

# Specification for Goods or Services

Creative health intervention for young people with suspected or diagnosed Autism with or without ADHD without intellectual disability at risk of school refusal in Years 7 and 8

LBC\_P-1073

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# 1. Introduction

In September 2024, Croydon Council appointed a Creative Health team to identify and develop opportunities for creative health interventions supporting the health and wellbeing of Croydon residents. Following a period of consultation that engaged with more than 180 people from the council, arts, community and health sectors, the team identified priority groups requiring additional support where creative health interventions could be beneficial. Young people with suspected or diagnosed Autism with or without ADHD without intellectual disability at risk of school refusal were a recurring priority, and the Creative Health and Public Health teams agreed to apportion funding to developing and testing a creative intervention to support this group.

# 2. Background

Children with suspected neurodivergence wait the longest time for assessment on average (national median wait-time of 216 days)<sup>1</sup>, with an estimated 800 young people currently on the waitlist in Croydon where waitlists are significantly longer (estimated at 3 years until assessment). Delayed diagnoses and lack of support raises children's risk of developing serious co-occurring issues such as anxiety, depression and eating disorders<sup>2</sup>, and can place strain on a child's relationship with parents, peers and teachers<sup>3</sup>. Croydon Council's School Attendance team cite suspected neurodivergence as a factor in nearly all referrals for non-attendance, and the Council's educational psychologists highlight the high number of referrals received for children in Years 7 and 8 with suspected neurodivergence without intellectual disability following transition from primary to secondary school. Meanwhile, Children's Social Care clinical team point to unsupported neurodivergence as an aggravating factor contributing to family strain and need for support.

A review of the literature demonstrated that creative health methodologies could have significant benefits for the needs of this group, including improving confidence, self-esteem and self-efficacy, reducing anxiety and providing positive social experiences, developing emotional regulation skills and decreasing the frequency of maladaptive behaviours<sup>4,5,6,7</sup>. With these needs strongly correlating to young people who find school attendance challenging, it is highly probable that a sensitively designed creative intervention delivered in a neurodivergent-affirming way will provide necessary support to children and families experiencing autistic burnout and/or related emotionally based school non-attendance to better engage with education.

A strategic steering group was therefore convened in Feb 2025, including representatives from relevant parties (CYPE, Children in Care, educational psychologists, Public Health, NHS, VCFS autistic support providers, VCFS mental health providers, individuals with lived experience) to determine the most effective

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<sup>1</sup> Children's Commissioner's office. Oct 202.) [Waiting times for assessment and support for autism, ADHD and other neurodevelopmental conditions | Children's Commissioner for England](#)

<sup>2</sup> Heady, N., Watkins, A., John, A., and Hutching, H. The challenges that social care services face in relation to looked after children with neurodevelopmental disorders: A unique insight from a social worker perspective. *Adoption & Fostering*. Vol. 46(2) 184–204, 2022. <https://doi.org/10.1177/03085759221100585>

<sup>3</sup> Elder, J. H., Kreider, C. M., Brasher, S. N., & Ansell, M. [Clinical impact of early diagnosis of autism on the prognosis and pare | PRBM](#). *Psychology research and behavior management*, 10, 283–292. 2017.

<sup>4</sup> *Research Digest: Young People's Mental health* (2021) <https://www.culturehive.co.uk/wp-content/uploads/2021/11/Young-peoples-mental-health.pdf>. Centre for Cultural Value.

<sup>5</sup> Wright, A. C. (2023). Art therapy with an autistic person with learning disabilities: communication and emotional regulation. *International Journal of Art Therapy*, 28(4), 154–166. <https://doi.org/10.1080/17454832.2023.2172439>

<sup>6</sup> Zhang F, Liu K, An P, You C, Teng L, Liu Q. Music therapy for attention deficit hyperactivity disorder (ADHD) in children and adolescents. *Cochrane Database Syst Rev*. 2017 May 2;2017(5):CD010032. doi: 10.1002/14651858.CD010032.pub2. PMID: PMC6481398.

<sup>7</sup> Corbett BA, Blain SD, Ioannou S, Balser M. Changes in anxiety following a randomized control trial of a theatre-based intervention for youth with autism spectrum disorder. *Autism*. 2017 Apr;21(3):333-343. doi: 10.1177/1362361316643623. Epub 2016 Jul 8. PMID: 27154909; PMID: PMC5633032.

model of creative health intervention for this cohort. Funding was secured from the Creative Health team's grant from Public Health to identify a supplier to help develop, pilot and test this model until end March 2026. Focus groups with children, parents and teachers with lived experience are currently underway, and will support the continued refinement and development of the programme.

### **3. Scope of the Contract**

This contract aims to identify an experienced supplier to provide a responsive intervention that engages target young people in creative arts-led participatory group work with intrinsic opportunities to develop personal, social and emotional outcomes related to improved school or educational engagement.

The intervention should be developed and delivered by artists with high expertise in socially engaged participatory work with the target group, in partnership with clinicians or experts with skills and experience in autism/ADHD, child development, educational psychology and/or emotionally based school non-attendance. In this way, the intervention will be developed to maintain a focus on delivering innovative arts practice based on strong evidence of what supports young people in this target group to better engage with school and/or education more broadly.

The intervention will likely build in two or more 'strands' of delivery to test out how best to meet the differing needs of this target group. Final selection of 'strands' will be developed with the chosen supplier and Creative Health team based on feedback from currently ongoing focus groups with parents, young people and educational professionals.

Successful bids should consider how they can demonstrate social value, preferably through including opportunities for Croydon artists with relevant practice but limited experience, or people with lived experience of Autism/ADHD, to participate in a supporting capacity, in order to develop the skills of the local sector and/or community. Costs for these inclusions should be included within the bid submitted.

The intervention will be developed and delivered in partnership with Croydon Council's Creative Health team, with ongoing conversations between the team and supplier. The supplier will be responsible for providing an appropriate delivery team and developing and delivering the agreed content of the intervention. The Creative Health team will project manage the intervention, including sourcing appropriate venues; purchasing (in agreement with the supplier) necessary resources; managing participant recruitment and attendance logistics including transport and refreshments; and supporting the supplier delivery team on delivery days. The intervention is expected to work closely with schools, families and other relevant Croydon Council teams to ensure children's needs are recognised and supported across contexts; these relationships will be facilitated by the Creative Health team.

This tender and contract is scheduled to run until end of March 2026, in line with secured funding. Should the Council secure further funding related to the project, an extension of up to a further 24 months of delivery may be considered, subject to agreement by both parties. The Council will aim to inform supplier(s) of the success of securing further funding by February 2026 wherever possible.

### **4. Detailed Requirements**

This new intervention will provide much needed support to young people at risk of refusing school in Years 7 and 8 as a result of suspected or diagnosed Autism, with or without ADHD and without intellectual

disability. A selection of potential delivery models best fit to meet these aims and the needs of this group have been designed by members of the stakeholder strategic steering group. Ongoing discussions with the strategic steering group, focus groups with people with lived experience and review of best practice evidence may continue to refine this model throughout the lifetime of this contract and the successful bidder will need to engage with and respond to this process.

#### Delivery model

Three different 'strands' of activity have been identified as potentially being effective models to reach and support young people of the target group to improve or maintain their school engagement. These strands include:

1. An online strand for young people currently unable to leave home or access in-person activity. This strand may choose to focus on girls experiencing autistic burnout as a key population requiring specific support within the target group;
2. An after-school, in-school strand for young people currently attending one identified school; and
3. An after-school, out-of-school strand for young people from any school, including those already not attending or withdrawn.

It is currently intended that the supplier will trial delivery of each of these strands during the lifetime of this contract based on the parameters outlined below. However the Creative Health Team reserves the right to reduce or re-purpose one of these strands if that decision is indicated during focus groups with people with lived experience which are currently ongoing. Costs should therefore be given by delivery strand to enable future decision-making in this area.

For strand 1, it is envisaged that:

- The programme will run as a series of intensive interventions with cohorts of identified young people taking part in weekly sessions, for between 10-12 weeks (final number to be determined during programme development).
- The programme will be run online, with opportunities (though not required) for participants to move onto the 'in person' strand 3 if of interest.
- The Council's Creative Health team will manage recruitment, referrals and registration, with necessary relevant information passed to supplier(s).
- Number of young people on each cohort will be developed in conversation with the supplier, with an initial aim to include up to c20 participants.

For strand 2, it is envisaged that:

- One school with significant need and commitment to support the trial intervention will be identified by Croydon Council's Creative Health team.
- The school will commit to hosting after-school sessions for the duration of the contract, likely to include weekly term-time delivery from September 2025 through March 2026.
- It is envisaged that all young people with suspected or diagnosed AuDHD in Years 7 & 8 will be invited to attend, with more targeted invitations and support to attend offered to those at risk of school refusal or burnout. The total number of young people forming part of this cohort, and if further selection criteria is required, will be determined with the school and supplier.
- The school will commit to working with the delivery team to identify and put into place further adjustments to support young people to engage with school with less duress, based on findings from the creative intervention sessions.

For strand 3, it is envisaged that:

- The programme will run as a series of intensive interventions with cohorts of identified young people taking part in weekly sessions, for between 10-12 weeks (final number to be determined during programme development).
- Sessions will take place in a safe, neutral space identified by Croydon Council in consultation with partners and the supplier.
- The Council's Creative Health team will manage recruitment, referrals and registration, with necessary relevant information passed to supplier(s).
- The number of young people on each cohort will be developed with the team, with an initial aim to accommodate up to c25 participants of Year 7 and 8 pupils.

For all strands:

- Individual session content should be creative and participant-led, within an overarching scheme of work developed by artists and experts to ensure relevant skills and behaviours will be explored, modelled and improved across each cohort's intervention. Content should be structured enough to ensure outcomes are met, while remaining flexible to respond to individual group needs, as well as family and school feedback following each session.
- Information for parents (and where relevant, schools), including on what activities or topics will be covered in each session, should be provided before and throughout each intervention, to ensure parents (and where relevant teachers) are connected to and able to support participants throughout.
- The ongoing design, delivery and refinement of the intervention will be a partnership between the supplier and Croydon Council's Creative Health team. Regular planning and evaluation conversations and information sharing will be expected throughout the process.

#### Timeline

It is anticipated that, as a minimum, the following delivery will take place during the lifetime of this contract:

- May/June 2025: development of programme content, policies and procedures
- June/July 2025: short-term pilot activity of each strand (if required/relevant); evaluation and refinement
- September-December 2025: 10-12 week intervention with one cohort of children on each strand; evaluation and refinement
- January-March 2026: Second 10-12 week intervention with a new cohort of children on each strand (except strand 2 where the cohort may remain unchanged); evaluation and recommendations for future

#### Outcomes

Following participation in 1x 10-12 week intervention, participants should demonstrate:

- Improved wellbeing, self-esteem and self-identity
- Improved self-regulation skills and techniques
- Development of supportive peer relationships
- Reduction in distressed behaviours at home or at school
- Improved familial relationships between participants and parent/siblings, if relevant
- Improved academic engagement and attainment, whether with schools or alternative educational offers
- Signposting to other community-based appropriate creative or leisure activities to encourage continued engagement following completion of the intervention

- Further outcomes as identified by parents and young people during the development of the programme and during initial sessions with each cohort

Outcomes will be measured via feedback gathered by the Creative Health team from participants, parents and schools throughout the process, as well as through baseline and end-of-intervention standardised measure (Strengths & Difficulties Questionnaire) completed by either parent or teacher proxy and facilitated by the Creative Health team. Please see Section 5 for further information.

Supplier mandatory specification:

- Suppliers must demonstrate the relevant skills and experiences of its delivery team. The team involved in developing and delivering sessions should include:
  - Artists with high-quality, participatory creative group practice, specifically with young people ages 11-14 with Autism with or without ADHD without intellectual disabilities
  - Clinicians or experts with skills and experience in autism/ADHD, child development, educational psychology and/or emotionally based school non-attendance
- Suppliers must demonstrate how the delivery team has lived experience of autism and ADHD.
- All members of the workforce must have Enhanced DBS checks and agree to conform to all prescribed Safeguarding policies and procedures.
- Suppliers should be representative of Croydon's communities.
- Suppliers should have expertise allowing for inclusion of multi-art form delivery and collaborative ways of working.
- In line with the Mayor of Croydon's Business Plan and to support future sustainability of the intervention, preference will be given to Croydon-based suppliers.
- Suppliers should consider how they can demonstrate social value by including practical supporting opportunities for other Croydon-based artist(s) with relevant practice, or people with lived experience, to gain experience of this work, in order to upskill the local workforce or community

The total budget available for suppliers to deliver the above is c£52,000. This budget is for supplier costs only, and does not need to include venue or participant costs (transport, refreshments, etc.) outlined as responsibilities of the Creative Health team.

Should a single supplier not be judged suitable to deliver against all elements of the specification, the Council reserves the right to invite suppliers with complementary skills to work collaboratively with the Creative Health team to deliver relevant elements of the contract. Suppliers with a strong track record in one or more areas of the specification are therefore encouraged to submit a response clearly outlining the elements you feel you can strongly deliver against and associated costs, for consideration in case a single supplier is not found.

## **5. Service Levels and Key Performance Indicators (KPIs)**

Supplier's performance will be monitored by outputs delivered, feedback from participants and proxies, and participant scores on validated measures related to the stated objectives.

Suppliers will be expected to deliver the agreed (following final programme development in May/June 2025) number of sessions, on each strand, by the specified skilled facilitator team.

Participant, family and where relevant school (attendance, behaviour, engagement, attainment) feedback will be sought and shared by Council representatives at and between each session. Observations on these metrics are expected to improve throughout interventions, with suppliers expected to take on board

feedback and adapt content or session structures where lack of improvement or negative outcomes deems adaptations appropriate. Assessment of performance and recommendations for larger structural changes or adaptations can be discussed and agreed in between cohorts at planning meetings between suppliers and the Creative Health team. Lack of improvement by more than 20% of participants in one cohort will be considered cause for concern and potential early termination of contract.

Participants' outcomes will be monitored via pre- and post-intervention validated measures (Strengths and Difficulties Questionnaire), completed by young people or a parent/teacher proxy as facilitated by the Creative Health team. Scores are expected to improve for each child as a result of taking part in the intervention. Lack of improvement or negative outcomes will be assessed and discussed after each cohort, and recommendations made for subsequent interventions. Lack of improvement by more than 20% of participants in one cohort will be considered cause for concern and potential termination of contract unless significant extenuating circumstances or plans for improvement can be agreed.

Monitoring of performance will take place during debrief sessions after each event, with formal monitoring taking place quarterly, or as required by the Council.

## **6. Contract Management and Review**

This intervention will be designed and delivered with Croydon Council's Creative Health team. Suppliers are expected to engage with the team on a partnership basis, fully engaging in all aspects of planning, delivery, feedback and evaluation as required. Regular meetings and de-briefings throughout delivery will be required and any costs should be included within the supplier's pricing schedule

## **7. Social Value and Sustainability**

Suppliers should consider how they can demonstrate social value, preferably by including practical opportunities for local artist(s) with relevant practice but less experience than suppliers, or people with lived experience, to engage with the programme and develop relevant skills and experience. Suppliers should demonstrate how these artist(s) or members of the community will be identified, supported and included in the delivery plan.

## **8. General Data Protection Regulation (GDPR) and Privacy Impact Assessments (PIA)**

The Creative Health team will maintain all data in relation to participants, with only necessary information shared with suppliers in order to deliver a safe service.

## **9. Contract Period**

The contract will begin at the earliest opportunity following the bidding process and run until end of March 2026, unless early termination due to lack of delivery or poor performance outcomes as stipulated above.

## **10. Health and Safety**

The Provider is expected to fully comply with ALL health and safety legislation. All new operatives shall be formally trained in the safe use of all materials and the Provider shall ensure that their operatives have the correct equipment including personal protective equipment if required. Full training and assessment records of all operatives must be kept in an acceptable manner and submitted to the Council on an annual basis.

The provider and all persons (including sub-providers) employed by him on the work shall comply fully with the Health and Safety at Work Act 1974 and all appropriate enactment's which are relevant statutory provisions under that Act and with all other relevant safety requirements and with appropriate codes of practice and Health and Safety Executives Good Practice Guidance Notes.

The Provider shall provide all necessary equipment and safe provision for power to execute the works as required to deliver the contract.

## **11.Reporting & Liaison**

The Council's lead officer for this contract is the Council's Creative Health Programme Manager. Day to day operational matters will be managed by the Council's Creative Health Programme Manager who will be the appointed Consultant's primary contact for reporting, providing direction and managing risks and issues.

Contract meetings will take place at least every other week (or at a frequency to be determined by the Council during interventions).

Progress reports will be issued to the Council's internal project manager regularly. The content of this report will include, but not be limited to the following: -

- The status of each task
- Action taken to date
- Expected outcome
- Expected completion date
- Any risks and risk management actions

The Council will have the option to terminate the contract at any time by serving 3 months' notice in writing.

## **12. Payment**

The price submitted (excluding VAT) by the Provider must be a fixed fee to meet the specification. This fee must be inclusive of all expenses, consultation materials, etc. The preferred Provider will be selected as having submitted the most economically advantageous tender .

Under no circumstances will the Council pay invoices in advance of work being undertaken. The invoices will be submitted in whatever format the Council may require, setting out full details of the services provided and including any supporting documents as required by the Council.

Any adjustments for deductions or additions over and above the work set out in the specification, will not be paid unless previously agreed in writing by the Council in advance of the additional work taking place. Any additional work or expenses over and above those identified within the specification must be clearly set out and justified in writing, and requests for its inclusion cannot be guaranteed.

## **13. SAFEGUARDING**

The Provider will ensure that all aspects of the course provision will be delivered in line with Croydon Safeguarding Children procedures (Appendix 1)

The provider should ensure that all staff refer to guidance and procedure from the Local Safeguarding Children's Board (LSCB) and 'What to do if you are worried a child is being abused', in particular safe recruitment of staff, and supporting families if there are any concerns.

Staff should be aware of possible disclosures from children and should liaise with the Creative Health team for protocol if this happens.