Take A Leap Evaluation report

A co-produced, preventative intervention designed to support neurodivergent Year 6 children during the transition to secondary school.

Take A Leap was funded by:

NHS CHARITIES TOGETHER

Heads On, and NHS Surrey and Sussex Integrated Care Board

Contents

Foreword

Jane Padmore, Chief Executive Officer
Sussex Partnership NHS Foundation Trust

Rachael Duke, Charity Director
Heads On

"Just be yourself". It sounds so easy. Something many of us hear from childhood and often take for granted. But what if being yourself feels harder than you thought?

For the one in seven children in the UK estimated to be neurodivergent, just being themselves can be hard to do as they navigate a world that in many ways simply hasn't been built for them.

Post diagnostic support for neurodivergent children is not widely available, despite positive neuro-affirming identity being associated with better mental health and wellbeing. Neurodivergent young people and their parents/carers have told us that having a limited understanding of their own diagnosis makes their mental health worse, particularly around transitions when they will be confronted with unfamiliar places, spaces and people at a time when familiarity and trust is needed most.

In Sussex Partnership's neurodevelopmental service, we see first-hand the impact that a lack of post diagnostic support has on people's mental health. Following diagnosis, support is needed to enable people to build a positive neuroaffirmative identity and strategies with which to navigate life. Autistic adults (without an intellectual disability) are more than 9 times more likely to consider suicide than the general population[1]. 1 in 10 men or boys with attention deficit hyperactivity disorder (ADHD) and 1 in 4 women and girls with ADHD will try to take their own lives[2].

As a mental health trust and charity committed to improving every day, Take A Leap offers us a unique opportunity to change the support available to neurodivergent children in

[1] NHSE Joint guiding principles for integrated care systems – learning disability and autism
[2] (The Dark Side of ADHD: Factors Associated With Suicide Attempts Among Those With ADHD in a National Representative Canadian Sample, 2020) (Suicidal behaviours and attention deficit hyperactivity disorder (ADHD): a cross-sectional study among Chinese medical college students, BMC Psychiatry, 2021)

Sussex. Bringing together voluntary sector partners Amaze and Aspens, NHS organisations Sussex Partnership NHS Foundation Trust and NHS Surrey & Sussex alongside Sussex primary schools through the Partnerships for Inclusion of Neurodiversity in Schools programme, enabled us to think differently about how children are supported to understand their own neurodivergence, especially around the tricky transition from primary to secondary school.

The strength of Take A Leap has been embedding the neurodivergent voice at every stage of the project. From co-producing the group programme and its content, to delivery by neurodivergent facilitators and an evaluation led by neurodivergent psychologists - the success of the programme has been judged on neurodivergent people's own terms.

Take A Leap's evaluation sets out how important it is for neurodivergent young people to be supported by people who are "just like me" and to see positive role models that they can identify with. The programme's success in fostering positive neurodivergent identity is testament to this approach.

As we now look to extend Take A Leap across Sussex, working alongside our voluntary sector and local authority partners, we want to say a heartfelt thank you to the many neurodivergent young people who developed the programme, supported its delivery and evaluation. Their honesty, insight and bravery in sharing their own experiences so that others do not have to experience the difficulties they have has been invaluable.

Take A Leap's greatest success has been in supporting young people to just be themselves. Our challenge now, as a healthcare system, is to ensure that the programme is extended, bringing sustainability so that more young people can do the same, proudly and unashamedly.

Acknowledgements

Funder Acknowledgements

NHS Charities Together

NHS Charities Together are the national membership body for NHS charities, improving experiences for patients and staff across the NHS and breaking down the barriers that can make it difficult for people to access services and live healthy lifestyles.

Take A Leap was made possible thanks to the generous support of NHS Charities Together's Innovation Challenge 2024, funding innovation programmes that challenge the status quo to reduce the health and healthcare inequalities faced by children and young people across the UK.

Heads On's grant was transformational, enabling us to bring together a unique partnership of voluntary sector organisations, NHS trusts and commissioners and schools to tackle the structural gap of child-facing proactive neurodivergent support. We couldn't be more grateful for NHS Charities Together's support in making this happen.

NHS Surrey and Sussex

Thank you to NHS Surrey and Sussex for funding the creative facilitation for the co-production sessions.

A Partnership approach

Heads On is Sussex Partnership NHS Foundation Trust's charity. Our vision is a world in which people with severe mental illness and/or a learning disability are optimistic about the future and confident in their ability to manage their health. Through NHS Charities Together's Innovation Challenge, we had the opportunity to develop and deliver a programme that disrupts the inequity faced by neurodivergent children and young people and supports them to feel confident in their ability to understand themselves, their health and have the opportunity to truly thrive.

Take A Leap is a partnership between Heads On, Aspens, Amaze, Sussex Partnership NHS Foundation Trust and NHS Surrey and Sussex Integrated Care Board and Dr Anita Marsden.

Amaze

Amaze guides children, young people and families through the complex world of special educational needs and disabilities (SEND). They help them know their rights, feel less alone and get the support they need.

Aspens

Aspens provide high-quality care and support to individuals on the autism spectrum and with learning disabilities; meeting their needs and aspirations and empowering them to learn and grow through an integrated network of services across the South-East. They support children, families and adults.

NHS Surrey and Sussex Integrated Care Board

NHS Surrey and Sussex' primary role is to plan and commission local services to improve health and health outcomes for our residents, whilst also reducing the health inequalities known to exist across our communities.

Sussex Partnership NHS Foundation Trust

Sussex Partnership NHS Foundation Trust (SPFT) provide mental health, learning disability and neurodevelopmental services to people living in south east England. SPFT services are for children, young people, adults of working age and older people.

Dr Anita Marsden, Clinical Psychologist

Anita has been passionate about understanding and supporting neurodivergent individuals and their families for over 20 years. Anita has worked as a therapist in family's homes, an academic in autism research and in national specialist and regional neurodevelopmental services offering assessment and therapeutic support. Most recently, she has been developing a psychology service within a community based multi-disciplinary team and is involved in multi-agency service development.

Evaluation

The evaluation was carried out by Dr Anita Marsden, Clinical Psychologist and Aishling Dempsey MSc, Assistant Psychologist.

Executive Summary

Introduction and Background

Neurodivergent (ND)[3] children and young people (CYP) face disproportionately high rates of emotional distress and mental health difficulties compared to their peers, particularly during times of transition and change[4]. Long waiting lists for neurodevelopmental assessments often leave families and schools navigating secondary transition without tailored, timely support[5].

While existing initiatives (such as the Partnership for Inclusion of Neurodiversity in Schools, PINS) successfully equip parent-carers and school staff, a critical structural gap was identified: the absence of a proactive, child-facing intervention. The Take a Leap pilot was developed to bridge this gap, providing early, preventative, and neurodiversity-informed support directly to Year 6 children, independent of their formal diagnostic status. Based on the growing evidence indicating that early support for emotional regulation, positive identity development, peer connection, and self-advocacy can act as protective factors for longer-term mental health and wellbeing.

Take a Leap was developed by Heads On; Child and Adolescent Mental Health Services (CAMHS) at Sussex Partnership NHS Foundation Trust; Amaze; Aspens and NHS Sussex to align with the delivery of the Partnerships for Inclusion of Neurodiversity in Schools (PINS) in Sussex. It was funded by NHS Charities Together's 2024 Innovation Challenge. All stages of Take A Leap, from initial inception to delivery and evaluation, were co-produced by neurodivergent people.

Programme Overview and Core Aims

Take a Leap is a co-produced evidence-informed, 10-week school-based pilot programme delivered across six Sussex primary schools to 44 Year 6 children (primarily boys, with a majority awaiting or holding an autism diagnosis). Grounded in an innovative multi-sector partnership spanning health, education, and the voluntary sector, the programme's design, delivery, and evaluation were co-produced alongside neurodivergent young people, adults, and professionals.

[3] In this project neurodivergent refers to children pre and post autism and ADHD diagnosis. Where other neurodivergent diagnoses were present, such as dyslexia, these were concurrent diagnoses.
[4] (Capp et al., 2025; Pantazakos, 2023)
[5] (Fisher, 2025)

The overarching ambition was to improve long-term health and wellbeing outcomes by anchoring the intervention around five core strategic aims:

Aim 1: Facilitate Positive Transitions

Aim 2: Foster Positive Neurodivergent Identity

Aim 3: Develop Self-Advocacy Skills

Aim 4: Support Emotional Regulation

Aim 5: Embed Authentic Co-Production

Key Findings

The evaluation collected quantitative and qualitative feedback from CYP, parents, school staff, and delivery partners across multiple time points (pre-course, post-course, and post-transition).

- Aim 1 (Transition Confidence): Highly Achieved. This was the programme's strongest area of impact. CYP self-reported transition confidence rose significantly. School staff noted by the end levels of worry were comparable to their non-neurodivergent peers.
- Aim 2 (Identity Building): Highly Achieved. CYP confidence grew over the course of the programme. Parents valued the "difference, not deficit" ethos. Impact was mediated by wider school environments; with some children initially feeling stigmatised by being withdrawn from class.
- Aim 3 (Self-Advocacy): Partially Achieved. There was a modest increase in CYP's confidence in asking for help. Teachers reported children "blossoming" in articulating their needs within the school. However, advocating with unfamiliar adults remained a barrier.
- Aim 4 (Emotional Regulation): Partially Achieved. CYP reported an increase in emotional management confidence. The sessions successfully provided a safe, non-

judgmental, neuroaffirming space. However, parents noted that while stress reduced overall, there was limited transfer of regulation skills into the home environment.

- Aim 5 (Co-Production): Met in Principle. The co-produced delivery environment was exemplary; offering sensory-friendly, low-pressure spaces where shared identity created rapid psychological safety. However, delayed funding impacted delivery timelines constraining the intended iterative process and ability to truly co-produce every phase. Logistical hurdles (e.g., schools not distributing co-produced parent packs) further restricted wider systemic reach.

Feasibility and Systemic Impact

The evaluation confirmed that *Take a Leap* is highly feasible to deliver within primary schools, with all participating schools wishing to see the programme return.

- School Feasibility & Value: On-site delivery minimised attendance barriers. The programme saw unexpectedly high levels of engagement from historically hard-to-reach pupils. Primary barriers included competing end-of-year academic priorities (SATs) and the lack of a single school point-of-contact.
- Systemic Ripple Effects: Multiple schools reported the programme's impact on school culture and spoke about implementing neuroaffirming principles directly into their development plans. Furthermore, the pilot acted as an empowering professional pipeline; several neurodivergent volunteers achieved career progression due to their involvement.

Strategic Recommendations for Future Sustainability

To build upon the measurable successes and manage challenges of the pilot, the following are recommendations for future programmes:

Operational & Setup Phase

- Centralise Digital Infrastructure: Implement a shared, multi-channel platform for partner communication.

- Timeline Buffering: Embed and protect a "Pre-Planning" phase including a relationship-building window.
- Align Co-Production Definitions: Define the boundaries of authentic co-production during pre-planning and adhere to them across the programme.

Phase 1: Co-Production & Structural Safety

- End-to-End Partner Inclusion: Ensure resource creators, delivery partners, and evaluators are consistently involved from inception through output creation.
- Ensure Psychological Safety: Maintain Clinical Psychology input within co-production spaces to safely contain potentially sensitive or traumatic lived-experience material.
- Bridge the Secondary Gap: Recruit at least one key staff member from receiving secondary schools into the co-production phase.

Phase 2: Delivery

- Targeted Equity in Access: Actively support schools to identify and recruit underrepresented groups to directly reduce intersectional health inequalities.
- Systemic Reinforcement: Include neuroaffirmative training for school TAs and wider staff and ensure parent-facing booklets are distributed to allow learning to be reinforced at home.
- Refine Session Architecture: Cap group sizes, replace information-heavy writing tasks with creative/movement-based learning, increase explicit psychoeducational content, and ensure guaranteed access to quiet breakout spaces.

Phase 3: Monitoring, Evaluation & Learning

- Advanced Evaluation Frameworks: Embed the evaluation team at project inception to co-produce child-friendly tracking tools. Include standardised measures (e.g., RCADS) to objectively capture long-term mental health trajectories.
- Formalise a Co-Production Guide based on learning from this pilot to inform future iterations of the programme.
- Compare with existing programmes: Formally audit the programme against concurrent frameworks (e.g., Autism in Schools) to ensure *Take a Leap* offers added value within the Sussex neurodevelopmental pathway.

Introduction and background

Neurodivergent children and young people (CYP) experience higher rates of emotional distress and mental health difficulties than their peers, particularly during periods of transition and change[2]. National and local evidence indicates that these challenges can be exacerbated by delays in access to neurodevelopmental assessment and tailored support, with many children waiting extended periods before receiving any support at all[3]. During this time, schools and families often rely on limited or inconsistent provision, increasing the risk that emerging difficulties persist or escalate.

In Sussex, long waiting lists for neurodevelopmental assessment have highlighted the need for early, preventative support that does not rely on diagnostic status. The *Take a Leap* pilot was developed to respond to this gap by providing targeted, neurodiversity-informed support to children at a key developmental transition point, regardless of whether a formal diagnosis had been received.

The programme was informed by a growing evidence base indicating that early support for emotional regulation, positive identity development, peer connection, and self-advocacy can act as protective factors for longer-term mental health and wellbeing[6]. Research highlights the importance of environments that understand and accommodate neurodivergent differences, particularly within education settings, where sensory, social, and structural demands can present barriers to participation and wellbeing[7].

The pilot also drew on learning from local clinical and community services, which have identified that difficulties seen in adolescence and adulthood are often linked to a lack of earlier, affirming support. *Take a Leap* was therefore designed as a proactive, early-intervention approach, supporting children before difficulties become entrenched and before the transition to secondary school amplifies existing anxieties.

A core principle of the programme was co-production with neurodivergent young people and adults, ensuring that content, delivery, and evaluation were shaped by lived experience. This approach aimed to ensure relevance, accessibility, and engagement, and to ensure the programme reflected the priorities of the neurodivergent community.

"They were able to see each other's differences and similarities, so they felt not alone, if you like, they felt that they were all in it together."

[6] Davies et al., 2024; Cooper et al., 2017, 2022)
[7] (Connolly et al., 2023; Day, 2025)

Section 2: Programme Overview

The Take a Leap pilot was developed to address a critical gap identified in the funding bid: while school staff and parent-carers have access to resources such as Partnership for Inclusion of Neurodiversity in Schools (PINS), no equivalent co-produced programme exists to equip children themselves with the skills, knowledge, and confidence to understand their neurodivergence and navigate the transition to secondary school. This gap is particularly urgent for CYP on long neurodevelopmental assessment waitlists, who may otherwise experience delayed support and increased risk of mental health difficulties.

Take a Leap was designed as a 10-week, evidence informed, co-produced programme, with content, structure, and delivery informed by neurodivergent lived experience. Its overarching ambition was to support CYP in developing emotional regulation skills and positive identity as a preventative measure to reduce long-term mental health risks.

Programme aims

1. **To facilitate a positive transition and build confidence for secondary school**
2. **To build a positive neurodivergent identity**
3. **Develop self-advocacy skills**
4. **Support emotional regulation and mental health**
5. **Co-produce the programme with neurodivergent community**

An additional aim of the pilot was *improved health outcomes, specifically mental health, for neurodivergent children on assessment waiting lists*[8]. Although the evaluation was not designed to directly assess mental health outcomes, the data collected for the other aims supports this outcome, as research evidence shows that factors such as a positive neurodivergent identity and stronger emotional regulation skills contribute to better long-term mental health outcomes for neurodivergent people. This evidence is outlined above.

[8] Later in the programme, children both on waiting lists and who already had diagnoses were selected by schools as appropriate for the programme.

These aims were directly aligned with the priorities set out in the original funding proposal and reflected the needs identified by schools, families, and health partners.

Figure 1. Quotes from the co-production session in the pre-proposal stage

Programme Development and Delivery

The pilot was a multi-partner project, combining expertise from health, education, and the charity sector across Sussex: Heads On, Amaze, Aspens, Sussex Partnership 's CAMHS, and Clinical Psychology input (see Appendix A for details). It was firmly rooted in neurodivergent lived experience, with neurodivergent professionals and volunteers contributing from co-production through to delivery and evaluation.

The project consisted of three phases (please see Appendix B for a timeline of the project):

Phase 1: Co-Production

Using a participatory approach, a 10-session programme was co-produced with neurodivergent young people, adults and professionals. Insights from these groups shaped the content and delivery, ensuring the programme focused on what matters most to the young people themselves (e.g., self-understanding, identity, peer connection, and practical transition strategies). Please see Appendix C for more detailed information about co-production in this phase.

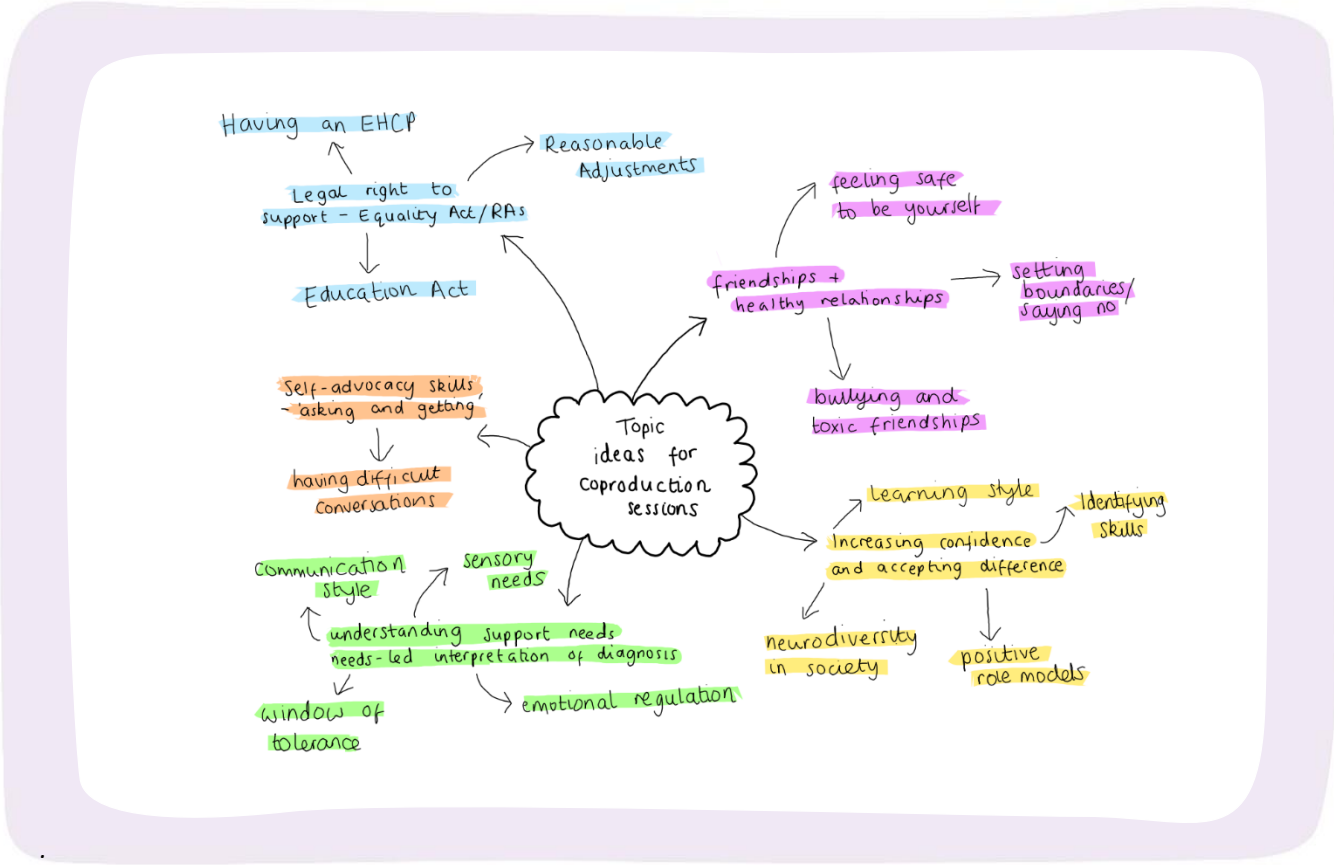


Figure 2. Ideas for co-production discussion topics generated ahead of the co-production sessions

Phase 2: Delivery

The programme was delivered by Aspens and Amaze staff, supported by Amaze neurodivergent volunteers and school staff. Additional school staff costs were covered by the programme budget. 44 year 6 children across six PINS schools took part in small groups. Children were selected by their schools. Three schools contributed demographic data, which showed three quarters of participants were boys and the majority were diagnosed, most being autistic. It is important to acknowledge the type and breadth of partners; NHS Sussex, VSCE, NHS Charity, Education, and the strengths and challenges this brings.

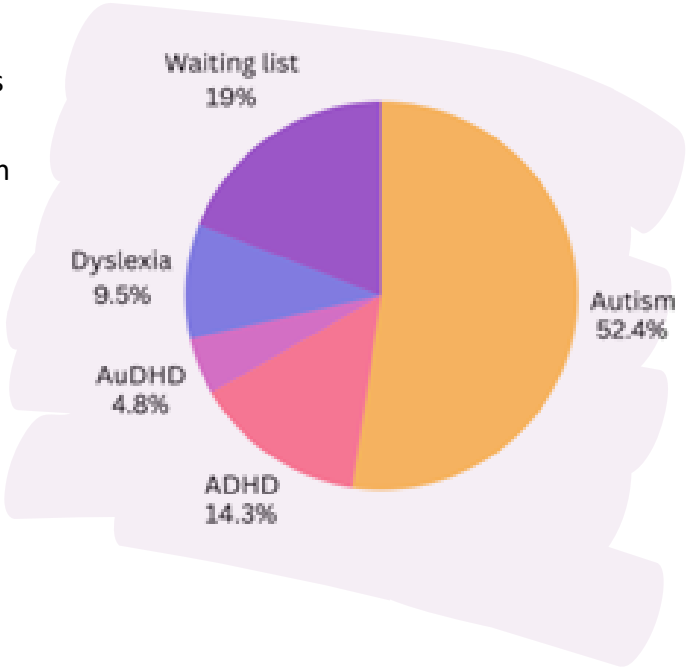


Figure 3. Spread of diagnosis status across 3 schools

Figure 4. Programme Content

Phase 3: Evaluation.

The evaluation aimed to understand the effectiveness, feasibility, and impact of the pilot against the aims set out in the original bid. The measures were developed collaboratively across partners involved in the pilot. Pre- and post-course data was gathered from CYP and parents using questionnaires and interviews. Five out of the six schools were interviewed and these interviews thematically analysed. Survey and interview data was gathered from co-production and delivery partners, and operational partners were also interviewed (see Appendix D for more details).

Section 3: Results

This section presents the findings from the evaluation of the *Take a Leap* pilot, drawing on a mixed-methods approach that included quantitative survey data and qualitative feedback from CYP, parents and carers, school staff, delivery partners, and co-production partners. Data was collected at multiple time points: prior to programme delivery, immediately following completion, and after the transition to secondary school.

Findings are presented against the programme's stated aims, highlighting areas of strong impact, variable impact, and learning for future development.

Aim 1: To facilitate a positive transition and build confidence for secondary school

> ***"I felt scared when I first did this… but now I feel confident and excited."***

This aim was the most consistently achieved across all stakeholder groups, with strong evidence of reduced anxiety and increased confidence about the move to secondary school.

CYP reported significant improvements in transition confidence, with average self-reported confidence increasing from 3.18 to 4.02 (out of 5) and no children reporting the lowest anxiety ratings after the programme. CYP described a shift from fear and uncertainty to readiness and excitement.

Parents also observed reduced anxiety and increased confidence, describing the programme as reassuring and supportive. One parent reflected that it was "one less thing to worry about," while another noted their child was now "excited about going to secondary school."

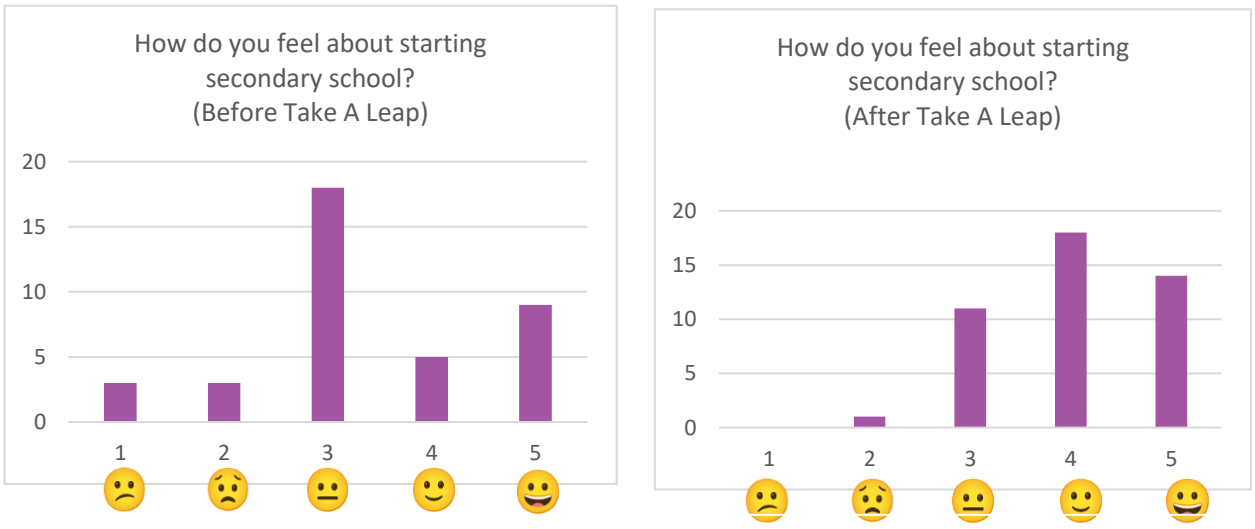
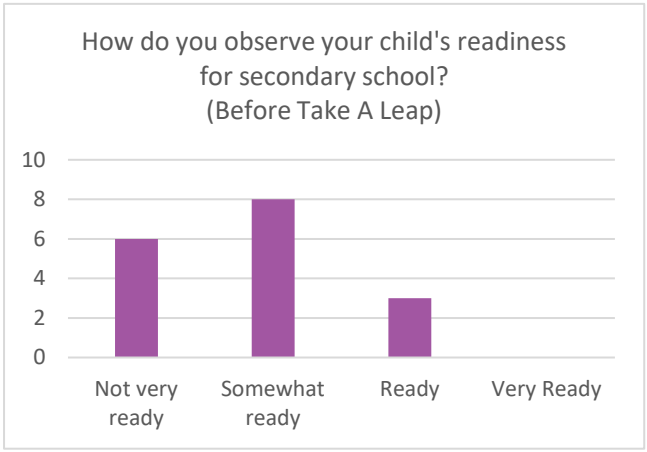


Figure 5. CYP (5-point scale) responses about how they feel about starting secondary school



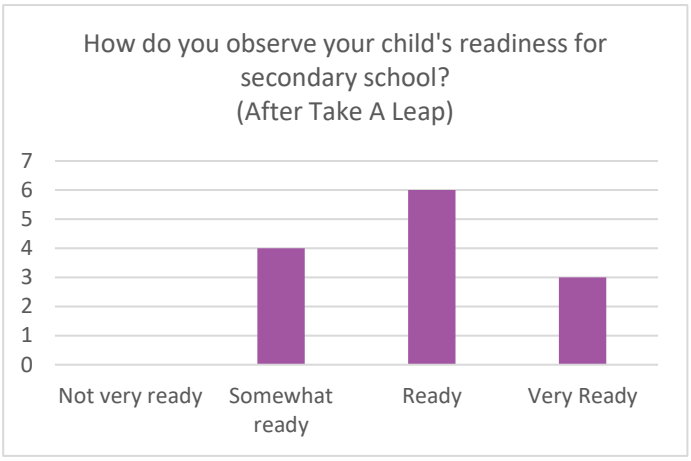


Figure 6. Parent responses regarding how ready they felt their child was for secondary school

Delivery partners consistently identified transition support as one of the programme's strongest elements, with most reporting that it had quite a bit of impact on preparing children for secondary school.

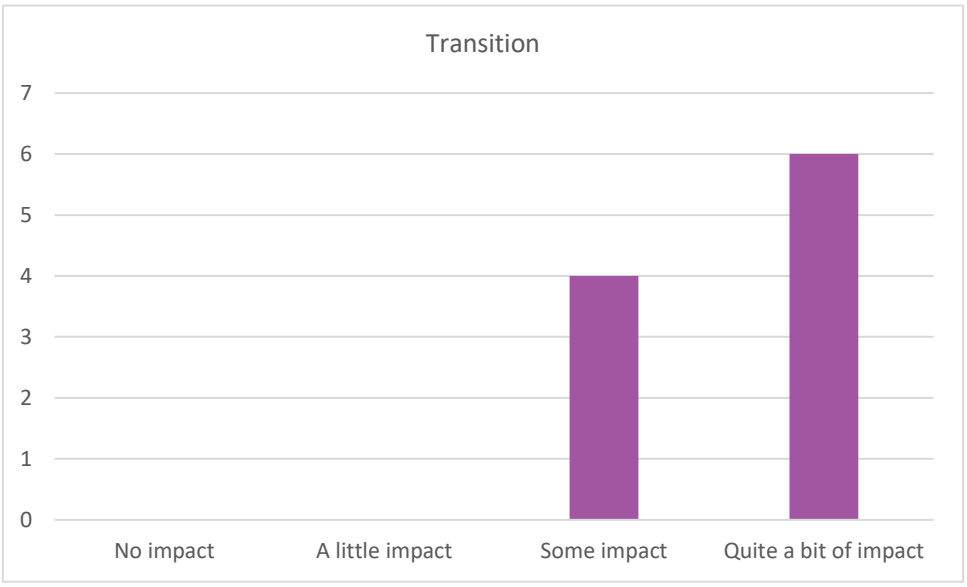


Figure 7. Delivery partners responses regarding the impact of the programme on supporting transition

Schools confirmed these findings, reporting evidence of reduced anxiety, increased engagement, and improved emotional readiness among pupils. Staff noted that, unlike previous cohorts of neurodivergent students, participating children showed levels of worry comparable to their non-neurodivergent peers by the end of the programme. Schools also reported increased understanding of pupils' sensory and emotional transition needs, which informed communication with receiving secondary schools and supported continuity of support.

A key enabling factor was the use of neurodivergent facilitators, whose lived experience helped children relate, trust, and engage with the programme. Schools suggested that beginning transition-focused work earlier in the year could further strengthen impact.

Overall, evidence from all stakeholder groups indicates that supporting transition was the programme's strongest area of impact, with only minor timing refinements identified for future delivery.

Aim 2: To build a positive neurodivergent identity, celebrating difference and fostering confidence

"Difference is not a deficit"

The programme supported the development of a more positive neurodivergent identity for many children, with evidence of increased confidence and engagement across stakeholder groups. However, impact was influenced by wider school culture and ongoing experiences of stigma, highlighting the need for whole-school reinforcement.

CYP reported improved self-awareness and confidence, with average ratings for knowing how to be their "best self" increasing from 3.14 to 3.93. The number of CYP selecting the highest confidence rating more than doubled, while low confidence responses decreased, indicating reduced negative self-beliefs.

Parents also reported increased confidence in supporting their child's identity, with no parents selecting the lowest confidence rating post-programme, compared to four parents from the cohort having done so before the programme (please see linked recommendation at the end of the report). Many highlighted the value of the message that "difference is not a deficit," and described activities such as the "positivity jar" as helping children recognise their strengths. However, parents also noted that stigma and reluctance to be seen as different remained challenges for some children, indicating that identity development requires longer-term support.

Delivery partners and schools consistently identified the presence of neurodivergent facilitators as a key driver of impact, with role modelling described as "really empowering." Schools observed increased engagement, including from pupils who would typically resist support, and noted that children developed a stronger sense of belonging and shared understanding through the sessions.

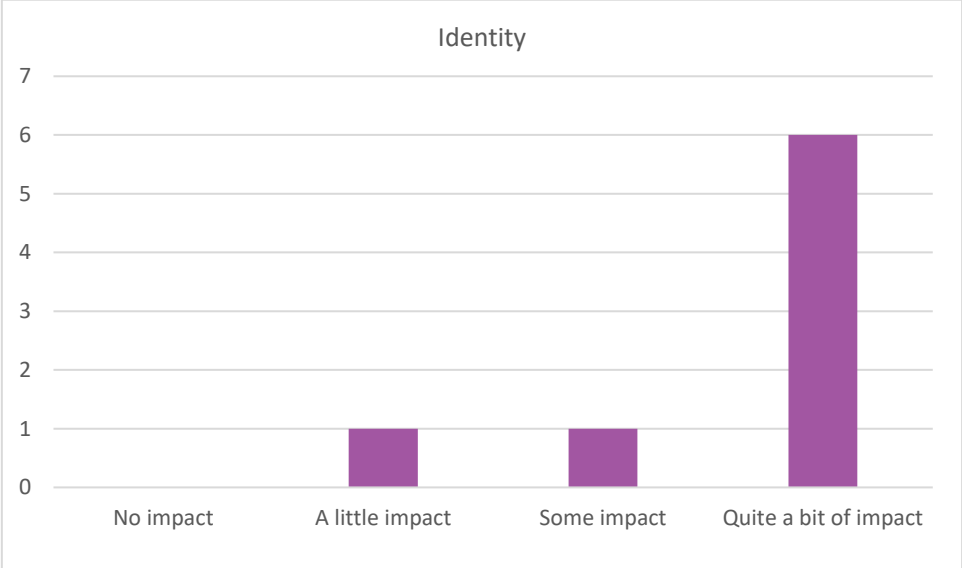


Figure 8. Delivery partners responses on the impact on neurodivergent identity building

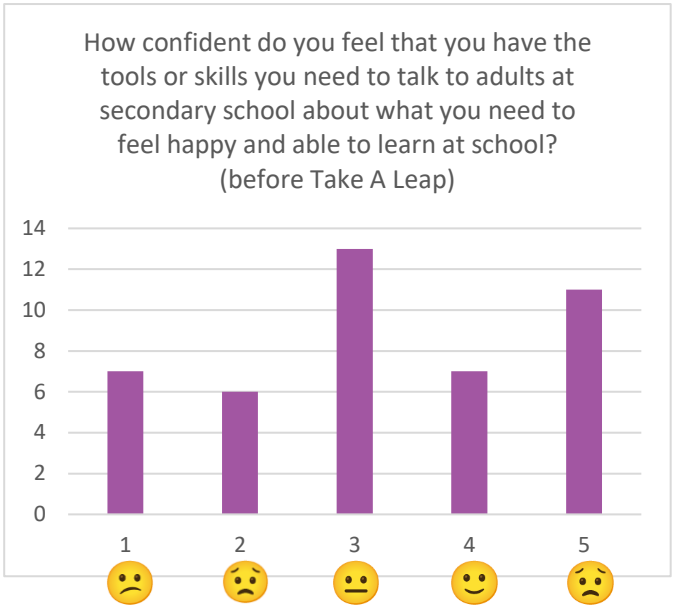
In some schools, however, children initially felt singled out when withdrawn from class, particularly where neuroaffirming practice was not embedded or communication about the programme was limited. Schools emphasised that embedding neuroaffirming approaches across the wider school culture, alongside staff training and clearer preparation, would strengthen impact. One school reported that learning from the pilot directly informed its School Development Plan, demonstrating the programme's potential to influence wider practice.

Aim 3: Develop self-advocacy skills

Across stakeholders, impact on self-advocacy was mixed, with the strongest impact observed by school staff. CYP reported modest improvements, parents noted ongoing challenges linked to stigma and unfamiliar environments, and delivery partners highlighted opportunities to strengthen explicit teaching of self-advocacy concepts.

CYP reported a small but positive increase in confidence in asking for help, with average ratings rising from 3.20 to 3.60 and fewer selecting the lowest confidence scores. Some children described feeling more confident to speak up: "*I'm more confident to ask for stuff*", while others continued to report significant difficulty, particularly with unfamiliar adults: "*I can't talk to them, ever*", highlighting that self-advocacy remains challenging for many neurodivergent children.

Parents' observations reflected this mixed picture. Some reported increased willingness to use their voice, with one parent noting, "*He uses his voice more and has even spoken in lessons*," while others described continued reliance on trusted adults, often linked to fears of standing out.



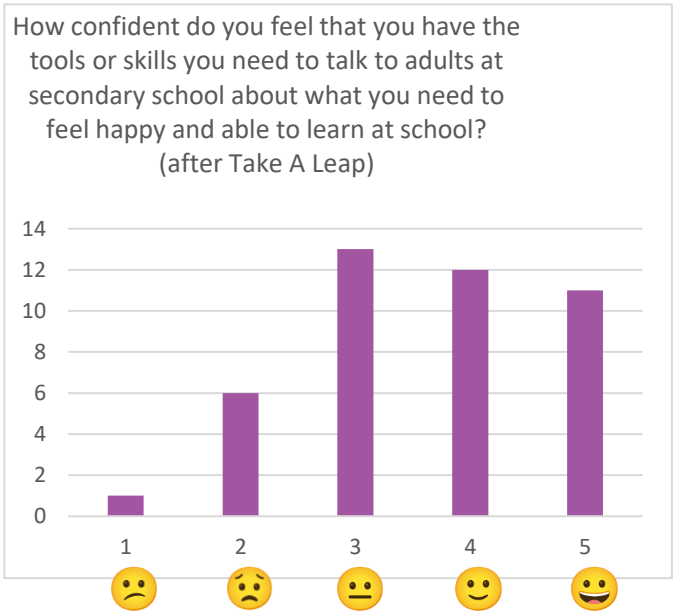


Figure 9. CYP (5-point scale) responses about confidence and self-advocacy

Figure 10. Parent responses about how their child is at advocating for their needs

Delivery partners reported varied impact, with half identifying the programme as making "quite a bit" of difference. A key learning was the need for clearer psychoeducation around core concepts. One partner reflected that important ideas, such as *reasonable adjustments*, were not explicitly taught in the programme: "I don't know if the words 'reasonable adjustments' were ever mentioned… that information is what young people need to know to self-advocate better."

Figure 11. Delivery partner responses on TAL impact on self-advocacy skills

This highlights that participants in this pilot may not have received enough structured learning about essential concepts needed to advocate for their needs and this feedback could be responded to in future iterations.

"For the first time, the children really sat down and thought about what worked for them, and that gave them a real sense of empowerment to talk to staff about their needs."

Schools consistently reported stronger impact, describing the programme as the first structured opportunity for many children to reflect on what supports them and communicate this to staff. Teachers observed increased confidence and described children "blossoming" in their ability to articulate needs. In some schools, this prompted wider reflection on pupil voice, including exploration of formal advocacy roles. One teacher reflected: "*For the first time, the children really sat down and thought about what worked for them, and that gave them a real sense of empowerment to talk to staff about their needs*."

Key enabling factors included the non-hierarchical delivery approach, the presence of a trusted adult, and facilitators with lived experience, which helped children feel safe to speak openly. Overall, the programme successfully created a foundation for self-advocacy, with clear scope to strengthen impact through explicit teaching and alignment with how secondary schools respond to pupil voice.

Aim 4: Support emotional regulation and mental health

This aim was partially met, with the strongest impact observed within the neuroaffirming, supportive environment of the sessions. Promising potential on the impact of longer-term mental health also emerged, as several schools reported the programme effecting changes in school culture and practice (please see section 4.3). Differences in reporting between CYP, parents, and schools highlight that emotional regulation remains highly contextual and requires longer-term, consistent support across settings.

CYP reported the largest improvement in emotional regulation, with average confidence increasing from 2.79 to 3.65, and no children selecting the lowest confidence score after the programme. CYP recalled learning practical strategies to "*calm down in the moment*" and described improved emotional awareness, although some continued to worry about coping with changes in routines or teachers, indicating that challenges remained.

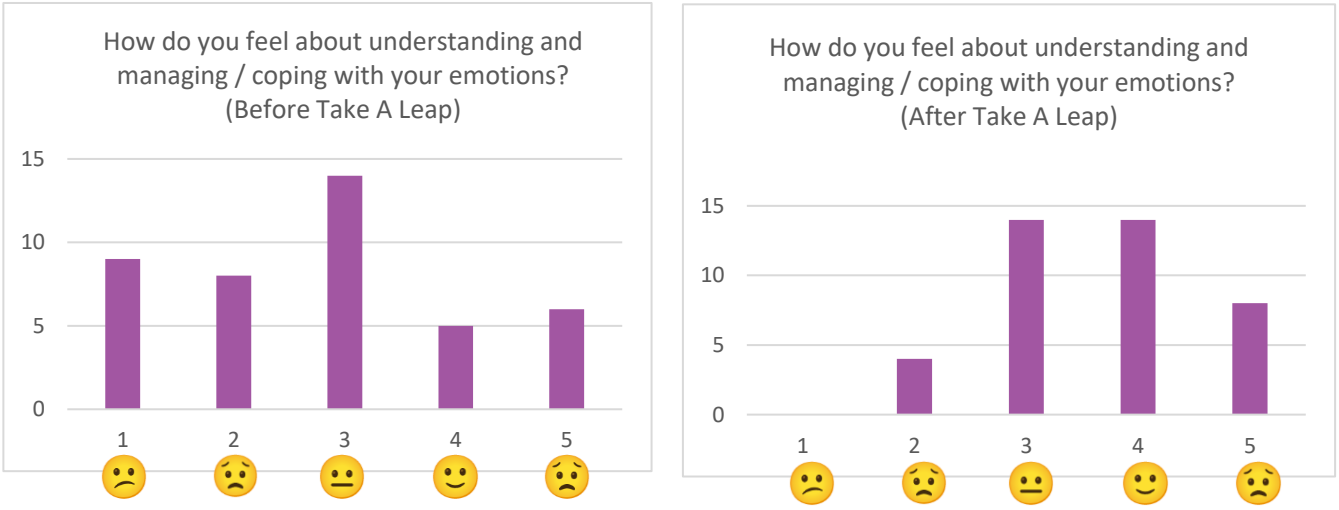


Figure 12. CYP (5-point scale) responses about understanding and managing their emotions

Parents' feedback was more cautious. Many described emotional regulation as a "very difficult area" requiring longer-term support than a 10-week programme could provide, although some noted difficulties occurring *"less and less often."* Parents valued the sessions as a safe social space that reduced overall stress, even where regulation at home had not changed substantially.

Schools consistently reported positive impact within the school environment. Staff observed that the programme created a safe, neuroaffirming space where children could explore emotions without judgement and feel that their feelings were valid. One SENCo reflected, "*They just made them feel comfortable and that everything they were feeling was right*." Schools also noted that children benefited even when not actively participating, with one staff member observing, "*Even the children who weren't contributing were listening*."

Delivery partners similarly reported “some” to “quite a bit” of improvement in emotional regulation and mental health, while highlighting that diverse sensory and regulation needs meant some children struggled to access sessions fully. (Likely impacted by staffing, please see the recommendations section, Appendix G.)

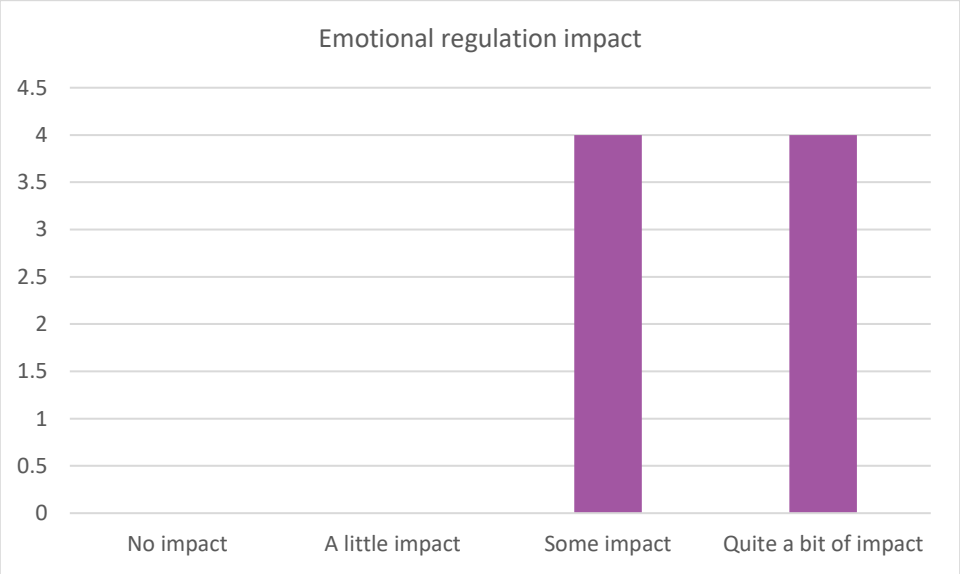


Figure 13. Delivery partners responses about impact on mental health and emotions

Overall, *Take a Leap* provided meaningful emotional support within structured, neuroaffirming sessions, while findings highlight the need for continued, tailored support and adaptations to strengthen emotional regulation beyond the programme.

Aim 5: Co-produce the programme with neurodivergent community

Co-production was central to the programme's values and design, and lived experience clearly strengthened the quality, relevance and relatability of the delivery for the CYP. Part of the programme's aim was to test the impact of co-production on an intervention like this. However, logistical barriers, communication gaps, and tight timelines prevented the fully iterative process that was intended. While the aim was met in principle, future delivery would require earlier planning, clearer communication, and structures that support sustained involvement of neurodivergent partners across all project stages.

What worked well

Strong motivation and sense of purpose: Both respondents to the co-production partner survey described wanting *"to use my lived experience to help others"* and to *"advocate for other children to make sure their needs are met,"* particularly where they felt their own schools had not supported them effectively. This shared sense of purpose underpinned meaningful engagement.

A neuroaffirming and accessible environment: The physical and social environment supported participation and regulation. Participants described feeling grounded because they were *"free to move around, and being able to draw or fidget while talking,"* and the facilitation style was also highlighted as supportive, with one participant noting that *"we were given time to articulate our opinions… there was no pressure to contribute."* Familiarity further reduced anxiety, with participants describing feeling more comfortable because they were *"already familiar with Amaze,"* the staff, and the physical space.

Safety through shared identity: Participants described feeling safe because they understood the purpose of the work once present at the sessions and who they were working with, with one noting that safety came from *"knowing who I was talking to and why they wanted to hear from me."* Peer connection was also important, with one participant describing that being in a space where *"everyone was like me"* meant they felt listened to and their ideas were genuinely valued.

Neurodivergent CYP involvement in shaping the programme: Neurodivergent CYP contributed to the programme design through focus groups and surveys during the proposal phase.

What was challenging

Uncertainty and emotional barriers: While participants felt the environment was quite accessible once at the sessions, they described anxiety linked to uncertainty ahead of the sessions including concerns about *"who would be there, what would happen, and what would be required."* One participant specifically worried about *"how many people would be there, and what would be expected of me,"* highlighting the need for clearer pre-session information.

Practical and sensory barriers: One participant described travel as "quite far and expensive," which limited them to attending only one session. They were unaware that financial support was available. Despite the environment being sensory-friendly for some, it was also noted that *"noise levels were sometimes difficult,"* highlighting the challenge of meeting multiple sensory needs in shared spaces.

Structural limits to authentic co-production: Due to tight project timelines (please see Appendix B for a detailed project timeline, including the impact of challenges related to releasing funding[7]), all partners were not able to remain involved consistently across all stages of development and delivery. This limited opportunities for iteration and meant that the project at times felt more like a "traditional commission project" than a fully co-produced process. One partner reflected: *"I did feel a little bit like the timelines were just too tight for it to feel like it was authentically what we'd said it should be."* As a result, partners felt the co-produced content was not fully carried through into final materials. *

Missing resources: Although a parent information pack was co-produced, it was not received by any parents, limiting its reach and impact. We understand this was due to schools managing parent communication and the pack not being sent out. This would be done differently in the future.

**Note: Heads On had initially planned to carry out the co-production of the programme in October. NHSCT had wanted to fund this work, but would not release the funding until January 2025. This meant shifting the co-production phase from the Autumn to the New Year which ultimately made the co-production and delivery timelines very tight. Heads On were unable to fund the co-production. The evaluation reflects the impact the tightened timeframe had on this. If the programme was repeated, more time would need to be built in for the co-production phase, and slippage time built in.*

Feasibility

Overall, the results gathered from all stakeholders in this evaluation indicate that the *Take a Leap* pilot was feasible to deliver within primary schools. All participating schools indicated that they would welcome the programme returning in future years, representing a unanimous endorsement of the programme's impact and a clear indication of its value, relevance, and sustainability within school settings.

Feasibility for Schools

School staff reported a variety of factors that contributed to high levels of feasibility:

- The programme integrated well into the school day and that on-site delivery reduced barriers to participation.
- Senior leadership support was a key enabling factor, with SENCOs and school leaders advocating for children to attend sessions even when this required them to miss lessons.
- Schools valued the adaptability of facilitators, who were able to respond to competing priorities and reschedule sessions where needed.
- Schools also reported that the quality of the sessions led to unexpectedly high levels of engagement, particularly among pupils who would not typically engage with interventions.

Challenges to feasibility included:

- Competing end-of-year priorities such as SATs, trips, and transition activities
- Variation in views on the optimal time of year for delivery
- Administrative demands, including consent processes and briefing requirements
- The need for a single, consistent point of contact within schools

Schools suggested that earlier planning, introductory meetings with families and staff, and clearer pre-programme communication would further improve feasibility and address some of the challenges related to feasibility identified above.

The below word cloud presents the main themes reported by schools for what made the programme feel unique and impactful for their school.

Figure 14. School themes word-cloud

Appendix E. provides a more detailed look at the feedback from schools. It highlights what made the programme easy to run and what was more challenging. This thematic analysis shows that while the programme is feasible for a school setting and highly impactful, there are areas where it can be improved. These findings form the basis for our recommendations on how to make the programme even more effective and sustainable in the future.

Feasibility for Delivery Partners

Delivery partners reported that the programme was generally feasible to deliver but required a high degree of flexibility and responsiveness. Factors supporting delivery included:

- The presence of teaching assistants who knew the children well
- Facilitators' experience, adaptability, and lived experience of neurodivergence
- Access to session plans and materials in advance

Barriers to delivery included:

- Wide variation in support needs within groups
- High levels of need for one-to-one support
- Last-minute changes to schedules or session arrangements
- Inconsistent access to session plans across partners
- Travel distances and transport challenges for some staff
- Tight timelines
- Communication gaps related to the 'double empathy' problem[9]

Partners highlighted that clearer role definitions, consistent planning materials, and earlier agreement on logistics would improve sustainability for future delivery.

[9] The double empathy problem suggests that communication difficulties are not inherent in the individual (so an autistic person's communication is not 'impaired') but that communication difficulties arise because there is a difference between people's communication style, usually autistic and noon-autistic. The double empathy problem was defined by autistic researcher Dr. Damian Milton in 2012.

Further Impact: Beyond the Core Aims

In addition to meeting its core aims, the pilot generated a range of wider impacts across schools, delivery partners, children and families, and the wider system.

Impact on School Culture and Practice

The programme acted as a catalyst for reflection within schools, prompting staff to reconsider how neurodivergent needs are understood and supported. Several schools reported embedding neuroaffirming principles into their school's development plans and exploring ways to extend pupil voice and representation. Staff also reported learning from observing facilitators' approaches, which influenced their own practice in classrooms and in school culture.

> ***"So, for me it's more now, kind of thinking for next year, how can I introduce something like Take a Leap, not so much talking about that transition, but just talking openly about what our needs are, and talking openly about... this is what helps me, or this is what makes it feel good for me if I do this, and creating that sort of open culture where they're able to talk about that across the school, not just at this point. Because I think we've seen how much these children have gained confidence from that open talking in this really short amount of time actually. How do we make that an opportunity across the school and create SEN ambassadors that are able to really speak up for that cohort of children as well."***

Impact on Children's Peer Relationships and Belonging

The programme supported peer connection and reduced feelings of isolation for many children. Schools observed the development of new friendships from the sessions, and through discovering shared experiences, the CYP noticed they *"weren't the only ones feeling*

like that." This sense of shared experience was identified by schools and delivery partners as an important contributor to wellbeing and engagement.

Equitable Access to Support

Delivering the programme in schools and removing the requirement for a formal diagnosis enabled access for children who might otherwise fall outside existing support pathways. Schools and parents highlighted the value of this inclusive approach, particularly for children on long assessment waiting lists.

Impact on Delivery and Co-Production Partners

The programme had a significant positive impact on some neurodivergent delivery partners, supporting confidence, skills development, and progression into education and employment opportunities. One volunteer spoke about their experience to an audience of over 100 people. Another has re-engaged with education and is now pursuing a career in clinical psychology, inspired by meeting a neurodivergent psychologist during the pilot. A third volunteer secured a role supporting an after-school club and will be training to become a teaching assistant, a pathway directly supported by their involvement in the programme.

Parent experience

Parents reported reassurance from knowing that their child had access to trusted, understanding adults within school. Even where changes at home were limited, parents valued the safe space provided to children and the reduction in transition-related stress. Feedback also highlighted the importance of strengthening parent-facing resources to reinforce learning beyond the sessions.

> ***"I was happy that she had the transition group, because I wasn't there for her because my other daughter was unwell. I was very happy that she had other professionals and that program to help her. And sometimes we don't know how to even tell our children what is going to happen, because we don't know ourselves and like whoever ran the program, they know what the kids may benefit from knowing. And I'm sure she benefitted a lot - she was happy to go in and I think she - you - made her even more ready."***

Section 4: Strategic Recommendations for Future Sustainability and Impact

To build upon the measurable success of the pilot and ensure the sustainability of the programme, the following recommendations have been drawn from all stakeholder feedback. The table below outlines the key, strategic recommendations. For the full recommendations list please see Appendix G.

Psychological safety (particularly for people bringing their lived experience to the project)	
Recommendation	**Rationale**
Prioritise a dedicated relationship-building phase (1-2 months) **It should be noted that this phase was built into the project but was removed due to the shift in timeline and funding.**	Time for relational safety, trust, and understanding communication styles would support smoother collaboration in neurodiverse teams and prevent later operational strain. This phase should include setting boundaries, roles, and shared working agreements as well as early conversations identifying strengths, processing styles, communication preferences, and support needs to improve collaboration in neurodiverse teams and reduce misunderstandings. This recommendation has come from delivery partners feedback and analysis of the co-production aim.

Continue to prioritise creating neuroaffirming environments in delivery sessions (and in co-production) and the inclusion of neurodivergent facilitators	This was viewed as the most impactful, motivating element of the programme.

Co-production	
Recommendation	**Rationale**
Agree on a shared, iterative definition of co-production in the "Pre-planning" stage	To ensure co-production insights are meaningfully reflected in content, working styles and delivery of the project. A funded pre-planning phase should align all partners on what authentic co-production means in practice, including roles, decision-making, hierarchy flattening, and expectations for involvement in design, content creation, and delivery.
One key staff member from each secondary school to be involved in the project (who can then be a co-production partner)	To support understanding of secondary school staff, potentially impact secondary school culture and to support relational safety by connecting parents and children with staff prior to transition.

Continue to embed Clinical Psychology expertise in the co-production	To manage and contain potentially traumatic material and ensure clinical safety during co-production.

Delivery	
Recommendation	**Rationale**
Support schools in identifying neurodivergent girls, CYP from racially minoritised background to access support and who are not officially diagnosed	To increase access to support for CYP and reduce additional health inequalities.
Deliver parent support session and provide co-produced resources including signposting information to wider resources	To help parents gain confidence in supporting their child's identity, self-advocacy, and emotional regulation. Ensure accessible parent booklets are delivered to allow parents to reinforce learning at home. Recognise that neuroaffirmative identity building and supporting the mental health of neurodivergent CYP is a lifelong, multi-system process.
Provide guidance and training for secondary schools	To ensure they are receptive and prepared to act on the self-advocacy efforts of the CYP.

Evaluation	
Recommendation	**Rationale**
Co-produce accessible, child-friendly evaluation tools and improve methods for gathering long-term feedback.	An evaluation team should be brought on from the beginning of the project to effectively co-produce accessible, child-friendly surveys. Implement standardised, validated measures (e.g., RCADS) to measure the mental health impact and to provide a clearer understanding of how programme impact translates into the secondary school environment and long-term mental health.
Audit against existing programmes (e.g., Autism in Schools, AIS)	To ensure "Take a Leap" offers clear added value and avoids duplication within the Sussex neurodevelopmental pathway. The landscape of ND provision in schools has changed over the last two years, including what AIS is and its relationship to PINS schools.

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Appendices

Appendix A. Table of partners involved in Take a Leap

Partner	Role in Take a Leap	Contribution to Co-Production & Delivery
Heads On	Project Lead	Development of project including co-production Submission of the EOI and funding bid Communication with schools Project management to oversee delivery of the project and manage ongoing monitoring and evaluation
Amaze	Delivery partner from project inception through co-production and delivery, delivering directly into schools	Consultation and engagement with CYP and families to inform programme design; recruitment of CYP for co-production; recruitment, training, and supervision of volunteers and interns supporting delivery and evaluation
Amazing Futures Volunteers (Ages 18–25)	Peer mentors	Co-delivering sessions in schools; supporting children to explore identity and build confidence through peer support
Aspens	Delivery partner from project inception through co-production and delivery, delivering directly into schools	Specialist support for autistic CYP; co-facilitating co-production; co-delivering the intervention in schools; leading data collection for evaluation
Sussex Partnership NHS Foundation Trust (CAMHS)	Strategic oversight of programme alignment to Sussex CAMHS services and neurodevelopmental pathway, project management support for co-production	Participation manager and staff to support the co-production phase. They were due to offer clinical oversight initially, but this was outsourced due to capacity.
NHS Sussex ICB	Strategic oversight of PINS alignment and school-level interventions	Strategic alignment with PINS; supporting early engagement in primary schools; facilitating education-health integration

Dr Anita Marsden	Independent Clinical Psychologist	Clinical input during co-production; ensuring neuro-affirmative approach; advising on content for emotional regulation, coping, and identity-building

Appendix B. Timeline of project

Project Origins & Funding Bid

Heads On submitted the Expression of Interest for the pilot, and later a funding bid accompanied by a video that showcased the voices and experiences of neurodivergent young people alongside key stakeholders. The video highlighted the rationale for the programme, the unmet needs it aimed to address, and the innovative, co-produced approach at the heart of Take a Leap.

Partnership roles were established:

• **Heads On:** Strategic oversight, project management

• **Amaze:** Youth engagement, recruitment, session hosting, safeguarding, co-production leadership

• **Aspens:** Programme design, neurodivergent-led course development, youth engagement, school liaison, evaluation surveys

• **Sussex Partnership Trust (SPT):** Logistics, data management, delivery support

• **Independent Clinical Psychologist:** Co-production facilitator, supporting design and monitoring and evaluation.

Pre-funding stage (October-December 2024)

● Expressions of interest from partners

● Participatory methods used to gather insight from stakeholders to inform funding bid

● Video made from stakeholders as part of the funding bid

● Final funding application submitted

Heads On had initially planned to carry out the co-production of the programme in October. NHS Charities Together (NHSCT) said they wanted to fund this work but would not release the funding until January 2025. This meant shifting the co-production phase from the Autumn to the New Year which ultimately made the co-production and delivery timelines very tight. Heads On were unable to fund the co-production, so had to follow direction from NHSCT. The evaluation reflects the impact the tightened timeframe had on this. If the programme was repeated, more time would need to be built in for the co-production phase, and slippage time built in.

Early operational planning (January-February 2025)

• Funding formally awarded end of December/start of January

• 14th January: "Kick-off" meeting held, partners attended (Aspens, Amaze, CAMHS, Heads On, Clinical Psychologist) to create a shared understanding of proposal, timeframes, and practical planning.

• Biweekly "operations meetings" established and carried out, planning of the co-production phase started with partners

• *Embargo lifted by NHSCT on press and publicity 6th February*

• Identified early practical barriers for delivery phase: term timing (summer), teacher burnout, local authority constraints

• Helped think about engagement for co-production (e.g. having an art facilitator, face-to-face, virtual, and survey options).

Co-production phase (Spring 2025)

• Co-production sessions were run from mid-February to the end of March.

• A variety of stakeholders were engaged in this co-production phase, including young people, parents, schools, Aspens, Amaze, CAMHS, Heads On and an independent clinical psychologist.

• This phase aimed to gather neurodivergent CYP's voices to co-produce the programme content and structure.

• The co-production information gathered was pulled together and communicated to Aspens and the ND designer responsible for the resource booklet.

• Aspens used the co-production outcomes to produce a draft outline for each week of the course

• Facilitation group edited the draft outline

• Feedback gathered from CYP in the final co-pro session to inform the final plan for delivery and the printed resource

Programme design and resource development (March-April 2025)

● Aspens drafted structured session content drawing on experiences of previous transitions work informed by the co-production outcomes

● Collaborated with an autistic illustrator to produce a student booklet and accompanying parent information leaflet based on the co-production sessions

● Adaptation: Planned 12 sessions reduced to 10 due to time limits introduced through conversations with the schools; reflective sessions removed.

Recruitment, consent, and school engagement (April-May 2025)

• Aspens and Heads On managed consent form processes, liaised with schools and the PINS staff

• Recruitment of schools was entirely through PINS (TAL was only open to PINS schools)

• Sessions were set up with schools

• Gathering of consent and pre-course data from parents and children

Delivery of school sessions (Summer term - April - July 2025)

● Aspens and Amaze facilitators worked alongside young person volunteers and school staff to implement the 10-week session course

● 44 Year 6 children attended the sessions in their schools

● Post course data was gathered from the children at the end of the course

Monitoring and evaluation (July - December 2025)

● Recruitment of evaluation and monitoring team, including the neurodivergent Assistant Psychologist and Clinical Psychologist

● Post course data was gathered from parents

● Five of the six participating schools were interviewed

● A follow-up survey for CYP and parents was co-produced alongside Amaze staff

● A small number of CYP and parents were interviewed

● Two surveys were co-produced to gather data from delivery partners and YP involved in co-production sessions

● Input and analyse Survey and Interview data (qualitative)

● Leads for Autism in Schools and PINS were interviewed

Appendix C. Co-production and how it was achieved

Project co-production phase

Figure 3. Co-production session photo

The operational group and co-production partners met in January and February (see timeline above) to plan the co-production phase. It was agreed that a ratio of 1:3 co-production facilitators and young people would be important to work with flexibility to gather information from the whole group or split into smaller groups. Themes of the sessions were discussed, and a detailed 'session plan' drawn up. Facilitators planned how to hold the group safely making sure consent was gained and any traumatic material discussed was held and contained. A recruitment poster was designed by the Aspens designer and circulated by Aspens, Amaze and the CAMHS participation team. There was an initial embargo on sharing publicly that the funding had been granted, which impacted the timings of this part of the project.

The co-production phase was made up of:

- Six face to face co-production sessions at a central East Sussex location
- Opportunity for parents to contribute during these sessions (taken up on one session)
- Two online sessions for young people
- An online survey for young people
- An online survey for parents
- An online session with the six participating schools
- An online session with a parent representative (the chair one Parent Carer Forum)

The face-to-face sessions were facilitated by one person from Amaze, one from Aspens, one from CAMHS participation team and the Clinical Psychologist. An art facilitator attended each of the face-to-face sessions. They set up an informal art activity for each session that meant there was something structured for the young people and facilitators to take part in alongside each other, to help them settle into the session, to reduce the hierarchy between adults and young people and to have something active and creative to work on while discussing some potentially challenging themes. The venue was also arranged so that there were multiple tables people could sit at, with lots of sensory toys and fidgets, snacks and there was a breakout space/sensory room people were informed about and could access if they needed to. People signed in to each session and consent was requested for photographs to be taken.

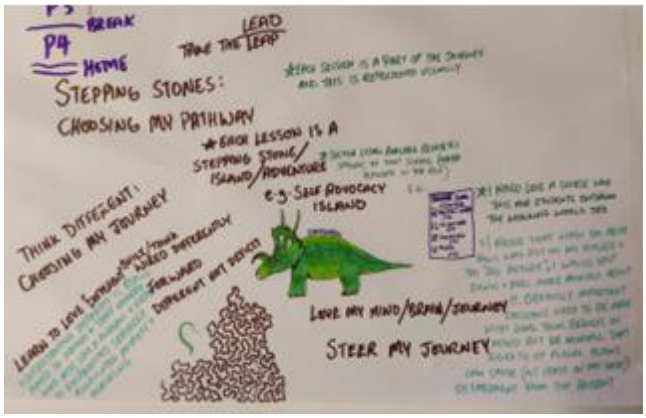

Figure 5. A Photograph from the final co-production session generating ideas about the name of the project and session practicalities

The face-to-face sessions had between zero (there was only a week's notice for the first session where no young people attended) and 9 attendees and not all young people came to every session. This meant that the 'session structure' was not able to be implemented and instead each session took on a more informal structure where we discussed questions such as: What was your experience of transitioning to secondary school? What went well about it? What didn't go so well about it? We are creating a course for year 6 students to support their transition, what do you think we should include in this course? What would have helped you?

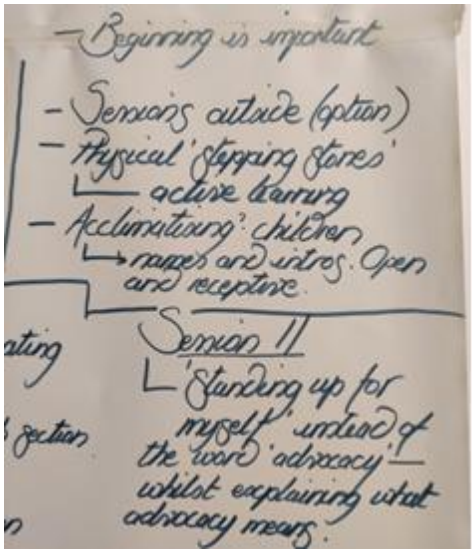

Figure 6. A photo from the final co-production session where we reviewed the session content and wording

All young people that attended were recruited via Amaze in East Sussex and Brighton and Hove. No young people attended from West Sussex. After sessions, photographs of the information gathered were sent to Aspens with some summaries of key discussions. After the fifth face to face session Aspens drew up a rough session plan for the course structure. The Aspens designer had also created precedent images of the booklet along with a colour palette. This was a challenging time frame to work in as there was only just over a week before we met again with the young people to get their input and feedback.
The co-production facilitation team then met in person, along with the project manager to look at the session plans, comment on and edit these in line with the co-production sessions. A final face to face session was then held with the co-production young people to gather their feedback on what had been produced in order to contribute to the final iteration of the course. The young people were asked to rename the project, consider the content of each session, the practicalities of sessions and the overall structure.

Challenges of the co-production phase included restricted time for this phase which impacted relationship building and recruitment of young people, as well as the iterative process of design and development of the content and look of the programme.

Appendix D. Evaluation Methodology

Pre-Programme Surveys

- Pre-programme surveys for parents, and CYP developed by Amaze and Heads On.
- Distributed to children during sessions via Aspens (44 responses), and to parents through schools (17 responses)

Post-Programme Surveys

- Surveys for parents and CYP developed by Amaze and Heads On
- Distributed to children during sessions via Aspens (44 responses), and to parents through schools (14 responses)

Evaluation Team Involvement (from July, post-programme)

- Co-produced follow-up surveys and semi-structured interview schedules with a partner from Amaze
- Surveys and interviews were co-produced for: school staff, parents, CYP involved in the pilot, co-production partners, delivery partners and the operational team

Follow-Up Data Collection (post transition)

- **Parents:** Three parents were interviewed, and follow-up surveys were distributed (4 responses)
- **CYP:** Two young people were interviewed, and follow-up surveys were distributed (2 responses)
- **Schools:** Five schools took part in semi-structured interviews about their experience of the programme (SENCOs and TAs), and three schools shared demographic data of the participating CYP
- **Co-Production partners:** Follow-up surveys were distributed (2 responses) one partner was interviewed
- **Delivery partners:** Follow-up surveys were distributed (8 responses) one partner was interviewed
- **PINS Autism in Schools Team:** Meeting with Deputy Service Manager and CLASS+, and meeting with Senior Manager at Targeted Support Services

- **Operations Team:** Interviews with operations team partners including from Heads On, Aspens and Amaze

Analysis

- All surveys and interviews were analysed through quantitative and qualitative methods and were written up into an evaluation report, including recommendations stemming from the results

Appendix E. School thematic analysis

Theme	The Facilitators (What Made It Work)	The Barriers (The Friction Points)	Illustrative Quotes
Inspiring Change	The programme's success in providing a unique programme t hat fostered shar ed understandin g of neurodiverge nce was supported by a positive overall school culture. Many schools felt inspired to embed and expand on the programme's content and values into the wider school context.	In some schools, inspiring systemic change was difficult due to existing school culture norms. This demonstrated a greater need for shared understanding of neurodiversity and more time and preparation for the programme.	*"So, for me it's more now, kind of thinking for next year, how can I introduce something like Take a Leap, not so much talking about that transition, but just talking openly about what our needs are, and talking openly about... this is what helps me, or this is what makes it feel good for me if I do this, and creating that sort of open culture where they're able to talk about that across the school, not just at this point. Because I think we've seen how much these children have gained confidence from that open talking in this really short amount of time actually. How do we make that an opportunity across the school and create SEN ambassadors that are able to really speak up for that cohort of children as well. "* *"That session really stood out. It made us reflect as a school, and we've actually added something about truly understanding the needs of every learner into our school development plan. Every child deserves a voice, and that came directly from that session."*
Safe Space	It was clear across the board that the	Maintaining the space was tricky in some schools due by external	*"The lady who delivered it was brilliant. She was very open about her own neurodiversity, and that meant the young people could identify with her*

	programme provided a safe space through the presence of a trusted adult and a neuroaffirming approach, which directly addressed the need for the programme and cultivated a vital sense of belonging among the facilitator and CYP through shared experiences.	pressure from school culture (e.g. the way in which CYP were told about the group, or school staff questioning the need for the group), and internal challenges like stigma and difficult group dynamics, compounded by little time and preparation for initial setup.	*straight away. When she shared some of her own challenges, they'd say, "Oh, me too!" I think that connection made it very powerful."* *"I don't think the sessions would've had the same impact if I'd delivered them myself. I'm an assistant headteacher, I'm neurotypical, and the children see me as an authority figure, that could've been a barrier. The fact that it was delivered by someone who "gets it," who's lived it, made all the difference."* *"Yes, having a known, trusted adult was crucial. Children were opening up… it needed someone they trusted."*
Connection	The primary driver of trust was the neurodivergent role model who demonstrated authenticity and relatability, leveraging shared understanding and a non-hierarchical approach to build genuine rapport.	Building neurodivergent connections was sometimes hindered by stigma attached to being neurodivergent, and an ongoing need for shared understanding of neurodiversity across the school community.	*"She would introduce the fact that, you know, there were some things that she found tricky when she was at secondary school, and that transition and things for her that maybe they felt like she was somebody that had that shared experience already, and they could then relate to that a little bit more."* *"They were able to see each other's differences and similarities, so they felt not alone, if you like, they felt that they were all in it together. And out of that, actually, some more friendships grew. I think they got a bit closer, because they're obviously across two different classes, and I think that made*

			them feel better that they weren't the only ones feeling like that."
Competing priorities	The program proved its practical feasibility by demonstrating adaptability and being easily embedded in school, thereby justifying the need for the programme despite existing demands.	Logistical friction was created by tight timings, which was a barrier for many CYP as well as the school community, competing demands like school trips, SATs and favourite classes made an impact.	*"So that time of year just gets busier and busier, and then what we don't want to do is be taking children out of sessions where you know, they're missing those last moments with their peers "*
Communication challenges	The program mitigated potential issues through high adaptability and strong facilitator qualities, demonstrating the inherent need for the programme and its ability to overcome operational hurdles.	Operational hurdles arose and there was a necessity for more time and preparation to streamline briefing and administrative processes (e.g., consent forms), and to build a shared understanding of neurodiversity.	*"The fact that Jenny was flexible in changing stuff for us really worked as well, because without that flexibility, they would have lost sessions."* *"Yeah, they could have done with a meeting before the programme started. And I wonder whether that could have been done with parents as well, let everybody know so parents and children together, met the people that were going to be working with them just almost like on a social level, and I think that would have made it feel less like school."* *"Just to have one person, one link to the school, and one adult in the school, whether it be me or somebody else, but just that, I think, would be much easier,*

			just a bit more simplified with the people. "
Meaningful impact	Significant results were achieved due to the unique programme design, the power of the neurodivergent role model, and genuine connection, leading to increased understanding of self and others, validating the need for the programme.	Meaningful Impact: The impact was limited for some learners by structural issues, including poor accessibility due to writing as a barrier, stigma, and challenging group dynamics.	*"I felt that it held them up a little bit with everyone else- you don't see a difference in them worrying any more than any other child in the class, whereas last year, we did have some children that were a lot more worried than the rest of the class, and you could see that difference"* *"The whole thing, really, I came out, didn't I and said to you- how they just got her instantly, they just got Jenny instantly and were prepared to work with her, you know. So that was big for those children- that they opened up straight away. You could see it working, you could see them blossoming. So, it was just the whole thing- it just fit what they needed."* *"I felt like, for the first time, the children really sat down and thought about school and what worked or didn't work for them and that gave them a real sense of empowerment to then go and talk to staff about their needs."* *"The only tricky bit for a couple of children was the expectation of writing. One of our young people finds writing really triggering, so we scribed for him. In future, I think having alternative options, like using a laptop, would be helpful.*

			Writing can be a real barrier for some neurodivergent children." *"I think the initial bit of feeling different, you know, when they were saying, why me? Why have I been chosen? And we probably didn't- I mean, I don't know if I should have done but we probably didn't unpick that more in terms of their needs, etc, etc. I don't know if we unpicked that fully, "* *"....interventions have been quite difficult, and I like the fact small group, and you could sort of pick up on those things a little bit, you know, how people treat others, and being aware, even children who need to work on that weren't the ones contributing, but they were listening."*
Unexpected engagement	High engagement and enthusiasm were driven by the programme being different from school, emphasising play and creativity, and showing strong adaptability to student needs.	Engagement was challenged by the feeling of being "back at school" due to accessibility, writing as a barrier and resistance stemming from challenging group dynamics within the sessions.	*"So we had some boys in the session that wouldn't have necessarily have participated in something like that because they don't like leaving the classroom…you know to come out of the classroom and be put into a group for them, that feels like they're being, you know, segregated, or it feels like for them that they are different from their peers. So actually, he really surprised us, and he was one of the ones that was the most animated. "* *"They just made them feel comfortable and that everything they were feeling was right. It wasn't like come in, sit down, we're just doing this*

			activity, we're going to go through a sheet…it was, they were engaged"

Appendix F. Delivery partner thematic analysis

Theme	What Made Delivery Easier	What Made Delivery Harder	Illustrative Quotes
Scheduling & Timing	Midweek sessions; sessions scheduled earlier in the day when engagement was higher.	End-of-day sessions, Fridays (tired CYP); scheduling the project in the final summer term; "clashes" with school events; rushed timelines of the project.	*"Session at end of day which meant children were tired & struggled to concentrate (especially around SATs), not enough time to complete tasks"* *"Many of the students were tired/less engaged. I noticed a difference in the engagement when the session needed to be changed to a different day/earlier in the day."* *"There were lots of events coming up with scheduling delivered like it should not have happened e.g. telling us it was sports day when we arrived to deliver: then YP having to be 'dragged out' of something more fun or missing out on end of term activities"* *"If the timelines get pushed that much, you can't run a project in that amount of time. It just wasn't enough time, I think is the main thing. We can't do it that late in the year again because it doesn't allow for any overflow.""*

Partnership and working together	Strong collaboration in the early stages.	A sense of "disconnection" once the project moved into the delivery phase; communication difficulty amongst partner organisations.	*"Things went more smoothly when we had more communication with Aspens and we joined in focusing on the main goal. "* *""I think that room was held really well... the combination of staff there was really good, we all worked really well together""* *"It felt like a trio of organisations delivering this... it was an important combination of Aspens, Amaze, Anita, and CAMHS."* *"It felt a little bit disconnected... with hindsight, it felt like [some partners] just weren't involved after a point."* *"It felt like the communication somewhere just got really lost."* *"It felt like there was a huge disconnect for frontline workers from all organisations."*
Group Size	Smaller groups (approx. 6 children) allowed for a much calmer and more focused environment.	Large groups were trickier to support, making it difficult to engage students in tasks.	*"Smaller group- usually around 6, they were much calmer and more focused- this was more manageable for engagement and appropriate support."*

			"The larger group- they were very loud and often difficult to get engaged in the workbook without getting distracted."
Diversity of Support Needs	Providing regulation breaks (drinks and biscuits); confident facilitators having the flexibility to deviate from the workbook/adapt to children's needs; having a TA for 1:1 support.	High levels of dysregulation; a wide range of neurodivergent needs (e.g., ADHD students needing movement vs. quiet students needing calm).	*"We had quite a big range of ADHD & Autistic children who needed different input in the sessions. E.g. group of boys with ADHD who needed a more physical/ movement-based approach and struggled to listen to any content."* *"Higher support needs, some YP with low levels of engagement (one had to be asked to leave sessions in the end because of repeated disruption week on week)"* *"A quieter, internal presentation Autistic girl in the group ended up not returning after a few weeks because the environment was too noisy and chaotic and this felt a shame."* *"Certain young people left these sessions because they were too overwhelmed by how social the games were."* *"One child found the sessions a lot to handle... this was impacting others around him... it was decided he should stop participating."*

Need for 1:1 Support	Active TAs with "excellent knowledge of the kids" who used humour; having multiple facilitators to support high-need groups.	High need for 1:1 support; literacy needs; workbook being too tricky/not motivating for many CYP.	*"Lots of need for 1:1s in a large group which made it complex."* *"One of the YP did find it hard to engage without needing more 1-1 attention. This could be that we need more staff/Volunteers or schools provide a 1-1 for YP if appropriate."* *"Many of the students needed 1:1 support when writing/general engagement... in both schools I worked in."* *"Felt as though it would be beneficial to have two members of staff leading... increases staffing numbers to deal with the level of need."*
Sensory Environment	Movement breaks; large, well-set-up rooms where everyone could sit together.	Noise levels were tricky for some CYP; split rooms; distracting items in the room (football tables/beanbags).	*"Environment was too noisy and chaotic"* *"It also added to the noise levels. There was often a lot of distracting stuff, like a pile of beanbags and a football table in the room"*
Clarity of Roles & Session Planning	Access to session plans and materials in advance; experienced facilitators.	Staff shortages, unclear facilitator roles, disparity in planning- some facilitators received only "minimal info" and others reported having everything they needed.	*"Wasn't clear if I was supporting the lead or at a TA level."* *"Detailed lesson plans- autistic staff involved would have benefitted immensely from this*

			and project would have been more smooth "(Amaze) *"Partner staff had the materials and resources. I wasn't informed about a staff absence once, so found that difficult to navigate while waiting for cover to show up as I only had limited information about the sessions"* *"We were confused about session content or plans too, and they often differed from the minimal info we had been given in advance"* *"I knew exactly what was expected of me with all the session plans which were clear"* *"I liked having all the session plans in advance so I could easily prep resources."*
Location	Local delivery for Aspen's delivery partners	Locations were difficult and far for Amaze delivery partners; unreliable public transport (missed trains).	*"The project was originally planned to take place in Brighton & Hove schools as well, which would have been much easier for us to manage."* *"The West Sussex schools were far to travel for our staff without cars and took a lot of time. Perhaps a conversation*

			around this at the start of the project would have been helpful so we were all clear on what we could sustainably manage." *"I think I got stuck in Littlehampton after missing trains once or twice."* *"It was difficult (esp. without reliable public transport in all areas)"* *"The location of schools meant the project was incredibly staff intensive for Amaze.*
Facilitator/Support Staff Qualities and Skills	Lived experience; subject knowledge; patience; being friendly yet assertive.	Less confident facilitators struggling to manage group dynamics	*"The facilitator for this school was confident and a good communicator."* *"The facilitator for this group seemed less confident in managing a group"* *"I am used to delivering groups so this may have helped."* *"Because of my skill set and subject knowledge this was easy and flexible to manage"*

			“Some TAs were very involved- one really stands out. Excellent knowledge of the kids and able to use humour to tackle behaviour that wasn’t productive. This felt supportive for us.” *“Others felt more like observers and didn’t really get involved”*
Stigma	Lived-experience role models building authenticity and trust.	CYP resistance due to feeling singled out	*“We had young people storm out of the group, express that they didn't want to be taken out of class because they felt singled out. This made it hard to get over that hurdle with some of the young people.”* *"People don't react well to being taken out of regular schooling... contribute to ideas that there is something 'wrong with them'."* *“I can understand from the young person’s point of view, I was able to be a role model for them, so that’s positive. I also struggled in school and would have benefited from this kind of support,”* *“Role modelling from adults talking about their own neurodivergence was really empowering.”*

School culture	Senior leadership "buy-in" (e.g., Deputy Head attending); active TAs with excellent child knowledge.	TAs acting as "observers"; difficulty with communication with schools regarding session logistics; school communication with CYP on the sessions.	*"Overall, a very welcoming environment to make delivery easy."* *"Deputy Head came and sat in on the session which I was surprised at and showed a real buy in and engagement with the project from the senior management team which definitely helped. She was very enthusiastic about the project, which was great."* *"Some felt that the sessions were almost like a punishment."* *"Communication with schools was tough."* *"Some TAs were very involved... Excellent knowledge of the kids and able to use humour…"*
Neuroaffirming support for partners	Having neurodivergent delivery partners allowed for authenticity and role modelling with the CYP.	While the space was neuroaffirmative for CYP, 'behind the scenes' was draining and distressing for neurodivergent delivery partners.	*"I did have moments of burnout and emotional exhaustion in the project, especially with the amount of last-minute changes."* *"We were trying to create a neuro-affirmative space for the kids, but the behind-the-scenes process didn't always feel neuro-affirmative for us."*

			“Because obviously I work with a lot of other neurodivergent people, all of whom were like, can you tell me a bit more about what was going to be happening in the sessions? And then for what we did get, were given, was very, was very basic. The lesson structure overview, it’s basically headings a couple of bullet points." *“We’ve reflected that, especially as we are widely autistic, we needed to be more protective of our staff... I can see why things were rushed, but it was too much.”* *“It felt like we were constantly having to pivot... as an autistic person, that constant changing of the plan is what drains the battery the fastest.”* *“I had a meltdown, it was really difficult- nothing was clear, and I need it to be clear."*

Appendix G: Full table of recommendations

Operational - Set up

Recommendation	Rationale
Adopt a centralised, shared platform for all partners to communicate and store documents e.g. Padlet / Trello (A barrier to this recommendation is the platforms that the NHS is able and willing to use with regards to data security and breech.)	Previous inconsistencies in information access led to partner stress, miscommunication and mismatched expectations. A centralised platform ensures transparency from day one, allowing for open discussion and a shared understanding of project goals.
Extend the project timeline with a 6–8-week buffer and a dedicated "Pre-Planning" time to support neuroaffirming working practices and co-production	To allow for neuroaffirmative relationship building, buffer time for unexpected issues and delays, to ensure an authentic, iterative co-production process and to reduce the stress of last-minute changes for neurodivergent partners.
Prioritise a dedicated relationship-building phase (1-2 months) It should be noted that this phase was built into the project but was removed due to the shift in timeline and funding.	Time for relational safety, trust, and understanding communication styles would support smoother collaboration in neurodiverse teams and prevent later operational strain. This phase should include setting boundaries, roles, and shared working agreements as well as early conversations identifying strengths, processing styles, communication preferences, and support needs to improve collaboration in neurodiverse teams and reduce misunderstandings. This recommendation has come from delivery partners feedback and analysis of the co-production aim.
Agree on a shared, iterative definition of co-production in the “Pre-planning” stage	To ensure co-production insights are meaningfully reflected in content, working styles and delivery of the project. A funded pre-planning phase should align all partners on what authentic co-production means in practice, including roles, decision-making,

	hierarchy flattening, and expectations for involvement in design, content creation, and delivery.
Ensure partners have reflective supervision within their own roles	Space for reflection and supervision allows partners to process challenges arising from co-production and delivery, supporting wellbeing and sustainability.
Ensure feedback loops are multi-channel, not email-only	Feedback from co-production should be shared through meetings, shared platforms, and direct discussion, with all resource creators present to support flattened hierarchy and shared ownership.
Host "Neurotype Mapping" and communication sessions for partners	To support a neuroaffirming working environment through a shared understanding of communication and processing styles.

Phase 1 - Co-production

Recommendation	**Rationale**
Include all partners responsible for final outputs in the co-production process	Partners should be involved consistently from idea development through co-production, resource creation, training, and delivery to maintain shared ownership and trust, create an iterative co-production process to ensure the neurodivergent community voices are held meaningfully through all phases, and to avoid fragmented working.
One key staff member from each secondary school to be involved in the project (who can then be a co-production partner)	To support understanding of secondary school staff, potentially impact secondary school culture and to support relational safety by connecting parents and children with staff prior to transition.
Continue to embed Clinical Psychology expertise in the co-production	To manage and contain potentially traumatic material and ensure clinical safety during co-production.

Agree locations, schedules, and calendars at project start	Early agreement on accessible venues for co-production and delivery, along with a shared calendar of meetings, training days, and school sessions, reduces logistical stress and exclusion.
Ensure clear communication regarding financial support and venues of co-production sessions	To remove practical barriers via travel support, flexible timings, and proactive info on funding. Ensure communication is neurodivergent-friendly e.g. ability to have travel paid for up-front, verbal and written reminders.
Retain safe, accessible venues for co-production sessions	Familiar, neuroaffirming spaces (e.g. iRock, Amaze buildings) were experienced as supportive and should be used again for future co-production work.
Ensure co-production partners see how their contributions are used - sharing materials with them after completion of the co-pro sessions	To reinforce the impact of the co-production.

Phase 2 - Delivery

Recommendation	**Rationale**
Hold a pre-delivery practice and planning session for all partners, including providing detailed, clear session plans well in advance for all partners	To review activities, session plans, clarify roles, build relational safety, and ensure everyone feels prepared. Ensure everyone has session materials well in advance.
Collaborate on school-specific delivery timing	To determine the best time for delivery (e.g. at the start of year 6), acknowledging that this will vary between schools.
Identify a "Single Point of Communication" for each school	To streamline messaging and reduce logistical errors or information overwhelm for school staff.

Support schools in identifying neurodivergent girls, CYP from racially minoritised background to access support and who are not officially diagnosed	To increase access to support for CYP and reduce additional health inequalities.
Deliver parent support session and provide co-produced resources including signposting information to wider resources	To help parents gain confidence in supporting their child's identity, self-advocacy, and emotional regulation. Ensure accessible parent booklets are delivered to allow parents to reinforce learning at home. Recognise that neuroaffirmative identity building and supporting the mental health of neurodivergent CYP is a lifelong, multi-system process.
Continue to prioritise creating neuroaffirming environments in delivery sessions (and in co-production) and the inclusion of neurodivergent facilitators	This was viewed as the most impactful, motivating element of the programme.
Consider group sizes, staffing capacity and the ability to offer quiet break out spaces.	This was found to be challenging for some groups and could be a barrier to the impact the group has or alternatively seen as a facilitator to impact.
Explore more movement-based, creative, and practical activities to make sessions more accessible	To reduce reliance on writing-based/information-heavy tasks that were challenging for many CYP.
Increase psychoeducational content of CYP workbooks	To support CYP in learning key concepts, and for parents to continue learning at home.
Ensure facilitators have reflective supervision spaces (e.g. with Heads On, or supervision in own roles)	Space for supervision allows facilitators to reflect on delivery of sessions and process challenges which will support wellbeing and sustainability.
Plan carefully for group dynamics and size (6-8 CYP), improve accessibility for a wider range of neurodivergent needs.	To support delivery ease, engagement, and accessibility for a wide range of neurodivergent needs. Explore more practical, creative ways to ensure all CYP can engage fully, regardless of their individual

	learning profile or processing style (e.g. laptops, quiet sessions, ear defenders).
Provide guidance and training for secondary schools	To ensure they are receptive and prepared to act on the self-advocacy efforts of the CYP.
Mandate neuroaffirmative training for TAs and school staff	To address stigma and foster a universal neuroaffirmative culture in the school. This should include guidance on how to introduce the programme in a neuroaffirming way to CYP.

Phase 3 - Monitoring and Evaluation

Recommendation	**Rationale**
Co-produce accessible, child-friendly evaluation tools and improve methods for gathering long-term feedback.	An evaluation team should be brought on from the beginning of the project to effectively co-produce accessible, child-friendly surveys. Implement standardised, validated measures (e.g., RCADS) to measure the mental health impact and to provide a clearer understanding of how programme impact translates into the secondary school environment and long-term mental health.
As a result of this pilot project and the ever-changing landscape of neurodiversity develop a formalised Co-Production Guide	To support future iterations and ensure the programme remains relevant to the lived-experience of the neurodivergent community it aims to serve and the ever-shifting landscape of the neurodiversity movement.
Explore universal scaling of core principles/timelines - having a longer programme, expanding the age range or implementing the programme at different times of year.	To create a broader neuroaffirmative culture within primary schools and for those on long waiting lists, consider expanding to different timelines (e.g. year long, in first term of secondary)

Learning

Recommendation	Rationale
Audit against existing programmes (e.g., Autism in Schools, AIS)	To ensure "Take a Leap" offers clear added value and avoids duplication within the Sussex neurodevelopmental pathway. The landscape of ND provision in schools has changed over the last two years, including what AIS is and its relationship to PINS schools.

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