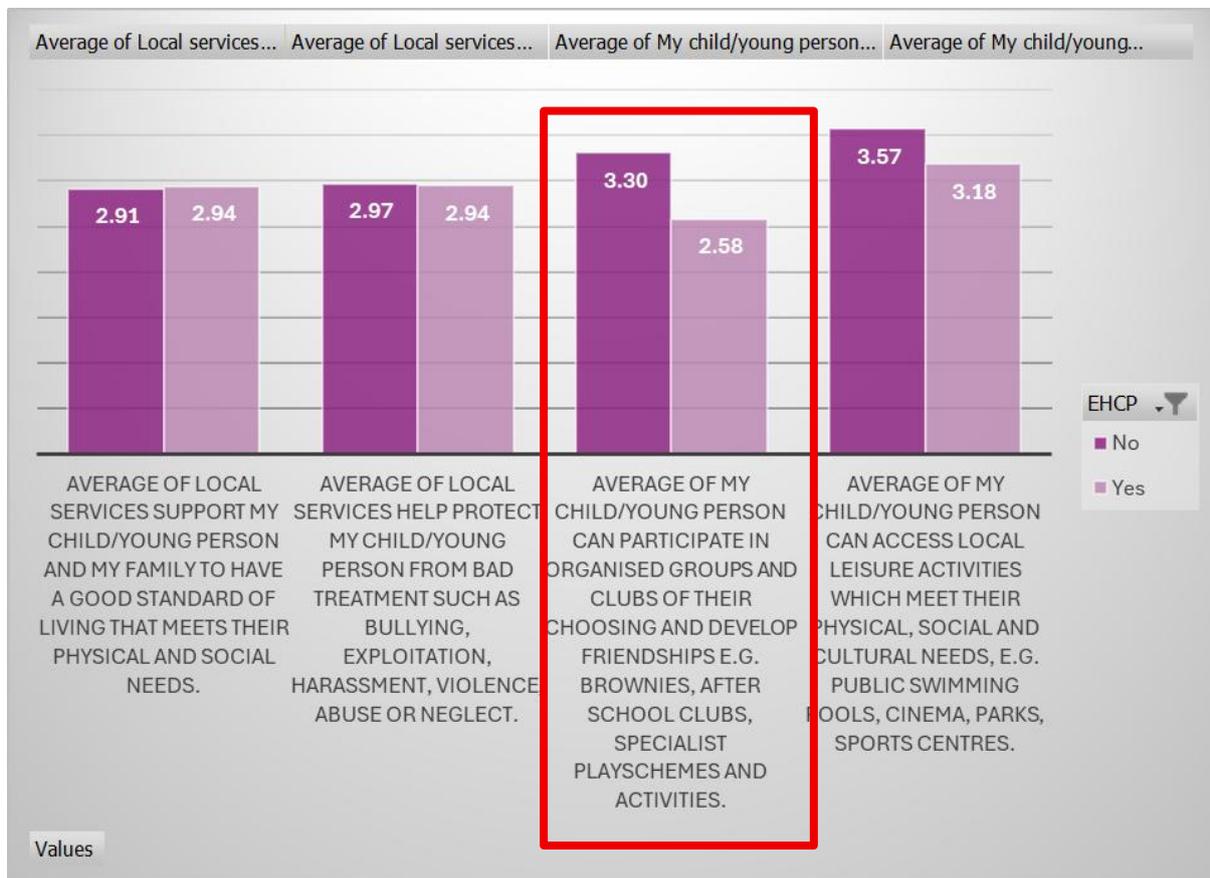
Recommendation 2: More work needs to be done to address bullying for CYP with SEND in mainstream settings, particularly those with an EHCP. This should include perceived “bullying” by school staff.

Children and young people with the most complex needs continue to report difficulties in finding suitable clubs and organised groups to attend. They also continue to report obstacles in accessing and being a part of local communities.

This is reflected in in two key areas:

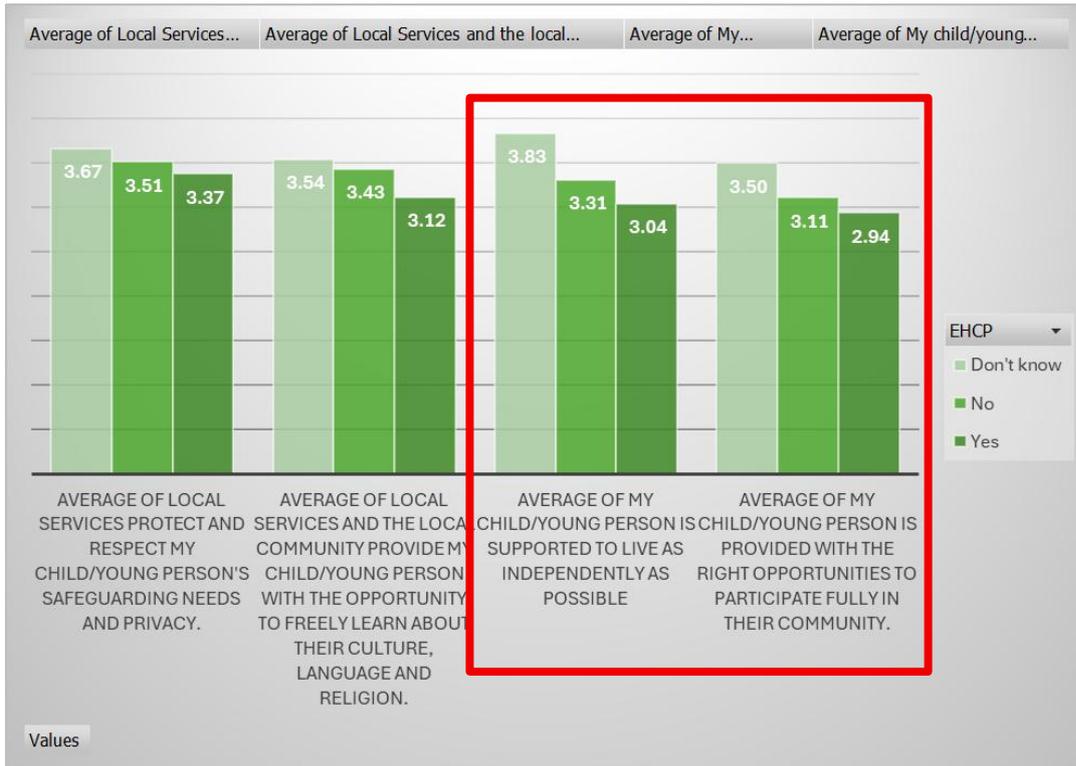
Be Happy:

Here the score for being able to participate in organised groups is 0.72 lower for those with an EHCP than those without.



Be Independent:

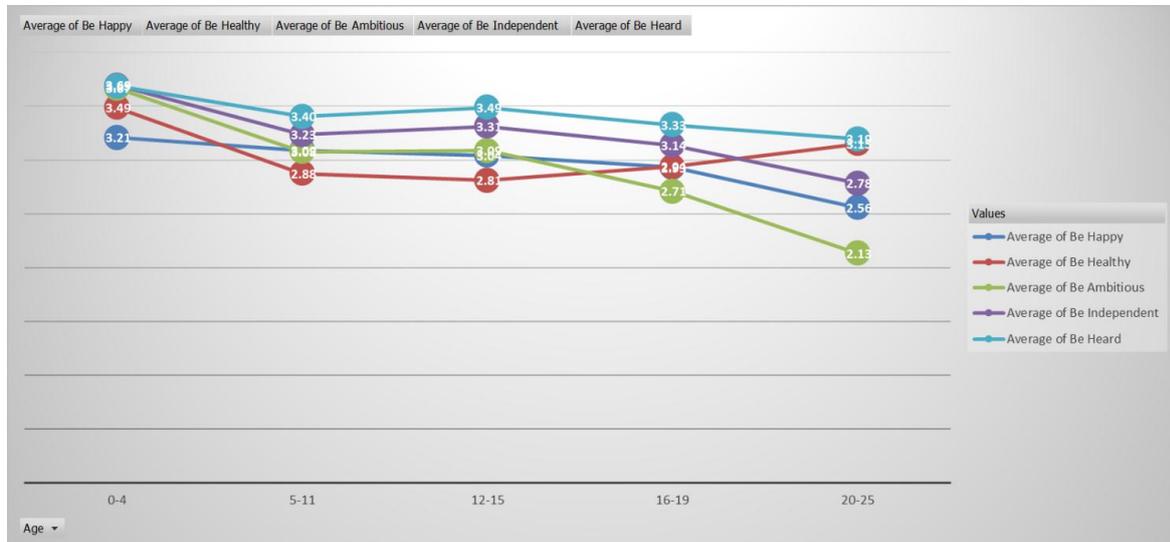
Here are the scores looking at being able to live independently and participate in the community are 0.27 and 0.17 lower respectively for those with an EHCP.



Recommendation 3: Convene working groups for families of children and young people with education health and care plans to explore what can be done to improve access to the clubs and activities and how they might be better supported to participate in the community.

The cliff edge on leaving education is real.

This is reflected in two main areas for young people aged 20-25 where scores drop significantly across the Be Happy, Be Ambitious and Be Independent outcomes.



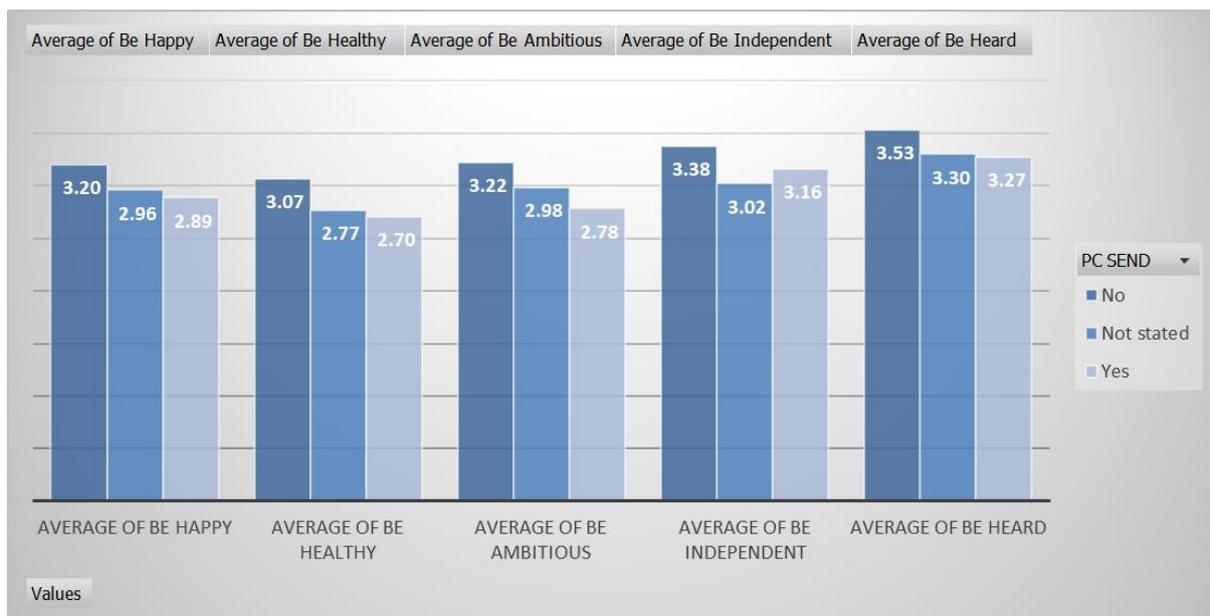
Recommendation 4: Consider a review of the preparing for adulthood strategy to ensure that the concerns highlighted in this report are addressed.

Access to health continues to be a major concern for families – in particular, they highlighted long waits for services and difficulties in meeting thresholds for treatment.

Be Healthy scored the lowest outcome scores again this year. The comments shed light on this with frustrations over waiting times and difficulty getting appointments. There were more comments about these two questions than any others in the survey. However, for those receiving health services there were many positive comments particularly about CAMHS.

Recommendation 5: Convene working groups for families of children and young people who do not meet criteria for health services or those who are currently waiting to explore what additional help and support would enable them to better support their children or young people.

Support for parent carers with a disability. Our survey asked a question about the disability status of parent carers, not just children and young people. This reveals that parent carers who have a disability have poorer outcomes across the board than those that do not.



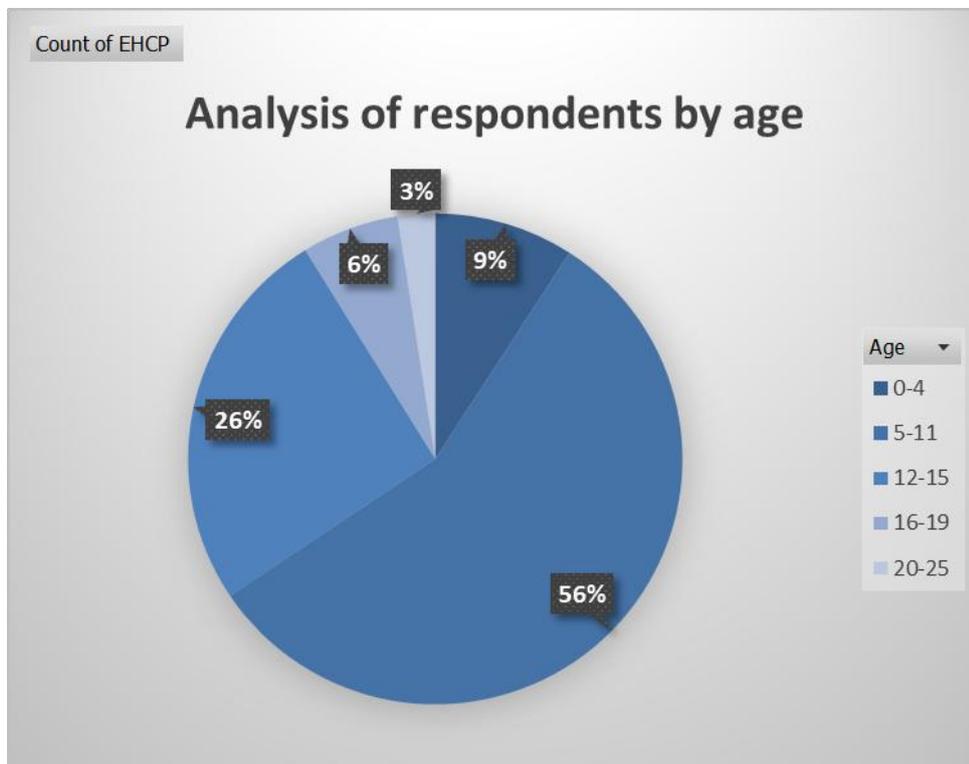
Recommendation 6: Consider providing additional support for parent carers with a disability to help them navigate a complex system and access the care that their family would benefit from. Consider a “keyworking” service not just for CYP with additional needs but also parent carers with disabilities.

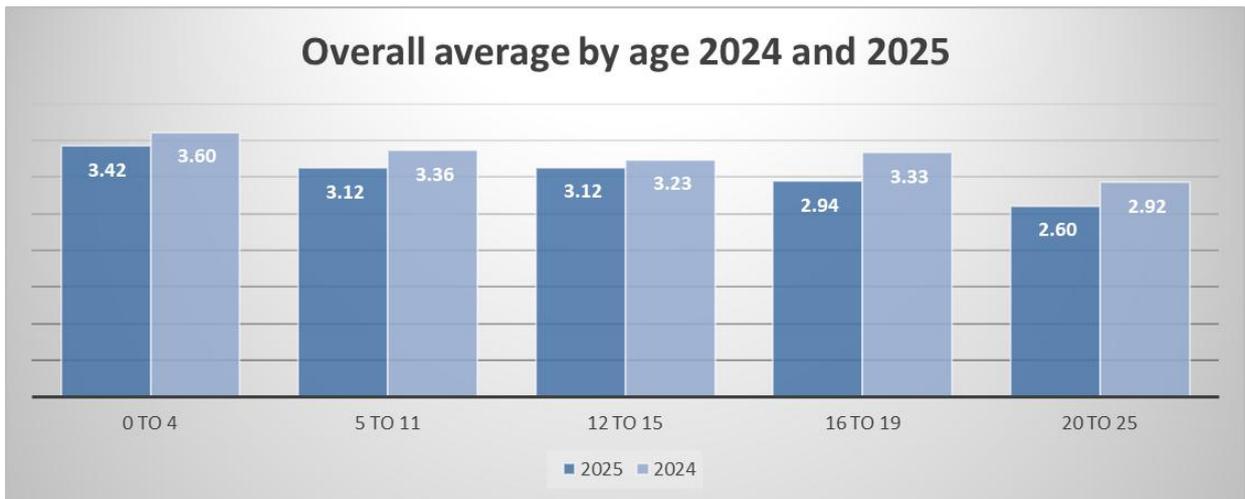
Analysis by age, setting, EHCP / no EHCP, social work status and disability of parent carer

By Age

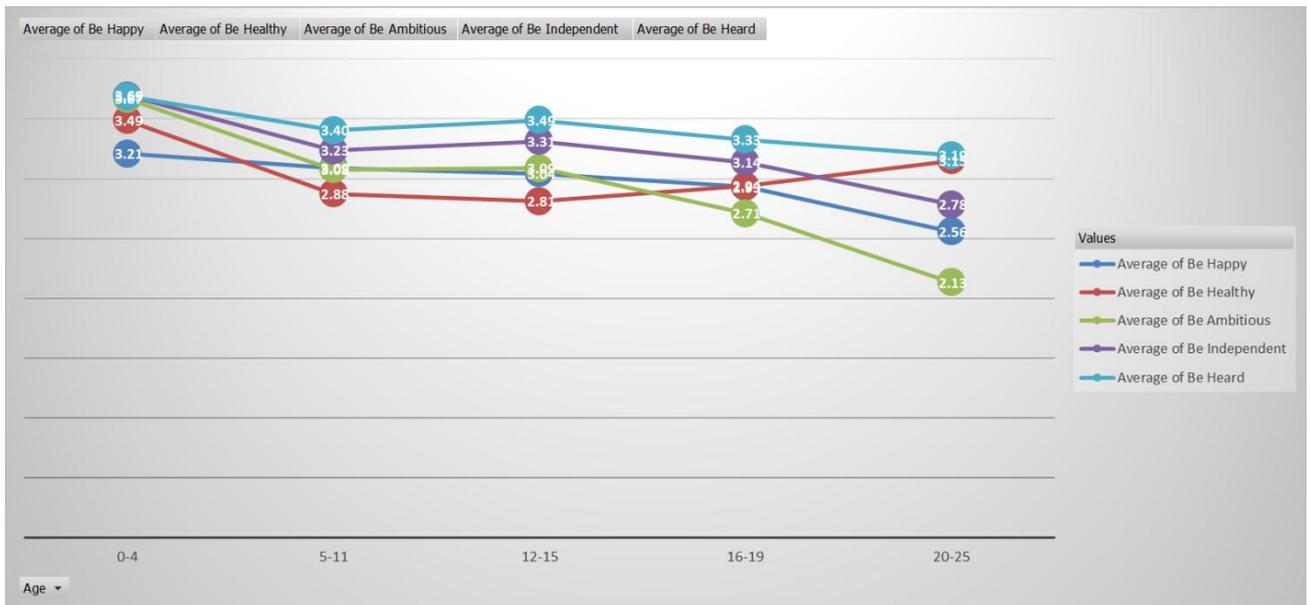
There was a reasonably good distribution of respondents up until school leaving age. Because there were relatively few respondents in the 20-25 (post education), this qualifies any conclusions we can draw from this age group. The age distribution of respondents is similar to previous years.

Age	Respondents	Percentage
0-4	56	9%
5-11	346	56%
12-15	157	26%
16-19	39	6%
20-25	15	2%
Total	613	100%





Analysis of the overall average mark by age shows that the 0-4 age group have the highest average score (3.42) which gradually declines as children and young people age with the 20-25 age group having the lowest average score of 2.62. This is consistent with the trends from previous years. All of the age groups showed a deterioration year on year.



There is generally a fall in all outcomes as CYP get older – the most marked is for be ambitious which drops significantly in the 20-25 age group.

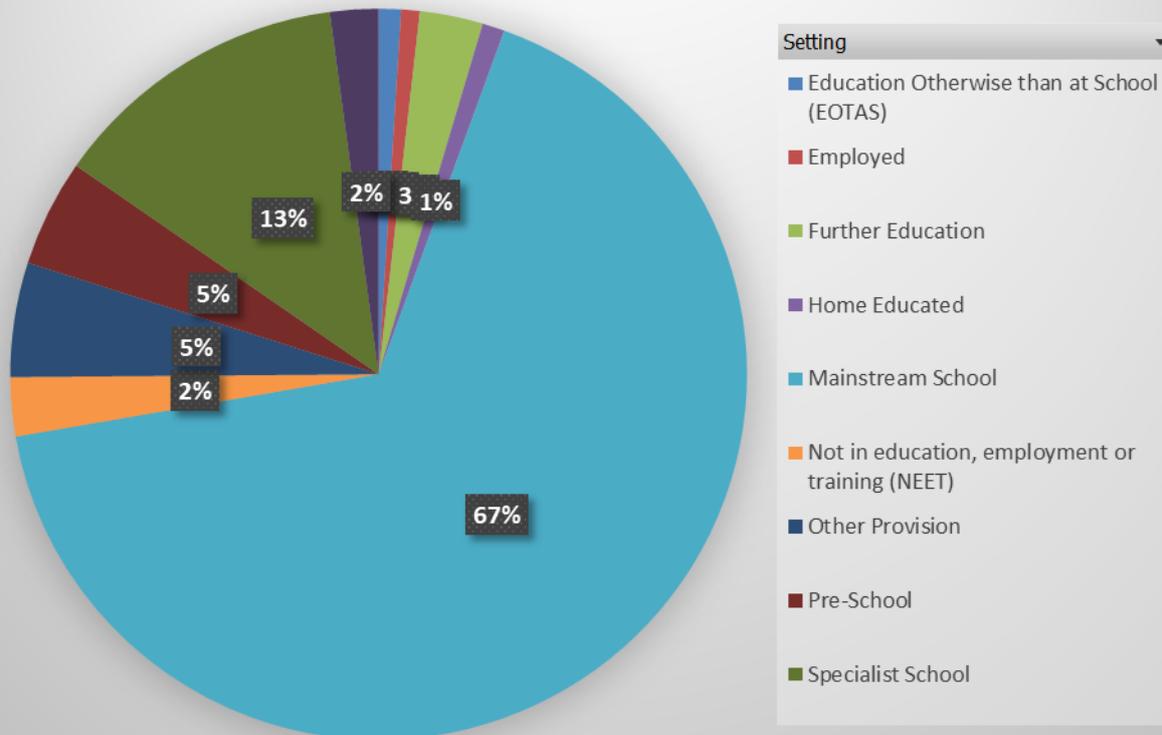
The exception to this is the be healthy category which sees increases in scores for the 16-19 and 20-25 age groups.

By setting

There were a range of responses from across different “settings” ranging from pre-school to employment and NEET. There was a representative range of settings with the majority of CYP attending a mainstream school. We had representation from those outside of school and education settings as well.

Setting	Number	Percentage
Education Otherwise than at School (EOTAS)	6	1%
Employed	5	1%
Further Education	17	3%
Home Educated	6	1%
Mainstream School	409	67%
Not in education, employment or training (NEET)	16	3%
Other Provision	31	5%
Pre-School	29	5%
Specialist School	81	13%
Specialist School in another Borough	13	2%
Total	613	100%

Analysis of respondents by setting

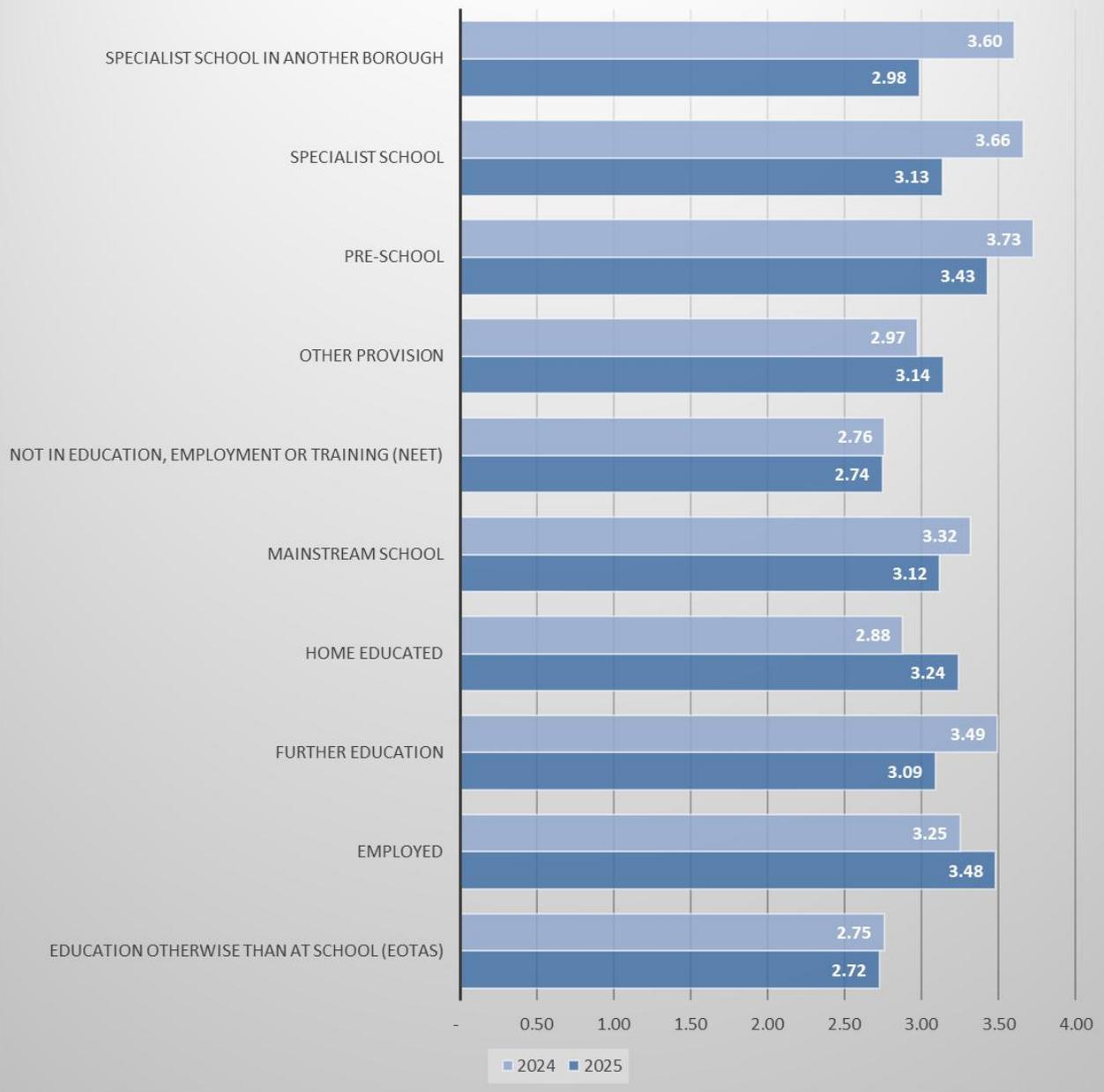


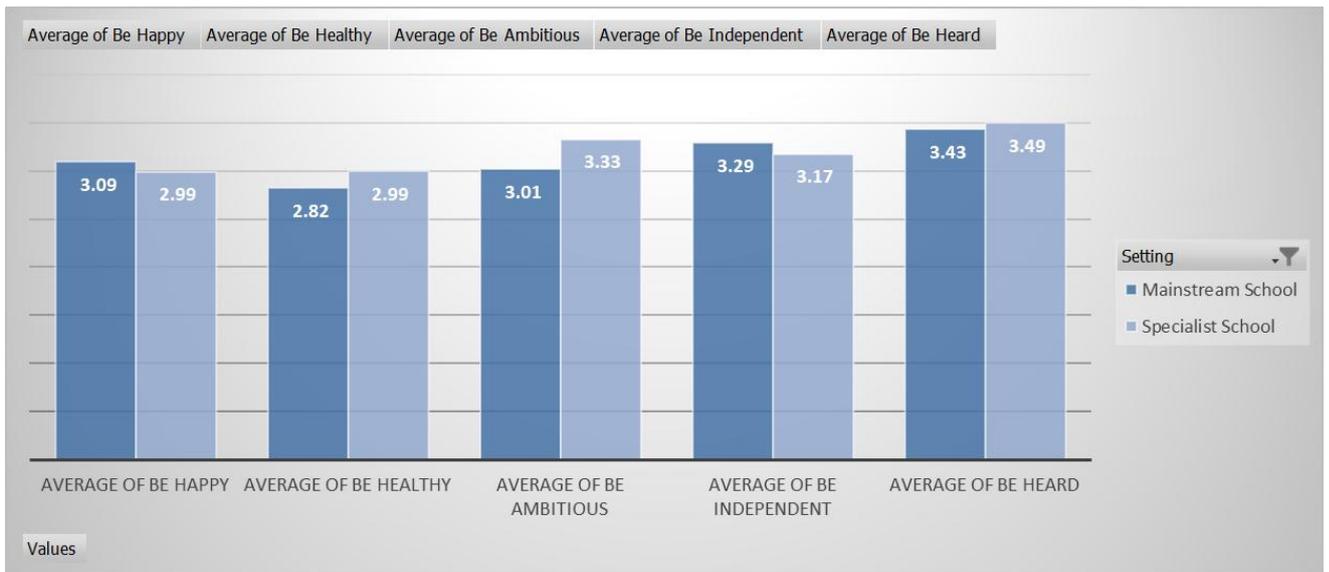
In previous years we have seen a marked difference in scores between specialist and mainstream settings (specialist having higher score by 0.34 points). For 2025, we no longer see such a difference. The scores for both have fallen but the specialist setting scores have fallen significantly. The difference is now 0.01 points.

Those in Employment have the highest score (3.48) but this is a very small sample. Consistent with the findings of the age analysis, those in pre-school have the second highest scores (3.43) and those outside of the formal education system (NEET 2.74 and EOTAS 2.72) had the worst overall experiences.

The only category to increase scores year on year were those home educated CYP who say an increase from 2.88 to 3.24. All other categories saw a deterioration.

Average score by setting 2024 and 2025

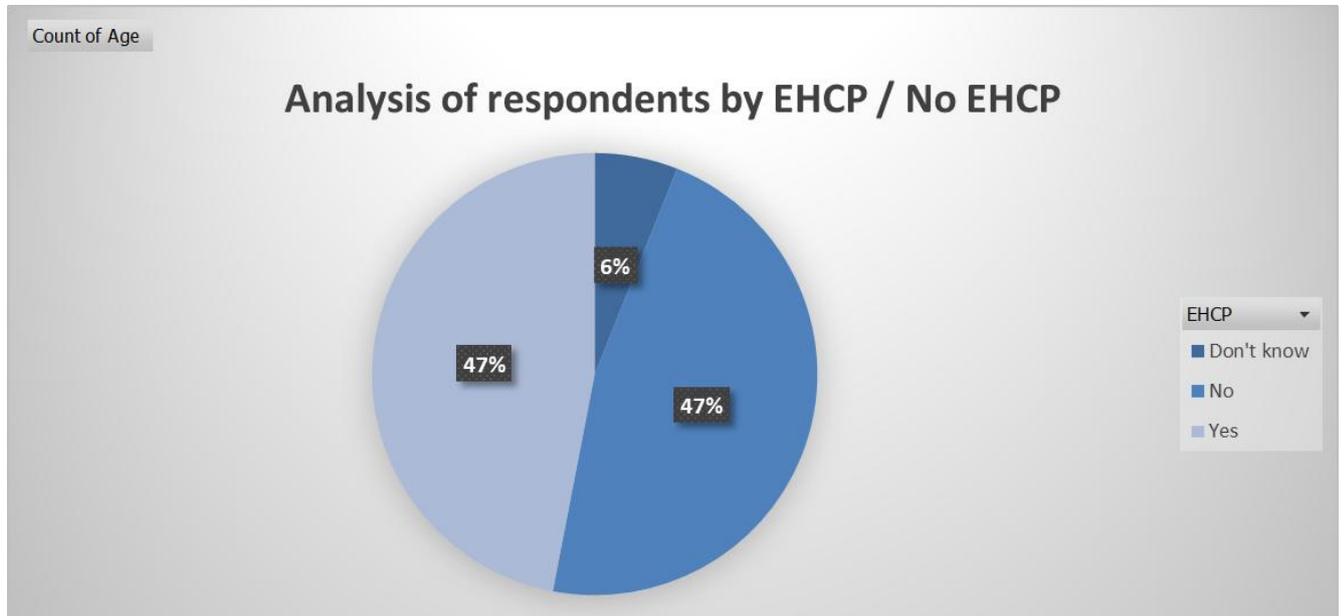




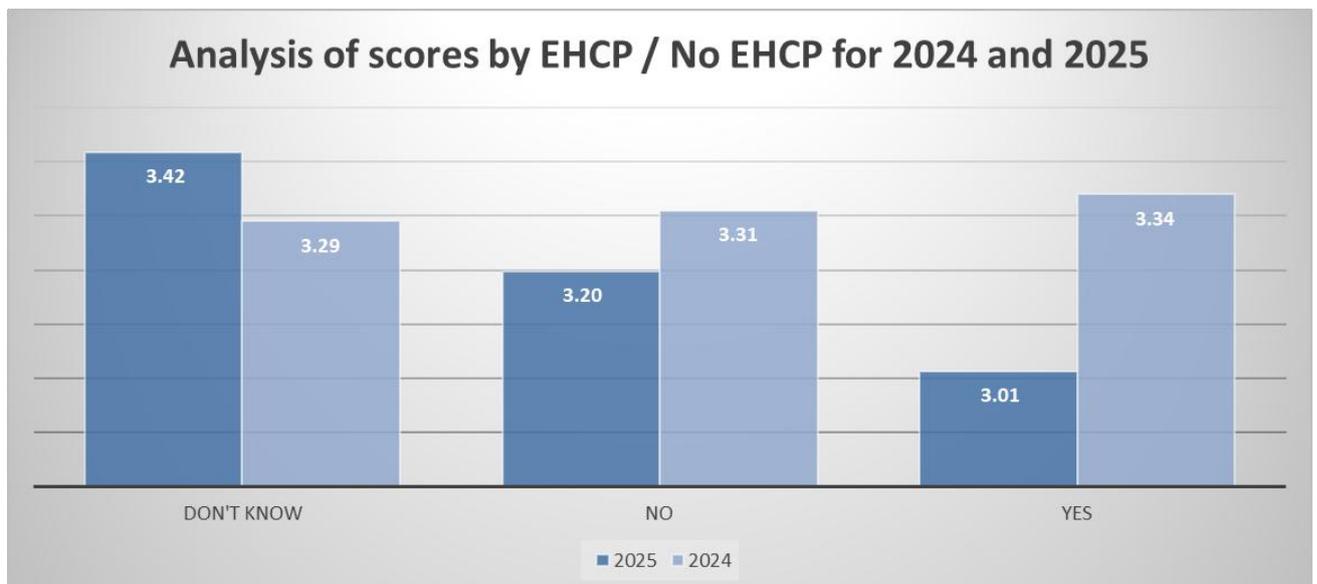
In previous years, CYP in specialist settings scored higher than those in mainstream settings for all the outcomes. This year, the results are mixed with specialist settings scoring higher for Be Healthy, Be Ambitious and Be Heard. Differences between the two were also smaller with only the be ambitious score being markedly higher (0.32).

By EHCP / no EHCP

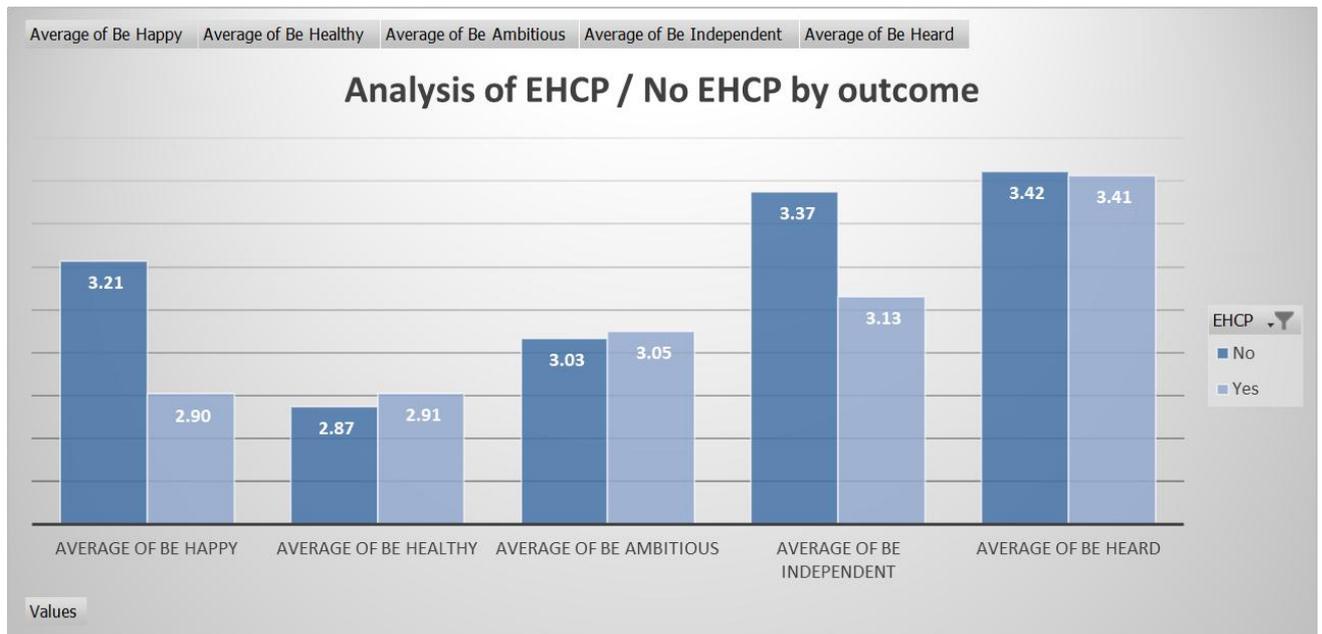
There is a good split of responses between those who have EHCPs and those who do not. With 47% having an EHCP and 47% not (6% responded do not know).



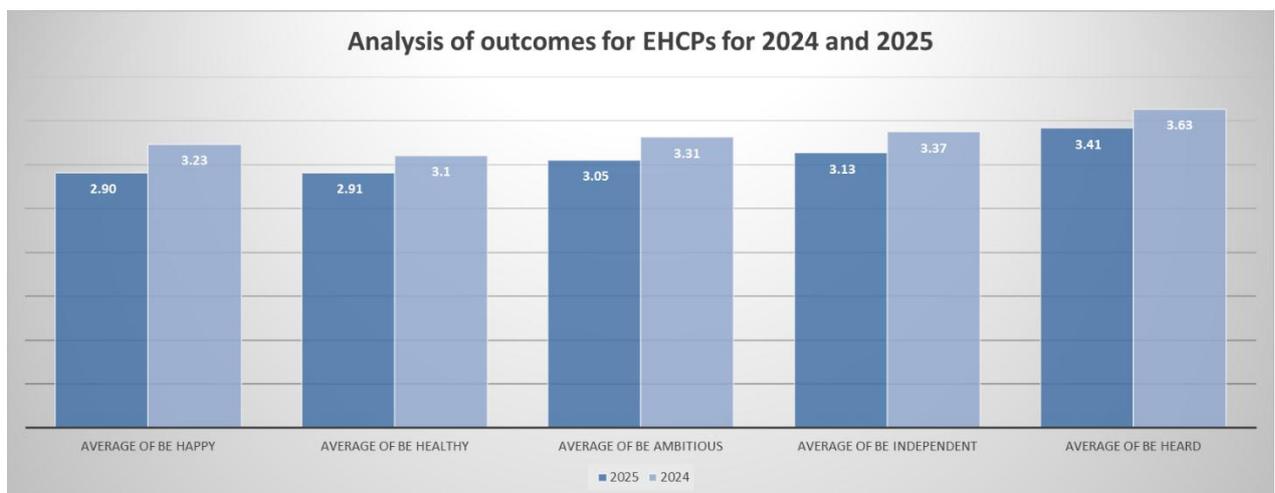
There was a small difference in scores between those that have an EHCP and those that do not. For the first time, those without an EHCP scored higher by 0.19 points. Previously, there has been no material difference in the scores between those with and without an EHCP.



There were some notable differences in individual outcomes between those with an EHCP and those without. Those without EHCPs were happier and felt more independent. The other outcome scores were largely similar regardless of whether a CYP had an EHCP or not.



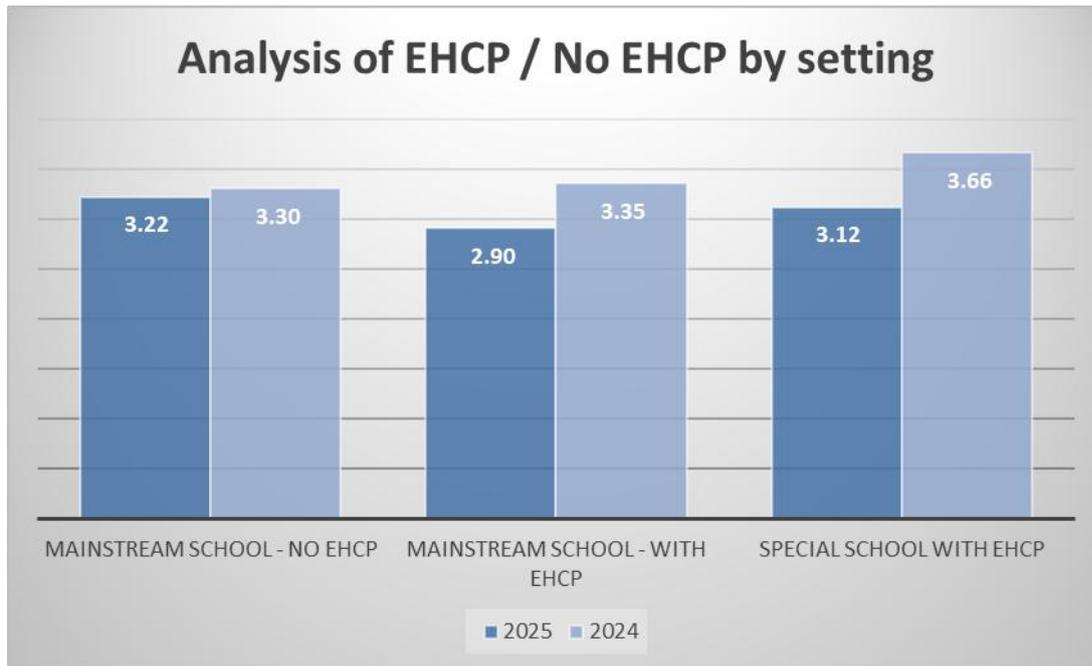
An analysis of movements in outcomes year on year for those with EHCPs shows falls across all outcome scores between 0.33 and 0.20.



Analysis by Setting and EHCP / No EHCP

For the first time, there is a significant difference in scores between children in mainstream schools with and without an EHCP (0.32 points). In previous years, these scores have been very similar.

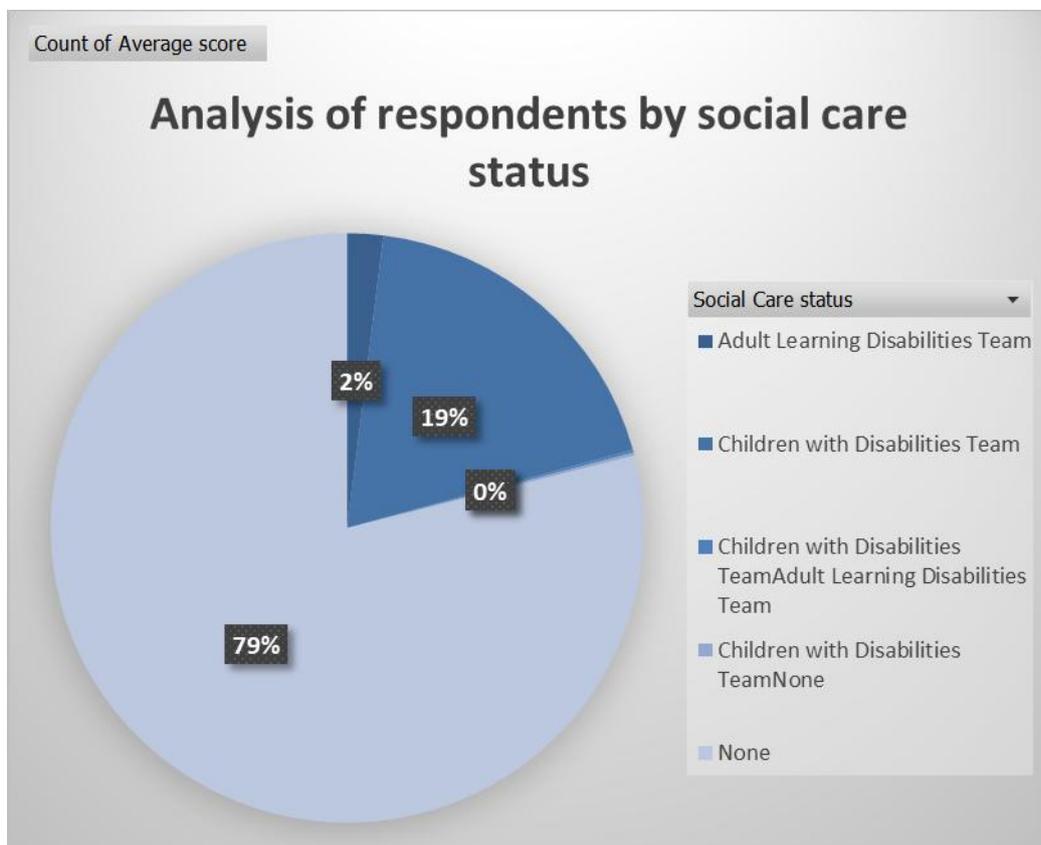
There has been a small decrease in scores for CYP with no EHCP in mainstream setting but there has been a significant fall for children with EHCPs regardless of setting (0.45 in mainstream schools and 0.53 in specialist settings).



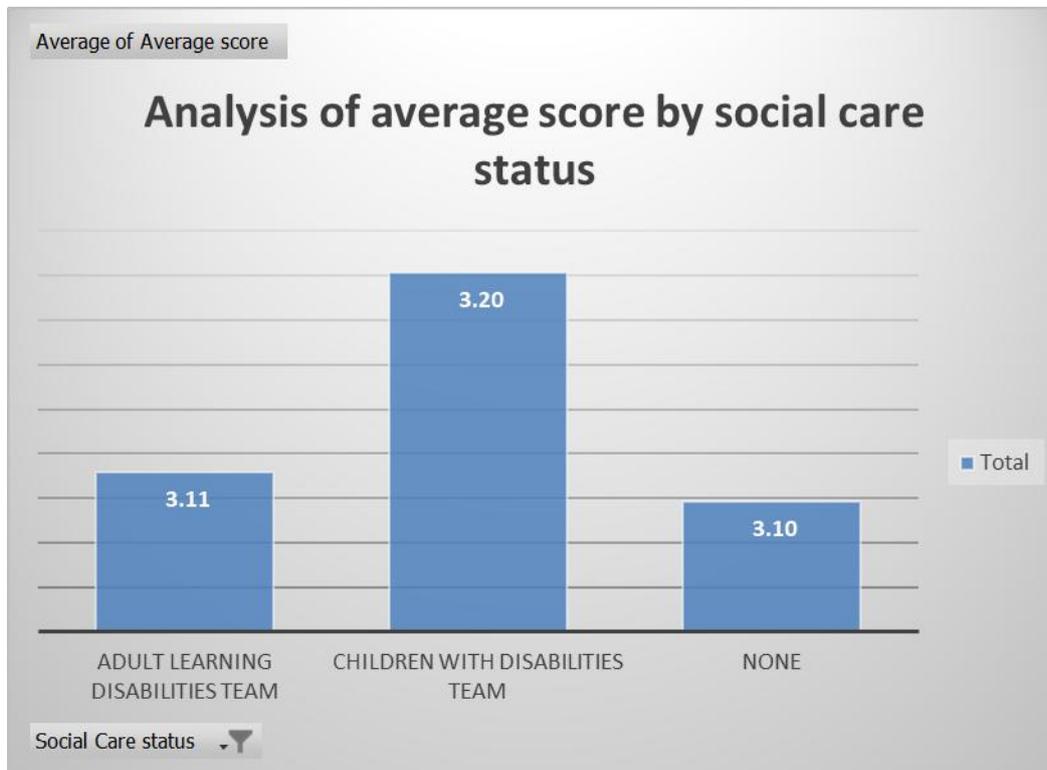
By social work status

Social care status	Number	Percentage
Adult Learning Disabilities Team	12	2%
Children with Disabilities Team	117	19%
None	484	79%
Total	613	100%

The number of respondents who have contact with the adult teams was relatively small and so any analysis of this group must be caveated as representative of a small sample size.



There was a difference in average overall scores based on the social work status of respondents. Those with contact with the social care teams scored 0.10 points higher for the Children with Disabilities Team.



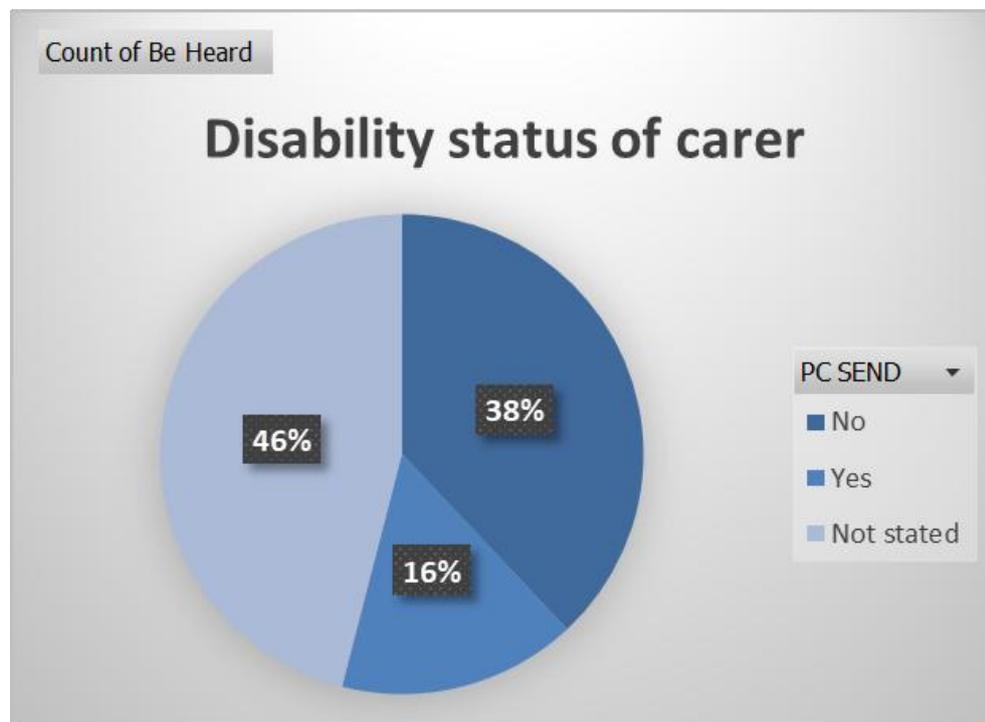
The biggest differences when analysed by outcome is that those with social care contact feel better supported to Be Healthy than those without. There was also a notable difference for those with the Children with Disabilities team for the Be Ambitious scores. These findings are consistent with previous years.



By disability status of carer

We asked carers completing the survey to tell us if they, themselves had any disabilities.

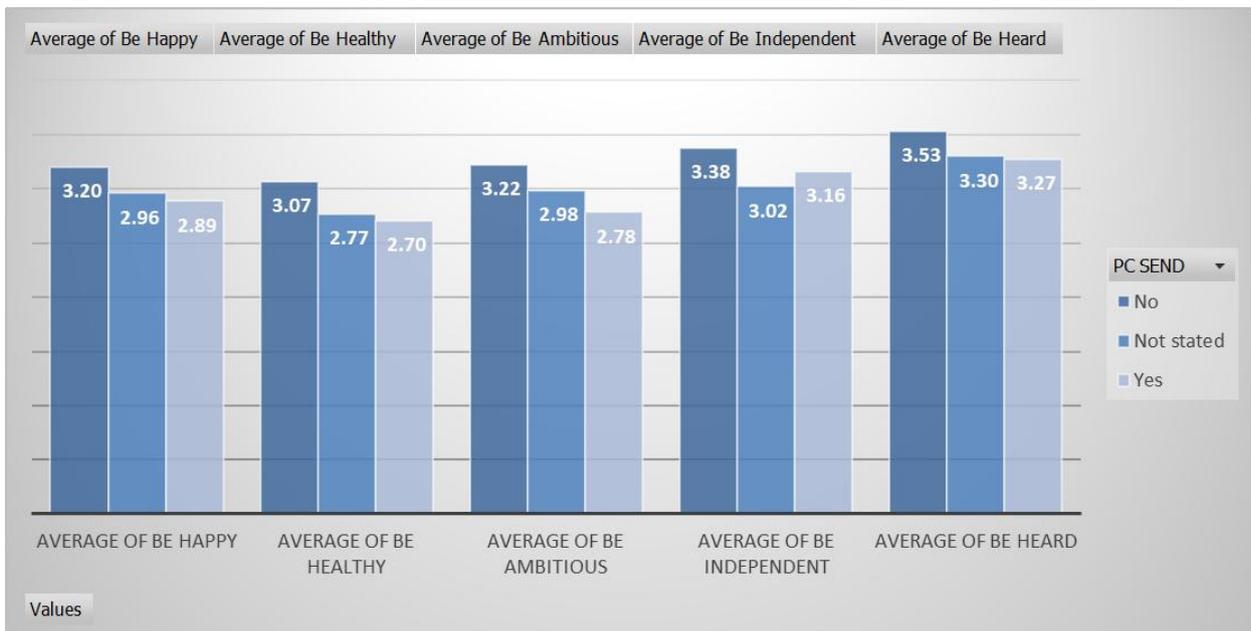
Disability status	Number	Percentage
No	233	38%
Yes	98	16%
Not stated	282	46%
Total	613	100%



There was a significant difference in the experiences of children and young people for those whose parents declared a disability. Their average scores were 0.31 points lower.

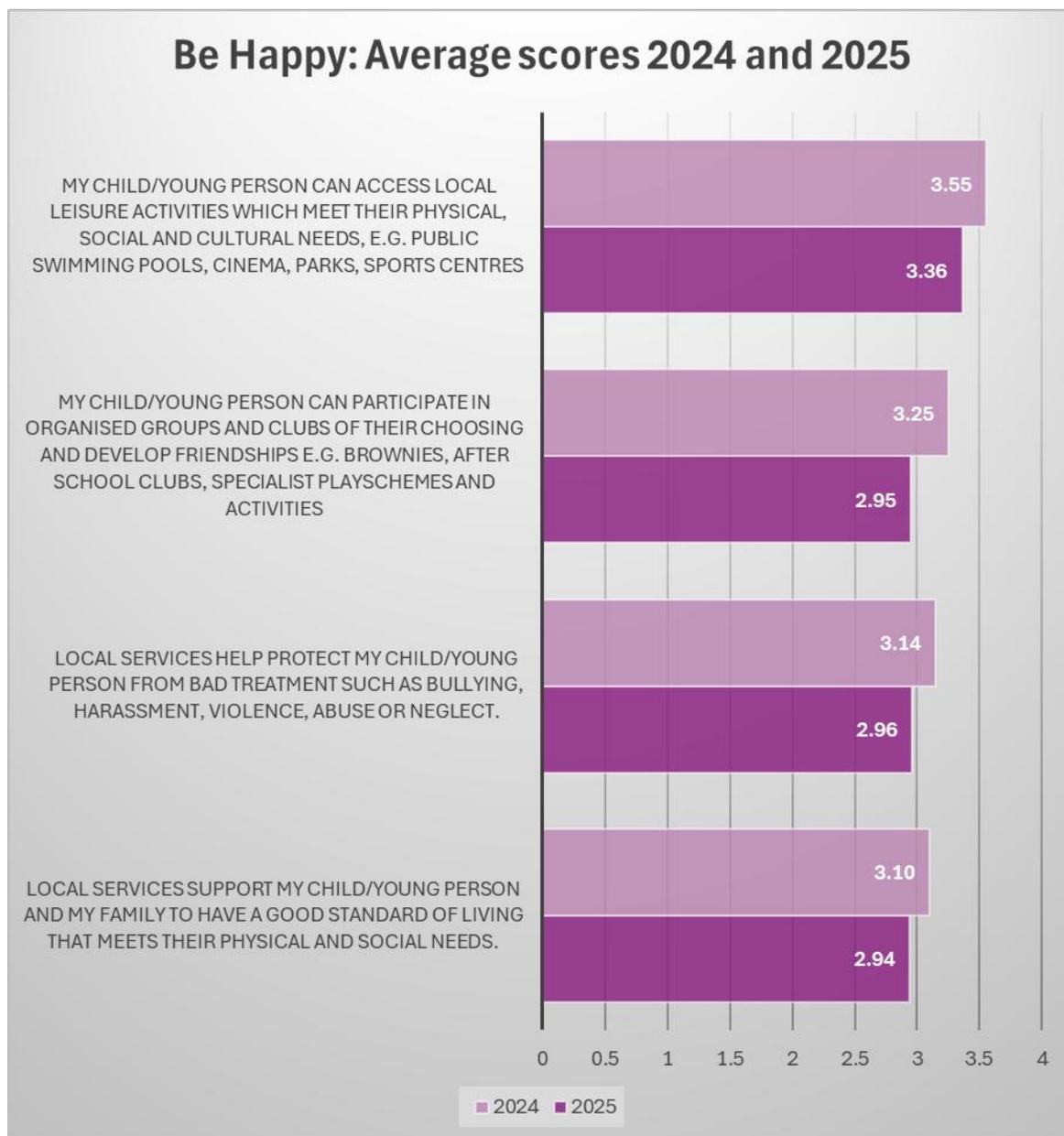


All of the outcomes showed a clear negative difference for those with carers with a disability.



Be Happy

The average score for parent carers in this category was 3.06 This represents a fall from last year when it was 3.26. Our first survey in 2018 recorded an average score of 2.87 for Be Happy.

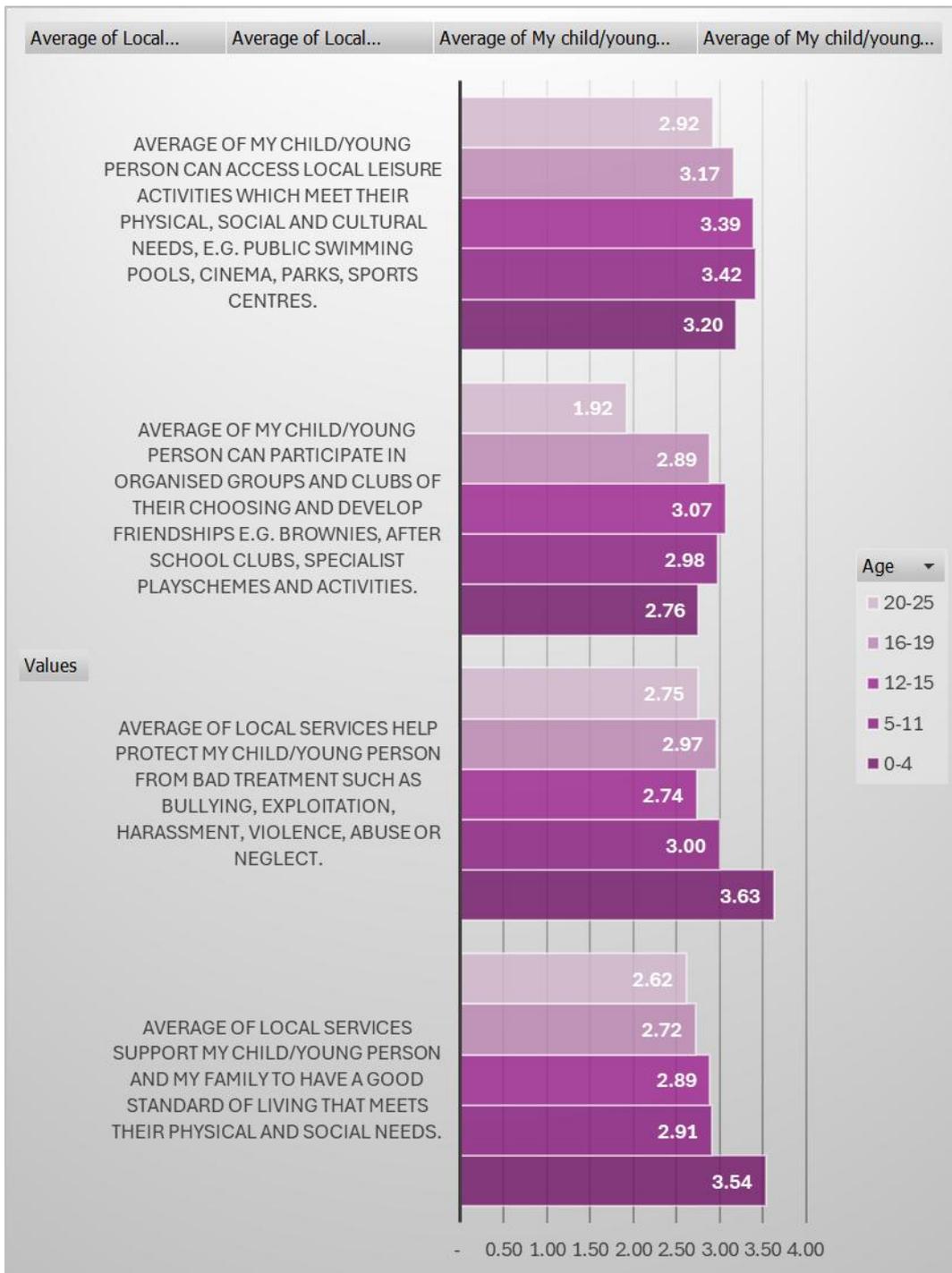


All four Be Happy scores deteriorated year on year.

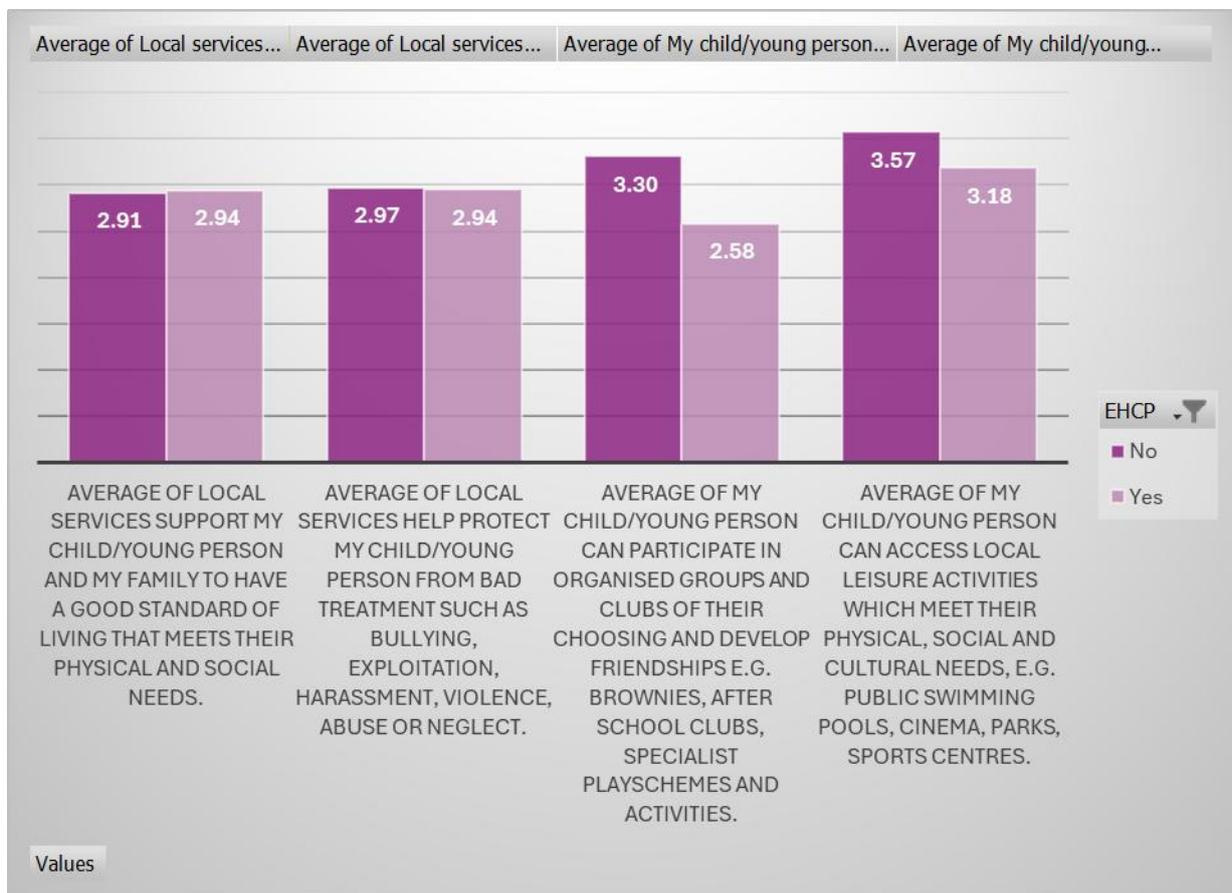
Age was a clear factor in three of the four Be Happy questions.

Young people in the 20-25 age group feel that there are fewer opportunities for them to participate in organised groups and activities than all other age groups.

The youngest children, those in the 0-4 age group feel that local services better support them to have a good standard of living and protect them from adverse experiences than all other age groups.



Those with EHCPs feel there are few clubs and organised activities for them and feel less included in access to local leisure activities.



Families of CYP with EHCPs show significant differences in their answers to question 3 and 4 with a gap of 0.62 and 0.39, respectively. This is mirrored in the comments from families that highlight difficulties for those with more complex needs to find clubs and activities for their CYP.

Comments identified several themes underlying this:

- Families there are not enough activities available to them and those that exist are too busy
- Many felt that clubs and groups did not have staff with the right skills sets or experience to accommodate CYP with SEND
- Some identified cost as a barrier
- Access to swimming, especially the impact of the closure of Oasis pool was mentioned by several families

After school clubs don't cater for SEND, I would need to pay for a 1:1 to be with them.

Attempted to access previously and staff at holiday play schemes, brownies etc didn't have high enough level of training to support my child. Didn't feel comfortable sending my child there.

He cannot access them; they are not inclusive or run by anyone with SEND specialism He would love to be part of a group or organised activities but they are always rejecting because he requires 1:1. My child can join clubs but none of them can meet his needs and make reasonable adjustments.

There aren't many specialist clubs or groups in my area

We tried one 'inclusive' activity. They had not heard of PDA, or situational mutism and kept asking my child to speak and speak louder. It was a traumatic experience all round. Clubs and activities like to use the word 'inclusive' to mean they accept SEND children into their groups, not that they necessarily understand or have had relevant training. Nor that they truly understand what being inclusive actually means. That embracing diversity and allowing and empowering individuals to be their authentic self is encouraged within the group/activity. Individuals are not safe to be their authentic self when there is no understanding of them by the adults supporting them. This happens far too frequently at 'inclusive' groups and clubs. We have never even been asked about needs before turning up.... The group didn't feel safe.

Finding suitable Clubs (and particularly holiday clubs) is a real challenge for us and we find inclusion difficult in standard clubs due to ASD/ADHD. SEN options tend to lack focus of a std club rather than approach it as a different teaching style.

My child with very complex needs can only access specialist playschemes, and these are now massively oversubscribed so the number of days they can attend is very limited.

Even SEN sessions are now too busy and defeats the objective.

Oasis has closed and the other pools have busy swim sessions on or adults only on an evening. Many parks are not fully enclosed. SEN sessions during the week are at times that clash with children being in school. Lack of appropriate care staff support on a weekend to support this.

Public swimming pools are now limiting on timings, which makes it difficult when getting ready to a timed meeting, other activities are too large, heavy traffic.

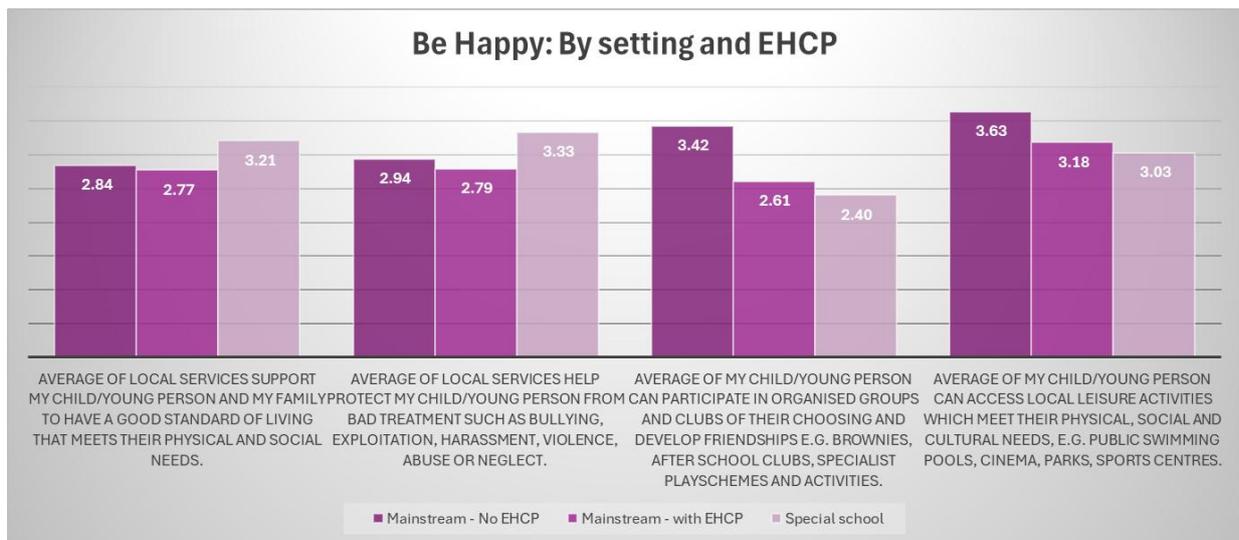
Very few SEN sessions, and those that do provide SEN sessions, it's at inconvenient times (swimming at 8pm on a Sunday evening for example?!) Swimming at Robinson and Kempston pools is once per month.

I would love to see a weekly session!

Always really late time slots for SEND families.

Bullying is a major concern raised by a large number of families, particularly in mainstream schools.

Consistent with prior years, there are a large number of comments that speak about bullying. Detailed analysis of the data shows that there is a significant gap between the scores for local services help protect my child / young person from bad treatment for those attending mainstream and special schools with a gap of 0.45 points between those attending mainstream and special schools. This is broadly consistent with previous years.



This is supported by a large number of comments drawing attention to bullying, largely in mainstream settings. Worryingly, some comments reference bullying by school staff.

Local services ignored my request for help when my vulnerable child was being bullied. CAMHS discharged my young person while actively suicidal. School maintained 'they were fine.' You can't get any help till they die is how it feels. Everything is down to the parent, especially the older they get.

While in mainstream he was physically bullied

Local services do not consistently help to protect my child from negative treatment. There have been several instances of bullying-type behaviour which the school has addressed, but my child does not have sufficient understanding of their own vulnerability or other people's intentions, and they need support with this that is not currently in place. Gaps in supervision also mean that situations are sometimes missed or not noticed until they have escalated.

Son was bullied for the first 2 yrs of secondary and we didn't feel supported and nothing changed

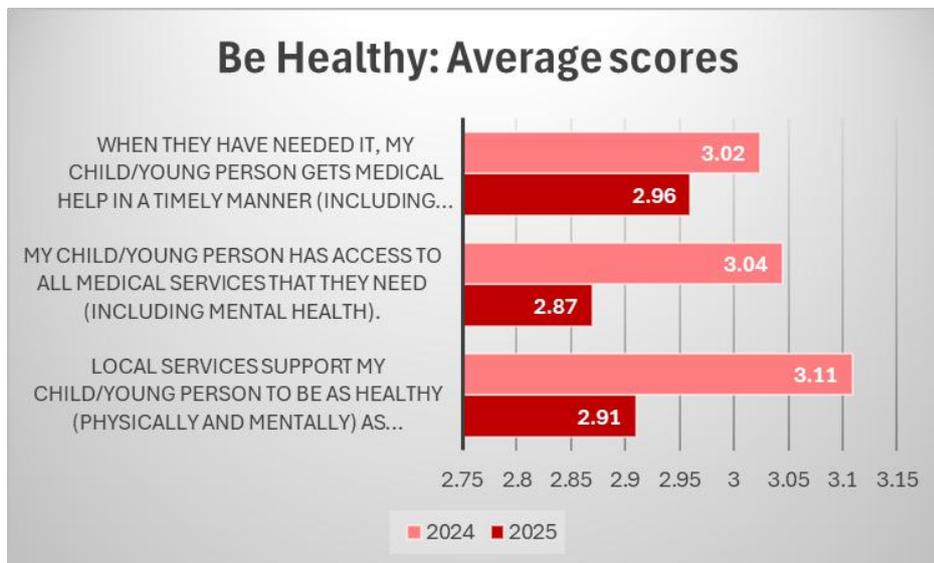
Some bullying incidents have occurred at school

Teachers and a head teacher were his bullies

We've struggled with bullying at school from classmates who don't have enough awareness / acceptance. The child in question has decided its 'unfair' my son gets 'easy work' at school. This seems to mainly be due to parental lack of understanding and reenforcing negative ideas at home

Be Healthy

There was a slight decrease in the average Be Healthy score year on year which was 2.921 this year. In 2024 the average score was 3.06. Consistent with previous years, this was the lowest scoring outcome.



Each of the three questions saw a fall in scores.

There was no clear pattern in the scores broken down by age group. The best scores came in the 0-4 and 20-25 age range with all other age ranges recording similar scores.

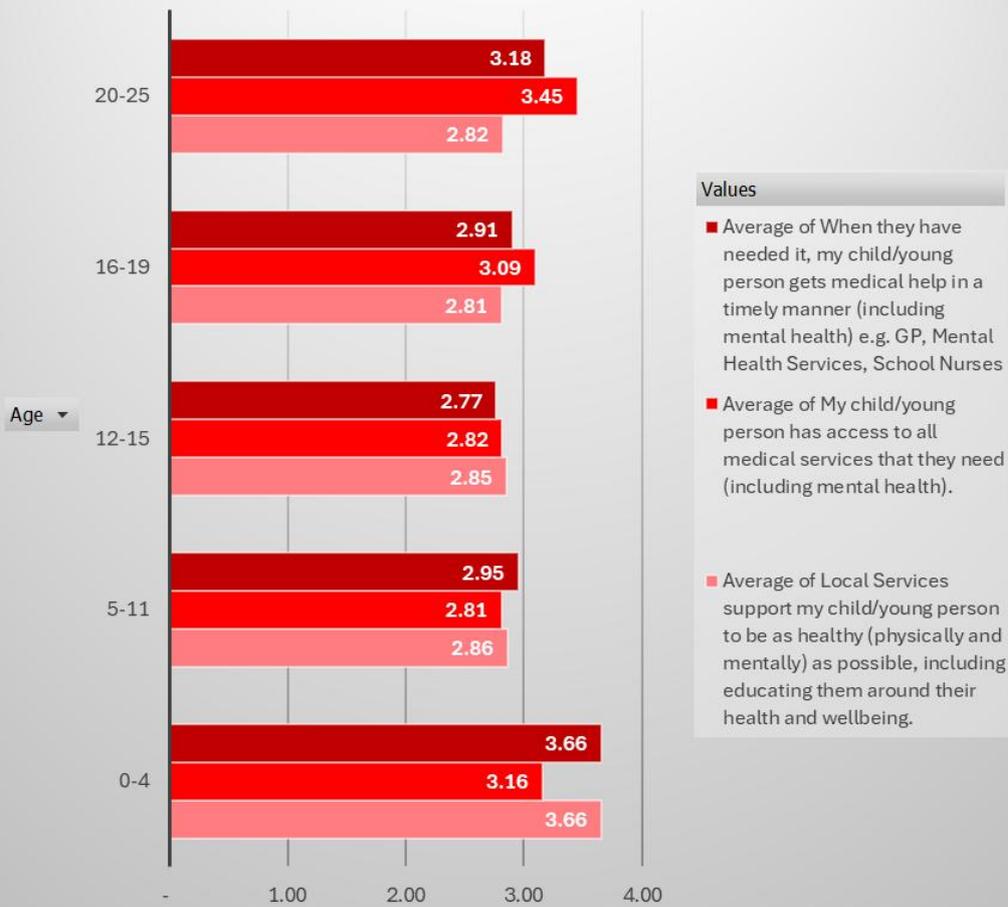
The 20-25 age range saw the highest score in access to the medical services they need and the second highest score (after the 0-4 age group) in timely access to medical services.

Average of Local Services support my...

Average of My...

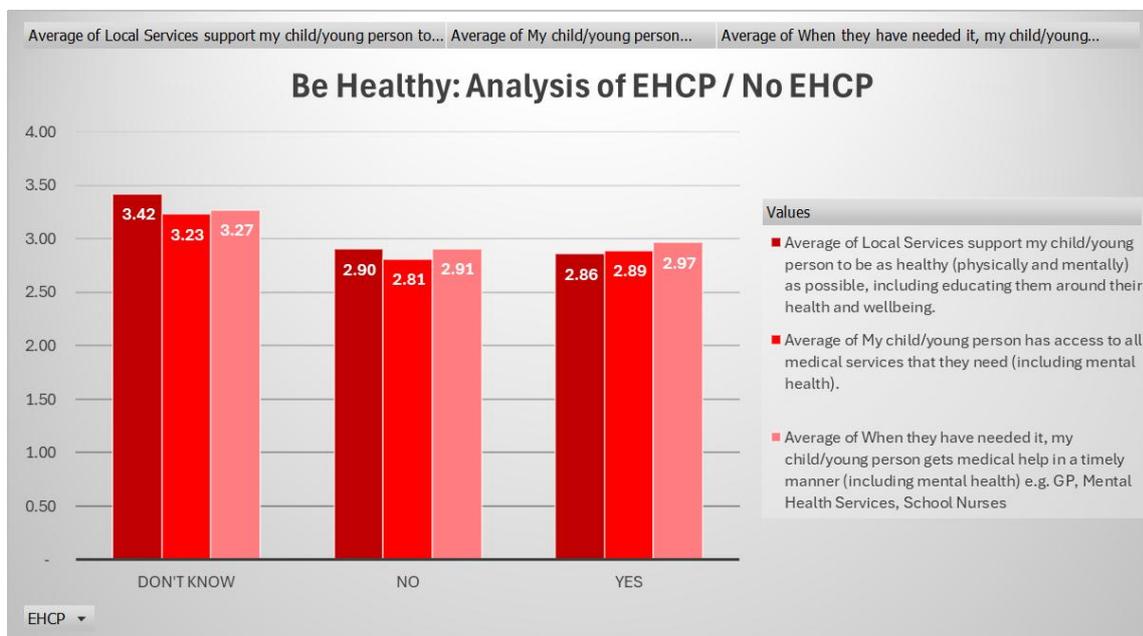
Average of When they have needed it,...

Be Healthy: Analysis by age group

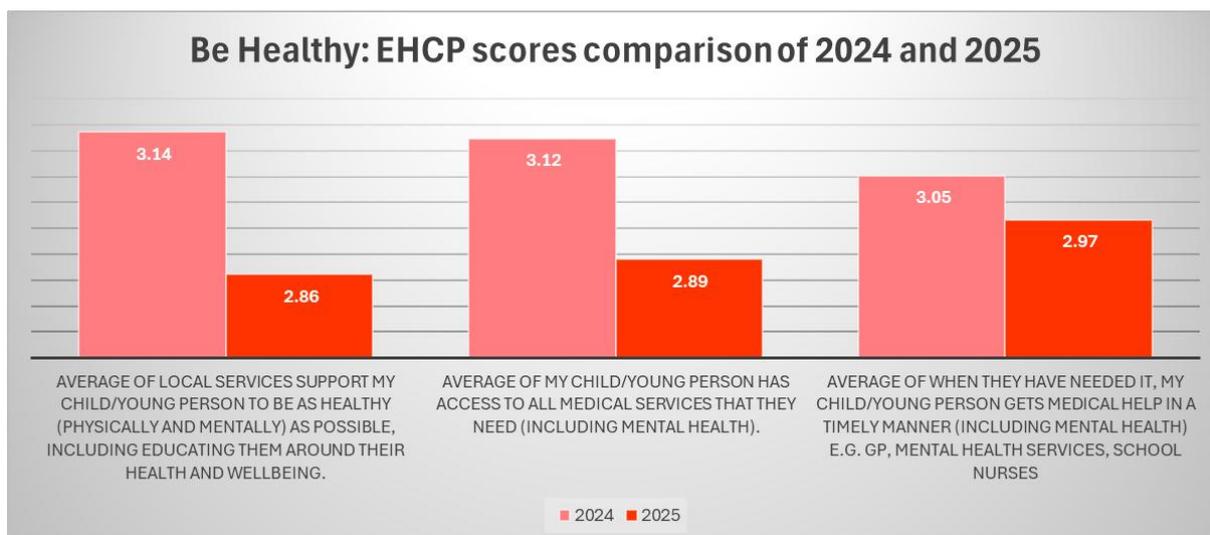


In 2025, those with EHCPs saw a significant fall in their Be Healthy scores in comparison to both 2024 and with their peers without EHCPs

In previous years, those with EHCPs have scored higher than those without EHCPs in their Be Healthy scores. This year, there is no material difference between the two.

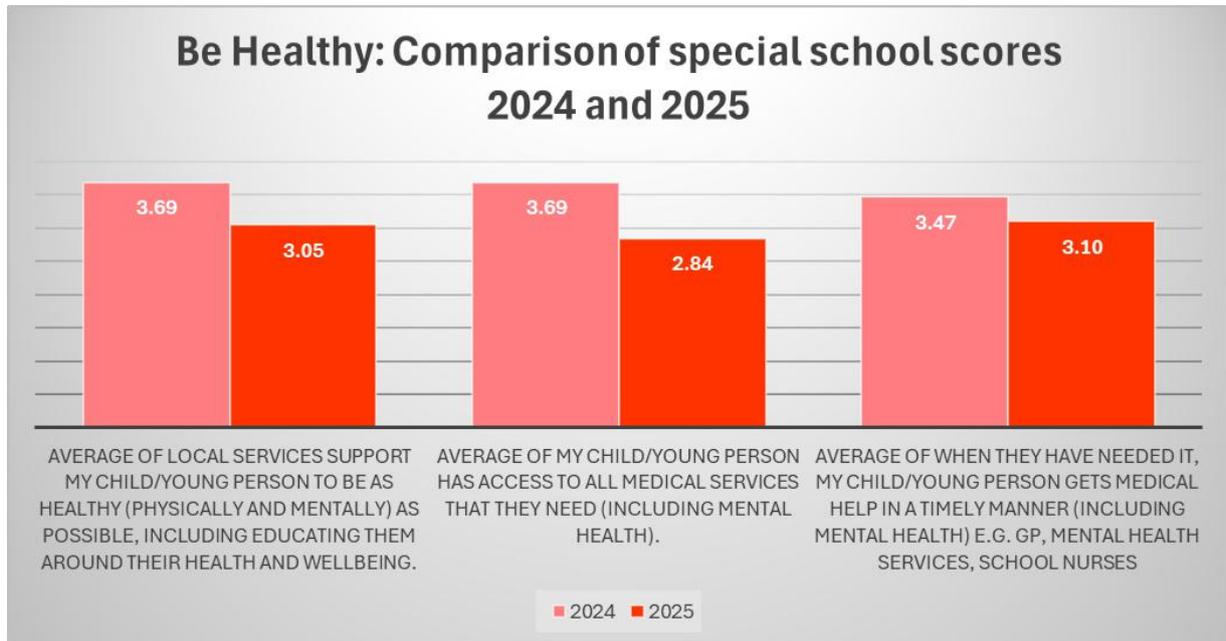


This is because of a significant fall in scores for those with an EHCP. This was regardless of setting. In previous years, we have seen a difference between those with an EHCP in special schools. This year there was little difference between the two.



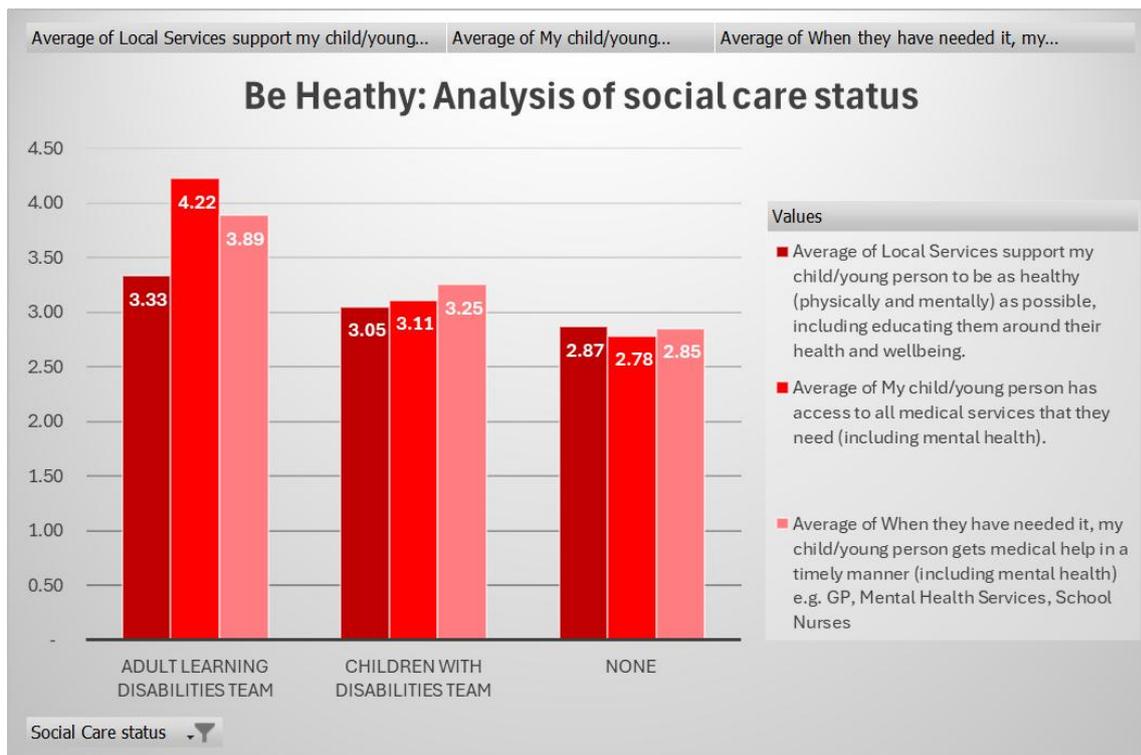
This was regardless of setting. In previous years, we have seen a difference between those with an EHCP in special schools. This year there was little difference between

the two and a year-on-year comparison shows a significant fall for those in special schools.



The scores also showed a difference between those who had social care support and those who did not

The scores for the children with disabilities team were notably higher than those who had not social care. The numbers for those under the adult disabilities team were higher still, however it should be noted that there were relatively few respondents in this category.



There were a large number of comments about long waiting times for health services to explain low scores:

Long waits for community paediatricians, SALT, CAMHS and OT services are mentioned by many.

14mths on autism pathway in middle of 7 month wait for psychiatrist

28 months waiting for ADOS

3-4 year wait for ADHD & autism assessment then a further 9 months for medication

CDC 18 months so far

More than 6 months for hospital services. More than 12 months for CDC reviews.

Over 1 year to see a Paediatrician and 2 years to CAMHS

SALT is the worst - long wait, won't see a child if have an Independent SALT involved.

2 years for a follow up following ASD diagnosis

GP referred us for Autism assessment and we were told to expect a 2-year wait. We got a private diagnosis instead. Approx 6 month wait for CAMHS group therapy. One to one would have been 9 months +

Still waiting for ASD assessment. Been 18 months

To see his paediatrician at the Edwin lobo it's a 1–2-year wait.

Have been on the waiting list to see the paediatric team for a number of years and have had no updates

OT wait is too long; wheelchair services is a year wait. No specialist physio locally. No pain clinic locally for children. CAMHS is a long wait and difficult to get the correct therapy for autistic people

We are on the waiting list for his ASD & ADHD assessments. I doubt he'll receive these within the next 4 - 5 years. He struggles with anxiety and we've been told (by local services) there is no point contacting CAMHS as his need isn't severe enough.... We consistently fall through the gaps

CAMHS Services divide opinion

There were a large number of negative comments about not meeting thresholds for CAMHS services, services not being available or long waits.

5 rejected CAMHS referrals in the past 3 years! It has been acknowledged by various professionals that mental health requires support and risk due to impulsivity. Ed-psych reports high levels of anxiety. CAMHS = does not meet threshold as neurodiversity is likely the cause. We cannot get a diagnosis anytime soon and no mental health support in place in the interim. Massively let down by the system

CAMHS have been involved in 4 occasions. My son struggles to engage so they close the case despite us desperately needing help and being at breaking point.

CAMHS never called back! He is 6 and tried to kill himself running in front of car saying "I want to die, I'm not for this world"

Getting access to CAMHS is challenging

Local services do not provide my child with access to all the medical services they need, particularly around mental health. Despite urgent concerns and two separate referrals to CAMHS due to suicidal thoughts, my child did not receive timely specialist mental-health support. The only intervention eventually offered was a short-term wellbeing practitioner, with no ongoing provision. In addition, my child's sensory needs have never been assessed, and there has been no updated assessment of need for several years. As a result, my child does not have access to the medical, mental-health, or specialist assessments required to identify and meet their needs.

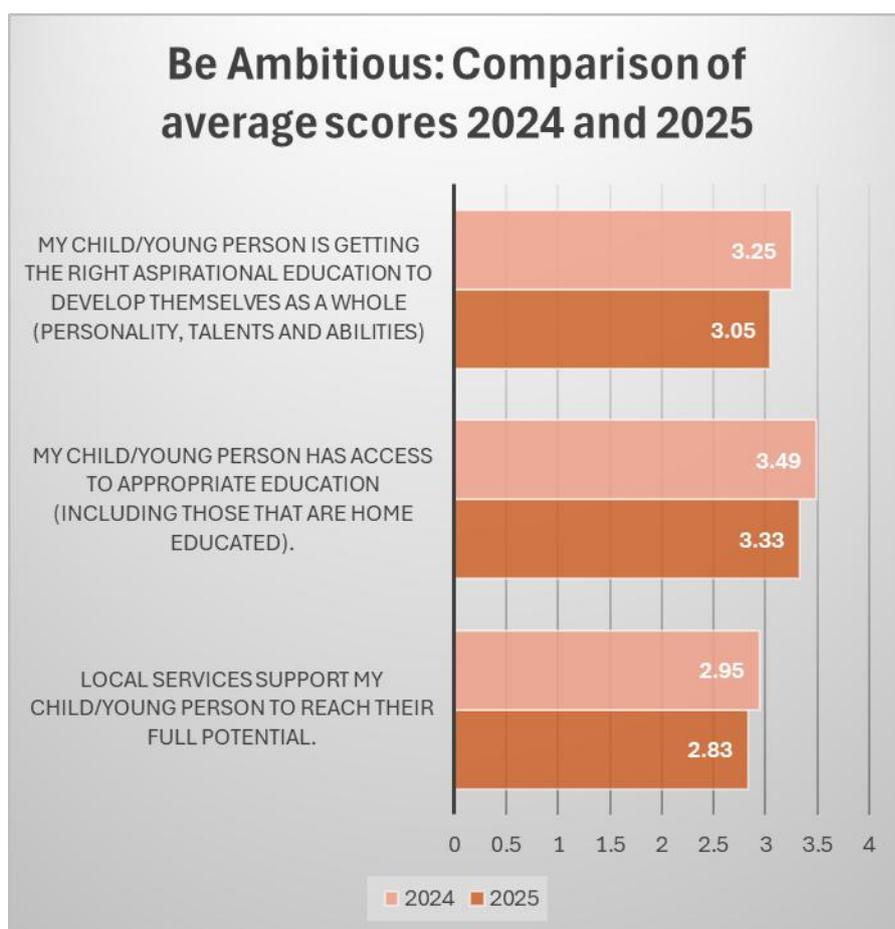
Repeated referrals to CAMHS, repeated rejections. No support available

The waiting list is way too long, the school didn't do what they had to, CAMHS just say there is nothing they can do 'he's not bad enough'

However, there were many very positive comments from CAMHS users who scored 4s and 5s. Often, these comments were non-specific – they just say CAMHS or CHUMS (20 examples) - these comments have not been reproduced here.

Be Ambitious

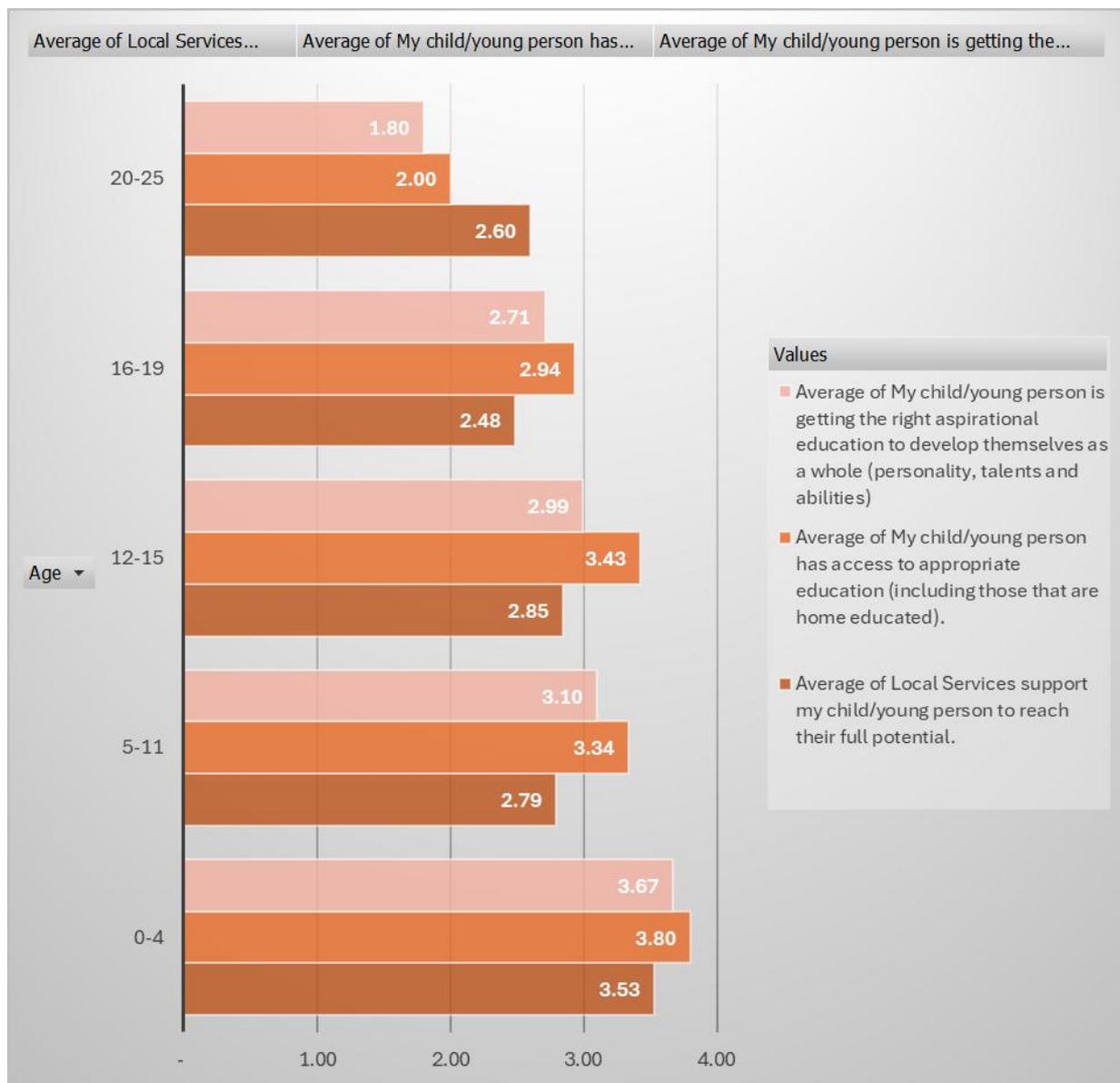
The average score for this category was 3.07 which is a fall of 0.16 on the previous year (3.23). All of the scores show a modest year on year decrease. The Be Ambitious outcomes showed a wide variation with the question about supporting CYP to reach their full potential (2.83) scoring the lowest average score across the whole survey.



There is a significant difference in Be Ambitious scores between school age CYP and post school

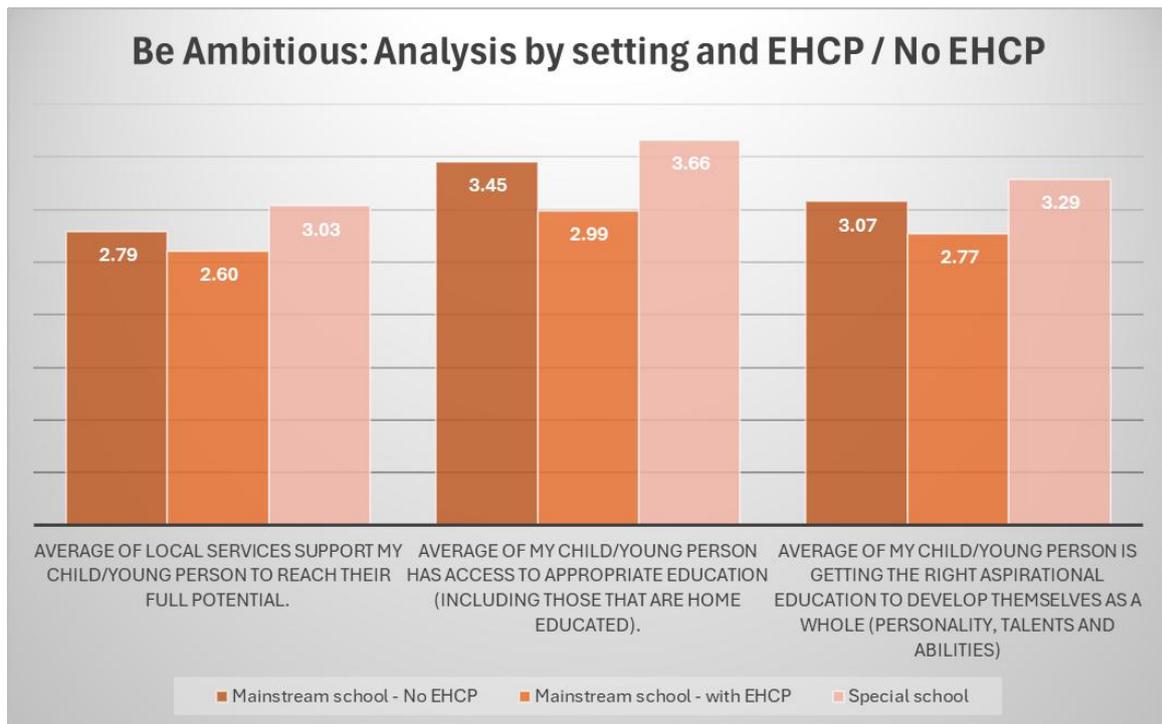
Analysis of the age profile for this question shows a similar pattern with parent carers being more pleased with the Be Ambitious scores and again we see a significant drop off in the scores for each question once the young people leave the school system.

Those who are aged 20-25 feel very dissatisfied with the lowest scores across the whole survey for all 3 questions. However, there were only 15 respondents in this category and so the results must be regarded with caution.



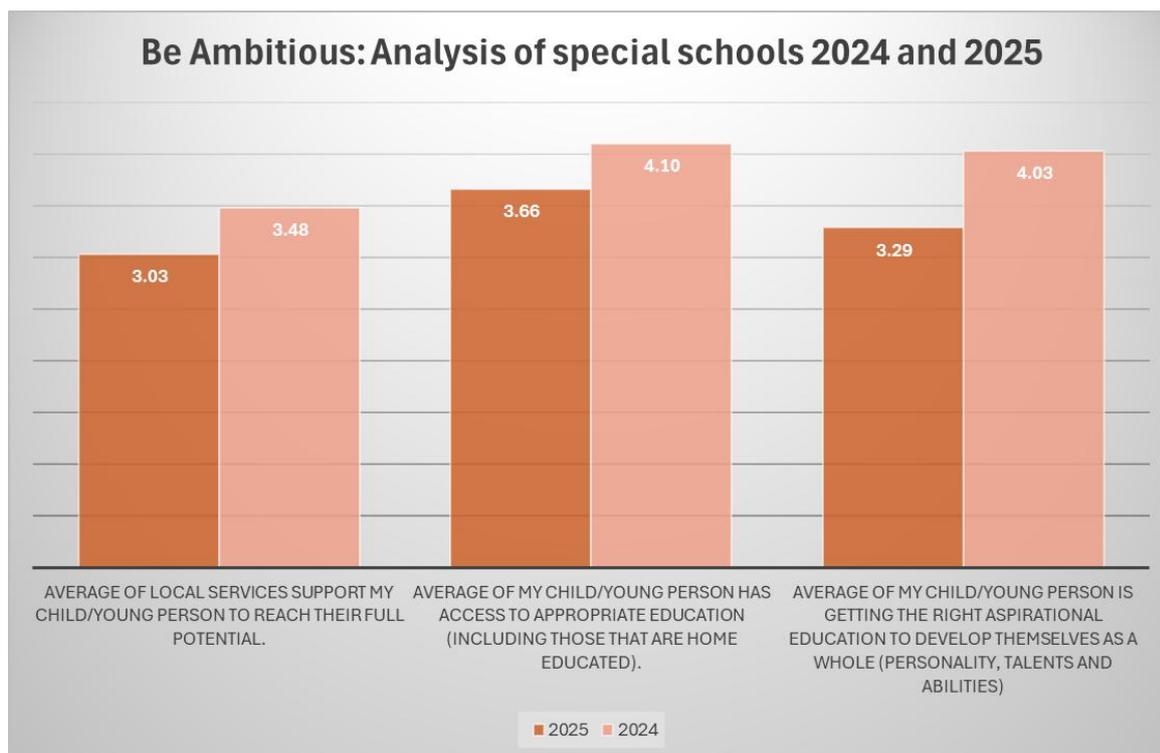
Scores for children of school age remained largely consistent across age groups.

Children in mainstream schools with an EHCP scored better than those without EHCPs in mainstream settings and better than those in special schools



This is a significant change – in previous years, those in special schools have scored higher than those in mainstream schools, regardless of whether they have an EHCP or not.

This has been caused by a fall in scores for those in special schools year on year.



The comments shed little light on the reasons for this change, but many comments reference issues with accessing the right education.

He needs additional support but without a diagnosis or external funding this will not happen

I have contacted SENDIASS, IPSEA and am now relying on my family to get a solicitor as my son has been failed his whole life.

Let down by education, had to drop out of school and no support was given. Had to apply for an echo myself.

Refused an EHC assessment when my child is shutting down when going to school, which is 2 hrs a day if they make it in at all, not attending lessons and not receiving an education. The school have put everything in place they can.

I believe the school would offer better SEN provision with improved capacity of resources, which would support my child reaching their full potential better

My child's attendance at school was 20% last academic year and he received nearly no support to help him access education

School couldn't support my son's needs in the last year. Losing support staff, so didn't have the support he needed within lesson which made h hugely digress and causing high anxiety which ended with him not being able to attend mainstream anymore . Now attends a AP.

There were many comments about schools not supporting the aspirations of CYP with SEND and understanding their needs and individual learning requirements.

Doesn't receive additional support that is needed and SEND team suggest things not for his age

Due to lack of education provisions and staff not being able to manage , in turn stops any potential progression for the young person

He is being treated like he has no future

His education provision does not understand his complex needs, his delayed processing or lack of understanding. They have him participating in sessions he doesn't understand whilst failing to play to his strengths in order to educate, such as through cooking.

If schools don't recognise my child's strengths and difficulties they definitely are not being developed as a whole.

My child is not currently receiving aspirational or holistic education that supports their personality, talents, or abilities. Much of their time in school is spent managing distress or trying to cope with unmet needs, rather than developing their strengths. For example, my child is often too overwhelmed to access learning due to unassessed sensory needs and anxiety, and there is no consistent emotional-regulation support in place. Their assessment of needs has not been updated for years, so the education offered does not reflect who they are now or what they require to grow. Although the staff are caring, the school is not resourced to build on my child's interests or abilities. Instead of being able to explore their talents or develop confidence, my child is frequently in crisis or needing time away from learning to recover from difficult experiences in the classroom or playground. There is no coordinated plan from local services to support their broader development as a person — socially, emotionally, or academically — which means their potential is not being nurtured in any meaningful way.

There were many positive comments about the support offered by schools, including that from SENCOs.

His school are very supportive of his needs, although it is only this year (year 4) where he is finally being challenged at an appropriate level which is resulting in some outbursts at home as this is the first time he is finding work hard.

Support is mostly tailored to help him excel. This is really good.

He is in special school and is the happiest he has ever been. I feel so blessed and lucky he got a place in St. John's.

His school are great and support him fully

School indeed supports my child on highest level.

The school have adapted my son's curriculum to suit his level of abilities.

Great support from schoolteachers and student mentors for disabled children.

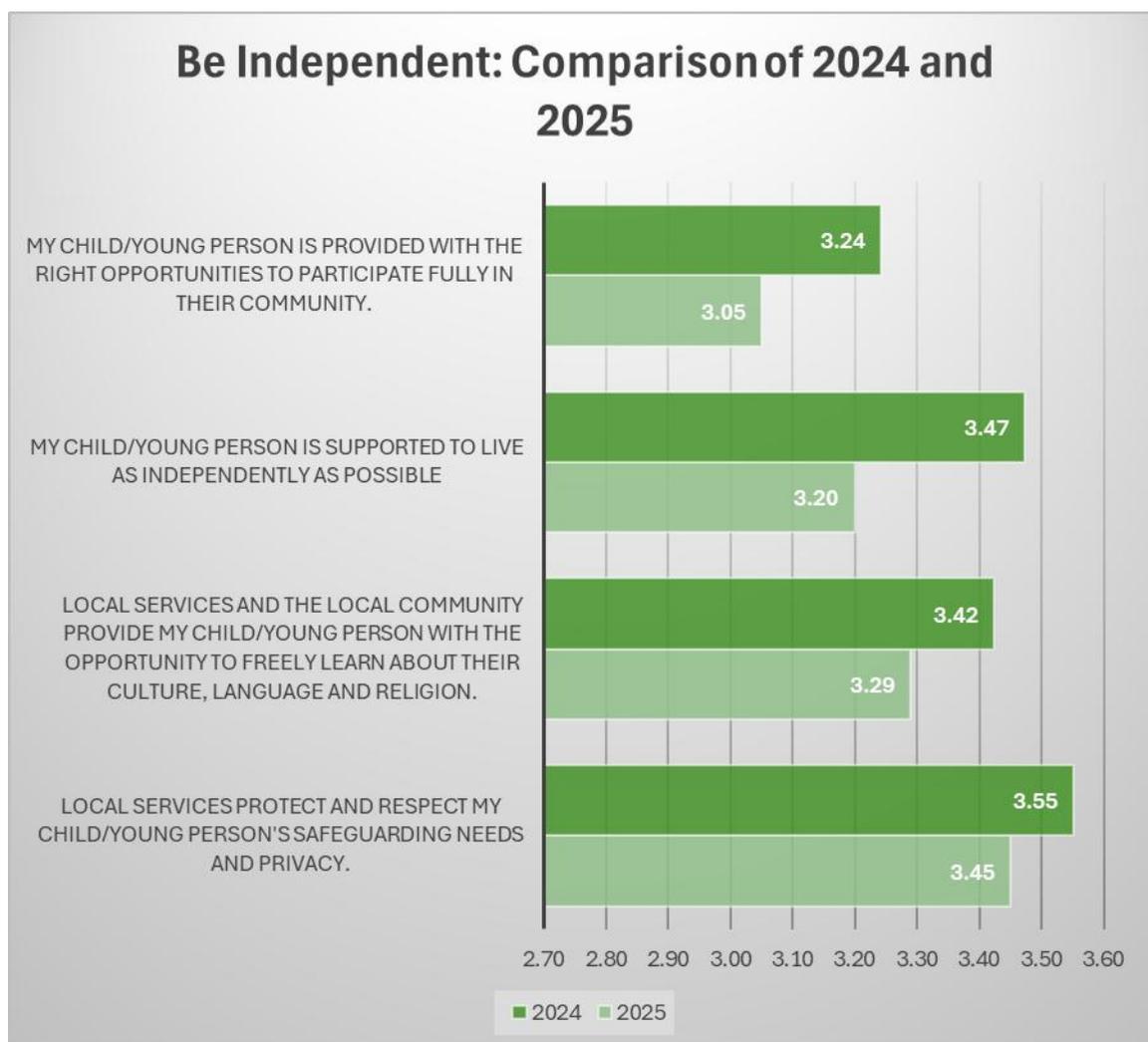
His special school is catering to his needs. He is so much happier. Best decision for my child.

My son is thriving and we see small changes since he started specialist school in September 2025

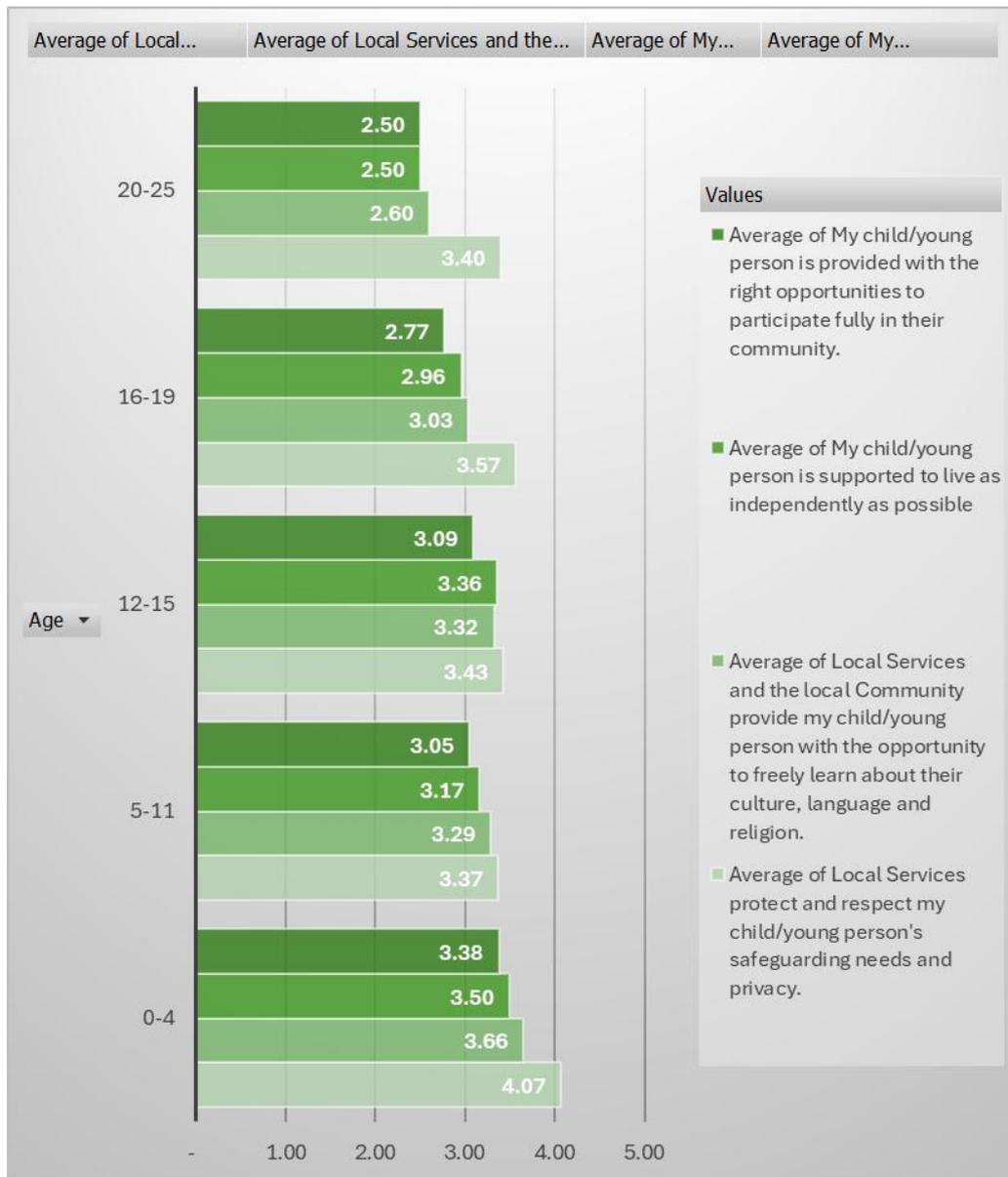
Be independent

The average score for this outcome was 3.27. This is a fall from last year which was 3.42.

The individual question scores also show falls across the board with drops ranging from 0.27 points to 0.10 points.

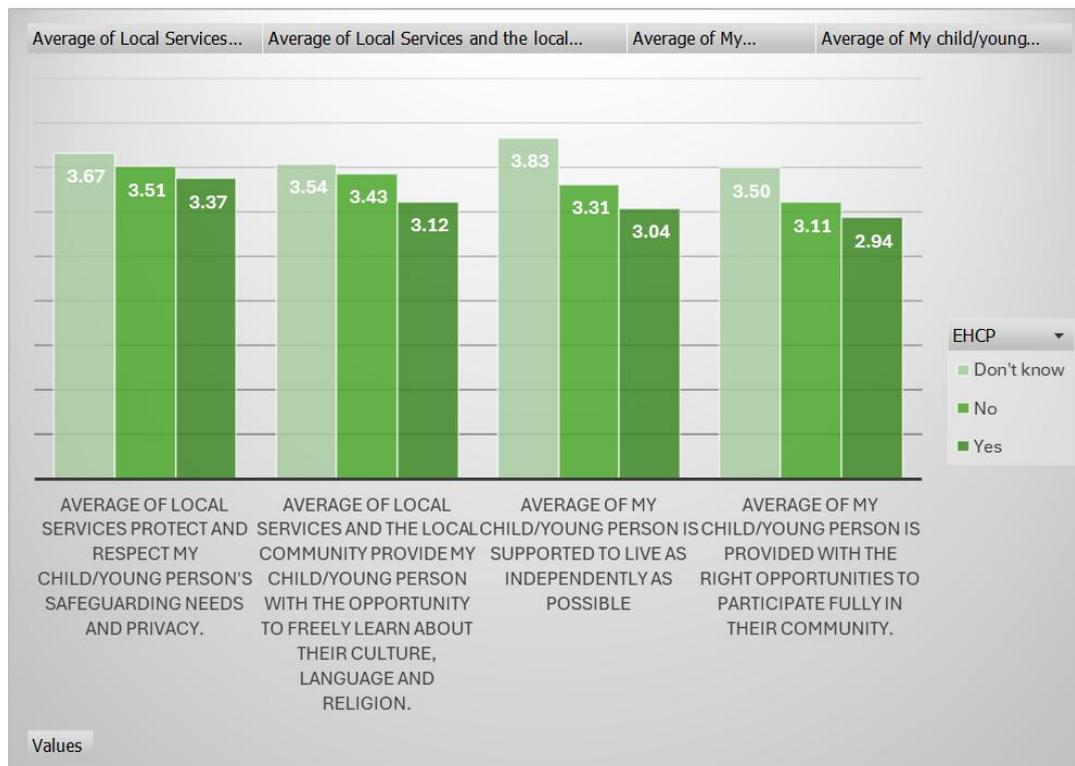


Similar to other outcomes, there was a clear pattern where the youngest respondents reported the highest scores across all questions, whilst the oldest reported the lowest scores with the exception of scores around safeguarding and privacy where the oldest respondents scored relatively highly.



For all of the scores, with the exception of the question about safeguarding a privacy, there was a significant difference between those in education and the 20-25 age group. This suggests that many families find the “cliff edge” of leaving education challenging.

Those with more complex needs find it more difficult to participate in the community and live independently



This is supported by comments explaining low scores in these areas

Many comments asked for more support for CYP with complex needs to have greater independence

I really need help in this area. My child is very dependent on me.

My young person is very dependent. Unable to go out of the house without a lot of planning and support. Will not accept people coming into the house. It would be lovely if services would work to offer support so that the family did not have to do it all. We were told we were entitled to short breaks... my child said no thanks without hearing anymore because they do not leave the house... so that was the end of the offer. Again, no consideration for a parent needing that break. No consideration for the parent needing someone else to teach skills sometimes. What happens next? What happens if I am ill? What happens post 16? There are so many questions but nothing in school, not having a finalised EHCP, not having a social care team that feels active in our lives means we don't know the answers. Again, the burden on the parent to do it all is huge.

Local services do not support my child to develop independence in a way that reflects their needs. My child currently relies heavily on familiar, trusted adults to manage daily routines, transitions, and emotional regulation. There has been no input from local services on how to gradually build these skills or how to help my child cope without constant reassurance. For example, my child struggles to navigate the school day without close supervision, does not yet have the skills to manage conflict or misunderstand social situations safely, and becomes overwhelmed if they do not know exactly who will be supporting them. With the move to secondary school approaching, we have had no guidance, preparation, or coordinated support from local services on how to develop the independence skills my child will need in a much larger and less predictable environment. Without updated assessments or specialist input, there is no structured plan for helping my child build confidence, self-advocacy, problem-solving skills or emotional independence. At present, their independence is supported only by us at home, not by local services.

She requires close adult support to manage transitions, frustration and unexpected changes. When routines shift or she is asked to move on from something she is fixated on, she becomes distressed and cannot regulate independently. She is not yet able to navigate these situations without one-to-one support.

The school is trying, but I need a lot of help with him being more independent

Many comments shared concerns about limited opportunities to participate in community life for those with complex needs.

Cannot access local services/ community activities. Too overwhelming Too burnt out from school day

No. Parents cannot do it all. Especially with other disabled children. It is an absolute juggling act and unfortunately, they do not have the opportunities or ability to participate in their community. They need a high level of support which one parent cannot always give. We have no outside support. The rest of the family also needs consideration. The 'fight' for services has made our family extremely ill. There is no help anywhere. We do our best but our children do not have the Same opportunities as others. Definitely not. We do not hear about things. We cannot access things. We do not have enough notice/ support.

Not everyone accepts SEN

We haven't been offered any opportunities to participate in our community.

I support where I can but as my son gets older the opportunities decrease due to lack of understanding and challenging behaviour

Not enough small social groups. We need to think outside the box. Art events pottery, tile painting etc would be great.

This year, we also saw some comments about access to appropriate cultural activities and learning, perhaps reflecting social tensions in the wider community

Being white and British appears to be discriminated against now in everything, British people seem to be at the back of the queue for everything and disregarded.

Other religions are taught but not so much about Christian faith. We need a better balance. More BSL please

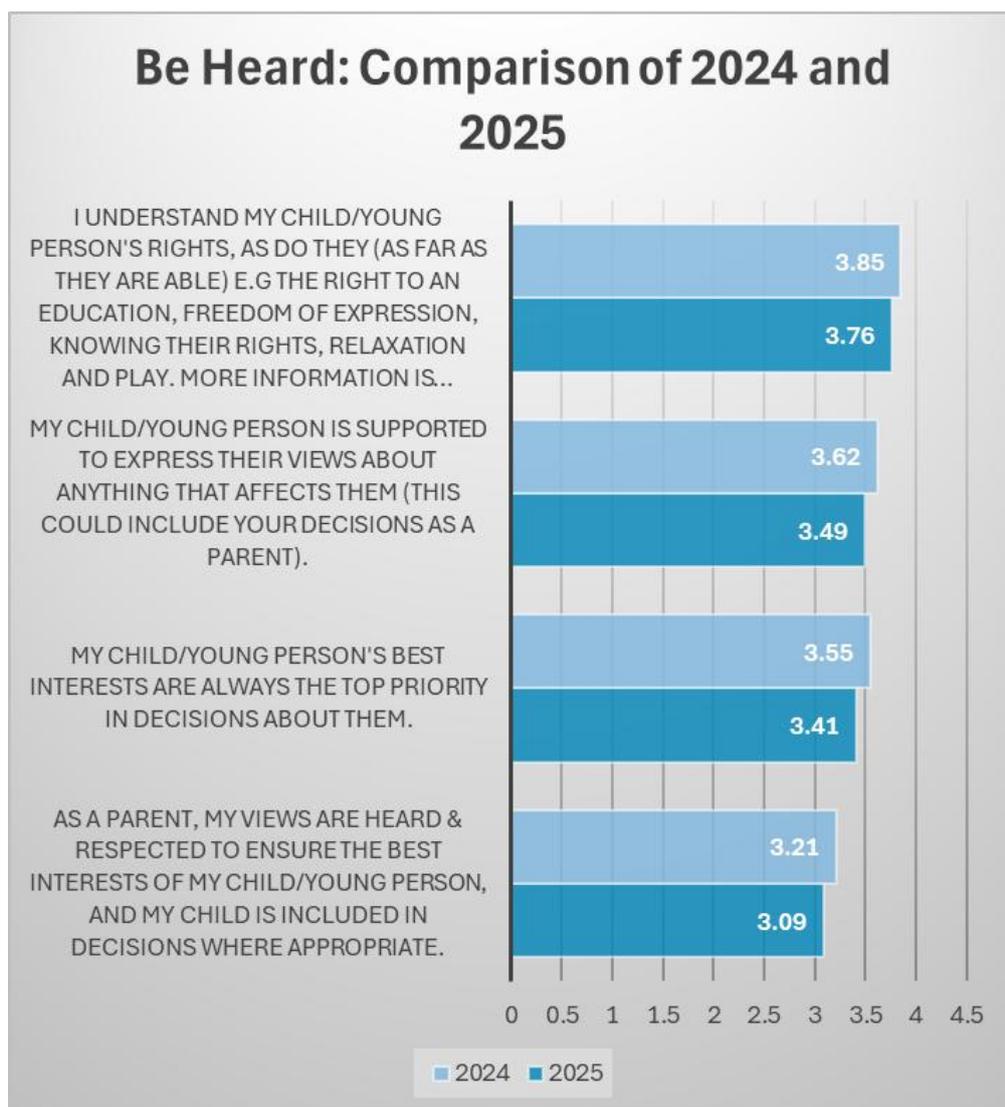
Increase in numbers of racial violence to Indians and other Asian communities creates anxiety. So, we are afraid that something will happen to our children because of their ethnicity and culture.

To an extent, but the Christian faith is not principally celebrated at Great Ouse Primary Academy, being a multicultural and multi faith attended school.

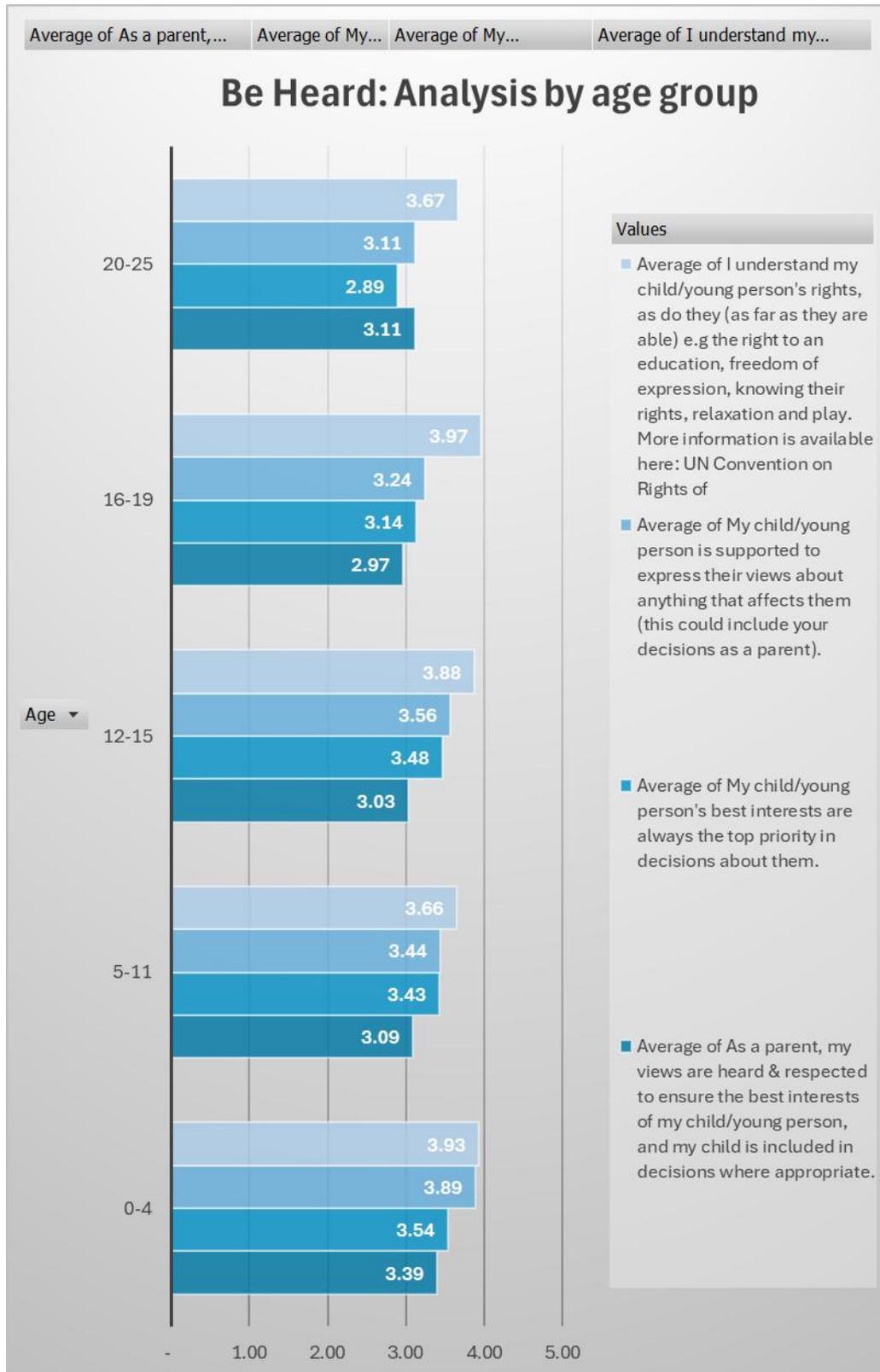
Be Heard

The average score for this category was 3.44 which was fall on last year's score of 3.56.

There were drops in all the scores, however, none showed a significant drop year on year. However, the “bell weather” question of parental views being respected has fallen by 0.64 points over two years (since 2023).

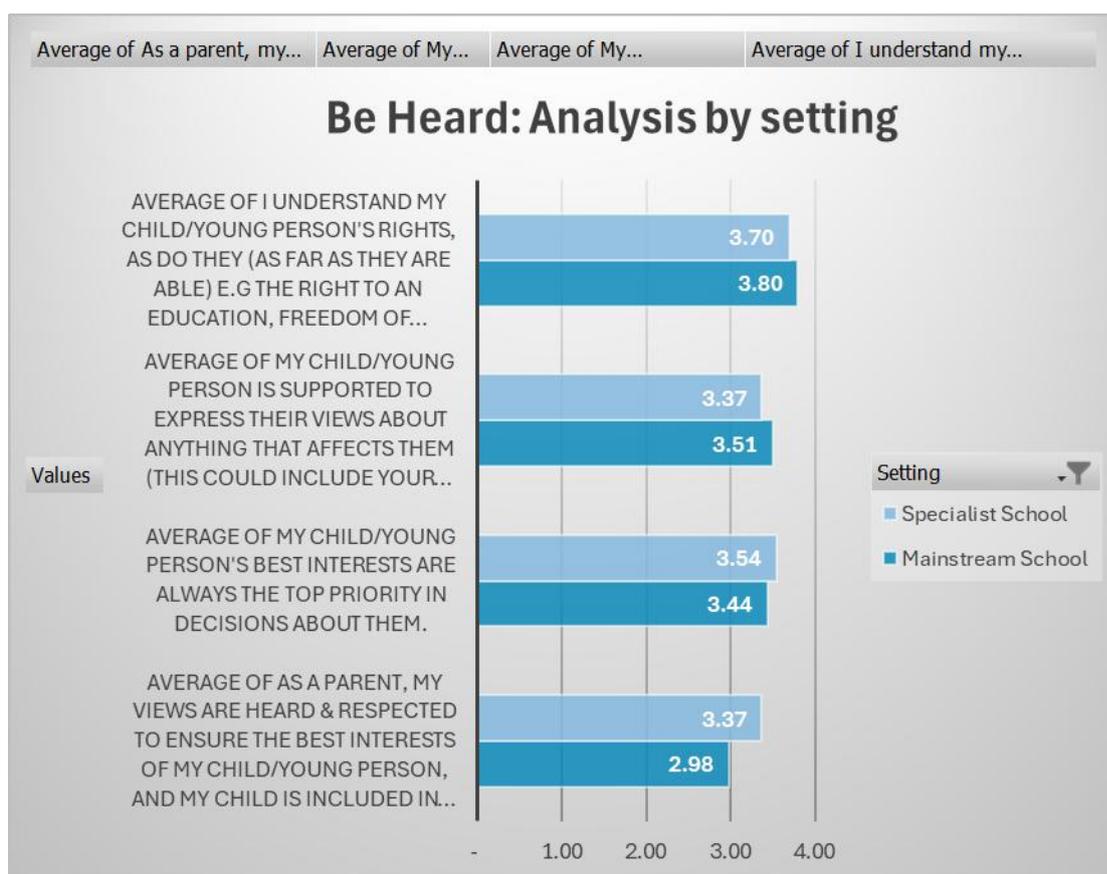


The age profile shows a general decrease in the main in scores as CYP get older.



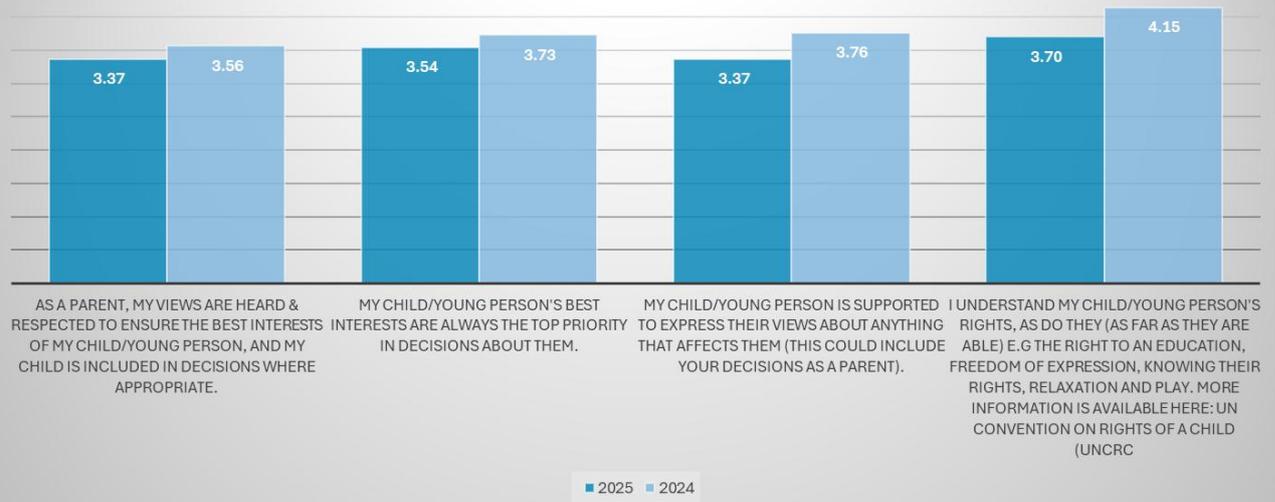
There is a mixed story about how well parent carers feel heard across different settings. of CYP in mainstream settings feel less well heard than those in special schools

For two of the scores, those in mainstream schools feel better heard understanding rights and CYP supported to express their views), whilst this is reversed for the other two scores (CYP interests being the top priority and parent-carer views respected).



This is a significant change from previous years when those in specialist settings recorded higher Be Heard scores across the board than those in mainstream settings. There has been a significant fall in all Be Heard scores for respondents in specialist settings.

Be Heard: Comparison of special school scores 2024 and 2025



Many comments referenced not being listened to by providers and also described parent blaming after views were dismissed.

Blamed before believed

I find it is a constant battle to advocate for my son. So far, I've reduced my hours / level of responsibility at work so I can spend more time advocating for him. However, this is not sustainable. It's hugely impacted us financially and I'm having to weigh the impact of that against the amount of work needed to fight for his needs & support. Like a lot of SEN parents, the form filling, appointment chasing, school appointments, etc all mounts up and the mental load is unworkable

never listened to as a parent. Teachers and NHS staff who have never met my child apparently know better despite my being higher SEND trained than any of them

Never listened to it's a constant fighting battle

No, I actually feel like most of the time we are not being heard. We feel judged and questioned all the time.

Culture of parenting blame and downgrading of concerns

I sometimes have to push for school to listen to what I have to say and even then, I do not always feel fully supported often being told that the borough does not provide the funding for assessments/diagnosis to ensure that my child gets further support.

Lots of parent blaming everything you ask for reasonable adjustments or help. You are directed to parenting courses.

Conversely, some described the positive impacts of being listened to

When you are finally contacted, the staff are fabulous. I assume the workload is extreme to prevent timely contact. As the 'second' family we are often missed off communication and the first contact must forward things to us. Communication is an issue

At college I feel they listen and take on board the support we need as a family.

Good comms with school and CSC

We have good rapport with SEN and teaching staff; however, we appreciate that with demand for them, action on needs can be variable in delivery

Excellent communication from shine, A4S and send officer at borough

My sons' school is always in contact to best help with his needs

Many believed that money, not their CYP's best outcomes was the top priority with many mentioning the pressures on schools

Financial decisions and time issue. School doesn't want to apply for an EHCP as they are already providing substantial support for her to succeed

If my daughter is top priority she would have been in the SEN school by now not waiting or hearing that we cannot meet her needs as she's in year eight when I could have heard this while she was in year five

It is about the school, their staffing and budget and what they think

Saving money. Not spending money. Not providing education. Not providing provision. Stripping provisions from EHCP. Delay tactics. These are the priorities way above what is actually in the best interest of my child. If my child was a consideration in anything, they may have received an education over the last 5 years. They may have received provision from their EHCP. I may have been listened to when I said things weren't working. My child would have been listened to when screaming no. before the self-harm started.... My child's best interests are rarely on the agenda

School want a child who sits, learns and doesn't disrupt, my child struggles with these and her struggles are not always taken into account. I have been told she is capable of being in class, however, academically she is but due to her high sensory needs, classroom noise and playground noise causes her to become dysregulated.

Eventually yes but with school, attendance was the top priority for them

Whilst this is absolutely true from my perspective. It certainly is not from a school / local services perspective. For them it's clearly based on costs and caseloads.

I do believe that the teaching and SEN staff try and prioritise my son's needs, but can be constrained and inconsistent, so follow up is often necessary

Comments described wanting more support and understanding to ensure that their CYP's views were heard

My child is rarely asked. I have pushed for it this year... and then it was re-written to fit a narrative. My child said, it's pointless. It gets twisted into something else every time. Parents speaking on behalf of the child is not accepted... we are not believed. It is beyond ridiculous. Even though the 'professional' said that what my child had said echoed what I had been saying. It's a shame they then just wrote something different, missing the key points.

School doesn't allow him to view his thoughts and when do, he gets into trouble (he is normally correct)

Situationally mute and told to talk. Struggles with this and therefore unable to say what wants/ needs to

My child finds it very difficult to communicate their needs directly to adults unless they trust them, and there is no structured support from local services to help them develop these skills. For example, my child often masks their true feelings in unfamiliar situations or with unfamiliar staff, which means their views are not accurately captured during key decisions or meetings. When unfamiliar adults have used countdowns — a known trigger — my child has been unable to explain why this is so distressing for them. Similarly, the lack of appropriately trained lunchtime staff means that when my child is overwhelmed or anxious, they cannot communicate what they need, and situations can escalate before anyone realises. The situation is often made worse when staff use approaches that are not appropriate for my child, which further heightens their distress. When staffing changes or unpredictable adults are involved, my child becomes highly anxious and is even less able to express themselves. As a result, their voice is not consistently heard or represented in decisions that have a major impact on their wellbeing.

Very few meetings have allowed my child to attend or spoken to them after

My son is selective mute and cannot express his emotions or verbalise his needs. He lacks the understanding

Appendix 1: Background

In February 2018, the Ofsted and Care Quality Commission joint inspectorate conducted a Local Area Special Educational Needs Inspection (LA Inspection) of Bedford Borough to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014.

The inspection found significant weaknesses that resulted in a written statement of action (WSOA).

The first of the significant concerns raised stated that:

“There are no co-ordinated priorities, strategies or accountabilities between the services to ensure that joint commissioning is undertaken effectively.”

In the body of the letter, inspectors stated

“Leaders do not have a mutual understanding of their overarching priorities as a team of services or of their approach to holding one another to account for the implementation of the reforms. Leaders’ plans to tackle the significant weaknesses in the provision do not include jointly agreed health education and social care priorities. Leaders equally do not have a mutual understanding of how they are measuring the difference that they are making to the outcomes for children and young people who have SEND”

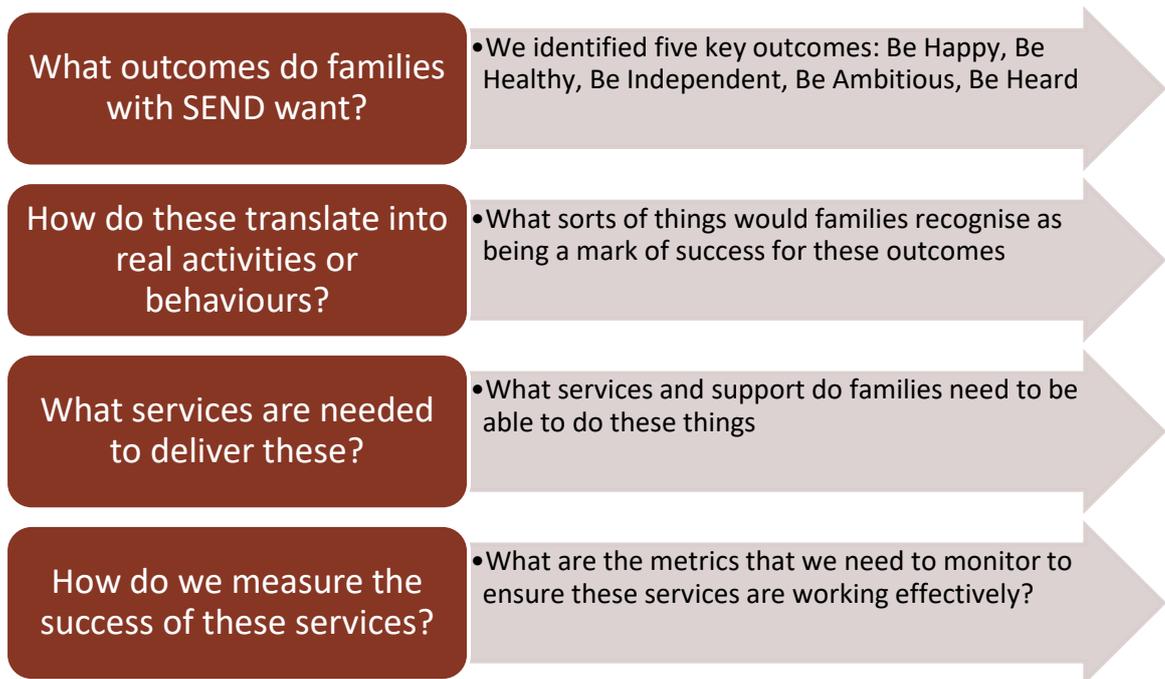
Outcomes framework

In response to this Bedford Borough Parent Carer Forum undertook a project to create an outcomes framework.

This will enable leaders to:

- understand what parents and carers of children and young people with SEND need to improve their lives.
- highlight the services that are needed to deliver this
- create shared priorities for services and commissioning
- identify and measure the metrics to measure the effectiveness of those services in delivering the impact that families want to see.

The outcomes framework is a best understood as a theory of change logic model.



Local area inspection revisit 2020

In February 2020, Ofsted and the Care Quality Commission revisited Bedford Borough to assess what progress had been made in addressing the areas of weakness identified in the 2018 inspection.

They assessed that sufficient progress had been made against all five areas of weakness previously identified. They stated that:

“Area leaders are tackling the failings identified in March 2018, with unflinching honesty and integrity. The Director of Children’s Services (DCS) and chief nurse have been integral in leading a sea change in culture at the highest levels in both the local authority and Bedfordshire Clinical Commissioning Group (BCCG). From their previously disjointed approach, leaders are now a cohesive area team that challenges and supports its members. As a result, area leaders are tackling systematically and effectively the significant weaknesses identified at the initial inspection. “

“The Parent Carer Forum (PCF) has made an influential contribution to the area’s leadership and governance. Its members are active voices, who gather the views of families. The PCF champions the rights of families where there is still work to do for children and young people with SEND.”

The role of the outcomes framework in understanding the experiences of families was explicitly noted:

“Leaders’ SEND joint strategic needs assessment and outcomes framework is informing a strategic and systematic approach to joint commissioning. Leaders are

proactive in seeking new opportunities to jointly commission services and provisions for children and young people with SEND. “

Appendix 2: Survey questions

What age range is your child/young person?
What type of Educational Setting does your child/young person attend?
Does your child/young person have an Education, Health and Care Plan (EHCP)
Is your child/young person currently open to the Children with Disabilities Team or Adult Learning Disabilities Team
Local services support my child/young person and my family to have a good standard of living that meets their physical and social needs.
Local services help protect my child/young person from bad treatment such as bullying, harassment, violence, abuse or neglect.
My child/young person can participate in organised groups and clubs of their choosing and develop friendships e.g. Brownies, After School Clubs, Specialist Playschemes and Activities
My child/young person can access local leisure activities which meet their physical, social and cultural needs, e.g. Public Swimming Pools, Cinema, Parks, Sports Centres
Local Services support my child/young person to be as healthy (physically and mentally) as possible, including educating them around their health and wellbeing.
My child/young person has access to the medical services that they need (including mental health).
When they have needed it, my child/young person gets medical help quickly (including mental health) e.g. GP, Mental Health Services, School Nurses
Local Services support my child/young person to reach their full potential.
My child/young person has access to appropriate education (including those that are home educated).
My child/young person is getting the right aspirational education to develop themselves as a whole (personality, talents and abilities)
Local Services protect and respect my child/young person's safeguarding needs and privacy.
Local Services and the local Community provide my child/young person with the opportunity to freely learn about their culture, language and religion.
My child/young person is supported to live as independently as possible
My child/young person is provided with the right opportunities to participate fully in their community.
As a parent I am respected to act in the best interests of my child/young person, including them in decisions where appropriate.
My child/young person's best interests are always the top priority in decisions about them.
My child/young person is supported to express their views about anything that affects them (this could include your decisions as a parent).
I understand my child/young person's rights, as do they (as far as they are able)
If your child/young person has had a significant change to their education setting/placement within the last year has there been adequate planning, preparation and support from local services.
If your child transitioned from the Children with Disabilities Team to Adult Services within the last year did you find the process worked well? (was it started in a timely manner? were you kept informed?)
If your child transitioned from Children's to Adult's Health Services within the last year did you feel that you had appropriate support?

Appendix 3: Bedford Borough Parent Carer Forum

A parent carer forum is a group of parents and carers of disabled children who work with local authorities, education, health and other providers to make sure the services they plan and deliver meet the needs of disabled children and families

The Bedford Borough Parent Carer Forum was formally launched in February 2014 but has functioned with a steering committee since May 2013. We have approximately 1700 members covering all areas of SEND.

Our objectives are:

- to be the strategic, consultative and collaborative body within Bedford Borough representing families of children with special educational needs and disabilities, providing a liaison point for Statutory and Voluntary Agencies within Bedford Borough.
- to work co-operatively with local service providers and commissioners to enhance and develop the range and quality of services provided for all children in Bedford Borough with special educational needs and disabilities.
- to consult with, inform and train our membership in order to be an independent, parent carer-led body that determines and acts upon the priorities of its members.