

# Evaluation of the neurodiversity support pathway in Hertfordshire: Stage 2 Final Report



**Completed on behalf of Health Innovation East by Katherine Cummergen, Andy Jones and Holly Clegg November 2024**

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## Executive summary

### Introduction

Hertfordshire County Council jointly with Herts and West Essex ICB are piloting specialised psychoeducation support for neurodivergent children and young people (CYP), along with their families and primary carers. The support includes group-based activities and one-to-one support from five organisations delivering the interventions as part of a framework agreement. Additionally, digital and online support services are available, including an app. Health Innovation East was commissioned to evaluate the first term of the Neurodiversity psychoeducation support service pilot, which aimed to understand the implementation and effectiveness of the support offers for the target populations, as well as their acceptability and cost implications.

### Methods

A mixed method approach was used, drawing on multiple sources of data to understand how the programme was implemented and its outcomes. We used four different data collection and analysis methods. We analysed the documentation submitted during the tendering process by the organisations that were added to the framework agreement. Service provider standard data was collected to understand the intended offers, including how they were supposed to be delivered, the number of offers to be delivered, the target number of participants. Focus groups were conducted with each provider organisation involved in the design, development and delivery of their respective support offer to understand facilitators and barriers to implementation. CYP receiving support through the offers, as well as their parents or carers, were invited to complete surveys. These surveys were developed with input from the delivery organisation and an expert in survey approaches for neurodivergent young people. Additionally, we conducted a simple cost-consequence analysis to understand any short- or medium-term savings and their cost implications.

### Overall findings

The key findings from this evaluation, organised according to the evaluation questions posed, are as follows:

#### 1. Implementation of the offers

The offers focussed on different aspects of neurodiversity support. These included a combination of group sessions and one-to-one support, on-line and in-person. Implementation was generally as intended, with flexibility in both in-person and online formats to cater to the diverse needs of neurodivergent CYP. Adaptations were made based on participants' presenting needs, and facilitators with lived experience were key to success, building trust and adapting sessions effectively. Parental involvement and digital backup provided additional support. Nevertheless, there were challenges with implementation, including the rapid start-up of the offers, communication gaps between providers, and demand exceeding capacity, leading to waiting lists.

#### 2. Effectiveness of the offers

The offers reached a wide range of CYP. In terms of impact, evidence suggested that the offers helped improve emotional regulation, social skills, and self-esteem. Many participants expressed greater acceptance of their neurodivergence, with improved confidence in managing their emotions. Parents also observed positive changes in their children, particularly in emotional regulation and communication. While most participants completed their sessions, economically disadvantaged populations appear to have been underrepresented, which coupled with the limited capacity of some offers, may have limited impact at the population level.

#### 3. Acceptability of the offers

The offers were generally well received by participants, parents, and facilitators. CYP enjoyed the courses, particularly the creative and sensory-based activities, and reported improved acceptance of their neurodivergence. Parents appreciated the flexibility of the sessions, which allowed their children to engage in ways that suited their needs. Facilitators found delivering the courses rewarding, especially

observing the growth in confidence and skills among the CYP. Challenges included the emotional impact of ending sessions and limitations in using online formats, particularly for those who struggled with online functionalities. Facilitators also expressed a desire for more preparation time and extended offer durations to enhance the depth and continuity of support.

#### **4. Cost implications**

Although the data was not available to undertake a formal economic costing, the evaluation suggests there are potentially a wide range of market and non-market outcomes associated with the programme. Market outcomes include measurable financial benefits such as improved employability, reduced healthcare and social service costs, and savings from lower criminal justice expenditures. Potential non-market outcomes include societal and individual well-being, such as increased resilience, reduced suicide rates, and enhanced community cohesion, which, while not directly monetisable, contribute to broader societal stability and improved quality of life.

### **Recommendations:**

Based on feedback from service providers, parents/carers, and CYP, we have identified key recommendations to improve the programme delivery:

1. Provide more lead time for planning and personalised engagement.
2. Extend the course duration for in-depth exploration and skill-building.
3. Avoid conflicts with school holidays and exam periods when scheduling courses.
4. Tailor content and approaches based on age groups and energy levels, while maintaining manageable group sizes.
5. Limit online sessions to under an hour and include interactive elements for younger children.
6. Provide continued support and a structured follow-up programme after the course ends.
7. Improve communication and targeted advertising of digital resources.
8. Encourage collaboration among service providers and with schools to improve coordination and support for CYP.

With regards to supporting the sustainability of the service, it is recommended:

- 1) Outcome collection and financial impacts are integrated into service delivery.
- 2) Providers may need to enhance outreach efforts to target underrepresented groups if these services continue in the future.

### **Strengths and limitations of the evaluation**

The evaluation used a mixed-methods approach to capture both quantitative data and qualitative feedback. However, limitations included low survey response rates, incomplete data for some providers, and reliance on subjective outcome measures. These factors constrained the evaluation's ability to draw definitive conclusions and make comparisons.

## Introduction

Hertfordshire County Council and Herts and West Essex ICB in collaboration with the Neurodiversity Transformation Programme and the Mental Health Learning Disability and Autism Health and Care Partnership, has developed a specialist service to provide pre- and post-diagnostic support for Children and Young People (CYP) who are neurodivergent. This service has been a direct and co-produced response to the rising numbers of assessment requests being made and growing demands for information, advice and guidance for parents and children as they navigate the support and assessment processes across a complex health and care system. In response to significant feedback from parents, carers, professionals, and young people, a co-produced business case for a specialist support service to provide pre- and post-diagnostic support was developed and approved.

The target audience for this support is CYP who have a recognised or undiagnosed neurodiversity, and their families and primary carers to assist them in their caring roles and to help them understand their child's experiences and behaviours. The support offer is made up of discrete but interconnected elements, with the following seven organisations providing offers as part of the pilot:

- [ADD-Vance](#),
- [Autism Oxford](#),
- [CathARTic](#),
- [COGS AI](#)
- [Mindler \(The Toolbox\)](#)
- [NESSie](#)
- [SPACE](#).

These offers are divided into group-based activities (Lot 1) and one-to-one support (Lot 2), with some providers delivering both. The group-based courses (in-person and online) and 1:1 support, covered the "Understanding my autism/ADHD" programme. This programme is designed to help young people understand their diagnoses (See Appendix 1 for a detailed description of each provider's services). Additionally, there is a digital wraparound offer, providing online support for young people with autism and ADHD, as well as a text chat service for CYP people to seek advice about neurodiversity. In addition, a mental health app created for and by the neurodivergent community is also available ([Cogs AI Neurodiversity App](#)).

Health Innovation East was commissioned by Hertfordshire County Council (HCC) to evaluate the neurodiversity support offer pilots. The evaluation has been delivered in two stages. Stage one is the Neurodiversity Support Centre (Hub), delivered by the charity ADD-Vance (The ADHD and Autism Trust). This stage was completed in February 2024.

This document reports on the stage two evaluation. This aimed to understand how the different elements of the support offer are working in practice, including acceptability and effectiveness for those accessing and using the offers, their families or carers, and staff managing and delivering the services, as well as the wider system of support for neurodiverse young people and their families.

The evaluation was guided by four overarching research questions:

1. How have the offers been implemented, to what extent have they been implemented as intended, what adaptations have been needed, and what are the enablers and barriers to successful implementation?
2. How effective are the offers in relation to (a) reach and penetration of the different offers across the system and populations (and particularly have the target populations been reached); and (b) short/medium term impacts for users of the offers against intended benefits?
3. How acceptable and appropriate are the offers for those receiving them, including families and carers, as well as those providing, managing and/or delivering the services?

4. What are the short/medium term savings (or costs) that can be assumed associated with delivery of the offers, and what do these tell us about their cost implications?

## Method

A mixed method approach has been adopted, drawing on multiple sources of data to understand the implementation and related outcomes of the offers. Four distinct data collection and analysis methods were used to facilitate this.

### Analysis of provider documentation (Evaluation questions 1 and 2)

A systematic analysis of bid documentation was conducted to summarise and compare six of the offers (ADD-Vance, Autism Oxford, CathARTic, Cogs Neurodiversity App, Nessie, and SPACE), which ensured a consistent approach to comparisons. This process followed several core steps to identify key elements that would allow the development of a robust understanding of each offer and fair comparison and contrast of their respective elements. This consisted of a number of stages:

#### a. Document review and extraction of key information

The first stage involved a comprehensive review of each tender document produced by the organisations carefully reading to understand the objectives, target audience, and core components of the offer. From this, key themes were identified, such as the offer's content and structure, delivery method (whether in-person, online, or digital), parental involvement, emotional literacy, resilience-building, personalised support, social skills development, and strengths-based approach. Information related to these themes was categorised to support consistency across all the offer summaries.

The programmes delivered were divided into two 'Lots'. Lot 1 involved group-based activities (either in person or online) whilst Lot 2 involved more targeted 1 to 1 support.

#### b. Detailed offer summaries

Following the document review, a detailed summary of each offer was created. In this stage, the core elements of the offer were broken down and described. Each summary emphasised the unique aspects of the offer.

#### c. Comparative analysis: Key elements

A comparative analysis was undertaken based on the identified themes, such as parental involvement, emotional literacy, delivery methods, and personalisation.

This thematic approach helped draw out the specific strengths of each offer in achieving these key outcomes.

#### d. Integration of research and best practices

The analysis incorporated references to evidence-based practices and national guidelines where they were mentioned in the offer documents. Attention was paid to how well each offer was stated as aligning with research and best practices in neurodiversity support.

### Quantitative analysis of routinely provided data (Evaluation questions 1 and 2)

Data on the number and characteristics of service users was recorded by the service providers and reported to Hertfordshire County Council. This was supplied for the purpose of evaluation in early

September 2024. At this point, delivery of the Lot 2 (1:1) offers was still on-going and hence the data mainly covered Lot 1 (group) programmes. The data from the providers was collated into a single file and from this descriptive statistics were produced to describe service user numbers, characteristics, as well as programme completion rates.

## Qualitative work: Service provider data collection (Evaluation questions 1 and 3)

### Overview of qualitative activities service providers

Seven focus groups and a one-to-one interview on Microsoft Teams were conducted with service providers involved in the design, development, and delivery of each offer. The focus groups and interviews were guided by a topic guide (see Appendix 2). The focus groups and interview were conducted between July and August 2024 and lasted approximately 1 to 2 hours.

### Data analysis

The transcripts were analysed using thematic analysis, which involved familiarisation, coding, searching, reviewing, defining themes, and reporting. Two researchers coded the transcripts line by line in a Microsoft Excel spreadsheet. Key themes within the data set were then identified.

## Surveys with children, young people and their parents and carers (Evaluation questions 2 and 3)

Surveys were conducted to evaluate outcomes for CYP, their satisfaction, and the views of their parents or guardians. Design of the surveys was undertaken in collaboration with the evaluation commissioners, and with the input of Dr Sophia Christophi of SPACE Herts who had prior research experience of using surveys amongst neurodivergent children and young people. This allowed us to identify key requirements that were then built into the surveys to ensure accessibility, notably:

- i) *Attention and focus issues* Surveys were designed to be short and simple.
- ii) *Literal interpretation of questions:* Surveys were designed to avoid the use of language that could be interpreted in a manner that was not intended.
- iii) *Risk of emotional and cognitive overload:* Surveys that require larger amounts of self-reflection on emotions or experiences may cause emotional or cognitive overload in young people with autism or ADHD. The core set of questions were kept narrow and focussed within response boundaries, although the option was still provided for free text responses for those who wished to provide them.
- iv) *Risk of inflexibility in written responses:* Respondents were given the opportunity to provide pictorial as opposed to written responses to questions if they preferred. These were then scanned and sent to the research team for analysis.
- v) *Challenges with comprehension of rating scales:* Complex scales were avoided in the questionnaires for CYP, and instead there was a focus on very simple scales which contained just 3 options that were described by text and a graphic (a face showing a particular emotion). A



decision was also made to limit the use of 'before'-'after' comparison measures but rather to focus more on expectations for the pre-course surveys and reflections for the post-course ones.

Service providers facilitated the data collection by providing the appropriate surveys to CYP before the first session and following the course with a post course survey (see Appendix 3). Parents and guardians were only asked to complete a post course survey (see Appendix 4). The data submission deadline to Health Innovation East was extended to Friday, 13th September 2024, with data securely transferred via the Herts-FX system.

A survey approach was not used for the Cogs digital app. However, they were asked to incorporate some of the questions contained in the surveys into the app to provide feedback from users. Some feedback, which was not based on the survey questions, was provided by Cogs on 26 September 2024, and this is presented after the discussion of survey responses from the other providers.

## Qualitative work: Children and young people' data collection (evaluation question 3)

### Overview of qualitative activities by service users

To understand the impact of the Neurodiversity Support Pathway direct feedback from CYP who used the services was gathered. Service users were invited to share their experiences through various qualitative methods facilitated by the service providers.

### Data collection methods

To support the collection of feedback from neurodivergent service users, a guide was created for service providers. The guide encouraged flexibility in data collection approaches to accommodate the diverse needs of CYP, offering multiple methods to capture rich qualitative data. These include:

- Focus groups: Facilitated discussions that encouraged interaction and collective feedback.
- Visual methods: Creative approaches, such as art and collage-making, to help service users express themselves beyond traditional verbal communication.
- Self-reflection diaries: Journals that allowed participants to document their experiences and reflections over time.
- 1:1 sessions with CYP with a course facilitator.

Service providers were responsible for gaining informed consent from participants and their guardians before data collection began. This ensured that CYP knew the purpose of the feedback collection and how their information would be used. Consent procedures also included measures to protect confidentiality and ensure voluntary participation.

### Service provider contribution

Three service providers participated in the data collection process, using different methods tailored to their service users:

1. **CathARTic** combined visual art with verbal feedback. Ten participants attended a focus group where they created individual artworks. Facilitators engaged participants in discussions about their creations and their overall experience with the course. Each artwork was documented with a transcript of the corresponding discussion. Additionally, one participant submitted an audio reflection of their experience.
2. **ADD-Vance** utilised both one-to-one feedback sessions and structured worksheets. Feedback was collected at the end of courses.
3. **SPACE** included collecting art pieces created by two CYP.



## Data handling and submission

Hertfordshire County Council collated the data from each provider, including one-to-one feedback notes, worksheets, focus group discussions, and artwork. All artwork was either photographed or scanned for documentation. Before submitting data to Health Innovation East via Herts FX, all identifying information of participants was removed. Data was stored digitally within a secure data storage area once sent to Health innovation East.

## Data analysis

The data was analysed using thematic analysis to identify recurring patterns and themes. The analysis involved key steps, including familiarisation by reviewing feedback from focus groups, one-to-one sessions and CYP written descriptions of artwork to gain an initial understanding of the content. Data was coded systematically, with key pieces of information such as phrases or insights being assigned labels. These codes reflected recurring ideas, emotions and experiences raised by the CYP. Once coding was complete, patterns were identified, and similar codes were grouped to form broader themes. The initial themes were then reviewed and refined and final theme mapping involved organising the themes coherently to reflect the overall findings.

## Quantitative analysis of financial costs and impacts (evaluation question 4)

The availability of data to inform the analysis was very limited, and as such, a cost-consequence analysis (CCA) was initially identified as a potential valuation method as it can be the most pragmatic approach. A pilot CCA analysis was conducted to assess the likely cost-effectiveness of the offers, but this had a number of limitations. At the point that this evaluation report was finalised the Lot 2 (1:1) offers were ongoing, meaning there were gaps and limitations in the available data related to their uptake or outcomes. Furthermore, the relatively small number of responses to the CYP surveys meant that it was difficult to differentiate the different providers according to the outcomes they achieved relative to the costs of them providing their programmes. Whilst it would have potentially been possible to present single cost-consequence figure (i.e. the outcome achieved across the programme per pound spent), discussion with the evaluation commissioners suggested this would not be of value to them as it would not be useful in commissioning decisions.

As an alternative to the presentation of a CCA, an in-person workshop with the commissioning team was held on 1<sup>st</sup> February 2024, which included a mapping exercise to identify a range of non-market (i.e. not priced) benefits that might arise from the offers. These included impacts such as reduced use of the criminal justice system and reduced absenteeism at school. A requirement of the use of these metrics was to be able to 'baseline' (i.e. understand the population prevalence) of the outcomes, but subsequent discussions with commissioners, coupled with a rapid scoping review of potential data sources undertaken by the evaluation team, determined that no suitable baseline data was available. As a result, cost effectiveness calculations are not presented but instead the outcomes of the mapping exercise are considered alongside discussion of the challenges of assessing the cost-effectiveness of the programme.

## Results

The findings from the various strands of the mixed-method approach are described below.

## Analysis of provider documentation

(Research question 1 and 2)

### A comparison of the six offers

Table 1 contains a comparison of the six offers based on their approaches to supporting neurodivergent CYP, and their families based on the six themes that emerged as differentiating the offers. Detailed summaries of each of the offers can be found in Appendix 1. This table summarises the differences and similarities across the six offers, showing that while they provide interventions for neurodivergent CYP, their methods, focus areas, and levels of parental involvement vary.

**Table 1: comparisons of the five offers**

| Theme                    | ADD-Vance   | CathARTic  | Nessie  | Autism Oxford   | SPACE  | Cogs Neurodiversity App   |
|--------------------------|---|--|---|---|--|---|
| <b>Overview of offer</b> | Group-based interventions for neurodivergent children aged 7-13 (autism, ADHD), focusing on self-understanding, coping strategies, and self-esteem. Delivered in two age groups (7-10, 11-13), available both online and face-to-face. Aims to help children embrace their neurodiversity and manage associated challenges with | The "Autism and Me" offer by CathARTic is a six-week programme for neurodivergent children aged 7-16, focusing on creative arts therapy. The aim is to help children explore and understand their autism through sensory-driven, artistic activities (painting, sculpture, etc.). The offer fosters self-expression, emotional regulation, and confidence-building in a safe | The "My World & Me" offer by Nessie is a 12-week group-based intervention designed for neurodivergent children (autism, ADHD, dual diagnoses), focusing on emotional literacy, social skills, and self-understanding. It uses an adapted Cognitive Behavioural Therapy (CBT) approach with flexibility for face-to-face and online delivery. The programme aims | Autism Oxford's tender proposes a model of online group programmes, along with one-to-one support, aimed at children and young people with autism and/or ADHD, and their families. It focuses on addressing the immediate needs of those awaiting or recently diagnosed, offering guidance and training for caregivers. | The SPACE autism and ADHD Support Offer is a group-based intervention for neurodivergent children aged 7-16. It focuses on emotional regulation, resilience-building, and social skills development, with sessions tailored to individual needs. The programme aims to create a safe, inclusive environment where children can explore their | The Cogs Neurodiversity App is a digital platform designed to support neurodivergent children aged 14+ (autism/ADHD). It offers personalised content that helps children understand their neurodivergence, manage emotions, and build life skills. The flexible, self-paced nature of the app makes it accessible for families unable to attend in-person sessions. It uses multimedia to engage children |

|  |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
|  | emotional resilience.  | and inclusive environment.  | to reduce internalised stigma, foster social connections, and build resilience.                          | Programmes are evidence-based, promoting well-being, independence, and resilience.                   | neurodivergence, develop coping strategies, and build social connections.  | and develop their emotional regulation and social skills.  |
| <b>Delivery method</b>                   | Face-to-face and online group sessions.  | Fully in-person creative workshops.   | Offers both face-to-face and online group sessions, providing flexibility to meet family needs.          | online sessions, offering flexibility based on family preferences.                                   | In-person and online group sessions with sensory-centred activities requiring direct interaction with facilitators and peers.                  | Fully digital platform, allowing children to access content remotely at their own pace.                          |
| <b>Parental Involvement</b>              | Parents can participate in sessions with children, learning strategies together for reinforcement at home. | Weekly guides inform parents of tasks, and parents attend the final reflective session. | Parents engage through consultations and access peer support groups, with additional resources provided. | Parents can participate alongside children in sessions, gaining tools to reinforce learning at home. | Provides workshops and regular updates for parents, helping them understand their child's neurodivergence and engage in peer support networks. | Parents monitor progress digitally and receive suggestions for support but are not directly involved in modules. |
| <b>Emotional literacy and resilience</b> | Structured approach focusing on  | Creative arts-based method, where children  | Cognitive Behavioural Therapy (CBT)-   | Focus on emotional literacy and self-  | Combines emotional literacy with   | Interactive digital modules offer self-guided emotional  |

|   |   |  |  |  |  |   |
|---|---|--|--|--|--|---|
|   | emotional literacy, creating personalised strategies for emotional regulation and resilience.                   | express emotions through artistic activities, indirectly building emotional resilience.  | informed approach, focusing on emotional triggers and developing coping strategies.  | regulation through activities like body scanning and emotional toolbox creation, helping manage emotions in everyday challenges. | sensory regulation, offering practical strategies for emotional regulation in response to sensory needs.                               | regulation exercises and tools.   |
| <b>Tailored and personalised Support</b>  | Personalised toolbox of strategies developed during sessions based on individual needs.                         | Creative tasks adapted to each child's emotional and sensory needs, ensuring flexible engagement.  | "All About Me" profiles and personalised Nessie Box of tools ensure strategies are tailored to individual needs.                         | Tailored strategies focused on individual emotional and social needs, encouraging personalised development.                      | Group sessions are adapted to individual sensory needs, with sensory tools provided to support children's unique challenges.           | Highly personalised digital experience, allowing children to select modules and customise their learning journey. |
| <b>Social skills and peer interaction</b> | Group-based sessions encourage peer interaction, with focus on building social skills and emotional resilience. | Peer interaction facilitated through collaborative artistic activities, building communication skills in a non-verbal, creative environment. | Interactive games and activities within group sessions focus on building social interactions and reducing stigma around neurodivergence. | Sessions focus on understanding social norms, building friendships, and navigating social relationships in both neurotypical and | Group sessions offer safe spaces for peer interaction, focusing on social skills and sensory needs, ensuring children feel comfortable | Role-playing simulations provide practice in social skills, though interactions are self-guided and digital.      |

|  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
|  |   |  |  | neurodivergent environments.  | navigating social situations.   |  |
| <b>Holistic and strengths-based approach</b> | Emphasis on self-esteem and confidence-building, focusing on the strengths of neurodivergence while offering coping strategies. | Highlights creativity as a strength, encouraging children to explore emotions and abilities through art. | Focus on reducing stigma and building resilience by understanding and celebrating unique traits. | Strengths-based approach encourages children to explore their abilities and build self-worth through structured activities. | Holistic approach combining emotional and sensory strengths to build confidence and resilience. | Digital tools promote neurodiversity-affirming strategies, helping children understand their strengths and embrace their identity. |

## Analysis of data on participation in each offer

(Evaluation questions 1 and 2)

Table 2 below presents the Lot 1 (group) characteristics of course participants for each of the providers (excluding Cogs) and overall. These were the latest values at the time the data was provided on September 5th, 2024, but they do not necessarily reflect complete participation in the programme. Given that the delivery of the Lot 2 programmes was ongoing at the time of data provision, the partial data for these offers is not presented.

**Table 2: Characteristics of service users**

| Provider:                                      | Autism Oxford | ADD-Vance | CathARTic | Nessie | SPACE | Overall |
|--|---------------|-----------|-----------|--------|-------|---------|
| <i>Participant characteristics:</i>            |               |           |           |        |       |         |
| No CYP Registered                              | 18            | 43        | 24        | 38     | 15*   | 138     |
| No CYP completed (75%+ attendance)             | 9             | 33        | 23        | 24     | ND    | 89      |
| No CYP partially completed (50-74% attendance) | 4             | 4         | 1         | 16     | ND    | 25      |
| No CYP did not complete                        | 5             | 6         | 0         | 8      | ND    | 19      |
| No applied but not suitable                    | 0             | 5         | 1         | 0      | 2     | 8       |
| No applied but programme full/on waiting list  | 0             | 33        | 38        | 0      | 16    | 87      |
| No referred to Lot 2 as group not suitable     | 0             | 2         | 1         | 2      | 0     | 5       |
|  |               |           |           |        |       |         |
| <i>Diagnosis:</i>                              |               |           |           |        |       |         |
| Autism   | 10            | 20        | 17        | 20     | 7     | 74      |
| ADHD   | 4             | 10        | 0         | 7      | 1     | 22      |
| Both   | 3             | 9         | 7         | 11     | 4     | 34      |
|  |               |           |           |        |       |         |
|  |               |           |           |        |       |         |
| <i>School year:</i>                            |               |           |           |        |       |         |
| Year 3-4                                       | 3             | 2         | 4         | 2      | 5     | 16      |
| Year 5-6                                       | 3             | 17        | 5         | 25     | 1     | 51      |
| Year 7-8                                       | 4             | 22        | 5         | 11     | 3     | 45      |
| Year 9-10                                      | 5             | 2         | 7         | 0      | 3     | 17      |
| Year 11-12                                     | 1             | 0         | 3         | 0      | 0     | 4       |
| Year 13  | 0             | 0         | 0         | 0      | 0     | 0       |
|  |               |           |           |        |       |         |
| <i>Gender:</i>                                 |               |           |           |        |       |         |
| Male   | 7             | 17        | 11        | 18     | 5     | 58      |



|   |    |    |    |    |    |     |
|---|----|----|----|----|----|-----|
| Female                                  | 11 | 26 | 13 | 19 | 7  | 76  |
| Non binary                              | 0  | 0  | 0  | 0  | 0  | 0   |
| Other/ not specified                    | 0  | 0  | 0  | 1  | 0  | 1   |
|   |    |    |    |    |    |     |
| <i>Ethnicity:</i>                       |    |    |    |    |    |     |
| Asian or British Asian                  | 2  | 0  | 1  | 2  | 0  | 5   |
| Indian                                  | 0  | 0  | 1  | 0  | 0  | 1   |
| Black or Black British                  | 0  | 0  | 2  | 0  | 0  | 2   |
| Other (unspecified) Asian               | 0  | 1  | 0  | 0  | 0  | 1   |
| African                                 | 0  | 0  | 2  | 0  | 0  | 2   |
| Mixed                                   | 0  | 2  | 0  | 3  | 0  | 5   |
| White and Black Caribbean               | 0  | 1  | 0  | 0  | 0  | 1   |
| White and Black African                 | 0  | 1  | 0  | 0  | 0  | 1   |
| White and Asian                         | 0  | 0  | 0  | 1  | 0  | 1   |
| Irish                                   | 0  | 0  | 2  | 1  | 0  | 3   |
| White British                           | 16 | 35 | 16 | 30 | 9  | 106 |
| Other ethnic group                      | 0  | 1  | 0  | 0  | 2  | 3   |
|   |    |    |    |    |    |     |
| <i>School setting:</i>                  |    |    |    |    |    |     |
| Mainstream school                       | 15 | 37 | 12 | 37 | 8  | 109 |
| Independent school                      | 2  | 1  | 0  | 0  | 3  | 6   |
| Specialist school                       | 1  | 1  | 8  | 0  | 9  | 19  |
| Home educated                           | 0  | 3  | 1  | 0  | 1  | 5   |
| Attending an Educational Support Centre | 0  | 1  | 3  | 0  | 0  | 4   |
| Other                                   | 0  | 0  | 0  | 1  | 0  | 1   |
|   |    |    |    |    |    |     |
| <i>Support plans:</i>                   |    |    |    |    |    |     |
| Families First Assessment               | 1  | 3  | 1  | 2  | 0  | 7   |
| Children in Need                        | 0  | 0  | 6  | 0  | 0  | 6   |
| Child Protection                        | 0  | 0  | 2  | 0  | 0  | 2   |
| None                                    | 17 | 40 | 15 | 36 | 12 | 120 |
|   |    |    |    |    |    |     |
| <i>On free school meals:</i>            | 0  | 2  | 0  | 6  | 0  | 8   |

ND= No data \*The data provided by SPACE suggested 29 registrations, but on discussion with the commissioner, some were identified as not being confirmed. The data suggested 15 confirmations although it is understood that 16 CYP actually took part in the SPACE offer.

Table 2 are retained as counts, as it was not possible to determine the denominator against which to compute percentages.

ADD-Vance had the highest number of participants with 43 registering overall. Analysis of completion data was limited by missing data but from the information provided, all providers achieved at least 50%

full completion. The offer from Nessie was notable for having a high number of partial completions compared to the other providers. In terms of completion rates, ADD-Vance had 33 attending at least 75% of sessions. CathARTic participants had a high completion rate, with only one participant who partially completed their course and all others fully completing.

Most participants were diagnosed with autism, with significant numbers of participants diagnosed with both autism and ADHD. The majority of participants across all providers came from school years 5-8, there was a relatively balanced gender distribution, and the majority of participants across all providers were White British.

Most participants attended mainstream schools, with a smaller number coming from specialist schools or being home educated. A large number of participants did not have formal support plans, although a few were identified as Children in Need or under Child Protection, particularly in CathARTic's programme. There were very few participants receiving free school meals, suggesting that the courses may not be reaching many children from economically disadvantaged backgrounds.

## Qualitative analysis for service providers

(Evaluation questions 1 and 3)

**Table 3: Themes identified from focus groups and 1:1 interviews.**

| Main themes   | Subthemes  |
|---|--|
| <b>1. Overall experience of delivery</b>                  | 1.1. Fast and challenging start up<br>1.2. Surprise at uptake and engagement<br>1.3. Positive experience for facilitators<br>1.4. Incorporating lived experience   |
| <b>2. Effectiveness of delivery</b>                       | 2.1. Facilitator characteristics<br>2.2. Adapting for different cohorts<br>2.3. Adapting for mode of delivery  |
| <b>3. Challenges and barriers to implementation</b>       | 3.1. Difficulty collating feedback<br>3.2. Advantages and disadvantages of mode of delivery<br>3.3. Considerations around group size and age range<br>3.4. Communication with stakeholders<br>3.5. Challenging endings<br>3.6. Timing of interventions                           |
| <b>4. Participant impact</b>                              | 4.1. Positive impact on relationships<br>4.2. Increased confidence<br>4.3. Positive impact on communication<br>4.4. Increased understanding and acceptance of neurodiversity.<br>4.5. Positive feedback from young people<br>4.6. Positive feedback from parents/families/carers |
| <b>5. Recommendations and suggestions for improvement</b> | 5.1. Identifying follow on support<br>5.2. Offering earlier intervention   |

|   |  |
|---|--|
|   | 5.3. More preparation time<br>5.4. Greater involvement of parents/carers<br>5.5 Hearing young people's voices in design<br>5.6. Adjusting timings/scheduling<br>5.7. Recommendations for digital interventions |
| <b>6. Considerations around access and inclusion</b>      | 6.1. Adaptations to the learning environment<br>6.2. Preparatory support<br>6.3. Group considerations/planning<br>6.4. Gaps in the provision of support  |
| <b>7. Additional commentary: Support within Education</b> | 7.1 Involving educational staff<br>7.2 Creating opportunities for feedback<br>7.3 Developing shared resources  |

Table 3 shows the themes identified from the discussions with the service providers. These are explored in more detail below.

## **Theme 1. Overall experience of delivery**

### **1.1. Fast and challenging start up**

Service providers reported that the startup process had been challenging. Service providers voiced that they had inadequate time to prepare and send preparatory resources to families and young people due to time pressures and quick start up.

*"It was pretty hectic at the beginning to get going and mobilise quite quickly" (P5).*

*"That was really quick, which meant that we weren't able to do some of the pre prep that we'd like to have done" (P7)*

*In terms of putting together the content for the initial set of courses that we offered, it was hard going because we didn't have very long to do it and so there was a great time pressure involved and obviously wanting to very much get it right." (P1.1)*

For digital providers, feedback centered on wanting a longer mobilisation period, allowing more time for building content:

*"We weren't really able to build something with time I think it needed. I think if we're being practical about it, we probably should have had a longer mobilisation period for that build" (P8)*

There was an acknowledgement that using existing networks, rather than content developers, for the App's design would also require more editing and resources, even if more cost-effective.

*"Whereas working with our people who are kind of in our extending network anyway, creating the content was a lot harder. We had to do a lot more of the legwork in terms of editing and you know, etcetera, but they generally didn't charge as much for their for their kind of time." (P4)*

## **1.2 Surprise at uptake and engagement**

Service providers were initially concerned about whether people would participate and engage *"I would say way more successful than we originally thought it would be (P2)*. However, the providers agreed that they had successfully met the requirements outlined in their tender documents and reported that the groups had been largely successful:

*"I feel that we have achieved what we set out to achieve and probably more and it's hard to kind of imagine what you're going to achieve, especially when young people are so unpredictable." (P5)*

## **1.3 Positive experience for facilitators**

The course facilitators who delivered these sessions gave positive feedback, describing the experience as inspiring and rewarding, for example:

*"Feedback from other trainers that have been involved in delivering all of these sessions is that universally we've all seen exactly the same and it's been quite just mind blowing at times really and really so inspiring" (P1.1)*

*"I think it's been really, really rewarding to be part of such a project, to see the impact that it's had, because there hasn't been anything like this before." (P3)*

## **1.4. Incorporating lived experience**

Course facilitators highlighted the critical role of lived experience to support neurodivergent CYP. *"We were able to adapt, but I think that's because we have so much lived experience and professional experience,"* one participant explained (P1.2). Another shared that having lived experience not only contributed to the programme development but also provided reassurance to some CYPs: *"I tell the young people that I'm autistic myself and that's been helpful for some of them, knowing that there's someone who was in their position once. They also know that I've helped write the programme,"* (P7). The value of personal and professional experiences, especially those involving neurodivergent children and navigating various challenges, was highlighted by focus group participants. This emphasis on understanding, born from firsthand experience, is seen as vital for providing effective support.

## **Theme 2. Effectiveness of delivery**

### **2.1 Facilitator characteristics**

The course facilitators stressed the significance of being adaptable and observant when managing groups, especially those involving children. They pointed out that for a facilitator to interact and support effectively, it is essential to adjust their approach based on their skills, the dynamics of the group, and the individual needs of each child. Moreover, they highlighted the importance of leveraging education and experience to identify and address these needs swiftly. As one facilitator put it, *"Depending on the skills of the facilitator and the dynamics of the group, you'll have to adapt, adjust, and be flexible to meet their needs"* (P3).

*"But that education and that experience, you can very quickly make a decision about, that's what this child's like, this is what their needs are, I'm picking up on them. And when you've got a group of eight children, we had on average, that's eight children, you are picking up on their needs constantly as you go, as you're meeting them, as you're chatting with them, and you're taking in a lot of information" (P2)*

## **2.2 Adapting for different cohorts**

The importance of tailoring educational activities to the specific needs of different groups was discussed. Course facilitators needed to be flexible and observant, adjusting their approach based on real-time feedback. For instance, ADHD groups benefited from more physical activities, whereas groups with autistic individuals preferred to engage in more detailed discussions without the need for movement. The key message is adapting educational content to suit the varying needs of each group for effective learning.

*"you are just reading the room really as you go as well, or as you would do teaching, and saying, right, this is our general presentation or our general activities today, how do we match that to the needs of these individuals? And again, it's that flexibility of saying, you know what, this activity right now just isn't going to work for this cohort." (P2.)*

*"ADHD groups needed more movement activities, so we had to build more movement into the sessions to allow for that focus. Whereas actually a group like our secondary autistic group, they didn't feel the need to get up and move as much. They were quite happy to sit and engage in that much more detailed discussion, and that focus was there more so. So it was about looking at the different needs group and taking that overall picture of content and adapting it to them." (P2)*

## **2.3 Adapting for mode of delivery**

The flexibility and adaptability of face-to-face sessions were highlighted, emphasising that they are not structured like traditional school lessons. They allow for movement and breaks and even incorporate sensory toys catering to service users' needs.

*"I would say that for the face-to-face ones that we've delivered is it's knowing that we can adapt in that environment as well. So if they need to stand up, if they need to walk around, they know that it's not kind of sit around a desk. We don't have it like some sort of school-based lesson. It's very flexible, so this morning we were in an indoor space that has loads of sensory toys. If they need to take a break at any point, they can." (P7)*

# **Theme 3. Challenges and barriers to implementation**

## **3.1 Difficulty collating feedback**

The challenges of gathering feedback data and their efforts to simplify the data collection process were discussed. A key concern was about potential burnout among parents/carers due to having to fill out additional forms. One participant expressed, *"We've tried various ways to make it as easy as possible to collect feedback, but I wonder if parental carers are experiencing burnout because it's yet another form to fill out"* (P8). Regarding the digital offerings, the app lacks sufficient user participation to draw conclusive judgments: *"We're not getting enough people using the app at the moment to make any definitive judgments"* (P4).

### 3.2 Advantages and disadvantages of mode of delivery

Course facilitators identified both benefits and challenges related to the mode of delivery. For example, online delivery, especially through platforms like Microsoft Teams, was seen as providing flexibility in terms of communication options

*"I think the functionality of Teams has been really helpful for that because there's so many ways in which they can choose to communicate if they wish."* (P5). This allowed for varied forms of engagement, enabling participants to contribute in ways that suited their preferences and comfort levels. However, there were also notable disadvantages to delivering courses online, particularly for younger children. Participants expressed concerns about the limitations of online engagement, specifically around maintaining attention spans. One participant explained that an hour was the maximum duration for online sessions, as it was difficult to keep young people, especially primary-aged children engaged for long periods of time. In contrast, face-to-face sessions allowed for better judgments of participants' needs, such as incorporating more movement breaks, which are more challenging to manage in an online setting. This highlights the need to consider age-appropriate delivery modes to maximise engagement and effectiveness carefully.

*"So if we're doing online, then the hour is the maximum and we haven't done an online primary ... we all don't think we can keep young people's attentions enough for online, primary ... gets a lot more movement breaks and you can judge that better face to face."* (P7)

### 3.3 Considerations around group size and age range

In discussions about providing services to CYP, group size and age emerged as key factors that were important considerations. Additionally, the topic of group size was brought up, with a consensus on the need to keep groups small to foster active participation and meaningful interactions:

*"Any more than (5-6 participants) and it might be tricky to manage the chat and make sure that we're responding actively to people who are writing in there and for everyone to get a chance to say their bit and engage in the Ice Breakers."* (P5).

### 3.4 Communication with stakeholders

A theme that emerged was the lack of coordinated communication and collaboration among different service providers and stakeholders. This lack of unified communication was felt to create silos, preventing the development of unified provisions that could better serve its intended audience. For the digital provision, frustration was also expressed at the time spent refining content initially, which detracted from efforts to promote the digital offer to key stakeholders, particularly CYP.

*"We're not building stuff in partnership at the moment, so I think we need to build that partnership so that it feels like a system wide provision, whereas at the moment I think*



*it feels a little bit like we've got six different providers and they're not really talking to each other." (P8)*

*"We spent a lot of time on that, which meant we spent less time being able to advertise the service out to young people and to promote it, and to do all of that because we kept changing it and we kept developing it" (P8)*

### **3.5 Challenging endings**

The theme of challenging endings was a significant concern, particularly in relation to the emotional impact on service users and the difficulty of managing course closures. Participants described the abrupt nature of service endings, especially for vulnerable groups who had required substantial effort to engage. One participant (P2) described the experience as *'pulling the rug from under them'*, noting how sudden endings felt *'really harsh'* for those who had worked hard to build trust and participate. The abruptness in closure was seen as detrimental, undoing much of the progress that had been made.

*"If they know it's the last session, they just won't turn up because they don't want to say goodbye." (P3).*

### **3.6 Timing of interventions**

The timing of interventions was identified as a key factor influencing engagement and participation, with school holidays and exam periods posing significant challenges and avoiding these periods was emphasised. One participant noted a decrease in live chat traffic on the website offer during summer holidays, attributing this to the absence of school structure and teachers' reminders. These findings highlight the need for careful scheduling of interventions to align with the school calendar and avoid periods where young are less likely to engage.

*"So things like holidays like at the moment summer holidays, people are either away or just before that there was the whole sort of exam season. So for the older people, that was more difficult for them to attend." (P7)*

*"haven't had as much live chat traffic as I would have liked, or as I expected, but I'm thinking after the summer that that might pick right back up again when our young people are back at school because teachers quite often say ohh go and have a little look on this website" (P8)*

## **Theme 4. Participant impact**

### **4.1 Positive impact on relationships**

A key theme that emerged was the positive impact of the intervention on relationships, both in terms of fostering friendships and building trust within the groups. Participants observed the development of connections among CYP, even in online settings.

*"So, you can really see the friendships building and the trust in the group happening, which is nice, and you can see that also on online groups too" (P3).*

This suggests that the interventions created a supportive environment where CYPs felt comfortable connecting, regardless of the mode of delivery. Beyond the immediate content of the programmes, participants highlighted additional social benefits. One participant described how young people gained confidence through interaction, realising they could make new friends and navigate new social situations. These unplanned but significant outcomes contributed to the overall positive impact of CYP's social and



emotional development, reinforcing the value of group-based interventions in enhancing skills and fostering a sense of belonging.

*"but then the secondary benefit is like the connections, the understanding, the realising that you can make new friends, the realising that you can handle a new situation and like all the little bits that you don't put in the content" (P3)*

## **4.2 Increased confidence**

The interventions had a notable impact on CYP's confidence levels, with participants observing significant personal growth over the course of the sessions. *"We had one of the young people go from no communication, no camera on, to camera on and speaking by the end" (P7)*. The gradual increase in confidence was a common experience, with many CYP initially hesitant to participate but becoming more active in discussions as the sessions progressed: *"And then this little voice came out of the microphone to tell us a joke and it was just so lovely that she felt she then now had the confidence to do that."* (P5)

*"We had ones that wouldn't talk and wouldn't engage, but by the end, they were all pretty much getting involved in that discussion and conversation and sharing ideas. It was just, yeah, it was fascinating, wasn't it, to watch that group evolve?" (P2)*

## **4.3 Positive impact on communication**

The interventions were observed to have a positive impact on communication between the CYP and friendships that developed between them outside of the courses.

*"... since that they've actually formed, they have a WhatsApp group between them. They meet outside of sessions, ... they don't actually go to school together." (P6)*

## **4.4 Increased understanding and acceptance of neurodiversity**

The interventions contributed to a greater understanding and acceptance of neurodiversity among CYP, fostering a positive sense of identity. One participant noted, *"You could just see so quickly how their kind of sense of self just grew, and they felt accepted (P1.1)"*. A particular example was shared regarding a young person who had grown in confidence in identifying as autistic. As one participant explained, *"and now in sessions, whenever we mention the word autism or being autistic, he goes... I'm autistic, and it's just such a visible difference that he's.. it sounds like he's proud to be" (P5)*

## **4.5 Positive feedback from young people**

Young people provided positive feedback about the interventions, particularly feeling heard and valued through the process. One participant emphasised how the young people expressed appreciation for having their voice acknowledged, stating, *"I think as well just from the young people, them saying that their voice is being heard and this real like wow (P3).*

## **4.6 Positive feedback from parents/families/carers**

Parents and carers provided positive feedback, particularly regarding how the programme created a flexible and supportive environment for children. One participant shared that parents appreciated the accommodations made for their children's needs, such as allowing them to eat or move around during sessions: *"That idea that my child can do what they need to do. If they need to eat, if they need to move, all these allowances are made for them to be who they need to be and access the course."* (P2). This flexibility made it easier for children to engage in the sessions, which was valued by parents.

Additionally, parents observed improvements in their children's confidence and ability to advocate for themselves, as demonstrated by this quote: *"This is her group, and she feels very welcomed into that and supported even to speak up about things like correcting on her name, which is something previously mum said she wouldn't have done"* (P3).

## **Theme 5. Recommendations and suggestions for improvement**

### **5.1 Identifying follow on support**

A key theme emerged around identifying follow-up support for CYP such as introducing a monthly support group for young people who have completed a course, allowing them to transition away from the programme on their own terms gradually.

*"we now have a monthly drop in group which the young people, when they finish one of our courses, can come back to, and the fact it's a drop-in group means that they can actually wean themselves off, finish on their own terms"* (P6)

### **5.2 Offering earlier intervention**

Service providers were mindful of the high level of need of families and young people waiting for neurodevelopmental assessments, highlighting how this can result in significant waiting times and lack of support. It was suggested that offering earlier intervention to those pursuing neurodevelopmental pathways, regardless of whether a diagnosis is made, may benefit families and CYP with a greater understanding of themselves and their needs.

*"For a lot of the young people that are going through that diagnostic pathway, that is the time when they need this sort of content the most because what ends up happening is lots of them spend years on a waiting list, get a diagnosis, and then reject it."* (P7)

### **5.3 More preparation time**

Service providers expressed a desire for more lead time to prepare adequately and to distribute resources and information as planned: *"Maybe just a bit of a longer lead in time to be able to prep properly and to be able to get the resources how we would have liked them to have been shared ahead of time."* (P7)

### **5.4 Greater involvement of parents/carers**

One service provider discusses their intention to increase parental involvement after consulting with parents and collecting their feedback, the decision has been made to introduce quarterly sessions for parents: *"Since we've had conversations with each of the parents and gathered their feedback and thoughts, we are going to be delivering quarterly sessions for parents, open sessions for parents where they can come in and get a rundown of the course in person"* (P6)

### **5.5 Hearing young people's voices in design**

A theme that emerged was the importance of incorporating young people's voices into the design of the services. Participants acknowledged that many existing programmes lacked a focus on empowering CYP by giving them a say in how the service is shaped, as one participant stated: *"But there is very little that's focused on giving (the) child (a) voice and giving them control back (P8).* In response, efforts are being made to be more inclusive and one participant described a shift toward designing services around the young people's journeys: *"We're looking at building something that's focused on the child themselves and the journey they would have with us."* (P8)

## **5.6. Adjusting timings/scheduling**

Service providers received feedback from service users expressing a desire for a longer programme duration: *"Everybody said...the feedback all stated they wanted it to be longer."* (P2). While the current course content is designed for six weeks, there's openness to extending it to 12 weeks to allow more in-depth exploration of certain topics.

*"where the course content is written at six weeks, I do feel that if necessary, if we were given that option to say, look you can do a 12 week, you could have the same content run across 12 weeks. We would absolutely be able to do that. And I do think that there are some topics which would benefit from maybe two weeks on them rather than one."* (P6)

## **5.7. Recommendations for digital interventions**

Participants offered recommendations for enhancing digital interventions, emphasising the need for clearer communication and hybrid approaches to service delivery. One key suggestion was improving the visibility of digital resources, particularly live chat services, through more targeted advertising, with the expectation this would lead to increased usage of the live chat features.

*"we've got a plan for September to go back out to the schools and local providers and make it clear that this is a standalone resource and that the live chat is part of that. So interested to see if kind of the usage of the live chat changes when we do that more clear advertising or whether it will use."* (P8)

The recommendation was made to enhance the organisation and accessibility of digital content by tagging key topics. This would make the digital platform more user-friendly. It was suggested, *"We will then do some post hoc tagging exercise so that we are bringing out the key subjects so that people can search for those subjects as they wish."* (P4).

Additionally, the importance of offering a blended approach that combines both digital and in-person elements was highlighted to ensure maximum accessibility and adaptability to the various needs of CYP. One participant noted, *"You need both a combination of digital and place-based, in-person."* (P4)

## Theme 6. Considerations around access and inclusion

### 6.1 Adaptations to the learning environment

Service providers reflected on how adaptations to the learning environment, particularly in the context of online and flexible learning, have improved accessibility and inclusion for a diverse range of learners. Course facilitators reflected on the initial uncertainty regarding the effectiveness of online learning but acknowledged its success in engaging a broader set of CYP. This suggests that online learning has the potential to cater to different learning styles and needs, making education more inclusive.

*"When we started this, we weren't totally sure about how online would work. And I think online has opened up a whole set of children to engage in ways that I don't think we had necessarily anticipated. And for some children it works really, really well." (P1)*

The feedback from parents highlights the positive aspects of the course's flexibility, highlighting the significance of giving children the freedom to manage their own needs, such as eating and moving around, while learning.

*"...feedback from parents about how flexible and adaptable we have had to be and have been with our courses. That's been one of the key themes in terms of feedback. That idea that my child can do what they need to do. If they need to eat, if they need to move, all these allowances are made for them to be who they need to be and access the course" (P2)*

The strategy of making participation in course programmes optional paradoxically increased overall engagement. This approach seems to have benefited those who might not typically participate in traditional classroom settings, suggesting that a less pressured environment can encourage more inclusive participation.

*"But we've made it very clear that nobody has to engage, and I think actually by doing that that's upped the level of engagement, because even those that maybe wouldn't participate in a classroom setting have felt they can participate in some way." (P5)*

### 6.2 Preparatory support

Service providers reflected on the importance of personalised introductions and the considerable preparation time needed due to the extra effort involved in sending information and making the initial call.

*"There is a need for that bespoke introduction ... because we took that additional step and sent the info and did the initial phone call ... There was a lot of prep that went into that, but actually that prep has really paid off." (P7)*

### 6.3. Group considerations/planning

From the service provider's perspective, an important consideration for creating inclusive group compositions is the need to thoughtfully plan for individuals' communication styles and energy levels to ensure compatibility.

*"That's an interesting reflection that's come up ... around that really careful planning around who's in the groups and getting to know people's style and preferences beforehand because they're potentially quite different ends in their style of communication and energy. (P7)*

#### **6.4. Gaps in the provision of support**

Service providers highlighted problems and challenges in the provision of support services and pointed out that even when the existing backlog of cases or requests for support is cleared, new cases continue to emerge. This ongoing influx suggests a significant lack of resources or assistance available for CYP and a critical gap in meeting the needs of children requiring support.

*"Even clearing the backlog, you've got more people entering the system. ... I guess that that's indicative of the fact that there is nothing for our children, and I think it also demonstrates the need. There is such a demand for this." (P2)*

### **Theme 7. Additional commentary: Support within Education**

#### **7.1 Involving education staff**

For one service provider groups were being directly facilitated within schools. Participants in this focus group suggested that offering pre-cursor meetings with education staff or providing opportunities for staff to provide feedback may be beneficial, particularly in identifying additional support needs of schools, keeping staff informed, and promoting maintenance of support for young people.

*"But actually the school have got a different idea about how they support, and we've seen that in some schools that actually then being on board with the whole ethos and the whole idea of what we're talking about would make sense to have a follow on or at least precursor of the training that we're delivering" (P3)*

#### **7.2 Creating opportunities for feedback**

Group facilitators made suggestions around disseminating questionnaires to school staff or running focus groups to collate feedback. Facilitators voiced that this would allow them to understand if children continue to be supported with their learning but also as a way of identifying "gaps in knowledge" and areas for further support. Whilst making these suggestions, facilitators were aware that distributing surveys or questionnaires may be more burdensome for staff, mirroring the challenges around collecting feedback from parents and carers as aforementioned.

*"it would be good to have a sort of general questionnaire. I know we've got questionnaires coming out of our ears for all this sort of stuff, but something specific {that can be completed by} school staff, so we can see if that's in alignment with what we're delivering and how, you know, once we've finished delivering it we want to know that these children are continued to be supportive moving forward with the stuff they've just learnt" (P3)*

### 7.3 Developing shared resources

The importance of developing shared resources for teaching staff was also highlighted. Group facilitators suggested that video resources could provide an overview of the programme for education staff, as well as signposting them to additional support and resources where required.

*"I'm thinking I will make a video specifically for the school staff giving a proper overview of the programme, then signposting what they can do if they need help and resources and stuff for it" (P3)*

## Analysis of CYP surveys

(Evaluation questions 2 and 3)

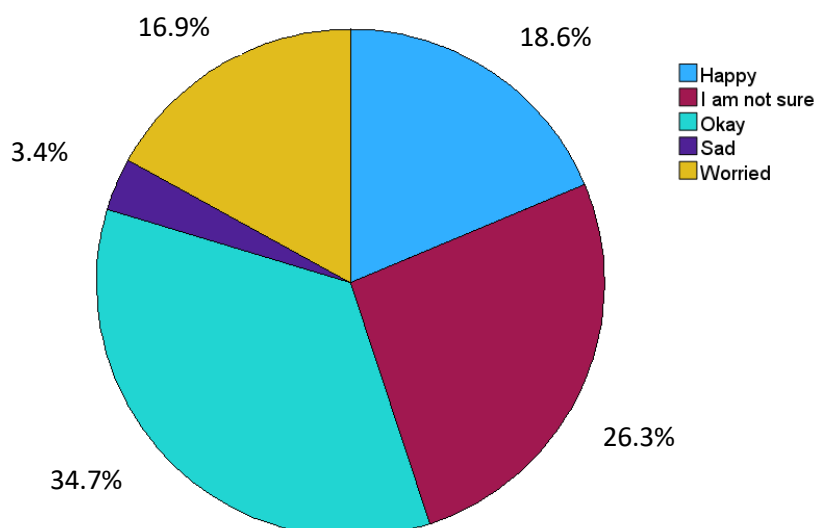
In total 118 pre-course surveys and 54 post-course surveys were received that had been completed by CYP. Of the pre-course surveys, 45 (38.1%) were obtained from ADD-Vance, 35 (29.7%) from Nessie, 24 (20.3%) from CathARTic, 9 (7.6%) from Autism Oxford, and 5 (4.2%) from SPACE. Amongst the 54 post-course surveys, 18 (33.3%) were from ADD-Vance, 9 (16.7%) were from Nessie, 24 (44.4%) were from CathARTic, and 3 (5.5%) were from Autism Oxford. No post-course participant surveys were received from SPACE.

#### i) Pre-course surveys for CYP.

In total, age was provided for 53 of the pre-course surveys (45% of the total), whilst gender was provided for 108 (92% of the total). The mean age was 11yrs 6 months for the overall sample. There were small variations between ADD-Vance (mean 11yrs 7 months), CathARTic (12 years 9 months) and Nessie (10 years 9 months). Overall, 51 of the pre-course surveys were completed by girls (47% of the total number of surveys) with the rest by boys (just one survey had missing data for gender). There were variations in the composition by gender between providers (ADD-Vance 53%, CathARTic 58%, Nessie 26%), with Nessie having the smallest composition of girls based on the supplied data.

Figure 1 shows the composition of responses when asked about how they felt about doing the course, with responses being 'Happy', 'Sad', 'Worried', 'Okay', and 'I am not sure'. The greatest percentage of participants felt 'Okay' about taking part in the course, with just under 40% feeling unsure, sad, or worried. In total 55.6% of those registered for an ADD-Vance course felt either 'Happy' or 'Okay' prior to the course, whilst the corresponding figures were 25% for CathARTic and 65.7% for Nessie. Just 2.9% of Nessie participants reported being worried pre-course, whilst this rose to 15.6% for ADD-Vance and 41.7% for CathARTic.





**Figure 1:** Pre course feelings regarding participating in the course

When asked about respondents' understanding of being ADHD or Autistic (depending on their condition), most 65 (56%) respondents felt they were not sure, with 38 (32.2%) reporting that they felt they did understand and 13 (11%) that they did not understand. There was some variation between providers, with 27 (60%) of those attending an ADD-Vance course reporting that they were either unsure or did not understand, with the corresponding values being 95.8% for CathARTic and 62.9% for Nessie.

CYP were asked to write words or draw pictures that came to mind when they thought of ADHD or autism. Figure 2 presents a word cloud comprising the responses. The phrases provided show several interconnected themes reflecting their experiences and perceptions of these conditions. One prominent theme is the sense of being *"different"*. Many expressed feelings of not fitting into typical societal norms, using words like *"weird"*, *"different"*, or *"special"*. One CYP described how they felt that being neurodivergent gave them a *"superpower"* yet others described feelings of isolation or frustration. For example, some CYP highlighted their creativity and unique ways of thinking, framing their neurodivergence as a source of strength and individuality. Others expressed a more negative connotation, associating it with being misunderstood or treated unfairly.

Another strong theme that emerged was the challenge of managing sensory overload and a *"busy brain"*. A number of CYP described experiences of overstimulation and difficulty focusing, using phrases like *"fidgety"*, *"Can't stop brain moving"*, and *"Too many tabs open in my brain"*. This points to the internal restlessness and difficulty with concentration that many associate with ADHD or autism. Alongside this, there is a recurring notion of struggle, with words like *"hard to concentrate"*, *"stress"*, *"worry"*, and *"tiring"* reflecting the emotional and mental toll of navigating these conditions. Social challenges are also a recurring theme. Some mention difficulty understanding social cues, making eye contact, or knowing when someone is joking, and words like *"isolating"* and *"lonely"* appear.

While some CYP viewed their neurodivergence as part of their identity or a source of pride, others described it as something negative or limiting. Words like *"crazy"* and *"stupid"* point to the stigma or frustration that some associate with their experiences.





**Figure 2:** A word cloud representing pre-course responses that came to mind when the participants thought of ADHD or autism

Questions 5-8 covered the perceived knowledge the CYP had of their ability to handle a set of situations (the things you are good at, the things you find difficult, explaining the need for help, and making yourself better). These were not free text, but rather young people could provide a positive, negative, or neutral response. Table 4 shows the responses separately for ADD-Vance, CathARTic, and Nessie participants, as well as total response

**Table 4:** Responses to the pre-course question on perceived knowledge of how to handle various situations. All values are percentages

| Question   | Overall |      |      | ADD-Vance |      |      | CathARTic |      |      | Nessie |      |      |
|--|---------|------|------|-----------|------|------|-----------|------|------|--------|------|------|
|  | Yes %   | No % | NS % | Yes %     | No % | NS % | Yes %     | No % | NS % | Yes %  | No % | NS % |
| <i>Do you know the things you're good at (your strengths)?</i>   | 59.3    | 13.6 | 26.3 | 62.2      | 13.3 | 24.4 | 33.3      | 12.5 | 54.2 | 74.3   | 8.6  | 14.3 |
| <i>Do you know the things you find difficult (your challenges)?</i>  | 60.2    | 5.1  | 34.7 | 68.9      | 2.2  | 28.9 | 25.0      | 4.2  | 70.8 | 68.6   | 5.7  | 25.7 |
| <i>Thinking about the things that you find difficult, are you able to explain what you need if you ask someone for help?</i> | 18.6    | 33.1 | 48.3 | 26.7      | 40.0 | 33.3 | 4.2       | 4.2  | 91.7 | 25.7   | 37.1 | 37.1 |
| <i>Do you know ways to make yourself feel better when you're worried, upset, or angry?</i>                                   | 26.3    | 27.1 | 45.8 | 28.9      | 24.4 | 44.4 | 12.5      | 16.7 | 70.8 | 28.6   | 40.0 | 31.4 |

NS= Not sure

Overall, the CYP were more confident that they knew the things they were good at and the things they found difficult, with around 60% responding 'yes' to this question. Confidence was lower in their ability to explain what they needed as well as how to make themselves feel better when upset, with between 70% and 80% saying 'no' or that they were not sure. Responses show there were substantial differences between providers, with those registering on the CathARTic offer showing much less confidence (i.e. more likely to answer 'no' or 'not sure') across all the domains.

In response to being asked if there was anything in particular that they wanted to learn in the sessions, the majority (63, 53%) of CYP either left the question blank or answered 'no' or 'not sure'. Four participants of the CathARTic offer answered this question, the majority of responses came from the other providers. There were a variety of responses amongst those who did state something they wanted to learn. The responses typically reflected a desire for self-understanding, coping strategies, and peer connections. One of the most prominent themes was a desire for improved self-awareness. CYP expressed an interest in understanding their neurodivergent conditions—specifically ADHD and autism—on a deeper level. They wanted to know how these conditions impact their daily lives, asking questions such as *"What it means to have ADHD"* and *"How autism works"*. Several of the CYP were eager to identify their abilities, for example asking, *"What are my strengths?"* while others wanted to understand how their brains work.

Another theme identified was the need for practical strategies to manage emotions and behaviours. A number mentioned their struggles with anger, stress, and emotional regulation, with some specifically asking for ways to *"control my anger"* or *"manage my temper."* They were also concerned with how to cope in social settings, such as making friends or dealing with difficult situations in the moment, highlighting a need for social skills development. A related concern was how to handle anxiety and stress, for example in school settings, as reflected in their desire to *"get less stressed especially at school"* and *"cope in stressful situations."*

Social connection and empathy also emerged as significant themes. Several of the CYP wanted to learn how to relate to others, both in terms of making friends and understanding how other people experience autism or ADHD. Some wanted to *"see what other people struggle with"* and *"learn about others' strengths and difficulties."* There is also an undercurrent of empathy, with one child asking how to *"comfort people when they are upset"* without provoking a negative reaction. One young person poignantly said, *"To not be rude to my mummy, I love her"*. Lastly, there was curiosity about the future such as *"what's gonna happen with my life?"* and how to get a job as they grew up.

## ii) *The post-course surveys for CYP.*

Table 5 summarises the post-course survey for CYP responses. Percentages are influenced by small numbers with 54 responses overall, 18 for ADD-Vance, and 24 for CathARTic

**Table 5:** Responses to questions on learning from the courses. All values are percentages

| Question   | Overall<br>(n=54) |          |           | ADD-Vance<br>(n=18) |          |           | CathARTic<br>(n=24) |          |           | Other<br>providers±<br>(n=12) |          |           |
|--|-------------------|----------|-----------|---------------------|----------|-----------|---------------------|----------|-----------|-------------------------------|----------|-----------|
|  | Pos<br>%          | Neg<br>% | Neut<br>% | Pos<br>%            | Neg<br>% | Neut<br>% | Pos<br>%            | Neg<br>% | Neut<br>% | Pos<br>%                      | Neg<br>% | Neut<br>% |
| <i>How much did you enjoy doing the Understanding My autism/ADHD course?</i>   | 75.9              | 0        | 24.1      | 61.1                | 0        | 38.9      | 87.5                | 0        | 12.5      | 75                            | 0        | 25        |
| <i>How much do you feel it improved your understanding of what it means to be ADHD or Autistic?</i>  | 48.1              | 7.4      | 44.4      | 33.3                | 16.7     | 50        | 66.7                | 0        | 33.3      | 33.3                          | 8.3      | 58.3      |
| <i>How much do you feel the course has changed your feelings about being ADHD or autistic?</i>   | 66.6              | 0        | 33.4      | 44.4                | 0        | 55.6      | 91.7                | 0        | 8.3       | 54.5                          | 0        | 45.5      |
| <i>Thinking about things you find difficult, how much do you feel the course will help you explain your needs when asking somebody for help?</i> | 51.0              | 5.7      | 43.4      | 33.3                | 16.7     | 50.0      | 75.0                | 0        | 25.0      | 27.3                          | 0        | 72.7      |
| <i>How much did you enjoy being with other autistic and ADHD young people on the course?*</i>  | 74.1              | 1.9      | 24.1      | 72.2                | 5.6      | 22.2      | 70.8                | 0        | 29.2      | 83.3                          | 0        | 16.7      |
| <i>Do you think the course helped you to identify your strengths?</i>  | 51.9              | 5.6      | 42.6      | 33.3                | 11.1     | 55.6      | 70.8                | 0        | 29.2      | 41.7                          | 8.3      | 50.0      |
| <i>Did the course help you to find ways to make yourself feel better when you're worried, upset, or angry?</i>                                   | 53.7              | 7.4      | 38.9      | 38.9                | 16.7     | 44.4      | 62.5                | 0        | 37.5      | 58.3                          | 8.3      | 33.3      |

\*Question 5 was not asked for 1:1 (Lot 2) offers. ± Data for all other providers combined (no data received from SPACE). Note, "Pos" indicates a positive response (e.g. it helped a lot), "Neg" a negative one (e.g. it didn't help at all), and "Neut" one that was neutral or somewhat positive (e.g. it was "ok" or "it helped a bit"). The exact wording used for each of the three response categories varied according to the question and is provided in Appendix 3

Table 5 shows that the offers were generally well received, with over half of the CYP responding positively to each question except for that covering the understanding of autism or ADHD, for which just under half of the participants stated that their understanding had improved a lot. Based on the responses received, it appears the offers were generally seen to be enjoyable and were particularly effective at helping CYP feel more positive about being ADHD and/or autistic. The CYP also reported particularly enjoying being with others like them. Small numbers meant it was only possible to disaggregate responses for those participating in the ADD-Vance and CathARTic offers. Table 5 shows a distinct pattern of a higher positivity for responses received from Cathartic. No CathARTic CYP gave a neutral response.

Questions 8 and 9 asked the CYP what their favourite and least favourite parts of the course were. Figure 3 provides a word cloud of the most common words used to describe the CYP's favourite parts of the course.



**Figure 3:** A word cloud representing post-course responses that came to mind when the participants described their favourite part of the course.

The responses from the CYP reflect a strong emphasis on social connection and self-expression as the most enjoyable aspects of the course. A dominant theme is making new friends and meeting others with similar experiences. The participants appreciated *"meeting new friends"* and interacting with *"people like me,"* highlighting how the offers fostered a sense of belonging. Connecting with others who understood their challenges, especially in a supportive environment where they weren't judged or bullied, was clearly valued. This sense of community also extended to interactions with adult facilitators, where children felt comfortable discussing their experiences, with one noting the benefit of *"meeting really kind ladies"* who helped them understand their feelings better.

Another key theme revolved around the activities that encouraged creativity and self-expression. Many children who took part in the CathARTic offer mentioned enjoying art-related tasks such as *"painting"*, *"making a badge"*, *"water painting"*, and *"shrinkie badge making"*. The creative activities were reported

to offer a fun and engaging way for the children to express themselves and interact with the course material, suggesting that hands-on, artistic experiences were among the highlights for them. Emotional management and self-understanding were valued aspects of the offers. Several reported appreciating learning about their conditions and how to manage emotions, with one participant highlighting the importance of *"talking about ways to manage our emotions"* and another reflecting on how they learned *"what ADHD stood for"* and how it affects them personally. This suggests that the educational component of the offers was impactful for some participants, particularly when it came to understanding their neurodivergent identities and developing coping strategies.

In terms of least favourite aspects of the course, 29 (54%) of the young people chose not to write anything or wrote that there was nothing that they did not enjoy. Amongst those who provided an alternative response, some of the young people mentioned their dislike of excessive talking during the course, and some alluded to the amount of talking compared to activities. One of the participants felt that there were too many children in their group, whilst another did not enjoy being asked to answer questions. Additionally, comments indicated dissatisfaction with sensory experiences such as loud noises and activities like a body scanning video, which might have caused discomfort for some children. The theme of feeling uncomfortable with being asked questions or put on the spot was mentioned, and just one participant expressed dislike for being *"treated like a baby"*.

Question 10 of the post-course survey gave the CYP an opportunity to write anything else they would like to say about the sessions, and 38 (70%) chose to do so. Many CYP expressed a sense of being heard and respected. For instance, one shared how their course was the first time they felt listened to and understood:

*"I have been in so many group things where I never really felt listened too, or I didn't feel I could say how I felt, whereas this one was very different for me - it is the first time I felt my opinions and experiences were respected and heard".*

Some responses suggested that their course may have helped some participants recognise that being autistic is not inherently negative but instead has positive aspects, as expressed in comments like *"Being autistic is actually okay and not a bad thing or an illness that needs a cure"*.

Regarding making social connections, some participants highlighted the importance of meeting others with similar experiences and interests. Forming friendships with other autistic individuals was reported. For example, one of the young people said, *"I made a friend who has similar interests to me and who I chat to outside."* Lastly, creative expression and enjoyment were emphasised by several children who took part in the CathARTic offer. They expressed enthusiasm for the activities and the fun they had during the course, particularly enjoying the art they created; *"I liked the artwork I made because I am proud of it!"*. Some also spoke about how participating in these creative exercises boosted their confidence, while others simply appreciated the enjoyable and relaxed atmosphere the course provided.

When asked if they would recommend the course and given the chance to explain why, 49 CYP (90.7% of the post-course sample) responded to this question. The responses were overwhelmingly positive; 45 (91.2%) recommended the course, while only 2 (4.4%) said they might recommend it and two (4.4%) said they would not. Overall, 78% of those on an ADD-Vance course and 100% of those on a CathARTic course.



The CYP gave various reasons for recommending the course they had attended. One theme was the sense of belonging and understanding gained from it. Many noted how the experience helped them recognise that they are not alone in their neurodivergence, with some highlighting the comfort they felt from seeing others like them. Participants stated that their experience had helped foster connections, reduce feelings of isolation, and celebrate neurodivergent identities. Another reason for a positive recommendation was the helpfulness of the course in providing strategies and information. Several CYP mentioned how their course helped them understand more about themselves and their neurodivergent conditions. They appreciated the practical knowledge and coping strategies offered, which were especially valued for managing challenging emotions. The course also made them feel more comfortable with their diagnoses, with some expressing that it dispelled feelings of rarity or difference, making them feel more confident in their identities.

The positivity of the environment also stands out as a significant theme underlying the positive recommendations. The CYP repeatedly praised the nurturing and understanding atmosphere created by the instructors and staff. A number referred to how kind the staff were, contributing to their enjoyment and learning. This was key to making their course both informative and enjoyable, several participants mentioned that the combination of fun and education made them more likely to recommend it to others.

Of the two young people who said they would not recommend the course; one did not give a reason whilst the other said *"Maybe next time there should be an adult there who actually has ADHD and or autism"*. Of the two who said they might recommend their course, one did not give a reason, and the other said, *"Depends who. I'd say younger and more 'severely' autistic people. I'm kind of just more quiet and anxious, and I don't like attention and it felt like it wasn't for people like me. I also don't like being treated like I'm really young and dumb. So not for me, but I think it could work for others."*

## Analysis of parent/carers surveys

### (Evaluation questions 2 and 3)

In total, 66 surveys were received from the parents or carers of the CYP participating in the offers. Of these, 25 (37.9%) were from parents or carers whose children had taken part in an ADD-Vance course, 24 (36.4%) CathARTic, 14 (21.2%) Nessie, and 3 (4.5%) Autism Oxford. No responses were received from SPACE, and the few responses from Austim Oxford meant it was only possible to undertake sub-analysis for those associated with an ADD-Vance, CathARTic, or Nessie offer.

The first six questions of the survey asked the parents to give their perception of the impact of the offers on their child according to 6 different domains. Responses were recorded on a 5-point Likert scale running from "Strongly disagree" to "Strongly agree". Table 5 shows the responses, both overall and according to provider. For clarity of presentation, "Strongly disagree" has been combined with "Disagree" and "Strongly agree" has been combined with "Agree" to create two categories from the original four.

Overall parents and guardians had a positive perception of the impact that each offer had on their children. This was particularly so for perceptions of their child's understanding of ADHD and autism, which 92.5% of parents and guardians felt had improved. There was also an equivalent number who felt the course had a positive impact overall on their child. It should be noted that this follow-up was undertaken shortly after the end of each course, and it may be that those changes for which there was a slightly less positive perception (confidence and happiness and openness to help and support) would take longer to manifest.



The variation in responses between providers should be interpreted with caution due to the relatively small numbers. The comparison suggests however that, whilst there was a universal report of positive impact, this was particularly pronounced amongst the parents and guardians of CYP who had taken part in the CathARTic offer.

Questions 7 and 8 asked parents and guardians how satisfied they were with the sessions for their child as well as the resources from the sessions. Responses were recorded using a 5-point Likert scale from “Very dissatisfied” to “Very satisfied”. Table 6 shows responses overall and disaggregated according to provider. Again, the “Very dissatisfied” and “Dissatisfied” categories were combined, as were the “Very satisfied” and “Satisfied” ones. Table 7 shows that levels of satisfaction with both sessions were very high for all providers, and particularly for CathARTic, where no neutral or negative responses were given.

**Table 6:** Responses to questions on parents/guardian's perceptions of the impact of the offers on their children

| Question  | Overall |        |            | ADD-Vance |        |            | CathARTic |        |            | Nessie  |        |            |
|---|---------|--------|------------|-----------|--------|------------|-----------|--------|------------|---------|--------|------------|
|   | Agree % | Neut % | Disagree % | Agree %   | Neut % | Disagree % | Agree %   | Neut % | Disagree % | Agree % | Neut % | Disagree % |
| <i>My child is better equipped to manage the challenges they face in life</i> | 71.2    | 28.8   | 0          | 76.0      | 24.0   | 0          | 75.0      | 25.0   | 0          | 57.2    | 42.9   | 0          |
| <i>My child has a better understanding of ADHD or autism</i>                  | 92.4    | 7.6    | 0          | 88.0      | 12.0   | 0          | 95.8      | 4.2    | 0          | 92.8    | 7.1    | 0          |
| <i>My child is more confident and happy</i>                                   | 65.1    | 27.3   | 7.6        | 56.0      | 40.0   | 4.0        | 79.1      | 20.8   | 0          | 57.1    | 14.3   | 28.6       |
| <i>My child feels more open to my help/support</i>                            | 69.7    | 27.3   | 3.0        | 56.0      | 40.0   | 4.0        | 87.5      | 12.5   | 0          | 71.4    | 21.4   | 7.1        |
| <i>My child is better able to express what they need</i>                      | 78.8    | 15.2   | 6.0        | 68.0      | 28.0   | 4.0        | 91.7      | 8.3    | 0          | 78.6    | 7.1    | 14.3       |
| <i>The course has had a positive impact on my child</i>                       | 92.4    | 6.1    | 1.5        | 88.0      | 8.0    | 4.0        | 100       | 0      | 0          | 85.7    | 14.3   | 0          |

**Table 7:** Responses to questions on parents/guardian's satisfaction with the sessions and associated resources

| Question  | Overall     |        |                 | ADD-Vance   |        |                 | CathARTic   |        |                 | Nessie      |        |                 |
|---|-------------|--------|-----------------|-------------|--------|-----------------|-------------|--------|-----------------|-------------|--------|-----------------|
|   | Satisfied % | Neut % | Dis-satisfied % | Satisfied % | Neut % | Dis-satisfied % | Satisfied % | Neut % | Dis-satisfied % | Satisfied % | Neut % | Dis-satisfied % |
| <i>Overall, how satisfied are you with the sessions for your child?</i> | 95.5        | 3.0    | 1.5             | 92.0        | 4.0    | 4.0             | 100         | 0      | 0               | 92.9        | 7.1    | 0               |
| <i>How satisfied are you with any resources from the sessions?</i>      | 95.4        | 4.6    | 0               | 92          | 8.0    | 0               | 100         | 0      | 0               | 92.8        | 7.2    | 0               |

Question 9 was free text, asking the parents and guardians to write what they felt had worked well. A significant theme that emerged is the individualised attention and empathetic support provided by the course facilitators. Parents consistently praised the facilitators for their deep understanding of each child's unique needs. They were recognised to have tailored the sessions to accommodate different neurodivergent profiles, making the children feel seen and supported. One parent expressed, *"The facilitators were amazing, my daughter really bonded with them. They were so kind and pitched it perfectly; she went from being very shy and refusing to speak, to actively putting her hand up and speaking"*. The tutors were reported as being not only knowledgeable but also created an atmosphere of genuine warmth and understanding. Another parent commented, *"Incredibly understanding and informative tutors who really celebrate and understand each child's needs and make accommodations for that"*.

The importance of peer support and shared experiences was another strong theme. Many parents noted how valuable it was for their children to interact with others facing similar challenges. This interaction fostered a sense of belonging and normalisation, reducing feelings of isolation. One parent shared, *"Meeting other children who are autistic/ADHD and having a safe space to explore feelings was invaluable. My child is better able to ask for help from the teacher and tell his peers he is autistic, understanding his autism"*. For many children, the realisation that they were not alone in their experiences had a profound effect; as one parent explained, *"The peer support was invaluable, and just to see she wasn't the only girl she knew with ADHD...the programme was well structured, informative, and well run"*.

The structure and accessibility of the offers were also reported to be key components of their success. Several parents expressed appreciation for the flexibility of the online format of some of the offers, which made it easier for children to engage at their own pace. As one parent remarked, *"Being online has made the sessions very accessible. The ladies leading the session have been really wonderful and inclusive, seizing on moments to embed learning."* The online setting was also seen to have allowed those children who might otherwise struggle in face-to-face environments to feel more at ease, contributing to higher levels of participation and engagement. Additionally, the regular scheduling and clear communication of the courses were praised for helping maintain consistency and structure, which many neurodiverse children thrive on. One parent noted, *"Great sessions – my child would always look on the calendar at when the next session would be"*.

Another theme related to how the offers helped foster self-awareness and self-esteem in the children. Many parents observed a marked improvement in their child's confidence and understanding of their neurodiversity; *"My daughter came away with a real understanding of why she feels the way she does. She seems to be more confident in knowing herself now"* said one parent, reflecting how the course provided practical tools as well as emotional support. Another commented, *"My child has started to see the beautiful person they are, thanks to a greater understanding"*. This personal growth was often linked to the child's ability to express their feelings more openly, as well as their increased comfort in discussing their neurodiversity with others.

Overall, the success of the offers was grounded in their ability to meet each child's needs with flexibility and care, provide a platform for peer connection, and foster a deeper understanding of neurodiversity. Parents felt that both they and their children gained a greater sense of empowerment and tools to better navigate challenges. As one parent succinctly put it, *"We feel better equipped to tackle the world! Thank you"*.

Question 10 asked parents to comment on what hadn't gone so well. Although the courses were almost universally praised by parents and carers, most had some reflections, most of which were related to the courses that had been delivered online. One theme was the challenge of maintaining children's engagement during the sessions. Some parents said that their children struggled with the format of the discussions, particularly during remote sessions, which made it hard for them to focus for long periods. One parent noted, *"Sometimes my child struggled to engage with listening or discussing particular topics"* and another added, *"I felt an hour was perhaps a long time to maintain focus in a remote session"*. While the online format provided accessibility, it also introduced challenges related to engagement and attention, particularly when sessions extended beyond their scheduled time. As one parent mentioned, *"He didn't like it when the course ran over the stated time"*.

Another theme involved difficulties with communication and interaction between participants. Several parents mentioned that their children felt isolated or unable to connect meaningfully with their peers in the online offers. One parent remarked, *"Little interaction between the kids. Too much information was given. Not enough time to get to know the kids"*. The format of discussions also posed challenges for some, particularly in scenarios where children relied on typing to communicate; *"My daughter communicated by typing and this took her a while, often the conversation had moved on and she deleted what she was going to write"* shared one parent. The issue of timing and missed opportunities to participate was echoed by another who said, *"By the time she typed something, the moment was passed, and she had missed the next few minutes of conversation"*. The breakout room structure, intended to foster smaller, more intimate discussions, was another area where some parents felt some children struggled. One mentioned, *"The breakout rooms were a bit up and down. My daughter felt she had a stronger bond with one instructor and therefore felt anxious about being put in a breakout room with the other"*.

Some parents noted external factors that impacted the effectiveness of the course. For example, IT issues or conflicting school schedules prevented some children from attending sessions consistently. One parent recounted, *"Unfortunately there were problems with the school forgetting the sessions / IT issues that meant that [child name] was unable to attend all the sessions"*. Another parent commented on how the timing of sessions during the summer holiday made it difficult to participate regularly; *"Having most of the sessions over the summer holiday made it very difficult to attend"*.

One recurring theme that was not unique to the online offers was the dissatisfaction with the length of the offers and the desire for more sessions. Many parents felt that the offer was too short and expressed a wish for extended or additional sessions. One parent noted, *"Four weeks is not enough. She was only just starting to feel at ease and open up and begin to work through and process stuff"* while others echoed this sentiment with comments like *"Too short!"* and *"More sessions, please!"*

Question 11 of the survey was open, allowing parents to write anything they had not already had the opportunity to state. One of the most frequently mentioned themes was the gratitude expressed for the course and the positive changes it facilitated for both the children and their families. Many parents praised the offer for helping their children better understand and accept their neurodiversity. One parent noted, *"Thank you for this course; my son felt like he understood himself better by being on it"*. Another highlighted the broader impact, stating, *"Since the sessions, we have had [child's name] formal diagnosis of Autism and Dyslexia. I'm sure the sessions have helped her to process this and have a better understanding of Autism"*.

Many parents appreciated the supportive and empathetic environment created by the facilitators. The staff were consistently described as caring and child-centred, which helped build trust and encouraged

participation. One parent shared, *"The ladies that run this course are fabulous. They are so caring and truly do care about the children"*. Another parent expressed similar sentiments, *"The team delivering were absolutely amazing, empathetic, and child centred. My son was always really keen to attend"*. This sense of safety and support was seen to be crucial in helping children feel comfortable enough to open up and engage in the sessions.

Alongside this gratitude, there was a recurring desire for a longer course duration. Many parents felt that extending the number of sessions would provide more opportunities for children to form deeper bonds and for the course to have a more lasting impact. One parent said, *"Just wish the course was longer so that the children could have perhaps created relationships where they could potentially stay in touch"*. Another echoed this, stating, *"I feel the course should be longer"*.

Another notable theme was the importance of providing parents with more resources and information to support their children outside of the sessions. Several parents suggested receiving notes or summaries of the course content to reinforce the strategies and lessons at home. One parent remarked, *"It would be useful for parents to receive some notes on what has been covered so we can continue to support our children using the strategies they have been shown"*. Additionally, some parents whose children took part in the online offers suggested that face-to-face interactions might be more beneficial for their children compared to the online format. One parent noted, *"It might have been easier in person rather than over Zoom to keep him engaged"* while another reflected on how in-person sessions could have strengthened the bonds between participants, stating *"It would be good to maybe have met face to face to end it as the group seemed to be developing a bond"*. The desire for further support beyond the initial course was also expressed by several parents. Some suggested on-going courses or additional resources to continue the development of their children; *"I would like to see a follow-up programme for those who have undertaken this"*.

When asked if they would recommend the offer to others, 94.9% of parent/carer responses said "Yes", 5.1% "Maybe" and 0 "No" across all offers. The percentages answering "Yes" were 89.5% for ADD-Vance, 100% for CathARTic, and 92.3% for Nessie.

### iii) Feedback provided by Cogs.

The following feedback was provided by Cogs, which suggests that the management of anxiety or stress and feelings were the predominant uses of the app:

- 63% of users used the app to deal with anxiety or stress
- 60% used the app to do an activity to manage how they're feeling
- 34% of users used the app to learn about challenging stereotypes
- 28% of users used the app to learn about neurodiversity and education
- 25% of users used the app to learn about understanding their strengths and challenges
- 25% of users used the app to learn about navigating careers
- 20% of users used the app to help them learn how to overcome struggles
- 20% used the app to help them to communicate their feelings more effectively

## Qualitative analysis for children and young people (evaluation question 3)

The qualitative data offered insight into the experiences and reflections of individuals who attended the courses about understanding autism and ADHD across three providers (ADD-Vance, CathARTic and SPACE). Five key themes emerged: Understanding Autism and ADHD, Self-awareness and coping strategies, Social and emotional wellbeing, Programme experience and Empowerment and self-advocacy.

### Theme 1. Understanding Autism and ADHD

A key theme for CYP was a new understanding of both autism and ADHD through the courses and increased understanding of how neurodivergent traits shape their thought patterns and experiences in ways that differ from neurotypical individuals, *"How autism and anxiety work - how we think differently"* (CYP participant 8). One participant shared the emotional and behavioural aspects of their experiences: *"Makes me hyper and energetic. I can have bigger feelings than others. I can be impulsive - say and do things before I think"* (CYP participant 3). A participant explained that understanding ADHD helped them realise why they are frequently moving and running around at school. *"She said understanding ADHD helped her understand why she moves a lot while at school 'I am constantly out of my seat and running around at school'"* (CYP participant 1).

CYP expressed a journey of self-discovery through learning. One described how they came to understand their autism, recognising it not as an illness needing a cure but as an inherent part of their identity, *"It helped me understand why I'm autistic and also helped me realise that autism is isn't an illness or something that needs to be cured"* (CYP participant 5).

Special interests were highlighted as areas of fascination and joy, with one individual stating, *"This is my favourite singer and it's my special interest and I learnt about special interests with autism which is what I am"* (CYP participant 1).





Some of the participants used art and creative projects, and this emerged as a significant means of self-expression and understanding. *"People are made up of lots of different parts, and in my time here, I've learnt about those different parts of having autism. The art is showing how my brain works and that's why I chose to do this one"* (CYP participant 2) shared one participant, demonstrating the use of art to articulate their inner world.



Projects like the creation of an ice cream sundae to symbolise the layers and complexity of being autistic, served as a memorable and creative way to articulate their understanding, with one participant recalling,

*"This is the ice cream Sundae we made for the autism course and being autistic like we did on an ice cream Sundae. Each part of the ice cream Sundae that we made and this is my ice cream so I remember it all"* (CYP participant 7).



The reflections shared demonstrate a journey of learning and self-reflection facilitated by the educational courses and group discussions. Symbols like the CathARTic logo served as reminders of the lessons learned along the way, with one individual noting, *"Also, I think that when I look at the CathARTic logo, I remember the things that I've been taught here about autism and being autistic"* (CYP participant 5).



Many participants also discussed acceptance and understanding of individual differences. One participant noted, *"One thing I learned was really that everyone is different and that no two people are the same and that it's ok to be different and that makes me feel much better"* (CYP participant 4).

## **Theme 2. Self-awareness and coping strategies**

A key theme was the development of self-awareness and coping strategies as one participant stated, *"It helped me learn ways to cope with it"* (CYP participant 5). The course has enabled participants to identify problems easier than they have in the past, as one participant notes, *"It really helped me because I'm able to like to understand like if I feel I'm struggling with stuff, I am able to work it out a bit easier than before"* (CYP participant 9). One child, for example, realised that their frequent need to have something in their mouth was related to not drinking enough water, *"I understand why I like to have something in my mouth - I don't drink enough"* (CYP participant 8) and aware of their low mood, *"I am more aware of my low mood. Past experiences have impacted my self-esteem"* (CYP participant 8), a key step in recognising and managing their emotions. These moments of self-awareness indicate participants better understand their behaviours and emotional states.

*"This girl said she can have 'thoughts spiralling in my head for a week' and can feel overwhelmed. She spoke about our teaching about the anxiety thermometer and how it had enabled her to know that when she is in the 'red' zone, it is important that she talks to someone, a parent or a teacher. She also liked the 'wobble' strategy for when she has a worried thought that wouldn't go away and she said her Mum had done this with her and it had made her feel a lot calmer and less worried"* (CYP participant 1).

Participants discussed the therapeutic effects of art and music and how they used them as coping strategies. One participant mentioned how music had a calming influence: *"My favourite singer makes me feel very happy and calm, and I like to listen to his music so that I don't get angry anymore. I have that in my workbook"* (CYP participant 1). Art as a form of self-expression and emotional exploration was also reflected on, *"This artwork, each section is like a different part of my brain, so one is the things I love, one is the emotions, and I mean the emotions that I feel, and one is the parts of me I love"* (CYP participant 2). Another participant noted that art is a skill and emotional outlet, saying, *"I would like to make more artwork to be good at it, help me feel happier and relaxed, and help me with my autism"* (CYP participant 3).



Another participant acknowledged the acceptance of life experiences and autism and how this helped them cope, stating, *"I realised that actually all the things that we go through in life helped to make us the people that we are and part of that is autism and I realised to help me cope and move forward I thought to myself well everything happens for a reason"* (CYP participant 6).

### **Theme 3. Social and emotional wellbeing**

A key theme was the transformative experiences participants had in terms of their social connections and emotional wellbeing, particularly in relation to autism and ADHD. A reflection among the children was the newfound enlightenment they gained from engaging in open discussions about their anxiety and emotions, *"I found the week where we talked about feelings and emotions and the importance of emotional literacy very useful"* (CYP participant 4).

A significant aspect of their growth was attributed to the friendships formed within the group, *"Seeing everyone. Made friends. Sharing ideas about ADHD with similar people"* (CYP participant 2). The friendships made and the thought of these being sustained outside of the courses significantly contributed to the sense of well-being, as one participant explained, *"One thing I'm very happy about is that I made a friend who also has autism, and that makes me feel happy to be with her, so we're gonna carry on being friends outside"* (CYP participant 4).

One connection provided emotional reassurance and understanding, particularly during challenging transitions, such as from primary to secondary school.



*"She said it helped to talk about this and she clearly enjoyed the support and reassurance from one of the other participants, who told her 'the first few weeks will be hard, then then it will be ok, and if you feel worried then it's a good idea to spend time exploring the school as secondary schools are so much bigger than primary schools'" (CYP participant 1).*

The shared experience of living with ADHD and autism fostered a sense of belonging and made them feel understood, *"(I like) the other kids; it's not just me!" (CYP participant 3).*

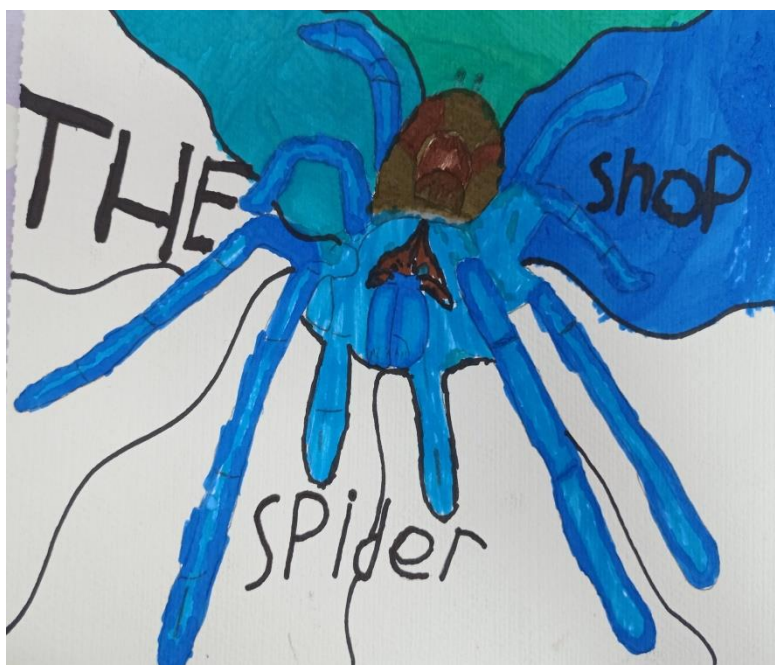
*"It was just so nice to meet other people who had gone through the same kind of experiences as me. Feel like I was understood because other people had also had the same experiences and the same kind of emotions" (CYP participant 5).*

The course fostered enduring friendships among the children, creating cherished memories with the friends they made throughout its duration. As one participant highlights, *"It helps me remember the happy memories of my friends at CathARTic and the fun things that we did" (CYP participant 5).*

Participants emphasised how the courses helped them view autism more positively, seeing it as a contribution to others, as one participant notes, *"I can stay positive and look at my autism as being something really positive in my life and something I can contribute to people" (CYP participant 6).*

One participant reflected on their connections over a shared interest in insects, highlighting the value of finding people with similar experiences, especially regarding autism.

*"So here is a drawing of my favourite spider because I met my friend here who also loves insects as much as I do. We're able to talk about it together, and I'm probably going to choose a spider with her, so this artwork reminds me of the friend that I made on this course....It's good to be around other people who are autistic like me, so that's been really, really good" (CYP participant 8).*



One participant highlighted newfound self-acceptance and a sense of belonging, free from bullying:

*"I painted myself because I started to like myself more and so I wanted to paint this picture of me and I'm happy because I've got a smile on my face ... Oh yeah it really has because I got friends here and no one's bullied me here which is kind of a first for me" (CYP participant 10).*



The statements highlighted the significance of finding a community where they can be themselves without fear of judgment. Such environments contrast with previous experiences, emphasising the value of acceptance and the freedom to express one's true self.

*"What I find quite different about coming here compared to places that I've been before is that it's nice to be able just to be myself and not worry what other people think of me" (CYP participant 6).*

#### **Theme 4. Programme experience**

While one participant initially expressed nervousness at the start of the course, this anxiety lessened by the second week as they became more comfortable with the programme environment, *"I really enjoyed anxiety week. Nervous in week 1, but not in week two"* (CYP participant 8). This adaptation reflected the programme's ability to provide a safe and welcoming atmosphere. One participant's willingness to recommend the course to others indicated a positive overall experience, suggesting that the programme successfully met their needs and expectations, *"I would recommend this course to a friend"* (CYP participant 8).

There was an appreciation for the welcoming environment: *"I liked all the weeks. You guys are so nice."* (CYP participant 2). They enjoyed a variety of activities, particularly art-focused tasks. *"I liked the teachers. I loved doing the sticking. I liked the snacks and drawing"* (CYP participant 3).

*"I just really, really enjoyed being young to do art while I was learning these things. And seeing everyone else, I just know that everyone loved being able to be creative there and being in a really like really calming, nice environment. So thank you so much for helping me see all of that"* (CYP participant 5).

Participants reflected on discovering new skills and overcoming self-doubt, facilitated by the supportive and nonjudgmental environment. *"I didn't think that I would be very good at art until I came here, and then all the staff said I was really good"* (CYP participant 3), and *"I don't feel that I get judged here, which has been really helpful for me"* (CYP participant 6).

Participants reflected on how the programme fostered a sense of belonging and happiness among them, who valued being part of a community that shares and supports their interests and wellbeing: *"Yes, all of it, and I am happy to come here. Also, mummy knows all about ice cream Sundaes, an autistic that we made, and she likes it too"* (CYP participant 7). The participants found the course beneficial, indicating its overall positive impact on their lives: *"The course has been useful"* (CYP participant 9).

Some feedback highlighted a preference for a balanced distribution between presentations and activities, suggesting that shorter presentations interspersed with activities might enhance the experience *"found some of the presentations too long and thought it was better to have an activity after one presentation then another presentation and one activity after that. Rather than a long presentation and then two activities"* (CYP participant 4).

### **Theme 5. Empowerment and self-advocacy**

The course fostered a sense of empowerment and encouraged participants to become self-advocates. By gaining a better understanding of their neurodivergent traits and learning practical coping strategies, individuals felt more capable of expressing their needs and advocating for themselves. This empowerment was a key takeaway, equipping participants with the confidence to navigate both personal and social situations with greater ease.

Participants express appreciation for environments and individuals (e.g., schools and teachers) that accommodate their needs, allowing them to manage their interactions and movements in a way that suits them as one participant highlights, *"She said she has now spoken to her teacher and she is now allowed to move when she wants, as long as she doesn't talk to the other children"* (CYP participant 1) and *"The school is good at helping when I ask"* (CYP participant 2).

A strong theme is the recognition of personal strengths and unique qualities, such as creativity, energy, and a distinctive way of thinking. These qualities are seen as directly linked to their autism and ADHD, reframing it as a source of personal power and potential rather than a limitation.

*"It helped me realise that there's so many good things about it and so many things that I just thought were qualities I liked about myself that I didn't really realise this were associated with autism. And actually there are things that I wouldn't have if I wasn't autistic"* (CYP participant 5).

*"I am good at sports because of my energy. I am creative. I think outside of the box"* (CYP participant 3).

Learning about autism and recognising its impact on their lives helps them feel more positive about themselves, *"those things learning about them has helped me feel a bit better about autism"* (CYP participant 2).

The importance of being able to openly communicate was highlighted, particularly in familial relationships. Being able to share experiences and insights with family members is valued for its role in fostering understanding and support, *"I am able to tell my mum stuff, and my mum also knows a bit more now, and so we talk about it together, which is good, and I feel that has been really helpful"* (CYP participant 9).



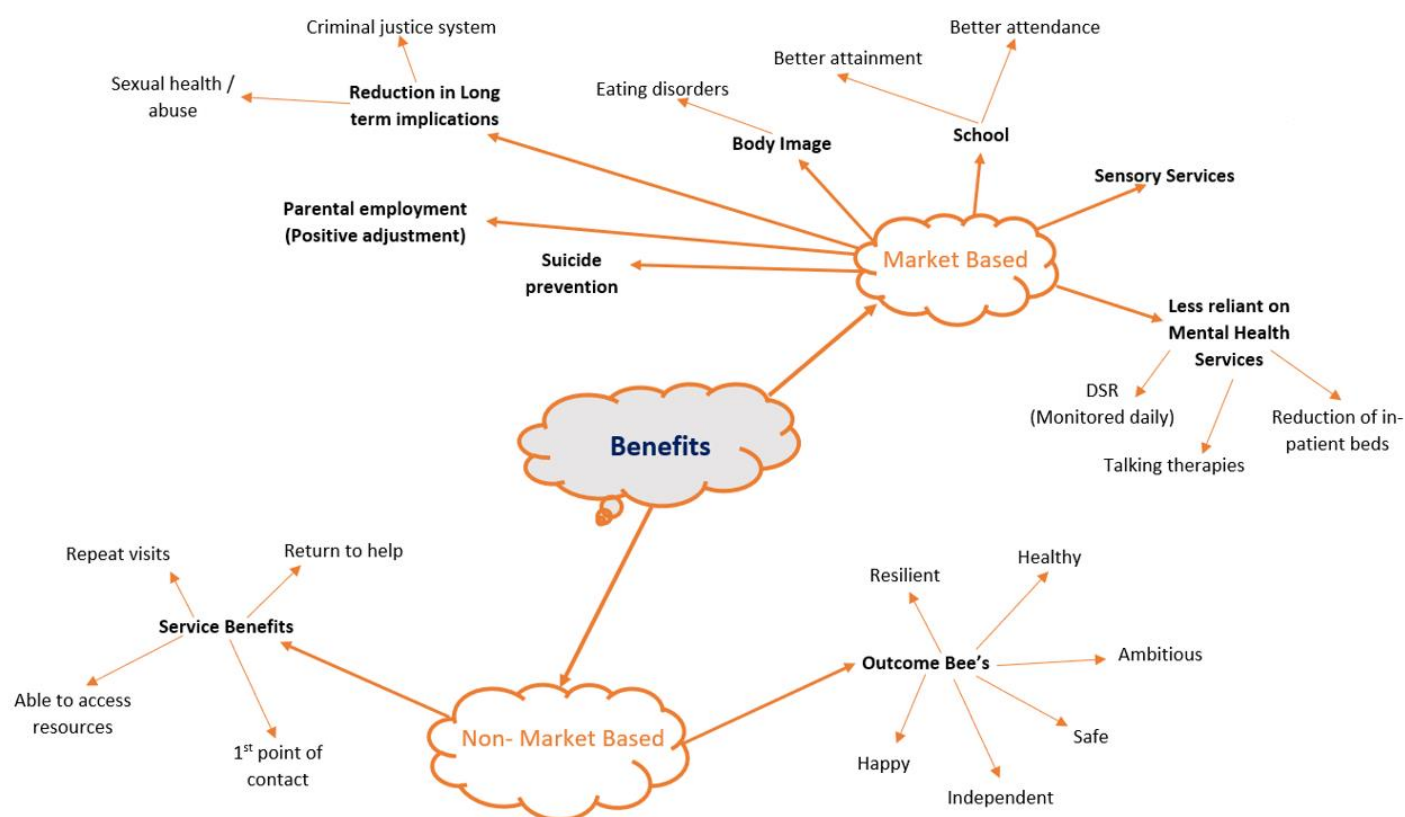
Participants note a shift in their outlook towards autism, moving from potentially viewing it as a negative aspect of their identity to seeing it as an integral part of their positive self-image. This shift was facilitated by supportive interventions and an increased understanding of autism's role in their lives: *"Autism is my superpower"* (CYP participant 7).





## Quantitative analysis of financial costs and impacts (evaluation question 4)

As discussed elsewhere in this report, the lack of required data meant that it was not possible to undertake a formal cost-effectiveness analysis of the programme. As a result, the potential programme impact is considered in the context of a workshop that was undertaken between the commissioners and evaluation team in February 2024. At that workshop, potential programme impacts were considered in a manner that was not constrained by data availability (i.e. the impacts were those that evidence suggests the programme may achieve but were not directly measurable). An output from the workshop was the system diagram depicted in Figure 4.



**Figure 4:** System model of hypothesised benefits from the Hertfordshire Neurodiversity support pathway

The programme operates as a cohesive framework linking direct service benefits to broader societal outcomes with the aim of ensuring that children and young people experience direct improvements in their daily lives, which translate into measurable long-term benefits. The approach addresses both individual and societal challenges, integrating education, health, and community services to provide holistic support, and in doing so it aims to provide clear pathways for market and non-market benefits through its structured and interconnected system. Its potential impacts are far-reaching, from reducing direct costs to the NHS and criminal justice system to enhancing the quality of life for participants and

their families. The outcomes depicted in the diagram are divided into those which are market and non-market based.

**Market Outcomes** refer to benefits or changes that have a direct financial value and can be quantified within economic systems (i.e. a financial cost or value can be directly attributed to them). Examples include improved employability, reduced dependency on welfare benefits, and healthcare cost savings. School exclusions are estimated to cost local authorities approximately £37,000 per excluded pupil annually in terms of alternative education provision<sup>1</sup>, whilst improved school attendance and attainment can enhance long-term earning potential, with evidence showing that individuals with higher education levels earn significantly more over their lifetime; a child with just one grade better GCSE results across nine subjects earns an estimated £200,000 more over their lifetime compared to a peer without such achievements according to the Department of Education<sup>2</sup>. Similarly, reductions in the use of in-patient mental health services and reliance on therapy reduce direct NHS expenditures. For example, a single session of cognitive behavioural therapy typically costs between £60 and £100 according to NHS statistics<sup>3</sup>, whilst the cost of a week-long in-patient stay in a mental health unit in the UK can range from £2,000 to £3,500 per individual based on NHS cost collection statistics<sup>4</sup>. Furthermore, positive parental employment adjustments resulting from the support programme may reduce the strain on social services and enhance household income, contributing to the broader economy. In terms of criminal justice, removing the need to incarcerate just one person for a year would lead to cost savings of approximately £76,000 in the UK according to youth justice statistics<sup>5</sup>.

**Non-Market Outcomes** refer to benefits that do not have direct monetary value but significantly impact quality of life and societal welfare. Examples in the diagram include increased feelings of safety, resilience, and independence among young people. Other key outcomes include improved body image, reduced suicide rates, and prevention of eating disorders. These costs are substantial; a suicide is estimated to cost society approximately £1.67 million in the UK due to healthcare, policing, and productivity losses<sup>6</sup>. While these may not be directly quantifiable in financial terms, they contribute to broader societal stability and cohesion. For example, improved mental health reduces the burden on families and enhances community well-being. Furthermore, addressing criminal justice issues through early intervention saves resources and lives, reducing the indirect costs associated with societal injury from crime.

In conclusion, the programme may generate significant market and non-market outcomes based on the theoretical operation depicted in Figure 4. While market outcomes provide tangible financial benefits, non-market outcomes could enhance societal well-being and create a ripple effect that improves community health, safety, and stability.

<sup>1</sup> Institute for Public Policy Research 2017. Report available from: [making-the-difference-report-october-2017.pdf](#)

<sup>2</sup> Depart of Education 2021. Available from: [Higher GCSE grades linked to lifetime earnings boost - GOV.UK](#)

<sup>3</sup> [Overview - Cognitive behavioural therapy \(CBT\) - NHS](#)

<sup>4</sup> [NHS England » National Cost Collection for the NHS](#)

<sup>5</sup> [Youth Justice Statistics - GOV.UK](#)

<sup>6</sup> Samaritans (2017): Dying from inequality: Socioeconomic disadvantage and suicidal behaviour in the UK and Ireland. Report available from: [Inequality and suicide | Samaritans](#)

## Overall summary

### Overall findings

The key findings from this evaluation, ordered around the original evaluation questions, are as follows:

#### 1. How have the offers been implemented, to what extent have they been implemented as intended, what adaptations have been needed, and what are the enablers and barriers to successful implementation?

The main offers were delivered by five organisations: ADD-Vance, CathARTic, Nessie, Autism Oxford, and SPACE, each focusing on different approaches to teaching the CYP about neurodiversity. A digital component, the Cogs Neurodiversity App, was also provided, as was a website which contributed to providing flexible, self-guided learning as well as signposting users to the other offers.

The offers were generally implemented as intended, with a mix of delivery of group sessions (Lot 1) and one-to-one support (Lot 2). The various offers provided support to many neurodivergent children across different settings, with flexibility in delivery modes (online and face-to-face) to cater to participants' needs. For example, ADD-Vance offered in-person and online group sessions, while CathARTic used an in-person creative arts-based approach to help children understand their neurodivergence.

Whilst delivery did not diverge significantly from the approach intended, this was not a manualised intervention (i.e. one where a specific and exact protocol is followed at all times) as providers had to adjust aspects of their delivery according to the needs of the CYP in the sessions.

The flexible approach to delivery included tailoring activities to different cohorts, where session leaders were responsive to the mix of CYP and their diagnoses in each group. For example, ADHD groups tended to benefit from more physical activities, while autistic CYP preferred less movement and more in-depth discussions. There was also good evidence of flexibility according to delivery mode. Online sessions were an effective alternative to in-person meetings for many participants, especially during the school year. However, online formats required more frequent movement breaks and shorter durations to maintain engagement, particularly for younger children. There were also unanticipated issues associated with the use of avatars and other functionality of Zoom, which caused distraction from the focus of the session. Online sessions were typically capped at one hour to prevent attention loss, while face-to-face sessions offered more opportunities for movement and engagement with sensory tools.

Several factors supported the successful implementation of these offers. These included:

- **Use of lived experience of facilitators:** Facilitators with personal or professional experience of neurodiversity were key to building trust with participants and adapting the sessions effectively. Drawing on their own lived experience allowed them to provide relatable examples and reassurance, which contributed to high levels of engagement and participant satisfaction.
- **Flexibility in delivery:** The ability to offer both in-person or online sessions was crucial for ensuring that the programme reached as many participants as possible. This flexibility allowed CYP and their families to access support in a format that suited their needs, and this was further enhanced by digital tools such as the Cogs Neurodiversity App.
- **Supporting parental involvement:** Another enabler was the active involvement of parents and carers in the offers. Parents participated alongside their children in some of the programmes, learning strategies they could reinforce at home, whilst some providers gave feedback and other resources to support parents. This approach extended the learning environment beyond the sessions with the aim of providing greater consistency in applying the skills learned.

- **Personalisation of programmes:** The providers tailored their programmes as far as possible to individual participants, creating personalised toolboxes of coping strategies. This personalisation helped ensure that each CYP's unique challenges were considered, enhancing the relevance and impact of the support.

The evaluation also highlighted several barriers to successful implementation:

- **Time pressures and quick start-up:** Service providers faced challenges in starting up the programmes quickly, with some expressing concerns about the lack of preparation time. This led to difficulties in preparing resources and making initial contact with families. There was a view from some of the providers that more lead time would have improved the quality of their earlier sessions and allowed for better planning.
- **Communication between providers:** The rushed programme-start up meant that there was a lack of coordinated communication between different service providers and stakeholders, which created silos. This limited the potential for developing a more joined-up system-wide provision that could have better served CYP and their families.
- **High demand and capacity issues:** The neurodiversity support system in Hertfordshire is facing increasing demand, with a growing number of assessment requests and limited capacity for early intervention. As a result, some of the providers reported that sessions were full and the use of waiting lists was required.

## **2. How effective are the offers in relation to (a) reach and penetration of the different offers across the system and populations (and particularly have the target populations been reached); and (b) short/medium-term impacts for users of the offers against intended benefits?**

### **a) Reach and penetration**

Overall, the offers successfully reached a wide range of neurodivergent CYP, with a good mix of in person, online, group, 1:1, and digital delivery. At the time that data was provided for this evaluation, a total of 205 CYP had participated in the Lot 1 offers.

The evaluation of group sessions (Lot 1) showed that at least 124 participants (60% of those registering) completed 75% or more of their sessions, which reflects a solid level of engagement, although completion rates varied among the providers. CathARTic had a particularly high completion rate, with almost all participants completing their sessions, while other providers saw more partial completions.

The offers were generally successful in reaching neurodivergent CYP and their families. However, there were apparent challenges in reaching minority ethnic groups and economically disadvantaged populations. The majority of participants across all providers were white British, with very few participants from Black, Asian, or mixed-race backgrounds, although the prevalence of non-white British participants matched what would be expected for Hertfordshire based on the 2021 UK Census. Additionally, only eight participants in the data provided for this evaluation were identified as being on free school meals and few were receiving support plans, less than would be expected based on survey data for schools, suggesting that economically disadvantaged groups may have been underrepresented in the programmes.

The most apparent barrier to reach was capacity. There was high demand for services, and some programmes were over-subscribed. In particular, CathARTic and ADD-Vance had significant waiting lists due to the limited availability of spaces. This, coupled with the apparent underrepresentation of non-

white ethnic groups and CYP living in conditions of poverty meant there is likely to be much unmet need in the community.

Whilst the digital offer, and in particular the Cogs Neurodiversity App, provided flexible access to resources for CYP who were unable to attend in-person sessions, uptake of the App was low, and feedback was difficult to gather, which limited the evaluation of the digital platform's reach and effectiveness. The digital offer could provide an important tool to supplement the other offers, but further work was needed to promote it effectively to the target audience.

#### **b) Short/medium-term impacts for users:**

There was evidence that the interventions had a range of short- and medium-term impacts on participants, particularly in terms of emotional regulation, social skills, self-esteem, and understanding of neurodivergence.

A key objective of the offers was to improve emotional regulation and self-esteem among neurodivergent CYP. Feedback from participants, parents, and service providers indicated that the interventions were largely successful in this regard. CYP reported better emotional regulation and an increased understanding of their emotions. They were able to manage their emotions better in stressful situations and felt more confident in expressing themselves. There was evidence that the offers also contributed to increased self-esteem, with many CYP expressing pride in their neurodivergence rather than feeling different or isolated.

The evaluation suggested that the offers provided significant benefits in terms of social skills and peer interaction. The group-based nature of the Lot 1 courses allowed participants to learn social skills in a safe and supportive environment, which was particularly beneficial for autistic participants who may struggle with social interactions. According to post-course surveys, over 70 percent of participants enjoyed being with other autistic or ADHD young people during the sessions, and many participants formed lasting social connections outside the sessions, which helped reduce feelings of isolation.

Although there was evidence that the offers helped the CYP better understand how their neurodivergence affects them, just under 50% of participants reported that the course they attended improved their understanding of what it means to be autistic or ADHD. This varied somewhat between provider, suggesting that the effectiveness of the different offers in improving understanding may have depended on the course content, although the generally low level of reported improvement in understanding may also be due to the CYP feeling they already had adequate understanding before starting their course. Nevertheless, many CYP expressed greater acceptance of their neurodivergence after completing the courses. For example, some participants who initially viewed their condition as something negative reported a shift in perception, feeling more comfortable with their diagnosis and proud of their neurodivergent identity.

Parents and carers also reported positive short-term impacts from the offers. They reported that they had noticed improvements in their children's confidence, emotional regulation, and ability to communicate their needs. Some of the parents reported particularly appreciating the flexibility of the sessions, which allowed their children to engage in a way that suited their needs (e.g., allowing children to move around, take breaks, or express themselves freely). Additionally, parents felt that their involvement in the courses helped reinforce the strategies their children were learning. Several noted that they felt that they were better able to support their children's development at home after participating in the sessions alongside their children.



While the evaluation highlighted many positive impacts, some challenges limited the depth of impact assessment, particularly for Lot 2 (one-to-one) support, which was still ongoing at the time of the evaluation. Additionally, relatively low post-course survey response rates and incomplete data from some providers affected the ability to draw stronger conclusions about the full scope of the offers' impact. Nevertheless, despite these challenges, the overall feedback from CYP and parents was generally highly positive.

### **3. How acceptable and appropriate are the offers for those receiving them, including families and carers, as well as those providing, managing, and/or delivering the services?**

#### **a) Acceptability for those CYP receiving the offers:**

The offers were generally well received and deemed acceptable by CYP and their families. The evaluation showed high levels of satisfaction and acceptability, especially when it came to how the offers were tailored to the needs of neurodivergent individuals. Several key factors contributed to their acceptability and appropriateness:

- **Enjoyment of the courses:** Across the post-course surveys, 76% of CYP stated that they enjoyed the courses. The creative and sensory-based activities, especially in the CathARTic offer, were particularly well-received, with CYP appreciating the ability to express themselves through art and other hands-on activities.
- **Increased acceptance of neurodivergence:** CYP reported increased acceptance of their neurodivergence. Many said the sessions helped them better understand how autism or ADHD impacted them, which in turn improved their self-esteem and confidence. This shift in perception, from feeling different or isolated to feeling proud of their neurodiversity, was a noteworthy outcome.
- **Emotional regulation and coping strategies:** CYP reported that they learned valuable coping strategies for emotional regulation, which they could apply in their daily lives. For instance, many CYP stated that the courses helped them find ways to manage their emotions, such as stress and anger. Participants also mentioned enjoying being part of a group where they could share experiences and learn from one another.

Despite these positive factors, there were some challenges. One recurring issue was the emotional impact of course endings. Some CYP found it difficult to cope with the conclusion of the programmes, especially if they had formed strong bonds with their peers and facilitators. Indeed, several facilitators also noted that the abrupt end of the sessions could be challenging for some participants, who felt like the "rug was pulled from under them". Whilst the availability of on-line sessions was generally welcomed, particularly amongst those who would be unable or did not wish to meet in person, some CYP also struggled with this format. This was particularly so for those who wished to make use of the chat function to communicate, whereby sometimes the conversation had moved on before the participant had time to finish typing.

#### **b) Acceptability for parents and carers:**

Parents and carers were generally highly supportive of the offers, with many providing positive feedback on the flexibility and appropriateness of the sessions for their children. Parental involvement was a key feature of several offers, and this was identified as one of the factors that increased the acceptability of the services.

- **Parental engagement and learning:** Many parents were involved directly in sessions or had access to resources that helped them support their children at home. This involvement improved the continuity of care beyond the group sessions and allowed parents to reinforce the strategies and

techniques their children were learning. Parents appreciated this holistic approach, where they could actively participate and gain insight into their children's experiences.

- **Flexibility and adaptability:** Parents particularly appreciated the flexibility of the programmes. Many commented on how this flexibility catered to the specific needs of their neurodivergent children and ensured that they themselves could engage meaningfully in the sessions without being pressured to conform to traditional classroom-like settings.
- **Improvements in children's confidence and advocacy:** Parents reported noticing positive changes in their children's confidence and ability to advocate for themselves. For example, parents mentioned changes such as noticing that their child had become more confident speaking up, even in potential conflict situations.

### c) Acceptability for those providing, managing, and/or delivering the services:

The evaluation found that the services were generally deemed to be acceptable and appropriate for those delivering and managing them. In particular, feedback included:

- **Facilitators' rewarding experiences:** Facilitators generally reported positive experiences delivering the offers. Many found it rewarding to work with neurodivergent CYPs and witness their growth in confidence, emotional regulation, and social skills. They felt that the format of delivery of the offers allowed them to connect with participants and deliver the content in a relatable and impactful way.
- **Incorporation of lived experience:** Facilitators highlighted that incorporating lived experience into the programmes enhanced their ability to provide meaningful support. Those who themselves were autistic or ADHD, or who had close family members who were, noted that this helped participants feel understood and reassured. This also allowed the facilitators to adapt their approaches based on first-hand experience, a significant contribution to the sessions.
- **Adapting to group dynamics:** Facilitators spoke about the benefit of adapting sessions to the needs of each cohort. Different groups required different approaches, and the facilitators' ability to read the room and adjust their teaching strategies accordingly was key to maintaining engagement and ensuring that the content was appropriate for each participant.

Despite the generally positive experiences, those delivering the offers reported some challenges. One of the main ones was the rapid start-up of the programmes, which left limited time for preparation. Some expressed a desire for more lead time to plan and prepare resources, as they felt that the quick mobilisation affected their ability to plan the early sessions as they would have liked. Some also recommended extending the course duration, for example from six weeks to twelve weeks, as this would allow for more in-depth exploration of certain topics and give participants more time to develop and apply the strategies learned, as well as to embed follow-up support, such as monthly drop-in sessions, into the offers to help participants transition out of their course smoothly and avoid the emotional difficulties that come with abrupt endings. Finally, there was a lack of coordinated communication between different service providers, potentially creating silos within the system, and thus limiting opportunities for collaboration and shared learning.

### 4. What are the short/medium-term savings (or costs) that can be assumed associated with the delivery of the offers, and what do these tell us about their cost implications?

Whilst it was not possible to calculate the programme cost-effectiveness it is useful to reflect on the work of the National Institute for Health and Care Excellence (NICE) in England and Wales which evaluates the cost-effectiveness of health interventions primarily using the metric of cost per quality-adjusted life year (QALY) gained. Generally, interventions with an incremental cost-effectiveness ratio



(ICER) below £20,000 per QALY are considered cost-effective. For ICERs between £20,000 and £30,000 per QALY, additional factors are considered, such as the degree of uncertainty in the data, the innovative nature of the intervention, and other societal benefits. Given the relatively low cost of the programme being evaluated here, it is likely that, should data have been available to compute QALYs, the programme would meet the NICE threshold, suggesting that the programme is probably appropriate for commissioning. This suggests that future commissioning decisions should be based on how the programme fits the portfolio of offers for neurodivergent children and young people and their families in Hertfordshire rather than if it exceeds any particular cost-effectiveness threshold.

Ultimately the cost-savings to the wider system of the programme will, based on current provision levels, be limited by capacity constraints. High demand for services resulted in waiting lists, limiting the offers' reach, and it is likely that there is substantial unmet demand in the community of CYP and their families who were not aware of the offers, did not realise the potential benefits of participation, or faced other barriers to accessing them.

## Recommendations:

Based on the feedback from service providers, parents/carers and CYP, several recommendations can be made to improve the delivery of the programme. These insights emphasised the importance of a time for thorough planning, personalised engagement, the timing of courses, group and age considerations, follow-on support for CYP and families, collaboration across the providers and with schools and integration of digital offers. Below are the key recommendations:

### 1. Time for planning and personalised engagement

Service providers expressed a need for more lead time to prepare adequately and to distribute resources and information as planned.

### 2. Longer course duration

Both parents and service providers suggested that extending the duration of the course would allow service users more time for in-depth exploration of topics, building connections, and practising skills, leading to improved outcomes.

### 3. Timing of the courses

Both parents and service providers suggested avoiding conflicts with school holidays and exam periods. The timing of the current pilot delivery may have affected uptake, engagement, and retention. More careful consideration of timing could ensure that courses are more accessible and convenient for service users.

### 4. Group considerations

- Age range: Different age groups often require tailored content and approaches. Service providers noted that younger children have distinct developmental needs compared to older children, who may have different preferences, interests, and levels of engagement. As a result, activities and learning strategies should be adapted to suit the specific needs and maturity levels of each age group.
- Energy levels: Service providers observed the need to consider the energy levels and communication styles of service users to create a balanced and inclusive environment.
- Group size: The important of maintaining a manageable group size was emphasised.

### *5. Online delivery for younger children*

Feedback indicated that younger children might face challenges in online settings, such as difficulties building connections with peers and course facilitators, keeping up with chat functions and following fast-moving topics. Limiting online sessions to under an hour and incorporating interactive elements may benefit younger children.

### *6. Support for course endings and follow-up*

Service providers feedback that the end of the course can be a challenging transition for service users. The findings indicate a need for sensitive handling of course endings, focusing on preparing service users for transition and offering continued support when possible. Developing a structured follow-up programme or offering additional check-in sessions after the course could help with this transition.

### *7. Integrating digital offers*

While digital platforms offer greater accessibility, service providers recommended clearer communication and targeted advertising of digital resources, particularly live chat services.

### *8. Collaborative communication and service delivery*

Service providers should collaborate to avoid working in isolation and share information proactively. By building stronger partnerships and open lines of communication, services can be better coordinated, reducing duplication of efforts and improving capacity and overall support available to CYP within the system.

### *9. Collaboration with schools*

Providers delivering services in schools highlighted the importance of working closely with education staff. Suggestions include creating opportunities for feedback, developing shared resources, and involving teachers and school staff in the support process.

With regards to supporting the sustainability of the service, it is recommended:

- 1) Outcome collection and financial impacts are integrated into service delivery
- 2) Providers may need to enhance outreach efforts to target underrepresented groups if these services continue in the future

## **Strengths and limitations of the evaluation**

The findings of this evaluation should be interpreted in the context of several strengths and limitations associated with the approach adopted.

One of the primary strengths of the evaluation was its use of a mixed-methods approach, incorporating both quantitative data from service use and qualitative feedback from service users and providers. This allowed the evaluation to capture both numerical measures of success (such as completion rates and costs) and rich personal reflections from participants, parents, and facilitators. By employing a combination of surveys, focus groups, and cost-consequence analysis, the evaluation provided a holistic view of the services offered, making it possible to assess both short-term impacts and user satisfaction.

The mixed method approach of the evaluation was further enhanced by the significant breadth of services evaluated, each of which catered to different needs providing a wide spectrum of support for neurodivergent children and their families. This allowed the evaluation to take a broader approach that

allowed a comparison of how different elements of the support system provided by different organisations worked.

Many of the limitations stemmed from challenges with data quality and completeness. The low response rate to the surveys limited the power of analysis and meant, with the exception of ADD-Vance, CathARTic and Nessie (for pre-course only), it was not possible to undertake a sub-analysis of responses according to the provider or delivery mechanism. A longer period of evaluation, with associated data collection, holds the potential to enable a better understanding of the relative benefits of each delivery mechanism. Elements of the quantitative analysis, and in particular the cost-consequence analysis, were limited by adequate data, particularly regarding completion rates and outcomes. This limited the evaluation's ability to draw definitive conclusions about the relative effectiveness of different programmes. The absence of follow-up data for many participants further constrained the ability to assess the likely changes associated with participation in the courses. Similarly, at the time this evaluation was being completed, many of the Lot 2 offers were still ongoing or had only recently completed, which meant that data was not available for them. Hence they were not able to be considered in the quantitative analyses presented in this report.

Whilst it was initially intended to undertake some form of cost-effectiveness analysis on the programme, the lack of available data meant that it was ultimately not possible to compute a cost-effectiveness figure. We were unable to obtain population-level baseline data against which potential programme benefits could be compared. Another significant limitation was the incomplete or missing data available for some providers, which meant it was not possible to perform a full comparison. As a result, significantly better data would need to be available before any formal assessment of the performance of the providers could be made. Whilst the relatively low cost of the programme coupled with the broadly positive outcomes measured mean that the programme would very likely meet the NICE cost-effectiveness thresholds, the inability to undertake an economic analysis means that no information on return on investment was available. As a result, commissioning decisions must be based on programme fit rather than the achievement of a cost-effectiveness threshold.

Another limitation was the reliance on subjective outcome measures. Due to the difficulty of capturing changes in outcomes such as subjective wellbeing, the surveys of CYP people asked participants to reflect on the likely impact of the course on them, rather than attempting to directly measure impact. Whilst this provides strong insights into participant experiences, it also introduces a level of subjectivity that would limit the ability of findings from this evaluation to be compared with those for alternative models of service provision.

## Appendix 1: Detailed summary of each offer as described in the submitted documentation

This section provides detail on each offer as described in the documentation that the providers submitted when tendering for the contracts to deliver the programmes. Whilst programme delivery generally aligned well the initial programme descriptions, some changes were made as a result of discussion and reflections with the commissioners before delivery commenced.

### Summary of the ADD-Vance offer

#### a. Offer overview

The ADD-Vance offer includes group-based interventions for neurodivergent children aged 7-13, primarily those diagnosed with autism or ADHD. The offer was designed to help children better understand their neurodiversity, develop coping strategies, and build self-esteem. It was divided into two key age groups: 7-10 years and 11-13 years. Both groups follow a structured curriculum, delivered either in face-to-face or online formats. This approach was chosen to offer flexibility to families while ensuring that the unique needs of neurodivergent children were met. The offer integrates evidence-based tools and techniques to help children embrace their neurodiversity, with a specific focus on fostering emotional resilience and helping them manage the challenges associated with their condition.

#### b. Offer evidence base

The offer, Understanding My Autism, was described as being based on a wide range of well-established, evidence-based resources. ADD-Vance draws from national guidelines, such as the National Autistic Society (NAS) seminars, the Early Bird Plus course, and workshops developed by professionals like Professor Tony Attwood. These resources appear to provide a solid foundation for the offer's educational content, which focuses on explaining autism and ADHD in a way that children can understand and apply in their daily lives. In addition to formal evidence-based guidelines, the offer incorporated lived experiences from the facilitators, many of whom were themselves neurodivergent or have family members with similar diagnoses. The offer was designed to deliver the outcomes outlined in the Hertfordshire Outcome Bee Framework<sup>7</sup>, including improved emotional regulation, enhanced social skills, and better self-esteem. By focusing on a strengths-based approach, the offer aimed to empower children with autism or ADHD to feel confident and respected in their identities.

#### c. Expected outcomes for children and young people

Via its alignment with the Outcome Bee Framework, the offer focussed on key outcomes like emotional literacy, resilience, and social confidence. Children participating in the ADD-Vance offer were expected to gain a deeper understanding of their autism or ADHD and how it affects them. Through guided activities and discussions, it was anticipated that they would develop practical coping strategies that help them manage both the strengths and challenges associated with neurodivergence. Additionally, the offer placed a strong emphasis on building self-esteem, celebrating the unique abilities that each child brings to the group. By the end, children would have a personal "toolbox" of strategies for managing emotional and social challenges, which could be used at home and school to support continued growth.

<sup>7</sup> [Hertfordshire's outcome bees | Hertfordshire County Council](#)

#### **d. Structure and delivery**

The ADD-Vance offer consisted of a series of six weekly group sessions, each tailored to the specific developmental stage of the children. Sessions combined short educational activities with interactive tasks that help children process and apply the information they've learned. This balance of learning and play was seen to allow the children to engage with the content in a way that suited their abilities. The offer structure was flexible, meaning that children were able to direct their own learning to some degree, allowing the sessions to adapt to their individual needs. The first four sessions focussed on providing general information about autism and ADHD, while the final two sessions offered more individualised support for each child. During these last two sessions, facilitators would work one-on-one with children and their parents to identify specific challenges they are facing and develop personalised strategies to address these issues.

#### **e. Personalised "Toolbox" for children**

A key component of the ADD-Vance offer was the creation of a personalised "toolbox" for each child. This was built throughout the six-week period and contains specific strategies and tools that the child could use to manage emotional dysregulation, sensory overload, and social interactions. The toolbox was described as being unique to each child and developed based on their individual needs and experiences. Children were to be encouraged to take ownership of their toolbox, using it as a way to manage their neurodivergence both at home and at school. The strategies included in the toolbox were tailored to the child's strengths and challenges, ensuring that they are both practical and effective in supporting emotional regulation and social engagement.

#### **f. Parental involvement**

Parents play an integral role in the ADD-Vance offer. They are described as being involved in every session, either physically present in the room or, in the case of online sessions, participating alongside their children. This approach was selected to ensure that parents gain a deeper understanding of their child's neurodivergence and the strategies being taught in the offer. Parents were also provided with resources and guidance to support their child outside of the sessions, creating a connection between the learning environment and the home. In the final two sessions, parents were anticipated to participate in individualised consultations where they work with the facilitators to develop a tailored plan that supports their child's specific needs. This parental involvement was selected to reinforce the learning and ensure that families were well-equipped to continue supporting their child's development after the offer ends.

#### **g. Focus on a strengths-based approach**

The ADD-Vance offer emphasises a strengths-based approach, encouraging children to see their neurodiversity as a positive aspect of their identity. Rather than focusing on the challenges of autism or ADHD, the offer highlights the unique strengths that come with these conditions such as creativity, attention to detail, and resilience. Children are to be encouraged to celebrate their neurodiversity and to view themselves as capable and valued individuals. This approach was chosen as it helps to reduce stigma and build confidence, allowing them to approach life with a sense of pride in their abilities. Facilitators would share real-life examples and stories that reinforce the message that being neurodivergent is something to be proud of rather than something to overcome.

#### **h. Specific content and themes**

The offer covers a wide range of topics related to autism and ADHD, all of which are designed to help children better understand and manage their neurodivergent traits. Some of the key themes described include emotional regulation, sensory needs, and social skills development. The sessions described are

interactive, with children participating in games, discussions, and creative activities that allow them to explore these topics in a way that feels safe and engaging. Other themes include managing anxiety, understanding executive function, and navigating puberty as a neurodivergent individual. The content is tailored to the specific age group and developmental stage of the participants, ensuring that it is relevant and accessible.

#### **i. Commitment to research and best practices**

ADD-Vance describes their commitment to staying aligned with national and local research on neurodivergence. The offer's content is described as being based on the latest best practices and guidelines from organisations such as the National Autistic Society, the NHS, and NICE. Facilitators undergo regular training to ensure that they are up to date with the latest research and developments in autism and ADHD care. In addition, the offer will incorporate feedback from both children and parents, using this feedback to continually improve and adapt the sessions. The facilitators will also participate in Continued Professional Development and have access to research from universities and other institutions, which informs the content and delivery going forward.

#### **i) Summary of the Autism Oxford offer (as commissioned)**

##### **a. Offer overview**

The tender submitted by Autism Oxford outlines a proposed service model aimed at supporting children and young people with autism and/or ADHD, as well as their families. The tender focuses on providing a hybrid model of online and in-person group programmes, as well as targeted one-to-one support. The goal is to address both the immediate needs of children and young people awaiting or recently diagnosed with autism and/or ADHD and to offer guidance and training to their caregivers. The programmes are designed to be evidence-based, incorporating recognised frameworks and tailored content to promote well-being, independence, and resilience.

##### **b. Tailored Support for Children and Young People**

The tender focuses heavily on personalised support, offering both group and one-on-one interventions. These programmes are described as being tailored based on the child's age, interests, and individual needs, particularly for children who are either diagnosed or awaiting diagnosis. The group programme, "Just For Us," addresses different aspects of a young person's identity and strengths in relation to autism and ADHD. By incorporating peer support practitioners with lived experience and neurodevelopmental clinicians, Autism Oxford aims to provide relatable and clinically informed guidance. Themes like friendships, emotional resilience, and online safety are adapted to ensure that participants gain relevant and age-appropriate tools to navigate their environments.

##### **c. Incorporation of Evidence-Based Frameworks**

The tender emphasises the use of recognised and evidence-based resources, such as the Emotional Toolkit produced by Professor Tony Attwood. The programmes are described as being aligned with the Bee Outcome Framework, a structured approach to achieving specific outcomes in areas like happiness, health, resilience, and safety. Autism Oxford states that each session is designed to contribute to these measurable outcomes, ensuring that the services provided have a solid foundation in existing research.

##### **d. Focus on Social and Emotional Well-being**



Social and emotional well-being is a significant focus throughout the tender. Themes such as friendships, emotional self-regulation, and understanding autism and ADHD are designed to empower children and young people. The programmes aim to help participants feel happier, healthier, and more connected to their peers and broader communities. Autism Oxford stresses that by improving self-awareness and social interaction skills, children will be better able to form meaningful relationships and achieve greater emotional independence.

#### **e. Accessibility and Engagement**

The tender places a strong emphasis on engagement by tailoring content to the interests of the children, such as incorporating popular hobbies like Minecraft. The hybrid delivery model—combining online and in-person sessions—is stated to ensure accessibility for a broader audience. The one-to-one online targeted support, with its focus on personal goal setting and the flexibility of online delivery, caters to children who may require more individualised attention or for whom group settings might be overwhelming.

#### **f. Outcome-Oriented Programmes**

The tender is structured around clearly defined outcomes. Autism Oxford uses the Bee Outcome Framework to map out expected achievements for participants, such as improved self-identity, better communication skills, and enhanced resilience. This outcome-oriented approach ensures that all programmes are goal-driven and focused on delivering tangible benefits to both children and their families. The organisation aims to contribute to the overall development and wellbeing of the participants, from emotional growth to academic engagement.

### **Summary of the Cathartic offer**

#### **a. Offer overview**

The Cathartic - Autism and Me offer is designed for neurodivergent children aged 7-11 and focuses on using creative arts therapy to help children explore and understand their autism. The offer is described as leveraging sensory-driven, creative activities to encourage self-expression, emotional regulation, and confidence-building. Over six weeks, children are anticipated to be engaging in artistic tasks such as painting, sculpture, and model-making, which help them articulate emotions and experiences related to their autism. The offer aims to create a safe, inclusive environment where children can explore their neurodiversity in an accessible and enjoyable way. By using art as a therapeutic tool, Cathartic hopes to help children to express emotions that might otherwise be difficult to verbalise, thereby fostering improved emotional literacy and resilience.

#### **b. Offer content and structure**

The Autism and Me offer is structured into six sessions, each of which focuses on a specific aspect of autism or emotional regulation. The first session aims to introduce children to the concept of autism and helps them begin to identify both the strengths and challenges of being neurodivergent. Subsequent sessions are described as delving deeper into topics such as sensory processing, emotional regulation, and social communication, allowing children to explore these concepts through creative activities. Each session will be delivered in a fully accessible workshop space that is designed to stimulate the senses in a positive and non-threatening way. By the end of the six weeks, it is anticipated that children will have a body of creative work that reflects their personal journey along with a better understanding of how to manage their emotions and express themselves more effectively.



The activities are described as being designed to be fun and engaging, incorporating sensory elements that are often particularly beneficial for neurodivergent children. The use of art and creativity is seen to serve as a bridge for children to process abstract concepts like emotional regulation or social interaction, making them easier to understand and apply. At the conclusion of the offer, the children will present their work to their parents, allowing for a reflective session that celebrates their progress and achievements.

### **c. Creative and sensory approach**

One of the defining features of the Cathartic offer is its focus on creative and sensory-driven activities as therapeutic tools. The offer operates on the principle that many neurodivergent children exhibit high levels of creativity and benefit from sensory experiences that help them process emotions and regulate their behaviour. Throughout the six-week offer, children will engage with various forms of artistic media, including painting, drawing, sculpture, and model-making. These activities are described as being selected to develop fine motor skills and cognitive abilities as well as providing children with a constructive outlet for their emotions.

Each session will incorporate a blend of sensory experiences and creative tasks, allowing children to experiment with different textures, colours, and materials. It is anticipated that this sensory engagement will help them stay focused and relaxed, while also reinforcing the therapeutic goals of the session. The approach is seen as being both playful and therapeutic, enabling children to explore their emotions in a non-verbal way that feels safe and enjoyable. The creative tasks are seen to serve as metaphors for the challenges and strengths associated with autism, giving children a visual and tactile means of processing their experiences.

### **d. Facilitation and expertise**

The offer will be facilitated by a team of professionals with specialised expertise in autism and creative arts therapy. The facilitators include art therapists, primary education autism specialists, and a retired Special Educational Needs Coordinator (SENCo), all of whom are described as bringing a deep understanding of neurodivergent needs and therapeutic interventions. The team will also be supported by individuals with lived experience of autism, with the aim of ensuring that the offer is delivered with empathy and a personal understanding of the challenges faced by neurodivergent children.

Facilitators will adapt the offer content and activities to the individual needs of the children, with the aim of ensuring that each session is accessible and engaging for all participants. The workshop space itself is designed to support children with a range of sensory preferences, including the provision of a sensory room where children can take breaks if they become overwhelmed. There is also an outdoor garden space that offers a calming environment for reflection and relaxation during the sessions. It is anticipated that the combination of expertise and a sensory-friendly environment will help ensure that children feel safe and supported throughout their participation.

### **e. Parental Involvement**

Parental involvement is a key aspect of the Cathartic offer. Each week, parents will receive detailed guides that explain the session's activities and themes, helping them understand what their child is learning. These guides will also include tips for reinforcing the learning at home and conversation starters to help parents engage their children in discussions about autism and emotional regulation. Parents will also be encouraged to participate in the final session, where children will present their creative work and

reflect on their progress. During this session, parents will also receive guidance from a licensed autism training advisor, who will provide additional strategies for supporting their child's development.

The offer goes beyond the commissioned six-week course by offering parents access to quarterly training sessions run by Cathartic's internal advisors. These sessions will cover a wide range of topics related to autism, emotional regulation, and sensory needs. It is hoped these sessions will give parents the tools they need to continue supporting their child's growth after the offer ends. By actively involving parents in both the sessions and the follow-up resources, Cathartic hopes to ensure that the benefits of the offer extend beyond the workshop and into the home environment.

#### **f. Extended support for children**

To provide ongoing support for children after the six-week offer, Cathartic proposes to offer a funded, monthly creative group. This group will allow children who have completed the offer to continue engaging with creative activities and socialising with their peers. The sessions will be designed to reinforce the skills learned during the original offer while providing a safe space for ongoing exploration and emotional growth. Participation in the monthly group will be on a first-come, first-served basis. It is anticipated that the monthly group will also serve as a way to ensure continuity for children who have made significant progress during the initial sessions. By providing them with regular opportunities to engage in creative, therapeutic activities, Cathartic hopes they will help maintain the momentum of the learning and personal development that occurred during the initial six-week programme of sessions.

#### **g. Expected outcomes**

The Cathartic Autism and Me offer is described as being designed to achieve several key outcomes for neurodivergent children. By the end of the offer, children are expected to have a better understanding of their autism and how it affects their emotions, behaviours, and social interactions. The creative activities are anticipated to allow children to process and express their emotions in a constructive way, leading to improved self-esteem and emotional regulation. Through the sensory-driven tasks, it is anticipated that children will also gain practical strategies for managing sensory overload and other challenges associated with autism. Another key outcome discussed in the tender document is enhanced communication between the children and their parents. The creative work produced during the sessions is anticipated as providing a concrete way for parents to understand what their children have learned, fostering more meaningful conversations about autism and emotional regulation. It is hoped that parents will leave the offer better equipped to support their child's development, both emotionally and socially.

#### **h. Focus on Inclusion and Well-Being**

Cathartic describes their way of working as being deeply committed to inclusivity and the well-being of every child who participates. They state that the offer is designed to be accessible to children of all abilities, genders, and backgrounds, ensuring that no one is excluded from the learning experience. Facilitators will be trained to adapt their approach to meet the specific needs of each child, whether they require additional support for sensory processing challenges or have other developmental needs.

The offer operates within the framework of the Outcome Bees, and hence focusses on fostering happiness, inclusion, resilience, safety, and well-being. By creating a positive and supportive environment, Cathartic aims to ensure that children feel valued and heard, which helps to build their self-worth and emotional resilience. The offer's inclusive philosophy is said to be reflected in the design of the workshop space, which is described as being fully accessible and equipped with the necessary sensory tools to support all children.

## Summary of the Nessie offer

### a. Offer overview

The Nessie - My World & Me offer is described as being a comprehensive, group-based intervention aimed at supporting neurodivergent children and young people with autism, ADHD, or dual diagnoses. It is described as being structured over a 12-week period, focusing on helping children develop emotional literacy, social skills, and self-understanding. The offer adopts an adapted Cognitive Behavioral Therapy (CBT) approach, which is tailored to meet the specific needs of neurodivergent individuals. With a blend of group sessions and one-to-one specialist support, the offer is described as being highly flexible, allowing for both face-to-face and online delivery options. Through its combination of structured activities and individualisation, Nessie aims to help children reduce internalised stigma, improve social connections, and build resilience in both home and community settings.

### b. Offer content and structure

The My World & Me offer is organised into weekly 60-minute sessions that run for consecutive weeks. Each session is planned to be structured to focus on key areas of emotional and social development, including emotional literacy, self-awareness, resilience-building, and social skills. The offer is said to be designed to be interactive and engaging, using a variety of games, discussions, and creative activities that allow children to explore the content in a safe and supportive environment. The sessions will be facilitated by two specialists who guide the children through these activities, with the aim of ensuring that each session meets the individual needs of the participants.

Throughout the period of the offer, it is anticipated that children will gradually build a personalised profile that reflects their strengths, challenges, and strategies for managing neurodiversity. The offer is said to allow for flexibility in both content and delivery; while there is a core structure to the sessions, facilitators will adapt the activities to the particular needs of the group. It is hoped that this will ensure that the offer remains accessible and effective for children at different developmental stages and with varying levels of need. In addition to the group work, children who require more specialised support will be able to also access 1:1 sessions where they receive tailored interventions aimed at addressing specific challenges they may be facing in their daily lives.

### c. Personalised "All About Me" profile and Nessie Box

One of the most significant features described as being a component of the Nessie offer is the creation of a personalised "All About Me" profile for each child. This profile will be developed collaboratively with the child, their parents, and the facilitators. It will capture the child's unique strengths, interests, and challenges, and it will outline strategies that can help them manage their neurodivergence in different environments. It is stated that the profile will be shared with the child's family and school, providing a clear, holistic picture of how best to support the child's ongoing development.

Alongside the profile, children will also receive a Nessie Box, which will serve as a physical or digital toolbox filled with strategies they have learned during participation in the programme. These tools may include sensory aids, emotional regulation techniques, or reminders of coping strategies that have been effective for the child. The Nessie Box is designed to be practical and accessible, allowing the child to use it in both home and school settings to manage stress, anxiety, or sensory overload. Nessie anticipate that the combination of the "All About Me" profile and the Nessie Box will ensure that children leave the offer with concrete, personalised tools to support their emotional well-being and social interactions.

### d. Parental involvement

The Nessie offer places a strong emphasis on parental involvement as an essential component of the child's progress. Before the offer begins, it is anticipated that parents will be invited to an initial consultation where they will discuss their child's specific needs, goals, and challenges. Throughout the programme, parents will be kept informed about the content of the sessions and will be provided with digital resources that align with the offer's themes. These resources offer practical strategies and suggestions for how parents can reinforce the learning at home, ensuring that the benefits of the offer extend beyond the group sessions.

In addition to regular updates, parents will be encouraged to join informal peer support groups, where they can connect with other parents of neurodivergent children. These "tea and biscuits" meetings will provide a space for parents to share experiences, exchange advice, and support one another. Towards the end of the offer, parents will participate in a final review meeting where they will receive feedback on their child's progress and recommendations for further support. Parents will also be provided with referrals to additional services if needed, helping to ensure that they have ongoing access to resources that can continue to support their child's development after the offer concludes.

#### **e. Specialised 1:1 support and cultural sensitivity**

While the group sessions form the core of the offer, Nessie also offers 1:1 specialist support for children who may benefit from more focused, individualised intervention. This support will be delivered by qualified specialists with expertise in autism, ADHD, and learning disabilities. The 1:1 sessions may take place in various settings, including parks, community spaces, or even online, depending on what environment is most comfortable for the child.

During these sessions, the focus would be on helping the child develop emotional literacy and resilience by identifying triggers for stress or anxiety and working on practical strategies for managing these feelings. It is anticipated that the specialists will work closely with the child and their family to ensure that the strategies developed during the 1:1 sessions are aligned with the broader goals of the My World & Me offer. It is hoped that this individual support will allow for deeper exploration of the child's unique needs and provides tailored interventions that may not be possible within a group setting.

The Nessie offer is designed to be accessible to children and families from all cultural and linguistic backgrounds. It is stated that the facilitators are trained to recognise and accommodate cultural differences, ensuring that the offer is inclusive and respectful of the diverse needs of the community. Materials will be available in multiple languages, and facilitators are mindful of cultural sensitivities when working with children and their families. This commitment to cultural sensitivity is said to ensure that all children can benefit from the offer, regardless of their background or family circumstances.

#### **f. Outcomes**

One of the key outcomes anticipated from the My World and Me offer is the development of emotional literacy, which helps children better understand their emotions and articulate them in a way that promotes positive social interactions. By learning to recognise and express their feelings, it is anticipated that children will gain greater control over their emotional responses, which in turn leads to improved emotional regulation and resilience.

Another important outcome that Nessie anticipate as arising from the programme is the reduction of internalised stigma. Many neurodivergent children are described as struggling with feelings of being "different" or misunderstood, which can negatively impact their self-esteem. It is hoped that the offer

will help children reframe their neurodivergence as a strength, empowering them to see the value in their unique perspectives and abilities. By fostering a sense of pride in their identity, Nessie will support children in developing greater self-confidence and social engagement.

In addition to these emotional and social outcomes, the offer is also described as helping children build practical coping strategies that they can use to manage anxiety, sensory challenges, and stress. These strategies will be tailored to the individual child and designed to be both effective and accessible, ensuring that the child can apply them in real-world situations. The offer's impact extends beyond the individual child, with parents also benefiting from increased understanding and knowledge of how to support their child's neurodiversity.

#### **g. Alignment with research**

The Nessie offer is described as being grounded in national and local research on best practices for supporting neurodivergent children. It is said to align with guidelines from the NHS and NICE, ensuring that the content delivered is evidence-based and adheres to recognised standards of care. The facilitators will be trained in the latest developments in autism and ADHD support, and they plan to regularly update the offer to reflect emerging research and feedback from participants.

In addition to its adherence to national guidelines, the offer will also incorporate feedback from local professionals and families, hopefully ensuring that it remains relevant and responsive to the specific needs of the community. The facilitators will also maintain strong links with health, education, and social care providers, allowing for a holistic approach to supporting children and their families.

#### **h. Partnerships and collaboration**

Nessie describe how they work closely with local authorities and other organisations to provide a systemic approach to supporting neurodivergent children. This includes collaboration with schools, health professionals, and social care workers to ensure that the child's needs are met in all aspects of their life. By sharing the "All About Me" profile and working with these partners, Nessie hopes to ensure that children receive consistent, coordinated support across home, school, and community environments.

In addition to supporting children and families directly, Nessie propose to also offer training and mentoring for professionals who work with neurodivergent children. This includes providing training sessions for teachers, health professionals, and social care workers, with the aim of helping to ensure that these professionals have the knowledge and skills they need to support neurodivergent young people effectively.

### **Summary of the SPACE offer**

#### **a. Offer overview**

The SPACE Autism and ADHD Support Offer is designed to provide tailored group interventions for neurodivergent children and young people aged 7-16. It is described as focussing on children diagnosed with autism, ADHD, or both, addressing key areas such as emotional regulation, resilience-building, and social skills development. The offer is stated as being designed to be highly adaptable to each child's individual needs, with a strong emphasis on managing sensory sensitivities and emotional well-being. Through small group sessions, SPACE will create a safe and inclusive environment where children can explore their neurodivergence, develop practical coping strategies, and build social connections. The offer aims to empower children by helping them understand their unique strengths while supporting them to overcome the challenges posed by autism or ADHD.

### **b. Offer content and structure**

The SPACE offer is structured around 6-8 group sessions, each lasting approximately one hour. The sessions will be interactive and cover a wide range of themes relevant to the needs of neurodivergent children, including emotional literacy, sensory processing, and social communication. Every session is planned to be designed to engage children in activities that help them identify and manage their emotions, understand their sensory preferences, and build essential social skills.

The sessions are described as being flexible and adjusted to the individual abilities of the participants. It is anticipated that this will ensure that every child, regardless of their developmental stage or additional needs, can benefit from the offer. During the sessions, children will engage in role-playing, group discussions, and sensory activities, all of which are aimed at helping them develop the tools they need to manage their neurodivergence in both social and personal contexts. The offer will also encourage the children to develop their own personalised set of strategies, which can be used both during the sessions and in their daily lives. Each activity will be specifically chosen to support emotional regulation and to provide practical solutions for common challenges faced by children with autism and ADHD.

### **c. Sensory-centred approach**

A key component of the SPACE offer is its focus on the sensory needs of neurodivergent children. The offer is based on the recognition that many children with autism or ADHD experience sensory sensitivities that can significantly impact their emotional and behavioural regulation. To address this, each session is planned to incorporate sensory activities and tools designed to help children manage sensory overload or under-stimulation. The offer will provide children with access to sensory aids, such as weighted blankets, fidget toys, and noise-cancelling headphones, which they can use during the sessions and take home for continued support.

Additionally, the SPACE offer is described as integrating sensory breaks into each session. These breaks will allow children to take time out from group activities if they feel overwhelmed, giving them a quiet space to relax and regulate their emotions before rejoining the group. By integrating sensory management into the core of the offer, SPACE hopes to ensure that children are not only supported in managing their emotions but are also empowered to recognise and respond to their sensory needs in real time.

### **d. Personalised support and customisation**

Although the SPACE offer is delivered in a group format, each session will be tailored to meet the specific needs of the children participating. Facilitators will monitor the progress of each child throughout the offer, ensuring that the activities are adapted to suit their developmental level and particular challenges. It is hoped that this level of personalisation will ensure that children with a wide range of neurodivergent conditions and co-occurring challenges are able to engage fully in the sessions. It is also hoped that the offer will allow children to develop their own set of personalised coping strategies, which are built upon throughout the course of the sessions. These strategies will focus on managing emotional dysregulation, sensory sensitivities, and social interactions. By the end of the offer, it is anticipated that children will leave with a toolkit of techniques that they can apply in their daily lives, promoting greater independence and self-management.

### **e. Parental involvement**



The SPACE offer places great importance on parental involvement as a crucial factor in the success of the interventions. Parents will be regularly updated on their child's progress and also invited to participate in feedback sessions with the facilitators. It is anticipated that this ongoing communication will help ensure that parents are aware of the strategies their child is learning and can support their continued development at home.

In addition to these feedback sessions, SPACE will offer workshops for parents which are designed to educate them about their child's neurodivergence and the specific tools their child is learning during the sessions. These workshops will provide parents with the knowledge and skills to reinforce the offer's goals outside of the group setting. SPACE will also encourage parents to connect with one another through informal peer support networks, where they can share advice and experiences related to raising neurodivergent children.

#### **f. Experienced facilitators and lived experience**

The SPACE offer is facilitated by a team of professionals with experience in supporting children with autism, ADHD, and other neurodivergent conditions. The facilitators will include specialists from fields such as occupational therapy, educational psychology, and special educational needs (SEN), hopefully ensuring that the offer is grounded in best practices for supporting neurodivergent children. Similar to the ADD-Vance offer, many of the facilitators are described as having lived experience with neurodivergence, either personally or through their families, and it is hoped this may bring an additional layer of empathy and understanding to the offer. It is anticipated that this lived experience will allow the facilitators to approach their work with a deep understanding of the challenges neurodivergent children face and the most effective ways to support them.

#### **g. Offer outcomes**

The SPACE offer is designed to achieve several key outcomes for neurodivergent children. One of the primary stated goals is to help children improve their emotional regulation by teaching them to recognise and manage their emotions in a healthy way. Through role-playing, group discussions, and sensory activities, it is anticipated that children will develop the tools they need to respond to stress, frustration, and anxiety more effectively.

The offer also focuses on helping children develop social skills, including communication, empathy, and the ability to read social cues. By participating in group activities, children will practice these skills in a safe, supportive environment, which it is hoped will help them build their confidence and ability to interact positively with their peers. Additionally, the offer aims to foster independence by encouraging children to take ownership of their emotional and sensory needs. By the end of the offer, children are expected to have greater confidence in managing their neurodivergence, both at home and in school.

#### **h. Resilience and safety features**

The SPACE offer places a strong emphasis on building resilience in neurodivergent children. The emotional literacy activities are designed to help children develop the ability to cope with setbacks and challenges in their daily lives, while the sensory management tools enable them to maintain emotional stability during times of stress. The offer will incorporate elements of protective behaviours, teaching children how to recognise when they are feeling overwhelmed and how to ask for help when needed.

The offer additionally focuses on ensuring the emotional and physical safety of all participants. Children will be encouraged to express their feelings and concerns in a safe, non-judgmental environment.

Facilitators will also ensure that each session is structured in a way that supports emotional well-being, with clear boundaries and consistent routines that help children feel secure and comfortable.

#### **i. Focus on wellbeing and inclusion**

SPACE describe how they are deeply committed to promoting the well-being of all participants, ensuring that children feel valued and included in every session. They describe how the offer is designed to be highly inclusive, with facilitators adapting the content and delivery of the sessions to meet the diverse needs of the children attending. This inclusive philosophy will extend to the way the sessions are structured, with facilitators making sure that all children, regardless of their ability, gender, ethnicity, or background, feel welcomed and supported.

The offer also incorporates elements of the Outcome Bees framework, and hence it promotes happiness, inclusion, resilience, safety, and overall well-being. By focusing on these key outcomes, SPACE believes they will ensure that children leave the offer with a greater sense of self-worth, stronger social connections, and improved emotional resilience.

#### **j. Partnership with parents and schools**

The holistic nature of the SPACE offer is described as extending beyond the group sessions; facilitators will work closely with both parents and schools to ensure that children receive consistent support across all environments, and parents will be given regular updates on their child's progress, with facilitators sharing and tools with school staff to ensure that children can apply what they've learned in the offer within their school setting. It is anticipated that this collaborative approach will help ensure that children have a network of support that extends beyond the offer, allowing them to continue building on the skills they've developed in other settings.

### **Summary of the Cogs offer**

#### **a. Offer overview**

The Cogs Neurodiversity App is a digital platform designed to support neurodivergent children and young people, primarily those with autism or ADHD. The app provides personalised content aimed at helping children understand their neurodivergence, manage their emotions, and build essential life skills. It is described as being structured to allow children to engage with the content at their own pace, offering flexibility that is particularly beneficial for families who may find traditional in-person offers challenging to attend. Drawing on evidence-based practices, the app includes interactive multimedia content to address key areas such as self-esteem, emotional regulation, and social skills development. The app's goal is to empower children by providing them with the tools and knowledge they need to manage their neurodivergence effectively in everyday life.

#### **b. Offer content and structure**

The app is described as offering a wide range of interactive content delivered through videos, audio, and text, all designed to engage neurodivergent children. The content is organised into modules, each focusing on different aspects of autism and ADHD, such as understanding one's neurodivergence, managing emotions, and improving social skills. The app is structured in a way that allows users to choose which areas they want to focus on, meaning that use can be customised to individual needs. This self-directed approach is proposed to give children the freedom to explore topics at their own pace, which it is stated can be particularly empowering for those who may struggle with more rigid, structured learning environments. The app's user interface is stated as being intuitive and easy to navigate, ensuring that children remain engaged and motivated to complete the activities. The flexibility of the

app also means that users can revisit content as needed, reinforcing what they have learned and deepening their understanding over time.

### **c. Evidence base**

The Cogs app is stated as being built on a foundation of evidence-based practices from fields such as occupational therapy, educational psychology, and clinical psychology. The development of the app involved input from professionals across these disciplines, with the aim of ensuring that the content is both scientifically sound and practical. The app has been tested with neurodivergent children, and early trials are said to have shown positive outcomes, including up to a 30% improvement in emotional well-being. The app is said to be continuing to evolve, incorporating the latest research on autism and ADHD to ensure that users receive the most up-to-date and effective interventions. Endorsements from organisations like the National Autistic Society and the ADHD Foundation are said to further validate the app's effectiveness and relevance in supporting neurodivergent children.

### **d. Personalisation and customisation**

A defining feature of the Cogs Neurodiversity App is said to be its focus on personalisation. The app is described as tailoring its content to each user's needs, allowing children to choose modules that are most relevant to their individual challenges and interests. As they progress through the app, the system adjusts to offer content that matches their learning preferences and developmental stage. It is hoped that this level of customisation ensures that every child's experience with the app is unique and aligned with their specific goals. The app also encourages children to build a personalised set of tools and strategies to help them manage their emotions, improve their social interactions, and cope with sensory sensitivities. These tools are practical and easy to apply in real-life situations, empowering children to take ownership of their neurodivergence and become more independent in managing their needs.

### **e. Lived experience and real-world feedback**

The development of the Cogs app is described as being heavily influenced by the lived experiences of neurodivergent individuals, including young people with autism and ADHD. This co-development is described as undertaken with the aim of ensuring that the content is relatable and grounded in the real-world challenges faced by children with these conditions. The app incorporates personal stories and practical advice from neurodivergent individuals, with the aim of helping users see themselves reflected in the content and better understanding their own experiences. Feedback from beta users is said to have played a crucial role in shaping the app's design and content. Early users are said to have reported significant improvements in their ability to manage emotions and navigate social situations, and their input is said to have led to ongoing refinements in the app's features. It is hoped that this feedback loop will ensure that the app remains responsive to the needs of its users and continues to evolve based on real-world experiences.

### **f. Facilitator standards and Clinical Advisory Board**

The Cogs app is guided by a clinical advisory board chaired by Professor Peter Jones from the University of Cambridge, an expert in child mental health and neurodiversity. The board help ensures that the app's content and features are aligned with the latest research and clinical best practices. The development team also includes individuals with lived experience of autism and ADHD, and this is said to further enrich the app with insights from people who have firsthand knowledge of these conditions.

### **g. Resilience and safety features**

The app is said to be designed with resilience and safety in mind, helping ensure that children have access to the support they need when engaging with the content. The app includes tools for emotional

regulation that children can use to manage feelings of anxiety or sensory overload. It also provides users with strategies for identifying when they are becoming overwhelmed and how to take proactive steps to calm themselves. The app's design aims to ensure that children can access these tools whenever they need them, providing a sense of control and security. Additionally, the app's infrastructure is said to be built to ensure high availability, meaning that children and their families can rely on the platform being accessible at all times. This focus on resilience will be further supported by regular updates and improvements to the app's functionality.

#### **h. Parental involvement and support**

While the Cogs app is primarily aimed at children, it also involves parents in the process by providing them with access to resources that help them understand what their child is learning. Parents can track their child's progress through the app, gaining insights into the modules their child is engaging with and the strategies they are developing. It is stated that this involvement will help parents reinforce the learning at home, creating a supportive environment that complements the app's content. The app also offers tips for parents on how to help their child apply the tools and strategies learned through the platform in everyday situations, with the aim of making it a holistic tool that benefits the entire family.

#### **i. Expected outcomes**

The app is designed to achieve several key outcomes for children. One of the primary goals is to improve emotional regulation by teaching the users practical strategies for managing their feelings and reactions to challenging situations. The app also focuses on helping children develop social skills, including how to read social cues and engage in positive interactions with peers. By encouraging children to build a personalised toolkit of coping mechanisms, the app is described as helping to foster independence, allowing users to take control of their neurodivergence and navigate everyday life with greater confidence. Users of the app are said to have reported significant improvements in their well-being, with many experiencing reduced anxiety, improved social skills, and an enhanced sense of self-worth. It is hoped that these outcomes will not only benefit the children using the app but also create a positive impact on their families and social environments.

#### **j. Commitment to continuous improvement**

Cogs state that they are committed to continuous improvement of the app through regular updates and the integration of user feedback. The clinical advisory board and development team are said to work closely with users and professionals to ensure that the app remains aligned with best practices and the evolving needs of neurodivergent children. As new research emerges and the app gathers more user data, the content is refined to ensure it stays relevant and effective. Cogs argue that this commitment to improvement ensures that the app remains a cutting-edge tool for supporting neurodivergent children in their journey toward greater emotional regulation, resilience, and independence.

## Appendix 2: Service provider interview topic guide

### Focus group topic guide: Neurodiversity service providers

#### Topic Guide for Focus Group

#### Introduction (5-10 minutes)

Welcome participants and thank them for their time.

Explain that the focus group aims to gather feedback on the effectiveness of the workshop content and structure.

Outline ground rules (confidentiality, respect, one person speaks at a time).

Introduce the facilitator(s) and have participants introduce themselves

#### Overall experience (60 minutes)

- As an organisation, what has your overall experience of delivering the workshops been?  
**Prompt:** Can you share any successes or challenges encountered?

#### Effectiveness of delivery

- What are your reflections on effectiveness of workshop content and structure? **Prompt:** How well did you find the mode of delivery (F2F vs online) and workshop length worked?
- How was the interaction among participants? **Prompt:** Were they actively involved? What strategies encouraged participation?

#### Challenges and barriers

- Were there any barriers to participation for the children and young people? **Prompt:** What were they and how were they addressed?
- Were there any logistical issues (timing, location, technology)? **Prompt:** How were these managed?

#### Participant impact

- Did you observe any notable changes or improvements in the participants during or after the workshops? **Prompt:** Can you give examples of skills, development, confidence, or behaviour changes?
- What are your reflections on achieving the outcomes you outlined in your response to the tender document?
- What feedback did you receive from participants, parents, carers (or school for Nessie) about their experience? **Prompt:** Were there any recurring themes?

## Recommendations

- What suggestions do you have for improving future workshops?
- Are there additional resources or support that could help deliver more effective workshops?
- Is there anything else you would like to share?



## Appendix 3: Pre and post children and young peoples surveys

### Information Sheet for parents and carers

#### Pre-course survey for children and young people: Understanding My Autism/ADHD

##### Introduction:

The views of children and young people are incredibly important to us, which is why we are inviting them to participate in a short survey about their experience with the 'Understanding my ADHD/autism' courses being offered in Hertfordshire to help us improve the service.

Taking part in this survey is entirely voluntary and will take five to ten minutes to complete. You are free to stop answering the survey at any time, and this will not affect your participation in any future service or that of your child. The answers you give are not being used to inform any activities you or your child receive.

Please note that all responses are anonymous, so please do not write your name and contact information anywhere on the survey.

##### Who is conducting this survey?

Hertfordshire County Council, in conjunction with the NHS, has commissioned Health Innovation East to evaluate the neurodiversity support offers in Hertfordshire.

The aim of this survey is to understand children's and young people's experiences of the course(s) to inform future service provision.

##### Terms and Conditions:

By checking the boxes below, you are confirming that you agree to your child taking part in the survey and understand and agree to the terms and conditions stated below.

*The information in this survey will be used by Health Innovation East for the purposes of evaluation of this service in accordance with Health Innovation East's privacy policy.*

*The information in this survey will be shared with Hertfordshire County Council who will subsequently provide it to Health Innovation East for their use.*

- ☐ I agree to the terms and conditions.
- ☐ I agree to the child/young person taking part in this survey as part of the evaluation of the neurodiversity support offer in Hertfordshire.
- ☐ I agree to the use of anonymised quotes in any reports or publications resulting from this evaluation.

## Pre-course survey for children and young people

Hello!


We're excited to hear about your thoughts and feelings. They are really important because they help us understand how we can improve.

In this survey you get to share your opinions by choosing the answers that feel right to you. This survey takes about 5 to 10 minutes to complete and there are nine questions. There are no right or wrong answers – we just want to know what you think.

If you're unsure about any questions, you can always ask for help.

After our time together, we'll ask similar questions, so we know what you thought of the workshop.

Thank you for being awesome and sharing your thoughts with us!

Let's get started! 

**Please put a mark in this box to show us you are happy to complete this survey** ☒

**When thinking about yourself, how do you rate the following statements? Please underline or circle the response that fits best for you.**

**1. How are you feeling about doing the Understanding My Autism/ADHD course?**

Happy



Sad



Worried



Okay



I am not sure



**2. Do you feel you understand what it means to be ADHD or Autistic?**

Yes



No



I am not sure



**3. Please write any words or draw pictures that come to mind when you think of ADHD. There are no right or wrong answers**

**4. Please write any words or draw pictures that come to mind when you think of Autism. There are no right or wrong answers**

**5. Do you know the things you're good at (your strengths)?**

**Yes**



**No**



**I am not sure**



**6. Do you know the things you find difficult (your challenges)?**

**Yes**



**No**



**I am not sure**



**7. Thinking about the things that you find difficult, are you able to explain what you need if you ask someone for help?**

**Yes**



**No**



**I am not sure**



**8. Do you know ways to make yourself feel better when you're worried, upset, or angry?**

**Yes**



**No**



**I am not sure**



**9. Is there anything you want to learn about during the session(s)? If there is, please tell us by writing your answer below.**

Thank you for your time 😊

## **Information Sheet for parents and carers**

### **Post-course survey for children and young people: Understanding My Autism/ADHD**

#### **Introduction:**

The views of children and young people are incredibly important to us, which is why we are inviting them to participate in a short survey about their experience with the 'Understanding my ADHD/autism' courses being offered in Hertfordshire to help us improve the service.

We recently asked your child to complete a survey prior to them undertaking the course, and we would now like to ask them to complete a final survey so we can understand how they found it. Taking part in this survey is entirely voluntary and will take five to ten minutes to complete. You and your child are free to stop answering the survey at any time, and this will not affect your participation in any future service or that of your child. The answers you give are not being used to inform any activities you or your child receive.

Please note that all responses are anonymous, so please do not write your name and contact information anywhere on the survey.

#### **Who is conducting this survey?**

Hertfordshire County Council, in conjunction with the NHS, has commissioned Health Innovation East to evaluate the neurodiversity support offers in Hertfordshire.

The aim of this survey is to understand children's and young people's experiences of the course(s) to inform future service provision.

#### **Terms and Conditions:**

By checking the boxes below, you are confirming that you agree to your child taking part in the survey and understand and agree to the terms and conditions stated below.

*The information in this survey will be used by Health Innovation East for the purposes of evaluation of this service in accordance with Health Innovation East's privacy policy.*

*The information in this survey will be shared with Hertfordshire County Council who will subsequently provide it to Health Innovation East and the National Health Service for their use.*

- ☐ I agree to the terms and conditions.
- ☐ I agree to the child/young person taking part in this survey as part of the evaluation of the neurodiversity support offer in Hertfordshire.
- ☐ I agree to the use of anonymised quotes in any reports or publications resulting from this evaluation.

## Post-course survey for children and young people

Hello!

We're excited to hear about your thoughts and feelings about the recent course you've attended. They are really important because they help us understand how we can improve.

In this survey you get to share your opinions by choosing the answers that feel right to you. This survey takes about 5 to 10 minutes to complete and there are eleven questions. There are no right or wrong answers – we just want to know what you think.

If you're unsure about any questions, you can always ask for help.

Thank you for being awesome and sharing your thoughts with us!

Let's get started! 🚀

Please put a mark in this box to show us you are happy to complete this survey ☐

When thinking about yourself, how do you feel about the following statements? Please underline or circle the response that fits best for you.

**10. How much did you enjoy doing the Understanding My Autism/ADHD course?**

It was great



It was Okay



I didn't enjoy it



**11. How much do you feel it improved your understanding of what it means to be ADHD or Autistic?**

I understand it a lot more



I understand it a bit more



My understanding has stayed the same



**3. How much do you feel the course has changed your feelings about being ADHD or Autistic?**

I feel happier than before



I feel about the same



I feel worse than before



**4. Thinking about things you find difficult, how much do you feel the course will help you explain your needs when asking somebody for help?**

**It will help me a lot    It will help me a little bit    It won't help me at all**



**5. How much did you enjoy being with other Autistic and ADHD young people on the course?**

**It was great    It was Okay    I didn't enjoy it**



**6. Do you think the course helped you to identify your strengths?**

**It helped me a lot    It helped me a little bit    It didn't help me at all**



**7. Did the course help you to find ways to make yourself feel better when you're worried, upset, or angry?**

**It helped me a lot    It helped me a little bit    It didn't help me at all**



**8. Please tell us what your favourite part of the course was**

**9. Please tell us what your least favourite part of the course was**



**10. Is there anything else you'd like to say about the session(s)? If there is, please tell us by writing your answer below.**

**11. Would you recommend this course to others, and if so, why?**

## Appendix 4: Parent/carers post course survey

### Information Sheet

#### Post-course survey for parents and carers: Understanding My Autism/ADHD

##### Introduction:

As you may be aware, Health Innovation East have been using a short survey to record the views and experiences of children and young people who have taken part in the 'Understanding my ADHD/autism' courses being offered in Hertfordshire. We are contacting you as a parent or carer of one of those children to invite you to also take part in a short survey that will allow us to capture your own views.

This survey is entirely voluntary and will typically take five to ten minutes to complete. You are free to stop answering the survey at any time, and this will not affect your participation in any future service or that of your child. The answers you give are not being used to directly inform any activities you or your child receive.

Please note that all responses are anonymous, and we will not compare your responses with those of your child, so please do not include your name and contact information anywhere on the survey.

##### Who is conducting this survey?

Hertfordshire County Council, in conjunction with the NHS, has commissioned Health Innovation East to evaluate the neurodiversity support offers in Hertfordshire.

The aim of this survey is to understand your views on the course(s) to inform future service provision.

##### Terms and Conditions:

By checking the boxes below, you are confirming that you agree to take part in the survey and understand and agree to the terms and conditions stated below.

*The information in this survey will be used by Health Innovation East for the purposes of evaluation of this service in accordance with Health Innovation East's privacy policy.*

*The information in this survey will be shared with Hertfordshire County Council who will subsequently provide it to Health Innovation East and the National Health Service for their use.*

- ☐ I agree to the terms and conditions.
- ☐ I agree to take part in this survey.
- ☐ I agree to the use of anonymised quotes in any reports or publications resulting from this survey.

## Post-course survey for parents and carers: Understanding My Autism/ADHD

Dear parents/carers

Your insights are important as part of efforts to improve. This survey is designed to gather your feedback on the course, your perceptions of the impact of the course on your child. Your feedback will help future programmes to best meet peoples' needs and support their journeys.

Thank you for your time and valuable input. Please take a moment to reflect on your experiences and indicate how you feel about the following statements.

### As a result of the sessions:

#### 1. My child is better equipped to manage the challenges they face in life

|                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|

#### 2. My child has a better understanding of ADHD or Autism

|                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|

#### 3. My child is more confident and happy

|                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|

#### 4. My child feels more open to my help/support

|                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|

#### 5. My child is better able to express what they need

|                   |          |         |       |                |
|-------------------|----------|---------|-------|----------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|

#### 6. The course has had a positive impact on my child

Strongly  
disagree

Disagree

Neutral

Agree

Strongly  
agree

**7. Overall, how satisfied are you with the sessions for your child?**

Very  
dissatisfied

Dissatisfied

Neutral

Satisfied

Very  
Satisfied

**8. How satisfied are you with any resources from the sessions?**

Very  
dissatisfied

Dissatisfied

Neutral

Satisfied

Very  
Satisfied

**9. What has worked well?**

**10. What has not worked so well?**

**11. Is there anything else you want to share or tell us? If so, please write below.**

**12. Would you recommend this course to others?**

Yes

No

Maybe