



MASKK Speak Up

April 2026



MASKK: Speak Up

What is Speak Up?

Speak Up is Healthwatch Sheffield's micro grants programme, offering funding of £1000 - £1500 to not-for-profit, voluntary, and community sector groups. The purpose is to run a project which will reach out to people across Sheffield, and hear what matters to them in relation to health and social care.

By working with groups which are already trusted partners in their communities, we can make sure we're hearing from even more people, including those whose voices aren't often heard by decision makers. This year's projects all have a focus on the voices and experiences of children and young people.



MASKK (Manor After School Kids Klub)

MASKK is a charity that provides activities and services for children and families, primarily living in the Manor Castle ward. We work with children and young people aged 5 to 16 through a diverse range of services and activities delivered by our dedicated Playworker team.

We have specialist support for children with Special Educational Needs and Disabilities (SEND) and their families, including our Short Breaks and SEND Sundays – families accessing this support are city-wide.



Healthwatch Sheffield

Healthwatch Sheffield helps adults, children and young people influence and improve how NHS and Social Care services are designed and run. We're completely independent and not part of the NHS or Sheffield City Council. We want to understand your experiences, and help your views to influence decision-makers in the city.



Introduction

Background

MASKK (Manor After School and Kids Klubs) received a £1500 grant from the Healthwatch Sheffield Speak Up small grants scheme to engage children, young people, and parents in conversations about SEND (Special Educational Needs and Disabilities) services and wider health support.

The aim was to co-create positive, child-led messages and resources for health professionals based on what children and young people say they needed.

Project Title & Objectives

Child and Young People's Voices on SEND Services and Health Support

- Hold a series of events to talk with children and young people (including pre-school aged children) about SEND services and wider support.
- Co-create positive, child-led messages and resources for health professionals.

Why Playwork Works in Health Consultations

- **Child-Centred Engagement**
Playwork creates spaces where children feel in control, reducing anxiety and encouraging honest expression. This is especially important for children with SEND, who may struggle in formal interview settings.
- **Non-Intrusive and Flexible**
Play-based activities allow children to communicate through play, art, and movement rather than only verbal responses. This respects different communication styles and developmental stages.
- **Builds Trust and Comfort**
Playwork practitioners focus on creating a safe, fun environment, which helps children relax and share their experiences more openly.
- **Supports Emotional Regulation**
Play provides a natural outlet for stress and helps children process feelings about healthcare experiences in a positive way.



Methodology

Using the Playwork approach, we designed and delivered multiple engagement activities including surveys, creative sessions, and informal conversations. These were held in community settings, alongside wider community groups to ensure accessibility and target different groups. Healthwatch Sheffield provided guidance and offered support throughout the process.

These events and activities took place:

Date	Venue / Location	Target Group
20 th August 2025	Manor Fields Park – Summer Playing Out	Families and children, open to all.
24 th September 2025	Temple Park Centre – MASKK After School Club	Children who attend the Wraparound Care sessions while their parents work or attend training. 40% children with SEND.
4 th October 2025	Temple Park Centre – MASKK Open Day	The whole community.
12 th October 2025	Temple Park Centre – SEND Sundays	Children with SEND and their parents.

Creative activities included:

- **Drawings:** children were given a blank waiting room and asked to draw what they thought it should look like.
- **Role Play:** children arrived to find pretend doctors kits and playful signs. They proceeded to play and we observed how children re-enacted their experiences from their perspective. While being mindful of the children’s play cycles we added prompts and questions to engage them in conversations and ideas. For example giving the prompt “don’t forget to make a waiting area for those waiting to see the doctor”.
- **Group games:** asking children to move to different corners of the room depending on what they thought about a question or idea.



Key Findings

Total participants included 33 parents/carers and 42 children (75 individuals). Feedback from parents about the process and being involved in the project was very positive.

Through children playing

The creative and play-based methodologies (drawings, role play and group movement games) provided rich qualitative insight, particularly from younger and non-verbal children who may not engage with surveys or formal questioning. While these activities were primarily designed to support inclusive engagement, clear themes emerged that reinforced and deepened the findings from parent feedback.

Drawings of waiting rooms consistently showed children prioritising comfort, play and sensory regulation over clinical features. Children included items such as toys, bean bags, mats, quiet corners, cartoons, soft lighting and space to move. Very few children drew desks, chairs in rows, or medical equipment, highlighting a disconnect between typical waiting room design and children's needs. This reinforced recommendations around sensory-friendly environments and flexible seating.

Role play activities revealed how children experience appointments emotionally and socially. Through re-enacting visits with toy doctor kits, children frequently focused on:

- Waiting for long periods with “nothing to do”
- Feeling watched or overheard in busy spaces
- Wanting separate areas for waiting versus seeing the doctor

Children naturally created waiting areas during play when prompted, often positioning them away from the “doctor” and including toys or quiet spaces. This suggested that waiting is a significant part of the experience for children and not a neutral background activity, aligning closely with parental reports about delays causing distress and dysregulation.

Group movement games helped children express preferences non-verbally and generated discussion in a low-pressure way. These activities showed strong preferences for choice, movement and control (e.g. being able to choose where to sit or wait, moving rather than sitting still).

They also highlighted that children valued being informed about what was happening next, mirroring the importance parents placed on communication and time updates.

Overall, the creative activities did not introduce entirely new themes but strengthened and validated the main findings by:

- Amplifying children’s voices in an age-appropriate way
- Confirming that waiting environments significantly affect wellbeing
- Demonstrating that play, movement and choice are not “extras” but core to children’s ability to cope in health settings

These insights directly informed the child-centred messages and practical “Quick Wins” recommended in this report.

Parents through conversation and survey

When parents were asked to score the medical staff’s understanding of their child’s needs at GP appointments, the average score was just 2.5 out of 5.

Common challenges included:

- 67% waited past appointment time, many then going on to say how that then created stress and dysregulation in the child, which created stress for the parent too.
- 33% reported they were made to feel uncomfortable because of their child's behaviour or response to the stress.

Common themes and suggested improvements from parents/carers and children

- Creating separate, sensory-supported waiting areas aligns with evidence showing these spaces reduce anxiety and improve participation.
- Providing fidget toys and calming visuals is supported by play therapy research which demonstrates clear stress reduction benefits.
- Offering entertainment options and interactive play has been proven to engage children, distract anxiety, and foster cooperation during visits.
- Implementing flexible seating arrangements allows children to move and control their experience, which research links to reduced stress and better focus.
- Communicating real-time waiting information and apologies builds trust, reduces frustration, and enhances overall satisfaction - even when delays occur.

These research-backed interventions strongly support MASKK’s recommendations for creating sensory-friendly, child-centred environments that promote engagement and positive experiences during health appointments. Many of them are already mentioned in NHS policies and procedures but are not implemented consistently across health care settings.

Quick Wins for Health Settings

- Have a basket with ear defenders and fidget toys and another basket to return them to (to enable cleaning).
- Provide toys, books, and a chalk board (using simple chalk board paint perhaps on the wall) in waiting areas.
- Not all children like sitting in chairs, small gym mats can provide an easy to clean option for those wanting to sit on the floor.
- Display waiting-time updates, “You may have to wait 5 minutes extra today”. Offer to let them wait outside where feasible. An expensive option could be to use the restaurant style buzzer system.
- Include privacy options for children or parents needing alone time. Repurpose medical screens, or purchase some fabric room dividers.
- Train all staff on child-friendly, trauma informed practice.
- Encourage parents to use the Sheffield Children’s Hospital Health Passport to help communicate their child’s needs across services. Only a third of the parents we asked knew what one was: <https://library.sheffieldchildrens.nhs.uk/my-communication-and-health-passport/>



These quick wins aren’t just practical, they embed rights-based practice into everyday healthcare. They make services more inclusive, reduce barriers, and empower children to participate meaningfully in their own care. They also align to children’s rights, as described in the UN Convention on the Rights of the Child.

Article 12 – Right to be Heard

By implementing child-led recommendations (quiet spaces, flexible seating), health settings show they value children’s voices and act on their feedback.



Article 3 – Best Interests of the Child

Creating calming, inclusive environments and reducing stress during appointments prioritises the child’s wellbeing in healthcare decisions.

Article 23 – Rights of Children with Disabilities

Sensory areas, fidget toys, and privacy options ensure children with SEND have equal access to healthcare in a way that meets their needs.

Article 24 – Right to Health

Improving waiting experiences and communication helps children engage fully with health services, supporting their right to the highest attainable standard of health.

Article 31 – Right to Play

Entertainment and play-based distractions in waiting rooms uphold the right to play, even in healthcare settings.

References and further reading

Sheffield Children’s NHS: *Quiet Room Standard Operating Procedure for Emergency Department*, August 2024 <https://www.sheffieldchildrens.nhs.uk/download/1725/autism-learning-disability-and-complex-needs/66663/emergency-department-quiet-room-standard-operating-procedures.pdf>

NHS England: *Sensory-friendly Resource Pack* <https://www.england.nhs.uk/long-read/sensory-friendly-resource-pack/>

NHS England: *Play Well Toolkit for Health Play Services*, October 2025 <https://www.england.nhs.uk/blog/play-well-improving-childrens-healthcare-through-play/>

UCLH & NHS England: *National Play Toolkit to Reduce Children’s Medical Trauma*, June 2025 <https://www.uclh.nhs.uk/news/national-play-toolkit-reduce-childrens-medical-trauma-launched-uclh>

Rush Hill & Weston Surgery NHS: *Quiet Corner & Sensory Kits services* <https://rushhillandwestonsurgery.nhs.uk/patient-care-support/quiet-corner-and-sensory-kits>

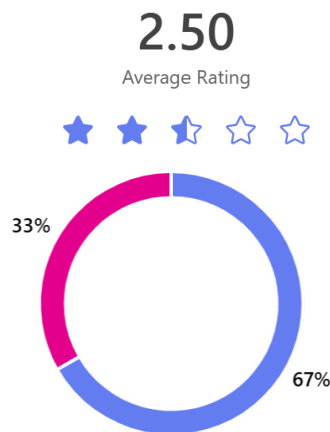
NHS England: *Good communication with patients waiting for care*, updated November 2023 <https://www.england.nhs.uk/publication/good-communication-with-patients-waiting-for-care/>

Appendices

1. Parent and Carer Feedback Highlights
2. Child Centred message for health professionals

Appendix 1: Parent and Carer Feedback Highlights

“Hi, this is a big deal for us, thank you for acknowledging this.. we have a 6yr old autistic none verbal, epileptic daughter. She struggles in waiting areas and I still struggle with people staring so dr appointments we tend to let reception know we're here then wait outside.. unfortunately with her epilepsy we often have to have a night or two stay in hospital after a seizure.. she finds this so distressing when shes awake, especially if we're on a ward with other people around but if we luckily get a private room its so much easier.”



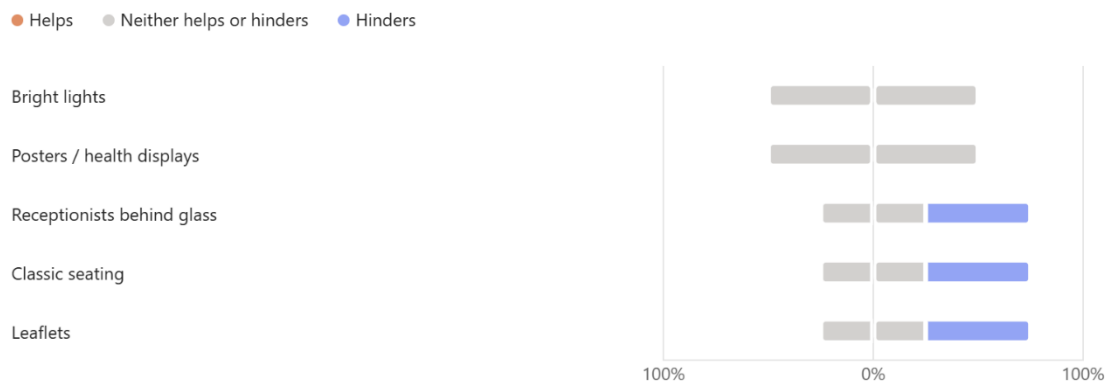
When asked, “How well do you feel that staff understand and accommodate your child’s needs at GP appointments?”, the average rating from parents and carers was 2.5 out of 5.

When asked, “Have you ever experienced any of the following?” parents and carers responded:

Waited past your appointment time due to delays in appointments - 67%

Made to feel uncomfortable because of your child's behaviour or response to the stress - 33%

When asked in the survey, “What features of a classic waiting room / area help or hinder?” parents and carers responded:



When asked, “What changes would make the waiting room experience better for your child?”, parents and carers responded:

“More things to entertain child or separate waiting when they become overwhelmed”, “TV with cartoons on or play toys”, “Toys books”, “Being told an estimated waiting time when you arrive”, “Being able to wait outside”, “Having the option to wait somewhere alone with your child”, “Fidget toys”, “Sensory area”, “Given updates on delays”, “Move the chairs so everyone isn’t sat in one circle facing each other, angle chairs for example”

Appendix 2: Child Centred message for health professionals

Simple, direct, and written and agreed by children.

“Please give me a quiet space if I feel worried.”

Why? Sensory-friendly areas reduce anxiety and help children stay calm.

“Can you tell us how long we’ll wait?”

Why? Clear communication about waiting times helps families plan and reduces stress.

“I like having toys or cartoons while I wait.”

Why? Positive distractions improve engagement and make the experience less overwhelming.

“If I need to move or sit differently, that’s okay.”

Why? Flexible seating supports comfort and emotional regulation.

“Please talk to me kindly and explain what’s happening.”

Why? Friendly, clear communication builds trust and cooperation.

“Can I wait somewhere private if I feel upset?”

Why? Separate spaces help children who struggle with crowded environments.

“I like fidget toys, they help me feel calm.”

Why? Sensory tools reduce anxiety and improve focus during appointments.