



UNDEB EWROPEAIDD
EUROPEAN UNION



Llywodraeth Cymru
Welsh Government

Cronfa Gymdeithasol Ewrop
European Social Fund

Adtrac Evaluation

Interim Report

The journey so far
August 2020



ADTRAC Evaluation: Interim Report

This document is also available in Welsh

Report Authors: Chloë Maughan, Tom Marshall & Endaf Griffiths / Wavehill



Views expressed in this report are those of the researchers and not necessarily those of the ADTRAC project.

For further information about the report please contact:

Tom Marshall, Wavehill

Tel: 01545 571711

Email: tom.marshall@wavehill.com

For further information about the ADTRAC please contact:

Sara Williams, ADTRAC Regional Manager, Grŵp Llandrillo Menai

Tel: 01492 546666

Email: sara.williams@gllm.ac.uk

gllm.ac.uk/adtrac

[@adtrac1624](https://twitter.com/adtrac1624)

Table of contents

Table of contents	3
Glossary	4
1. Introduction/Background	5
2. Methodology & Limitations	9
3. Delivery Model & Rationale.....	13
4. Implementation and Delivery of ADTRAC	25
5. Progress & Performance.....	55
6. Outcomes for Participants	72
7. Outcomes for Delivery Organisations.....	90
8. Conclusions	93
9. Recommendations.....	99
10. References	101
Annexe A: Research Tools.....	105

Glossary

Acronym/Initialism/Keyword	Definition
ADTRAC	A programme delivered across North Wales to support young people aged 16–24 who are experiencing unemployment
AMHS	Adult Mental Health Services
BCUHB	Betsi Cadwaladr University Health Board
CAB	Citizens Advice Bureau
CAMHS	Child and Adolescent Mental Health Services
CfW	Communities for Work
CW	Careers Wales
DPS	Dynamic Purchasing System
DWP	Department for Work and Pensions
EET	Education, Employment or Training
EPC	Engagement and Progression Coordinator
ESF	European Social Fund
FTE	Full-Time Equivalent
GDPR	General Data Protection Regulation
GLLM	Grŵp Llandrillo Menai
GP	General Practitioner
LA	Local Authority
LMI	Labour Market Information
NEET	Not in Education, Employment or Training
PaCE	Parents, Childcare and Employment project
SPoA	Single Point of Access
WEFO	Welsh European Funding Office
WEMWBS	Warwick–Edinburgh Mental Well-being Scale
WFGA	Well-being of Future Generations Act
WLHC	Work-Limiting Health Condition
YEPF	Youth Engagement and Progression Framework

1. Introduction/Background

- 1.1 This is an interim report produced as part of Wavehill’s evaluation of the ADTRAC project — a project that seeks to move young people aged 16–24 into education, employment or training (EET). Wavehill is an independent social and economic research company that has been commissioned by Grŵp Llandrillo Menai (GLLM) to undertake an evaluation of the project. This report summarises the progress made in delivering ADTRAC up to March 2020. It was preceded by an Inception Report finalised in December 2019, and will be supplemented with a Final Report due in February 2021.

Overview of the ADTRAC Project

- 1.2 ADTRAC is an operation delivered across North Wales that seeks to reduce the number of 16–24-year-olds who are not in education, employment or training (NEET). The operation is partially funded under European Social Fund (ESF) Project Priority Axis 3: Youth Employment and Attainment, Specific Objective 1. The three-year operation was initially intended to run from March 2017 to August 2020. Following a reprofile, however, the operation is now expected to conclude in May 2021.¹ During this time, ADTRAC aims to support 1,451 young people who are NEET and face barriers that prevent their pathway transition and progression to EET.² This includes providing clinical mental health and well-being support to

¹ N.B. Across the region there were staggered delivery dates which were on account of team recruitment. In Anglesey, the Project Manager started in January 2018, with mentors recruited in March of that year. Data monitoring started on 22nd January 2018, the first enrolment took place on 15th March, and the official launch of the project was on 19th April 2018.

ADTRAC in Conwy County Borough Council started operationally at the end of February 2018.

In Denbighshire, the project went live on 13th November 2017.

In Wrexham and Flintshire, the first referral was received in December 2017, by which time the team was already in place. More referrals were received in January 2018 and mentors started to generate a caseload.

In Gwynedd, the Project Manager started in post in June 2017 and the Delivery Team started in post in September 2017. The project started to receive referrals in November 2017.

² Please note that this figure has been revised from an initial target of 1,651 following a reprofile of the operation.

young people with mild to moderate mental health problems. Original targets and reprofiled targets are provided in Table 1.1 below.

- 1.3 The project is being led by GLLM and delivered across all six local authority areas in North Wales.³ Administratively, there are two separate projects: the West Wales and the Valleys project and the East Wales project. The projects bring together GLLM, all six local authorities in North Wales, and the Betsi Cadwaladr University Health Board (BCUHB), who are providing well-being and mental health expertise. Led by GLLM, the projects are delivered by teams led by the six local authorities, incorporating the expertise of BCUHB staff within each team.

Project Targets

- 1.4 Following the reprofile of the project, Joint Beneficiaries⁴ will work with 1,451 young people classed as being NEET over the course of the operation, with the aim of achieving the following outcomes.

Table 1.1: Outcome targets

Outcome target	Target no. of participants	Target no. of participants (prior to reprofile)
Total participants	1,451	1,651
NEET participants (16–24 years of age) gaining qualifications upon leaving	350	350
NEET participants (16–24 years of age) in education/training upon leaving	270	280
NEET participants (16–24 years of age) entering employment upon leaving	367	357
Participants gaining other positive outcomes⁵	290	330

³ Specifically across the following local authorities: Isle of Anglesey Council, Gwynedd Council, Conwy County Borough Council, Denbighshire County Council, Wrexham County Borough Council, and Flintshire County Council.

⁴ Joint Beneficiaries refer to the organisations involved in delivering ADTRAC, including the six local authorities in North Wales, GLLM, and the BCUHB.

⁵ Other positive outcomes could include the following:

- Achieving more than one qualification/accreditation as a consequence of the intervention
- Achieving part-qualification/accreditation
- Achieving unaccredited training
- Achieving work-relevant certification upon leaving
- Entering part-time education (less than 16 hours)
- Completing work experience placement/volunteering opportunity

- 1.5 In addition to these targets, following the reprofile, ADTRAC has a series of participation targets (as outlined in Table 1.2).

Table 1.2: Participation targets

Participation group	Target	Target (%)
Total participants	1,451	
Participants with a disability/work-limiting health condition	112	8%
Participants who are BME/Migrants/Minorities	31	2%
Participants with childcare/caring responsibilities	121	8%
Male participants	721	50%
Female participants	730	50%

Source: Business Plans

How ADTRAC Works

- 1.6 ADTRAC provides person-centred support to participants, reflecting their individual needs and the barriers preventing them from entering EET. ADTRAC works with participants to identify barriers to employment, and then either provides support to help them to overcome these barriers or signposts participants to other agencies capable of providing this support.
- 1.7 In the context of the holistic, person-centred approach, the project brings together employability support and mental health and well-being provision, partially delivered by qualified mental health professionals from the BCUHB. This is not a common feature of employability interventions; it was built into the project due to a concern surrounding high levels of poor mental health and well-being among individuals who are NEET. The project is, therefore, an important

-
- Entering employment of less than 16 hours (including self-employment)
 - Entering employment on zero-hour contract
 - Entering a traineeship
 - Improvement in mental well-being
 - Improvement in soft outcomes

N.B. It has been agreed with the WEFO that entering a traineeship will count towards the 'into education/training outcome' but this will not be claimed by the project until September 2020 and will be subject to the teams having the requisite standard of evidence. As such, these outcomes have been included in the 'other positive outcomes' category during this interim evaluation.

opportunity for learning about how to work with this cohort, as well as the barriers to entering EET faced by young people who are NEET.

- 1.8 Another unusual feature of ADTRAC is that it is led by GLLM, an organisation that is not involved directly in the delivery of the project. GLLM's role has involved setting up the project, organising reporting processes and methodology, project delivery and monitoring, ensuring ongoing communication between partners, including seeking partners' views on operational and strategic decisions, and providing project updates from the WEFO.

Objectives for the Interim Evaluation

- 1.9 This interim report summarises the progress that has been made in delivering ADTRAC up to March 2020, and explores the value of this approach to supporting young people who are NEET. Specifically, the interim evaluation seeks to identify:
- the progress of the operation in meeting its performance indicators;
 - the effectiveness of management and operational processes;
 - early impacts of the project upon both delivery organisations and project beneficiaries;
 - initial recommendations for improvement.

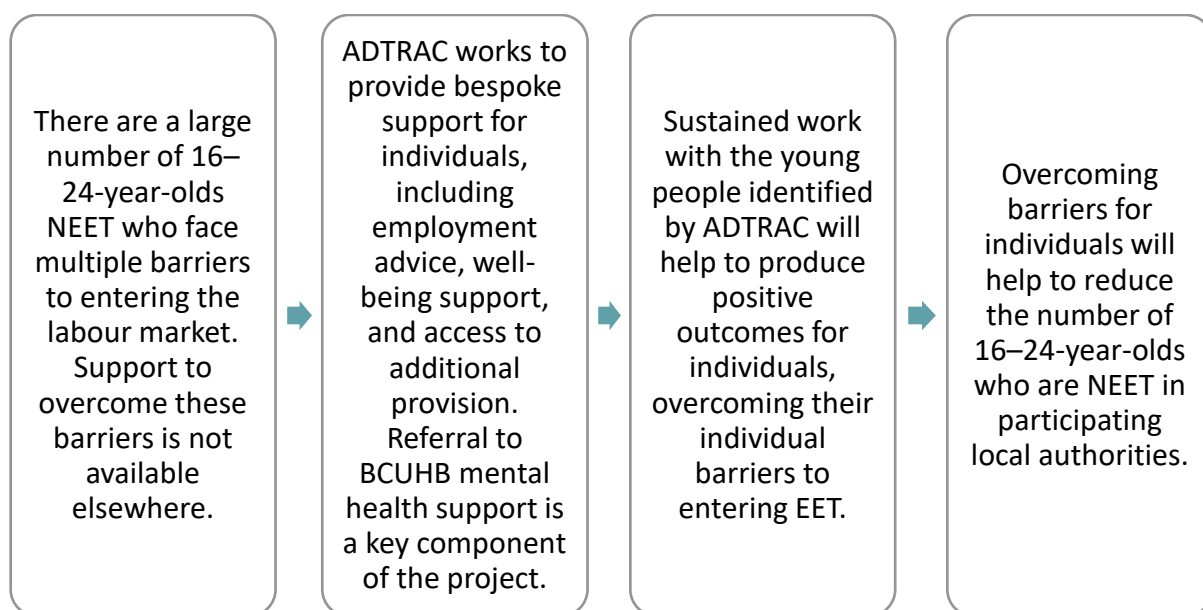
2. Methodology & Limitations

- 2.0 This section outlines the methodological approach adopted during this stage of the evaluation, as well as the limitations of this approach that are potentially affecting the robustness of the findings and the conclusions drawn from them.

Methodology

- 2.1 This evaluation has adopted a theory-based approach. This involved developing a logic chain for the intervention and an evaluation framework including indicators that will allow the project's progression towards anticipated outcomes to be measured.
- 2.2 The full logic chain for the project is outlined in the Inception Evaluation Report. However, it is based on the following relatively simple intervention logic.

Figure 2.1: Central logic chain for ADTRAC



- 2.3 Based on this logic, an evaluation framework was developed, including both process and outcome and impact questions and subjective and objective indicators.
- 2.4 In order to answer the evaluation questions set out in the evaluation framework, the interim evaluation has adopted a mixed-methods approach that draws together quantitative and qualitative analysis. This has involved the following data collection activities:

- A review of key documentation and monitoring data across Joint Beneficiary areas, including Participant Monitoring Data provided up to March 2020 and Lessons Learned Logs.
- An online survey of staff engaged in the management and delivery of ADTRAC (n = 48), to understand perspectives on the delivery approach and perceived impacts. Of the 48 staff who completed the survey, 34 reported that they engage directly with participants as part of their role, and 12 reported that their role involves the management of other staff delivering ADTRAC. A copy of the survey has been included in Annexe A.
- One-to-one in-depth telephone interviews with staff engaged in the management and delivery of ADTRAC (n = 9), to gather further insight into how the project is delivered and perspectives on the key strengths and challenges of the delivery model. A copy of the discussion guide has been included in Annexe A.
- One-to-one in-depth telephone interviews with strategic stakeholders (n = 9) to understand the strategic fit of the project, and perspectives on the support delivered. This group included staff involved in the wider delivery of support to reduce the rates of young people who are NEET, including local authority staff as well as staff from other support organisations such as the Department for Work and Pensions (DWP) and Barnardo's. A copy of the discussion guide has been included in Annexe A.
- One-to-one telephone interviews with participants (n = 30) to gather a detailed understanding of the impact of ADTRAC support upon participants, and perspectives on how the support is delivered. A copy of the discussion guide has been included in Annexe A.

2.5 All of these data collection methods were offered bilingually (in English and Welsh).

2.6 Qualitative information gathered through interviews and survey responses was thematically analysed. Thematic analysis is a method of identifying, analysing and reporting patterns (themes) within data (Boyatzis, 1998). It is carried out by identifying key themes in text, transforming these themes into codes and

aggregating them in a codebook (Guest, et al., 2012). The method involves seven steps: transcription,⁶ reading and familiarisation, coding, searching for themes, reviewing themes, defining and naming themes, and finalising the analysis (Braun & Clarke, 2013).

Limitations

- 2.7 This evaluation utilised in-depth interview methods to engage with ADTRAC participants and management and delivery staff. These methods enable researchers to build up a detailed understanding of participant views, as they enable research participants to explore themes in their own words. However, the non-anonymous nature of these methods can also pose some risk of individuals sharing more favourable opinions due to concerns surrounding confidentiality, particularly where individuals are sharing sensitive information relating to their employment.
- 2.8 It should also be noted that the participants interviewed were nominated by leads from each local authority. Suitable participants were chosen in order to reduce the possibility of harm to research participants who may have anxiety about being contacted by researchers. As such, it is possible that participants in the evaluation may have been selected who have more favourable experiences and less complex needs than those of their peers. These participants are also more likely to be highly engaged, which means that the evaluation may not reflect the views of participants who have been less inclined to engage with support. As a result, the views of the participants who participated in the interviews for this project may not necessarily be representative of the wider group.
- 2.9 The potential for biases within this data has, however, been mitigated by the mixed-methods approach. Data collected through the in-depth interviews has been analysed in the context of other data, including an anonymous survey of management and delivery staff, project monitoring data, and analysis of key project documentation. Additionally, all interviewees were made aware that the

⁶ N.B. In this instance, some of the data collected was provided as written text (e.g. survey responses) and transcription was not required.

evaluation team are independent from the organisations involved in delivering ADTRAC, and were provided with assurance that their responses would be anonymised in order to ensure their confidentiality. Unfortunately, where low numbers of interviewees from a particular Joint Beneficiary were included in interviews, this does mean that it has not been possible to provide breakdowns with respect to the differences between response patterns across Joint Beneficiaries due to the risk of respondents being made identifiable.

2.10 It should also be noted that fieldwork with ADTRAC participants took place whilst the UK was in lockdown⁷ as a result of the COVID-19 pandemic. As a result of the COVID-19 pandemic, six planned focus groups with project participants supported by each of the Joint Beneficiaries were cancelled and it was decided to carry out one-to-one telephone interviews with participants instead.

2.11 In addition to necessitating a change to the research methods used in the evaluation, it is possible that COVID-19 might have changed some of the responses received. Changes to working practices due to COVID-19 in light of social distancing measures may have impacted participant perspectives on the support offered, and there is evidence that the coronavirus pandemic has increased anxiety for many people (Bentall, et al., 2020).

⁷ From 23rd March 2020, the UK Government announced that the majority of the UK population would have to remain at home and socially distance (that is, to avoid contact with people outside of an individual's household unit) as part of the government's approach to containing the COVID-19 pandemic. This announcement was followed by Welsh First Minister Mark Drakeford announcing that the measures would also cover Wales and would come into effect that evening. The measures put in place prevented many businesses and services from delivering face-to-face support, including ADTRAC.

3. Delivery Model & Rationale

3.0 This chapter explores the delivery model and rationale for ADTRAC.

Key Points:

- ADTRAC has engaged 893 participants to date, against a target of 1,451.
- Participants experience a wide range of barriers to entering EET; particularly prevalent among these are low confidence, a lack of employability skills/experience, a lack of skills/qualifications, and mental health concerns.
- Stakeholders perceive the support delivered by ADTRAC to be distinct from other support available to young people who are NEET.
- Strategic stakeholders report that ADTRAC has provided added value, particularly through its partnership with the BCUHB and the involvement of Mental Health Practitioners.

Delivery Model

3.1 ADTRAC is a multi-agency operation that seeks to reduce the proportion of young people aged 16–24 who are NEET in North Wales. The project delivers a wide range of support, including:

- offering more traditional employability support such as assisting individuals in developing their CVs and interview skills;
- procuring courses and training to support participants in developing their skills or overcoming their barriers to entering EET;
- helping participants to access and gain new qualifications and training certifications;
- specialist mental health and well-being support to develop coping strategies and build resilience; and
- providing activities to help improve self-confidence, raise aspirations and increase motivation.

3.2 Strategic stakeholders indicated that there is some overlap between these support provisions and the support delivered by other agencies seeking to reduce NEET rates in North Wales. However, what differentiates ADTRAC from this

support is its bespoke, one-to-one approach, wherein mentors work closely with participants to identify their individual support needs, set goals, and identify a support package that enables the participant to achieve those goals.

3.3 Additionally, one of the more unique aspects of ADTRAC, compared to other projects delivering support to move young people into EET, has been the inclusion of Mental Health Practitioners and mental health support within project delivery through a partnership with the BCUHB.

3.4 Through this support provision, participants are able to access clinical mental health support through Mental Health Practitioners, where appropriate. Additionally, mentors have received training from the BCUHB, which aimed to improve their skills and enable them to work more effectively in a well-being-focused way, such as by embedding the Five Ways to Wellbeing within their work.

The Strategic Fit of the Operation: How Does ADTRAC Sit alongside Other Support for Young People within North Wales?

3.5 ADTRAC has partnership links with other agencies involved in delivering support for young people who are NEET, including through 16+ Panels and NEET Partnership Meetings. This enables ADTRAC to collaborate with other agencies to map provision, and to identify the support needs of young people. Some strategic stakeholders fed back that the involvement of ADTRAC in this was an essential part of local authorities being able to deliver on the [Youth Engagement and Progression Framework](#) (YEPF).

3.6 Stakeholders fed back that ADTRAC had been a central component of joined-up work to reduce NEET rates, which relates to the objective of providing greater brokerage through services for young people under the YEPF. One stakeholder discussed the importance of ADTRAC at meetings, for information sharing between agencies and providing an avenue for some young people to be passed on to. Where individuals had refused help, ADTRAC was sometimes able to 'make that link and say that we are here when you are ready'. Meanwhile, another stakeholder indicated that ADTRAC had been particularly successful in 'catching' young people who were in Tier 1, which refers to young people who are unknown

to Careers Wales (CW) services.⁸ In this respect, ADTRAC is helping to support the early identification objective under the YEPF.

‘Before ADTRAC there were 60–70 young people in Tier 1 — now there are only 8–10.’ **(Strategic stakeholder, interviewee)**

- 3.7 ADTRAC was viewed as being a potential avenue through which to pick up support for individuals with significant barriers to EET, or who were unknown to CW, that could not be caught by other agencies. Stakeholders identified the particular added value of ADTRAC to efforts to work with young people furthest away from the labour market.

‘I think it would be a massive struggle to deliver on this without ADTRAC. Although there are other resources there, they don’t provide that same level of support for those who are furthest away from the labour market. Any participants who would be classed as quick wins could be getting picked up elsewhere, but not those furthest away. CfW would in Communities First areas but not outside of these areas.’ **(Strategic stakeholder, interviewee)**

- 3.8 Eighty per cent of management and delivery staff agree that ADTRAC is well integrated among other support that aims to get young people into EET in North Wales.⁹ Notably, no respondents disagreed with this statement; the remaining 20% stated that they neither agreed nor disagreed. This may indicate that these respondents were unsure as to how to answer the question, or were unfamiliar with other support available.
- 3.9 A minority of strategic stakeholders identified that they felt as though there was a level of duplication between ADTRAC and some other projects being delivered within the area, including overlap with CfW and I CAN Work.¹⁰ Some stakeholders reported that the provision delivered by ADTRAC is similar to that delivered through Communities for Work. Due to restrictions from the funding streams,

⁸ The Careers Wales five-tier model of engagement (for post-16) is available [here](#).

⁹ Source: Management and Delivery Staff Survey (base = 48).

¹⁰ I CAN Work is an initiative that runs across North Wales, led by BCUHB in partnership with RCS and Cais, which combines mental health care with employment support with the aim of helping people with mental health issues into sustained employment. Read more [here](#).

however, there are restrictions on where the projects can operate. This has posed more of a problem for some partners than for others, depending on the amount of Communities First postcodes within local authorities.

- 3.10 However, stakeholders generally reflected that they felt as though ADTRAC complemented other employability programmes available in North Wales, particularly through the holistic support that it provides to participants, the involvement of the BCUHB in delivery, and its ability to work with participants who are furthest away from employment. Some stakeholders described that they felt as though ADTRAC delivered a unique form of ‘holistic’ or ‘wraparound’ support that was not matched by other projects.

‘I don’t think anyone else offers what ADTRAC delivers. No one else offers this kind of support to build people’s confidence and bring people from a very low level up to employment. When we move people on to other employability schemes, there is a much higher success rate for those who have been through ADTRAC.’ **(Strategic stakeholder)**

- 3.11 Stakeholders also identified the challenges of having different programmes delivered by different agencies. There is value in adopting a more joined-up approach to delivering employability schemes, ensuring that participants are signposted to the correct support and that different schemes do not ‘compete’ for participants. Furthermore, stakeholders expressed the view that this needs to be considered in the future commissioning of projects to ensure coherence and cooperation between programmes as well as a parity of offer for people living in different areas.
- 3.12 Some stakeholders fed back that they felt as though ADTRAC has already contributed to delivering a more joined-up approach to providing support for young people who are NEET in North Wales, the extent of which appeared to differ depending on the local authority area. Indeed, in some areas, stakeholders outlined that they felt as though ADTRAC had been “vital” to delivering a more joined-up approach, as the project works closely with other organisations to map potential support and ensure that ADTRAC is the right output for that person, and has influenced closer working as a result.

- 3.13 However, some local authorities, such as Denbighshire,¹¹ reflected that ADTRAC has contributed to wider efforts to provide more holistic employability support, although ADTRAC has not been the main driver of this. For some this joined-up working was already captured in their model of working to meet the expectations of the YEPPF.
- 3.14 Stakeholders reported that there were some potential gaps in the support delivered by ADTRAC, particularly in relation to “harder-to-reach” individuals such as young people with autism and care leavers, who may require additional support to engage with the support available. In relation to the latter group, a strategic stakeholder flagged concerns surrounding the challenge that ADTRAC has to navigate between the requirement to undertake long-term, in-depth work with participants who are furthest away from the labour market and the need to bring in and exit sufficient numbers of participants so as to meet the programme targets. They suggested that longer-term and more in-depth support than that provided by ADTRAC may be needed in order to effectively support this cohort into employment outcomes. However, it was emphasised that the mentors from ADTRAC were working effectively to engage this group, and that disengagement was more often prompted by the young people themselves.

Added Value of the Approach

- 3.15 Stakeholder interviews indicated a perception that ADTRAC adds value not only because of those with whom it works, but also because of the way in which it works with these young people. Several stakeholders reported that ADTRAC is able to provide a level of holistic support for young people that is both intensive and tailored to the barriers that the young person faces, and that other support agencies are unable to provide this level and intensity of provision. The project was described as being ‘unique’ in terms of the ‘holistic’ offer that it provides to participants. This included the ‘personal contact’ that ADTRAC was able to deliver in comparison to other projects, including the capacity that advisors had to ‘go out and look for the young people’ by knocking on doors to engage participants

¹¹ Denbighshire has a Single Point of Triage embedded within Working Denbighshire, its overall approach to tackling poverty. More information on Working Denbighshire is available [here](#).

who were not engaged by other services, and the way in which advisors worked with young people to work through their barriers. The ADTRAC approach was differentiated from other support because ADTRAC ‘does not work with a cohort — [it is] completely bespoke to the individual’.

‘The combination of joint LA, [FE] and health approaches, strong leadership of the regional project, very clear eligibility criteria, and the allocation of capacity from the teams to work with and alongside participants in bespoke, creative, needs-led ways is different from what can be delivered in core services; it goes above and beyond the delivery of “evidence-based” interventions and moves truly into person-centred, needs-led working.’ **(Management and Delivery Staff Survey, respondent 48)**

- 3.16 Strategic stakeholders frequently fed back that they felt as though the ADTRAC approach enabled them to support young people who were amongst the least work-ready. One stakeholder contrasted this approach with other projects that they felt ‘do bits and then walk away’.
- 3.17 ‘No one else provides this holistic approach.’ **(Strategic stakeholder, interviewee)** The role of the BCUHB and Mental Health Practitioners in project delivery was also praised by strategic stakeholders for bringing “added value” to the operation, in contrast to other employability support available to young people in North Wales. Moreover, it was identified that ADTRAC is aligned with the all-age Mental Health Strategy for North Wales.
- 3.18 A few stakeholders outlined how pressures on Child and Adolescent Mental Health Services (CAMHS) in the area meant that there was a gap in mental health support for young people in North Wales, which ADTRAC was helping to fill. It was felt that without ADTRAC many of the young people whom the project was working to support would not be able to access this kind of support.
- ‘I’m really concerned that ADTRAC... will cease... and there is no alternative provision for those participants. They will drop off a cliff and there will be a huge gap. There are good bits and bad bits to ADTRAC, but its principles are absolutely crucial for that age group, and bringing health into it has been absolutely critical.

The amount of kids we work with who confide that they are suicidal and can't cope with life... the mental health side is critical. All the other projects are really jealous that the project has a mental health worker, as mental health is a huge problem for people getting into work.' **(Strategic stakeholder, interviewee)**

- 3.19 Part of what this support sought to deliver was a joined-up approach in support for young people with mild to moderate mental health support needs. The breakpoint in CAMHS at which young people will transition to Adult Mental Health Services (AMHS) can leave many young people falling through gaps in support. ADTRAC was credited with being able to 'plug that gap' and ensure that there was 'joined-up support' to catch the needs of young people who are NEET and with additional support needs. Moreover, a minority of stakeholders noted that they felt as though the mental health provision available through ADTRAC added value because it was in a 'non-clinical' setting, which enabled young people to access support who may not be comfortable accessing it through a more formalised setting such as a clinic.

Profile of Participants

- 3.20 To date, 893 young people have participated in ADTRAC,¹² against a target of 1,451. As illustrated in Table 3.1, 47% of these participants have exited the support, whilst 38% are classed as being active (live or re-engaged).
- 3.21 A further 500 participants had been engaged by the project but were listed as “do not claim”; therefore, they have been excluded from the analysis within this report.¹³ These participants were predominantly listed as pipeline: disengaged (n = 390) or pipeline: awaiting evidence (n = 98).

Table 3.1: Participants, by status

Status	Number of participants	Proportion of participants (%)
Active: Exited	422	47%
Active: Live	331	37%
Pipeline: Disengaged	1	0%
Active: Re-engaged	13	1%
Pipeline: Awaiting Evidence	0	0%
Active: Disengaged	126	14%
Total	893	100%

Source: Participant Monitoring Data (base = 893)

- 3.22 Most of the participants engaged by ADTRAC are long-term unemployed upon entry to support (57%).¹⁴ Thirty-one per cent of participants are short-term unemployed, and 12% are classed as being economically inactive.¹⁵ Almost one in three participants stem from a jobless household (32%). Additionally, 23% of participants have historically accessed mental health services through CAMHS or AMHS.
- 3.23 Participants in ADTRAC experience a wide range of barriers that may prevent them from entering EET, including issues such as low confidence, a lack of experience, and skills/qualifications. Figure 3.1 illustrates the range of barriers experienced by participants upon entry to ADTRAC. On average, participants

¹² Where participants noted as “Do Not Claim” are excluded from analysis.

¹³ Examples of instances in which participants were not claimed include where evidence was missing that demonstrated that participants meet WEFO criteria, or where there have been difficulties in signing up individuals to ADTRAC.

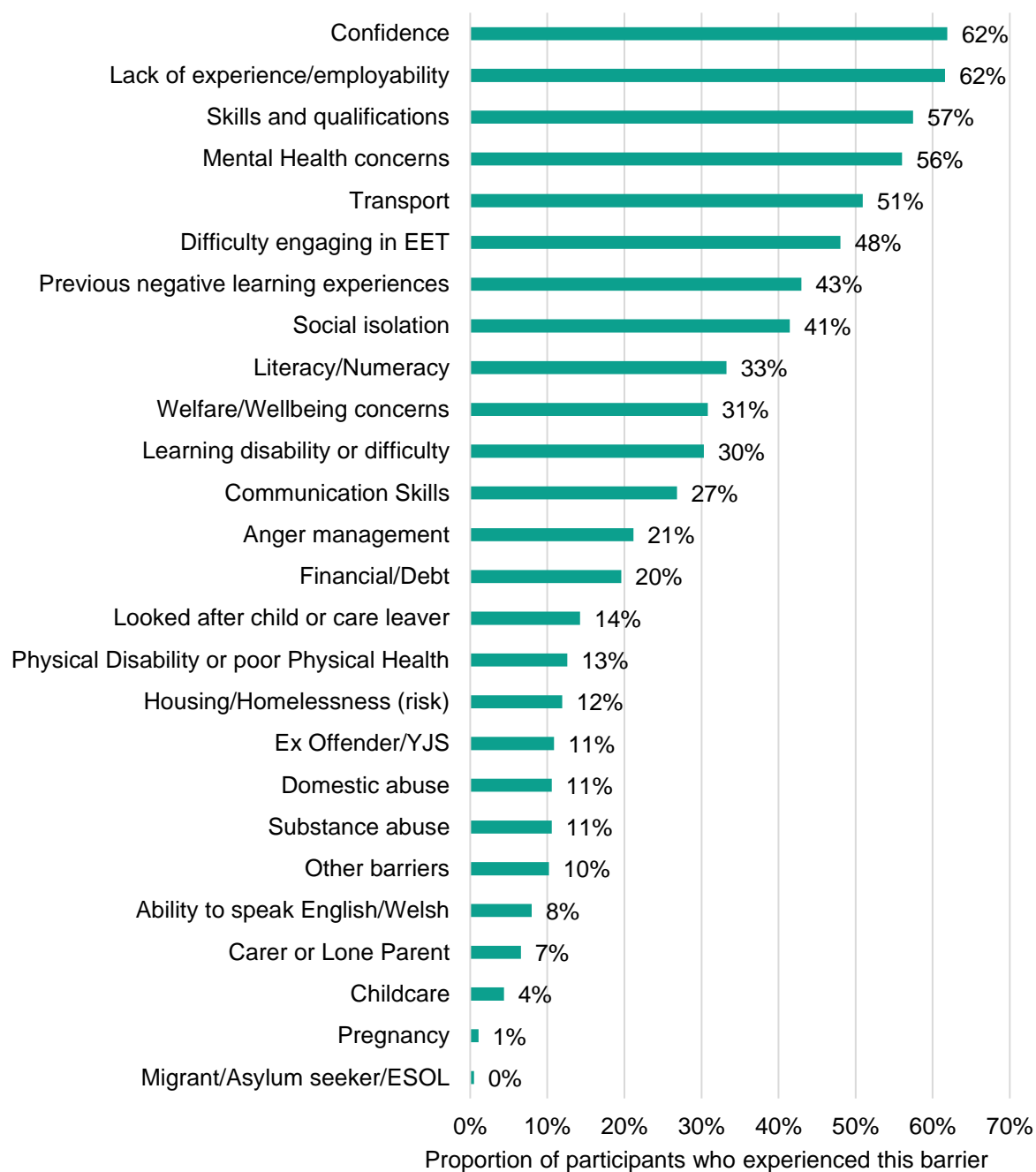
¹⁴ Unemployed for a period of one year or more.

¹⁵ Source: Participant Monitoring Data (base = 935).

experienced eight of these barriers upon entry, which may indicate that participant needs are particularly complex.

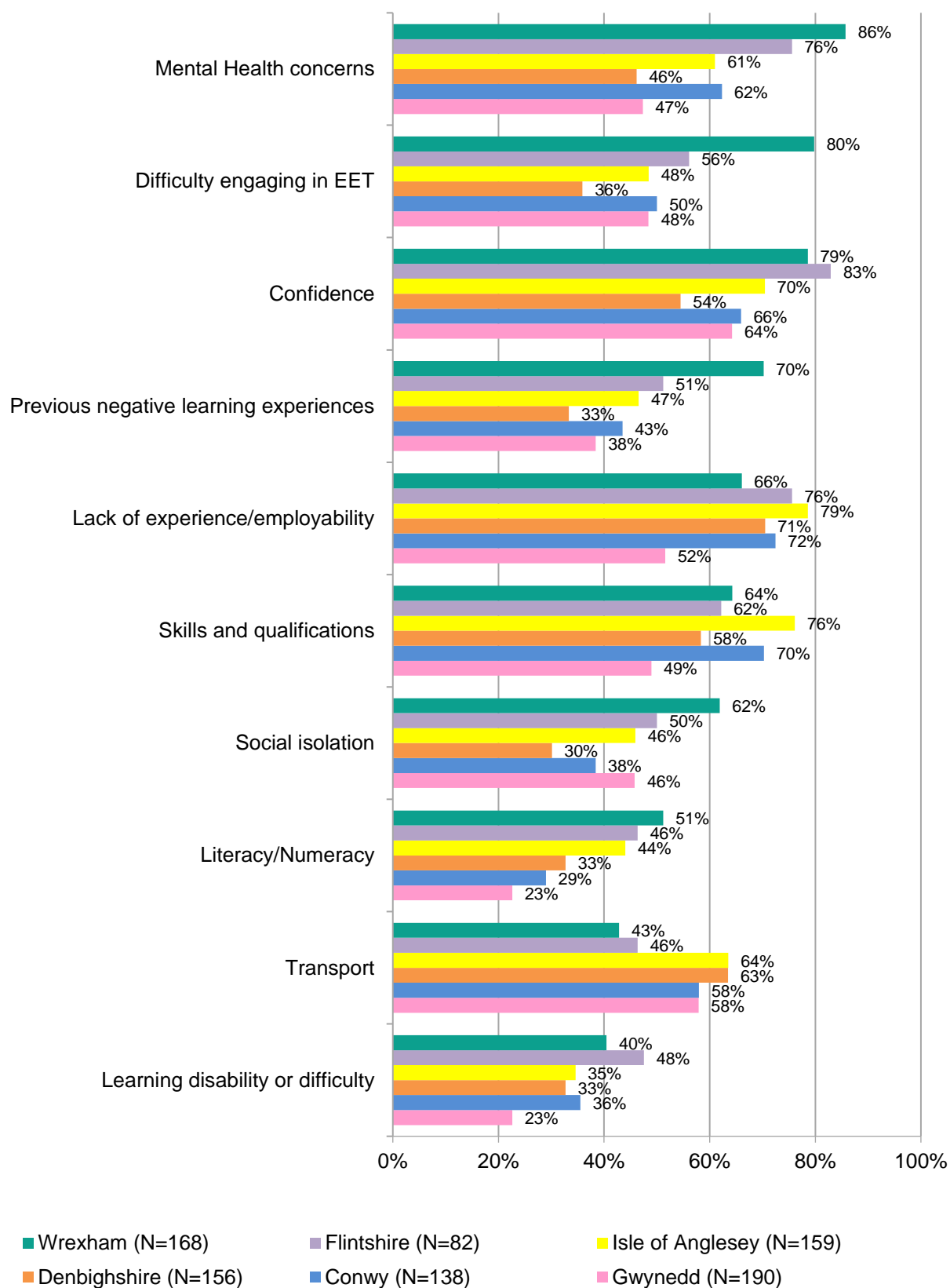
- 3.24 The extent to which different barriers were experienced by participants differed across local authorities. The 10 main barriers experienced are broken down by local authority in Figure 3.2. It shows that, for example, mental health was more frequently experienced as a barrier in Wrexham and Flintshire than, for example, in Denbighshire and Gwynedd. Likewise, a greater proportion of participants from Anglesey and Denbighshire experienced transport as a barrier in comparison with participants from other areas.

Figure 3.1: Barriers to entering education, employment and training experienced by participants upon entry to ADTRAC



Source: Participant Monitoring Data (base = 893)

Figure 3.2: Top 10 barriers to EET experienced by all participants, broken down by local authority



Conclusions

- 3.25 ADTRAC is widely held to be well integrated within the support available to reduce NEET rates within North Wales. The support is perceived positively by stakeholders, who praised the person-centred approach to the support and the involvement of mental health and well-being support within the design of the project. Stakeholders believe that ADTRAC is adding value to the other support on offer to young people who are NEET in North Wales.

4. Implementation and Delivery of ADTRAC

- 4.0 This section explores stakeholder perceptions on how ADTRAC is currently being delivered. This is supported by an in-depth exploration of how the operation is performing against the targets set out in the Business Plans (set out in Chapter 5).

Key Points:

- Delivery staff engaged with the survey and in-depth interviews were generally of the view that the programme delivery, including the role of GLLM as the project lead, is effective and appropriate for delivering project outcomes. Furthermore, participants interviewed were very positive about the support that they had received.
- There is, however, some concern surrounding the outcome targets for the programme. There is a general perception that ADTRAC participants are further away from the labour market, facing more — and more complex — barriers than initially envisaged, including a lack of employment opportunities in some areas, making some outcome targets difficult to reach.
- The role of the BCUHB was seen to be a key asset to ADTRAC, with the involvement of trained mental health professionals helping to ensure that the mental health needs of participants were met and to support project teams in embedding well-being activity in their work, such as the Five Ways to Wellbeing.
- Although beneficial to the delivery of ADTRAC, some staff fed back that the role of the BCUHB has been “confusing”, with a lack of clarity regarding where BCUHB staff sit within team structures. It was felt by some staff that the placement of Mental Health Practitioner roles within local authority teams but managed and supervised within the BCUHB has led to the feeling that Mental Health Practitioners are ‘half in/half out’ of the delivery team.
- Some delivery staff also identified capacity issues for mental health support — associated with Assistant Wellbeing Practitioners not being recruited — as being a barrier to effective project delivery.
- ADTRAC is performing strongly across all of the Cross-Cutting Themes.

Management of the Project and Partnership Working

- 4.1 ADTRAC is delivered by a consortium of partners led by GLLM. Stakeholders consulted during the evaluation were positive about the partnership, as well as the processes that the operation had put in place to manage it.

The Role of GLLM in the Partnership

- 4.2 Stakeholders and management and delivery staff were positive about the role of GLLM in leading the project. In general, individuals consulted during the evaluation have been pleased with the leadership demonstrated by GLLM throughout the project.

‘GLLM leadership and project management support has been outstanding from the outset.’ **(Management and Delivery Staff Survey, respondent 47)**

‘The regional team are phenomenal. They are brilliant. They measure a lot more things than I would, but their support and project management has been excellent.’ **(Management and delivery staff, interviewee)**

- 4.3 There are two main areas in which the role of GLLM was particularly praised. The first is concerned with the role of GLLM in setting up the project, organising reporting processes and methodology. The second concerns the ongoing project management of ADTRAC, keeping the project on track in relation to ongoing delivery and monitoring, seeking partners’ views on operational and strategic decisions, general communication with project partners, and acting as an effective intermediary between the WEFO and the teams delivering the project.

In addition, having a lead that is not directly involved in delivering the project appears to be a positive facet of ADTRAC. However, it should be noted that this evaluation has not considered GLLM’s role in leading ADTRAC in comparison to other projects.

Improved Partnership Working

- 4.4 Management and delivery staff participating in in-depth interviews were asked whether the collaboration between organisations has helped to strengthen

relations and collaboration between the partner organisations involved in delivery.

- 4.5 Six of the nine interviewees indicated that the collaborative approach had helped to strengthen relations between delivery organisations. Two interviewees referenced how the approach has helped to strengthen relationships with CW specifically. Meanwhile, another staff member reflected on the collaborative approach being “vital” in helping with the sharing of information and getting referrals into the operation.
- 4.6 Additionally, four interviewees described how the involvement of partner organisations had positively affected working practice within their organisation.
- 4.7 However, two interviewees from different local authorities indicated that the partnership working could be improved. Their comments included the need for more information sharing within partners, with one interviewee noting that some parts of the college were unaware of ADTRAC. Meanwhile, another interviewee indicated that there were inconsistencies in relation to referral processes which needed greater attention from partners when it came to managing eligibility processes for individuals who have been referred from a third party. They felt that advice that they received from CW was inconsistent when it related to how to confirm the eligibility of individuals who had come from a third-party referrer.
- 4.8 Strategic stakeholders were also asked to reflect on how effectively they felt that project partners were working together to deliver ADTRAC. Five interviewees responded to this question, while others declined on account of feeling more distant from the project to be able to provide a response. Of those who did respond, three respondents indicated that they felt as though the partnership was working well. The remaining two gave more nuanced responses, which reflected on positives and potential areas for improvement. There seemed to be consensus that there were positive aspects, including the ‘passion’ of the team and ‘good relationships’ between partners. However, stakeholders identified the following areas as being potential areas for improvement:

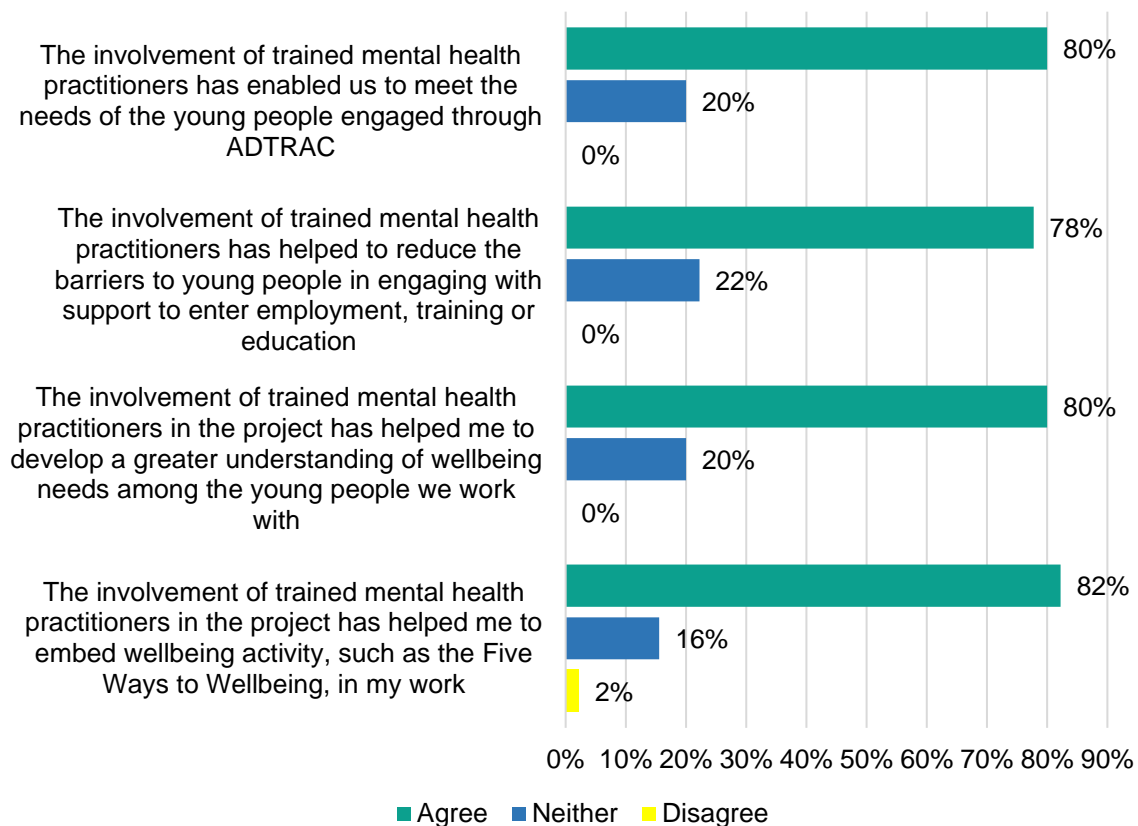
- Working with other delivery organisations to ensure that they are reminded about the support that is available.
- Improving communication between the BCUHB and the ADTRAC delivery teams to ensure that delivery teams are aware of what support is being delivered to the participant and when they are meeting with participants.
- Improving the integration of the Mental Health Practitioners within the wider ADTRAC delivery teams to prevent them from being “half out, half in”. Staff fed back that the practitioners are managed by the BCUHB for clinical supervision reasons, but this has led to them feeling slightly more separate from the wider delivery team. It should be noted that this concern was only raised by a minority of management and delivery staff, and it is unclear from the data as to whether these reflections are shared by BCUHB staff.

The Involvement of BCUHB

- 4.9 Delivery staff and strategic stakeholders were asked to reflect on what impact they believe the BCUHB’s involvement has had upon the delivery of ADTRAC.
- 4.10 As illustrated in the chart below, the vast majority of staff indicated that the involvement of trained mental health professionals in delivering the project was helping to:
- reduce the barriers to EET faced by participants;
 - ensure that the needs of participants could be met; and
 - support staff in developing their knowledge of well-being, including how to embed well-being activity in their work, such as the Five Ways to Wellbeing.¹⁶

¹⁶ The Five Ways to Wellbeing are a range of strategies widely used to help individuals to support their own mental health and well-being, based on evidence-based practice. The Five Ways include: connecting with other people, being active, learning new skills, giving to others, and mindfulness. The Five Ways to Wellbeing are promoted by a range of mental health and well-being organisations including the NHS, Mind, and the What Works Centre for Wellbeing. More information is available [here](#).

Figure 4.1: Perspectives of management and delivery staff on how the involvement of trained mental health professionals in the project has impacted the operation



Source: Management and Delivery Staff Survey (base = 46)

4.11 During in-depth interviews, the majority of staff reflected that the involvement of the BCUHB had had a positive impact. The reasons commonly cited for this were:

- The role that the BCUHB play in training mentors and providing guidance and support to those supporting participants with well-being issues.
- The role of the BCUHB in providing support to participants.

Staff reported that the involvement of the BCUHB differentiated the support delivered by ADTRAC from other projects that focus on employability, as well as providing additional value. 'I have been working with young people in a training establishment for many years and you notice that the reason young people aren't succeeding is because of the lack of support for mental health problems.'

(Management and delivery staff, interviewee)

‘One of the benefits of ADTRAC is the one-to-one support the young person receives from the mentor and the opportunity to access the Mental Health Practitioner in a non-clinical setting... Although there are services for young people to access within local authorities, the young people we support need help accessing them. With young people describing lack of confidence as a barrier and a difficulty engaging in education, employment and training, both the mentor and Mental Health Practitioner can help by providing one-to-one support and the opportunity to learn coping mechanisms that they can use in the future.’ **(Management and Delivery Staff Survey, respondent 10)**

- 4.12 Strategic stakeholders also praised the involvement of the BCUHB, identifying ‘added value’ resulting from their involvement in the project. Several stakeholders reported that they felt as though they were commonly seeing mental health issues among young people that were limiting their progression. Stakeholders reflected that they felt that this inclusion of Mental Health Practitioners within ADTRAC support was helping to bridge gaps in the support available to young people and help individuals to access support who may be put off by accessing support in a more clinical setting.
- 4.13 ‘It’s got so much added value because of this difficult transition between CAMHs and adult MH services, because people can be left in a no-man’s land when they can’t access support. It’s not helping their situation, so for some people this has bridged that gap. Within [our setting] we’re seeing more and more people with mental health issues and I think with younger people, even if they haven’t had engagement with mental health teams, having professional support is still fabulous. It gives them that extra layer.’ **(Strategic stakeholder, interviewee)** However, similarly to management and delivery staff, two of these stakeholders noted challenges in relation to recruiting into Mental Health Practitioner posts, which had left posts vacant and created challenges with regard to meeting the support needs of participants.

Delivering Support to Participants

Participant Enrolment

- 4.14 Young people can be referred to the project through a variety of channels, including Jobcentre Plus (referred to in project documentation as the DWP), CW, local authorities (including social services and community mental health teams), other ESF projects, FE and HE institutions, the BCUHB (CAMHS and doctors' surgeries), and self-referrals. The table below indicates what proportion of referrals came from each referring agency.

Table 4.1: Referrals to ADTRAC, by agency¹⁷

Referring agency	Number of referrals	Proportion of referrals (%)
Self-referral	61	7%
Other	93	10%
Local authority	150	17%
Careers Wales	172	19%
Department for Work and Pensions	299	34%
BCUHB	52	6%
Third sector	42	5%
Other ESF project	7	1%
Further education	4	0%
Higher education	1	0%
YEPF Panel	11	1%

Source: Participant Monitoring Data (base = 892)

- 4.15 Across all Joint Beneficiaries, 73% of management and delivery staff agreed that the referral processes for ADTRAC are clear and easy to understand; meanwhile, 15% disagreed.¹⁸ Qualitative data collected elsewhere suggested that there have been some difficulties with respect to the commitment of the individual referred or to insufficient information to identify whether the individual is eligible for ADTRAC, which may influence perceptions of the referral process.

‘We’ve had problems with quite a few referrals from DWP — the participants when contacted don’t realise they’ve been referred or don’t engage. One of

¹⁷ Referrals coded in ‘Other’ include referrals from: North Wales Police, Drug and Alcohol Services, Counselling Services, Young Carers, Probation Services, as well as Supporting People and Supported Living projects.

¹⁸ Source: Management and Delivery Staff Survey (base = 46).

the referrals has been referred to us a few times but hasn't engaged — he's just been told that he needs to be referred but doesn't actually want to engage. Some may only be referred to get Universal Credit, for example, but don't actually want to follow through.' **(Management and delivery staff, interviewee)**

'The referral form could be better. I find it difficult to identify who's appropriate for the project because a lot of participants identify confidence and mental health issues as barriers and they may have a lot of trauma.'
(Management and delivery staff, interviewee)

- 4.16 At the same time, it is important to note that many delivery staff have been very positive about the way in which ADTRAC has built partnerships with partner organisations. This is reflected in the fact that 87% of management and delivery staff surveyed agreed that ADTRAC has been effectively marketed and promoted to partner organisations, as well as 87% agreeing that ADTRAC has been effectively marketed and promoted to referring organisations.
- 4.17 Meanwhile, 74% agreed that ADTRAC had been effectively marketed and promoted to potential participants. This slightly lower level of agreement may partly be explained by the fact that the operation predominantly relies on referrals from referring agencies, rather than on self-referrals from potential participants.

Pre-engagement

- 4.18 Approaches to pre-engagement appeared to vary across Joint Beneficiaries. Common approaches included contact via phone or initial face-to-face meetings to enable staff to explain the support available and familiarise themselves more with participants to understand their needs. One staff member indicated that door knocking was used with particularly "hard-to-reach" participants.
- 4.19 Management and delivery staff reported that this stage could prove to be challenging with some participants. This was the case particularly where they lacked confidence or where they may be less open to engaging (e.g. individuals

who may have been encouraged to sign up, to enable them to access benefit entitlements, but were perhaps less invested in the project).

- 4.20 In some cases, management and delivery staff engaged with referring organisations to support their pre-engagement efforts. For example, some staff indicated that following a referral they made direct contact with a referring organisation to gather additional information with which to help them to develop a more holistic picture of the participant to support engagement efforts. Furthermore, some staff reported making contact with referring organisations to follow up with participants where contact had been unsuccessful, as the referring organisations had pre-existing relationships with participants which may help to broker relationships.

Identifying Participant Needs

- 4.21 The project utilises Work Star¹⁹ and the WEMWBS (Warwick–Edinburgh Mental Well-being Scale)²⁰ to identify participant needs. Participants are asked to fill in the WEMWBS and Work Star upon both exiting and entering the project in order to help understand the impact of the project upon them and explore the distance travelled.
- 4.22 In survey responses, 91% of management and delivery staff indicated that they felt as though GLLM had put in place good processes with which to identify participant needs (including mental health needs). Only 2% of staff disagreed.
- 4.23 In interviews, management and delivery staff were asked about the effectiveness of Work Star and the WEMWBS in identifying participant needs — more mixed responses were given. The majority of staff (7/9) praised Work Star as a useful tool that helped them to open up conversations with participants. Meanwhile, other staff (2/9) indicated that Work Star’s effectiveness as a tool depended on the participant, with some more reluctant to fill it out and some participants

¹⁹ Work Star is a holistic tool used to measure employability and employment outcomes. It covers seven key areas: (1) Job skills and experience, (2) Aspiration and motivation, (3) Job-search skills, (4) Stability, (5) Basic skills, (6) Workplace and social skills, and (7) Health and well-being.

²⁰ The WEMWBS is a 14-item scale used to measure participant well-being. It is a widely used tool for measuring mental well-being both nationally and internationally and, therefore, provides an opportunity to compare the well-being scores of ADTRAC participants with those of the general population.

finding it challenging to understand the questions. However, feedback on Work Star was, on balance, more positive than negative.

- 4.24 Perspectives on the use of the WEMWBS were also mixed, albeit broadly positive. The majority of staff (6/9) indicated that they felt as though the WEMWBS was useful. In explaining why, some staff members indicated that they felt as though it was a good tool for understanding how the participant was feeling and why. A number of staff (3/9) indicated that they did not feel that the WEMWBS was helpful, with one member of staff indicating that it gives the young person a score with no guidance on how to interpret it. Given that the role of the mentor is to provide this context for participants, it perhaps suggests that additional training is needed.
- 4.25 Another staff member highlighted that they found that some young people were uncomfortable completing it. Similarly, two staff members raised issues surrounding the role of relationship building in supporting them in using both Work Star and the WEMWBS effectively, as participants may otherwise feel nervous or find the experience of filling in these questionnaires slightly 'intrusive'.

Action Planning

- 4.26 Following the process developed by GLLM, action plans are developed with participants in early appointments and used to understand their short-term and long-term goals. Approaches to reviewing the action plans appeared to vary across Joint Beneficiaries. In some cases, action plans were reviewed on a regular basis (such as every other month), whereas others used these more as an ad hoc tool, and utilised reviews more where participants were struggling to engage, had complex needs or felt "stuck".
- 4.27 Staff were positive about the current processes for action planning. Indeed, 89% of staff survey respondents agreed that the action-planning process put in place by GLLM is appropriate and fit for purpose, and none disagreed. Additionally, 82% of staff agreed that action planning and participant goals are visited with enough regularity; again, none disagreed.

- 4.28 Management and delivery staff indicated that reviewing the action plan was a useful part of supporting participants. Where participants were feeling stuck or struggling to see the progress that they were making, action plans could be revisited to illustrate their progress and help with their motivation to continue with the support. Furthermore, they could be used to respond to changes in participants' circumstances and adapt their goals and support accordingly.

Support Delivered

- 4.29 Management and delivery staff noted that one of the strengths of the support delivered through ADTRAC was that it was 'tailored to individual needs'. The kinds of support offered include:

- Employability support, e.g. CV writing, interview skills, support with job searching and applications, work experience placements, and support with attending interviews;
- Support with applying and preparing for FE, college, apprenticeships and traineeships;
- Confidence and assertiveness support;
- Soft skills and life skills, e.g. cooking and gardening;
- Support with accessing mental health support, including support with registering with a GP and referring to well-being and mental health support;
- Volunteering opportunities;
- Support with accessing a range of other services, e.g. food banks, housing, banks, and CAB; and
- Support through the medium of Welsh.

- 4.30 Additionally, 48% of participants have been referred to the BCUHB for more specialised mental health support. Table 4.2 below details the interventions offered to these participants. In addition to these specific activities, regular drop-in sessions have been provided in some local authorities to allow participants to access well-being support. In Wrexham and Flintshire, weekly group sessions have been delivered by mentors, Mental Health Practitioners, and external agencies, exploring a topic of relevance selected by the young people and attended by 10–

20 young people each week. In Gwynedd, weekly 'Hubs' were provided by Youth Support Workers, with 15 participants attending the Caernarfon Hub and 5–6 participants attending the Dolgellau Hub. In Denbighshire, a six-week confidence-building course has been available to participants and since social distancing measures have been in place, a weekly online 'Ontrac with ADTRAC' drop-in session has been provided.

Table 4.2: Interventions delivered by BCUHB

Source: Participant Monitoring Data (base = 224)

BCUHB intervention	Number of interventions	Percentage
One-to-one	146	65%
No action	18	8%
Well-being support	40	18%
Light-touch	2	1%
Mentor support	4	2%
Group sessions	5	2%
Consultation	7	3%
Referral to core services	2	1%

4.31 In interviews, management and delivery staff fed back that they felt as though the range of interventions offered by ADTRAC were suitable to the needs of participants. This is substantiated by the survey data, which found that:

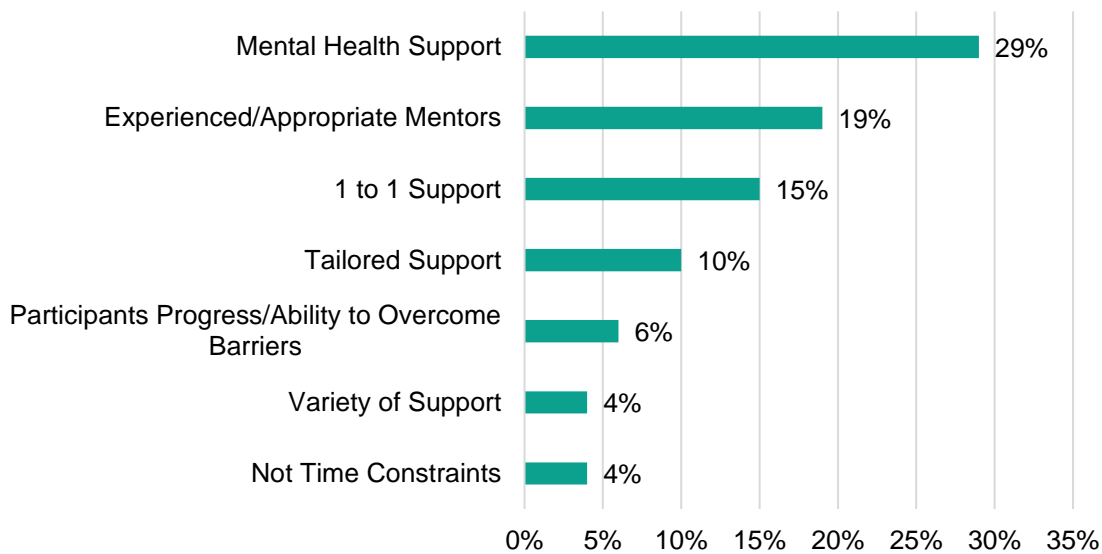
- 84% of staff agreed that ADTRAC offers appropriate activities to meet the employability needs and interests of participants; 4% disagreed.
- 73% of staff agreed that ADTRAC offers appropriate activities to meet the well-being and mental health needs of participants; 11% disagreed.
- 93% of staff agreed that the support delivered by ADTRAC is resulting in sustained positive outcomes for individual participants; 0% disagreed.

4.32 It was not entirely clear as to why fewer staff felt that ADTRAC was offering appropriate activities to meet the well-being and mental health needs of participants. However, in interviews with management and delivery staff and strategic stakeholders, a small number discussed challenges with regard to recruiting the number of Mental Health Practitioners required, so this judgment may be influenced by capacity issues.

4.33 Figure 4.2 below shows what management and delivery staff deemed to be the most successful aspects of the delivery of ADTRAC support. This was a free-text question, which the researchers have analysed and coded to identify common themes (detailed below). Mental health support delivered through ADTRAC was most frequently identified as being the most successful aspect of delivery, followed by the experience of the mentors, as well as the nature of the support being one-to-one and, therefore, participant-centred.

4.34 The inclusion of mental health support within the offer was praised because it ensures that participants can access ‘holistic’ support, enabling them to overcome the unique barriers that they faced and helping to move them closer to the labour market.

Figure 4.2: Coded responses to the free-text question: “In your opinion, what are the most successful aspects of the delivery of ADTRAC support?”



Source: Management and Delivery Staff Survey (base = 46)

4.35 The quote below describes the importance of the one-to-one support that is delivered through ADTRAC, and how this delivers added value in comparison to other support for young people.

‘I am not aware of [other] services that provide support for you to leave the house, do transport training with them or help them access a social group of young people their own age, all of which are really important if we want young people to be successful in achieving their goals and accessing college,

university and work...The flexibility of support is unique: runs at the pace of the young person who is heavily involved in setting their own goals, access to bespoke training opportunities, and helps remove barriers such as the cost of childcare or equipment for college, university or employment.’ **(Management and Delivery Staff Survey, respondent 10)**

Feedback on Delivering Support

Key Challenges

- 4.36 Whilst feedback from management and delivery staff was generally positive, the following issues were identified by management and delivery staff as being key challenges in delivering the support:

Engaging Participants

- 4.37 This was the challenge most commonly identified by management and delivery staff in survey responses, as discussed by 29% of respondents. This challenge related to difficulties with regard to getting participants to engage with the support upon inception and continue with the support. There were a number of factors that underscored this challenge, including the complex barriers faced by the young people whom the project was trying to engage, many of whom have severe mental health needs and have experienced adverse childhood experiences. Additionally, staff indicated that there were some challenges in keeping participants engaged, due to processes that could be lengthy and potentially result in young people losing focus. These issues are summarised in the quote below.

‘Many young people are very far from the labour market — more than expected — and overcoming these barriers is a very lengthy process. As the project is voluntary, it is often difficult to maintain engagement for all... The procurement process can be time-consuming and often young people can lose focus waiting for courses to be procured.’ **(Management and Delivery Staff Survey, respondent 16)**

- 4.38 Some stakeholders raised concerns that some of the individuals being referred to ADTRAC were not ready for the support, either as a result of complex needs

(which meant that they were not yet ready to enter EET) or due to low motivation (which led to them withdrawing from support).

Paperwork Issues

- 4.39 Management and delivery staff noted challenges regarding paperwork. These included issues surrounding the paperwork required to register participants, with some participants being unable to provide a National Insurance number, which was also reflected in the Lessons Learned Log for the operation. Additionally, these included issues surrounding administrative work, as well as the difficulty of accessing agile technology with which to meet the paperwork element requirements of the project.

Managing Mental Health Issues

- 4.40 Management and delivery staff reported that a large number of participants present with complex mental health needs, meaning that much capacity is required to support these individuals. This was coupled with some issues related to the staff support required in order to support these young people. One staff member noted that their team did not currently have a Mental Health Practitioner, with another noting that they did not have enough Mental Health Practitioners to meet demand due to difficulties encountered in recruiting staff. Additionally, a handful of stakeholders noted difficulties surrounding recruiting to these posts, leading to capacity challenges. With reference to this a couple of stakeholders noted that this issue was exasperated by slow recruitment processes within the BCUHB. This is also reflected in the Lessons Learned Log for the operation, which identified that recruitment processes within the BCUHB were complex.

Underestimation of Barriers

- 4.41 This issue emerged within both survey responses and interviews with management and delivery staff and strategic stakeholders. It was felt that the complexity of the barriers faced by some of the participants whom the project was seeking to engage had been underestimated, which, in turn, led to a feeling among some stakeholders that targets were unrealistic and unlikely to be met

now that the project is working with participants further away from the labour market than envisaged.

‘More time has been spent supporting young people than originally anticipated due to their issues being multiple and complex.’ **(Management and Delivery Staff Survey, respondent 2)**

- 4.42 Some stakeholders fed back that they felt as though the project needed to have a greater focus on soft outcomes and distance travelled in light of the complex barriers faced by participants. They felt that a focus on hard outcomes like employment targets could risk eclipsing the significant impact of the project on an individual level. This issue is discussed further in Chapter 5 (Progress & Performance).

‘My personal perspective is that there should be less pressure on outcomes and focus more on the journey of the young people and see the challenges they’ve had to face, rather than focusing on the final outcome, e.g. employment.’ **(Management and delivery staff, interviewee)**

Going through the Dynamic Purchasing System (DPS)

- 4.43 This challenge was discussed by 23% of survey respondents, as well as being raised in interviews with management and delivery staff and strategic stakeholders. It should be noted that the DPS will not have been relevant to all individuals who were surveyed; as a result, this issue may be more prevalent among staff for whom the DPS is relevant to their role. Stakeholders raised concerns that the DPS was leading to “slow” processes that could risk participant disengagement whilst they were waiting for the support sought to become available. Some stakeholders noted that they did not feel that the DPS was “fit for purpose”, particularly as the application process put off smaller businesses, which meant that they were unable to reach smaller local businesses who would have the expertise to provide the provision required.
- 4.44 Management and delivery staff reflected that participants had a tendency to disengage from the project if they did not feel as though they were getting results quickly; as such, the DPS was a factor in participants withdrawing from support.

Coordination and Logistical Challenges

4.45 Some issues were raised with regard to the coordination of ADTRAC. These included the following issues:

- Some staff fed back that the role of the BCUHB has been “confusing”, with a lack of clarity regarding where BCUHB staff sit within team structures. It was felt by some staff that the placement of Mental Health Practitioner roles within local authority teams but managed and supervised within the BCUHB had led to the feeling that Mental Health Practitioners are ‘half in/half out’ of the delivery team.
- Some challenges were raised in relation to infrastructure, particularly regarding challenges in identifying spaces in which to meet with participants, as well as coordinating visits due to a lack of administrative support.

Lack of Employment Opportunities

4.46 Some staff reflected that a lack of employment opportunities was a barrier within their area, with some staff pointing to such issues in the local labour market as a loss of major employers, or employers who did not have the capacity and/or interest in taking on young people for work experience. In some areas this was coupled with issues surrounding transport infrastructure and the rurality of the area, which meant that many young people were unable to access some work opportunities. Meanwhile, another staff member discussed difficulties in finding employers who would “give young people a chance”, limiting the amount of work placements upon which ADTRAC could draw. Where opportunities were scarce there was a sense that ADTRAC participants, many of whom lacked work experience and employability skills, were having to compete with more experienced applicants.

4.47 This is an area that is expected to become more challenging as a result of the COVID-19 pandemic, which has seen large numbers of employers having to furlough or terminate employees’ contracts. It is predicted that the UK economy will face a ‘significant recession’ as a result of the pandemic, which is expected to see an increase in unemployment (Bevan Foundation, 2020). Already, Labour

Market Information (LMI) collated by CW indicates that monthly job postings in Wales decreased from 55,756 in February 2020 to 43,738 in April 2020 (Careers Wales, 2020). LMI collated by the North Wales Regional Skills Partnership shows that the claimant count in North Wales in May 2020 was 25,855, more than double that in May 2019, including an increase of 10,000 additional claims in April 2020 (North Wales Regional Skills Partnership, 2020). Evidence from previous recessions shows that young people are at greater risk of unemployment, with unemployment for young people aged 16–24 during the last recession peaking at 23.5% in 2012, more than four times higher than the unemployment rate for those aged 25 or above (Careers Wales, 2020).

- 4.48 As a result, it is likely that the operation will experience greater challenges in exiting participants into an employment result over the remaining delivery period. Of those participants who have exited into an employment result to date, the majority have entered Tourism & Hospitality (22%) or Food & Drink (19%). Whilst social distancing and lockdown policies are in force these are likely to be among the sectors hit hardest by job losses resulting from the pandemic.

How Is the Project Contributing to the Cross-Cutting Themes (CCTs)?

- 4.49 A condition of ESF funding is the requirement for all funded projects to evidence that they have addressed the following Cross-Cutting Themes (CCTs):
- equal opportunities and gender mainstreaming;
 - sustainable development;
 - tackling poverty; and
 - the promotion of Welsh language.

4.50 ADTRAC has agreed the following case-level indicators for the operations.

Table 4.3: ADTRAC case-level CCT indicators

Cross-Cutting Themes	ADTRAC case-level CCT indicators
EO&GM	<ul style="list-style-type: none"> • Positive action measure – Young people • Positive action measure – BME people²¹ • Positive action measure – Disabled people • Positive action measure – Other (Barrier fund) • Activity supporting speakers of the Welsh language • Occupational segregation activity • Disability Access Group engagement
SD	<ul style="list-style-type: none"> • Develop an Eco Code • Operations integrating sustainable development into awareness training, education, and training programmes²²
TP&SE	<ul style="list-style-type: none"> • Community skill-building activity • Mentoring/advocacy activity • Volunteering schemes
CCT General	<ul style="list-style-type: none"> • CCT Champion

4.51 Each of these CCTs, and how they have been approached by the ADTRAC project, is discussed below.

Equal Opportunities and Gender Mainstreaming

4.52 As illustrated by the table below, the operation is exceeding its target for participants with a disability or work-limiting health condition, and performing well against its target for participants from a BME/Migrant/Minority background. However, the operation appears to be facing greater challenges in reaching targets with regard to the inclusion of participants with childcare/caring responsibilities and female participants.²³

²¹ This case-level CCT indicator applies only to the East Wales operation.

²² This case-level CCT indicator applies only to the West Wales operation.

²³ As noted later in the report, it is possible that some of these participants have been ‘picked up’ by other programmes such as the Welsh Government- and ESF-funded Parents, Childcare and Employment (PaCE) project, or provision from the North Wales Young Carers’ Trust, and it may be that due to the conditions of Universal Credit, young people with childcare responsibilities are less likely to be seeking employment than are those without childcare responsibilities.

Table 4.4: Participation targets and performance data, by demographic group

Participation group	Target	Target (%)	No. achieved	Percentage of target achieved
Total participants	1,451		893	62%
Participants with a disability/work-limiting health condition	112	8%	263	235%
Participants who are BME/Migrants/ Minorities	31	2%	21	68%
Participants with childcare/caring responsibilities	121	8%	56	46%
Male participants	721	50%	509	71%
Female participants	730	50%	384	53%

Source: Participant Monitoring Data (base = 893)

- 4.53 When asked how they felt that the CCTs had been embedded within ADTRAC, 4/9 of staff interviewees discussed strategies used to address equal opportunities and gender mainstreaming. One interviewee stated that they met this through adopting an ‘inclusive approach... [where] everyone is treated as someone who can achieve’ (Management and delivery staff, interviewee). Furthermore, the processes established by GLLM were identified as being positive in this area, including the activity log and exit sheet.
- 4.54 Other staff discussed how they sought to encourage and support individuals who expressed an interest in exploring roles that might be perceived to be “non-traditional” for their gender. Examples given included encouraging female participants who expressed an interest in construction, as well as males who had expressed an interest in industries such as care. Moreover, one interviewee discussed how they sought opportunities to promote gender equality in their delivery through celebrating events such as International Women’s Day. ADTRAC’s support for non-traditional gender activities is evidenced by case studies on women in outdoor sport and a female ADTRAC participant who entered the fire service after receiving support from the project, as well as supporting female participants in studying STEM courses.

4.55 Despite these strategies, 1% of participants were recorded as taking part in a non-traditional gender activity,²⁴ and there remains a clear gap in the recruitment of female participants to the project. This potentially reflects the fact that while females are more likely to be economically inactive than are males, they are less likely to be looking to enter employment, as shown in Table 4.5 below. While female economic inactivity rates are significantly higher than male economic inactivity rates in all local authorities in North Wales except for Flintshire, there are more male claimants than female claimants in each of these local authorities. This suggests that although there are fewer economically inactive males than females in the majority of local authorities in North Wales, males are more likely to be looking for work and engaging with employment support programmes than are females.

Table 4.5: Economic inactivity rates and claimant counts in North Wales, disaggregated by gender

	Economic inactivity rates (16–24-year-olds) ²⁵	Economic inactivity rates – Females (16–24)	Economic inactivity rates – Males (16–24)	Claimant count – Females (16–24) ²⁶	Claimant count – Males (16–24)
Anglesey	23.1%	30.1%	16.7%	170	305
Conwy	44.3%	50.1%	39.1%	360	555
Denbighshire	41.1%	43.0%	39.6%	285	545
Flintshire	32.4%	31.5%	33.1%	405	645
Gwynedd	43.2%	56.0%	31.6%	345	555
Wrexham	31.6%	35.9%	27.9%	365	675

Source: Nomis Web claimant count and annual population survey datasets

4.56 Whatever the reasons for the difficulty in respect of engaging female participants, ADTRAC may need to consider whether there are any additional strategies that

²⁴ Source: Participant Monitoring Data (base = 893).

²⁵ All economic inactivity rates in this table refer to the period of January 2019–December 2019 and are taken from Nomis Web.

²⁶ All claimant count figures in this table are May 2020 figures and are taken from Nomis Web. N.B. Claimant counts as a percentage of total economically active and total populations are not currently available.

could be utilised in outreach and recruitment activities to help boost the recruitment of female participants.

Promotion of the Welsh Language

- 4.57 The majority of management and delivery staff who participated in an in-depth interview were able to identify ways in which the promotion of the Welsh language had been met within the operation (7/9 interviewees). All of these staff indicated that support was available in English and Welsh, including the availability of translated forms and the availability of Welsh-language staff. Efforts made by ADTRAC to produce Welsh-language versions of standardised tools such as the WEMWBS, GAD7 and PHQ9 and validate them (with the assistance of professional translators, a language terminologist, and healthcare professionals) have resulted in well-being tools that can be used to facilitate young people in expressing their well-being through Welsh beyond the context of the ADTRAC project. Additionally, respondents from Conwy and Gwynedd noted that the majority of their staff were fluent Welsh speakers and all local authority staff in Anglesey are Welsh speakers.
- 4.58 In the survey disseminated to management and delivery staff, questions were included to gauge how widely the Welsh language was being used in delivery. Fifty-one per cent of respondents indicated that their team were currently providing support in Welsh. Whilst this figure may appear to be low, it should be noted that levels of Welsh speaking vary quite significantly across the Joint Beneficiary areas and the proportion of staff who indicated that their team are providing support in Welsh is much higher in localities with high levels of Welsh speakers, such as Gwynedd (where 100% of respondents indicated that they were providing support in Welsh), than in localities in which levels of Welsh speaking are much lower, such as Wrexham and Flintshire, where the majority of staff indicated that they were not providing support in Welsh.
- 4.59 To account for differences in the demand for provision through the medium of Welsh, staff were also asked to indicate whether they believe that their team is able to meet local need. Responding to this question, 82% of respondents indicated that they feel that their team is able to meet local demand. Those who

disagreed were most often based in Denbighshire and this appeared to be influenced by low demand for Welsh-medium provision in the area. Participant Monitoring Data indicates that only one participant in Denbighshire indicated that their preferred language of communication was Welsh, which would suggest that there is very low demand for Welsh in this area. The lead within Denbighshire reported that although demand has been low, the Denbighshire team is able to fully comply with the requirement to deliver a bilingual service.

- 4.60 In addition to delivering support through the medium of Welsh, ADTRAC has gone some way towards linking employers with Welsh-speaking participants, potentially increasing opportunities for ADTRAC participants to use Welsh in the workplace.

‘Employers are always asked (e.g. retail and hospitality) if they need Welsh speakers and this is passed on to participants, who may not have confidence to speak Welsh but do know it.’ **(Management and delivery staff, interviewee)**

Sustainable Development

- 4.61 In line with ESF guidance on sustainable development, ADTRAC has developed an Eco Code that commits the project to adopting the following approaches:

- Reduce, reuse, recycle to minimise waste
- Encourage more environmentally friendly ways of travelling (including public transport, vehicle sharing, and reducing the need for travel)
- Encourage project teams to adopt practical ways of saving energy
- Encourage others to adopt similar measures.

- 4.62 Sustainable development also includes promoting social justice and equality of opportunity, as well as recognising and promoting health and well-being as one of the cornerstones of a healthy, vibrant economy (Welsh Government, 2016).

- 4.63 These features are embedded within the design and rationale of ADTRAC. For example, ADTRAC’s aim to reduce barriers to young people progressing to EET can be seen to be promoting equality of opportunity. This is also supported by the

project's targets in relation to demographic groups, which are intended to ensure that the support achieves equality of opportunity across diverse groups.

- 4.64 Additionally, the promotion of health and well-being is central to ADTRAC's design, which deliberately embeds mental health and well-being provision in a project that seeks to bring individuals closer to EET. This shows recognition that well-being is central to young people's ability to access and progress in EET.

Tackling Poverty

- 4.65 Tackling poverty includes 'tackling barriers to employment such as poor skills, lack of childcare or limited transport options, helping more people to access employment opportunities' (Welsh Government, 2016).
- 4.66 ADTRAC includes several features that help to address these barriers. For example, ADTRAC addresses poor skills by providing young people with courses and opportunities with which to develop their skills and undertake qualifications. To date, monitoring data indicates that 200 participants have gained qualifications through ADTRAC, of whom 72 have gained more than one qualification. Furthermore, monitoring data indicates that 109 participants have gained work-relevant certification through their engagement with the programme.
- 4.67 ADTRAC also supports young people in tackling barriers to employment such as limited transport by providing funding to young people to enable them to access transport.

Summary

- 4.68 The operation appears to be making a good contribution to the CCTs; however, there is potential for improvement in relation to the involvement of female participants as well as participants with caring responsibilities.
- 4.69 In addition to contributing to the CCTs, there is a clear sense that ADTRAC is contributing to the objectives of the Well-being of Future Generations Act (WFGA). There is evidence that the approach adopted through ADTRAC involves all five ways of working that constitute the WFGA's 'sustainable development principle'. Specifically, it demonstrates a preventative approach delivered through

collaboration between public bodies, integrating numerous well-being objectives (primarily relating to the ‘a prosperous Wales’, ‘a healthier Wales’ and ‘a more equal Wales’ well-being goals) which take into account the long-term needs of North Wales.

Participant Perspectives on the Support Delivered by ADTRAC

4.70 The impact of ADTRAC upon participants is explored in Chapter 6; however, this section explores participants’ perspectives on the support delivered, as drawn from in-depth telephone interviews with 30 participants.

4.71 The majority of participants reflected that they felt as though the support delivered by ADTRAC was ‘good’ (29/30 participants), and all participants indicated that they would recommend the support to a friend.

‘It’s been life-changing. I wouldn’t have my job without ADTRAC. The caring support they’ve given me has been a massive help.’ **(Participant, ID 16)**

4.72 The most commonly discussed feature of the support was the supportive approach adopted by mentors (discussed by 12/30 participants). Participants frequently praised mentors as being ‘supportive’ and ‘going out of their way’ to help them.

‘They’re a great support system. If I ever had a query or was anxious or confused, they would always give me inside information. Or if I didn’t understand something properly, they’d explain it in a different way so I would understand. They listen and see potential.’ **(Participant, ID 1)**

4.73 Related to this, a high number of participants (10/30) praised the support for being person-focused. Participants noted that staff ‘really listen’ and shape the support around ‘you as a person’, allowing participants to ‘go at their own pace’. This echoes staff perspectives on what the most important features of the support are.

‘The support from ADTRAC is really good, as everything is really personal. The staff go out of their way to get to know you and always ask how you are doing. They let you do things at your own pace and are very supportive. Without

ADTRAC I wouldn't be able to go to college or go outside to meet my friends.'

(Participant, ID 4)

- 4.74 Only one participant was less positive in their response, which appeared to relate to what they perceived to be too few work experience opportunities that could be accessed without prior experience; however, they still did see value in the support that ADTRAC delivers.

'[What would you say to a friend who was thinking about getting involved in ADTRAC?] I would ask them why they'd want to get involved and if it's because they want work experience, I would probably recommend they didn't get onto ADTRAC, but if it is because they wanted to gain confidence, a better CV or they had mental health issues, I would tell them to go for it.' **(Participant, ID 3)**

- 4.75 The majority of participants (28/30) reported that it was easy to get involved in ADTRAC. The application process was frequently described as being 'quick' and 'easy'. However, a small number of participants indicated that they felt as though the support could be better advertised so as to make it clear whom it is open to and how broad the support offer is, as indicated in the quote below.

'Yes, it was easy to get involved, but if it wasn't for my mum knowing or meeting my mentor, I'm not sure I would have found out about it. I had in my mind it was just for naughty kids... it needs to be promoted a bit more. They need to let people know there's a variety of activities on offer to people with different needs.' **(Participant, ID 16)**

- 4.76 There were a variety of reasons as to why participants chose to get involved in ADTRAC. The majority of participants indicated that they wanted support in obtaining a job (17/30 participants), or support in entering education (10/30 participants).

What Aspects of Support Did Participants Feel Were the Most or Least Useful?

- 4.77 Participants were asked to reflect on what aspects of the support they felt were the most useful. The most commonly mentioned features were the support of mentors and the support system (discussed by 9/30 participants), the availability of courses with which to help participants to build up their skills and CVs

(discussed by 9/30 participants), the one-to-one nature of the support (discussed by 8/30 participants), and the availability of mental health and well-being support (discussed by 7/30 participants). A smaller number of participants also discussed the availability of funding (2/30 participants), as well as just 'having someone to talk to' (2/30 participants).

'The mental well-being sessions were the most useful, as I couldn't do anything without sorting out my anxiety first. The mental health support helped build up my confidence and learn how to deal with my anxiety. The rest of the support helped get me out of the house and meeting people, so it was all useful.'

(Participant, ID 4)

4.78 When asked what aspects of ADTRAC support participants felt were less useful, the majority of participants (25/30 participants) indicated that there was nothing in the support that was not useful, and that all of the support had helped. Similarly, when participants were asked if they felt that any improvements could be made to the way in which ADTRAC is delivered, the majority of participants (22/30 participants) indicated that they had no suggestions for improvements. However, the following suggestions were made:

- Increasing the duration of support, including the duration of mental health support to enable participants to build more effective relationships with the people on the course.
- One participant indicated that they wanted to reduce the regularity of meetings with their mentor from weekly, as it did not feel as though things changed that quickly. Meanwhile, another who received fortnightly meetings indicated that they would prefer weekly one-to-one sessions. It is likely that participants will have differing views on what regularity of meetings suits their needs, but this may indicate that a more flexible meeting arrangement would benefit some participants.
- Improved publicity, including through Jobcentres, to make it clearer as to what ADTRAC offers and how participants can access it.
- Increasing the availability of work courses, as well as placement opportunities.

How Does the Support Delivered by ADTRAC Differ from Other Support Offered?

- 4.79 This section complements the earlier section on added value, which explored the perspectives of strategic stakeholders and management and delivery staff on how ADTRAC has provided added value to the support offer in North Wales. Below, participant perspectives on the added value of ADTRAC are explored.
- 4.80 Two thirds of participants (20/30) indicated that they had received other support to help them into EET prior to accessing support through ADTRAC. Most commonly, participants had received support through Jobcentre Plus (10/20 participants) or CW (4/20 participants).
- 4.81 Almost all (19/20) of the participants who had received other support indicated that the support that they had received from ADTRAC had been better than what they had accessed previously.
- ‘I was with a training provider before but ADTRAC has been much more supportive and the staff really listen to you and are willing to take things slowly. ADTRAC focused on building up my confidence and sorting out my depression and anxiety, rather than just sticking me on a course.’ **(Participant, ID 2)**
- 4.82 Participants who had accessed other providers reflected that the support that they received had ‘not been helpful’, with slow processes and a lack of follow-up. By comparison, participants had found that ADTRAC were quick to respond and ‘sorted things straight away’. Moreover, participants noted how they found the mentors from ADTRAC to be a ‘lot more supportive’ than staff whom they had encountered in other services. A handful of participants noted how it felt as though ADTRAC took account of their personal circumstances and helped to work on the barriers that they were facing, whilst in other services they had felt that there was a push to simply move people into a job or onto a course without taking the time to address those barriers.

The Future of ADTRAC

- 4.83 The funding for ADTRAC is anticipated to come to an end in May 2021. Many stakeholders raised concerns regarding what will happen when this funding comes to an end. Indeed, 4/9 of the management and delivery staff who were

interviewed as part of the evaluation independently raised concerns with regard to what would happen to the participants if ADTRAC were not to be continued or replaced by similar provision.

‘I really hope, for the sake of participants, that there is something that will come for them after ADTRAC, especially with Brexit. It is something that concerns me.’

(Management and delivery staff, interviewee)

- 4.84 This was also reflected in interviews with strategic stakeholders, wherein two interviewees expressed the importance of the support delivered by ADTRAC being permanent and long-term. This related both to the needs of participants, who were felt to experience barriers that required more long-term support to overcome, and in terms of any succeeding project to retain talented staff who had built up good skills through their involvement in delivering ADTRAC. The latter point was also echoed by a staff member who felt that delivery staff had learned a great deal through the involvement of the BCUHB in the project, which would be lost if ADTRAC were not to continue.

‘This is the very hardest cohort to reach. It’s not going to be solved in the context of a time-bound funding project. Some of these individuals will need support over a very long period of time.’ **(Strategic stakeholder, interviewee)**

- 4.85 This issue was also raised by one of the ADTRAC participants who took part in an interview.

‘It’s just so good. I’ve been told they might be shutting down next year due to funding. It would be a massive shame if they do. I want to write to Welsh Government to complain if that happens. ADTRAC are just always there for you.’

(Participant, ID 13)

- 4.86 These comments, as well as the rich testimony from participants who were overwhelmingly positive about ADTRAC, suggest that there are many proponents of the support who would be very sad to see the support lost.
- 4.87 Neither strategic stakeholders nor management and delivery staff had a clear idea of what plans there were for continuing or replacing ADTRAC when the ESF funding comes to an end, though a small number did reflect that they felt as

though the Welsh Government would need to provide funding to enable the support to continue. Concerns were raised by a small number of staff and stakeholders with regard to how the uncertainty could lead to the loss of skilled staff; as such, it is suggested that a key component of the next phase of work may need to provide a clear roadmap to reduce this risk.

Conclusions

- 4.88 The above-discussed perspectives of management and delivery staff, strategic stakeholders, and participants suggest that ADTRAC has been positively received. The key strengths of the support are perceived to be its focus on providing bespoke support, as well as the availability of mental health and well-being support. These factors are also what stakeholders felt differentiated ADTRAC from other support available for the target cohort.
- 4.89 The operation appears to be working effectively across many aspects of delivery. Indeed, stakeholders were generally positive about referral processes, processes for identifying participant needs, and the support offered. The majority of management and delivery staff felt that the support was appropriate to the needs of the cohort to whom it was delivering.
- 4.90 The majority of management and delivery staff felt that the partnership was working well, and staff were positive about the involvement of the BCUHB in project delivery. However, management and delivery staff raised several challenges in relation to operational issues, such as difficulties related to the DPS and capacity challenges in relation to meeting the mental health needs of participants. Moreover, key challenges were raised in relation to the complexity of barriers experienced by the participant group, which led to difficulties in engaging participants and feedback from some stakeholders that the targets for the operation were unrealistic. This issue is explored in greater depth in the next chapter, which provides an overview of the operation's current performance against its targets.

5. Progress & Performance

- 5.0 This section outlines the performance of the operation in relation to the targets set out in the Business Plans.

Key Points:

- The operation is currently underachieving against its targets for participants.
- The majority of local authorities are underperforming against targets in relation to the participation of female participants as well as participants with caring responsibilities.
- The operation is currently underperforming against its target for the number of participants who achieve qualifications, enter employment or enter education/training. However, it is overperforming against the target for participants who achieve other positive outcomes.

- 5.1 Following a reprofile of the project, Joint Beneficiaries set a target to work with 1,451 young people classed as being NEET over the course of the operation. The participation targets and outcome targets are summarised below, alongside the current performance of the whole operation.

Performance against Participation Targets

- 5.2 As illustrated by Table 5.1, the operation has achieved 62% of its engagement target to date. This may indicate that the project is at risk of failing to achieve its participation targets, as the operation has just concluded the third year of its four-year timetable. This is something that will potentially be further affected by ongoing disruption to the project as a result of COVID-19.
- 5.3 There is considerable variation in ADTRAC's performance against its participation targets. Participation targets have been broken down by local authority area in Table 5.1 below.

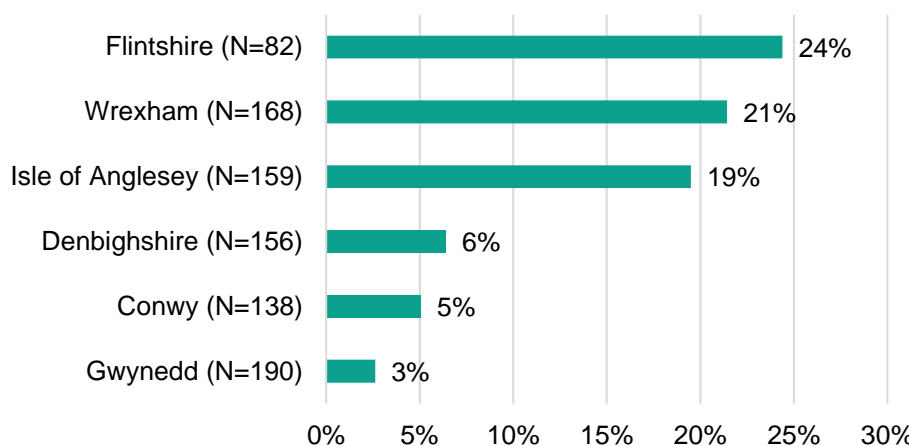
Table 5.1: Participation targets, by Joint Beneficiary

Joint Beneficiary	Participation target	Total achieved	Proportion of target achieved (%)
ADTRAC	1,451	893	62%
Anglesey	269	159	59%
Gwynedd	450	190	42%
Conwy	330	138	42%
Denbighshire	307	156	51%
Wrexham & Flintshire	324	250	77%

Source: Participant Monitoring Data (base = 893)

5.4 As illustrated above, Wrexham and Flintshire are currently closer to achieving their participation targets than are other Joint Beneficiaries. Meanwhile, Conwy and Gwynedd are at the greatest risk of missing their participation targets. It was not clear from the interviews with management and delivery staff as to why there was such a marked difference in the extent to which Joint Beneficiaries have achieved their participation targets. However, it was suggested that, in part, this may have resulted from the restrictions placed on ADTRAC regarding with whom the project can work, specifically in relation to the recruitment of individuals living in Communities First areas and the different working relationships between ADTRAC and Communities First areas across the region. As Figure 5.1 indicates below, there appears to be a correlation between areas that are closest to meeting their participation targets and those which have been able to recruit participants from Communities First areas.

Figure 5.1: Percentage of beneficiaries living in Communities First postcodes, by area



Source: Participant Monitoring Data (base = 893)

5.5 The operation has several targets in relation to engaging participants across different demographic profiles. The targets and the extent to which they have been achieved thus far are outlined below.

Table 5.2: Participation targets and performance data, by demographic group

Participation group	Target	Target (%)	No. achieved	Percentage of target achieved
Total participants	1,451		893	62%
Participants with a disability/work-limiting health condition	112	8%	263	235%
Participants who are BME/Migrants/Minorities	31	2%	21	68%
Participants with childcare/caring responsibilities	121	8%	56	46%
Male participants	721	50%	509	71%
Female participants	730	50%	384	53%

Source: Participant Monitoring Data (base = 893)

5.6 As illustrated in Table 5.2, the operation has exceeded its target with regard to the inclusion of participants with a disability or work-limiting health condition (WLHC). To date, the operation has engaged 101 participants with a disability (11% of total participants) and 230 participants who recorded a WLHC (26% of total participants). The target for the number of participants who had a disability or WLHC was exceeded by all local authorities. Overperformance against this target was greatest in relation to Wrexham and Flintshire, which had recruited

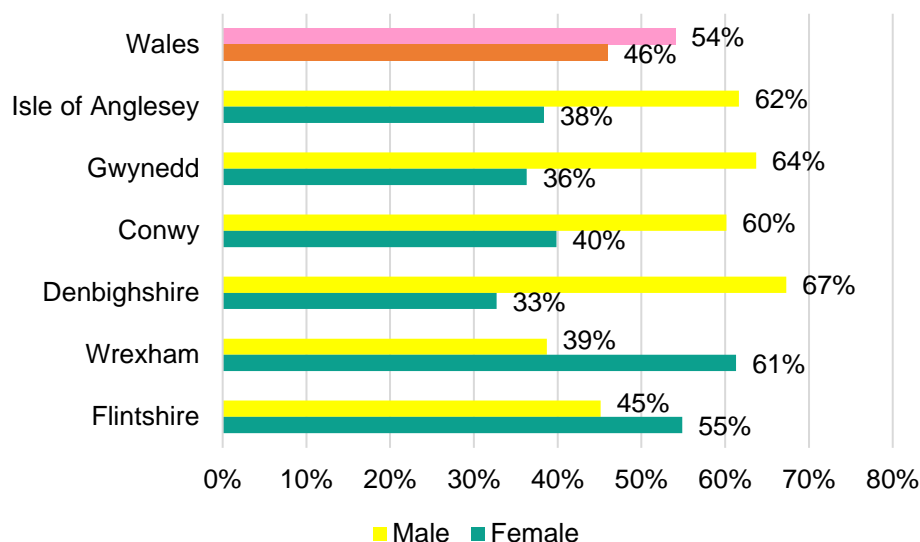
more than seven times as many participants with a disability or WLHC as its target. It was unclear from consultation with stakeholders as to why the operation was overperforming to such a large extent in relation to this demographic group, although in Wrexham and Flintshire a greater proportion of referrals had come from the BCUHB (10%, compared to 7% across the operation). The over-recruitment of participants from these groups may be feeding into difficulties being faced by the operation in relation to the complexity of the participant group, as these groups may require additional support. This issue could benefit from further interrogation in the next phase of the evaluation to understand whether this high level of over-recruitment has been incidental or the result of referral practices.

- 5.7 The operation is close to achieving its participation targets with regard to individuals who are BME. However, there was a high degree of variation among different local authorities in relation to how close they were to achieving their target for BME participants. The majority of local authorities were on track to achieve their target for BME participants; however, Gwynedd were at risk of not meeting their target, with only 21% of the target achieved to date.
- 5.8 The operation is underperforming against its target of engaging individuals with caring and/or childcare responsibilities. This issue was a challenge for all local authorities except for Wrexham and Flintshire, who had exceeded their target more than fourfold. This is a particularly hard-to-reach group, as individuals with caring responsibilities are likely to be particularly time-poor in comparison to individuals without such responsibilities. Additionally, parents and carers are likely to experience greater financial barriers to participation, as their inclusion in the project (and in employment more broadly) may rely on their ability to seek alternative paid-for care to enable them to participate (Aylward, et al., 2018). Furthermore, it was suggested that some of this cohort may have been signposted to the Welsh Government- and ESF-funded Parents, Childcare and Employment (PaCE) project or to provision from the North Wales Young Carers' Trust. However, the reasons for low participation rates among those with caring responsibilities are not clear at this stage, and it may be an area that the delivery

team would benefit from exploring further in order to identify whether changes could be made to engage parents and carers more easily. Given the difference in performance in Wrexham and Flintshire, local authorities may benefit from engaging with this team to identify whether there is anything that they are doing differently to support recruitment of this group.

- 5.9 At the operational level, ADTRAC is currently overperforming against its target for male participants and underperforming against its target for female participants. Indeed, 57% of participants to date have been male, whilst 43% have been female. This may, to some extent, be related to the higher claimant count among males than among females across North Wales, as illustrated in Figure 5.2 below.

Figure 5.2: The gender breakdown of claimant counts in North Wales, disaggregated by local authority area



Source: ONS²⁷

- 5.10 Other suggestions for this discrepancy include the challenges that the project has faced in engaging individuals with caring responsibilities, as women in the UK typically undertake more childcare than do men (ONS, 2016), and women are more likely to be unpaid carers (Carers UK, 2016). However, these figures appeared to be influenced by trends within particular local authorities. For example, all local authorities, except for Wrexham & Flintshire and Conwy, were further behind in relation to the targets for female participants than in relation to

²⁷ N.B. Wales-wide figures have been used here because publicly available NEET figures at a local authority level are unlikely to be sufficiently robust to provide meaningful comparisons.

those for male participants. Comparatively, Conwy and Wrexham & Flintshire had been more successful in recruiting female participants than male participants.

Table 5.3: Total participants, by local authority and sex

	Male participants			Female participants		
	Participation target	Total achieved (n)	Total achieved (%)	Participation target	Total achieved (n)	Total achieved (%)
ADTRAC	721	509	71%	730	384	53%
Anglesey	135	98	73%	134	61	46%
Gwynedd	135	121	90%	166	69	42%
Conwy	167	83	50%	83	55	66%
Denbighshire	139	105	76%	168	51	30%
Wrexham & Flintshire	146	102	70%	179	148	83%

Source: Participant Monitoring Data (base = 893)

Performance against Outcome Targets

5.11 As illustrated by Table 5.4 below, the operation is currently at risk in relation to achieving its targets regarding the number of young people gaining qualifications, and moving into employment, or education and training. This risk is most acute in relation to the education/training target, which is only 34% of the way towards being achieved. The reasons for this are explored further below.

Table 5.4: Outcome targets and performance data

	Target no. of participants	Target no. of participants (prior to reprofile)	Performance to date	% of target achieved to date
Total participants	1,451	1,651	893	62%
NEET participants (16–24 years of age) gaining qualifications upon leaving	350	350	200	57%
NEET participants (16–24 years of age) in education/training upon leaving	270	280	92	34%
NEET participants (16–24 years of age) entering employment upon leaving	367	357	149	41%
Participants gaining other positive outcomes²⁸	290	330	337	116%

Source: Participant Monitoring Data (base = 893)

5.12 By comparison, the operation is exceeding its target for the number of participants who achieve other positive outcomes. A total of 337 participants had achieved at least one positive outcome from the list presented in Table 5.5 below. Most commonly, participants recorded improvements in emotional/mental well-

²⁸ Other positive outcomes could include the following:

- Achieving more than one qualification/accreditation as a consequence of the intervention
- Achieving part-qualification/accreditation
- Achieving unaccredited training
- Achieving work-relevant certification upon leaving
- Entering part-time education (less than 16 hours)
- Completing work experience placement/volunteering opportunity
- Entering employment of less than 16 hours (including self-employment)
- Entering employment on zero-hour contract
- Entering a traineeship
- Improvement in mental well-being
- Improvement in soft outcomes

being and improvements in soft outcomes. These soft outcomes are discussed in greater depth in the following chapter.

Table 5.5: Number of participants who have achieved other positive outcomes, by outcome

Other positive outcomes	Number of participants	Percentage of all participants
Achieving part-qualification	7	1%
Achieving unaccredited training	61	7%
Education/training of less than 16 hours	13	1%
Completing work experience placement	36	4%
Completing volunteering opportunity	47	5%
Employment/self-employment of less than 16 hours	13	1%
Entering employment on zero-hour contract	7	1%
Improvement in emotional/mental well-being	196	22%
Improvement in soft outcomes	243	27%
More than one qualification	72	8%
Entered into traineeship	14	2%
Any positive outcome	337	38%

Source: Participant Monitoring Data (base = 893)

5.13 When targets are expressed as percentages of total participants, the operations are anticipated to result in 20% of participants gaining a qualification upon exiting, 17% of participants exiting into education and training, and 28% of participants exiting into employment. As Table 5.6 indicates below, at a programme level, ADTRAC is exceeding its targets for participants gaining a qualification, albeit falling behind the other two targets.

Table 5.6: Hard outcome type as a percentage of total participants

Local authority	Participants gaining qualification	Participants exiting into education and training	Participants exiting into employment
Anglesey	30%	6%	12%
Gwynedd	22%	12%	19%
Conwy	22%	9%	17%
Denbighshire	12%	6%	25%
Wrexham & Flintshire	25%	15%	12%
ADTRAC (achieved)	22%	10%	17%
Project targets (West Wales & the Valleys)	20%	17%	20%
Project targets (East Wales)	20%	17%	28%

Source: Participant Monitoring Data (base = 893)

Differences in Hard Outcomes between Local Authorities

- 5.14 As with performance against the recruitment targets, there is considerable variation in performance against the outcome targets between local authorities. While there is a significant risk that outcome targets will not be achieved across all of the local authorities, as Tables 5.7–5.9 show, there is significant variation between local authorities' performance across the different outcome areas.

Table 5.7: NEET participants gaining qualifications upon leaving – targets and performance, by local authority

Local authority	Target	Total	Proportion of target achieved %
Anglesey	54	48	89%
Gwynedd	84	41	49%
Conwy	66	31	47%
Denbighshire	62	18	29%
Wrexham & Flintshire	84	62	74%

Source: Participant Monitoring Data (base = 893)

Table 5.8: NEET participants in education/training upon leaving – targets and performance, by local authority

Local authority	Target	Total	Proportion of target achieved %
Anglesey	46	10	22%
Gwynedd	60	23	38%
Conwy	56	12	21%
Denbighshire	53	9	17%
Wrexham & Flintshire	55	38	69%

Source: Participant Monitoring Data (base = 893)

Table 5.9: NEET participants entering employment upon leaving – targets and performance, by local authority

Local authority	Target	Total	Proportion of target achieved %
Anglesey	54	19	35%
Gwynedd	94	37	39%
Conwy	66	23	35%
Denbighshire	62	39	63%
Wrexham & Flintshire	91	31	34%

Source: Participant Monitoring Data (base = 893)

- 5.15 For example, Anglesey and Wrexham & Flintshire are much more likely to meet their targets in relation to the number of participants who achieve qualifications

than are other local authorities, whilst Denbighshire is much closer to achieving the outcome target for the number of participants entering employment than are other local authorities. This is likely to reflect a number of factors, including local labour market conditions, the proximity of FE institutions, and the amount of EOTAS within a local authority.

5.16 It may also reflect the different strengths of different local authority operations and their specific focuses. For example, the relatively high number of participants entering employment in Denbighshire in relation to its target (63% of its target has been achieved) may potentially reflect ADTRAC being situated within Working Denbighshire, meaning that it is more focused on employability outcomes than others. Notably, Denbighshire promotes work experience and volunteering placements to ADTRAC participants, something which is likely to strongly support 'into employment' outcomes.

5.17 The difference in focus between local authorities is evidenced by the percentage of total hard outcomes achieved by each local authority, as shown in Table 5.10.

Table 5.10: Hard outcome type as percentage of total hard outcomes

	Gaining qualification	Education and training	Employment
Anglesey	62%	13%	25%
Gwynedd	41%	23%	37%
Conwy	47%	18%	35%
Denbighshire	27%	14%	59%
Wrexham & Flintshire	47%	29%	24%
ADTRAC	45%	21%	34%

Source: Participant Monitoring Data (base = 893)

5.18 Despite these differences, local authority operations are relatively consistent with regard to the percentage of participants for whom they have achieved hard outcomes. As Table 5.11 indicates, local authority operations have achieved hard outcomes for between 42% and 53% of participants.

Table 5.11: Hard outcomes as percentage of total participants

	Total participants	Total participants with a hard outcome	% of participants with a hard outcome
Anglesey	159	77	48%
Gwynedd	190	101	53%
Conwy	138	66	48%
Denbighshire	156	66	42%
Wrexham & Flintshire	250	131	52%
ADTRAC	893	441	49%

Source: Participant Monitoring Data (base = 893)

Possible Reasons for Underperformance against Target Outcomes

- 5.19 Management and delivery staff fed back concerns that some of the outcome targets were too ambitious for the project. Two views emerged on why this was the case.

Participants with Multiple, Complex Barriers

- 5.20 The first view was that the outcome targets were too high, given the multiple and complex barriers faced by the young people whom the project aims to support, many of whom may require quite long-term, intensive support before they can be moved close to an outcome. Among many of the local authority delivery teams, there was a feeling that many participants are not ready for employment, and that participants had been much further from the labour market than Joint Beneficiaries had envisaged at the outset of the project. This appears to be substantiated by the Participant Monitoring Data, which shows that a much greater proportion of participants with a disability or work-limiting health condition are being supported than envisaged at the outset of the project.
- 5.21 Due to the complexity of barriers faced by participants, mentors fed back that much time was needed to build relationships with participants and develop foundational skills such as confidence. Consequently, in some areas, management and delivery staff reflected that caseloads remain relatively high, as they are unable to exit many participants into a result, which, in turn, impacts on their

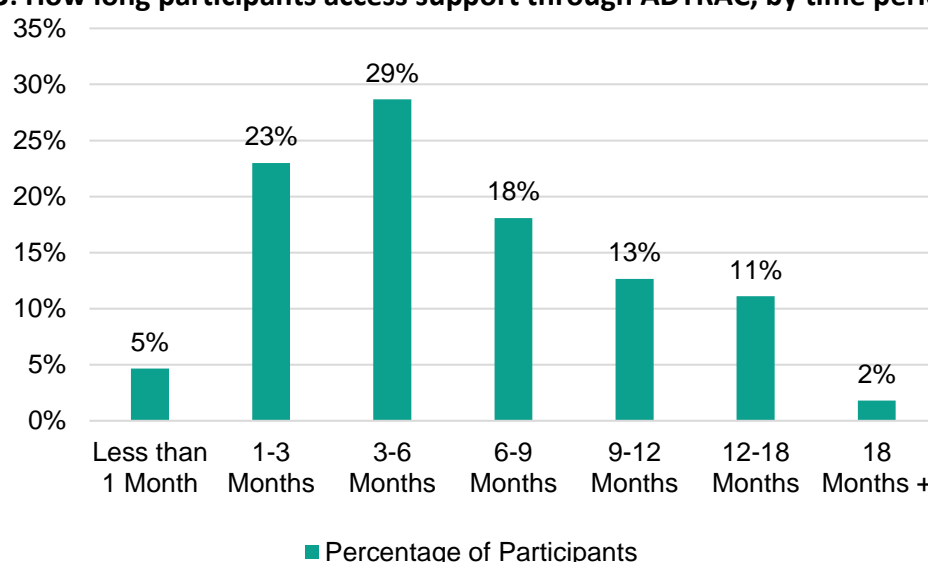
ability to draw in new participants. This may be reflected in the fact that ADTRAC has a waiting period for participants to access support.

‘Under on the amount of enrolments — [it is] set too high. The support we are expected to offer is one-to-one, intensive support and can only work with those who have two more barriers. We’re exiting people less often, so there’s less capacity.’ **(Management and delivery staff, interviewee)**

5.22 An analysis of Participant Monitoring Data indicates that participants spend an average of 191 days (just over six months) receiving support from ADTRAC before they exit the project, with a range of 15 to 658 days. Due to the high range between participants, it may be easier to consider this in terms of how many participants exit the support by time period. This is provided in Figure 5.3.

5.23 As illustrated in Figure 5.3, participants were most commonly receiving support for between three and six months (29% of participants). However, a substantial proportion of participants received support for six months or more (44%), and 13% of participants accessed support for more than one year.

Figure 5.3: How long participants access support through ADTRAC, by time period



Source: Participant Monitoring Data (base = 387, all exited participants)

5.24 Table 5.12 shows for how long participants were supported across each local authority. In the majority of local authorities, more than 40% of participants were being supported for more than six months, with the exception of Denbighshire (where 32% of respondents were supported for this amount of time).

Table 5.12: Percentage of participants supported per time interval, by local authority

	Less than 1 month	1–3 months	3–6 months	6–9 months	9–12 months	12–18 months	18+ months
Anglesey (n = 38)	5%	11%	39%	18%	8%	16%	3%
Gwynedd (n = 99)	5%	25%	26%	16%	16%	10%	1%
Conwy (n = 75)	3%	28%	20%	17%	17%	12%	3%
Denbighshire (n = 92)	8%	29%	32%	18%	5%	8%	0%
Wrexham & Flintshire (n = 83)	2%	18%	28%	20%	14%	13%	4%

Source: Participant Monitoring Data (base = 387, all exited participants)

5.25 This appears to substantiate concerns from some stakeholders that the support required by participants is longer-term in nature than may have been envisaged when targets were set.

5.26 Management and delivery staff noted particular concerns with regard to the education target for the operation, as many participants had previous adverse experiences in education, meaning that they may be particularly reluctant to return to this setting. Indeed, Participant Monitoring Data shows that 43% of participants have had a previous negative learning experience, and 24% of participants possessed qualifications at CQFW Level 1 or below upon entering ADTRAC.

5.27 This concern surrounding education targets was also echoed by one of the strategic stakeholders.

‘I do think there’s an element of difference between targets and outcomes. A lot of people are coming through who are much further away from the labour market. We really need to take into account the soft outcomes that we’re achieving. The work to get the young people where we get them can be huge, but the WEFO targets don’t always appreciate that...The education target is hard. Lots of people we’re working with have had a bad experience within education. They’re not interested in school/college as a result. A lot of people we work with won’t even set foot in a college. We then have obstacles when we have things like job fairs held in colleges — people don’t attend for that reason.’ **(Strategic stakeholder, interviewee)**

5.28 Management and delivery staff also noted that employment targets were potentially unrealistic in light of the local availability of work and the overly strict definitions of work. In one area, for example, it was suggested that the employment target of 16+ hours per week was unrealistic; as such, contracts were “few and far between” in the locality. This issue, in part, appeared to be compounded by issues of rurality, which meant that job opportunities were not always accessible to participants.

5.29 The quote below describes concerns surrounding both the employment target and the education target. This quote is reflective of feedback from across stakeholder groups.

‘With regards to targets, these are too high. The young people are very hard to engage to begin with and have a lot of false starts. They are so far from the labour market that sometimes even a small thing, like meeting with a mentor, takes a lot of courage and effort. We have to do an enormous amount of work before they even are thinking about going to work. Going into education is another issue. Those people who have a bad experience in school (most ADTRAC participants) do not want to ever go into another education environment. This is one of our targets and it is unachievable.’

(Management and Delivery Staff Survey, respondent 20)

5.30 As a consequence, several staff members fed back concerns that targets for the operation were too focused on “hard outcomes”, such as the employment target, and judging the success of the project on this basis risked eclipsing the valuable work that the project was undertaking to achieve soft outcomes for participants. These individuals noted that they felt as though more emphasis was needed upon the distance travelled for participants, as many of the participants with whom they were working were very far from the labour market. For these participants it was felt that the idea that they might exit into a hard outcome was unrealistic but that the support was transformational, nevertheless, and helping them to achieve soft outcomes such as increased confidence and well-being, which may help them in the future to enter EET, albeit perhaps not within the timescales of ADTRAC support.

‘My personal perspective is that there should be less pressure on outcomes and focus more on the journey of the young people and see the challenges they’ve had to face, rather than focusing on the final outcome, e.g. employment.’

(Management and delivery staff, interviewee)

‘I feel the project has been a great success. I would, however, change the length of time the project is running for — three years is only a snapshot of time to improve the lives of young people who are NEET. The barriers they often face are not something that can be fixed overnight and it would be nice to see a project in the future that could offer this bespoke mentoring support.’

(Management and Delivery Staff Survey, ID 16)

This may suggest that there is currently something of an incongruence between the group of participants with whom ADTRAC is working, their support needs, and the targets for the operation.

Participants with Multiple, Complex Barriers

- 5.31 The second view was that the participation targets were being focused upon. It was suggested that the participation targets may have been overly ambitious at the start of the project, something which has affected the project’s ability to meet the outcome targets. This was particularly affected by the decision to make participants resident in Communities First areas ineligible for support.
- 5.32 This view is supported by the percentage of total participants achieving hard outcomes upon exiting the programme, as shown in Figure 5.3 above. This suggests that the project is closer to meeting its targets than what raw figures alone suggest.

Conclusions

- 5.33 At this stage of delivery, the operation is at risk of missing its overall targets for participant numbers and participant outcomes, with the exception of the proportion of participants exiting the support who receive other positive outcomes.²⁹ Feedback from stakeholders suggested that this is a result of complex

²⁹ As defined above.

barriers among the participant group, which means that they require additional support to prepare for work, although some other stakeholders suggested that the primary problem for the project lies in the difficulty in recruiting participants in sufficient numbers. In either case, it is therefore suggested that the operation consider revising targets in light of the complexity of the participant cohort.

5.34 The emerging situation concerning COVID-19 that has evolved over the course of this evaluation suggests that the operation is likely to face even greater challenges in achieving these targets over the remaining term due to a reduction in employment opportunities as a result of the pandemic. This is expected to result in higher youth unemployment, partly fuelled by reductions in jobs in the hospitality sector and in apprenticeships — wherein many young people first enter the labour market (Careers Wales, 2020). As such, it is suggested that project targets may need to be revised to reflect this changing context.

5.35 Four local authorities were facing challenges in the recruitment of female participants, which was leading to underperformance against this target across the operation. Additionally, the majority of local authorities were struggling to meet targets with regard to the involvement of participants with caring responsibilities. This may suggest that more targeted interventions are required in order to facilitate greater participation among these demographic groups.

6. Outcomes for Participants

- 6.0 This section explores the impact of the support delivered through ADTRAC upon participants, drawing together information from Participant Monitoring Data, interviews with a sample of participants, and the perspectives of management and delivery staff.

Key Points:

- ADTRAC has resulted in a wide range of outcomes for participants, including improvements in well-being, work readiness, and reductions in barriers to EET.
- Of those ADTRAC participants who exited support, 57% exited into EET.

The hard outcomes in which ADTRAC has resulted are discussed below, followed by a discussion of the other outcomes about which ADTRAC has brought.

Hard Outcomes

- 6.1 As illustrated in the previous chapter, which explored how the operation has performed against its targets, the operation has resulted in the following hard outcomes for participants:
- Participants gaining qualifications upon leaving: 200 participants
 - Participants entering education/training upon leaving: 92 participants
 - Participants entering employment upon leaving: 149 participants
 - Participants gaining other positive outcomes³⁰: 337 participants.
- 6.2 To date, 422 participants have exited ADTRAC, which means that ADTRAC has exited 35% of participants into employment and 22% into education or training.

³⁰ Other positive outcomes could include the following:

- Achieving more than one qualification/accreditation as a consequence of the intervention
- Achieving part-qualification/accreditation
- Achieving unaccredited training
- Achieving work-relevant certification upon leaving
- Entering part-time education (less than 16 hours)
- Completing work experience placement/volunteering opportunity
- Entering employment of less than 16 hours (including self-employment)
- Entering employment on zero-hour contract
- Entering a traineeship
- Improvement in mental well-being
- Improvement in soft outcomes

This suggests that the operation is resulting in just over half of participants (57%) who exit the support entering EET as a result of the support.

- 6.3 This may indicate that ADTRAC is struggling to bring about hard outcomes for participants. However, there was evidence that the project was successful in bringing about softer outcomes which could help to support participants in moving closer to EET.
- 6.4 For example, almost half of the participants who exited the project achieved a qualification (47%), with 80% of participants who exited the support achieving at least one other positive outcome, including improvement in soft outcomes and improved mental health and well-being. The following sections outline the other outcomes in which ADTRAC support was resulting.

Impact on Participant Well-Being

- 6.5 Participant well-being was measured using the WEMWBS upon entering and exiting the project.³¹
- 6.6 The average participant well-being score for all participants upon entry was 41; however, this figure was slightly higher for participants who exited the project, standing at 43.³² This score upon exiting had risen to 51.8. This difference was statistically significant. To place this in context, the average WEMWBS score for 16–24-year-olds across Wales recorded in the 2018–2019 National Survey for Wales was 50.6 (StatsWales, 2019). This means that average well-being scores upon entry were markedly lower among ADTRAC participants than among young people in Wales. However, average scores for ADTRAC participants upon exiting were just above the National Survey for Wales average figure. This suggests that ADTRAC is having a marked impact on the well-being of participants.

³¹ Guidance on interpreting WEMWBS scores: the WEMWBS contains 14 items related to positive well-being. For each item the individual responding gives a score between 1–5, achieving a total score between 14–70 (Warwick Medical School, 2020). On this scale a higher score indicated higher well-being. More information on scoring and interpreting WEMWBS scores is available [here](#).

³² Base: participants who had provided both entry and exit data (n = 277).

- 6.7 In total, 87% of ADTRAC participants observed an increase in their well-being score upon exiting the support, in comparison to their entry score. An increase in participant well-being was positively correlated with participants entering EET.
- 6.8 Improvements in well-being were also one of the impacts that participants most commonly discussed in interviews about their experiences of the support. Twenty-one of the 30 participants interviewed stated that the support had improved their mental health or well-being.
- 6.9 Almost all interviewees (27/30) indicated that they have discussed their mental health and well-being with an ADTRAC advisor, whilst the remaining interviewees (3/30) reflected that they had not needed to do so. All participants who had discussed their mental health and well-being with their ADTRAC advisor indicated that it had been useful. In some cases, participants had benefitted from light-touch support, whereas others had been referred to additional support as a result of engagement with their mentor, including referrals to therapists, confidence-building workshops, and referrals to GPs to enable participants to access additional support.

‘It’s definitely helped me with understanding myself more as a person. It’s given me hope and shown me all the support I can get, shown me that I’m not on my own.’ **(Participant, ID 24)**

‘Before ADTRAC I had really bad anxiety about leaving the house, but my mentor and well-being coach taught me coping strategies and having to go to courses every week helped set up a routine to leave the house and boosted my confidence. I started college six months ago and without ADTRAC I would never have been able to do this.’ **(Participant, ID 27)**

- 6.10 Participants often discussed how the support had helped to develop their confidence, and in several cases had helped participants to overcome their anxiety, reporting that it had enabled them to speak to people and participate in group settings. Nine participants explicitly stated that ADTRAC had enabled them to overcome or manage their anxiety. Several participants indicated that before

ADTRAC they were not able to 'get out of the house'. The following quote is illustrative of this theme.

'My mental health has improved a lot. Before, I was too depressed and anxious to leave the house, and now I am happy to talk to anyone. I am much more confident now and able to work as part of a team, thanks to the group activities ADTRAC had me do.' **(Participant, ID2)**

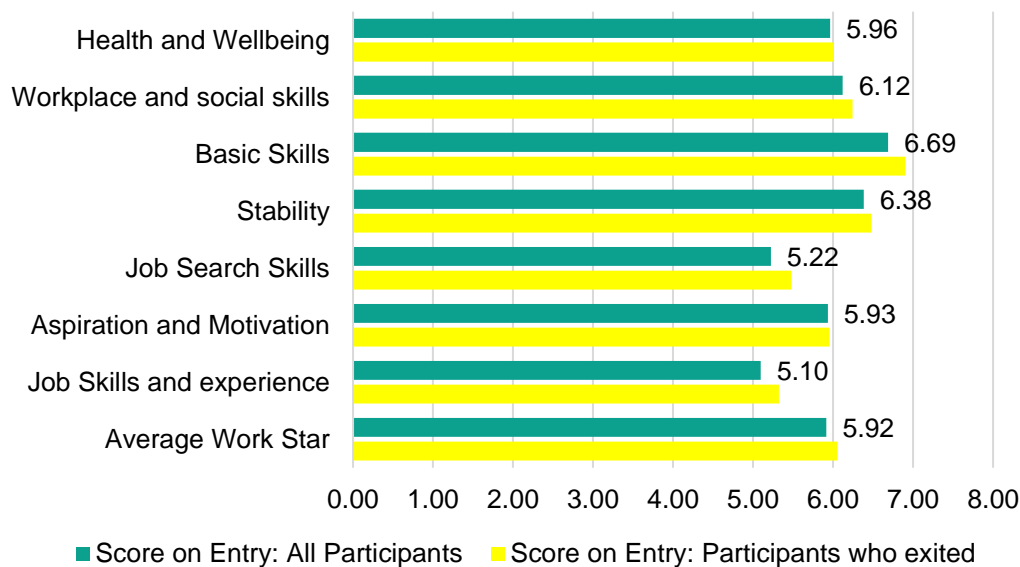
- 6.11 Some participants (3/30) also noted how the support that they had received from ADTRAC had helped them to reduce negative behaviours such as alcohol abuse or drug use, as well as self-harm, which they saw as being related to the poor mental health that they experienced before participating in ADTRAC.

Changes in Employability and Work Readiness

- 6.12 All participants were asked to fill in Work Star upon entering and exiting the project. Work Star measures different aspects of employability and employment and is typically used to measure the journey of adults who are out of work or returning to the workplace.³³ The tool explores seven aspects of employability, each of which is scored from 1–10. Upon entering the support the average score achieved across all seven elements was 5.91. Upon exiting, the average score had risen to 7.59. This difference was statistically significant. In total, 71% of participants who exited the support witnessed an increase in their Work Star score.
- 6.13 However, the average Work Star score was slightly higher among participants who proceeded to exit the support (6.06), which may indicate that these respondents are slightly more work-ready than those who have not yet exited into a result. Indeed, the average scores for each element of Work Star were higher among participants who proceeded to exit the support than among the whole cohort of participants, as illustrated by Figure 6.1.

³³ More information on Work Star is available [here](#).

Figure 6.1: Work Star scores upon entry: participants who have exited support in comparison to all participants



Source: Participant Monitoring Data (base = 893)

6.14 The Work Star³⁴ assessment places individuals in different stages of their journey, interpreting their scores as follows:

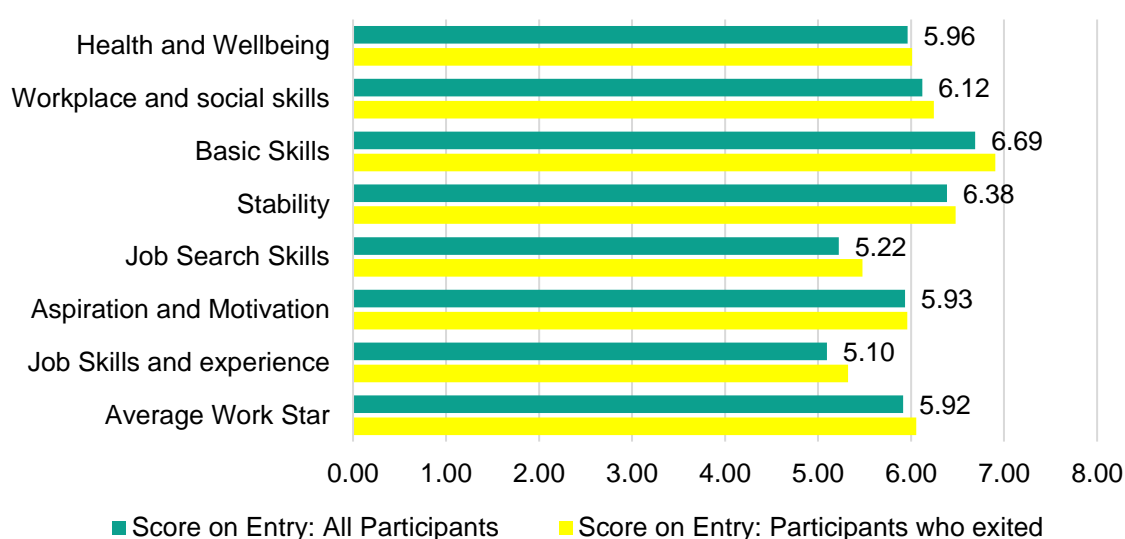
Score	Position on journey of change
1–2	Stuck
3–4	Accepting Help
5–6	Believing & Trying
7–8	Learning
9–10	Self-Reliance

6.15 Work Star scores increasing from an average of 5.91 upon entering to an average of 7.59 upon exiting ADTRAC suggests that participants have generally progressed one stage on the journey, i.e. from Believing & Trying to Learning.

6.16 The average entry and exit scores for each element of the Work Star assessment are displayed in Figure 6.2.

³⁴ More information on Work Star is available here: <https://www.outcomesstar.org.uk/using-the-star/see-the-stars/work-star/>

Figure 6.2: Average Work Star scores upon entering and exiting



Source: Participant Monitoring Data (base = 277, all participants who provided both exit and entry data)

6.17 This suggests that the greatest distance travelled has taken place in relation to participant aspiration and motivation, job-searching skills, and job skills and experience.

6.18 These findings are consistent with the impact of the support described by participants in interviews conducted as part of this phase of the evaluation. Indeed, interviewees reflected that the support had helped them to improve their well-being (21/30 participants) and had changed their aspirations (15/30 participants). Describing the latter, participants reflected that ADTRAC had helped them to consider new options, had ‘opened their eyes’ to jobs into which they could potentially enter, and had enabled them to identify the next steps that would help them to achieve their aspirations, such as appropriate training courses.

‘It’s given me a wider idea of what I can do for a job, what jobs I’m suitable for. It’s changed my goals a little bit... ADTRAC have helped me apply for jobs that I’d be suitable for and have helped to improve my CV...’ **(Participant, ID 24)**

6.19 Interviewees also reflected that their participation in ADTRAC had helped them to learn new skills and improve their employability. This was discussed by 27/30 interviewees. Participants described how the support had enabled them to

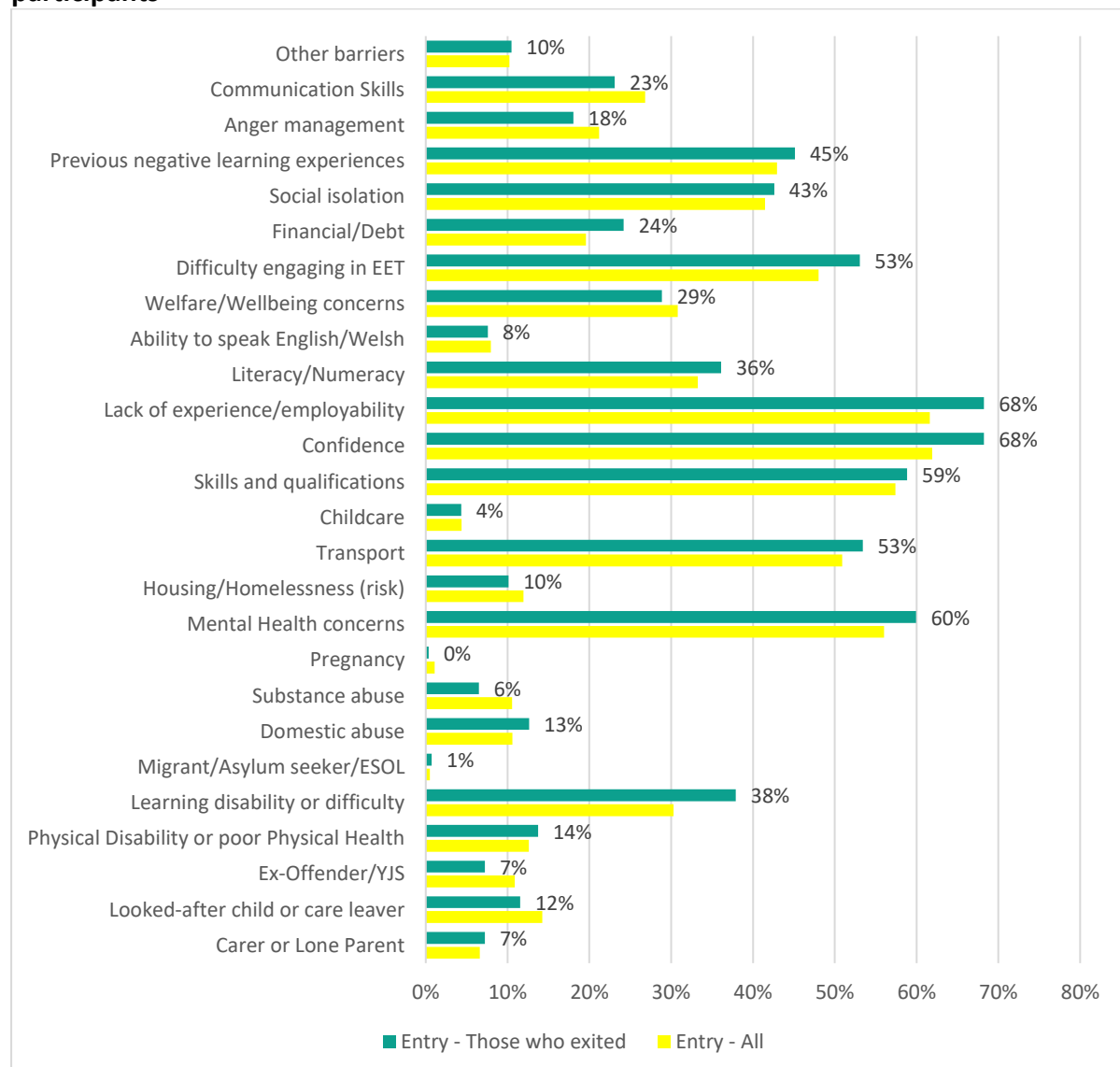
develop new practical skills such as manual handling, first aid, and skills in food and hospitality, as reflected by 109 ADTRAC participants receiving work-relevant certification as a result of the intervention. Additionally, eight participants reflected that the support had helped them to develop and improve their CVs, and four discussed how it had helped them to improve their interview skills and confidence.

- 6.20 Of the participants who were interviewed, three had entered work as a result of their engagement in ADTRAC, three had entered volunteering, three had entered placements, and six had entered education. However, one participant did express frustration that he had not been able to gain work experience through ADTRAC, and suggested that more opportunities should be available. This participant noted that their lack of experience was proving to be a persistent barrier to gaining employment, which had led to multiple knockbacks following interviews.

Reduction in Barriers

- 6.21 Upon entry to the project, participants experienced an average of 8.0 barriers to entering EET, derived from a list of 26 commonly experienced barriers (summarised in Figures 6.3 and 6.4 below). Among those participants who have exited support the average number of barriers experienced was slightly lower (an average of 7.1 barriers experienced). Upon exiting the support, the average number of barriers experienced by this group reduced to 3.2.
- 6.22 Figure 6.3 highlights how the barriers upon entry differed among all participants and those who have exited. Perhaps surprisingly, the proportion of individuals experiencing each barrier upon entry is higher among individuals who have exited the support in comparison to all participants across the majority of barriers. This may indicate that the project is successfully managing to support participants who face a high number of barriers. However, the comparison shows that a smaller proportion of those who have exited the support were looked-after children/care leavers, ex-offenders or at risk of homelessness, which may indicate that the project is having less success in moving these participants into a result.

Figure 6.3: Proportion of respondents who indicated they experienced each barrier upon entry to ADTRAC: comparison between participants who have exited support and all participants



6.23 Figure 6.4 shows how each barrier had reduced among participants who exited the support, comparing the proportion of participants who experienced each barrier upon entry to the proportion who experienced it upon exiting the support. This indicates that the project had had a particularly large impact in reducing the following barriers:

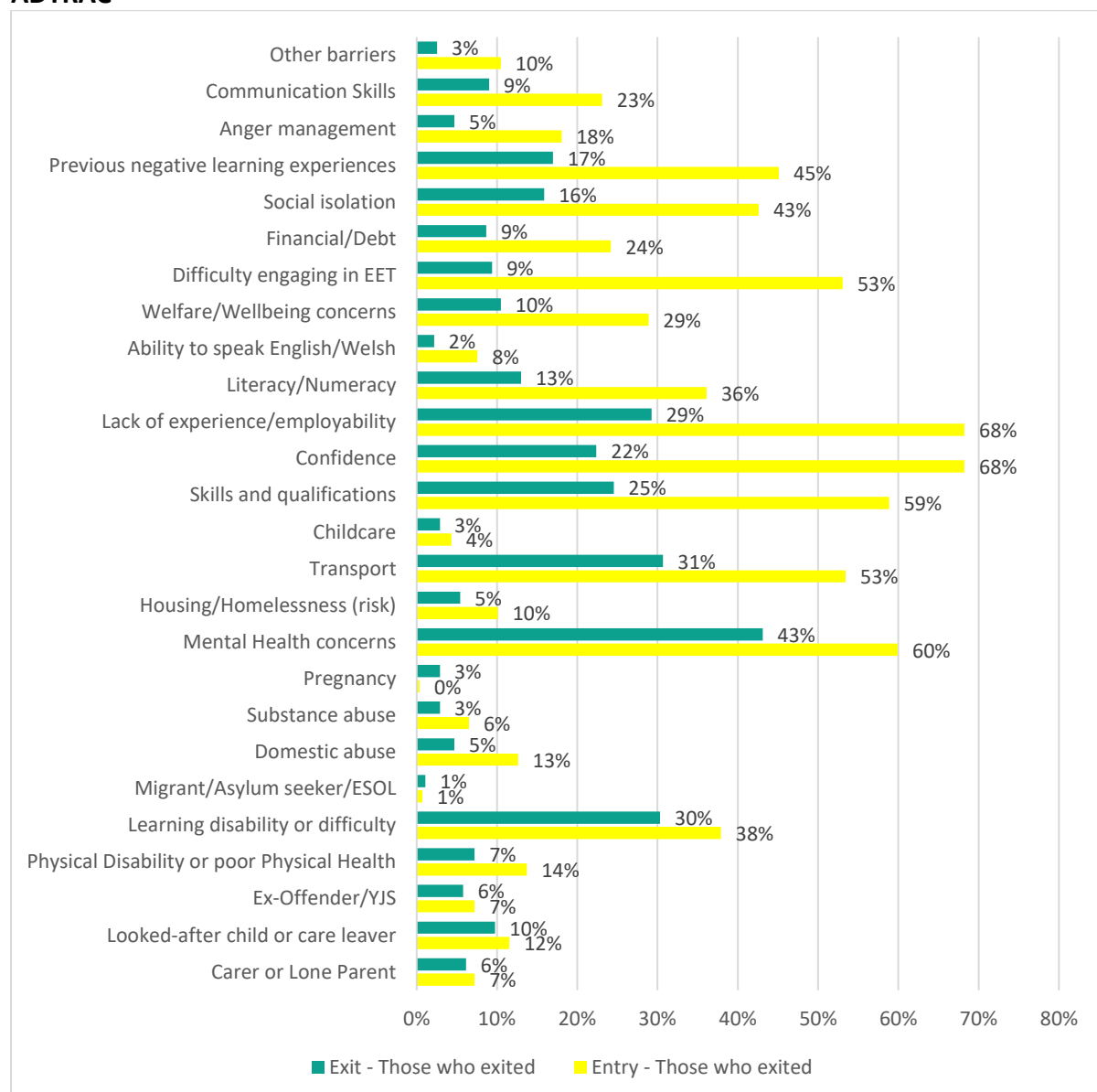
- Difficulty in engaging in EET: 9% recorded this as being a barrier upon exiting, compared to 53% upon entry.
- Lack of experience/employability: 29% of participants recorded this as being a barrier upon exiting, compared to 68% upon entry.

- Lack of skills and qualifications: 25% of participants recorded this as being a barrier upon exiting, compared to 69% upon entry.
- 6.24 This suggests that ADTRAC is helping to move individuals closer to the labour market.
- 6.25 This data suggests that the support is helping to improve soft outcomes, with fewer participants recording issues such as confidence, social isolation, and communication skills as being barriers upon exiting the support. This was most marked in relation to confidence, with 46% fewer participants recording confidence as being a barrier upon exiting in comparison to entering the support. This barrier witnessed the biggest shift in the proportion of participants recording it upon exiting in comparison to entering the support.
- 6.26 This echoes the findings from interviews with participants, wherein all participants reflected that the support had improved their confidence. This related both to confidence in the sense of participants' self-belief and to their social confidence and ability to interact with other people.

'[What impact had ADTRAC had upon me?] Confidence mainly: I can now speak to people. I feel comfortable in a group environment and I get out the house more without being paranoid. I've learnt a lot of stuff because of them. My goals have changed. Before ADTRAC I had a litter-picking job. I didn't think I'd want to do anything — now I want to work with animals, do farming or forestry work.'

(Participant, ID 15)

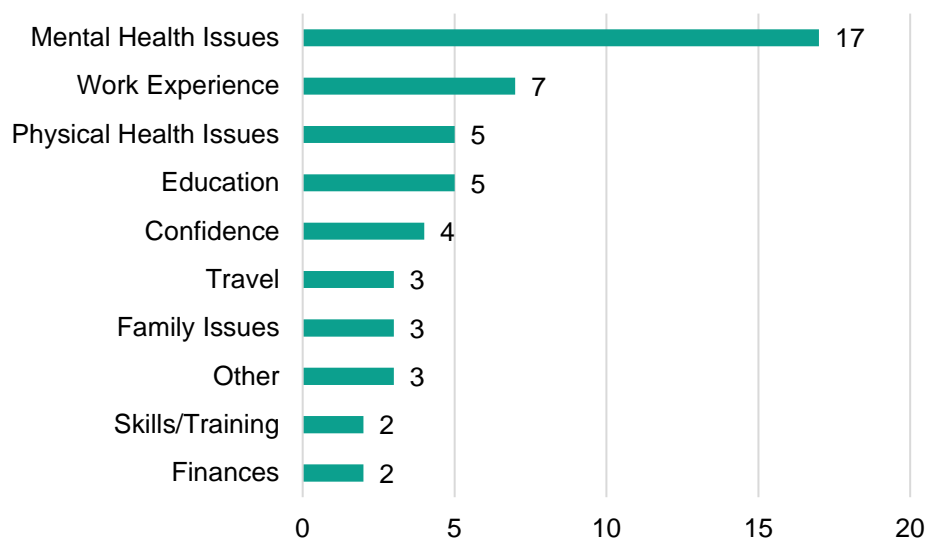
Figure 6.4: Proportion of participants facing each barrier upon entering and exiting ADTRAC



Base: Participants who have exited support (n=277)

6.27 Participants who took part in interviews were also asked to reflect on what barriers had prevented them from entering EET before joining ADTRAC. Their qualitative responses were coded by the researchers to identify common barriers, which are summarised in Figure 6.5.

Figure 6.5: Number of participants who faced each barrier to entering employment, education and training prior to entering ADTRAC



Source: Participant Interviews (base = 30)

- 6.28 The most common barrier among participants in the interviews was that of mental health issues, which 17/30 participants indicated were a barrier to their ability to participate in EET.
- 6.29 The majority of participants (27/30) reflected that the support that they received through ADTRAC had helped them to overcome the barriers that they experienced. In responding to this question, participants most frequently discussed how the support had helped them to overcome or manage their mental health and well-being, particularly challenges in relation to anxiety and low social confidence, which appeared to be particularly dominant among participants.
- 6.30 Participants also reflected on how the ability to access courses through ADTRAC had enabled them to build up their workplace skills (such as first aid, health and safety, and manual handling), gain qualifications and add to their CVs. In several cases this had led to participants entering work or placements. Furthermore, a handful of participants indicated that ADTRAC had helped them to overcome barriers in relation to funding by providing them with funding for travel to work and uniforms.

‘The support from the well-being group and my well-being coach has really helped my confidence and now I have no problems leaving the house or meeting

or talking to new people. ADTRAC have put me through a number of courses... so I have qualifications now. ADTRAC have also helped me get a work placement and I am starting an apprenticeship.’ **(Participant, ID 23)**

Implications of COVID-19

- 6.31 COVID-19 was not an explicit focus of this phase of the research, as the coronavirus pandemic spread to the UK after most fieldwork had been completed. However, participant interviews coincided with the UK entering lockdown and there were a handful of references to the pandemic which begin to hint at some of the impacts that the pandemic may have upon participants.
- 6.32 For example, one participant who had started work was no longer working as a result of the pandemic, and another had a placement start date put on hold until the end of the lockdown. Whilst this evaluation cannot speak to the impact that COVID-19 had had upon the delivery of ADTRAC or its impact on participants, these comments from participants do signal that participants’ progression into EET may be halted or reversed as a result of the implications of COVID-19.
- 6.33 With this in mind, the operation may need to consider how it can ensure that individuals who had exited into a result do not fall off track, and that support is in place to help these individuals to bounce back if the recent crisis results in them returning to being NEET.

Impact on Participants: The Staff Perspective

6.34 Participants in ADTRAC experience a number of common barriers that prevent them from entering EET. As part of a survey, management and delivery staff were asked to reflect on the common barriers that they encountered among participants that had impacted their progress into EET. The barriers that they identified include the following issues:

- Poor mental health and well-being
- Complex family or home life
- Housing issues
- Substance misuse
- Lack of opportunities
- Financial issues, including issues relating to benefit entitlement
- Lack of aspiration
- Low confidence
- Transport issues
- Lack of experience
- Generational unemployment within the local area
- Lack of skills/qualifications

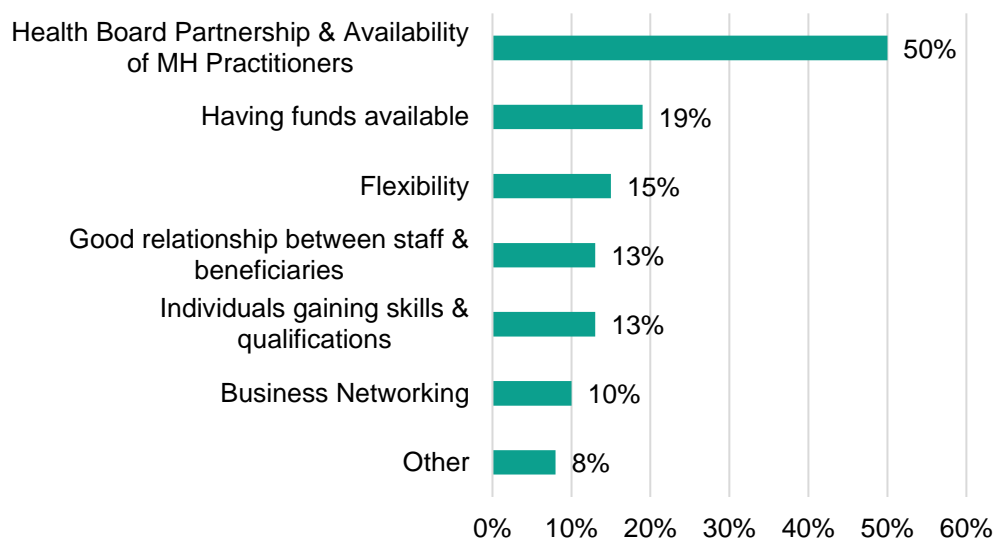
6.35 The barriers identified mostly echo those that were identified through participant interviews and captured through the Participant Monitoring Data. However, management and delivery staff also flagged issues surrounding generational unemployment in the local area.

6.36 Management and delivery staff were asked to what extent they believe that the support delivered by ADTRAC is appropriate for overcoming the aforementioned barriers. All staff indicated that they felt as though the support was appropriate to some extent, with 89% of staff indicating that it was appropriate to a good/great extent. In explaining their responses, the majority of staff indicated that they felt as though the support was appropriate due to the mental health support offered, as well as the bespoke support offer (which meant that staff were able to work with participants to identify their support needs and provide bespoke support that addressed their specific barriers, rather than delivering one-size-fits-all support). This aligns with the perspectives of ADTRAC participants captured in interviews. Indeed, participants often fed back that they felt as though the

support was helpful, and frequently praised the ‘personalised’ nature of the support offer.

Management and delivery staff were asked to indicate what aspects of the support offer they felt were the most successful in overcoming the barriers faced by participants. The most common aspects that they discussed are displayed in Figure 6.6.

Figure 6.6: Most common themes in response to the question: “What aspects of the support delivered by ADTRAC do you feel are most successful in overcoming the barriers you identified above?”



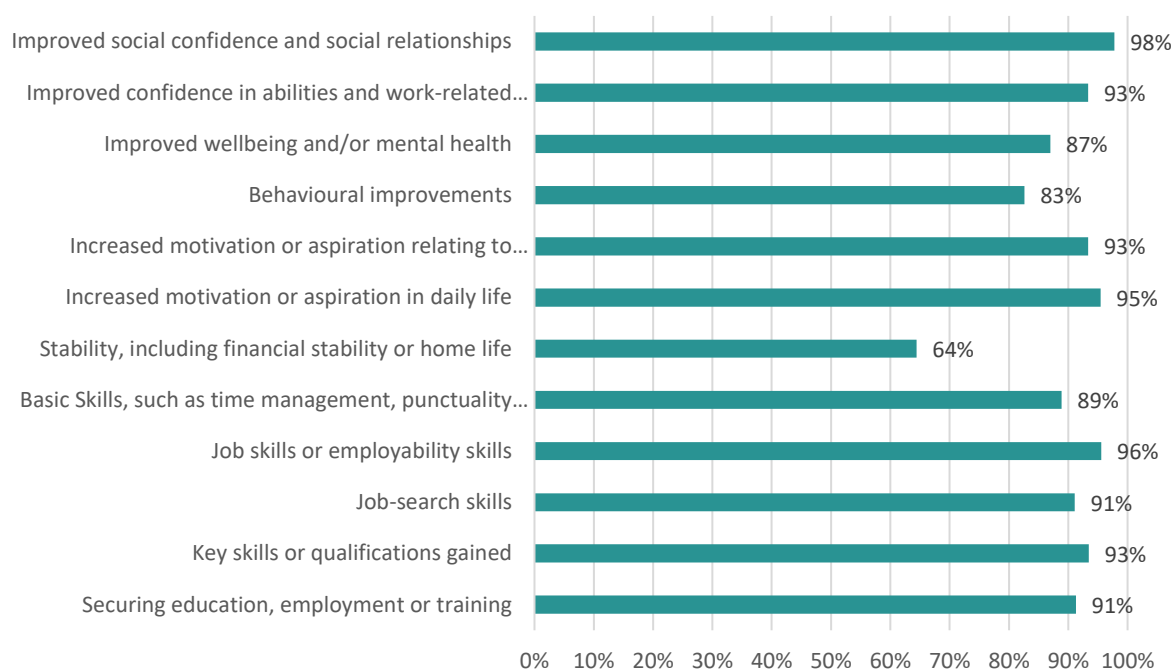
Source: Management and Delivery Staff Survey (base = 48)

6.37 As illustrated by Figure 6.6 above, the most common feature mentioned by staff was the partnership with the BCUHB and the availability of Mental Health Practitioners.

‘Having the mental health nurse has been invaluable at times in order to sometimes start them on their ADTRAC journey. Once we have built their confidence and embedded them into the project, accessing mental health help, too, it is easier to build their confidence and motivation.’ **(Management and Delivery Staff Survey, ID 1)**

- 6.38 Staff also discussed issues such as the importance of having funding available to access training opportunities relevant to participants' needs, as well as to support participants with financial barriers such as transport costs.
- 6.39 Ninety-three per cent of management and delivery staff agreed that ADTRAC was resulting in sustained positive outcomes for individual participants. The range of outcomes that staff felt as though ADTRAC was helping to bring about are detailed in Figure 6.7.

Figure 6.7: Proportion of management and delivery staff who agreed that the project was delivering the following outcomes for participants



Source: Management and Delivery Staff Survey (base = 48)

- 6.40 Figure 6.7 shows that management and delivery staff overwhelmingly feel that the project is contributing to moving young people closer to the labour market, with very high proportions of staff agreeing that the project is helping to improve participants' employability skills (96% agree), as well as moving participants into EET (91% agree). However, when staff were asked what they felt the key impacts of the project upon participants were, the most commonly discussed impacts were improved well-being (discussed by 48% of survey respondents) and the development of confidence (discussed by 46%). By comparison, 29% of respondents discussed increased employability. This echoes some of the

comments from management and delivery staff that were made in relation to the project targets, wherein some staff noted that they felt as though the soft outcomes were the most important aspect of the project.

- 6.41 In interviews with management and delivery staff they described the following impacts on participants:
- 6.42 **Improved mental health and well-being**, which was discussed by 8/9 participants. This included helping participants to manage mental health issues such as anxiety and depression, helping participants to overcome low confidence, and helping to move participants out of social isolation. For some participants the transformation was particularly large.
- ‘Overall, allows young people to understand their conditions — helps them live everyday life with those mental health conditions... A few have gone from not leaving the house to getting a job and being successful in their employment.’
- (Management and delivery staff, interviewee)**
- 6.43 **Development of job skills and experience**, which was discussed by 6/9 interviewees. This included young people developing basic qualifications such as literacy and numeracy, attending courses or placements, and developing their CVs or interview skills.
- 6.44 **Development of aspirations**, which was discussed by 2/9 interviewees. They reflected that participants sometimes ‘don’t know what they want to do’ or lack the self-belief with which to feel as though they can reach their aspirations, but ADTRAC had helped them to understand what jobs were available and to set goals.
- 6.45 **Improvement in soft outcomes**, which was discussed by six interviewees. The soft outcomes included confidence, motivation, and transferable skills. These were viewed as being foundational in helping participants to access other opportunities and engage fully with the employability aspect of ADTRAC’s work.
- 6.46 **Improved stability** – eight out of nine staff described that the support had helped to improve stability for participants. Upon entering the support, some individuals have unstable home lives or are experiencing other issues that limit their stability.

Staff reflected that ADTRAC was valuable in helping these participants to access a source of stability, support and routine. ADTRAC's support was credited with helping participants to develop coping strategies that help them to manage issues that may be causing instability.

- 6.47 **New skills, including employability skills such as customer service and first aid, and soft skills such as social skills and improved communication skills** – these were discussed by two interviewees.

Conclusions

- 6.48 ADTRAC is resulting in a wide range of outcomes for participants, including:

- Hard outcomes such as participants moving into EET.
- Softer outcomes such as:
 - Improvements in participant well-being.
 - Moving participants closer to EET through the development of new skills and through practical help such as CV support.
 - A reduction in barriers to EET experienced by participants upon exiting in comparison to entering the support, including:
 - A reduction in hard barriers such as a lack of qualifications or appropriate skills; and
 - A reduction in soft, albeit foundational, barriers such as low confidence, a lack of motivation, social isolation, and communication challenges.

- 6.49 The support appears to be more limited in its success in exiting participants into employment, with only 35% of exited participants entering employment. However, the support does appear to be very successful in reducing barriers to EET among the target cohort, as well as in bringing about soft impacts such as improved well-being and confidence. For example, whilst 57% of ADTRAC participants who had exited the support had entered EET, 87% of participants recorded an increase in well-being and 71% witnessed an increase in their work readiness.³⁵

³⁵ As measured by Work Star.

6.50 It is possible that these outcomes will help to move individuals closer to the labour market, but perhaps they may be overly ambitious in the timescales within which the project has to deliver. However, it is unclear to what extent these soft outcomes are sustained by participants after they exit the support, and further enquiry may be needed in order to understand whether these are retained, especially where participants do not exit into EET, so as to ensure that the support being delivered results in sustained outcomes.

7. Outcomes for Delivery Organisations

7.0 This chapter explores the impact of the multi-agency approach upon delivery organisations.

Key Points:

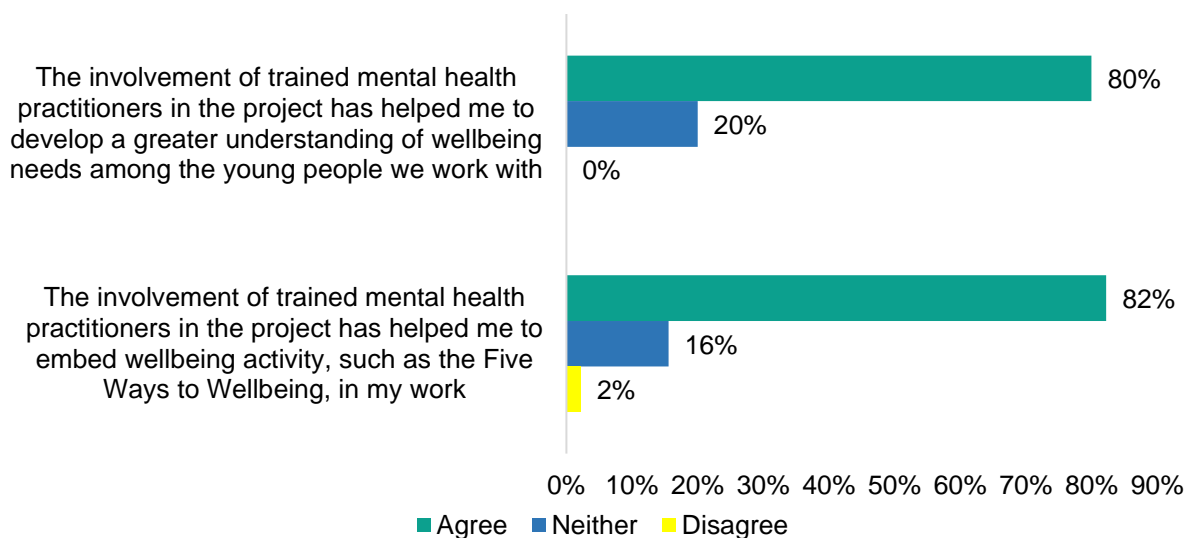
- The involvement of the BCUHB has helped to improve the understanding of well-being needs among delivery staff.

The Role of BCUHB

7.1 The involvement of the BCUHB and trained mental health professionals within the project team was helping to upskill staff in other organisations when it came to the understanding of well-being and mental health. Indeed, 80% of management and delivery staff agreed that the involvement of trained Mental Health Practitioners in the project has helped them to develop a greater understanding of the well-being needs of the young people with whom they work.

7.2 Additionally, 82% of staff agreed that the involvement of trained Mental Health Practitioners has helped them to embed well-being activity, such as the Five Ways to Wellbeing, in their work.

Figure 7.1: Perspectives of management and delivery staff on how the involvement of trained mental health professionals in the project has impacted the operation



Source: Management and Delivery Staff Survey (base = 46)

- 7.3 Management and delivery staff fed back that training that they had received from the BCUHB had been helpful, and that their involvement had helped them to develop their knowledge of mental health, which, in turn, helped them to support participants better within their roles.

‘[The involvement of the BCUHB has] helped my knowledge and understanding of mental health and the barriers people have and how to support them.’

(Management and delivery staff, interviewee)

Embedding the Five Ways to Wellbeing

- 7.4 As part of the support provision, local delivery teams are expected to embed the Five Ways to Wellbeing within their delivery of ADTRAC support. The [Five Ways to Wellbeing](#) are a widely used set of strategies promoted by the NHS and mental health organisations to help individuals in supporting their own mental health and well-being. Whilst participants who require specialist mental health support are referred to the appropriate support, the Five Ways to Wellbeing are embedded in local delivery to ensure that ADTRAC complies with best practice for mental well-being, as well as supporting those with mild to moderate health concerns.
- 7.5 The interview data suggests that the Five Ways to Wellbeing are being embedded to differing extents across Joint Beneficiaries. For example, some staff members fed back that the Five Ways to Wellbeing were embedded in “everything they do”; meanwhile, others indicated that their approach was more ad hoc or that they have not been embedded enough. It was not clear to what extent this was a case of different Joint Beneficiary approaches or different approaches among individual staff members. However, the majority of management and delivery staff participating in in-depth interviews (7/9) reflected that they were embedding the Five Ways to Wellbeing to a good degree.
- 7.6 The majority of delivery staff (82%) indicated that the involvement of clinically trained Mental Health Practitioners in the project was helping them to embed

well-being activity, including the Five Ways to Wellbeing, in their work.³⁶ Only 2% of delivery staff disagreed with this statement.

Conclusions

- 7.7 The involvement of the BCUHB in ADTRAC appears to be helping to upskill staff in other organisations when it comes to providing well-being-focused support and implementing the Five Ways to Wellbeing.

³⁶ Source: Management and Delivery Staff Survey (base = 46).

8. Conclusions

- 8.0 This chapter summarises the key conclusions from this phase of the evaluation. This is followed by a series of recommendations summarised in Chapter 9.

Overall Conclusions

- 8.1 This interim evaluation concludes that ADTRAC is a successful and highly regarded project. The operation is, however, struggling to achieve the outcome targets set out in the Business Plans, which is clearly important to note and an important issue to address.
- 8.2 The evidence collected during the interim evaluation indicates that ADTRAC is perceived very positively across the stakeholder groups, including participants, staff delivering the support, and wider stakeholders. The operation is seen to be adding value and meeting a gap in local support, providing intensive, tailored support for young people who face complex and multiple barriers to entering the labour market. There is a strong impression among stakeholders that work needs to be undertaken to identify ways in which this support can be maintained once ESF funding comes to an end.
- 8.3 All stakeholders interviewed indicated that the project's focus on those furthest away from the labour market, its person-centred approach to supporting young people who are NEET, and the involvement of the BCUHB and — where available — trained Mental Health Practitioners in project delivery are among the key strengths of the project, generating 'added value' beyond the support available through other employability projects. In addition to supporting participants in improving their well-being, the involvement of the BCUHB has helped to upskill ADTRAC mentors, enabling them to deliver all aspects of the operation in a way that best supports participant well-being. However, it is also likely to be one of the main reasons as to why the project is struggling to achieve the targets for outcomes that have been set for it within the Business Plan (as discussed below).

Outcomes for Participants

- 8.4 ADTRAC appears to be performing well in relation to soft outcomes, but has been less successful in achieving hard outcomes, particularly in relation to the number of young people whom the support has exited into education.
- 8.5 The support appears to be particularly successful in driving improvements in participant well-being and employability skills. This is evidenced by the increase in average WEMWBS scores for participants upon exiting the programme. Of all those who have exited the programme, the average score upon entry was 41, and this score upon exiting had risen to 51.8. This difference was statistically significant. When compared to average WEMWBS scores for this cohort collected through the National Survey for Wales, which shows that the average WEMWBS score for this age group in North Wales is 50.6, this suggests that participants enter the programme with considerably lower-than-average well-being and exit the programme with slightly higher-than-average well-being.
- 8.6 Similarly, there is evidence of a statistically significant difference in skills and employability for participants upon exiting the programme, as captured by Work Star. Upon entering ADTRAC the average score achieved across all seven elements was 5.91. The average score upon exiting had risen to 7.59. In total, 71% of participants who exited the support witnessed an increase in their Work Star score. When individual measures are disaggregated, it appears that the greatest distance travelled has taken place in relation to participant aspiration and motivation, job-searching skills, and job skills and experience.
- 8.7 ADTRAC has also been successful in reducing the number of barriers to EET experienced by participants. Monitoring data indicates that between entering and exiting, the average number of barriers faced by participants falls by 4 (from an average of 7 barriers to 3). There was also qualitative evidence of this, with several participants interviewed during the interim evaluation noting how they “couldn’t even leave the house” before they accessed ADTRAC, but ADTRAC had enabled them to attend sessions and interact with other people. In some cases, this had resulted in the participant entering EET.

- 8.8 Despite these successfully achieved soft outcomes, however, the operation has some way to go in reaching its hard outcomes and targets with respect to both performance outcomes and participation targets. At present, females and individuals with childcare/caring responsibilities are underrepresented. Additionally, the operation is currently at risk of not achieving its engagement targets and outcome targets, particularly in relation to the proportion of participants entering employment and entering education/training.
- 8.9 Interviews with strategic stakeholders and delivery staff highlighted concerns surrounding whether the project targets are realistic, considering the multiple and complex barriers faced by the young people with whom ADTRAC engages. ADTRAC is seeking to engage with individuals who are very far from the labour market at the outset of the project, with high levels of participants experiencing issues in relation to low confidence, social isolation, and mental health concerns such as anxiety and depression.
- 8.10 Concerns were raised by several staff members and strategic stakeholders that the approach to targets was too focused on hard outcomes and risked missing the importance of softer outcomes for some participants. This could risk eclipsing how gradual steps may eventually result in EET, albeit perhaps not within the timescales of support. This might suggest that the project could benefit from a greater focus on softer outcome targets, enabling the operation to show the value that it is having here. This is particularly important in the context of the ongoing COVID-19 pandemic, which is likely to cause a recession in Wales, making these targets even more difficult to achieve. It should be noted, however, that other stakeholders perceive the hard outcome targets to be achievable.
- 8.11 The evidence collected in this phase of the evaluation suggests that there is some disconnect between the targets for ADTRAC and the cohort to whom it is delivering. It was unclear from this phase of the evaluation as to whether this disconnect necessarily resulted from targets being inappropriate or whether participants were being recruited who had barriers that are more complex than the support was intended to support. The disproportionately high number of participants recruited to the project who were disabled or recorded a work-

limiting health condition indicates that the project is engaging with a greater number of participants with these barriers than envisaged during project planning. However, engagement with stakeholders seemed to indicate that ADTRAC was intended to operate to support participants with the most complex needs and that this was part of the added value of the approach.

- 8.12 Participants with multiple, complex barriers are more likely to require support of a long-term nature to enable them to build up trust with advisors and develop foundational skills such as confidence. These can, in turn, help to ready individuals on the path towards EET, but for those with the greatest barriers, it can take advisors a long time to build up these foundations. This may indicate that the project needs to review its targets, considering the multiple and complex barriers faced by the cohort whom the operation is supporting.
- 8.13 A related issue that may be impacting on ADTRAC's ability to achieve its current participation and outcome targets is the length of time in which participants are being supported by the operation, which may be undermining its ability to move more participants into the project. As discussed in Chapter 5 (Progress & Performance), 44% of participants who have exited support had received support for more than six months, and 14% had received support for longer than one year. In light of this, the operation may need to consider whether its priority lies in providing long-term support to young people NEET or achieving outcome targets, as these priorities lend themselves to differing approaches (including whether to introduce caps on the duration for which the operation can support participants or whether to revise targets down in order to enable the project to deliver more long-term support).
- 8.14 Whilst the former approach may lend itself more towards "quick wins" and would enable the operation to meet its participation targets, this approach could come at the expense of the operation's success in reducing the barriers to EET that participants experience, and would remove ADTRAC's niche in respect of supporting young people who are the furthest removed from the labour market.

Project Delivery

- 8.15 The feedback on how the project is currently being delivered was generally positive in testimonies from all stakeholders. Staff reflected that they felt as though the support being delivered was appropriate to meeting the barriers faced by participants, and both staff and wider stakeholders were positive about the one-to-one delivery approach, which was viewed as being a distinct feature of ADTRAC that meant that it was well suited to supporting participants who were the furthest away from the labour market.
- 8.16 However, there remained challenges with regard to meeting the mental health and well-being needs of participants due to challenges in recruiting to Mental Health Practitioner roles in some Joint Beneficiary areas. This was perceived to be a result of slow recruitment processes with the BCUHB. Additionally, some staff members reported confusion surrounding the coordination of these roles, and were unsure as to where management and responsibilities lay between Joint Beneficiaries and the BCUHB.
- 8.17 Additionally, delivery staff frequently raised concerns with respect to the effectiveness of the DPS, which was perceived by some to be 'not fit for purpose'. Staff noted how 'slow' processes using the DPS could result in participant disengagement. This is an area that could benefit from improvement.
- 8.18 Participants were particularly positive about the support being delivered. However, it should be noted that a stratified sample of participants was not used to identify interviewees. As a result, the interviews carried out may be representative of the views of all participants, particularly those who have disengaged from the support. Consequently, further evaluative work should seek to explore the perceptions of a wider cohort of participants to ensure that their views are representative of the wider participant group.

Implications of COVID-19

- 8.19 Engagement with participants provided some early indications of how COVID-19 could lead to outcomes being reversed as a result of job opportunities being placed on hold. This could result in participants who have exited into a result

becoming unemployed again. Additionally, in the context of a potential recession, employment opportunities may be reduced, which could adversely impact on the ability of the operation to exit young people into an employment outcome.

- 8.20 Whilst this issue was outside of the scope of the current evaluation, it is also likely that the pandemic and the associated lockdown measures will have adversely impacted on the mental health and well-being of current/potential participants. Indeed, a survey of 2,111 young people conducted by YoungMinds found that 83% reported worsening mental health as a result of the COVID-19 pandemic (YoungMinds, 2020). As a result, the proportion of participants who experience poor mental health and well-being as a barrier to entering EET may increase as a result of the pandemic, which may increase the proportion of participants requiring more intensive support from the ADTRAC team to move them towards the labour market.

The Future of ADTRAC

- 8.21 There was a high level of support for ADTRAC, and several stakeholders expressed concerns surrounding the major gap in local support provision that would be left without the support in place.
- 8.22 Additionally, concerns were raised in relation to the ability of Joint Beneficiaries to hold on to qualified and skilled staff — to staff an extension or an alternative provision — if staff are left unsure of whether the project will be extended or replaced in some form. As such, a priority for the next phase of work should be to explore opportunities to sustain the provision or provide a roadmap for an alternative.

9. Recommendations

- 9.0 Recommendations for how the operation could be improved are detailed below. However, it is noted that the context of COVID-19 may make some of these difficult to achieve.

Project Targets

- 9.1 **Recommendation One:** The operation should consider the proposed participation and outcome targets in the context of the participant group and the timescales for support and consider the revision of targets in the context of a potential recession. The operation should consider revising down targets in the context of the impact that COVID-19 is likely to have upon available employment and training opportunities, and consideration will need to be given to the areas that exclude ADTRAC, such as Communities First.
- 9.2 **Recommendation Two:** The operation should explore strategies with which to increase participation from females as well as from individuals with childcare or other caring responsibilities. However, if it is identified that appropriate provision is already available through other programmes such as PaCE, ADTRAC should not duplicate this provision.

Project Delivery

- 9.3 **Recommendation Three:** The BCUHB should speed up the recruitment of Assistant Wellbeing Practitioners to ensure that participant needs can be met.
- 9.4 **Recommendation Four:** The operation could work alongside CW and Working Wales to explore opportunities to provide light-touch support to recently exited participants who may be at risk of becoming NEET again as a result of COVID-19, with the aim of reducing the impact.

Future Research Needs

- 9.5 **Recommendation Five:** Further research could seek to explore the longitudinal impact of the support in order to identify whether the support delivered by ADTRAC is helping participants to move closer to EET in the long term, even if participants are unable to achieve an outcome during the timescales of the

operation. Furthermore, it could explore the extent to which successful hard outcomes achieved upon exiting ADTRAC have been sustained in the long term.

- 9.6 **Recommendation Six:** Future evaluative work should seek to explore the perceptions of a wider cohort of participants to ensure that views are representative of the whole participant group. This should include — if possible — engaging with individuals who have disengaged from the support, to understand possible areas for improvement.

The Future of ADTRAC

- 9.7 **Recommendation Seven:** There is a case for local authorities to work with the North Wales Regional Skills Partnership and the North Wales Economic Ambition Board, as well as the BCUHB, to identify opportunities to extend ADTRAC or replace it with similar provision when the current ESF funding cycle concludes.
- 9.8 **Recommendation Eight:** Reflecting ADTRAC's successes in achieving soft outcomes, but also its struggles in achieving harder outcome targets, it appears that ADTRAC is successful in moving participants closer to EET but may not be successful in achieving employment outcomes on its own. If a successor programme to ADTRAC is designed, placing greater emphasis on provision for people closer to the labour market, such as work experience placements and volunteering, could be considered. This provision would build on the soft outcomes achieved and would support participants into work, ensuring that participants continue to receive mentoring support as they move into work experience. Alternatively, referrals to other provision for individuals closer to the labour market could be considered a successful outcome for the provision for individuals furthest away from the labour market.

10. References

- Allen, M., 2014. *Reducing the number of young people not in employment, education or training (NEET)*, London: Public Health England.
- Audit Commission, 2010. *Against the odds: re-engaging young people in education, employment or training: local government*, London: Audit Commission.
- Aylward, N., Klenk, H., Robey-Turner, C. & Wolkind, R., 2018. *Barriers to employment for young adult carers*, Leicester: Learning and Work Institute.
- BBC, 2020. *Coronavirus: Chancellor Rishi Sunak warns of 'significant recession'*. [Online] Available at: <https://www.bbc.co.uk/news/business-52641807> [Accessed 15 May 2020].
- BBC, 2020. *Coronavirus: One million under-25s face unemployment, study warns*. [Online] Available at: <https://www.bbc.co.uk/news/uk-52555978> [Accessed 21 May 2020].
- Bentall, R. et al., 2020. *Covid-19 Psychological Research Consortium: Initial Research Findings on COVID-19 and Mental Health in the UK*, Sheffield: University of Sheffield.
- Bevan Foundation, 2020. *Where next for the Welsh economy?*, Merthyr Tydfil: Bevan Foundation.
- Boyatzis, R. E., 1998. *Transforming qualitative information: Thematic analysis and code development*, Thousand Oaks, CA: Sage.
- Braun, V. & Clarke, V., 2013. *Successful qualitative research: A practical guide*, London: SAGE.
- Careers Wales, 2020. *Careers Wales LMI Bulletin: Impact of the COVID-19 pandemic on the labour market in Wales*, s.l.: s.n.
- Carers UK, 2016. *10 facts about women and caring in the UK on International Women's Day - based on analysis from Valuing Carers 2015*. [Online] Available at: <https://www.carersuk.org/news-and-campaigns/features/10-facts-about-women-and-caring-in-the-uk-on-international-women-s-day> [Accessed 4 May 2020].
- Coles, B. et al., 2010. *Estimating the life-time cost of NEET: 16-18 year olds not in Education, Employment and Training. Research Undertaken for the Audit Commission*, York: University of York.
- Crawford, C., Duckworth, K., Vinales, A. & Wyness, G., 2011. *Young people's education and labour market choices aged 16/17 to 18/19*, London: Department for Education.

Edwards, K., 2016. *Mapping of Provision and Support for Young People Aged 16-24 in North Wales: Project Report*, s.l.: North Wales Economic Ambition Board.

Friedli, L. & Parsonage, M., 2009. *Promoting mental health and preventing mental illness: the economic case for investment in Wales*, s.l.: Mental Health Promotion Network.

Goldman-Mellor, S. et al., 2015. Committed to work but vulnerable: self-perceptions and mental health in NEET 18-year olds from a contemporary British cohort. *The Journal of Child Psychology and Psychiatry*, 57(2), pp. 196-203.

Groundwork North Wales, n.d. *TRAC*. [Online]
Available at: <https://www.groundworknorthwales.org.uk/latest/projects/trac/>
[Accessed 21 August 2019].

Groundwork, n.d. *Mental health support available for NEET young people in Warwickshire*. [Online]
Available at: <https://www.groundwork.org.uk/mental-health-support-available-for-neet-young-people-in-warwickshire>
[Accessed 21 August 2019].

Guest, G., MacQueen, K. M. & Namey, E. E., 2012. *Applied Thematic Analysis*, Los Angeles: SAGE.

Health Survey England, 2016. *Wellbeing and Mental Health*. [Online]
Available at: <http://healthsurvey.hscic.gov.uk/support-guidance/public-health/health-survey-for-england-2016/well-being-and-mental-health.aspx>
[Accessed 3 April 2020].

Kessler, R. C. et al., 2005. Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), pp. 593-602.

Kings College London, 2015. *Unemployment takes its toll on young people's mental health*. [Online]
Available at: <https://www.kcl.ac.uk/ioppn/news/records/2015/september/unemployment-takes-its-toll-on-young-peoples-mental-health>
[Accessed 21 August 2019].

North Wales Economic Ambition Board, 2017. *North Wales Regional Skills & Employment Plan*, s.l.: NWEAB.

North Wales Regional Skills Partnership, 2020. *COVID-19 Labour Market Insights: North Wales, June 2020*, s.l.: s.n.

Office for National Statistics ONS, 2019. *Young people not in education, employment or training (NEET), UK: May 2019*. [Online]

Available at:

<https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/bulletins/youngpeoplenotineducationemploymentortrainingneet/may2019>

[Accessed 22 August 2019].

Office for National Statistics, 2019. *Young people not in education, employment or training (NEET) Year to 31 March 2019*. [Online]

Available at: <https://gov.wales/sites/default/files/statistics-and-research/2019-08/young-people-not-in-education-employment-or-training-neet-2018-to-2019-649.pdf>

[Accessed 22 August 2019].

ONS, 2016. *Women shoulder the responsibility of 'unpaid work'*. [Online]

Available at:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/womenshouldtheresponsibilityofunpaidwork/2016-11-10>

[Accessed 4 May 2020].

Powell, A., 2018. *NEET: Young People Not*, London: House of Commons Library.

Powell, R., Bashir, N., Crisp, R. & Parr, S., 2015. *Talent Match Case Study Theme Report: Mental Health & Wellbeing*, Sheffield: Sheffield Hallam University.

Prince's Trust, 2015. *The Prince's Trust Macquarie Youth Index 2015*, s.l.: Prince's Trust.

Robertson, P. J., 2018. The casualties of transition: the health impact of NEET status and some approaches to managing it. *British Journal of Guidance & Counselling*, 47(3), pp. 390-402.

Siegriest, J. et al., 2010. *Employment arrangements, work conditions and health inequalities*, s.l.: s.n.

Singh, S. P. et al., 2010. *Transition from CAMHS to Adult Mental Health Services (TRACK): A Study of Service Organisation, Policies, Process and User and Carer Perspectives*, s.l.: s.n.

StatsWales, 2019. *Warwick-Edinburgh Mental Well-being Scale (WEMWBS) by age group and gender*. [Online]

Available at: <https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Mental-Health-and-Wellbeing/wemwbsscore-by-age-gender>

[Accessed 29 April 2020].

Warwick Medical School, 2020. *Collect, score, analyse and interpret WEMWBS*. [Online]

Available at: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/>

[Accessed 29th April 2020].

Welsh Government, 2013. *Youth engagement and progression framework. Implementation Plan. Executive Summary*, s.l.: Welsh Government.

Welsh Government, 2016. *Cross Cutting Themes Key Documents - European Social Fund: Intergrating the Cross Cutting Themes across the 2014-2020 European Structural Funds*, s.l.: Welsh Government.

Welsh Government, 2018. *Employability Plan*, s.l.: Welsh Government.

YoungMinds, 2020. *Coronavirus having major impact on young people with mental health needs – new survey*. [Online]

Available at: <https://youngminds.org.uk/about-us/media-centre/press-releases/coronavirus-having-major-impact-on-young-people-with-mental-health-needs-new-survey/>

[Accessed 15 May 2020].

Annexe A: Research Tools

In-Depth Telephone Interviews with Management and Delivery Staff: Discussion Guide

Introduction

1. Please briefly outline your role and how you are involved in ADTRAC.
 - a. Are you involved in a managerial or direct delivery capacity?

Recruitment and Referral Processes

As part of this interview, we'd like to develop our understanding of the participant journey to get a better sense of how participants engage with ADTRAC.

2. What are the typical referral routes that lead to you engaging with participants?
 - a. Do you feel this is an appropriate approach to adopt?
 - b. Are there any particular challenges you face in identifying or engaging participants?
 - c. In what ways, if any, could referral pathways be improved?
3. What approaches are used to engage with participants prior to enrolment (pre-engagement)?
 - a. In your opinion, how effective are these processes? Are there any ways pre-engagement could be improved?
4. In your area, how effective has the project been in meeting its recruitment targets?
 - a. Are there any particular groups the project has struggled to engage? If so, what strategies could be put in place to overcome these challenges?

Providing Support to Participants

5. We understand the project uses WEMWBS (Warwick–Edinburgh Mental Well-being Scale) and the Work Star to identify participant needs. In your view, are these processes effective?
 - a. Are there any ways that this could be improved?
6. What kind of action planning do you do with participants?
 - a. Do you return to these action plans with participants?
7. What kind of support do you provide to participants?
 - a. What approaches and forms of support/activities seem to work particularly well for participants?
 - b. Are there certain types of participants that the support works better for than others?
 - c. In your opinion, are the range of interventions offered by ADTRAC suitable to the needs of the participants? Is there anything you would change?

Delivering Outcomes

8. Overall, how do you feel you are delivering against key outcome targets for the ADTRAC project?
9. What would you say are the key impacts the support offered through ADTRAC has had on the young people receiving support? Can you provide any specific examples of these?

We are particularly interested in:

- a. Has the project supported individuals to develop their job skills and experience?
 - b. To what extent has the project supported individuals to develop their aspirations?
 - c. To what extent has the project contributed to individuals developing soft skills such as confidence or motivation?
 - d. To what extent has the intervention improved stability for participants?
 - e. To what extent has the project supported participants to develop new skills?
10. In particular, has the project contributed to improved mental health and well-being of participants? Can you provide examples?
 - a. Are there any specific examples or approaches you feel have been effective in helping achieve these participant well-being outcomes?

Partnership Working

As part of this evaluation, we are interested in how the multi-agency approach to delivering ADTRAC has impacted on working practices for participating organisations and the offer available to the target cohort.

11. ADTRAC is a collaboration between multiple organisations. Has this model helped to strengthen relations between your organisation and other partners involved in the project? If so, how?
 - a. Has the multi-agency approach helped to improve collaboration between the partner organisations delivering ADTRAC? If so, how?
 - b. Are there any ways that collaboration between the partner organisations could be improved?
12. Has the involvement of the other partner organisations altered working practice within your organisation? In what ways?

One of the unique aspects of ADTRAC, compared to other support for moving young people into the labour market, has been the inclusion of Betsi Cadwaladr University Health Board (BCUHB) and trained mental health professionals.

13. What impact — if anything — has BCUHB's involvement had on project delivery and the outcomes of ADTRAC?
14. Has the involvement of Betsi Cadwaladr helped to add capacity or upskill individuals within your organisation? If so, how?
15. To what extent have you — and your team — embedded the Five Ways to Wellbeing in your work?
 - a. Is there any additional support you require in this area?
 - b. Have the Five Ways to Wellbeing been a useful tool for engaging and supporting the cohort? Please explain your answer.
16. To what extent do you feel that ADTRAC is delivering on the objectives of the Youth Engagement & Progression Framework? Please explain your answer.

Cross-Cutting Themes

As ADTRAC receives money from the European Social Fund, it is required to meet the Cross-Cutting Themes. These are sustainable development and gender equality and equal opportunities.

17. Can you provide any examples of how these Cross-Cutting Themes have been promoted within ADTRAC (including promotion of Welsh language)?

Final Reflections

18. What changes, if any, would you make to improve ADTRAC?
19. Looking forward, what do you consider to be the key risks that could impact on the success of ADTRAC? Do you have any suggestions for how these risks could be overcome?
20. Do you have anything to add or would you like to raise an issue that we have not discussed?

In-Depth Telephone Interviews with Strategic Stakeholders: Discussion Guide

Introduction

1. As an introduction, could you briefly describe your role and how you are involved with/aware of ADTRAC?

Project Delivery

2. From your perspective (if you are familiar with the services and interventions on offer), do you feel ADTRAC is providing support suitable to the needs of the participants? Please explain your answer.
 - a. What are the areas of weakness / improvements you feel could be made to this approach to service delivery?
 - b. In your view, how likely is it that these approaches will be successful in delivering outcomes for participants?

Strategic Fit of the Project

3. How do you feel that ADTRAC sits alongside other support for the target cohort delivered in North Wales?
 - a. Could the support available through ADTRAC have been provided through another service/without the project?
 - b. Are there any gaps in provision for this cohort?
4. To what extent do you feel that ADTRAC is contributing to local authorities' delivery of the objectives of the Youth Engagement & Progression Framework (YEPF)?
 - a. To what extent would local authorities be able to deliver on the YEPF without ADTRAC?

Partnerships

5. How effectively do you feel ADTRAC is involving other key individuals/organisations engaged in supporting young people to enter employment, training or education?
 - a. Are there any improvements that could be made?
 - b. Are there any additional agencies that should be involved?
6. How effectively do you feel the project partners engaged in delivering ADTRAC are currently working together?
 - a. Are there any improvements that could be made?
7. A unique aspect of ADTRAC has been the inclusion of Betsi Cadwaladr University Health Board and trained mental health professionals. How, if at all, do you believe this has benefitted the project and project partners?

8. If you can comment, what, if anything, is the impact of participation on participating organisations?
9. To what extent is the project helping to deliver a more joined-up approach to providing support for young people who are NEET in North Wales?

Final Reflections

10. Do you have anything to add or would you like to raise an issue that we have not discussed?

In-Depth Interviews with Project Participants: Discussion Guide

1. What activities have you done with ADTRAC?
2. How did you get involved with ADTRAC?
 - a. Was it easy and straightforward to get involved? Any suggestions for improvements?
3. What are you hoping to gain through your involvement in ADTRAC?
4. Were there any barriers that you felt were preventing you from entering employment, education or training before starting ADTRAC? If so, what were these?
5. Has the support you've received through ADTRAC helped to address or overcome these barriers?
6. Before joining ADTRAC, had you received any other support to help you into employment or education? How does ADTRAC differ from this support?
7. What impact has the support you've received from ADTRAC had on you?
 - a. Have you learned any new skills or improved your employability?
 - b. Have your aspirations or goals changed?
 - c. Have you experienced any change in your well-being or mental health?
 - d. Have you noticed any change in your confidence or social relationships?
 - e. Are there any other impacts that ADTRAC has had on you?
8. Have you talked about your well-being with ADTRAC advisors? If so, has it been useful?
9. What do you think of the support delivered by ADTRAC?
 - a. What have been the most useful aspects of the support you've received/activities you've done? Why?
 - b. What have been the least useful aspects of the support you've received/activities you've done? Why?
10. Are there any improvements you think could be made to ADTRAC?
11. If a friend asked you whether they should get involved with ADTRAC, what would you tell them?
12. Is there anything else you would like to share about your experience of ADTRAC?

Survey of Management and Delivery Staff: Questionnaire

Wavehill is undertaking an evaluation of ADTRAC on behalf of Grŵp Llandrillo Menai. The information gathered will be used to help Grŵp Llandrillo Menai and other project partners understand the difference that the programme makes, and to learn from the experience of delivering the programme. Individuals contacted as part of the survey have been chosen because they are involved in the delivery of ADTRAC. Participation in the survey is, however, voluntary. You can decide to not engage with the research before or during the survey and can choose to not answer certain questions if you prefer. Any personal information collected as part of the survey will be removed prior to analysis. Your answers to the survey will not be made public in a way that could lead to you being identified by ADTRAC delivery partners or anyone else. The anonymised data will be held securely and will only ever be used for non-commercial research purposes, specifically the evaluation of ADTRAC. Your personal data will be deleted six months after the completion of the evaluation. This is currently anticipated to be February 2021. If you have any comments or would like to discuss any issue in relation to this evaluation, you can contact Tom Marshall, who is leading the team undertaking the evaluation at Wavehill (tom.marshall@wavehill.com | 01545 571711), or, alternatively, you can contact Sara Williams at Grŵp Llandrillo Menai (willia16s@gllm.ac.uk). A copy of our privacy notice can be found [here](#).

Q2 Are you happy to continue with the questionnaire?

Please note you can withdraw your consent at any time during the questionnaire

- ☐ Yes
- ☐ No

Display this question:

If Are you happy to continue with the questionnaire? Please note you can withdraw your consent a... = No

Q3 Thank you for your time. To exit this survey, you can close this tab in your browser.

Q4 Please identify which organisation you are associated with.

Please tick all that apply

- ☐ Anglesey County Council
- ☐ Conwy County Borough Council
- ☐ Denbighshire County Council
- ☐ Gwynedd County Council
- ☐ Wrexham County Borough Council
- ☐ Flintshire County Council
- ☐ Betsi Cadwaladr University Health Board

Q5 What is your job title?

Q6 Does your job role involve...?

Please tick all that apply

- ☐ Management of staff delivering ADTRAC
- ☐ Engaging directly with project participants

Q7 To what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
ADTRAC has been effectively marketed and promoted to partner organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADTRAC has been effectively marketed and promoted to referring organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADTRAC has been effectively marketed and promoted to potential participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good levels of awareness of the support offered by ADTRAC among referring organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good levels of awareness of the support offered by ADTRAC among target young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral processes are clear and easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant targets are realistic and achievable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 Please explain your answers to the above questions here.

Q9 To what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There are good processes in place to identify participant needs (including mental health needs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Action-planning processes are appropriate and fit for purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Action planning and participant goals are revisited with enough regularity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADTRAC offers appropriate activities to meet the employability needs and interests of participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADTRAC offers appropriate activities to meet the well-being and mental health needs of participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 Please explain your answers to the above questions here.

Q11 In your opinion, what are the most successful aspects of the delivery of ADTRAC support?

Q12 What have been the key challenges you have experienced in the delivery of ADTRAC support to date?

Please provide as much detail as possible

Q13 To what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The support delivered by ADTRAC is resulting in sustained positive outcomes for individual participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADTRAC is well integrated among other support that aims to get young people into employment, education or training in North Wales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants and their families have been willing to engage with the support delivered by ADTRAC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 To the best of your knowledge, are there any common barriers which participants face which prevent them from securing employment or entering education or training?

Please select the three barriers you feel are most significant

- ☐ Poor mental health and well-being
- ☐ Complex family or home life
- ☐ Housing issues
- ☐ Substance misuse
- ☐ Lack of opportunities
- ☐ Financial issues, including issues relating to benefit entitlement
- ☐ Lack of aspiration
- ☐ Low confidence
- ☐ Transport issues
- ☐ Lack of experience
- ☐ Generational unemployment within the local area
- ☐ Lack of skills/qualifications
- ☐ Other [Please specify]

Display this question:

If To the best of your knowledge, are there any common barriers which participants face which preven... = Other [Please specify]

Q15 If Other please specify.

Q16 To what extent do you believe that the support ADTRAC provides is appropriate for overcoming the barriers you have identified above?

- ☐ Not at all
- ☐ To a limited extent
- ☐ To a good extent
- ☐ To a great extent

Q17 Please explain your answer.

Q18 What aspects of the support delivered by ADTRAC do you feel are most successful in overcoming the barriers you identified above?

#{Q14/ChoiceGroup/SelectedChoices}

Q19 To the best of your knowledge, have any of the following barriers commonly prevented participants from engaging with ADTRAC (either at initial stage or engaging on a sustained basis)?

Please tick all that apply

- ☐ Evidence required to demonstrate eligibility (such as not possessing appropriate ID)
- ☐ Poor mental health and well-being
- ☐ Lack of opportunities relevant to their interests or
- ☐ Financial issues, including issues relating to benefit entitlement
- ☐ Time commitment
- ☐ Transport issues or location of support
- ☐ Other [Please specify]
- ☐ None of the above

Display this question:

If To the best of your knowledge, have any of the following barriers commonly prevented participants... = Other [Please specify]

Q20 If Other please specify.

Q21 To what extent do you agree that ADTRAC is delivering the following outcomes for participants?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Improved social confidence and social relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved confidence in abilities and work-related capability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved well-being and/or mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioural improvements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased motivation or aspiration relating to employment, education and/or training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased motivation or aspiration in daily life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stability, including financial stability or home life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic skills such as time management, punctuality, and communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job skills or employability skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job-search skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key skills or qualifications gained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Securing education, employment or training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22 What would you say are the key impacts the support offered through ADTRAC has had on the young people receiving support? Can you provide any specific examples of these?

Q23 Is your team currently providing support to any participants through the medium of Welsh?

- ☐ Yes
- ☐ No

Q24 Is your team able to meet local need for provision to be delivered through the medium of Welsh?

- ☐ Yes
- ☐ No

Display this question:

If Is your team able to meet local need for provision to be delivered through the medium of Welsh = No

Q25 Please explain what challenges you are facing.

Q26 A unique aspect of ADTRAC is the involvement of clinically trained mental health practitioners in the project. What benefits do you believe this has brought to the project?

Q27 To what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The involvement of trained mental health practitioners has enabled us to meet the needs of the young people engaged through ADTRAC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The involvement of trained mental health practitioners has helped to reduce the barriers to young people in engaging with support to enter employment, training or education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The involvement of trained mental health practitioners in the project has helped me to develop a greater understanding of well-being needs among the young people we work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The involvement of trained mental health practitioners in the project has helped me to embed well-being activity, such as the Five Ways to Wellbeing, in my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q28 What changes, if any, would you make to improve ADTRAC?

Please provide as much detail as possible

Q29 Thank you for taking the time to complete this survey!

Please click the 'submit' button to record your responses.

Adtrac is being led by:



Adtrac is being delivered by the following partners:



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



gllm.ac.uk/adtrac