

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



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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 make comparisons and compute a cost-effectiveness figure.