ADTRAC

Final Evaluation

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ADTRAC Evaluation: Final Report

This document is also available in Welsh

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

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Glossary

Acronym/Initialism/Keyword	Definition
AMHS	Adult Mental Health Services
BCUHB	Betsi Cadwaladr University Health Board
CAMHS	Child and Adolescent Mental Health Services
CBA	Cost Benefit Analysis
CfW	Communities for Work
CfW+	Communities for Work Plus
CW	Careers Wales
DPS	Dynamic Purchasing System
DWP	Department of Work and Pensions
EET	Education, Employment or Training
EPC	Engagement and Progression Coordinator
ESF	European Structural Funds
FTE	Full-time Equivalent
GAD-7	Generalised Anxiety Disorder Assessment
GDPR	General Data Protection Regulation
GLLM	Grŵp Llandrillo Menai
JCP	Jobcentre Plus
LA	Local Authority
MRS	Market Research Society
NEET	Not in Education, Employment or Training
NWEAB	North Wales Economic Ambition Board
ONS	Office for National Statistics
PHQ-9	Patient Health Questionnaire
SPoA	Single Point of Access
SROI	Social Return on Investment
TRAC	TRAC 11-24 provision for young people in education but at risk of becoming NEET
WEFO	Welsh European Funding Office
WEMWBS	Warwick Edinburgh Mental Wellbeing Scale
YEPF	Youth Engagement and Progression Framework

1.   Introduction

1.0   This is the third and final report produced as part of Wavehill's evaluation of the ADTRAC project. Wavehill is an independent social and economic research company that was commissioned to undertake an evaluation of the project by Grŵp Llandrillo Menai (GLLM). The evaluation was commissioned in May 2019 and has included an initial baseline report, as well as an interim evaluation report produced in summer 2020. Previous reports can be accessed here.

Overview of the ADTRAC Project

1.1   ADTRAC is an operation delivered across North Wales[1] seeking 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 – August 2020, however the delivery dates and targets for the operation were reprofiled to deliver more realistic targets.[2] The operation is now expected to conclude in August 2021, with delivery finishing in May 2021. During this time ADTRAC is projected to support 1,451[3] young people who face barriers that prevent their pathway transition and progression to education, employment or training. This includes providing support to young people with mild to moderate mental health concerns. Original targets, and reprofiled targets are provided below.

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[1] Specifically across the following Local Authorities: Isle of Anglesey Council; Gwynedd Council; Conwy County Borough Council; Denbighshire County Council; Wrexham County Borough Council; Flintshire County Council.
[2] 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.
[3] Please note this figure has been revised from an initial target of 1,651 following a re-profile of the operation.

1.2   The project is being led by GLLM and delivered across all six local authority areas in North Wales.[4] 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 wellbeing 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

1.3   Following the reprofile of the project, Joint Beneficiaries have sought to work with 1,451 young people classed as 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 outcomes[5]	290	330

Source: Operation Business Plans

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[4] 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.
[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
- Entering employment of less than 16 hours (including self-employment)
- Entering employment on zero-hour contract
- Improvement in mental wellbeing
- Improvement in soft outcomes.
N.B. Entering a traineeship did not count towards the 'into education/training outcome' until September 2020, but this could be included in the 'other positive outcomes' category prior to it being accepted as an 'into education/training outcome' by WEFO.

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

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 Black, Asian, or Minority Ethnic/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

1.5   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.

1.6   In the context of the holistic, person-centred approach, the project brings together
        employability support and mental health and wellbeing 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 wellbeing among individuals who
        are NEET. The project is, therefore, an important 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.

1.7   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 WEFO.
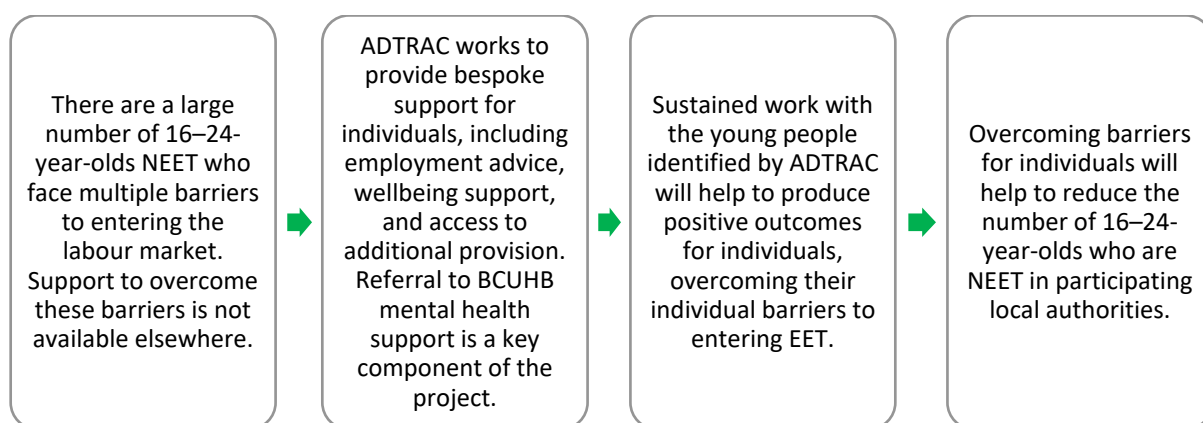
Objectives of the Final Evaluation

1.8   This evaluation is a summative evaluation of the ADTRAC project. As such, it provides an assessment of the overall effectiveness of the operation. It explores 'if' and 'how' the operation has had an impact on participants as well as the organisations involved in delivering ADTRAC. In line with the project's Monitoring and Evaluation plan, the evaluation aims to:

- Assess the effectiveness of the operation and approaches taken, including a review of processes in place, identifying what works and for whom, finding out how wellbeing interventions work and why they work, including the support and the suitability of the interventions offered to meet the needs of the participants
- Identify and highlight good practice
- Calculate the value for money of the project, including the economic impact of the wellbeing outcomes resulting from the project
- Provide an assessment of the short- and longer-term impact of operation and identify any unintended consequences
- Review the Cross Cutting Themes approaches and monitoring of these
- Feed into the development of future policy development and projects.

1.9   In addition to the ADTRAC Monitoring and Evaluation Plan, this final evaluation is also guided by the evaluation questions laid out in the evaluation framework, presented in the inception report.

2.   Methodology and Limitations

2.0   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.

2.1   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

There are a large number of 16–24-year-olds NEET who face multiple barriers to entering the labour market. Support to overcome these barriers is not available elsewhere.	ADTRAC works to provide bespoke support for individuals, including employment advice, wellbeing support, and access to additional provision. Referral to BCUHB mental health support is a key component of the project.	Sustained work with the young people identified by ADTRAC will help to produce positive outcomes for individuals, overcoming their individual barriers to entering EET.	Overcoming barriers for individuals will help to reduce the number of 16–24-year-olds who are NEET in participating local authorities.

2.2   Based on this logic, an evaluation framework was developed, including both process and outcome and impact questions and subjective and objective indicators.

3. Project Context

3.0   The inception report provided an outline of the project context, including a review of relevant literature, Welsh Government employability initiatives and open access statistics. The majority of this material continues to be relevant, although the context of the project has changed, particularly due to the impact of COVID-19 and its associated economic disruption on North Wales. This chapter presents analysis of the how the context of the project has changed since the inception phase, with a particular focus on the impact of the COVID-19 pandemic on employment among young people in North Wales.

Changing Employment Context

3.1   From July to September 2020, 757,000 young people (aged 16-24) were classified as NEET (not in education, employment or training), representing 11 per cent of all young people in the UK (Office for National Statistics ONS, 2020).

3.2   Whilst NEET rates have been generally declining throughout the decade to 2017, there has been a slight increase in rates between 2018 and 2019. Concerns are already being raised about the impact that COVID-19 may have on these figures as a result of the anticipated economic slump as a result of the pandemic, however so far this has not been the case. The 2020 Quarter 3 estimates for both age groups drawn from the Annual Population Survey are amongst the lowest rates in the period since 2010. The likelihood is that the impact of this will become clearer as time goes on.

3.3   According to data from the Annual Population Survey, estimated NEET rates for the third quarter of 2020 (calculated using rolling four-quarter averages) show that across Wales, 7.8 per cent of 16-18-year-olds and 14.6 per cent of 19–24-year-olds were NEET in the third quarter of 2020.[6]

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[6] Source: 'Young people not in education, employment or training (NEET): October 2019 to September 2020' (Welsh Government Statistical Release). Data is drawn from the Annual Population Survey
https://gov.wales/young-people-not-education-employment-or-training-neet-october-2019-september-2020

3.4   However, NEET rates were higher in Wales than the UK-wide average for the third
        quarter of 2020 (Office for National Statistics, 2021). It is worth noting that the NEET
        rate for 19–24-year-olds in Quarter 3 was higher in Wales than in the other UK
        countries.

**Table 3.1 Percentage estimates of young people who are NEET by Age and UK Country[7]**

	16- to 18-year-olds		19- to 24-year-olds	
	2019 Q3	2020 Q3	2019 Q3	2020 Q3
Wales	8.6	7.8	15.5	14.6
England	7.7	6.4	14.1	13.8
Scotland	10.5	9.2	11.6	12.4
Northern Ireland	(!) 4.9	(!) 6.8	16.1	12.9
UK	7.9	6.7	14.0	13.7

Source: StatsWales Young People NEET April 2019-2020

3.5   There is also slight variation in these rates within Welsh regions, with the proportion
        of young people aged 16-24 who are NEET highest in North Wales (14.2 per cent)
        between Quarter 3 of 2018 and Quarter 3 of 2020, in contrast South East Wales has
        the lowest NEET rate in Wales for this period at 12.5 per cent.

3.6   Furthermore, comparing Quarter 3 in the periods 2016-2018, 2017-2019 and 2018-
        2020 (whereby an average for each period is calculated) demonstrates that the trends
        regarding the rate of young people who are NEET are not consistent across the three
        regions of Wales. Data collected at a regional level at the previous time of reporting
        (comparing Quarter 1 in the periods 2014-2016, 2015-2017 and 2016-2018) suggested
        that the decline in NEET rates was occurring across all regions across Wales. However,
        Quarter 3 estimates from 2016-2018, 2017-2019 and 2018-2020 suggest that whilst
        rates have remained fairly stable in Mid and South West Wales and appear to be
        declining in the South East, rates appear to have increased in this time period in North
        Wales. It is important to note that this information is not directly comparable as the
        estimations have been drawn from different quarters.

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[7] Source: Young People Not in Education Employment or Training (NEET), Year to 30 September 2020 (Welsh Government).
Figures are based on responses to the Annual Population Survey, (!) indicates values where the data is of low quality due to
the small number of responses.

Figure 3.1 Percentage of young people (16-24) NEET by region 2014-2018
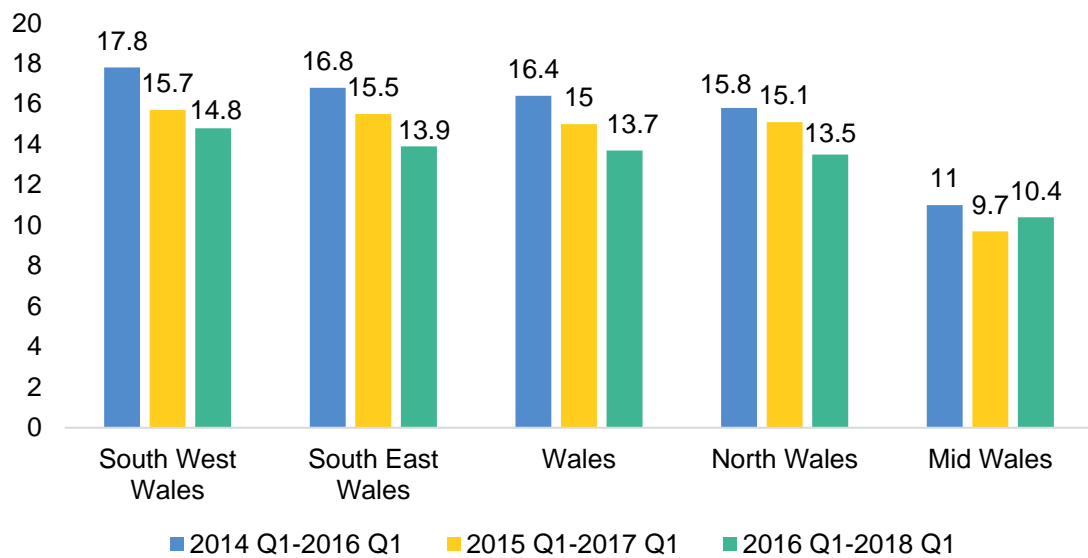
Source: StatsWales Young People NEET April 2017-2018

Table 3.2 Percentage of young people not in education, employment or training (NEET) in Wales by region[8]

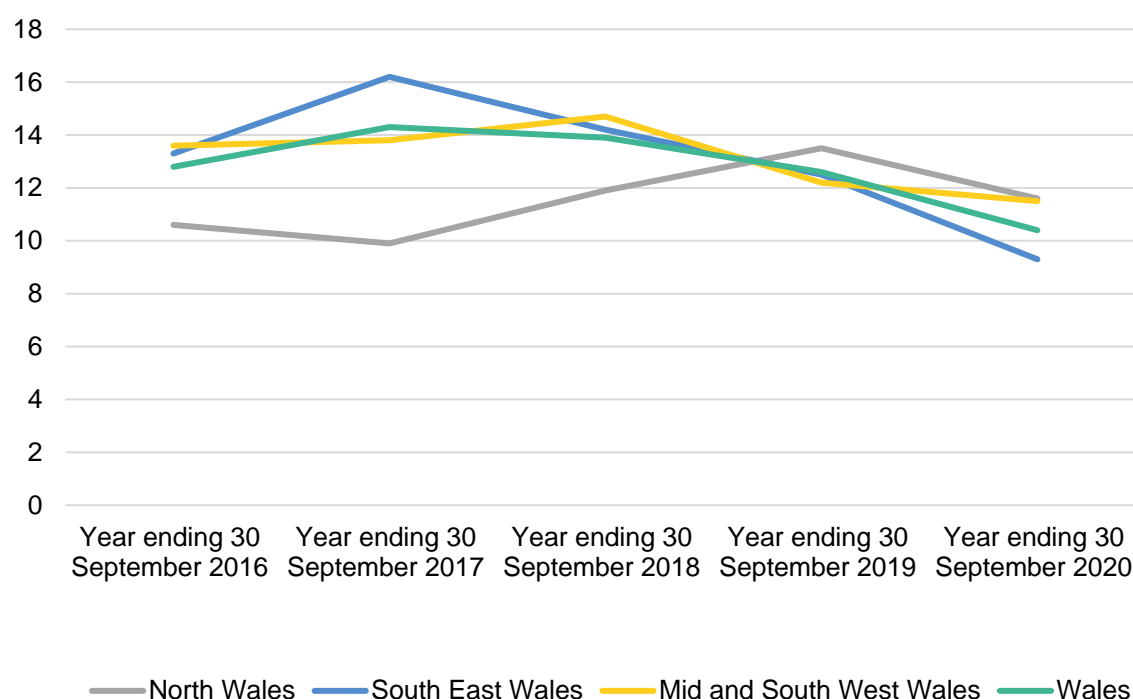| By Region (16-24)	2016/Q3 – 2018/Q3	2017/Q3 – 2019/Q3	2018/Q3 – 2020/Q3
North Wales	12.9	13.5	14.0
Mid and South West Wales	13.2	13.6	13.5
South East Wales	14.1	12.6	12.5
Wales	13.6	13.1	13.1

Source: StatsWales Young People NEET September 2020

3.7 These patterns mirror regional unemployment trends for persons aged between 16 and 24.[9]

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[8] Source: Young People Not in Education Employment or Training (NEET), Year to 30 September 2020 (Welsh Government). Figures are based on responses to the Annual Population Survey.
[9] Source: Employment rate by Welsh local area, year and gender, Statistics Wales
https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Employment/Persons-Employed/employmentrate-by-welshlocalarea-year-gender

**Figure 3.2: Unemployment rate by region 2014-2018[10]**

Note: Data estimates for North Wales and Mid and South Wales for Year Ending 30 September 2020 are based on approximately 25-40 survey responses and is therefore categorised as being of low quality.

Trends by Characteristics

3.8　　Figure 3.1 above shows a variation of NEET rates when disaggregated by age, with the overall highest NEET percentage rate at 16.4 per cent for 23-year-olds in 2019. Rates are lower for those in the 16-18 age-group, which could likely be attributed to school leavers who no longer are legally required to stay within education and training.

3.9　　Figure 3.2 shows that there has been a decline in NEET rates for both groups since 2010. The overall trend shows a decline from 12.7 per cent in 2010 to 8.4 per cent in 2019 for 16-18-year-olds and a similar decline from 22.3 per cent to 15 per cent for 19-24-year-olds. This decline mirrors an overall decline in unemployment rates, and likely is a result of improving economic conditions.

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[10] https://gov.wales/sites/default/files/statistics-and-research/2019-04/young-people-not-in-education-employment-or-training-neet-april-2017-to-march-2018_0.pdf

Figure 3.3: Percentage of young people in Wales who are NEET disaggregated by age group
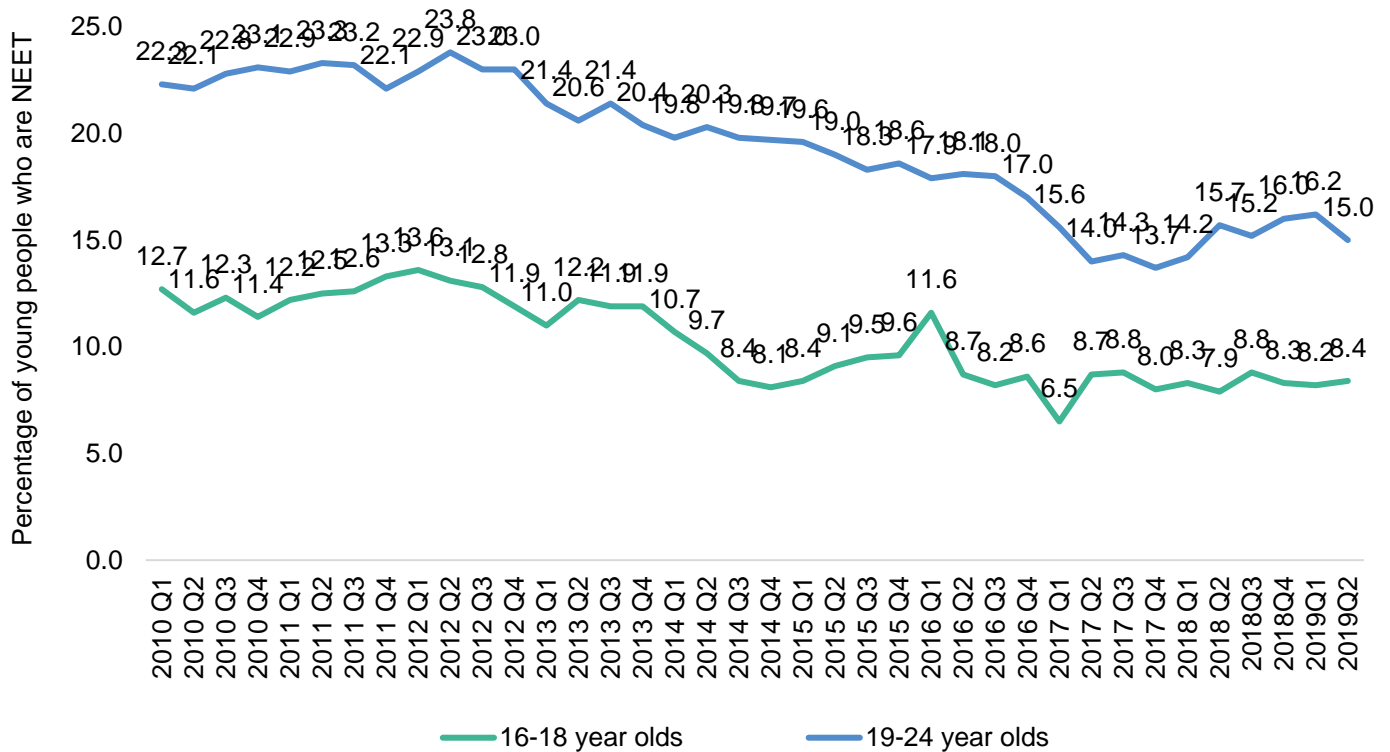
Source: Office for National Statistics

3.10   Similarly, the three period averages suggest that the change in NEET percentages is not consistent when broken down by age, numbers are either decreasing / stable for most ages, but the percentage of 20 and 21-year-olds who are NEET has increased over this period.

**Table 3.3 Percentage of young people not in education, employment or training (NEET) in Wales by age[11]**

Age	2016/Q3-2018/Q3	2017/Q3-2019/Q3	2018/Q3-2020/Q3
16	(!) 3.5	(!) 4.1	(!) 4.6
17	8.1	8.9	8.5
18	13.9	12.9	12.0
19	15.1	13.6	13.3
20	**14.2**	**15.1**	**15.6**
21	**15.6**	**15.8**	**16.2**
22	16.5	13.9	15.8
23	16.2	16.1	14.1
24	17.3	15.2	15.2

Source: StatsWales Young People NEET September 2020

3.11   There are a range of risk factors for young people becoming NEET, including low educational attainment at GCSE level, health problems, caring responsibilities, and challenging family circumstances (Powell, 2018). Statistics produced by the Office for National Statistics indicate that young people with disabilities or serious health conditions are more likely to be NEET than those who do not (Office for National Statistics ONS, 2020). Wales-wide NEET figures confirm this, which indicate that young people with a disability are more likely to be NEET than those without, a difference that is particularly pronounced within the 19-24 age bracket.

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[11] Source: Young People Not in Education Employment or Training (NEET), Year to 30 September 2020 (Welsh Government). Figures are based on responses to the Annual Population Survey, (!) indicates values where the data is of low quality due to the small number of responses.

Figure 3.4: Percentage of young people (16-24) with disability vs. those without a disability
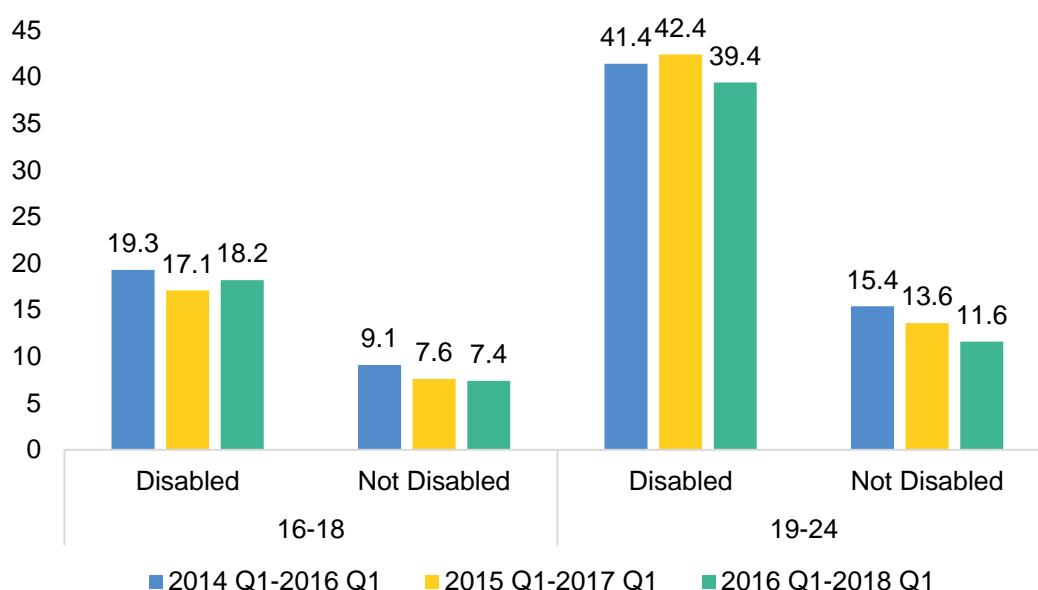
Source: Office for National Statistics

3.12   Data from the Pupil Level Annual School Census (PLASC) and the Lifelong Learning Wales Record also suggests that the likelihood of becoming NEET is impacted by gender. As noted in an OECD report on gender equality, young women are likely to "obtain more years of schooling than young men" but are less likely to engage in paid work.[12]

Table 3.4: Percentage of young people not in education, employment or training (NEET) in Wales by gender aged 16-18[13]

Gender	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NEET Males	13.7	14.4	12.8	12.2	11.7	11.9	12.9	10.9	11.5	12.2
NEET Females	9.3	9.9	9.1	9.1	9.8	9.4	8.2	9.6	9.6	10

Source: StatsWales Young People NEET September 2020

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[12] OECD (2017), The Pursuit of Gender Equality: An Uphill Battle, OECD Publishing Paris https://read.oecd-ilibrary.org/social-issues-migration-health/the-pursuit-of-gender-equality_9789264281318-en#page1
[13] Source: Young People Not in Education Employment or Training (NEET), Year to 30 September 2020 (Welsh Government). Figures are based on responses to the Annual Population Survey, (!) indicates values where the data is of low quality due to the small number of responses.

Table 3.5 Percentage of young people not in education, employment or training (NEET) in Wales by gender aged 19-24[14]

Gender	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NEET Males	22.1	19.4	21.5	19.3	18.2	16.3	17.9	14	16.5	15.2
NEET Females	23.8	25.2	24.6	22.8	22.9	21.8	19.1	16.3	15.4	16.3

Source: StatsWales Young People NEET September 2020

The Added Value of ADTRAC

3.13   All stakeholders perceived the added value of ADTRAC as stemming from the clear need for support for the hardest to reach young people in North Wales. Within this, stakeholders suggested that whilst other employability-centred support is available, the one-to-one mentoring, the mental health focus and specialist provision and the flexibility of approach to suit participant needs is distinctive to the ADTRAC approach,

> 'One-to-one mentoring is absolutely key to remove barriers. With mentoring, you can peel back layers, get to the bottom of what is going on with that young person's life. A lot of these participants wouldn't get support in this area without ADTRAC.' **(Stakeholder Interviewee)**

3.14   Stakeholders also commonly suggested that ADTRAC cohesively sits alongside other support for the target group in North Wales (6/9). ADTRAC is understood in this instance as fillings gaps in service models that existed prior to the programme and going one step further than other services are able to when considering the barriers some of the hardest to reach young people are facing. It was also suggested that ADTRAC has acted as a catalyst to improve partnerships between services contributing to Local Authority delivery of the objectives of the Youth Engagement and Progression Framework through improved systems of referral and data sharing.

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[14] Source: Young People Not in Education Employment or Training (NEET), Year to 30 September 2020 (Welsh Government). Figures are based on responses to the Annual Population Survey, (!) indicates values where the data is of low quality due to the small number of responses.

3.15   Five stakeholders interviewed in the final phase of this evaluation expressed concern in regard to next steps, suggesting that there will be a considerable gap in support provided to young people without ADTRAC. Three of said stakeholders described a noticeable gap in statutory service mental health provision prior to ADTRAC and expressed concern that this gap in provision will widen without the positive contribution of ADTRAC. One stakeholder said,

> '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. […] Its principles are absolutely crucial for that age group and bringing health into it has been absolutely critical. […] All the other projects are really jealous that the project has a mental health worker, as MH is a huge problem for people getting into work.' **(Stakeholder Interviewee)**

Views around project legacy and next steps are explored further in Section 6.

4. Process Evaluation

4.0   This section explores and assesses the processes involved in delivering ADTRAC. Please note that the process evaluation for this final report focusses particularly on the delivery process between 2020-2021 (i.e., through the Covid-19 pandemic). Further detail on delivery processes prior to the pandemic can also be found in the [ADTRAC Interim Report](#).

Participant Profile

4.1   Over the lifetime of ADTRAC (2017-2021), monitoring data shows that 1,178 young people have participated in the project. Of these, 1,174 participants had comprehensive records and this number is therefore used as a base figure for the majority of the analysis.

4.2   ADTRAC has achieved 81 per cent of its overall target for participant engagement, although this varied across local authority (see Table 4.1 below). Whilst engagement targets were not reached across any local authority, all joint beneficiaries increased their participant engagement by between 12-20 per cent since interim reporting last year. Considering the context, this engagement is positive, particularly in light of the difficulties presented by Covid-19 (explored further in Section 4.18).

Table 4.1 Participation targets by Local Authority (2017-2021)

Joint Beneficiary	Participation Target	Total Achieved	Proportion of Target Achieved Interim (%)	Proportion of Target Achieved Overall (%)
ADTRAC total	1451	1178	62%	81%
Anglesey	269	190	59%	71%
Gwynedd	301	276	63%	92%
Conwy	250	199	55%	80%
Denbighshire	307	212	51%	69%
Wrexham & Flintshire	324	298	77%	92%

Base: Participant Monitoring Data (n=1178**)**

4.3   Almost half of all ADTRAC participants were able to understand Welsh whilst approximately one third were able to speak, read and write in Welsh (as illustrated in Figure 4.1 below). This said, only six per cent of participants (75/1170) received ADTRAC provision in Welsh (four per cent; 41/1170 of which received all their ADTRAC provision in Welsh). The lack of take up of provision in Welsh will be explored further in Section 5.

Figure 4.1   Welsh Ability of Participants
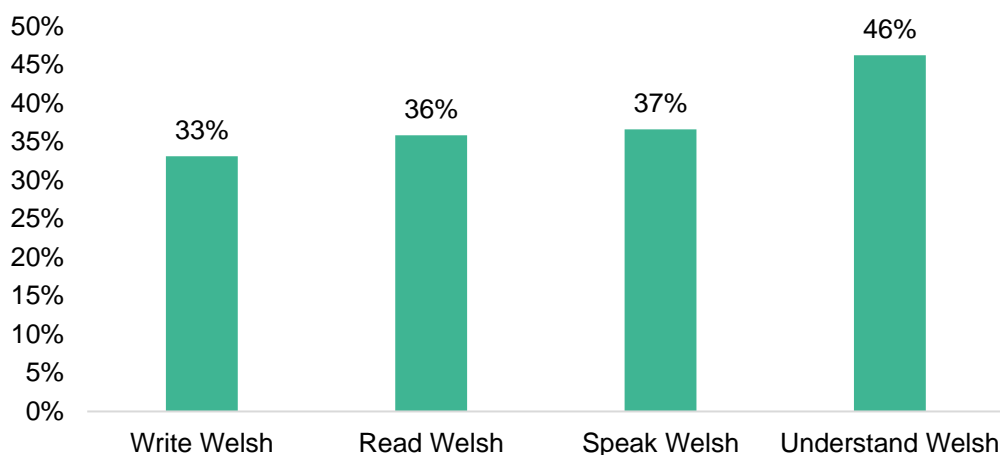
4.4   Table 4.2 below provides a breakdown of the participation of different demographic groups within ADTRAC, alongside the targets set by the operation. Whilst the project has surpassed its target for engagement in relation to participants who are Black, Asian, or Minority Ethnic and almost achieved its target for male participants, the number of female participants and participants with caring responsibilities remained lower (as identified in the ADTRAC Interim Report). Whilst previous reporting suggested that staff should focus efforts on engaging with more females with caring responsibilities, staff interviewed in the final phase of the evaluation highlighted that this was difficult in light of Covid-19 because of the strain placed on individuals with caring responsibilities and because they were reliant on the referrals they received. The project has also seen disproportionately high participation rates among individuals with a disability or work limiting health condition, who accounted for 28 per cent of the participant total.

Table 4.2 Participation targets and performance data, by demographic group

Participation group	Target	Target (%)	No. achieved	Percentage of target achieved
Total participants	1,451		1179	81%
Participants with a disability/work-limiting health condition	112	8%	331	296%
Participants who are Black, Asian, or Minority Ethnic	31	2%	34	110%
Participants with childcare/caring responsibilities	121	8%	74	61%
Male participants	721	50%	688	95%
Female participants	730	50%	487	67%

Base: Participant Monitoring Data (n=1178)

4.5 Most participants were long-term unemployed when they entered the support offered by ADTRAC (56 per cent of participants), and one third of participants came from a jobless household (33 per cent). This confirms that the majority of participants on ADTRAC are those furthest away from the labour-market and this is reiterated in the common barriers' participants have faced securing employment (see Table 4.3 below). Of all participants, 67 per cent (781/1174) also resided in an area of deprivation.
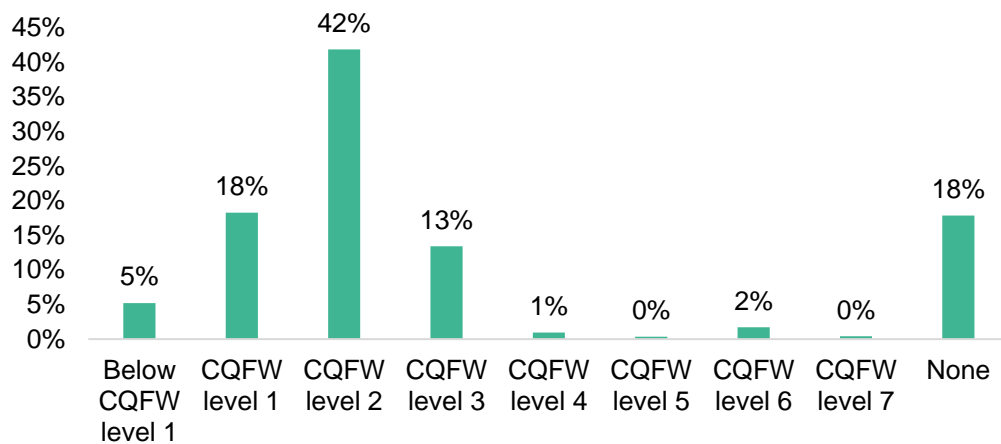
Table 4.3 Employment status at the start of the intervention

	Total Participants	Proportion of Participants (%)
Long-term unemployed	661	56%
Economically inactive (excluding full time education or training)	133	11%
Short-term unemployed	380	32%

Base: All participant monitoring data (n=1174)

4.6 On entry to ADTRAC, 83 per cent of participants had qualifications at CQFW level 2 or below (as illustrated in Figure 4.2 below). This includes 18 per cent of participants (209/1171) who possessed no qualifications. Many participants also reported negative past learning experiences (44 per cent; 517/1174). This again demonstrates that ADTRAC has frequently supported individuals most disengaged with education, employment and training, aligning with project aims but also emphasising that participants may have required intensive support from their ADTRAC advisor.
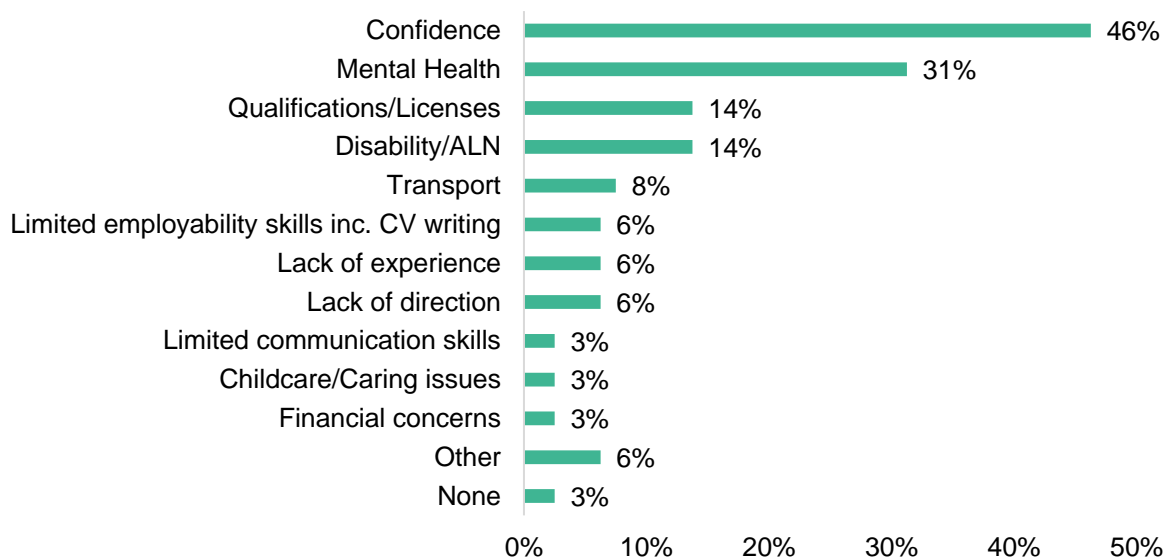
Figure 4.2 Existing qualification level on entry to ADTRAC

Below CQFW level 1: 5%
CQFW level 1: 18%
CQFW level 2: 42%
CQFW level 3: 13%
CQFW level 4: 1%
CQFW level 5: 0%
CQFW level 6: 2%
CQFW level 7: 0%
None: 18%

Base: All participant monitoring data (n=1174)

4.7   Considering the barriers faced by individuals supported through ADTRAC, interviewed participants most commonly identified confidence as a key barrier to their securing of employment, with almost a third also citing mental health concerns (see Figure 4.3. below). As will be explored further in Section 5, a considerable number of barriers could make it more difficult for young people to engage with ADTRAC and/or result in their involvement in the project being longer than anticipated.

Figure 4.3 Were there any barriers you felt were preventing you from entering employment, education or training?

Confidence: 46%
Mental Health: 31%
Qualifications/Licenses: 14%
Disability/ALN: 14%
Transport: 8%
Limited employability skills inc. CV writing: 6%
Lack of experience: 6%
Lack of direction: 6%
Limited communication skills: 3%
Childcare/Caring issues: 3%
Financial concerns: 3%
Other: 6%
None: 3%

Base: All participants to answer the question (n=80)

4.8   Comparably, when assessing the barriers faced by all ADTRAC participants, confidence is again one of the most common barriers identified (see Figure 4.4 below). The list of barriers identified across the sample highlights and confirms the range of barriers faced by ADTRAC participants. In particular, the range and frequency of barriers evidence the need for typical employability-related support (e.g., skill-building and reengagement in education) but also mental health and wellbeing support, with over half of the sample identified as having mental health concerns (60 per cent; 703/1174), 42 per cent socially isolated (498/1174) and 32 per cent identified as having welfare/wellbeing concerns (371/1174). This included participants who described 'anxiety leaving the house', and difficulties with panic attacks and social anxiety.

Figure 4.4 Barriers identified in Monitoring data

Barrier	Percentage
Lack of experience/employability	67%
Confidence	65%
Skills and qualifications	64%
Mental Health concerns	60%
Transport	56%
Difficulty engaging in EET	50%
Previous negative learning experiences	44%
Social isolation	42%
Literacy/Numeracy	34%
Learning disability or difficulty	33%
Welfare/Wellbeing concerns	32%
Communication Skills	27%
Anger management	21%
Financial/Debt	20%
Looked after child or care leaver	14%
Housing/Homelessness (risk)	14%
Physical Disability or poor Physical Health	13%
Substance abuse	11%
Ex Offender/YJS	11%
Domestic abuse	11%
Other barriers	10%
Ability to speak English/Welsh	9%
Carer or Lone Parent	7%
Childcare	5%
Pregnancy	1%
Migrant/Asylum seeker/ESOL	1%

Base: All participants in monitoring data (n=1174)

4.9 As identified in 4.6, ADTRAC participants frequently presented with multiple and complex barriers. Interviewed participants commonly cited a number of barriers which prevented them from entering employment. One participant said they found it difficult to find work because of,

> 'A lack of work experience as all the jobs asked for people who had at least 18 months experience. Also, lots of jobs asked for things like having a forklift licence which I didn't have. A lot of the jobs were quite far away and I don't have my own transport and there aren't many buses running where I live.' **(Participant Interviewee)**

4.10 On average, participants recorded 7.6 of the barriers detailed in Figure 4.4 at the point that they entered the project. This included relatively high numbers of participants presenting with complex issues such as homelessness or being at risk of homelessness (14 per cent; 159/1174), substance abuse (11 per cent; 133/1174), former engagement with the Youth Justice Service (11 per cent; 130/1174), or domestic abuse (11 per cent; 124/1174).

4.11 At a local level, barriers faced by participants are widespread and numerous, evidencing themes from qualitative interviews in Section 4.10. Table 4.4. illustrates that at least 99 per cent of all participants engaged across all local authorities had at least one barrier and that, on average, staff identified participants as facing at least five separate barriers. The range and prominence of said barriers suggest that there is an increasing need for support like ADTRAC i.e., that provides holistic, and wellbeing focussed assistance, providing further weight to stakeholder claims of the value of ADTRAC.

Table 4.4 Barriers identified in Monitoring data, by Local Authority

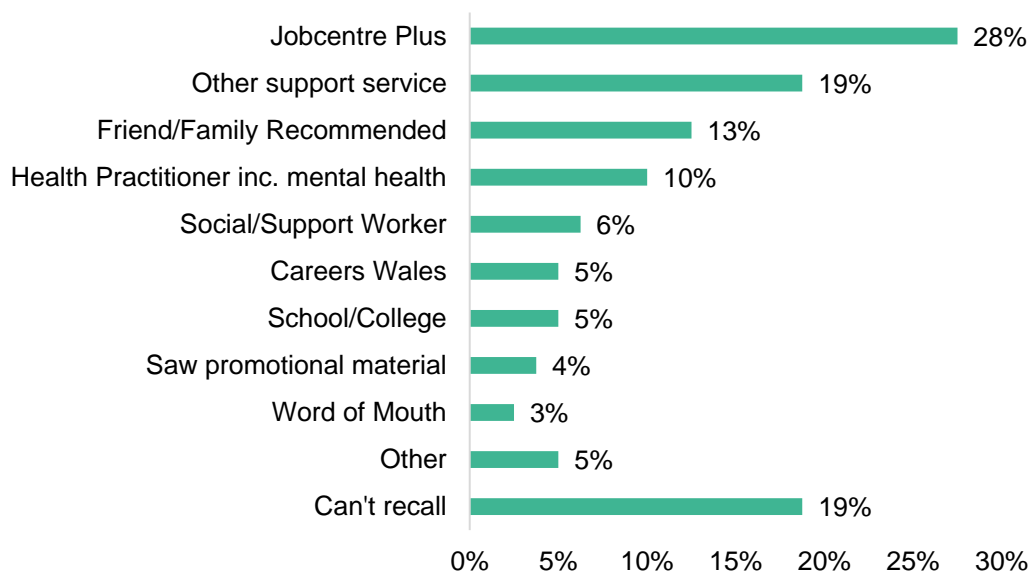| Local Authority	% that have at least one barrier	Average No barriers
Wrexham (N=152)	100%	9.01
Isle of Anglesey (N=190)	100%	8.29
Flintshire (N=55)	100%	7.85
Denbighshire (N=209)	100%	5.79
Conwy (N=199)	99%	7.03
Gwynedd (N=276)	99%	6.01

Base: All participants (n=1174)

4.12   As previously reported, a minority of strategic stakeholders and staff identified a risk of duplication between ADTRAC and some other projects being delivered within the area, including overlap with Communities for Work (CfW). Some staff reported that, as a result of funding stream constraints, there are some restrictions on where the projects can operate. This has posed more of a problem for some joint beneficiaries than others, depending on the number of Communities First postcodes within local authorities. Across the sample, 11 per cent of participants resided in a Communities First area. It should, however, also be considered that whilst there may be a risk of overlap, this is limited as a result of the different support on offer through ADTRAC and other employability programmes e.g., ADTRAC's bespoke mental health and wellbeing offer.

Participant Engagement

4.13   As illustrated in Figure 4.5. below, almost a third of interviewed participants engaged with ADTRAC via Jobcentre Plus (JCP). This aligns well with staff accounts in which JCP was one of the most consistent and frequent referral routes. The second most commonly identified referral route is 'other support services'. This option includes a number of smaller services such as housing associations and support for particular groups e.g., support for young carers. The range of support services identified, and the frequency of participants stating that these were their referral routes, again reiterates the wide range of needs of and circumstances faced by ADTRAC participants.

Figure 4.5 How did you get involved in ADTRAC?

Jobcentre Plus	28%
Other support service	19%
Friend/Family Recommended	13%
Health Practitioner inc. mental health	10%
Social/Support Worker	6%
Careers Wales	5%
School/College	5%
Saw promotional material	4%
Word of Mouth	3%
Other	5%
Can't recall	19%

Base: All participants to answer the question (n=81)

4.14   Whilst JCP is a consistently used referral method (referred to in project documentation as the DWP), as illustrated in Table 4.5 below, referral routes varied across local authorities. This ties in well with the flexible approach utilised in each local authority, the relationships already established and the differences in the other types of support available in each LA. In particular, stakeholders referenced steering groups and partnership boards (e.g., NEET Partnership boards) within their local authority which ensure that services and projects are aware of offers and where referrals can be directed. However, one view expressed by a minority of stakeholders was that current systems in which school leavers are referred directly to Careers Wales and subsequently Working Wales result in gaps in communication and support. In particular, staff suggested that it would work better to refer some school leavers and TRAC participants straight to ADTRAC,

> 'Any young person should be sent to ADTRAC, and I don't understand why they're not. Same with school leavers. They're currently directed to Careers Wales, and then Working Wales, so there is currently a breakdown in connection, when it could be really smart. […] I think of TRAC being in education but at risk of falling off the track, whereas I think of ADTRAC as for when you've fallen off the track. We don't get referrals from TRAC and I think we should.'
> **(Stakeholder Interviewee)**

It should however be acknowledged that this is the understanding of staff involved with ADTRAC and, as Working Wales is delivered by Careers Wales, individuals would not be referred in this way. It should also be considered that Working Wales is intended to be a 'one stop shop' for support to address the needs of the individual independently.

**Table 4.5 Participant Referrals, by Local Authority**

Type of Referral	Wrexham (N=204)	Flintshire (N=97)	Isle of Anglesey (N=190)	Denbighshire (N=209)	Conwy (N=198)	Gwynedd (N=276)
Department of Work and Pensions	21%	19%	40%	35%	32%	47%
Careers Wales	9%	39%	29%	11%	19%	18%
Local Authority	24%	10%	12%	19%	26%	9%
Other	8%	6%	1%	9%	10%	9%
BCUHB	12%	11%	6%	1%	3%	7%
Third Sector	1%	3%	6%	16%	0%	3%
Self-Referral	23%	5%	2%	9%	6%	2%
Further Education	2%	1%	0%	0%	0%	1%
Higher Education	0%	0%	0%	0%	0%	0%
Other ESF Project	1%	0%	0%	0%	0%	0%
YEPF Panel	0%	0%	3%	0%	4%	0%

Base: All participants in monitoring data (n=1174)

4.15 The vast majority of interviewed participants reported that engaging with ADTRAC was straightforward (96 per cent; 75/78). Where participants were positive, they described engagement as easy and quick and offered no suggestion for improvement. The few participants who were negative (four per cent; 3/78) suggested that their key worker, at times, was slow to respond and/or that they did not hear back from staff. Participants perceived that fluctuating response times occurred as a result of Covid-19.

4.16 To gain a greater understanding of participants aims and ambitions, participants were asked what they had hoped to achieve through their involvement with ADTRAC. As illustrated in Figure 4.6 below, almost half were hoping to secure a job whilst a fifth of participants said they would like to improve their confidence and communication skills, access courses and training and receive some assistance in identifying appropriate employment for themselves. Where participants wanted support identifying appropriate employment, they frequently described having a 'lack of

direction' or feeling 'lost'. Where this was the case, participants hoped that their ADTRAC advisor could help them figure out their next steps.

Figure 4.6 What were you hoping to gain through your involvement in ADTRAC?
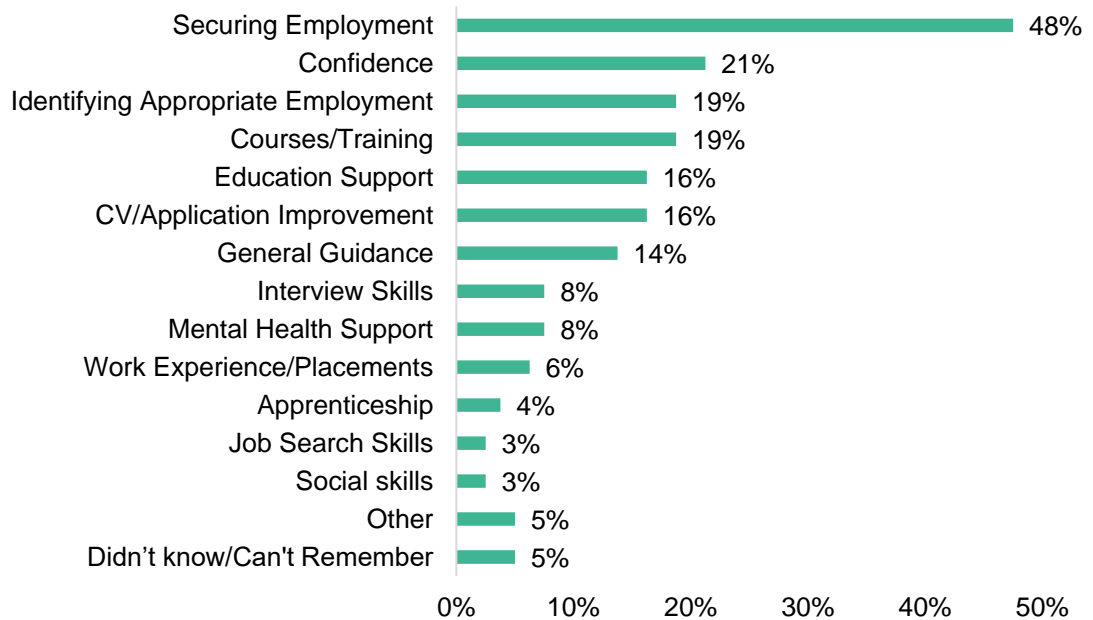
Base: All participants to answer the question (n=80)

Case Study, Wrexham

David got involved with ADTRAC through his social worker, at the time he was unemployed and struggling financially. He had previously received employability support through Careers Wales, and through Job Seekers, however he felt like his work with them was about ticking boxes, and that they didn't have his interests in mind.

He felt that ADTRAC were much more welcoming and that they were very helpful and supportive of what he wanted to do. One of his largest concerns when he engaged was his lack of direction about what he wanted to do with his life, and not knowing who can help him with that.

ADTRAC took the time with David to work out what he had gone through and what his next steps should be. David found that he had an interest in becoming a tree surgeon and ADTRAC helped him overcome what he saw as being the barriers in between him and that goal. ADTRAC helped him work towards his CSCS card which is essential for his desired line of work and also helped him undertake driving lessons too to help him travel about more freely which would be important to pursuing a career as a tree surgeon.

Having received support from ADTRAC, David is now employed as a tree surgeon and landscaper by a friend of his on a self-employed basis. On top of this, he feels that as a result of the support his life has more direction and that he has also been able to improve his confidence and his people skills.

4.17   Over two-fifths of participants (44 per cent; 35/80) received other support prior to ADTRAC. However, a third of said participants (34 per cent; 12/35) said that ADTRAC felt more bespoke than their other support, 23 per cent described staff on ADTRAC as more approachable and communicating better with participants (8/35) and four participants stated that ADTRAC was better because of the mental health support it provides. This supports staff and stakeholder convictions that considerable benefits are derived from of specific bespoke working from a multidisciplinary service which is designed to meet a wide variety of presenting needs, going further than other projects are able to.

The Impact of Covid-19

4.18   Previous reporting outlines the typical processes through which young people are referred onto ADTRAC. In light of Covid-19 and the subsequent government lockdowns, staff were asked in the final round of fieldwork to reflect how referral processes have changed over the past year. As anticipated, all staff identified a number of changes to how referral processes worked.

4.19   During the initial lockdown, most staff stated that their typical referral routes were not operating (10/12 staff). This is to be expected, as Jobcentre Plus was the most popular referral route and, as part of their pandemic response, JCP workloads were reprioritised to make room for pandemic-related support. However, rates of referral have varied across local authorities over the past year, with some staff identifying higher referral numbers (5/12) as a result of saturated labour markets whilst others have said their referrals decreased (6/12). Where staff highlighted a decrease in referrals, it was suggested that this was a result of typical referral route changes and/or because young people with severe barriers became harder to reach,

> '[Referrals have] reduced, ADTRAC supports the furthest to reach individuals so by nature they will have barriers, we have some who won't speak to us by telephone, these can't be supported by ADTRAC then as they need full participation.' **(Management and delivery staff interviewee)**

4.20   In a minority of cases (3/12), staff stated that whilst referral levels were initially impacted by the pandemic, this has improved over time as referral routes adapted to new ways of working and/or opened up again. It is important to highlight however that this was not the case for all local authorities. Two staff stated that referrals have continued to decrease since the beginning of the pandemic because the project was 'winding down' anyway. Figure 4.7 below demonstrates that there were considerably less referrals to ADTRAC in 2020 in comparison to previous years. It is therefore clear that the Covid-19 pandemic has impacted the number of referrals onto ADTRAC and should therefore be acknowledged when assessing project performance. Please note that referrals included here are only referrals that led to enrolment. Where referral did not lead to enrolment, this was typically because individuals were not suitable for ADTRAC intervention, were already based in Communities First areas and so could not

work with ADTRAC, were not eligible for support and/or could not provide the evidence required to enrol.

Figure 4.7   **Proportion of referrals onto ADTRAC, by year**
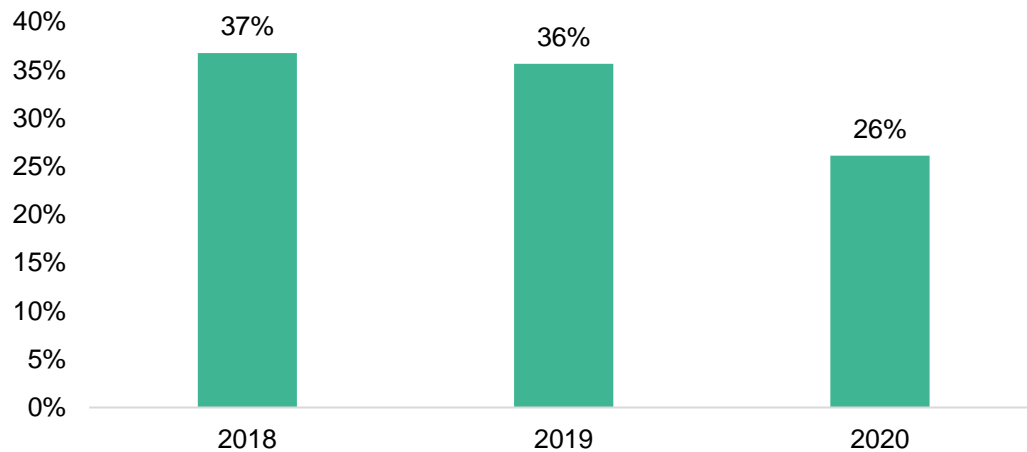
Base: All participants in monitoring data (n=1174). Please note that 2017 and 2021 have been excluded from this analysis as the proportion of referrals from these years currently total 1 per cent.[15]

4.21   Interviewed staff confirmed that all face-to-face delivery was suspended during the first and subsequent lockdowns. However, most staff were still able to provide participants with some capacity of support via phone call, text or through digital methods (14/17) although some group work and courses were cancelled or postponed (4/17). As a result of new methods of engagement, some staff described participants' engagement as fluctuating (6/17), in particular identifying an initial drop-off in the first lockdown (4/6). Staff generally acknowledged that participant engagement was harder as a result of the pandemic and shift in delivery methods. The exception to this, staff suggested, were cases where strong relationships had been built with participants prior to the pandemic (2/17). In these cases, staff suggested that a good foundation of trust had already been built and so participants were just as happy to engage with their ADTRAC advisor through alternative methods (that were not face-to-face).

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[15] Please note that analysis of Monitoring Information was undertaken in March 2021 therefore, any referrals made to ADTRAC past February 2021 were not included within this analysis.

4.22   Within the first lockdown, two staff members also described the support being provided to participants as shifting from typical ADTRAC support to wellbeing checks. In these cases, staff said that they were not able to provide support of the same quality online or via the phone and that it was more important, in this scenario, to make sure that participants were coping and had someone checking in on them.

4.23   Staff described Covid-19 as reinforcing and exacerbating some of the issues participants had already presented with, in particular identifying increased anxiety and isolation (7/17). One staff member said,

> 'The actual people we have on the project are people who have never stepped outside their homes. It has taken a long time for some of them to get on their journey, to get out, go to training and engage with their peer group and Covid knocked them back. A lot of them learned with practical hands-on experience and volunteering. So, when Covid came along, it closed everything down. We had to figure out a way of engaging with them. It was whichever way they wanted to maintain contact; we went with that.' **(Management and delivery staff interviewee)**

4.24   It is important to highlight however that some staff were able to resume some physical outdoor activities between lockdowns. This was described as having a positive impact on participants and ADTRAC advisors. Where staff were unable to resume outdoor activities, this was said to be a result of protocols within their local authority. It must therefore be assumed that protocols for outdoor activities at times of lockdown easing varied across the local authorities.

4.25   Considering the shift in delivery from face-to-face to digital, there is not a binary understanding of pre-Covid support being good and post-Covid support being insufficient. Instead, perceptions of digital delivery vary and are dependent on individual contexts and circumstances. For example, over half of staff interviewed suggested that digital engagement has been more effective than face-to-face delivery with some participants. Online delivery was here described as easier to engage with particularly where individuals have caring responsibilities and/or live somewhere remote (making travel to ADTRAC support difficult. Tying in with support that

promotes cross-cutting themes, one staff member described online engaging working particularly well with a group of young mums. They said,

> 'We did have a cohort of young mums, who, before the pandemic were difficult to engage with but then they engaged really well with the online training. Over the first few months quite a few [of the young mums] completed Level 2 certificated training e.g., food hygiene, customer care, first aid and paediatric first aid so they could go into childcare, health and safety.' **(Management and delivery staff interviewee)**

4.26 Alternatively, almost half of staff suggested that digital engagement is not as effective as traditional face-to-face ADTRAC support (7//17). Staff perceived digital engagement as less effective because they were unable to sensitively 'hand-hold' and interact with participants in the same way through virtual means. A minority of staff (5/17) also highlighted that some participants were less engaged and/or motivated to engage with their adviser during lockdowns and suggested that digital delivery is only effective if participants are able to access resources e.g., internet via phone, laptop or tablet which is not always the case. This suggests that whilst the holistic and face-to-face support is essential and innate to the value of ADTRAC, there may be some instances where digital delivery is preferable. Any future support should, when assessing participant needs, consider both digital and face-to-face options, offering a hybrid and blended model of support.

4.27 Overall, whilst traditional ADTRAC activities (e.g., face-to-face support) did not continue as they previously had for all participants during the pandemic, it should be acknowledged and applauded that delivery teams were able to adapt their services within a short period of time at the outset of Covid-19 restrictions. In some cases, this was understood by staff as pushing them to work more innovatively in a pressured environment and work closely with partners,

> 'I think from a service provision point of view we've had to adjust and be creative in our area. We've had to work with agencies to help with this. Yes you are working from home but we can still deliver a service, […] We have been told we are doing really well. It has impacted delivery but there are pros and cons to that.'
> **(Management and delivery staff interviewee)**

The Impact of Covid-19 on Participants

4.28   Staff frequently highlighted the impact they perceive Covid-19 as having on participants. As identified above, staff described mental health conditions, particularly anxiety and depression as worsening as a result of the pandemic alongside participant isolation, which was already a key concern prior to the pandemic. It was also suggested that whilst safeguarding has always been an important element of the support, it became harder for staff to ensure as they were concerned that they were not getting 'the whole picture' of what was going on in an individual's homelife through calls and texts.

4.29   Staff also indicated that the pandemic has been an additional 'setback' for participants and that it will be more difficult for them to get a job as a result of a saturated labour market. Within this, staff predicted that many individuals also looking for work will be those with higher skills and experience as a result of redundancies made through the pandemic. It was assumed that participants will find it harder to secure work and that this will have additional impact on their confidence and self-esteem. An additional concern raised was that sectors that participants traditionally go into, such as hospitality, are not viable now and so participants have very few opportunities to secure employment.

Case Study, Denbighshire

Overcoming barriers during COVID Lockdown to support an ADTRAC participant in securing a work placement in a spa or beauty salon.

Nia already held Level 2 and 3 qualifications in Beauty and Nail Services but wanted to gain further qualifications as she had been unsuccessful in applying for jobs in local health spas in the past as they required her to have massage qualifications. Nia also wanted to gain some relevant work experience to improve her C.V and to help her build confidence in the workplace.

Her ADTRAC mentor secured a massage course for her with Natural Touch Training who covered the North Wales area. The course was not able to commence straight away due to the first national lockdown but as restrictions were eased the training was able to go ahead. Nia was provided with all the necessary PPE equipment in order for her to attend the course safely. Transport to and from the training venue was also arranged due to public transport not being accessible from her rural location to the training venue. ADTRAC also provided her with a laptop so she could complete her online Anatomy and Physiology modules as part of her qualification. She passed the online assessments and practical assessment day for Swedish massage and is due to take a Hot Stones massage course, after this she will have all the necessary qualifications to enable her to apply for jobs in health spas.

Nia has recently applied for a vacancy in a local spa, she included with her application her updated CV with her newly gained qualifications and had an interview scheduled. The Employer Engagement Officer and ADTRAC mentor supported Nia with some preparation to help her feel more confident at the interview and she has also completed a three-day online course for Confidence and Empowerment with the Denbigh Workshop which she says has helped to increase her confidence.

Unfortunately, the interview was cancelled at the last minute due to Denbighshire entering a local lockdown. The employer has currently put their recruitment on hold but they have said they will contact Nia again once restrictions are eased so she can attend the interview then.

In the meantime, ADTRAC will continue to support Nia to focus on securing a work placement in a spa or beauty salon, looking for paid employment opportunities and to apply and prepare for interviews. Although some of Nia's goals were temporarily put on hold

4.30 As identified when exploring participant reactions to different delivery methods, staff suggested that, based on personal circumstance and context, participants all reacted differently to the pandemic, with some individuals becoming more engaged and some retreating from support. Moreover, whilst there have been systems and checks put in place to ensure participant wellbeing, the support has worked for some over the pandemic but not for others. In four cases, staff reflected that this was also the case for staff, with some able to work from home easily whilst others were not,

> 'I think it's gone one of three ways. Some people saw it as a kickstart opportunity and others saw it as an excuse and then some of them regressed. You couldn't associate that with a particular group or cohort, it's so individual. We have put mechanisms in place to support but their circumstances are all so different. That isn't just ADTRAC, it's everyone, even the most resilient people are struggling at times and that is okay. Those who didn't have the intervention [pre-Covid-19], I do worry whether they have the foundation to be resilient.'
> **(Management and delivery staff interviewee)**

Support provision

4.31 As illustrated in Figure 4.8 below, participants most commonly received support from ADTRAC for between three and six months (21 per cent; 157/739). However, over half of participants received support for over six months (55 per cent; 410/739) of which almost a quarter received support for a year or more (24 per cent; 178/739). Previous reporting highlighted concerns expressed by stakeholders in regard to how long participants received ADTRAC support for and how this did not align with the original business plan. Whilst these concerns remain apparent, it is important to emphasise that 60 per cent of participants engaged in ADTRAC (703/1174) had mental health concerns when entering ADTRAC, over half were long-term unemployed (56 per cent; 661/1174), 44 per cent had negative past learning experiences, 18 per cent possessed

no qualifications and, on average, participants were recorded as having 7.6 barriers at the point they engaged with ADTRAC. Whilst participants have largely received support for a longer duration than anticipated for in project design, the extent and severity of the barriers faced by ADTRAC participants need to be acknowledged as a key reason for this. Moreover, future programmes that look to help the hardest to reach individuals, should consider that this cohort may need longer support than determined at project design.

Figure 4.8: Length of time on project

Base: All applicable participants in monitoring data (n=739)
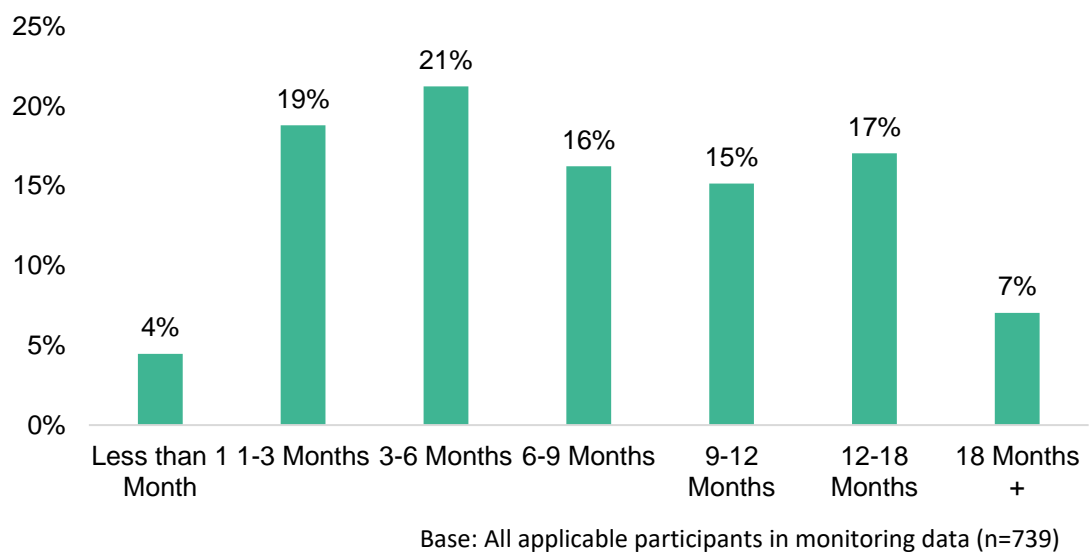
4.32   The vast majority of participants were very positive about the support they received from ADTRAC, with 89 per cent of participants (70/79) describing it as useful. Most frequently, participants highlighted the relationship with their ADTRAC advisor as a key positive factor (36 per cent; 25/70) within this describing staff as helpful, supportive and non-judgemental. It is particularly important to highlight that participants tended to describe their ADTRAC adviser as a 'confidante' and someone they could turn to,

'[It was a] really amazing service; my mentor has really gone above and beyond and has been a fantastic help and support to me.' **(Participant interviewee)**

'Really good and it is tailored to what is going on in your life. Some days when I was struggling, we didn't look at jobs or courses, we just chatted which was

exactly what I needed on days like that - they are not constantly pushing their agenda on you. Sometimes when I didn't want to do anything my support worker would come and walk my dog with me and just chat. They were super supportive of my needs and overall, the service is really, really good.'

(Participant interviewee)

4.33   Considering what worked well in ADTRAC support, participants also highlighted:

- The personalised and bespoke nature of support (11 per cent; 8/70),
- Employment advice as being directly personal and relevant to them (11 per cent; 8/70), and
- The mental health and wellbeing support (six per cent; 4/70).

4.34   In the very few cases where participants were negative (11 per cent; 9/79) this was predominantly the result of inconsistent communication with their advisor (5/9). All five participants said that staff stopped responding to them and four participants presumed this was a result of the pandemic. Whilst the pandemic posed a number of barriers and difficulties facilitating engagement, all participants engaged in ADTRAC should have been contacted by the appropriate staff member to ensure that participants did not feel 'let down' by the project. Two participants were also negative about ADTRAC because they required more mental health support than they had access to on the project. It should be considered, however, that participant reflections may not outline the full story, as mental health support is available on ADTRAC. Either way, future support should ensure that all participants are fully aware of the support available to them and, where participants stop engaging, staff follow up with said participants to ensure they are informed on all options available to them.

4.35   As highlighted in interim reporting, the local delivery teams were also 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 to support their own mental health and well-being. Whilst participants who require specialist mental health support were referred to the appropriate support, the Five Ways to Wellbeing were also embedded in local delivery to ensure that ADTRAC complied with best practice for mental well-being, as well as supporting those with mild to moderate health concerns. For more

detail on this approach and how it has been used in ADTRAC please see the ADTRAC Interim Report.

4.36   The vast majority of interviewed participants stated that they spoke about their wellbeing with their ADTRAC advisor (81 per cent; 63/78) and, for most, this was helpful (71 per cent; 45/63). As a result of wellbeing-centred conversations with their adviser, participants frequently identified being able to either directly receive support (42 per cent; 19/45), be signposted to other available services (29 per cent; 13/45) and discuss their lack of confidence and/or other soft skills (31 per cent; 14/45). In these instances, participants described ADTRAC advisors as their confidante who they could 'open up to'.

> 'Yes, I talked to them about my confidence issues, it was really nice to get it off my chest and just talking to someone who understood helped me.' **(Participant interviewee)**

Case Study, Denbighshire

Luke enrolled with ADTRAC in February 2019. He needed support with motivation and to increase his confidence. He left school in year 9 with no qualifications and very minimal work experience but knew that he wanted to have a job that was practical like tree surgery or farming one day. He was isolated due to living in a rural part of Denbighshire.

His ADTRAC Mentor worked at his pace to develop a tailored action plan and with support from the ADTRAC BCUHB Mental Health Practitioner he attended various Confidence and Assertiveness Courses.

Luke was accepted onto a work placement opportunity with Denbighshire's Countryside Services department which gave him an insight into coppicing trees, learning how to use various tools, introduction to health and safety awareness and working as part of a team. This led onto him attending a Coppice Craft Course at the Woodland Skills Centre in Bodfari and he also attended basic skills courses to improve his Maths, English and computer skills. ADTRAC supported with transport to enable Luke to get to various locations for training courses as he was living in a rural location, developing his CV and were able to purchase a laptop for him during lockdown so that he could complete online courses from home.

Initially Luke wanted to access employment however whilst with ADTRAC he realised that he enjoyed learning new skills so his goal changed to him attending full time college with his mentor's support he successfully applied for a Level 1 Land based industries course at Coleg Cambria and help in purchasing the equipment he needed for the course.

Luke's ADTRAC Mentor said:

''It's been a pleasure to support Luke. He has come such a long way in the time I have known him, from him not being confident enough to engage with me directly to having long telephone conversations about his goals for the future. I am so pleased we have reached the outcome of full-time education. I know he will do well and have the career he hopes for in the future.''

Luke said:

''I am so grateful for the help from ADTRAC. I am a different person now. I would not have the increased skills or confidence today if it was not for my mentor or the help of ADTRAC. I now have a routine and I am fully focussed on attending college to achieve my future goals.''

4.37   As has previously been identified, the inclusion of BCUHB within ADTRAC is seen by stakeholders as a key strength and providing value to the project (5/8). This was also highlighted within staff interviews where they identified that it provides a much-needed skillset that responds to the increasing demand for mental health services and supported staff to ensure they felt they were making the right decisions in regard to support. (8/17 staff and 3/8 stakeholders). One staff member also highlighted that whilst they were aware of the prevalence of mental health issues, the inclusion of BCUHB helped to evidence this and evidence the importance of this support,

> 'It is the mental health underlying needs that went fourfold to the original targets. It has demonstrated a real understanding of workers' understanding of mental health. Finance was thought to be the original presenting need but that commonly leads back to mental health. Something like anxiety compounds itself which causes financial instability, causing housing issues or substance misuse. It is a complex range of needs, people understand more about the presenting needs now, it usually comes back to mental health. It is a very sad achievement that ADTRAC has shown this but, in terms of public services and projects for the future, this is the main message.' **(Management and delivery staff interviewee)**

4.38   As identified in interim reporting, delays in BCUHB involvement were still perceived as a barrier to effective mental health and wellbeing support in a minority of cases (4/17). Whilst the shortened duration of BCUHB involvement was disappointing, most were still positive about the benefit and impact. Future support should however still consider how much lead in and implementation time is required, particularly when working in partnership with large organisations such as BCUHB who may not be able to progress agendas as quickly as others. Two staff members outlined examples of this where BCUHB were unable to provide staff who were able to speak Welsh. It is understood that whilst BCUHB have attempted to fill these vacancies, they have been unable to for the remaining duration of the project.

BCUHB Support

4.39   Of the 1,174 participants who engaged with ADTRAC, 437 (37 per cent) were referred to Betsi Cadwaladr (BCUHB).[16] Of cases referred to BCUHB, interventions were documented for 298 participants (68 per cent) and, as illustrated in Table 4.6 below, the direct intervention delivered to participants by the mental health practitioners tended to be more intensive one-to-one support. This highlights the importance of ADTRAC support, in particular it's mental health focus and the demand for this type of support, with 15 per cent all ADTRAC participants accessing one-to-one mental health support from BCUHB throughout project duration (180/1174). It should also be acknowledged that main priority within the mental health practitioner role has also been to work indirectly with participants by supporting the staff within the ADTRAC teams to recognise the importance of emotional health, well-being and resilience, increase knowledge and understanding and skills in how to work with emotional health issues, and recognise when referral on is needed.

Table 4.6 Documented BCUHB Interventions

BCUHB Intervention	Number of Interventions	Percentage
One-to-One	180	60%
No Action	40	13%
Wellbeing Support	49	16%
Light Touch	2	1%
Mentor Support	4	1%
Group Sessions	9	3%
Consultation	9	3%
Referral to Core Services	5	2%

Base: All applicable participants in monitoring data (n=298)

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[16] Please note that there were 253 blank responses to this question with monitoring data which the evaluation team have assumed mean that referrals were not requested in these instances.

Case Study, Conwy

Laura, before engaging with ADTRAC, was suffering from poor mental health, low self-esteem, and a lack of confidence which made her feel like she wasn't capable of getting a job. Her GP recommended that she should get in touch with ADTRAC and gave her the necessary contact details.

Laura called ADTRAC and within a week she received a home visit from both a member of their team and a mental health nurse. Laura found both of them to be very friendly and they took the time to explain to her what the different services that ADTRAC offered were and how they could benefit her. She appreciated the fact that there was no commitment she needed to make as she felt that this put less pressure on her to get involved.

On top of her sessions with the mental health nurse, Laura engaged with classes focussed on CV building, application advice, and where to look for jobs in her local area. It was also suggested to Laura that she should perhaps consider volunteering, which was something that she hadn't thought she could do before.

Laura began volunteering at her local council and has now gone on to secure a job, which she attributed to the CV and interview work she did through ADTRAC. From a mental health perspective she feels more confident and that her self-esteem is a lot higher than it was before, she also feels that her time with ADTRAC gave her purpose at a time when she was lacking on and allowed her to establish her routine.

The tailored support was a key part of the service for her, some days she was struggling and didn't feel like looking for jobs or courses to apply for. On those days she just needed to chat and that's exactly what ADTRAC were there to do for her when she needed it. On other days she didn't really want to do anything at all so her support worker would visit and come with her as she walked her dog. The supportive nature of ADTRAC and the team was clear to her and she didn't feel like she was part of an agenda but instead were interested in what she wanted to happen.

5. Outcome Evaluation – Outcomes for Individuals

Review of Monitoring Data

5.0   ADTRAC has supported a total of 1,178 participants between 2017-2021. Of this number 615 (52 per cent) have been exited from the project.

Table 5.1 Participant Status on Project

Status	Number of Participants	Proportion of Participants (%)
Active: Exited	615	52%
Active: Live	267	23%
Active: Re-engaged	4	0%
Active: Disengaged	289	25%
Total	**1175**	**100%**

Base: All participants in monitoring data with completed information (n=1175)

5.1   As illustrated in Table 5.2 below, of participants who have exited ADTRAC, 44 per cent of participants who exited had gained a qualification, 34 per cent entered employment and 24 per cent entered education and training. In addition to these hard outcomes, 70 per cent of exited participants achieved other positive outcomes, including soft outcomes[17].

5.2   When expressed as a total of all participants,18 per cent of all participants have entered employment, 23 per cent have gained a qualification, and 13 per cent have

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[17] 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 wellbeing
- Improvement in soft outcomes

entered education or training, whilst 37 per cent have achieved another positive outcome.

Table 5.2 Participant outcomes across those who have exited

Outcome	Number of participants	Proportion of exited participants
Entered employment	210	34%
Gained Qualification	271	44%
Entered Education/Training	147	24%
Other Positive Outcomes	430	70%

Base: All participants who have exited the project (n-615)

5.3 Overall, the operation has exceeded its outcome target for participants gaining other positive outcomes, with 430 participants achieving other positive outcomes against a target of 290. However, the operation has struggled to meet its initial targets for participants entering EET, as set out in Table 5.3.

5.4 It is likely that the operation's performance against these targets has been adversely impacted by the Covid-19 pandemic, which has created more challenging labour market circumstances, due to the closure of businesses, furloughing of staff and closure of some educational and training settings. This is evidenced in the UK Government's March 2021 Labour Force Survey statistical release which outlines that between October and December 2021, the percentage of NEET young people in the in the UK was approximately 11.6 per cent (equating to 797,000 young people), an increase of 0.6 per cent compared with the same time period in 2019 (an increase of approximately 34,000 young people).[18]

5.5 However, it should also be noted that at the Interim Evaluation stage, before the impacts of the pandemic could really be felt, delivery staff reported that targets were unlikely to be met due to complexity of barriers faced by participants. There was a feeling among some members of the delivery staff team that the participants entering ADTRAC had been much further from the labour market than Joint Beneficiaries had envisaged at the outset of the project. As previously stated, many of the participants

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[18] ONS, Labour Force Survey, 4th March 2021:
https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/bulletins/youngpeoplenotineducationemploymentortrainingneet/march2021

being supported presented with complex and multiple barriers that required long-term, intensive support before they would be ready to enter the labour market.

Table 5.3 Participant Outcomes & Targets

Criteria	Target no. of participants	Target no. of participants (prior to reprofile)	Performance to date	% of target a chieved to date
Total participants	1,451	1,651	1174	81%
NEET participants (16–24 years of age) gaining qualifications upon leaving	350	350	271	77%
NEET participants (16–24 years of age) in education/training upon leaving	270	280	147	54%
NEET participants (16–24 years of age) entering employment upon leaving	367	357	210	57%
Participants gaining other positive outcomes	290	330	430	148%

Base: All participants in monitoring data (n=1174)

5.6   There is considerable variation in the performance of different local authorities against the outcome targets set out at the beginning of the operation. As illustrated in Tables 5.4-5.6 below, out of all the local authorities and all three EET targets, Anglesey surpassed its qualification target and Wrexham and Flintshire surpassed their into education and training target, however, no other targets were met.

Table 5.4 NEET participants gaining qualification
upon leaving – targets and performance, by local authority

Local authority	Target	Total	Proportion of target achieved at interim %	Proportion of target achieved overall %
Anglesey	54	63	89%	117%
Gwynedd	84	63	49%	75%
Conwy	66	37	47%	56%
Denbighshire	62	31	29%	50%
Wrexham & Flintshire	84	77	74%	92%

Source: Participant Monitoring Data (base = 1174)

5.7   Whilst only Anglesey achieved its qualification outcome target, it is important to highlight that 17 per cent of all participants (196/1174) also gained a work relevant

certification as a result of their engagement with ADTRAC. It is important to recognise this achievement as it includes certifications which did not meet the qualification outcome criteria, however, may have been key for some individuals to get into work. A good example of this type of qualification is a Construction Skills Certification Scheme card (CSCS) without which individuals cannot work on a construction site.

5.8 Whilst no other targets were achieved, it should be acknowledged that the distance travelled has been substantial. This can be seen particularly in performance against the education and training target where Conwy and Denbighshire's proportion of target achieved has increased by approximately 20 per cent over the last year. Considering difficulties faced over the past year, in particular Covid-19, this distance travelled should be commended and suggests that, where online delivery has been necessary, education and training offers have still been viable to an extent.

Table 5.5 NEET participants in education/training
upon leaving – targets and performance, by local authority

Local authority	Target	Total	Proportion of target achieved at interim %	Proportion of target achieved overall %
Anglesey	46	15	22%	33%
Gwynedd	60	31	38%	52%
Conwy	56	23	21%	41%
Denbighshire	53	19	17%	36%
Wrexham & Flintshire	55	59	69%	107%

Base: Participant Monitoring Data (n= 1174)

5.9 For the most part, local authorities across the project have not met their EET targets. However, understanding of project performance should be considered within a wider context. The last year of ADTRAC occurred during an unprecedented global pandemic and therefore was unable to support participants through the mechanisms it traditionally would. Furthermore, there are other contextual factors which may have additionally impacted EET outcomes, for example the demographic characteristics within each local authority and, in some cases, delayed programme starts e.g., Anglesey began delivering ADTRAC in April 2018. This said, benefits and positive impacts were still identified and will be explored in more detail below.

Table 5.6 NEET participants in employment inc. self-employment upon leaving – targets and performance, by local authority[19]

Local authority	Target	Total	Proportion of target achieved at interim %	Proportion of target achieved overall %
Anglesey	54	27	35%	50%
Gwynedd	94	52	39%	55%
Conwy	66	43	35%	65%
Denbighshire	62	44	63%	71%
Wrexham & Flintshire	91	42	34%	46%

Base: Participant Monitoring Data (n= 1174)

5.10   As outlined in 5.2 and 5.3, across all participants engaged in ADTRAC, 37 per cent achieved a positive outcome but this rose to 70 per cent among participants who had exited ADTRAC. Most commonly participants recorded improvements in soft outcomes or emotional or mental wellbeing (see Table 5.7 below). Of participants who exited the support, 42 per cent recorded an improvement in their emotional and mental wellbeing. This is a particularly pertinent success of ADTRAC, considering the stakeholder identified gap in mental health support available through statutory services. Participants have also been supported to achieve outcomes that will help to improve their employability. For example, 60 participants completed a volunteering opportunity, 47 had completed a work experience placement, and 94 had achieved uncredited training.

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[19] It should be noted that, in some cases, there were delays in monitoring data reporting as monitoring officers were waiting for evidence of employment e.g., employment contracts. This may result in increased totals across Joint Beneficiaries which were not available for the final report.

Table 5.7 Other positive outcomes achieved by participants[20]

Other positive outcomes	Number of participants	Percentage of all participants
Achieving part-qualification	11	1%
Achieving unaccredited training	94	8%
Education/training of less than 16 hours	18	2%
Completing work experience placement	47	4%
Completing volunteering opportunity	60	5%
Employment/self-employment of less than 16 hours	23	2%
Entering employment on zero-hour contract	11	1%
Improvement in emotional/mental wellbeing	259	22%
Improvement in soft outcomes	339	29%
More than one qualification	117	10%
Entered into traineeship	17	1%
Any positive outcome	430	37%

Base: All participants monitoring data (n=1173)

5.11   As highlighted in Section 4, when first engaging with ADTRAC, participants commonly cited a number of barriers which prevented them from entering employment. On exit, participants experienced on average 2.8 barriers to entering EET, in comparison to 7.6 barriers reported on entry.[21] Analysis of matched pairs[22] similarly confirms that, on average, on entry to ADTRAC participants had 6.9 documented barriers and on exit, those same participants had an average of 2.5 barriers. This decrease in barriers was statistically significant and demonstrates that ADTRAC reduces the number of barriers to EET among participants. This clear decrease in barriers alongside the high proportion of positive outcomes secured by participants confirms the additional

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[20] As with employment outcomes, in some cases, there were delays in monitoring data reporting as monitoring officers were waiting for participants to be fully exited from the project. This may result in increased totals across Joint Beneficiaries which were not available for the final report.

[21] Please note that this includes all participants where the number of barriers were identified.

[22] Participants who provided both the number of barriers at entry and on exit of ADTRAC.

benefit provided to participants regardless of whether they secured EET outcomes or not.

5.12 Figure 5.1 below provides further detail of which barriers were most prominently overcome. On entry to the project, 65 per cent of participants report confidence as a barrier to their entry to EET. On exit this had fallen to 23 per cent. Additionally, the proportion of participants recording lack of experience/employability had fallen from 67 per cent to 28 per cent, and the proportion of participants who reported that they lacked skills and qualifications had fallen from 64 per cent to 25 per cent. As the most common barriers across the cohort, their considerable alleviation is a key success of the project.

Figure 5.1 Barriers to entering EET experienced by participants, on entry and exit
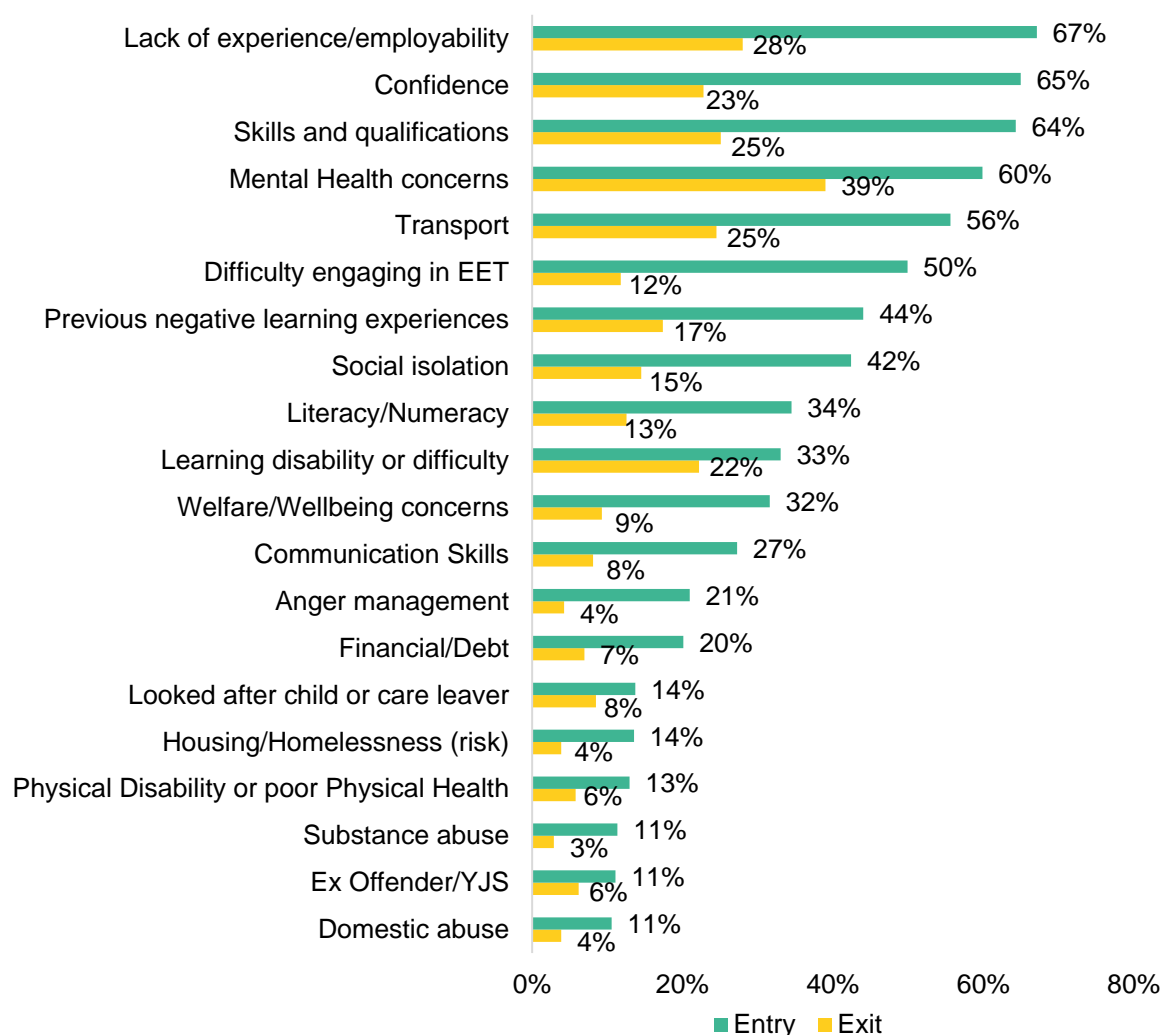
Base: All participants who have exited the project (n=615)

5.13   Considering the wellbeing and mental health focus of ADTRAC, it is important to highlight that wellbeing related barriers also reduced among the participants who exited ADTRAC. For example, the proportion of participants reporting social isolation as a barrier to EET fell from 42 per cent to 15 per cent. Additionally, the proportion of participants recording mental health concerns and welfare/wellbeing concerns as barriers to EET had fallen.

Changes to Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) Scores

5.14   Participant wellbeing was measured using the WEMWBS upon entering and exiting the project.[23]

5.15   The average participant wellbeing score for all participants upon entry was 43.2, upon exiting the project this score rose to 51. This increase 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, on entry to ADTRAC, participants' average wellbeing scores were markedly lower 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 wellbeing of participants.

5.16   In total, 83% of ADTRAC participants observed an increase in their wellbeing score upon exiting the support, in comparison to their entry score. An increase in participant wellbeing was positively correlated with participants entering EET. Whilst this is a slightly lower proportion of participants than was documented in the Interim evaluation report (87 per cent), this still accounts for over four fifths of participants and the impact of Covid-19 should be considered as a factor which may have negatively impacted participant wellbeing.

5.17   Across genders, disability status, employment status and participant identification of mental health as a barrier, improved wellbeing scores were found to be statistically

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[23] Guidance on interpreting WEMWBS scores: the WEMWBS contains 14 items related to positive wellbeing. 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 score a higher scale indicated higher wellbeing. More information on scoring and interpreting WEMWBS scores is available here.

significant. Whilst there is some variation between entry and exit scores across characteristics (as can be seen in Figure 5.8 below) significant improvement as a result of ADTRAC should be acknowledged and commended.

Table 5.8 Participant WEMWBS scores, by characteristic

Characteristic	Category	Entry WEMWBS	Exit WEBWBS
Gender	Male	44.4	54.4
	Female	39.4	49.3
Disability	Yes	38.7	48.7
	No	42.6	52.3
Employment Status at Intervention	Long-term unemployed	42.2	52.6
	Economically inactive	40.9	49.5
	Short-term unemployed	42.8	52.3
Mental health as a barrier	Yes	38.6	49.1
	No	48.3	56.2

Base: All participants who have exited the project (n=615)

Changes in Employability and Work Readiness

5.18   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.[24] The tool explores seven aspects of employability, each of which is scored from 1–10.

5.19   Upon entering the support, the average score achieved across all seven elements was 6.1. Upon exiting, the average score had risen to 7.5. This increase was statistically

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[24] More information on Work Star is available here.

significant, confirming that ADTRAC successfully improved participants skills and behaviours associated with employability. In total, 93% of participants who exited the support witnessed an increase in their Work Star score.

5.20   As illustrated in Figure 5.2 below, on average, participants' scores significantly improved across each element of the Work Star. The largest increases can be seen in 'aspiration and motivation' and 'job skills and experience.' Work Star scores improvements resonate with earlier suggestions that, when engaging with ADTRAC, participants wanted support identifying appropriate employment as they frequently described having a 'lack of direction' or feeling 'lost'. This suggests that that ADTRAC has responded to the needs of individuals. This will be explored further in participant perceptions of impact (from Section 5.24).

Figure 5.2 Participant Work Star scores, on entry and exit
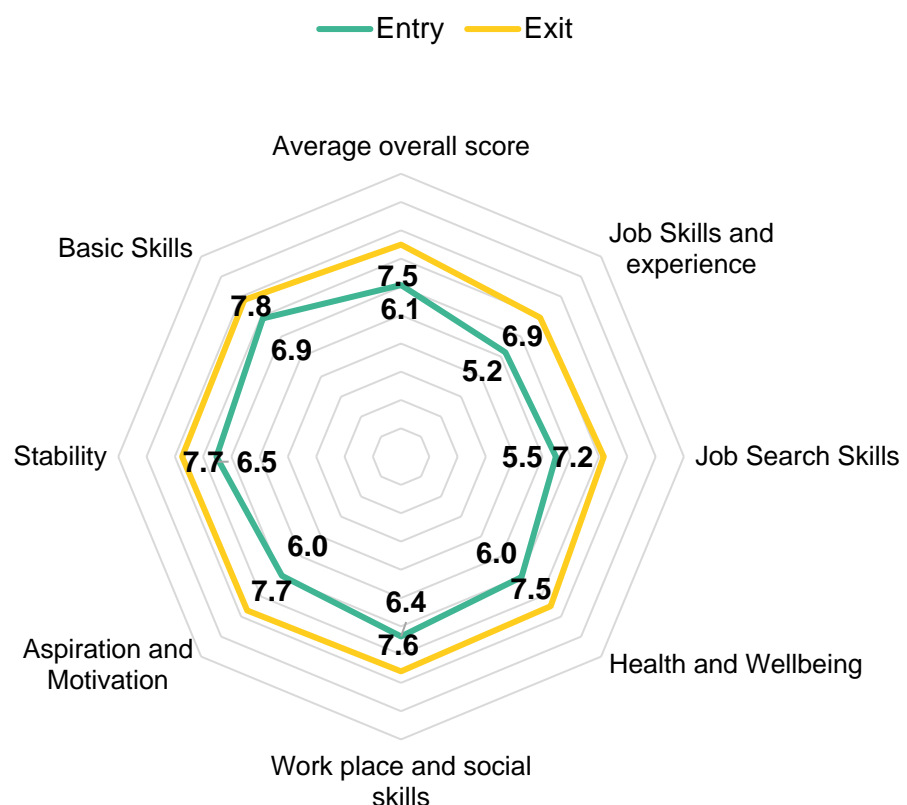
Base: All participants who have exited the project (n=615). Please note that the radar graph axis illustrates the 10-point scale of the work star.

Staff Perception of Impact

5.21   Staff generally perceived ADTRAC as performing well (9/15) and suggested that their ability to support participants' wellbeing alongside helping them to secure EET outcomes, particularly over the last year, should be acknowledged. Staff typically expressed good performance as hitting targets or hitting targets for a particular outcome. Six staff members said that they have performed well against their training targets whilst three staff said the same about their education targets. Employment outcomes were more of a concern for staff, with seven saying they have not met their targets. Although the employment target is typically the most difficult outcome to reach for young people furthest away from the labour market, this has been exacerbated over the past year (as a result of the Covid-19 pandemic) and the contraction of particular sectors such as hospitality and tourism. This has resulted in fewer opportunities for young people, disproportionately affecting those that are hardest to reach.

5.22   Reflecting on performance, seven staff members also suggested that project targets did not align with opportunities available in the local area, the cohort support and/or the barriers the cohort experience. Staff also suggested that, with the cohort of young people they are supporting, it needs to be acknowledged that it can take longer than anticipated to get them to an employment, education or training outcome. One staff member said,

> 'I think ADTRAC is a slow burner. It is not a quick win project; it hasn't been as successful as it could have been but [...] we didn't know how bad it was going to be and how many challenges young people were going to have. It has always been a huge problem. [...] On the face of it, we have not achieved what we set out to do but the quality is there and the barriers we have faced shouldn't be underestimated.' **(Management and delivery staff)**

5.23   As may be expected, when asked to consider if Covid-19 has had an impact on the performance of ADTRAC all staff who felt able to comment (13/17) said that it has. As identified above, most frequently staff said that it has become more difficult to find young people employment throughout the pandemic. This was because of the increased competition within the labour market (4/5) and because ADTRAC advisors

have not been able to provide participants with work experience or volunteering opportunities (3/5). Work experience and volunteering opportunities are understood to be used as 'steppingstones' which help participants to acclimatise to work environments. Four staff also suggested that it was harder to ensure young people would move on into college because the pandemic has 'disrupted that transition process'. Whilst throughout the pandemic it has been unfeasible to provide such opportunities, future support should consider how else staff could help participants to adjust to the next stage in their journey i.e., employment, training or education.
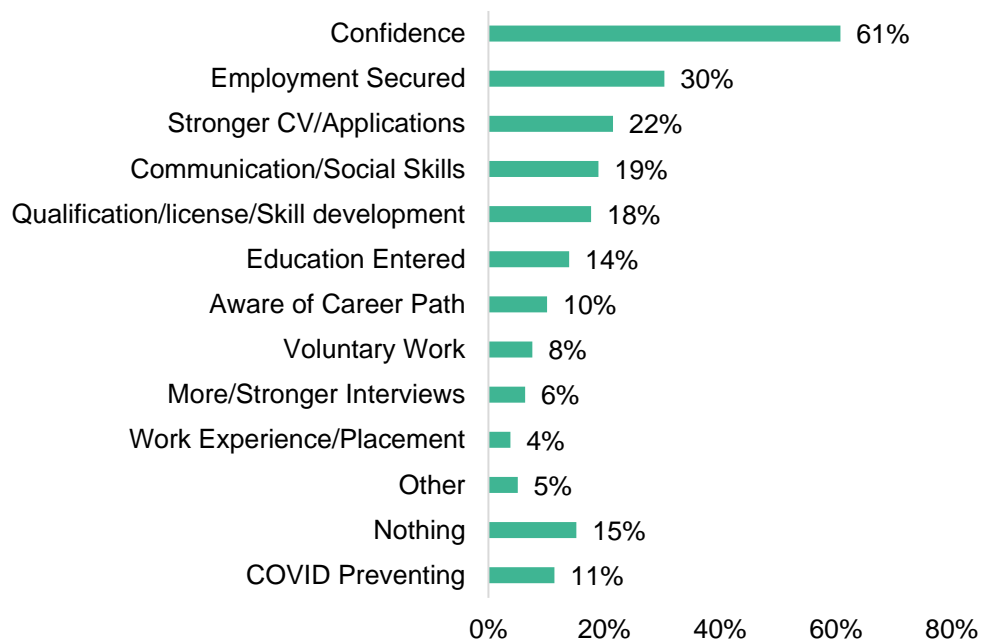
Participant Perception of Impact

5.24 The vast majority of participants (65/79) were able to identify a number of positive impacts which have occurred as a result of ADTRAC. As illustrated in Figure 5.3 below, participants typically identified a number of benefits, many of which were centred on their increase in confidence. It is important to highlight that even in cases where participants have not yet been able to secure an employment outcome, most seem positive about their personal development as a result of ADTRAC and feel better equipped for their next steps. Participants said,

> 'I'm still looking for work, but I now have a Forklift driving licence and because of this I have had more success with my CV and got more job interviews. I feel more confident, and I am able to talk better at job interviews. I have a better idea of what type of job I want to do.' **(Participant interviewee)**

> '[I am] more confident, I feel I can do more in that I have realised my own skills and what I am capable of, although I am finding it hard to find employment due to the pandemic.' **(Participant interviewee)**

5.25 It should therefore be considered, as will be explored in Section 7, that even where participants have not been successful in securing employment, their development of skills and confidence has moved them closer to the labour market as a result of ADTRAC support.

Figure 5.3 What is different about your life now you have been involved with ADTRAC?

Category	Percentage
Confidence	61%
Employment Secured	30%
Stronger CV/Applications	22%
Communication/Social Skills	19%
Qualification/license/Skill development	18%
Education Entered	14%
Aware of Career Path	10%
Voluntary Work	8%
More/Stronger Interviews	6%
Work Experience/Placement	4%
Other	5%
Nothing	15%
COVID Preventing	11%

Base: All participants to answer the question (n=79)

5.26   It is important to highlight that of the 14 participants whose lives have not changed as a result of ADTRAC, half suggested that this was because of other barriers or medical reasons, for example, three said their mental health concerns were preventing them from moving forward and two said they are pregnant and so unable to continue with ADTRAC currently. Of the remaining participants, three suggested that their contact with ADTRAC has been limited, particularly over the past year, whilst two had decided to move on without ADTRAC support and the remaining two participants stated that ADTRAC was unable to provide for their needs. As previously suggested, any future support should ensure that systems are in place in order to prevent participants from feeling 'forgotten about' and, where needs of an individual are severe, they should be signposted to the appropriate service. The barriers created by mental health concerns here also further evidence the importance and benefit of partnership working between a project such as ADTRAC and the NHS.

6.   Cross Cutting Themes

6.0   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 social exclusion; and

- The promotion of Welsh language.

6.1   ADTRAC also agreed the following case-level indicators for the operations.

Table 6.1 ADTRAC case-level CCT indicators

Cross-Cutting Themes	ADTRAC case-level CCT indicators
EO&GM	• Positive action measure – Young people • Positive action measure – Black, Asian, or Minority Ethnic people • 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	• Develop an Eco Code
TP&SE	• Community skill-building activity • Mentoring/advocacy activity • Volunteering schemes
CCT General	• CCT Champion

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

Equal Opportunities and Gender Mainstreaming

6.3 In relation to the CCT of Equal Opportunities and Gender Mainstreaming, the operation included the following case level indicators:

- Positive action measure – Young people
- Positive action measure – Black, Asian, or Minority Ethnic people
- 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.

6.4 To evidence these indicators the operation had set several targets in relation to participant demographics. The table below shows how the operation has performed against each of its targets.

Table 6.2 Participation targets and performance data, by demographic group

Participation group	Target	Target (%)	No. achieved	Percentage of target achieved
Total participants	1,451		1179	81%
Participants with a disability/work-limiting health condition	112	8%	331	296%
Participants who are Black, Asian, or Minority Ethnic /Migrants/ Minorities	31	2%	34	110%
Participants with childcare/caring responsibilities	121	8%	74	61%
Male participants	721	50%	688	95%
Female participants	730	50%	487	67%

Base: Participant Monitoring Data (n = 1179**)**

Positive Action – Disabled People

6.5 As illustrated in Table 6.2, the operation has exceeded targets in relation to participants with a disability or work-limiting health condition, and for participants

from a Black, Asian, or Minority Ethnic/Migrant/Minority background. Notably the operation engaged almost three times as many participants with a disability or work limiting health condition than set out within the targets.

6.6   Welsh Government guidance highlights that evidence of the Equal Opportunities CCT can include positive action measures to support disabled people (Welsh Government, 2019). There is considerable evidence of positive actions being taken by the operation in this area. For example, delivery staff reported how they had hired a British Sign Language (BSL) interpreter to support a participant with a hearing impairment and undertook BSL training to improve the support they offered to the participant. This was held to be distinct from other support the participant had previously received, where they had been unable to access an interpreter. Some staff worked with individuals with learning disabilities who were previously undiagnosed and supported them to access diagnosis to ensure the right support was in place. Staff also attended training to provide support to participants with specific disabilities. For example, staff from Anglesey undertook buccal training to support a young person with severe epilepsy. There was also evidence that staff worked to broker relationships between training providers and participants with disabilities. Another feature of positive action was the way that staff encouraged participants to talk about disability. Delivery staff asked participants if they self-identified with having a disability, this promoted open conversations about disability which could help to shape the support the young person accessed.

6.7   To support disabled participants the operation has also taken positive action on disability access group engagement, through a Disability Network led by Betsi Cadwaladr University Health Board BCUHB which facilitated pathways and discussion forums for disabled participants. Flintshire and Wrexham reported that young people with disabilities and additional learning needs were attending an ADTRAC group session once a week. Denbighshire also brought guest speakers into its Keep on Track sessions to provide an autism awareness session, with a certificate available to participants on completion of a quiz.

6.8   Below a short case study is provided highlighting how ADTRAC has supported a participant with a disability:

Case Study, Gwynedd

Over the last 12 months, the ADTRAC project has been supporting J who identifies herself as having a disability. J is socially isolated and has difficulties using some modes of Public Transport due to her disability.

The ADTRAC project supported J to access activities and opportunities around the 5 Ways to Wellbeing to help J improve her wellbeing, have some purpose and routine to her daily living and to meet other young people. J has engaged and taken part in a number of activities with ADTRAC promoting access to the activities through arranging and funding taxis and ensuring that activities are held at venues that provide equal access. J was supported to attend a six-week personal development programme that used creative mediums to explore personal identity, labelling and stereotyping. Through this J completed a L3 Personal Development Qualification.

J's medium-term ambition was to attend college, and ADTRAC supported her to achieve this aim by discussing and advocating on her behalf with the local college and Adult Social Services. This included supporting J to access reasonable adjustments that would enable her to access full time education.

Positive action – Black, Asian, or Minority Ethnic people

6.9   Throughout the lifetime of ADTRAC (2017-2021) the project has exceeded targets for inclusion of participants from Black, Asian, or Minority Ethnic/Minority/Migrant backgrounds. As illustrated in Table 6.3 below, this success can also be seen across all but one joint beneficiary area. Success in achieving this target appears related to different population characteristics within each area, with some delivery staff noting that the area that they were working in had very small Black, Asian, or Minority Ethnic/Minority/Migrant populations.

Table 6.3 Black, Asian, or Minority Ethnic participant engagement, by Local Authority

Local Authority	Target	Total	Total
ADTRAC	31	34	110%
Isle of Anglesey	3	5	167%
Gwynedd	14	7	50%
Conwy	6	6	100%
Denbighshire	3	4	133%
Flintshire & Wrexham	6	12	200%

Base: Participant Monitoring Data (n = 1179**)**

6.10   There was also evidence of positive actions to promote inclusion of Black, Asian, or Minority Ethnic /Minority/Migrant populations. For example, Denbighshire, Wrexham and Flintshire included different ethnicities within marketing materials to ensure that the programme is promoted as being open to all. Additionally, delivery staff reported engaging with traveller communities, Black, Asian, or Minority Ethnic community organisations and a Syrian refugee organisation to raise awareness of ADTRAC. However, this work doesn't appear to have generated significant referrals into the project. BCUHB have also taken positive action to support Black, Asian, or Minority Ethnic participants by joining the Anti-Racism, Anti-Discrimination and Cultural Competence Committee to improve accessibility to its services among Black, Asian, or Minority Ethnic people. During the Covid-19 pandemic, BCUHB have also promoted the BAME Helpline Wales, which was set up to respond to an increase in demand for support from Black, Asian, or Minority Ethnic communities impacted by the pandemic.

Positive action – Women & Carers

6.11   As identified within interim reporting, the operation has faced greater challenges meeting the targets in relation to female participants and participants with childcare or other caring responsibilities.

6.12   However, ADTRAC did put in place support to try and facilitate the involvement of participants with childcare responsibilities. For example, project staff detailed that they arranged childcare and nursery places to facilitate the engagement of parents. This support was in place to free parents up to be able to attend qualifications and to gain work experience. Ahead of the UK lockdown, ADTRAC staff were also facilitating parent peer groups to provide a space for participants with childcare responsibilities to discuss parenting and seeking employment. One staff member noted that this had led to the group becoming a 'mutual support group', and some of the participants have supported each other to enter courses together and take steps into further education. However, some project staff noted that whilst they had put significant work into setting up childcare, take up was relatively low, which seemed to be reflective of a preference from some parents to be at home with their children. For some of these participants, online/remote training has been preferred as it enables them to stay with their children. This has been an unintended benefit of how Covid-19 has affected project delivery, as it provides greater flexibility for some parents to engage with the support ADTRAC offers them.

6.13   When it came to individuals with other caring responsibilities, for example those acting as an unpaid carer for an adult relative, the project tried to support them to tackle barriers they were facing and supported them to ensure they were accessing the benefits available to them. Staff from Gwynedd indicated that they had been in regular contact with the young carers department to identify ways they could support these young people. However, in some areas staff reported challenges engaging these young people, as some of the young people felt they were unable to enter EET due to the need to be at home providing care.

6.14   The operation set a target for males and females to each make up 50 per cent of the participant group. However, females were underrepresented among the achieved total of participants, accounting for 41 per cent of participants, whilst 59 per cent of

participants were male. Within interviews, some delivery staff highlighted that the operation has seen a higher volume of male participants and noted that they had struggled to get more female participants despite efforts to promote it. Delivery staff have however taken steps to improve female participant numbers, for example, Denbighshire has written new promotional materials that they hoped would connect better with a female audience. Some staff indicated that this was an area of the project they felt limited to influence, as participants were referred into ADTRAC from other sources:

> 'This is the one we can't do anything about, we get the referrals we get, we couldn't do anything to up the profile.' **(Project Staff Interviews)**

Case Study, Gwynedd

James is a carer for a member of his family which he saw as a major barrier for him entering employment, as well as his lack of experience in a workplace. The Carer's Trust recommended that James should engage with ADTRAC so that he could address what he thought were the barriers preventing him from entering employment. Following on from his referral James felt the process was very straightforward, ADTRAC staff met with him the week after his referral, and they progressed from there. He felt that the staff were very good at remembering him and what his skills base was, making the service seem more personal and bespoke.

ADTRAC enrolled James onto a college course that focussed on preparing people for work. The course covered aspects of securing employment such as: how to look for work, how to write a CV, how to be successful in interviews, as well as other tips. The course also involved local employers coming in and talking about what they do. James believed that this course is what ultimately helped him to prepare for work and to secure employment.

In addition to the course, ADTRAC helped James realise that his role as a carer was something that could help him in finding a job rather than being a barrier to work. He became aware that some of the things that he has been doing as part of his caring responsibilities also translate into skills that can be utilised in the workplace.

James now has a job and generally feels more confident. He feels that before ATRAC he was selling himself short because of his caring responsibilities, whereas in reality he now knows it has given him lots of skills that make him really useful to employers. James sees ADTRAC as something that can really help people who are struggling to secure work, or even just improving their CV.

Occupational segregation activity

6.15   In addition to participant targets in relation to gender, the operation has objectives around gender mainstreaming. Activities to promote mainstreaming are about 'innovation, flexibility, learning and acceptance of new norms' (OECD, 2014). As a result, the term 'gender mainstreaming' relates to activities that promote gender inclusion across the operation. When asked how ADTRAC had been meeting this cross-cutting theme, some staff indicated that there was not necessarily a different approach taken to supporting male or female participants, as the support was 'person-centred', however there was evidence that delivery staff have taken positive actions to promote gender mainstreaming activity.

6.16   Welsh Government guidance on Cross Cutting Themes indicates that gender mainstreaming activity could include actions such as activities which challenge occupational segregation and supporting female participation in STEM (Welsh Government, 2019). There is evidence that the project has supported individuals to enter occupations that go against gendered stereotypes and therefore contributing to a culture of normalising or 'mainstreaming'. For example, one member of the delivery staff team reported that they ran training on how to approach stereotypes of gender within occupations and worked with participants to support them to enter non-traditional occupations. Within this, they supported female participants who wanted to attend courses relating to traditionally male dominated fields, such as STEM, computer coding and construction, and likewise supported male participants who were interested in entering more female dominated occupations such as care. Joint beneficiaries submitted the following evidence of female participants being supported to enter traditionally male dominated fields:

- A female participant had been supported to apply for and participate in interviews for joining the Navy.
- A female participant had successfully applied to an Engineering Level 2 course.
- A female participant had been supported to attend a laminate flooring course.
- A female participant had been enrolled onto a mechanics course at a local college.
- A female participant had exited into work as an apprentice fire-fighter.

6.17   Delivery staff had also arranged talks from individuals who were working in non-traditional occupations, for example they had invited a female fire-fighter, and a female engineer in to give talks. However, this work appeared to be more about supporting young people to meet their objectives, rather than influencing them to specifically make choices that confounded gendered assumptions:

> 'We had quite a few females who wanted traditionally male jobs and vice versa. They were in the driving seats of their plans.' **(Project Staff Interviews)**

Positive Action – Other (barrier fund)

6.18   The operation also includes a case level indicator relating to supporting other (barrier fund). Joint Beneficiaries used the barrier fund to deliver the following positive actions to promote equal opportunities:

- Funding transport for participants to access college or work experience placements,
- Funding computers for participants to enable them to access online training courses,
- Funding interview clothes for participants,
- Covering costs of passports and other forms of ID required for opening bank accounts, interviews and to commence employment,
- Supporting participants to buy PPE to enable them to access practical courses, for example Denbighshire had helped a participant to purchase the PPE required for him to undertake a chainsaw course,
- Flintshire and Wrexham has liaised with Action for Children to support young people leaving care to access finances for college equipment.

Promotion of the Welsh Language

6.19   As part of the CCT of Equal Opportunities the operation included a case level indicator to actively support speakers of the Welsh Language.

6.20   Upon joining ADTRAC participants were able to provide a preferred language of communication, and 12 per cent indicated that Welsh was their preferred language, compared to 88 per cent of participants who preferred to communicate in English. Despite this, however, a greater proportion of participants (37 per cent) reported that they could speak Welsh. A total of 94 participants (8 per cent) received ADTRAC provision in Welsh.

6.21   The demand for Welsh language provision differed across the regions involved in the delivery of ADTRAC (as illustrated in Table 6.4). For example, some delivery staff reported that they had not encountered any participants who wanted to receive support in Welsh, and some had encountered only 'one or two' participants who requested this provision.

Table 6.4 Participants who received provision in Welsh, by local authority

Local Authority	No	Yes - fully	Yes - partially
Wrexham (N=204)	97%	0%	0%
Flintshire (N=97)	98%	0%	0%
Isle of Anglesey (N=190)	90%	5%	5%
Denbighshire (N=209)	100%	0%	0%
Conwy (N=199)	98%	0%	2%
Gwynedd (N=276)	74%	19%	8%

Base: Participant Monitoring Data (n = 1167**)**

6.22   Reflecting the person-centred approach of ADTRAC, delivery staff reported that language use came down to participant 'choice', and that they were equipped to deliver bilingually where desired. Delivery staff typically suggested that they were unsure why Welsh-speaking participants chose not to receive provision in Welsh, except in one case where a staff member perceived Welsh-speaking participants as confident when speaking Welsh but lacking confidence reading and writing in Welsh.

6.23   Despite take up of the Welsh language appearing low in some areas, it was clear that the delivery team put in place a range of actions to support use of the Welsh language. This included:

- Access to bilingual mentors,
- Bilingual delivery requested in all tender specifications and bilingual contract documentation,
- Welsh speaking mentor providing support during courses / activities when provision was not available in Welsh (e.g. SIA security courses) and to support non-Welsh speaking BCUHB practitioner during 1:1 sessions and wellbeing hub sessions,
- Providing documentation in both English and Welsh - this included project forms and participant literature, such as the 'Get Help with Wellbeing' pamphlet put together by the delivery team,
- Translating standardised wellbeing and mental health tools into Welsh, such as the WEMWBS scale,
- Including courses that could be delivered in Welsh on the provider database,
- Providing Welsh language taster sessions,
- Promoting use of the Welsh language through initiatives such as 'word of the day' to help build up language confidence, and
- ADTRAC staff had explored opportunities to link up employers with Welsh speaking participants, with a view to increasing the use of Welsh in the workplace.

6.24   The translation of standardised wellbeing tools such as WEMWBS demonstrate added value delivered against this CCT. ADTRAC worked alongside LLAIS and the NWORTH Trials Unit to establish a Welsh language version of the WEMWBS tool. Further detail on this process is included in a case study document appended to this report (Annex A). This work will have lasting impact in relation to the promotion of the Welsh language as it provides a lasting resource that practitioners and researchers can use with Welsh speakers to evaluate their wellbeing.

Sustainable Development

6.25   Sustainable development includes 'retaining people to live and work in Wales, as well as providing the quality of life for Welsh residents' (Welsh Government, 2016).

6.26   ADTRAC addresses the sustainable development CCT through the following indicators:

- Promoting environmental awareness and good practice in the implementation of activity

- Integrating sustainable development into operations undertaking awareness raising, education and training programmes, and

- Recognising and promoting health and wellbeing as one of the corner stones of a healthy, vibrant economy.

6.27   In line with the first of these indicators to promote environmental awareness, 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.

6.28   There was evidence that ADTRAC had integrated sustainable development within awareness raising, education and training. For example, delivery staff supported participants to take part in positive action on the environment. Participants from ADTRAC East took part in a beach clean project to reduce waste entering the oceans, promoting sustainable thinking among participants. Delivery staff from Flintshire and Wrexham have also incorporated discussions about environmental sustainability into their online cooking sessions. These conversations were shaped around plastic use and recycling, and the delivery helped participants to think about the positive actions they could take to reduce their plastic use. Denbighshire also included an environmental month within its social media campaign with a focus on energy saving. In addition to this, Denbighshire supported participants to attend an eight-week woodland skills course. In Anglesey this was also evidenced through their training

programme in which mentors arranged for participants to attend Wild Elements projects through which they helped to create a garden for senior citizens, clean up and garden at the Ucheldre Arts Centre and assist with beach cleans at Tyddyn Mon.

6.29   As a programme indicator for the West Wales and the Valleys operation, the integration of sustainable development into operations integrating awareness raising, education and training programmes can be seen through a variety of training courses delivered by these areas, notably the John Muir Award. The Anglesey, Gwynedd and Denbighshire teams supported a group of participants to complete a 12-week outdoor experience programme to promote wellbeing and develop self-confidence, social skills and team working. The course was procured via the DPS and the participants learned new environmental and conservation skills resulting in them attaining their John Muir Award.

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

6.31   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 promotes 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.

6.32   Additionally, the promotion of health and wellbeing is central to ADTRAC's design, which deliberately embeds mental health and wellbeing provision in a project that seeks to bring individuals closer to EET. This shows recognition that wellbeing is central to young people's ability to access and progress in EET. Positive action in relation to promotion of health and wellbeing is also evident in ADTRAC's use of and promotion of the Five Ways to Wellbeing, which gives participants the tools to think about their own wellbeing. ADTRAC have also translated this tool into Welsh, enabling Welsh speaking participants to access this tool in their preferred language.

Tackling Poverty

6.33 Tackling poverty is a central objective of ADTRAC. The tackling poverty CCT incudes creation of 'employment and progression opportunities' (Welsh Government, 2016). This 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).

6.34 ADTRAC includes several features that help to address these barriers. For example, ADTRAC tackles barriers to employment by providing young people with opportunities to develop their skills and undertake qualifications. Monitoring data indicates that 271 participants (23 per cent) have gained qualifications through ADTRAC, of whom 117 have gained more than one qualification. Furthermore, 196 participants (17 per cent) have gained work-relevant certification through their engagement with the project. ADTRAC also supported 47 participants (four per cent) to access work experience, and 60 (five per cent) to undertake volunteering. In this respect the project has addressed the CCT of Tackling Poverty by providing opportunities for young people to improve their skills.

6.35 ADTRAC also provides practical interventions to help young people access employment. For example, the project has provided participants with funding for transport, to help overcome transport which was a barrier to accessing employment, education or training for some participants. As discussed above, the project also provided childcare support to parents to enable them to access employment and training.

6.36 In addition to the above, the operation includes the following CCT indicators:

- Community skill-building activity
- Mentoring/advocacy activity
- Volunteering schemes.

6.37 These indicators are evidenced below.

6.38   Example of this activity includes Anglesey's weekly community hub drop-in sessions, which have included opportunities for volunteering, including supporting senior citizen afternoon teas, planting and bench painting.

6.39   Participants from Denbighshire had attended a confidence building course delivered with Canfod Cymru, which gave them the opportunity to develop skills such as woodworking. Participants also attended a Woodland Skills Course, which has equipped them with skills in woodland management and woodwork.

6.40   Examples can be seen also in Gwynedd, where participants were involved in a partnership with Gisda, a youth homeless charity, to develop awareness on housing options and youth homelessness.

6.41   Flintshire and Wrexham also arranged for the Health Improvement Practitioner to attend the ADTRAC parent and toddler group to raise awareness of the courses available for parents. ADTRAC East also took part in a Marine Clean operation to be part of community action against marine litter.

Mentoring/advocacy activity

6.42   Mentoring activity is core to the delivery of ADTRAC, which provides one-to-one mentoring to participants.

6.43   The delivery team have led initiatives to support peer to peer engagement between participants. For example, Denbighshire held a rock-climbing activity for participants who were due to start college to give them an opportunity to share their experiences and feelings. The outreach team also supported a young person to deliver a session for other participants.

6.44   The teams from Gwynedd and Anglesey reported that they provided transitional support to participants who were starting education. Delivery staff worked with the college to ensure they were aware of the participant's needs and worked with the participants to ensure they were aware of the support available to them. The Anglesey team also developed and delivered a college preparation course in partnership with Coleg Menai.

6.45   The Anglesey team supported a group of participants to complete a 12-week outdoor experience programme to promote wellbeing and develop self-confidence, social skills

and team working. The course was procured via the DPS and the participants learned new environmental and conservation skills resulting in them attaining their John Muir Award.

6.46   The team from Flintshire and Wrexham supported young people to keep in touch with each other through the pandemic using social media and established a peer group to support young people with maths and English. They also invited Second Voice Advocacy to speak to participants about advocacy and what it entails.

Volunteering Schemes

6.47   Delivery staff have worked with participants to help them to obtain volunteering opportunities and, as identified above, 60 participants have undertaken a volunteering role. A few examples of this include individuals volunteering with charity shops, food banks and libraries. Joint Beneficiaries have also taken the following actions to support participants to volunteer:

- Denbighshire worked with the Working Denbighshire Work Start Scheme to help participants to access paid and unpaid placements offered within the Council.

- Participants from Gwynedd were supported to volunteer in a community gardening project and were offered volunteering days with an archaeological dig.

- The ADTRAC East team linked in with Wrexham County Borough Council's 'Employer's pledge' scheme to help ADTRAC participants to access volunteering opportunities within the borough.

- Participants from Anglesey were involved with the creation of a garden at a residential home for senior citizens.

The Wellbeing of Future Generations Act

6.48   Alongside ADTRAC's approach to and promotion of the CCTs and case-level indicators, the aims of the operation to holistically support young people and improve their health, economic outlook and general life prospects directly align with the Wellbeing of Future Generations Act[25] wellbeing goals:

- A prosperous Wales,
- A resilient Wales,
- A healthier Wales,
- A more equal Wales,
- A Wales of Cohesive Communities,
- A Wales of Vibrant culture and thriving Welsh language, and
- A globally responsible Wales. [26]

6.49   The duty to individuals' wellbeing, inferred by the above goals, is underpinned by the principle of sustainable development, emphasising the need to support young people in a way that is sustainable and preventative. These objectives are supported by the ADTRAC operation which has stressed the importance of positive outcomes, alongside EET outcomes, and integrated wellbeing and mental health support as a key element of service delivery. This is evidenced in the Five Ways to Wellbeing approach adopted by delivery staff, moreover the feedback from participants which illustrates the importance of wellbeing and mental health-related support (please see Section 4).

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[25] Welsh Government (2015), The Wellbeing of Future Generations Act- The Essentials, https://futuregenerations.wales/wp-content/uploads/2017/02/150623-guide-to-the-fg-act-en.pdf
[26] Welsh Government (2016), *Taking Wales Forward: Welsh Government's Well-being Objectives*

Partnership

7.0   Beyond the impact of ADTRAC on participants, stakeholders, and staff were asked about the impact of partnership working. Most stakeholders agreed that partnerships have worked well (5/8). Within this, they reported that relationships have improved over time and that staff are generally very positive about working together on the project. This was identified by stakeholders as a unique stance within ADTRAC,

> 'We feel that compared to other ESF projects […] partnership working has been very effective. [There is an] overwhelming attitude of optimism and positivity about the programme. […] People are passionate about it, and this comes through into the project. Delivery managers' passion also comes through. Project team has an excellent understanding of WEFO guidelines, which have smoothed things considerably.' **(Stakeholder interviewee)**

7.1   Stakeholders and staff also suggested that growing familiarity with the dynamic purchasing system[27] (DPS) has helped partnerships to grow as staff now feel more comfortable with the DPS processes and therefore more able to utilise support, moreover, work flexibly and creatively with other projects, services and organisations. However, in one instance, it was suggested that staff sometimes need reminding that there is additional support they can rely on outside of their project team.

7.2   Whilst staff and stakeholders interviewed were increasingly positive about the DPS (in comparison to interim stage interviews) some still highlighted concerns and barriers related to the system (2/8 stakeholders and 5/17 staff). Concerns were typically centred on the amount of time required to use the DPS. Stakeholders suggested that the process could be onerous and, as a result, smaller organisations did not want to be on it. Staff reported that it took too long to procure courses and training via the DPS which in some cases led to participants disengaging,

> 'The DPS service is a bit of a pain, it takes so long to procure. It is easy to think how you can support young people but it's a long process and it's hard

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[27] The Dynamic Purchasing System is a procurement framework utilised by joint beneficiaries to procure services (e.g., courses and training) from external organisations for ADTRAC participants.

to continue the engagement with people if it's so slow and restrictive'

(Management and delivery staff interviewee)

7.3 Staff and stakeholders also raised concerns around limited take up of training requests on the DPS. It was described that, on a number of occasions, requests for training courses via the DPS received no bids. Staff suggested that this then placed the burden on delivery staff to source the appropriate course.

7.4 Reflecting on partnerships, all stakeholders confirmed that the involvement of BCUHB was a vital component of ADTRAC. Stakeholders here described the increasing need and demand for mental health support services and the benefit of being able to develop ADTRAC project staff's skills within this area of support. Within this, two stakeholders also stressed the benefit and importance of integrating mental health support within a project like ADTRAC as it streamlines the process through which a participant will receive support from a medical professional. However, whilst some stakeholders highlighted that working relationships have improved between BCUHB and ADTRAC staff since our interim reporting (4/8), it was still suggested that there is room for improvement in particular considering delays in getting BCUHB clinicians onboard at the outset of the project,

'It does vary [the partnership with BCUHB], as in some areas it has taken more time to get them on board. BCUHB has taken a while to get the full complement of clinically approved health workers.' **(Stakeholder interviewee)**

7.5 When asked why ADTRAC has been successful, staff also frequently highlighted good partnership working (7/15). The reason for this is twofold; firstly, as a result of specialist mental health support which served to provide more direct mental health support for participants (2/7) and secondly, because of the access to expertise it provides staff (2/7). Within this, staff described the efficacy of the partnerships developed through the DPS from which staff have been able to secure the appropriate training for participants.

7.6   Considering their experiences, staff reflected on what they have learnt as a result of ADTRAC. It is important to note that the lessons identified resonate with what staff identified as the key successes of the project, with staff most commonly identifying that tailored and flexible models of support are key for good support with this cohort of young people (7/17). Tailored and flexible approaches to support are understood to improve the way staff can support young people as it allows them more time to engage with the participant and acknowledges that more intensive and attentive support is required for the hardest to reach.

7.7   Staff also acknowledged the benefit and importance of good partnership working (6/17). In particular, the relationships staff have established with BCUHB and other organisations via the DPS have been vital in providing participants with joined up support that meets a wide range of needs and offers streamlined support that covers employability, training, education, mental health and wellbeing needs. To ensure good partnership working, clear and effective communication across different partners and services, in particular between delivery teams and BCUHB, was perceived as essential. One staff member said,

> 'It takes a lot of time investment and the ability to be as flexible as possible to help people with complex needs and barriers. […] With multi-agency work, with the young people we have been dealing with, they all have 4 or 5 different agencies. We took on the mantle of coordinating that plan, if you don't have that communication [with other services] then it won't work. That communication around the young person makes a huge difference. You need all the information and pieces of the puzzle to have a fully holistic approach. There are a plethora of employment programmes but they're missing that readiness to engage in this side of thing, to make sure they [participants] are ready to engage and it will be missing piece of the puzzle when ADTRAC is gone.' **(Management and delivery staff interviewee)**

7.8   Considering implementation of ADTRAC, some staff still highlighted the importance of outlining clear lines of responsibility and roles to ensure that support can run as effectively as possible (4/17). In these instances, staff suggested that communication within the project needed to be better, in particular, staff described having limited support and guidance from project at the outset which, at times, resulted in staff being unclear about their role and remit. In two cases it was also highlighted that engagement with BCUHB staff could be slower than anticipated as a result of bureaucratic delays. To overcome this, staff suggested that there is a need to have full-time managers to deliver the project and connect services and partners.

8.   Next Steps and Legacy

8.0   Reflecting on project legacy and next steps, staff frequently highlighted the need to retain at least some form of wellbeing and mental health support (8/17), if not the entire ADTRAC project (7/17). As previously identified, ADTRAC is perceived as filling a critical gap between employability and mental health support for young people in North Wales. Staff expressed concern that, without ADTRAC, there will be a considerable gap in support, particularly for those furthest away from the labour market and with the most severe and/or numerous barriers,

> 'For me, this is my concern about the new projects coming through. All this emergency funding is good but it doesn't address the type of support these young people need and if you leave that for a few years the issues get worse. They are already coming in prickly now, but they are young enough to shape.'
> **(Management and delivery staff interviewee)**

8.1   Considering next steps at a local authority level, legacy plans are detailed below.

8.2   In Anglesey, ADTRAC participants will be referred to a host of organisations depending on their progression on ADTRAC. This includes Môn CF employment programmes, the North Wales Training Traineeship programme, ICAN, Supporting People, CAMHS, Golau and Mind. Beyond participant referral, there is still a wider question around how participants will sustain engagement without the intensive support provided by an ADTRAC mentor. It is understood that the YEPF engagement role funded by Welsh Government will continue to work with Careers Wales and the 16+ panel to engage with Tier one and two young people within communities and signpost them to the appropriate agencies. This remit may also be expanded to cover young people in Year 10 and 11 also. At time of reporting, Anglesey is awaiting notice from Welsh Government on the funding of two additional Youth Worker posts to work alongside the YEPF engagement role.

8.3   The Gwynedd Council Youth Service are currently re-structuring their Post 16 Youth Support Team as a result of changes in funded structures and the needs of young

people. The new offer for 16-25 years olds will include elements of what was provided under ADTRAC ESF Funding, but not the full complement of provision offered under ADTRAC. The service will retain four Youth Support Lead Workers to support 16–25-year-olds who are not in employment, education or training. This new provision will focus on the promotion of wellbeing and good mental health, support for participants to overcome barriers that prevent them from securing an EET outcome, broker further support and advice for participants to access other provision and seek to ensure that young people progress on the employability pathway. This provision will also be centred on the Five Ways to Wellbeing.

8.4 In Conwy, the ADTRAC team were amalgamated with Communities for Work and Communities for Work Plus as of April 2020. On ADTRAC project closure, all participants were transferred to Conwy Communities for Work Plus which has secured funding until March 2022. Whilst it was hoped that additional Communities for Work Plus funding could be used to employ existing ADTRAC staff to continue supporting ADTRAC participants, this request to Welsh Government was not successful.

8.5 All referrals in Denbighshire will continue to be submitted to the Working Denbighshire Single Point of Access. Participants that would have been eligible for ADTRAC will now be referred to Communities for Work, Communities for Work Plus Engage to Change, I Can Work, DCC Youth Services or other support services provided by charities in Denbighshire. The Young Person Online Drop in will continue as part of the Working Denbighshire programme of support.

8.6 In January 2021, an agreement was reached in Flintshire and Wrexham to implement a project focussing on supporting 14–18-year-olds at risk of becoming NEET/ are NEET. In the first instance, this will run from the end of May 2021 until 31st March 2022 and is financed by the project partners. This new project will focus on:

- Supporting gaps/support needs that have been identified due to the impact of COVID-19.
- Supporting transition into a post-16 destination for school leavers who are at risk of becoming NEET and providing intervention that is bespoke to prevent this.

- Working alongside and complementing the ESF-funded TRAC project to bolster the support that is available to pupils on TRAC that need more intensive support than TRAC resource is able to provide.
- Supporting young people into education and training (and employment if possible), and
- Providing tailored mental health support and intensive mentoring to project participants.

Some of the ESF-funded project staff will be employed to deliver and manage this legacy project. The staff team responsible for the new project will comprise one Co-ordinator, three Youth Engagement Mentors and one part-time Mental Health Practitioner (0.5WTE).

8.7   Within BCUHB, the Friends Resilience programme was introduced, training ADTRAC staff to be able to facilitate the Adult Resilience Programme. Those who completed the training will be offered a refresher session three years after certification, as required under licence. Facilitator trained ADTRAC staff, including BCUHB Mental Health Practitioners, can continue to offer the intervention to other participants outside of the ADTRAC project, if they continue to work within North Wales. At this stage it is hoped that one Welsh speaking ADTRAC Mental Health Practitioner and a Friends Resilience Trainer will go on to train under the BCUHB Licence. This, in turn, will support the roll out of the translated materials so that all children and young people in North Wales will be able to access the programme. It is also anticipated that one ADTRAC Mental Health Practitioner will be able to continue to support the facilitation of the programme within their new CAMHS role. All will be able to share their understanding of the materials within new settings.

8.8   Support packages delivered to ADTRAC delivery teams by BCUHB Mental Health Practitioners will also be considered for accreditation so that the development programme designed for ADTRAC can continue to be delivered to professional staff who support young people. A Handbook and Resources Booklet are being developed by BCUHB to produce an 'aide memoire' to take forward by Joint Beneficiaries in their ongoing careers. Through this, BCUHB aim to inform and remind staff about health and wellbeing for staff and the young people they may support in future roles. A

library resource of role models from the ADTRAC project will also be produced by BCUHB to evidence young people's inspirational outcomes, including positive sayings that will reinforce benefits of the ADTRAC project.

9. Economic Evaluation

Introduction

9.0   In considering the most appropriate approach for quantifying and valuing the impact of ADTRAC, various approaches to calculating the return of ADTRAC have been explored. The nature of the individuals being supported by the programme, and specifically the number and severity of the barriers they face to securing employment, mean that a traditional approach to capturing impact and return purely based on the achievement of hard economic outcomes such as employment would fall woefully short in capturing the full value of the programme.

9.1   Traditional approaches would place emphasis on these successes but would tend to undervalue the transitions of many participants in relation to mental health, self-confidence, drug and alcohol addiction, homelessness, and physical health by being unable to fully capture the cost avoided and the wellbeing benefits by individuals no longer being faced with these.

9.2   The focus would be placed on tangible costs, reductions in hospital visits or counselling support (as two examples) but would overlook the far more considerable costs associated with the impact on an individual's wellbeing. One alternative to this approach would be the application of a Social Return on Investment (SROI) approach. SROI uses financial proxies to value outcomes for the range of stakeholders (considered in its broadest sense) associated with an intervention. The scale, complexity, and breadth of offer through ADTRAC would be resource intensive and may be undermined by a lack of suitable comparable judgements on costs or benefits.

9.3   A further alternative and increasingly prominent approach uses the assessment of the impact of an intervention on a participant's subjective wellbeing. Capturing people's subjective wellbeing can then be used in the application of Wellbeing Valuation, this enables the measurement of the success of a social intervention by how much it increases people's wellbeing.

9.4 Wellbeing Valuation is referred to in HM Treasury's Green Book as a method for placing a value on social costs and benefit that do not have a market price.[28] One of the key advantages of Wellbeing Valuation (as set out in Fujiwara et al 2014)[29] is 'by using data on self-reported wellbeing and life circumstances we have information on people's actual experiences and so the values are based on how people live their lives; this can be in contrast to other valuation methods that are based on how people perceive their life, introducing psychological complexities and biases.'

9.5 Wellbeing valuation uses existing datasets of national surveys to understand the value of effects on a specific aspect of an individual's life on their wellbeing, as they are based on large datasets the value changes are robust in nature. The wellbeing valuation model used for this evaluation is the HACT model, it draws on values calculated through statistical analysis of four large national UK datasets that contain data on wellbeing and life circumstances:

- British Household Panel Survey (BHPS)
- Understanding Society
- The Crime Survey for England and Wales
- The Taking Part survey.

9.6 The wellbeing valuation can be used in conjunction with a CBA and has been applied in that manner as part of this assessment, however there are several limitations with the approach that need to be borne in mind when considering the valuation assessment.

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[28] See Fujiwara and Campbell (2011) 'Valuation Techniques for Social Cost-Benefit Analysis: Stated Preference, Revealed Preference and Subjective Wellbeing Approaches' available at:
https://www.gov.uk/government/publications/valuation-techniques-for-social-cost-benefit-analysis
[29] Lizzie Trotter, Jim Vine, Matt Leach, Daniel Fujiwara (March 2014). Measuring the Social Impact of Community Investment: A Guide to using the Wellbeing Valuation Approach. HACT. London. http://www.hact.org.uk/measuring-social-impact-community-investment-guide-using-wellbeing-valuation-approach

Outcomes of Interest

9.7   Reflecting on the original logic model, programme theory of change, the evaluation framework and evidence gathered has led to the identification of a range of outcomes. Some are associated with an individual's progression (including gaining employment or entering education), whilst others are priority outcomes associated with barriers faced by participants on engagement with the programme (and that could be overcome through programme intervention).

9.8   This has resulted in the following outcomes being incorporated into the valuation model.

Progression outcomes:

- Entered employment, including self-employment, upon leaving >16 hrs
- Qualification gained upon leaving
- Entering education/training upon leaving
- Education/Training less than 16 hours
- Employment/Self Employment less than 16 hours
- Entering employment on zero-hour contract
- Improvement in emotional/mental wellbeing

Priority/barrier related outcomes:

- Physical Disability or poor Physical Health
- Domestic abuse
- Substance abuse
- Mental Health concerns
- Housing/Homelessness (risk)
- Confidence
- Financial/Debt
- Social isolation

9.9   The following outcome valuations are a blend of those associated with changes that have economic consequences (primarily those from the list of progression outcomes and draw on benchmarks contained within Greater Manchester Combined Authority (GMCA) research team (formal the New Economy) model[30] and those that are barrier related from the Community investment and homelessness values from the Social Value Bank (the HACT model)[31].

Table 9.1 Outcome Valuations

Outcome Area	Value (annual)	Source
Full time employment	£18,504	GMCA model
Part time employment[32]	£6,738	GMCA model[33]
Substance abuse	£25,616	HACT
Relief from depression/anxiety	£11,819	HACT
Improvements in confidence	£9,455	HACT
Relief from being heavily burdened with debt	£7,065	HACT
Frequent mild exercise	£2,130	HACT
Shift from temporary accommodation to secure housing	£8,019	HACT
Member of social group	£342,786	HACT
NVQ Level 2 Qualification - annual fiscal and economic benefits	£509	GMCA model
NVQ Level 3 Qualification - annual fiscal and economic benefits	£1,071	GMCA model
Graduate Level 4+ Qualification - annual fiscal and economic benefits[34]	£3,632.00	GMCA model
Progressed on to traineeship	£10,458	GMCA model
Regular volunteering	£2,561.91	HACT
Vocational training	£1,018.67	HACT

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[30] https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/
[31] https://www.hact.org.uk/social-value-bank
[32] Includes those entering zero-hour employment
[33] Adjusted for less earnings compared to those entering full time employment (estimated 50% of earnings of full time with further adjustments associated with the retention of in work benefits).
[34] Please note that anyone entering education at levels NVQ Level 2 or above were ascribed a qualification outcome.

9.10 Research suggests that benefits associated with employability interventions can persist for three years[35], however for each subsequent year the relevance and role of that intervention is diluted (this is sometimes called the persistence rate). An application of a three-year rate of persistence alongside a 33% year on year attrition rate has been applied to those outcomes within Table 9.1 above where it would seem appropriate to do so. For example, for those who once suffered from substance abuse, research shows that, the chance of relapse might be as high as 80%. Therefore, it would be inappropriate to assign a three-year rate of persistence to this value.

Table 9.2 ADTRAC Outcome valuations

Outcome	Year 1	Year 2	Year 3
Full-time employment	£1,745,852	£1,169,721	£783,713
Part-time employment	£595,639	£399,078	£267,382
Substance abuse	£504,890		
Relief from depression/anxiety	£1,130,209		
Improvements in confidence	£1,649,584		
Relief from being heavily burdened with debt	£107,386	£71,948.71	£48,206
Frequent mild exercise	£12,949		
Temporary accommodation to secure housing	£344,817	£231,027	£154,788
Member of social group	£342,786		
NVQ Level 2 Qualification obtained (where this became their highest qualification)	£15,270	£10,231	£6,855
NVQ Level 3 Qualification obtained (where this became their highest qualification)	£94,272	£63,162	£42,319
Domestic violence - average cost per incident (fiscal, economic and social values) (unit per person per year)	£57,854	£38,762	£25,971
Progression outcome: Traineeship	£177,786	£119,116	£79,808
Regular volunteering	£68,479.73		
Vocational training	£83,123.24	£55,692.57	£27,430.67
NVQ Level 2 Qualification obtained (where they entered into a Level 2 qualification)		£4,581.00	
NVQ Level 3 Qualification obtained (where they entered into a Level 3 qualification)		£11,783.98	
Graduate Level 4+ Qualification (where they entered into a Level 4 qualification)			£22,925.18
Total			**£10.56m**

[35] PWC (2008) Impact of RDA spending – National report – Volume 1 – Main Report, Department for Business, Enterprise & Regulatory Reform

Ratio of benefit

9.11   Applying the valuation in Table 9.2 above for the ADTRAC project against costs leads to a cost benefit ratio of £1.11 benefit compared to every £1 invested.[36] At face value, this indicates that there is a cost benefit to ADTRAC; for every pound invested, there is an additional £0.11 return on investment. This indicates that alongside the perceived softer outcomes and mental health and wellbeing support provided to participants, there is an additional return on investment based on the valuation of the benefits provided to ADTRAC participants.

9.12   There are, however, several caveats associated with this assessment. The costs are purely those associated with the ADTRAC programme and do not take account of support provision that participants are referred to from other means (or the costs incurred by referral agencies). As indicated in 9.12 above, the analysis also excludes a host of other societal benefits (with the valuation's focus on the individual). It therefore does not account for the avoidance of costs associated with a reduction in the use of statutory services and does not account for the likely spill over effects for families of issues around debt and alcohol/drug addiction (for example) being addressed.

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[36] This is based on the operation costs totalling at £9.5million and the return on investment valuations totalling at £10.56 million.

10.   Conclusions and Recommendations

10.0   This section reflects on the evidence and analysis presented within this evaluation report and identifies a series of recommendations for consideration. As the funding period for ADTRAC has now ended, recommendations within this section should be considered for any future provision that Joint Beneficiaries or others seek to deliver.

Overall conclusions

10.1   Over its lifetime, 1,178 young people have participated in the ADTRAC project. Whilst ADTRAC did not achieve its engagement target (achieving 81 per cent overall) it should be considered that all joint beneficiaries increased their participant engagement by between 12-20 per cent between interim and final reporting. Considering the context of Covid-19, it should be acknowledged that this engagement is still positive, particularly in light of the difficulties presented by the pandemic.

10.2   The ADTRAC programme against costs leads to a cost benefit ratio of £1.11 benefit compared to every £1 invested. This indicates that alongside the perceived softer outcomes and mental health and wellbeing support provided to participants, there is an additional £0.11 return on investment based on the valuation of the benefits provided to ADTRAC participants.

10.3   The value of ADTRAC stems from the clear need for support for the hardest to reach young people in North Wales. Whilst other employability-centred support is available across the region, the one-to-one mentoring, mental health focus and specialist provision and the flexibility of approach is understood to be distinctive to the ADTRAC approach.

10.4   ADTRAC participants frequently presented with multiple and complex barriers. On average, participants presented with 7.6 of the barriers on entry to the project and the vast majority of participants engaged across all local authorities had at least one barrier. The range and prominence of said barriers suggest that there is an increasing

need for support like ADTRAC i.e., that provides holistic, and wellbeing focussed assistance, providing further weight to stakeholder claims of the value of ADTRAC.

10.5   Across the project, 60 per cent of participants had mental health concerns when entering ADTRAC, over half were long-term unemployed, 44 per cent had negative past learning experiences and 18 per cent possessed no qualifications. This evidences the extent and severity of the barriers faced by ADTRAC participants and therefore the critical need for ADTRAC-like support.

10.6   **Recommendation One:** Future projects should consider ADTRAC as providing a clear evidence base which outlines the severity and extent of barriers faced by young people furthest from the labour market in securing an EET outcome.

Support provision

10.7   Over half of participants received ADTRAC support for over six months, of which almost a quarter received support for a year or more. Whilst this is a concern for some as it was longer than anticipated at project design, it is important to reiterate the range and frequency of barriers typically faced by participants who access ADTRAC support.

10.8   Over two-fifths of participants had received other support prior to ADTRAC. A third of said participants said that ADTRAC felt more bespoke than their other support.

10.9   **Recommendation Two:** Future provision that looks to support those furthest from the labour market should consider that this cohort may need longer support than determined at project design.

10.10 Almost half of interviewed participants were hoping to secure a job as a result of engaging with ADTRAC whilst a fifth said they would like to improve their confidence and communication skills and/ or receive some assistance in identifying appropriate employment for themselves. Participants frequently described having a 'lack of direction' or feeling 'lost'. Where this was the case, participants hoped that their ADTRAC advisor could help them figure out their next steps.

10.11 The vast majority of participants were very positive about the support they received from ADTRAC. Most commonly, participants highlighted the relationship with their

ADTRAC advisor as a key positive factor within this describing staff as helpful, supportive and non-judgemental.

10.12   **Recommendation Three:** Future provision and alternative provision should consider whether one-to-one mentoring is feasible within their approach, particularly because participants themselves identify its importance and the impact it has had on them to have someone to 'open up to.'

10.13   In the very few cases where participants were negative this was typically a result of inconsistent communication with their advisor. Some participants presumed this was a result of the pandemic.

10.14   The vast majority of interviewed participants stated that they spoke about their wellbeing with their ADTRAC advisor and that this was helpful. As a result of these conversations, participants were able to directly receive wellbeing-related support, be signposted to other available services and/or discuss their lack of confidence and/or other soft skills.

10.15   Over a third of participants engaged with ADTRAC (37 per cent) were referred to Betsi Cadwaladr (BCUHB). Of cases referred to BCUHB, over two thirds were provided with some sort of support and this tended to be more intensive one-to-one support.

10.16   The inclusion of BCUHB within ADTRAC was perceived by staff and stakeholders as a key strength and as providing value to the project. BCUHB inclusion was understood to provide a much-needed skillset which responded to increasing demand for mental health services and supported staff to ensure they felt they were making the right decisions in regard to participant support.

10.17   Delays in BCUHB involvement were perceived as a continued barrier to effective mental health and wellbeing support in a minority of cases. Whilst the shortened duration of BCUHB involvement was disappointing and there were a minority of cases where BCUHB were unable to provide staff who were able to speak Welsh, most staff were still positive about the benefit and impact.

10.18   **Recommendation Four:** The take-up of mental health and wellbeing support, its impact and the mostly positive reaction of staff and stakeholders should be showcased by joint beneficiaries as a key success of ADTRAC and an important consideration for future support. Future support should also however consider how much lead in and implementation time is required, particularly when working in partnership with large organisations such as BCUHB.

Covid-19 implications

10.19   During the initial lockdown, most of the typical ADTRAC referral routes were not functioning as normal and rates of referral varied across local authorities. There were considerably less referrals to ADTRAC in 2020 in comparison to previous years confirming that the Covid-19 pandemic has impacted the number of referrals onto ADTRAC and should be acknowledged when assessing project performance.

10.20   As would be expected, all face-to-face delivery was suspended during the first and subsequent lockdowns. Most staff were however still able to provide participants with some capacity of support via phone call, text or through digital methods.

10.21   Staff generally perceived digital engagement as less effective because they were unable to sensitively 'hand-hold' and interact with participants in the same way through virtual means. The exception to this, were cases where strong relationships had been built with participants prior to the pandemic and/or where individuals have caring responsibilities and/or live somewhere remote (making travel to ADTRAC support difficult).

10.22   **Recommendation Five:** Whilst the holistic and face-to-face support is an innate and crucial aspect of ADTRAC, there may be some instances where digital delivery is preferable. Any future support should, when assessing participant needs, consider both digital and face-to-face options, offering a hybrid and blended model of support. Within this, future support should consider which resources, e.g., tablets and software, will be required by staff, partners and participants.

10.23   Staff described Covid-19 as reinforcing and exacerbating some of the issues and barriers participants had already presented with, in particular identifying increased anxiety and isolation.

10.24   The pandemic was also described as an additional 'setback' for participants. Staff suggested that it will be more difficult for participants to get a job as a result of a saturated labour market. Within this, they predicted that many individuals also looking for work will be those with higher skills and experience as a result of redundancies made through the pandemic. It was assumed that participants will find it harder to secure work and that this will have additional impact on their confidence and self-esteem.

10.25   **Recommendation Six:** Considering that some young peoples' situations will have worsened over the course of the pandemic and that it may be more difficult for them to obtain an EET outcome than it has been previously, there should be flexibility in future provision to adapt targets. This will ensure that targets reflect changes in economic conditions over the lifetime of a project.

Outcomes for participants

10.26   Overall, 52 per cent of participants have been exited from ADTRAC. Of those, 44 per cent gained a qualification, 34 per cent entered employment and 24 per cent entered education and training. Staff generally perceived ADTRAC as performing well and suggested that their ability to support participants wellbeing alongside helping them to achieve EET outcomes, particularly over the last year, should be acknowledged.

10.27   Employment outcomes were a concern for staff. Although the employment target is typically the most difficult outcome to reach for young people furthest away from the labour market, this has been exacerbated over the past year. The contraction of particular sectors such as hospitality and tourism, staff reported, have also resulted in fewer opportunities for young people.

10.28   The operation has exceeded its outcome target for participants gaining other positive outcomes with 70 per cent of exited participants achieving other positive outcomes, including soft outcomes. Participants identified a number of benefits, many of which were centred on their increased confidence. Regardless of whether participants secured an EET outcome or not, most were positive about their personal development as a result of ADTRAC and feel better equipped for their next steps.

Outcomes for organisations

10.29   Most stakeholders and staff agreed that partnerships have worked well. Relationships were perceived as improving over time and provided considerable benefits across the board.

10.30   Stakeholders also commonly suggested that ADTRAC cohesively sits alongside other support for the target group in North Wales. ADTRAC is understood in this instance as fillings gaps in service models that existed prior to the programme and going one step further than other services are able to when considering the barriers some of the hardest to reach young people are facing.

10.31   **Recommendation Seven:** Joint beneficiaries should consider if and how they can ensure that gaps in service models do not reappear now that ADTRAC has ended.

10.32   It was suggested that growing familiarity with the dynamic purchasing system (DPS) has helped partnerships to grow and encouraged staff to work flexibly and creatively with other projects, services and organisations. There were however still concerns around how resource intensive the DPS can be for those procuring and tendering and the knock-on effect this can have on participants waiting on a course or training. A further challenge in some cases was bidding for provision through the DPS was not perceived as economically viable as a result of the small number of participants provision was being secured for. Furthermore, staff and stakeholders also highlighted that, on a number of occasions, requests for training courses via the DPS received no bids. This was understood as placing burden on delivery staff to source appropriate provision.

10.33   **Recommendation Eight:** Whilst there are considerable benefits to using a DPS, the resource-intensive nature of the system, both administratively and in delivery, should be reflected on. For future provision, Joint Beneficiaries should re-assess whether alternative or additional methods could and/or should be used to ensure that the procurement process is as streamlined and effective as possible.

Next steps and legacy

10.34   Reflecting on project legacy and next steps, staff frequently highlighted the need to retain at least some form of wellbeing and mental health support, if not the entire ADTRAC project.

10.35   ADTRAC is perceived by staff and stakeholders as filling a critical gap between employability and mental health support for young people in North Wales. Over the last year of the project, the pandemic and ongoing implications of the UK's departure from the European Union have resulted in a challenging and uncertain climate which will most likely continue going forwards. Staff expressed concern that, without ADTRAC, there will be a considerable gap in support, particularly for those furthest away from the labour market and with the most severe and/or numerous barriers.

10.36   As detailed in Section 6, however, joint beneficiaries have developed plans for their next steps beyond ADTRAC. Whilst some are unable to deliver as extensive support as they were able to do with ADTRAC, the importance of intensive one-to-one support and wellbeing and mental health support has been considered and will be retained where possible.

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12.   Annexe A: WEMWBS Translation Case Study

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12.0   Despite the growing need for language and cultural awareness in health research, there is a paucity of measures available in Welsh to enhance the reliability and validity of instruments as outcome measures for trials and research studies conducted in the bilingual context of Wales. LLAIS is embedded in the NWORTH Trials Unit and funded by Health and Care Research Wales to identify, prioritise and develop Welsh translations and linguistic validations of health measures for the research infrastructure across Wales; and explore ways of establishing the psychometric validation data to examine their response amongst different populations.

12.1   Aims and objectives of WEMWBS validation:

To prioritise and establish a Welsh language version of the WEMWBS wellbeing measure through:

- Undertaking the translation and linguistic validation of a Welsh language version of the WEMWBS measure to benefit the clinical as well as research context;
- Making the Welsh version of the WEMWBS measure available on the interactive web resource, MI-CYM to aid accessibility for clinicians and researchers.

12.2   A lengthy step-by-step process with quality control steps and cognitive testing was undertaken to ensure that both conceptual and semantic equivalence are achieved. The steps were as follows:
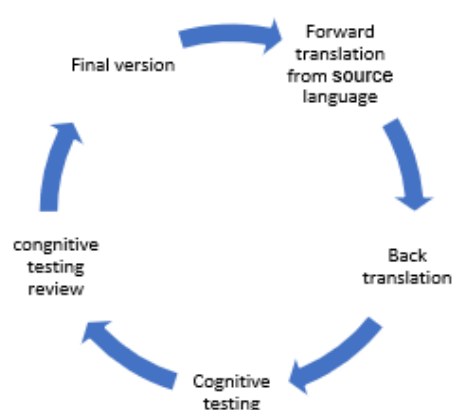
12.3   Quotes from young person:

"It's important to have Welsh questionnaires for young Welsh

people like us."

"It is necessary to have Welsh health and wellbeing measures for the local

population here in Wales. Welsh is the first language of most young people

who use our service." Quote from Clinician

Findings

12.4   As well as professional translators, a language terminologist, and healthcare

professionals, twelve young people from North Wales gave their opinion on a version

of the Welsh language WEMWBS in focus group sessions or in face-to-face interviews

to ensure clarity of the questions. Changes were made to the wording based on these

discussions and final comments from the language terminologist.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)	Welsh version to be tested	Comments from young people	Comments from terminologist	The final Welsh version
I've been feeling relaxed	Rwyf wedi bod yn teimlo fel fy mod wedi ymlacio	G4 - o dan straen {under strain) GS - medru ymlacio (can relax) G6 - Rwyf wedi gallu ymlacio (I have been able to relax)	Acceptable to include the word 'gallu' as the young people felt that there was something missing.	Rwyf wedi bod yn teimlo mod i wedi gallu ymlacio
I've been feeling good about myself	Rwyf wedi bod yn teimlo'n dda amdanaf fy hun	Gl - am fi fy hun (about me myself) G3 - amdanaf fi fy hun (about me myself) G4 - amdan fy hun (about myself)	As the young people favoured including 'fi' (me), it is acceptable to include 'i'.	Rwyf wedi bod yn teimlo'n dda amdanaf i fy hun
I've been feeling loved	rwyf wedi bod yn teimlo fy mod yn cael fy ngharu	G4 - Rwyf wedi bod yn teimlo bod rhywun yn fy ngharu. {But 'someone' (rhywun) is not in the English version).	The language register of the statement was changed in keeping with the changes above.	Rwyf wedi bod yn teimlo mod i'n cael fy ngharu
Rarely	ANA ML	G6 - Yn anaml (rarely)	Is an acceptable change.	YN ANAML
Often	Aml	G6 - Yn aml (often)	Is an acceptable change.	YN AML

Conclusion

12.5   Since October 2018, the WEMWBS has been available for practitioners and researchers to use in Wales. This wellbeing tool will be of benefit in facilitating young people to express their wellbeing in Welsh. The LLAIS linguistic validation work makes significant contribution towards establishing robust systems to ensure conduct and delivery of clinical trials of the highest quality that meet regulatory and governance requirements whilst advancing methodological approaches of international significance.

12.6   To date, 44 outcome measures are listed on the micym.org website and around 40 of these have been linguistically validated by LLAIS, NWORTH Trials Unit.

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- The Welsh version of the WEMWBS can be found on the WEMWBS website or see the link to the Welsh measure on the micym.org website.
- If you have any queries, please contact Dr Llinos Haf Spencer 01248 38 3171 or L.spencer@bangor.ac.uk at NWORTH Trials Unit, Y Wern Bangor University.

Follow @micymraeg for up-to-date information on Welsh measures.

Adtrac is being led by:

Adtrac is being delivered by the following partners:

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