Impact and learning from the Aftercare pilot projects

Sustaining progression post Activity Agreement

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EXECUTIVE SUMMARY

Background to the pilot projects
Despite the successes of the Activity Agreement model, many local authorities have identified that young people who progress from an Activity Agreement to Stage 2 provision require on-going one-to-one support to help them sustain their engagement. However, the current funding for Activity Agreements does not include resources to provide ‘post Activity Agreement support’ or aftercare.

The Scottish Government funded five pilot projects which aimed to test models of support which would address the issues and barriers that prevent young people from sustaining progressions. Each pilot reflects the unique challenges and issues in each local authority area, but aim to explore the extent to which an additional resource can impact on the sustainability of progressions for those young people completing an Activity Agreement either by providing additional one to one support (aftercare) for those making a positive progression to further training, college or employment or by undertaking some other additional activity until an appropriate opportunity is identified.

Five local authorities delivered pilot projects which ran over the period November 2015 to March 2016.

Purpose of this report
The purpose of this report is demonstrate the outcomes delivered by the pilot projects and identify from each the learning which could inform future delivery of services.

Glasgow
The need/issues

- 44% of young people who had completed an Activity Agreement in the last year had failed to sustain their stage 2 progression or progress into stage 3.
- Young people in Glasgow receive aftercare for 12 weeks, but if a young person disengages from their work/training/further education after that period, there was no system to flag that the person has disengaged until the next SLDR, and no system to ensure that the young person is re-connected to employability services at the point of disengagement.

What did the pilot project aim to do?
The pilot project aimed to:

- Develop an aftercare service for young people who have progressed from AA into training/employment and to support them to sustain their progression
- Develop the local processes to track a young person’s journey to and ensure that young people are re-connected to employability support at the point of disengaging.

Impact
The development of the aftercare pilot has been used to develop new systems and processes which have improved targeting of resources, improved partnership working
and will improve outcomes for young people.

- Re-engagement has been mainstreamed into the aftercare process. The aftercare service provides a single point of contact for young people throughout their journey, so that if young person becomes disengaged at any point they will be offered support immediately and linked back into the employability pipeline at the most appropriate entry.
- Improved partnership working between agencies
  - Ensures that young people are picked up at the initial point of disengagement and reconnected to services at the earliest point
  - Focuses partnership resources on those young people who are unknown or unemployed and therefore is contributing to better outcomes for young people
  - Providing better data on when and why young people disengage thus generating better intelligence on structural weaknesses.
- Better assessment of suitability for Activity Agreement so that resources are targeted on young people who have the capacity to engage.

### Dundee

**The need/issues**
The Dundee pilot focused on mental Health as a barrier to progression for young people on Activity Agreements.

- Analysis of data from the AA programme in Dundee showed that of the 133 young people who did not progress onto a positive outcome in the previous year, 90% of these had mild to moderate mental health issues.
- There are currently no services in Dundee for young people (post school age) with mild to moderate mental health issues.

**What did the pilot project aim to do?**
The pilot project aimed to test the provision of additional support to young people on Activity Agreements with mild to moderate mental health conditions to achieve and sustain a positive outcome.

It was anticipated that 18 young people would be supported by the project, of whom 80% (14) would achieve positive destinations.

**What has it achieved**
40 young people have sustained engagement with Positive Thoughts.

- These young people demonstrate improved confidence/self esteem and self-management and also demonstrate increased motivation/involvement with employability services (e.g. better engagement with AA keyworkers, better engagement with other services).
- 17 of 40 have completed their engagement with Positive Thoughts.
  - The HADS scores show a significant improvement across the cohort in both anxiety and depression.
### Impact
The pilot has highlighted the extent to which mental health is a barrier to progress for young people on Activity Agreements.

It has also demonstrated that additional support from a Mental Health Practitioner, delivered alongside employability support, can increase motivation and capacity for engagement (greater engagement in employability activity) and increase positive outcomes for young people.

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#### East Lothian

**What was the need that the project sought to address?**

The project was designed to address the following needs:

- Low levels of engagement in employability services of ‘hard to reach groups’
- High levels of ‘drop out’ from stage 2 provision
  - in 2014/15, 70% of young people who progressed into stage 2 EF training provision did not sustain (and drop out of services)
- High levels of mental health as a barrier to progression
  - many of the young people who do not progress (70%) have mental health issues.
  - Counselling services are available to support young people while they are on Activity Agreements, but access to counselling ends when young people complete the AA.

**Expected outcomes**

The expected outcomes were:

- Increase in number of young people engaged in services among groups who typically do not engage (hard to reach).
- Increase number of young people (especially those with chaotic lifestyles/additional barriers) who sustain stage 2 provision.

**What has the project achieved?**

- **Increasing engagement with hard to reach young people**
  The project has been successful in engaging with more young people in the ‘hard to reach’ group, (although closer working with the Disability Transitions Officers might also have been partly responsible for the increase).
  - Referrals are up from 8 to 37 for same period last year.

- **Sustained progressions**
  The project has been successful in providing aftercare to a small number young people, who have a history of not sustaining their progression routes. To date, the majority of these young people are sustaining their progression with aftercare.

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- All 17 demonstrate progress towards employability goals.
  - 15 have moved in to positive destinations (Training and Employment)
  - All 15 are currently sustaining their engagement in employment and training
Evaluation of the Aftercare pilot projects

- 5 young people were offered access to counselling support their progression: 3 of 5 have taken up counselling.
- 12 young people have received aftercare or counselling to support their progression
- 9 of 12 are sustaining their progression.

**Impact on processes**
The pilot highlighted gaps in information on the status of the ‘hard to reach’ client group. Increased contact with the LAAC teams etc has resulted in better sharing of information on young people.

The project has driven improvements in recording and tracking of client journeys.

**Borders**
**The need/issue**
The project responded to two local issues:
- Young people dropping out of stage 2 provision and college due to lack of support
- This project also identified lack of local opportunities as a structural barrier to progression and developed provision aimed at engaging ‘completers’ in a positive activity until a relevant progression opportunity was available.

**What did the pilot project aim to do?**
The project provides an additional part-time TP to provide an aftercare programme for young people who have moved into a positive destination, but require additional support to sustain that destination.
- The TP will support 10 young people to sustain their positive destination.
- The project will also support travel costs for the young people until they receive their first pay/allowance.

The project also seeks to develop a new project (Peer Mentoring training) which will engage 5 young people who have completed their AA, but do not have a positive destination to move onto.

**Outcomes**
- **Peer Mentoring**
  6 young people engaged in the Peer Mentoring Project. The Peer Mentoring Project was aimed at ‘completers’ but the numbers were too small to run the project with completers only. It was also offered to young people on Activity Agreements. 5 sustained their involvement in the programme

- The pilot has been very successful in building skills, confidence and self-efficacy
Evaluation of the Aftercare pilot projects

- All three of the ‘completers’ are moving on to College/CJS programmes.
  - The two who are moving on to college plan to become buddies at the college offering peer support to new students
- The two who are still continuing with their AA programme have already started to support other young people who are new to AA’s.

**Aftercare**
At July 2016, there were 11 young people progressing from Activity Agreements and eligible for aftercare. These young people are on the point of their transition to stage 2, so it is still too early to assess whether they will take up the offer of aftercare and what impact it will have on sustainability of progression.

**Impact on services**
- **Developing effective aftercare**
The pilot project has given the Opportunities for All team the opportunity to explore with young people what they needed from aftercare services. A key finding is that young people value their existing relationships with key workers, and want aftercare from their ‘trusted professional’ rather than from another worker. As a result of the pilot project, the Team will embed aftercare into the AA offer.

- **Integrating Peer Mentoring into the AA Programme.**
Although the Peer Mentoring was initially designed as an intervention for ‘completers’ (those waiting for a progression opportunity), the pilot has identified that the young people develop ‘soft outcomes’ developed through Peer Mentoring (confidence, self-esteem, self-efficacy) make it a valuable intervention for young people on Activity Agreements.

Peer Mentoring will now be offered as an option for young people on Activity Agreements. The added value of delivering the programme to people on Activity agreements is that Peer Mentors will also able to support new people who come onto Activity Agreements.

**East Dunbartonshire**
In East Dunbartonshire, the AA team attempts to remain in contact with young people after they have progressed from an activity agreement into stage 2 provision, but resource constraints means that the level of aftercare support is limited to letter and phone calls. The project seeks to address two specific issues:

- The large number of people dropping out of stage 2 provision
- The large number of ‘unknowns’ on the datahub.
  - Young people dropping out of Stage 2 provision are not being referred back to AA resulting in a large number of ‘unknowns’. 
What did the pilot project aim to do?
The East Dunbartonshire project aimed to identify ‘unknowns’ and re-engage these young people with employability support.

The pilot project aimed to provide intensive aftercare support to 15 young people who have progressed from an AA onto college, Employability Fund Stage 2 and or Community Jobs Scotland. The support will also include:

- access to money management skills workshops for young people to build their financial management skills (aimed at supporting them to sustain training)
- The offer of incentives to re-engage in employability services: passes for the gym to be offered as an incentive but also encourage young people to engage in positive activities.
- Young people will be encouraged to develop their personal skills through volunteering
- Young people who demonstrate an aptitude in a particular area of sport will be encouraged and supported to access specific sport related qualifications (coaching qualifications/pool life guard etc) which will improve their employability

Outcomes
This was an ambitious project which attempted to address a number of structural problems:

- Re-engaging ‘unknowns’ or unemployed
  - Approximately 200 young people were contacted
  - 144 young people were offered support to re-engage.
  - 5 young people re-engaged in employability services.

- Provision of aftercare to support for young people in stage 2 provision
  - The scale of the project was small and only 3 young people were supported through aftercare.
  - 2 sustained their progression

- Increasing the range of local opportunities for young people on Activity Agreements
  - The project aimed to engage young people in positive activities (sport/leisure and youth activities) and to use this engagement to develop pathways through volunteering and training (e.g. lifeguard/pool attendant) and then into employment.
  - The duration of the project was too short to test this element of the model.

Impact
Although the pilot had limited success in re-engaging young people in employability services, the pilot served to explore local challenges and highlight issues for future development.

The pilot identified challenges in re-engaging young people who had disengaged from
service, and has highlighted the need for further work to better understand the profile and issues which are affecting the other young people whose status is ‘unknown’ on the datahub.

The pilot has also identified the extent of the inaccuracies in the data held on the datahub and highlighted the need to improve processes with local partners to improve the tracking of individuals.

Learning from the pilots

Developing effective aftercare services

Although the numbers of young people who participated in the pilots was small, the evidence suggests that supporting young people through key transition points (‘aftercare’) can improve the sustainability of outcomes for young people post Activity Agreement.

Learning from the pilots includes:

**Relationship with TPs is central to the success of aftercare**

The pilots also emphasise that the relationship between the TP and the young person, which is at the core to the success of the TP role, is also central to the success of the aftercare role. The evidence from the pilots suggest that aftercare will be of most value when delivered by the TP, rather than by another workers who does not have the relationship with the young person.

**Need for effective tracking of young people**

The pilot projects identified inaccuracies in local data which means that young people are 'falling through the net' of services.

- The follow up exercises identified that many of the young people had dropped out of positive destinations but there was no processes to re-engage the young person in services.
- Young people are becoming disengaged from employability services and when they are re-engaged, frequently need to repeat stage 1 or stage 2 interventions.
- A process is required to ensure that young people are re-engaged immediately so that they can re-enter services at the relevant point in the employability pipeline.

The information from the pilots suggests that young people drop out at various points and for a variety of personal and structural reasons. There is a need for a process to track young people’s progress throughout their journey to identify at the earliest stage if they disengage, and to reconnect them to employability services (before they disengage further).

**Improving management information**

The pilots have identified the need for improved tracking to re-connect young people to services. Improvements in tracking will also improve data on who has dropped out of services, but also identify the stage and reasons for dropping out. This will provide
Evaluation of the Aftercare pilot projects

intelligence which will enable better management of local resources (assessment of the effectiveness of local provision) and identify structural weaknesses in local provision.

Developing provision to engage 'completers' until an appropriate progression opportunity
Two projects identified lack of local opportunities as a structural barrier to progression and developed provision aimed at engaging ‘completers’ in positive activity. The scale of the projects was too small to draw conclusions over the effectiveness of the approaches, but each has produced learning which has informed the development of services.

Borders
The Peer Mentoring Project in the Borders was aimed at ‘completers’ but the numbers were too small to run the project with completers only. It was also offered to young people on Activity Agreements.

The pilot has been very successful in building skills, confidence and self-efficacy of the young people.

The pilot has identified that Peer Mentoring is effective as an intervention for young people who are still Activity Agreement (with the added benefit that Peer Mentors can support young people who are new to new Activity Agreement), and it will be offered on that basis in future.

East Dunbartonshire
Although the pilot had limited success in re-engaging young people in employability services, the pilot served to explore local challenges and highlight issues for future development.

The pilot identified challenges in re-engaging young people who had disengaged from service, and has highlighted the need for further work to better understand the profile and issues which are affecting the other young people whose status is ‘unknown’ on the datahub.

The pilot has also identified the extent of the inaccuracies in the data held on the datahub and highlighted the need to improve processes with local partners to improve the tracking of individuals.

The pilot also generated learning about the design of pilot projects: the intended process (engagement in positive activities, progression through volunteering/training) takes time, and the duration of the project was too short to test the model for increasing access to opportunities in sport/youthwork. This is a long-term developmental model which would require a longer period of time to test.

Addressing mental health as a barrier to progression
Evaluation of the Aftercare pilot projects

Mental health is increasingly identified as a major issue for young people in Scotland and there is evidence that mental health is a significant barrier to progression for young people on Activity Agreements.

The pilot project in Dundee has provided targeted mental health interventions that are specifically linked to achieving employability goals.

- The project has demonstrated the extent of mental health issues among young people and the extent that mental health issues impact on employability.
- The findings demonstrate that mental health interventions that are delivered alongside employability support can improve young peoples’ confidence/self-esteem, their motivation and their capacity to move towards their employability goals.
- As a result of the pilot, young people have increased their levels of engagement with employability services and progressed towards positive outcomes.

Factors which have contributed to the success of the pilot include:

- The pilot was also made possible due to the additional funding raised from Dundee City Council to match the pilot funding.
- This was an innovative approach which reflects strong partnership-working in Dundee. The project involved partnership-working between NHS (The Mental Health Nurse is managed by CAMHS) and employability services.

Learning about the other barriers to progression and sustaining progression.

Flexibility in delivery of Activity Agreements
Local authority structures/processes can impact on the capacity of AA to be responsive to the needs of young people.

- Access to resources
In some areas, AA coordinators identified examples of ‘small things that could make a difference’ to whether a young person sustained a positive destination. Examples such as travel expenses were cited as barriers to sustaining but that the ‘processes’ in Local Authorities meant there is little flexibility to respond to emergency situations (e.g. get access to small amounts of cash for bus fares which might help a young person to sustain engagement).

- Flexibility in timescale for support
Many young people have chaotic lives. Progression is not linear – and these young people will need support over a long period and often need to repeat interventions before they achieve progression.

Structural barriers
Many of the young people on Activity Agreements present a range of complex needs which cannot be addressed by Activity Agreement alone. However, there is an expectation that all young people will achieve positive outcomes. The pilots have
Evaluation of the Aftercare pilot projects

identified structural barriers which impact on the effectiveness of the Activity Agreement model to deliver outcomes for young people.

- Gaps in other services

The pilot projects have identified that, with additional support, some of the challenges (e.g. mental health) can be addressed but there are gaps in services which mean that many young people on Activity Agreements will not progress.

- Progression routes for young people with additional learning needs

AA coordinators report that there are significant barriers to progression for young people with ALN. While young people with ALN might sustain education or training, there are few opportunities for onward progressions.

- Availability of opportunities

There are structural issues in the small/rural areas which affect progression for young people (the number of appropriate opportunities, timing of opportunities) and which mean that young people can need support over an extended period. However, there is concern that the shrinking access to opportunities (reduction in Employability Fund provision) will further reduce access to opportunities for some of the young people with the most challenging circumstances. Additionally challenging is the fact that much of the provision will be age-specific. As many of the young people with challenging life circumstances take longer to progress into provision, the age limits act as a further barrier to progression.

**Need for effective targeting of services**

Young people with very complex issues are often referred to Activity Agreements as a ‘placement of last resort’. However, for some young people, the challenges in their lives affect their capacity to engage in employability activity.

This can result in targeting services at young people who do not have the capacity to engage in employability services. It also dilutes the impact of the Activity Agreement model.

The inclusion of young people who cannot participate in employability activity, for whatever reason, means that the data does not give a true picture of the cohort (the number of young people who are economically inactive) or of the need for alternative services.

The learning from the pilot suggests that there is a need for more robust assessments of suitability for Activity Agreements. This will also provide more robust data on need and inform the development of alternative services, as well as improve on the impact of the Activity Agreement Model.

**Learning about designing effective projects**
Evaluation of the Aftercare pilot projects

The small scale of the pilot projects and the timescale for delivery reduced the impact of the pilots and the potential for learning.

- Short delivery timescales (and lead in times) impacted on the capacity of the project to deliver the intended activity and to deliver outcomes within the project timeframe.
- The scale of some of the pilots was very small. This makes it difficult to assess the impact of the different models or to assess the effectiveness of different approaches.

Funders should review the commissioning of pilot studies to ensure that the scale and duration of pilot projects enable the pilot to test the approach effectively.

The commissioning process should also provide adequate time for both for planning/design of models and for adequate ‘lead in time’ to operationalise projects.
Evaluation of the Aftercare pilot projects

1.0 Introduction

Background to the pilot
The Scottish Government funded five pilot projects which sought to improve the sustainability of outcomes and improve progressions for young people who had completed Activity Agreements (AA). The five pilot projects tested different models of post Activity Agreement support aimed at improving outcomes for young people. Five local authorities delivered pilot projects which ran over the period November 2015 to March 2016.

Purpose of the evaluation
The purpose of the evaluation was to explore the outcomes and impact of each approach and to consider the learning from the different approaches.

The evaluation will:
- Identify the needs and issues that the pilots sought to address
- Describe the design of the pilot projects
- Identify the outputs and outcomes from each pilot
- Identify the learning from each of the pilot projects and good practice examples which could be shared across Scotland.

The learning from these projects will inform the development of the Activity Agreement programme and in particular inform the delivery of grant outcome 7 “To increase the proportion of young people participating in Learning, Training and Work” through supporting young people (post 16) as necessary, to sustain progression on from their Activity Agreement; including the Community Jobs Scotland (CJS) work experience pilot and thereafter in a CJS opportunity.

Purpose of this report
The purpose of this report is to demonstrate the outcomes delivered by the pilot projects and identify from each the learning which could inform future delivery of services.

The pilot projects were delivered over the period November 2015 to March 2016. At the end of the period (March 2016) we delivered an interim evaluation which described the project models and the outcomes that they sought to deliver, and the progress toward delivering those outcomes.

However at that time it was impossible to identify the impact of the interventions on the capacity of young people to sustain their progression, and we recommended that a final evaluation be carried out in August 2016 to provide evidence of outcomes and further learning from the pilot projects.

Structure of the report
The structure of the report is as follows:

Chapter 2: Background to the pilot projects
This chapter provides a brief context for the development of the pilot
Chapter 3: Review of activities and outcomes delivered by the pilot projects
The pilot projects were very varied and responded to needs and issues in five different local authority areas. This chapter provides a case study for each pilot project which provides:

- The context for the pilot
- a summary of the need or issue that the project sought to address
- a summary of the project proposal: the activities and outcomes it expected to deliver
- a summary of the project delivery
- the outcomes delivered
- impact of the project at the local level

Chapter 4: Impact and learning from the pilot projects
This chapter provides a summary of the impact of the pilot projects on the development of new process and highlights the learning from the pilots.
2.0 Background to the pilot projects

Evidence has shown that the Activity Agreement model is successful in engaging with young people furthest from the labour market and supporting them to progress and sustain further learning, training and employment.

The key principles of the Activity Agreement Model are:

- Early identification of need
- Strength-based assessment
- Defined outcomes and progression
- Tailored/flexible programme of learning and activity
- Consistent one-to-one support
- Access to financial support
- Strong partnerships

Barriers to progression

Despite the successes of the Activity Agreement Model, there continue to be barriers to progression. The pilot projects were developed to test models of support which would address these issues and barriers that prevent young people from sustaining progressions.

- **Ongoing support after Activity Agreements (aftercare)**
  
  Many local authorities have identified that that without 'one-to-one' support, many young people drop out of stage 2 provision. This is evidenced by the number of young people returning to Activity Agreements when their initial progression route has failed.

  - In Glasgow, 42% of young people who had progressed from an AA to a stage 2 programme, did not progress from that stage (i.e. young people are moving from a positive to a negative destination after stage 2).

  Trusted Professionals (TPs) recognise that young people require on-going one-to-one support when they progress to stage 2 provision. However, the current funding for Activity Agreements does not include resources to provide 'post Activity Agreement support' or aftercare. The pilots sought to test models of aftercare and assess the impact on sustaining progressions.

- **Lack of local opportunities**

  Local authorities in areas where there is a lack of progression opportunities have highlighted an additional barrier to progression: In situations where young people complete their Activity Agreement but there is no available progression route (or the identified route has a start date well into the future), young people can disengage from services and end up 'back at the beginning' in terms of their employability journey. Some of the pilots aimed to develop activities to sustain young people’s engagement until an appropriate progression opportunity could be found.

- **Personal barriers – mental health**

  Additionally, practitioners have identified that there are young people with additional barriers who are less likely to progress from an Activity Agreement.
Evaluation of the Aftercare pilot projects

- In Dundee, analysis of the data showed that 90% of the young people who completed an Activity Agreement but did not progress to a positive outcome (in the period 2012/3 to date) had mental health issues.

The pilot project in Dundee aimed to test the impact of providing additional support to address mental health issues.

Five pilot projects were funded by the Scottish Government in November 2015. Each pilot reflects the unique challenges and issues in each local authority area, but aims to explore the extent to which an additional resource can impact on the sustainability of progressions for those young people completing an Activity Agreement either by providing additional one-to-one support (aftercare) for those either making a positive progression or undertaking some other additional activity until an appropriate opportunity is identified.
3.0 Review of activities and outcomes delivered by the pilot projects

Each pilot project was designed to respond to the needs and issues of different areas. This chapter provides a case study of each of the five pilot projects. The case studies describe the project design, the delivery of the project and the outcomes and impact that it has delivered at the local level.

Glasgow

Context for the pilot
Glasgow already has effective partnership structures in place to identify young people who are at risk of falling through the net. The AA service provides an ‘early intervention service’, working with young people identified as ‘at risk of disengaging’, for up to 6 months before their school leaving date. This work aims at building capacity of young people to progress into mainstream learning and training opportunities.

Glasgow also has a range of opportunities for young people at different stages of the employability pipeline.

Prior to the development of the pilot project, the AA team provided a 12 week aftercare service when young people progressed from AA to stage 2 provision.

The need /issue
Analysis of the data has identified that 44% of young people who had completed an Activity Agreement in the last year had failed to sustain their stage 2 progression or progress into stage 3.

The AA team has also identified a weakness in the system in place to track young people after the 12 week period, so that if a young person disengaged from their work/training/further education, there is no system to flag that the person has disengaged until the next SLDR, and no system to ensure that the young person is re-connected to employability services at the point of disengagement.

What did the pilot project aim to do?
The pilot project seeks to:

- Develop the aftercare service for young people who have progressed from AA into training/employment and to support them to sustain their progression.
- Develop the local processes to track a young person’s journey and to ensure that young people are re-connected to employability support at the point of disengagement.

The project also aimed to identify the issues which influenced drop-out rates, to better understand the extent to which the AA model could be developed to address these issues and whether or not they are structural issues which are beyond the control of the AA model.
Evaluation of the Aftercare pilot projects

**Expected outcomes**
This project will deliver outcomes for individuals, but the larger impact will come from the improved processes and the data it delivers which will inform the development of services in the future.

Outcomes for individuals:

- More young people who have dropped out of provision will be re-connected to employability services.
- More young people who complete an AA will sustain their positive destination.

The data will identify the reasons that young people fail to sustain. This information will inform the development of future services.

**Project description**
In Glasgow it was possible to operationalise the pilot project quickly. The aftercare team was set up by employing three modern apprentices who were about to come to the end of their 2 year Modern Apprenticeships with Glasgow City Council. Glasgow City Council also contributed to the cost of the pilot to enable the project to employ the ‘aftercare team’ for 18 months.

The project used a data-led approach to identify and prioritise aftercare services for young people most in need of support.

Using the existing data, the staff carried out an audit of the current position of all young people (around 600) who had been on Activity Agreement in 2015/2016 (plus those on the 2014/15 SLDR) to find out if they were still participating in a learning opportunity.

This enabled them to develop a prioritised list for aftercare. The priorities were:

**Priority 1.** To re-engage with anyone from the target group above who is not currently in a positive destination.

**Priority 2.** To offer ongoing support to those who progress into a learning opportunity from their activity agreement.

**Priority 3.** To raise awareness of the service and the support available to those currently in a learning opportunity who might need support in the future to sustain and progress their learning opportunity.

**Re-engaging those who have disengaged**
As part of the new re-engagement process, the team also developed new services so that there was ‘something to offer’ young people who re-engaged through the follow-up process.

Every person who re-engages is offered the opportunity to achieve a Bronze Award through Duke of Edinburgh, access to drop-in service where they can participate in an activity running every week and access to a SDS career coach who will offer careers interviews without appointment in the drop-in centre.
Evaluation of the Aftercare pilot projects

Outcomes for individuals
Over the period to March 2016, the aftercare team had made contact with over 300 young people to confirm their status and inform them of the aftercare service or to reconnect those who were in a negative destination.

As a result of the follow-up exercise, a number of young people have been reconnected to services:
- 37 have dropped in to the hub
- 25 young people have reengaged with services
- 15 young people are currently engaging in activities with the aftercare team
  - 10 have signed up for Duke of Edinburgh Award and several are using the drop-in services which have been developed
- 10 young people referred to partner agencies
- 5 young people now progressed onto another learning opportunity

Findings
The work of the aftercare team demonstrated the inaccuracies in the data held on the data hub. The follow-up showed that:
- There were 100 young people identified as having moved from AA into a ‘positive destination’ who had since dropped. These young people had not been identified as unemployed and had not been re-engaged with services.
- There were 12 young people identified on the data hub as ‘unemployed’ who were in reality ‘economically inactive’ due to health/lifestyle issues which mean that they cannot participate in employability activities.

The inaccuracies in data mean that the data is ineffective as a tool for managing and developing services. It also shows that there are young people included in the Activity Agreement cohort who are ‘economically inactive’.

Exploring where young people drop out of the system and why
The team carried out an assessment to explore the point at which young people disengage and the reasons that they had dropped out of services. The results identified that:
- 3 had been offered Activity Agreements but not taken them up
- 4 had been offered stage 2 but had not taken it up
- 5 had started stage 2 but not sustained it (reasons included not liking the provision, wrong pathway and bullying)
- 12 had completed stage 2 but had not progressed to stage 3
- 7 had started stage 3 but had dropped out
  - 5 had family issues which contributed to them dropping out

The data showed that young people were disengaging at different points in their journey - not just at the end of stage 2 – and that and that processes were not in place to reconnect them to services.
**Impact of the Pilot Project**

The project has catalysed a redesign of services at the city level which improved services to young people and improves the knowledge/intelligence which can inform future service delivery.

**Improved partnership working to generate live data on client progress**

As a parallel approach, the Glasgow team has used the pilot project as a catalyst for the redesign of services which will provide a long-term solution to the tracking of individual young people (for early identification of disengagement) and resulted in increased partnership working to reduce the number of unknowns/unemployed young people.

The Activity Agreement Service Manager, in collaboration with Glasgow’s Youth Gateway partners, has developed a framework to improve the sharing of information about progress of all young people and to reduce the number of unknowns.

- Participation and Progress Meetings (PPMs) have been established across the city to share information between the partners to improve the data on young people who are unknown or unemployed. PPMs operate at the local level – there are 10 PPMs across the city.
- Led by Skills Development Scotland, the PPMs bring together practitioners from partner agencies (Skills Development Scotland, Jobs and Business Glasgow, Activity Agreement coaches, AA aftercare worker) to share information on each young person in their area who is currently unemployed or unknown, to identify any reasons for this and to decide collaboratively how best to move that person into a learning opportunity.
- Initially the PPMs were predominantly about information-sharing (focused on reviewing data on individual young people) to generate live data on individual progress.
- As the PPM structures develop and the partnerships develop at a local level, each PPM is working to achieve local targets (to reduce the number of unknowns, to reduce the numbers of unemployed, etc).

Further examples of the improved partnership working between the partners includes:

- Now SDS work coaches are delivering workshops alongside AA staff.
- An SDS Careers Advisor also comes to the drop-in day for young people so young people can access careers advice without an appointment.

As a result, more young people are accessing appropriate services from partners.

**Re-engagement has been mainstreamed into the process**

The role of the ‘aftercare team’ has been reframed to ensure that ‘re-engagement’ is mainstreamed into the processes for young people. If a young person drops out of the process at any point, they are referred to the ‘re-engagement team’ which has a remit to follow up on the young person, find out the reason for disengaging and re-connect them to services at the appropriate point.

The development of the ‘re-engagement team’ has produced efficiencies in the use of Activity Agreement Coaches’ time and in caseload management.

- AA coaches are not spending time chasing up young people who are not willing or able to engage.
Evaluation of the Aftercare pilot projects

- Where young people have an issue or barrier which means that they disengage from AA services for a period of time, the young person will be moved out of the AA coach’s caseload and into the re-engagement team’s caseload. The re-engagement team will reconnect with the young person at intervals for a 12 month period to assess if they can reconnect during that period (the young person does not stay on the AA coach’s caseload). This makes caseload management more effective.
- Even where a young person is referred onto a personal development programme, they will come off the caseload and be referred to the re-engagement team (which flags them to be re-engaged at the end of their programme).

Targeting AA services more effectively

The review of ‘unknowns’ also highlighted the fact that there were some young people classified as unemployed who were economically inactive and unable to participate in Activity Agreements, due to health or lifestyle issues. As a result, resources are being used to chase up young people who do not have the capacity to engage, and the Activity Agreement model is diluted.

To address this issue, the Glasgow Team has developed new processes for assessing a young person’s suitability for an Activity Agreement. The assessment process takes around 7 weeks and assesses whether an Activity Agreement is the right intervention for a young person.

Suitability is assessed on the basis of:

- Is a young person able to participate?
  - Issues which might affect their ability to participate are assessed to see if the barrier can be minimised – for example if a young person has drugs/alcohol or mental health issues, can this barrier be addressed to the level or extent that they can participate in employability activity. If the barrier means that the young person cannot actively participate, then an Activity Agreement is not the right option and they will be given information about other services which might be more appropriate.

- Is the young person willing to participate?
  - The young person must be willing and able to sustain 3 one-to-one meetings (home visit, introduction to Centre, and one-to-one assessment) then 4 workshops.
  - Only if the first and second conditions are met is a young person ‘signed-up’ for an Activity Agreement. Again, this process will serve to make the data more robust and therefore valuable as a tool for the management and development of appropriate services.
Dundee

What was the need that the project sought to address?
Analysis of data from the AA programme in Dundee shows that of the 133 young people who did not progress onto a positive outcome, 90% of these had mild to moderate mental health issues.

However, there are currently no services in Dundee for young people (post school-age) with mild to moderate mental health issues.

When these young people complete their activity agreement, they are referred back to the post school team, but as they are classified as ‘economically inactive’ they do not receive further support and are not re-contacted until the next SLDR.

What did the pilot project aim to do?
The pilot project will test the provision of additional support to young people with mild to moderate mental health conditions to achieve and sustain a positive outcome.

Expected outcome
It was anticipated that 18 young people would be supported by the project, of whom 80% would achieve positive destinations.

Project description
The Scottish Government funded pilot is being delivered as part of a larger project, which has been developed as a partnership between the NHS and Dundee City Council. Mental Health has been identified as a key challenge in Dundee (and a key priority for action) and Dundee City Council has committed £45,000 match funding towards mental health services for young people.

The project (Positive Thoughts) has employed a Mental Health Practitioner who is seconded to the employability team (and line managed by CAMHs) to provide positive mental health support to young people to improve their employability.

This match funding will enable the pilot to test this approach over an 18 month period (up to 2017) and with a larger target group. As well as providing support to young people on Activity Agreements, the project will provide enhanced support for young people aged 19-24 to help them to get into employment.

The Positive Thoughts project offers individual (one-to-one) support from the Mental Health Practitioner to young people on Activity Agreements, for whom a mental health condition is impacting on their capacity to engage effectively in learning/training for employability. All young people are referred by their Activity Agreement key worker.

As part of the initial assessment carried out by the Health Practitioner, every client works on developing an action plan to identify and challenge health related barriers to employment.

The project uses the Hospital Anxiety and Depression (HAD) scale to measure improvements in mental health. The HAD scale is a self-assessment scale that is
Evaluation of the Aftercare pilot projects

validated and widely used in a variety of settings as a means to detect states of depression, anxiety and emotional distress. This tool has allowed the Project to assess the impact of interventions on young people’s mental health.

The Project also uses the Rickter Scale as an assessment and evaluation tool. The Rickter scale allows individuals to identify and set goals for their personal development (in relation to employability). The Rickter Scale provides a tool to measure ‘distances travelled’ towards these employability outcomes.

**Project activity**

It was anticipated that 18 young people on Activity Agreements would be supported through the project.

- 55 young people were referred to Positive Thoughts by Key Workers
- 50 young people attended a first interview/assessment
- 40 individuals have sustained involvement with Positive Thoughts, although on occasion this has been interrupted engagement due to a variety of external factors.

Of the 10 who have not sustained there have been various factors which have impeded this including chaotic nature of life, homelessness etc.

**Other elements of Project activity**

- **Anxiety Management group**
The Mental Health Practitioner and AA coach delivered an anxiety management group aimed at young people who had struggled to engage in employability services as a result of their anxiety /mental health. 4 girls who had struggled to engage in Activity Agreements participated and sustained the 6 week programme. (see case study on page 25)

- **Fairy Job Mother Club**
The Mental Health Practitioner has delivered positive mental health inputs to the Fairy Job Mother Club. This is a targeted job search programme for young people aged 19-24 who are job ready. Some of the young people have been on Activity Agreement while others are referred from the Jobcentre.

  - 44 young people attended sessions aimed at building their understanding of mental health and lifestyle issues, building confidence in managing negative thinking and behaviours.
  - 6 of these clients have gone on to engage in sustained activity with Positive Thoughts.

**Outcomes**

**Positive Thoughts**

40 young people have participated in sustained engagement with Positive Thoughts. These young people demonstrate improved confidence/self-esteem and self-management, better engagement with AA keyworkers and better engagement with other services.
Evaluation of the Aftercare pilot project

17 of 40 have completed their engagement with Positive Thoughts. The HADS scores show a significant improvement across the cohort in both anxiety and depression.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pre-intervention scores</th>
<th>Post intervention scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>14.47</td>
<td>5.24</td>
</tr>
<tr>
<td>Depression</td>
<td>9.65</td>
<td>4.24</td>
</tr>
</tbody>
</table>

Each condition is scored out of 21. Scores of 0-7 is considered normal; 8-10 is mild mental health problems; 11-14 is moderate; 15+ is considered severe.

Young people also showed improvements in their scores on the Rickter Scale: the average across this group of Distance Travelled as 77% showing significant progression toward personal goals.

It was anticipated that 18 young people would be supported by the project, and of this 80% (14) would achieve positive destinations.

- 15 have moved into positive destinations (training and employment)
- All 15 are currently sustaining their engagement in employment and training.

This number does not include any clients who have Positive Thoughts input via the Fairy Job Mother Club who have since moved into employment.

**Anxiety Management group**

4 young people, referred by key workers, participated. All participants completed the group and are all continuing to engage with Positive Thoughts and with AA keyworkers to explore other activities that they can progress onto.

All participants improved their HADS scores. The table below shows the average score for the group.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-intervention scores</td>
<td>13.5</td>
<td>9</td>
</tr>
<tr>
<td>Post intervention scores</td>
<td>8</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Each condition is scored out of 21. Scores of 0-7 is considered normal; 8-10 is mild mental health problems; 11-14 is moderate; 15+ is considered severe.

**Impact**

The pilot project aimed to test the provision of additional support for young people with mental health issues to achieve and sustain a positive outcome.

As part of the initial assessment carried out by the Health Practitioner every client works on developing an action plan which identifies health-related issues, challenges and actions required to address these. The action plan is focused around identifying how health factors and behaviours impact on employability, and the actions are focused around building their capacity to progress towards positive destinations.

- The project has demonstrated the extent of mental health issues among young people and the extent that mental health issues impact on employability.
- The findings demonstrate that mental health interventions can address mental health issues (anxiety and depression), improve young peoples’ confidence/self-esteem and also their capacity for self-management.
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- As a result of these improvements, young people have increased their levels of engagement with employability services and to date, 15 have moved into positive outcomes.

The project has produced case studies which demonstrate the impact of the approach on individual young people.

**Case study**

Jennifer was previously diagnosed with mental health issues (PTSD and Anxiety).

She had met with her Activity Agreement worker but due to her anxiety she had never been able to sustain this or progress towards any groups or activities.

Jennifer’s AA worker referred Jennifer to Positive Thoughts and accompanied her to the first few meetings. Initially Jennifer found it hard to engage and at times missed appointments.

The Mental Health Practitioner decided to change the strategy and started to meet Jennifer at her house then take her out.

Using a Cognitive Behavioural Therapy approach, the Mental Health Practitioner was able to assist her in identifying and challenging some of her thinking styles and behaviours.

He also introduced Jennifer to some strategies for improving daily routines and structures as an aid to improved Mental Health and Wellbeing; she embraced these approaches and over a relatively short period of time showed signs of improvement in terms of her health and confidence.

Jennifer was then given the opportunity to participate in a new Anxiety Management Group. By this point, Jennifer had the confidence and motivation to attend. Jennifer bought into this and attended each week and participated in all aspects of the course enthusiastically.

She is now in a position where she is managing her anxiety in a far more constructive manner. She has strategies and can effectively manage challenges and episodes of negative thinking/behaviours.

As a result of her she is more able to engage in employability activity. She is now actively engaged with her Activity Agreement keyworker and has developed series of activities to improve her employability skills. She is currently in a volunteering role to build her skills and confidence on her journey towards employment.

Jennifer has also sustained her engagement with the Health Practitioner to help her to sustain her improved mental health.

Her confidence has grown to the extent that she has also expressed an interest in
Evaluation of the Aftercare pilot projects

assisting in future anxiety groups by providing mentoring to new participants.

Her HAD scores at various stages of her journey were as follows –

<table>
<thead>
<tr>
<th></th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commencement of Positive Thoughts</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Commencement of Anxiety Group</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Completion of Anxiety Group</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

She also showed significant ‘distance travelled’ as measured by the Rickter Scale – 84%.

Prior to his engagement with Positive Thoughts, Andrew had been working with his Activity Agreement keyworker for some time but his attendance was sporadic and he went through periods when he disengaged from any contact or activity.

Andrew has a history of offending behaviour and episodes of anger and violence. He had also experienced bereavement through the loss of a close family member.

He was referred to Positive thoughts by his key worker, and although initially sceptical, he came along to an initial meeting.

Andrew began attending appointments regularly and the Mental Health Practitioner helped him reflect on the primarily causes of his anger (anxiety) and helped him to develop CBT-based coping strategies that were positive rather than negative.

The Mental Health Practitioner also worked on assisting him in developing skills in avoiding confrontation. He also explored different environments and situations to increase his network of contacts and establish more constructive relationships. He has now made some lifestyle changes.

Andrew has also developed the ability to reflect on his ‘learned behaviours’ and now recognises the negative impacts of previous actions.

Alongside his progress with Positive Thoughts, Andrew was engaging more effectively with his key worker and subsequently progressed onto a course based around construction.

However he struggled with some of his historic anxieties which resulted in him reverting to old behaviours. With on-going support from Positive Thoughts, he was able to review his anxieties and coping strategies.

He was subsequently able to re-engage with employability services and with the help of his keyworker has secured employment. Andrew also has aspirations to progress into Further Education and has made applications for a future intake at college.
Evaluation of the Aftercare pilot projects

<table>
<thead>
<tr>
<th>HAD Scores</th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commencement of Positive Thoughts</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Post intervention</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

He also showed significant ‘distance travelled’ towards personal goals as measured by the Rickter Scale – 81%.
Evaluation of the Aftercare pilot project

East Lothian

Context
Activity Agreement provision is delivered more flexibly in East Lothian. The flexible approach reflects the level of need of the Activity Agreement client group and the relatively small range of progression opportunities for young people. The team operates an open-ended timescale for provision and does not move young people on at the end of each intervention unless they are ready to sustain the next step.

What was the need that the project sought to address?
The project was designed to address the following needs:
- Low levels of engagement in employability services of 'hard to reach groups'
- High levels of 'drop out ' from stage 2 provision
  - in 2014/15, 70% of young people who progressed into stage 2 EF training provision did not sustain (and with no mechanism to flag that issue to the AA team, young people are dropping out of employability services completely)
- High levels of mental health as a barrier to progression
  - many of the young people who do not progress (70%) have mental health issues.
  - Counselling services are available to support young people while they are on Activity Agreements, but access to counselling ends when young people complete the AA.

What did the pilot project aim to do?
The project sought to:
1. Employ an additional (part-time) Trusted Professional (TP) to:
   - build better engagement with young people who are currently not engaging with services (hard to reach groups).
   - provide aftercare/extended TP support for a period of up to six months to young people who move into positive destinations (especially those with chaotic lifestyles/additional barriers).
2. Provide access to additional counselling support (up to 10 sessions) after young people have progressed into a positive destination to support them to sustain the positive destination.

Expected outcomes
The expected outcomes were:
- Increase in number of young people engaged in services among groups who typically do not engage (hard to reach e.g. LAC, young carers, young people with chaotic lifestyles, young people who have dropped out of formal education)
- Increase number of young people (especially those with chaotic lifestyles/additional barriers) who sustain stage 2 provision.

Project delivery
The project in East Lothian recruited an additional member of staff to deliver the project.
Evaluation of the Aftercare pilot projects

Although the recruitment process started immediately the funding for the pilot was approved, the new member of staff did not start until 26 January 2016. These delays affect the capacity of the project to test the model.

**Increasing engagement with hard to reach young people**
The additional capacity has allowed the team to have greater level of contact with LAC teams and social work etc, and as result, the number of referrals has increased.
- Referrals up from 8 to 37 for same period last year.

**Aftercare**
The additional resource has allowed the team to formalise the offer of aftercare:
- 12 young people have received aftercare to sustain stage 2/college/employment.

**Additional counselling**
- 5 young people were offered access to counselling to support their progression: 3 of 5 have taken up counselling.

**Outcomes**
Over the period of the pilot project, 12 young people have received aftercare or counselling to support their progression. To date,
- 9 of 12 are sustaining their progression,
- 1 dropped out and has returned to AA
- 1 is awaiting further progression routes (gaps in provision) and
- one has failed to sustain due to personal issues (homelessness).

**Impact of the Pilot Project**

**Increasing engagement with hard to reach young people**
The project has been successful in engaging with more young people in the ‘hard to reach’ group, (the additional capacity has allowed the team to have a greater level of contact with LAAC teams and social work) but the increased number of referrals might also be as a result of changes to the team structure. During the period of the pilot, a restructuring of service saw the Youth Disability Transitions Officers working more closely with the AA team. The Youth Disability Transitions Officers engage young disabled people in school and this has resulted in better identification of and engagement of this client group and an increase in referrals to AA.

**Impact of aftercare**
The numbers of young people who have received aftercare and counselling are small, but the pilot project has had an impact at the local level.

The project has been successful in providing aftercare to a small number of young people, who have a history of not sustaining their progression routes. To date, the majority of these young people are sustaining their progression with aftercare.

Although the team in East Lothian already operates a flexible approach which means that young people often stay on Activity Agreement ‘until they are ready to move on’, the pilot project has allowed the team to formalise the offer of aftercare. This has enabled the team to support some young people into progressions in the knowledge that they
Evaluation of the Aftercare pilot projects

could continue to support the young person. The aftercare project has therefore provided the ‘safety net’ which has enabled some young people to progress who might otherwise have been considered ‘not ready’ to progress.

What do young people value from the aftercare service?

“Having the support there when I needed it and being able to ask questions, it has helped with my confidence. Texting and getting answers quickly.”

“Someone to contact about any issues or problems at work”

“Having someone there to give you help making choices, and motivating me to move forward in life“.

“When I tried new things like college and work experience and things were going wrong, I could always text [Key Worker]. She would always encourage me and tell me about new things coming up”

Improving data and tracking of young people

The pilot highlighted gaps in information on the status of the ‘hard to reach’ client group. Increased contact with the LAAC teams etc has resulted in better sharing of information on young people. The project has driven improvements in recording and monitoring of client journeys.
Evaluation of the Aftercare pilot projects

**Borders**

**Context**
There is a lack of appropriate progression opportunities for AA completers in the Borders which means that some young people come to the end of their AA, but there is not an opportunity available to them (due to timing or location of opportunities). As a result, some young people stay on AA longer than in other areas.

**What was the need that the project sought to address?**
This project seeks to address two local issues in the Borders area:

- The project seeks to develop a Peer Mentoring Project to engage those young people who have completed an Activity Agreement, but do not have an opportunity to move. The Peer Mentoring provides a ‘positive activity’ but will also build personal skills which will enhance the employability skills of these young people.

- It is recognised that the level of support available to young people from stage 2 and 3 providers is insufficient. Many young people moving from AA require a higher level of support and as a result, do not sustain their placement.

At the practical level, many young people cannot fund their travel costs in the first week until allowances or wages are paid. This results in young people dropping out of provision. The pilot also supported travel costs for young people until they got their training allowance.

**What did the pilot project aim to do?**
The project provides an additional part-time TP to provide an aftercare programme for young people who have moved into a positive destination

- The TP will support 10 young people to sustain their positive destination.

The project also seeks to develop a new Peer Mentoring project which will engage 5 young people who have completed their AA, but do not have a positive destination to move onto.

**Expected outcomes**
- 10 young people (supported by the aftercare programme) will sustain their positive destinations
- 5 young people will sustain their engagement in learning through the Peer Mentoring training.
- These 5 young people will progress onto positive destinations.

There was also an aspiration that the Peer Mentors would go on to mentor other young people, to increase the sustainability of outcomes for more young people.

**Project implementation**
This project recruited a new member of staff to provide an aftercare service for 10 young people who are progressing from AA into training or education.
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The time required to recruit a member of staff means that the project start was delayed until January 2016.

However, the aftercare programme did not really take off until summer of 2016, as the service in the Borders plans its programme to maximise the number of ‘completers’ who complete in the summer period to fit with the available opportunities (college intake etc). As a result, the project has not yet tested the aftercare element of the pilot project.

However, the new member of staff had experience of running a mentoring programme, so has taken responsibility for delivery of this element of the pilot.

Activities and outputs

Peer Mentoring

6 young people were given the opportunity to get involved in the Peer Mentoring Project.

It was initially aimed as an intervention to engage ‘completers’ but as the numbers were low, it was also offered as an ‘activity’ to young people on Activity Agreements.

Aftercare

At July 2016, there were 11 young people progressing from Activity Agreements and eligible for aftercare. However, it is still too early to assess whether they will take up the offer of aftercare and what impact it will have on their progression.

- 7 young people are moving on to College (support not required yet)
- 3 have progressed into Employment/Training (no support required)
- 1 has progressed into volunteering (no support required)

Outcomes

Peer Mentoring

Of the 6 who started the programme, 5 have sustained their involvement (3 completers and 2 from the current Activity Agreement cohort).

The Programme has been very successful in building skills, confidence and resilience of the participants.

The young people who participated were all fairly isolated, but as a result of their involvement developed a peer group which provides support for them as individuals.

“I didn’t have friends till now”

The experience has been empowering for the individuals and the group. The group and individuals have developed a sense of purpose and motivation.

- The group is now making suggestions for new services - they are considering different ways to support other young people on Activity Agreements.
- The group has come up with the idea of setting up a ‘drop-in’ service for young people who are isolated and don’t engage in other services. They have set up a committee and are starting to plan for the new service.
- The individuals within the group now have confidence to put their ideas into practice.
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As individuals, they have greater confidence and self-esteem (as demonstrated by their involvement in the development of new services). All five feel their employability has been improved from taking part in the programme.

“No-one has ever asked me to help before”
“I felt smart by the end of the programme”
“I liked the fact we learned new ways to communicate, making it easier.”

All three of the ‘completers’ are moving on to College/CJS programmes.

- Two of these are moving on to college and plan to become buddies at the college offering peer support to new students

The two who are still continuing with their AA programme have already started to support other young people who are new to AA’s.

**Impact of the Pilot Project**

**Mainstreaming aftercare**

The pilot project has given the Opportunities For All team the opportunity to explore what an aftercare service would look like and to consult with young people about what they want and need. A key finding from the consultation is that young people value their existing relationships with key workers, and want aftercare from their ‘trusted professional’ rather than from another worker. As a result of the pilot project, The Team will embed aftercare into the AA offer.

**Integrating Peer Mentoring into the AA Programme.**

The success of the Peer Mentoring Project (on building the skills and confidence of participants) has been a standout outcome for the pilot project.

Although the Peer Mentoring was initially designed as an intervention for ‘completers’ (those waiting for a progression opportunity) the Opportunities For All team in the Borders is now planning to offer Peer Mentoring as one of the options for young people on Activity Agreement. This will support the development of skills and confidence for those individuals, but also mean that the young people who develop Peer Mentoring skills will be able to support new people who come onto Activity Agreements.

Borders Opportunities For All team is currently exploring accredited Peer Mentoring Training so that young people also get a qualification through their involvement in the project.

**East Dunbartonshire**

**What was the need that the project sought to address?**

In East Dunbartonshire, the AA team attempts to remain in contact with young people after they have progressed from an activity agreement into stage 2 provision, but resource constraints means that the level of aftercare support is limited to letters and phone calls.
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The project seeks to address two specific issues:

- Stage 2 providers do not provide support so many of these young people drop out of stage 2 provision due to lack of one-to-one support.
- Young people dropping out of Stage 2 provision are not being referred back to AA resulting in a large number of ‘unknowns’.

What did the pilot project aim to do?
The East Dunbartonshire project aims to identify ‘unknowns’ and re-engage these young people with employability support.

The pilot project will also provide intensive aftercare support to 15 young people who have progressed from an AA onto college, Employability Fund Stage 2 and or Community Jobs Scotland. The support will also include:

- Access to money management skills workshops for young people to build their financial management skills (aimed at supporting them to sustain training)
- The offer of incentives to re-engage in employability services: passes for the gym to be offered as an incentive but also encourage young people to engage in positive activities.
- Young people will be encouraged to develop their personal skills through volunteering
- Young people who demonstrate an aptitude in a particular area of sport will be encouraged and supported to access specific sport-related qualifications (coaching qualifications/pool life guard etc.) which will improve their employability. (There are jobs opportunities in the local area in the sport/leisure industry).

Expected outcomes

- Reduce the number of ‘unknowns’
- Increase the number of young people sustaining their progression into stage 2, college, training etc.
- Increase in the number of young people engaging in positive activities (health and fitness activities) and progressing into volunteering, training and employment.

Project activity and outcomes

In East Dunbartonshire, a new member of staff was recruited to the AA team to carry out the follow up of the unknowns on the datahub.

The time taken to go through Local Authority recruitment processes meant that the member of staff did not start until January 2016. The late start date has impacted on the capacity of the pilot project to reach the anticipated number of young people.

Contacting unknowns

However, the project was successful in contacting 194 young people whose status on the data hub was ‘unknown’. Of these, it discovered that 50 were participating in training/employment or education. This data was fed back to SDS to update the datahub.
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Re-engaging young people with services
The remaining 144 young people were offered support to re-engage. 5 young people re-engaged in employability services.

Aftercare
3 young people accessed aftercare, of which 2 sustained their progression

Money Management/financial management training
The plan to offer ‘money management/financial planning’ training to young people in stage 2 provision has been challenging to deliver. Local providers were not interested in embedding the service into existing provision, and young people expressed little interest in engaging this element of the project.

Incentives to re-engage in employability services
10 young people received free passes for the local leisure/sport facilities. Due to small numbers of young people who re-engaged through the pilot programme (5), this incentive was offered to all young people on Activity Agreements.

Young people will be encouraged to develop their personal skills through volunteering
- 1 young person progressed into volunteering

Young people encouraged and supported to access specific sport related qualifications
- 2 young people completed a qualification for Pool Lifeguards
- Both of the above moved into employment

Outcomes
2 of 3 young people receiving aftercare sustained their progression and moved into employment.

Impact of the Pilot Project
This was an ambitious project which attempted to address a number of structural problems:

- Re-engaging ‘unknowns’
  - 5 young people were re-engaged

- Provision of aftercare to support for young people in stage 2 provision
  - The scale of the project was small and only 3 young people were supported through aftercare.

- Increasing the range of local opportunities for young people on Activity Agreements
  - The project aimed to engage young people in positive activities (sport/leisure and youthwork activities) and to use this engagement to
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- develop pathways through volunteering and training (e.g. lifeguard/pool attendant) into employment.
  - The duration of the project was too short to test the effectiveness of this element of the model.

Although the pilot had limited success in re-engaging young people in employability services, the pilot served to explore local challenges and highlight issues for future development.

- The pilot has highlighted the inaccuracies in the data held on the datahub.
- The pilot has highlighted the need to improve processes with local partners to improve the tracking of individuals.
- It has also highlighted the need for further work to better understand the profile and issues which are affecting the other young people whose status is ‘unknown’ on the datahub.
4.0 Impact and learning from the pilot projects

The pilot projects were diverse in design and reflect the different issues and challenges in five local authority areas.

The aim of the pilots was to explore the extent to which the provision of additional one-to-one support (aftercare) for those progressing to further training, college or employment - or the provision of an additional positive activity to engage 'completers' until an appropriate progression opportunity was available - could enhance sustainability of outcomes.

This chapter provides a brief summary of the impact of the pilots and on the learning from the pilots which could inform the development of the of the Activity Agreement Model.

Summary of impact

The pilot projects were small scale and delivered over a very short period of time. As a result, most pilots have engaged only small numbers of individuals to test their models of aftercare. The impact of these projects on individuals has therefore been limited.

However, the pilots have allowed the ‘testing of approaches’ and generated learning which has resulted in the development of new processes at the local level and which can inform the development of practice in future.

The next section summarises the learning and wider impact of the pilots on the development of new processes.

East Lothian

Delivery of Activity Agreements in East Lothian is more flexible, with more open-ended timescales and (prior to the pilot) young people are not ‘moved on’ until they are ready to sustain the next step.

However, the pilot has allowed the service to formalise the offer of ‘aftercare’ and this has allowed some young people to ‘move on’ earlier than they might have otherwise with the safety net of aftercare. This demonstrates the impact of aftercare in supporting transitions.

The pilot also highlighted the need for better tracking of individuals and has resulted in improved monitoring and recording of individuals’ progress across the youth employability service in East Lothian.

Borders

The pilot project has given the Opportunities For All team the opportunity to explore what an aftercare service would look like and to consult with young people about what they want and need. This has informed the development of the aftercare offer.

The piloting of the Peer Mentoring project has resulted in the development of a new offer for young people on Activity Agreements. Although the Peer Mentoring was initially
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designed as an intervention for ‘completers’ (those waiting for a progression opportunity) the Opportunities For All team in the Borders is now planning to offer Peer Mentoring as one of the options for young people on Activity Agreement. This will support the development of skills and confidence for those individuals, but these young people will also offer Peer Mentoring to new people who come onto Activity Agreements, therefore improving the level of support to young people in the Borders area.

**East Dunbartonshire**
Although the pilot had limited success in re-engaging young people in employability services, the pilot served to explore local challenges and highlight issues for future development.

The pilot identified challenges in re-engaging young people who had disengaged from service, and has highlighted the need for further work to better understand the profile and issues which are affecting the other young people whose status is ‘unknown’ on the datahub.

The pilot has also identified the extent of the inaccuracies in the data held on the datahub and highlighted the need to improve processes with local partners to improve the tracking of individuals.

**Dundee**
The pilot project had a specific focus on testing the impact of additional support to young people with mild to moderate mental health issues in achieving positive destinations.

The pilot has developed a unique partnership with mental health services which has provided targeted mental health interventions which are specifically linked to achieving employability goals.

- The pilot has highlighted the extent to which mental health is a barrier to progress for young people on Activity Agreements.

- The project has demonstrated the impact of the additional support on building the capacity of young people to engage constructively in employability services.

- As a result of the intervention, young people have developed confidence, motivation and self-management skills which have resulted in greater progression toward employability goals and to positive outcomes for young people.

**Glasgow**
The development of the aftercare pilot has been used to develop new systems and processes which have improved partnership working between local agencies, improved targeting of resources and improve outcomes for young people.

- Partnership processes have been developed to share information on young people and focus resources on ‘unknowns’ and unemployed young people at the local level.
  - The processes have resulted in better sharing of information on ‘unknowns’ and better tracking of young people’s journeys.
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- Identifies young people who have dropped out of services/unemployed
- Ensures that young people are picked up at the initial point of disengagement and reconnected to services at the earliest point.
- Focuses partnership resources on those young people who are unknown or unemployed and therefore is contributing to better outcomes for young people.
- Provides better data on when and why young people disengage thus generating better intelligence on gaps in services/structural weaknesses.

- Re-engagement has been mainstreamed into the aftercare process. The aftercare service provides a single point of contact for young people throughout their journey, so that if young person becomes disengaged from services at any point they will immediately be offered support and linked back into the employability pipeline at the most appropriate entry.

- Better assessment of suitability for Activity Agreement so that resources are targeted on young people who have the capacity to engage (and improves the body of knowledge about the barriers and other services required by young people).

Although the partnership processes developed in Glasgow as a result of the pilot are not replicable in other areas, the learning from the pilot could inform the redesign of services in other areas.

Learning from the pilots

Developing effective aftercare services

Although the numbers of young people who participated in the pilots was small, the evidence suggests that supporting young people through key transition points (aftercare) can improve the sustainability of outcomes for young people post Activity Agreement.

Relationship with TPs is central to the success

The pilots also emphasise that the relationship between the TP and the young person, which is at the core to the success of the TP role, is also central to the success of the aftercare role. The evidence from the pilots suggests that aftercare will be of most value when delivered by the TP, rather than by another worker who does not have the relationship with the young person.

In the Glasgow model, the importance of 'relationships’ has been built into the re-engagement model.

All young people who are on Activity Agreements are made aware of the aftercare/re-engagement service, and young people now meet the re-engagement team workers while they are on Activity Agreements so that they have an established relationship with the workers prior to moving into other training provision.
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The need for effective tracking
The pilot projects identified inaccuracies in local data which means that young people are 'falling through the net' of services.

- The follow up exercises identified that many of the young people had dropped out of positive destinations but there was no processes to re-engage the young person in services.
- Young people are becoming disengaged from employability services and when they are re-engaged, frequently need to repeat stage 1 or stage 2 interventions.
- The information from the pilots suggests that young people dropout at various points and for a variety of reasons (personal issues and structural weaknesses in services).

There is a need for a process to track young people’s progress throughout their journey to identify at the earliest stage if they disengage, and to reconnect them to employability services, before they disengage further.

Impact of aftercare
The pilots suggest that aftercare services will not only support the sustained engagement of young people in stage 2 provision, but can also drive more efficient and effective delivery of services to young people.

- Improving tracking of young people
  The pilots have identified the need for improved tracking to re-connect young people to services at the point of disengagement. This will improve sustained engagement in services and improve outcomes for young people.

- Efficient use of resources
  Tracking and re-engaging young people in services at the appropriate stage in the pipeline creates efficiencies in use of AA resources (reducing the number of young people who drop-out and ‘go back to the beginning’).

- Improve data on structural weaknesses and gaps
  Improvements in tracking will also improve data on who has dropped out of services but also identify the stage and reasons for dropping out. This will provide intelligence which will enable better management of local resources (assessment of the effectiveness of local provision) and identify structural weaknesses in local provision.

Developing provision to engage 'completers' until an appropriate progression opportunity
Two projects identified lack of local opportunities as a structural barrier to progression and developed provision aimed at engaging ‘completers’ in positive activity. The scale of the projects was too small to draw conclusions over the effectiveness of the approaches, but each has produced learning which has informed the development of services.

Borders
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The Peer Mentoring Project in the Borders was aimed at ‘completers’ but the numbers were too small to run the project with completers only. It was also offered to young people on Activity Agreements.

- The pilot has been very successful in building skills, confidence and self-efficacy of the young people.
- The pilot has identified that Peer Mentoring is effective as an intervention for young people who are still Activity Agreement (with the added benefit that Peer Mentors can support young people who are new to new Activity Agreement), and it will be offered on that basis in future.

East Dunbartonshire

The pilot project in East Dunbartonshire aimed to incentivise engagement in positive activities. Young people received passes for the leisure centre, and the pilot sought to develop young people’s interest in sport/fitness, through volunteering and training (e.g. lifeguard/pool attendant) as a route into employment in youth work or the leisure industry where there are skill shortages.

The pilot was successful in supporting two young people into work. However, the intended process (engagement in positive activities, progression through volunteering/training) takes time, and the duration of the project was too short to test the model effectively.

Addressing mental health as a barrier to progression

Mental health is increasingly identified as a major issue for young people in Scotland and there is evidence that mental health is a significant barrier to progression for young people on Activity Agreements.

- In Dundee, of the 133 young people who did not progress onto a positive outcome last year, 90% of these had mild to moderate mental health issues.

The pilot project aimed to test the provision of additional support for young people on Activity Agreements with mental health issues to achieve and sustain a positive outcome.

The pilot has developed a unique partnership with mental health services which has provided targeted mental health interventions that are specifically linked to achieving employability goals.

The findings demonstrate that mental health interventions that are delivered alongside employability support can improve young peoples’ confidence/self-esteem, their motivation, their capacity to engage effectively in employability services and their progression towards their employability goals.

The Dundee pilot has provided a model for intervention which has the capacity for replication. Factors which have contributed to the success of the pilot include:

- The pilot was also made possible due to the additional funding raised from Dundee City Council to match the pilot funding.
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- Mental Health is a recognised priority in the Dundee Children’s Services Plan so the project responds to local strategic priorities.
- This was an innovative approach which reflects strong partnership-working in Dundee. The project involved partnership-working between NHS (The Mental Health Nurse is managed by CAMHS) and employability services.
- This has allowed the pilot to test the approach at a greater scale and over a longer period than would have been possible with funding from the Scottish Government pilot.

Learning about the other barriers to progression and sustaining progression.

Capacity for flexibility in delivery of Activity Agreements
Local authority structures/processes can impact on the capacity of AA to be responsive to the needs of young people.

- Access to resources
In some areas, AA coordinators identified examples of ‘small things that could make a difference’ to whether a young person sustained a positive destination. Examples such as travel expenses were cited as barriers to sustaining but that the ‘processes’ in Local Authorities meant there is little flexibility to respond to emergency situations (e.g. get access to small amounts of cash for bus fares which might help a young person to sustain engagement).

- Flexibility in timescale for support
Many young people have chaotic lives, and sometimes young people drop out of provision because of other issues in their lives or their family circumstances (e.g. they become homeless, caring responsibilities etc). Others have conditions which make progression slower. Delivering outcomes for these young people takes time.

Progression is not linear: these young people need support over a long period and often need to repeat interventions before they achieve progression.

Structural barriers
The pilots have identified structural barriers which impact on the effectiveness of the Activity Agreement model to deliver outcomes for young people.

- Gaps in other services
The pilot projects have identified that, with additional support, some of the challenges (e.g. mental health) can be addressed but there are gaps in services which mean that many young people on Activity Agreements will not progress.

- Progression routes for young people with additional learning needs
AA coordinators report that there are significant barriers to progression for young people with ALN. While young people with ALN might sustain education or training, there are few opportunities for onward progressions.

- Availability of opportunities
There are structural issues in the small/rural areas which affect progression for young people (the number of appropriate opportunities, timing of opportunities) and which
mean that young people can need support over an extended period. Activity Agreements are frequently delivered more flexibly in these areas to sustain young people’s engagement. However, there is concern that the shrinking access to opportunities (reduction in Employability Fund provision) will further reduce access to opportunities for some of the young people with the most challenging circumstances.

Additionally challenging is the fact that much of the provision will be age-specific. As many of the young people with challenging life circumstances take longer to progress into provision, the age limits act as a further barrier to progression.

**Identifying the Activity Agreement ‘target client group’**

Young people with very complex issues are often referred to Activity Agreements as a ‘placement of last resort’. However, for some young people, the challenges in their lives affect their capacity to engage in employability activity. This can result in targeting services at young people who do not have the capacity to engage in employability services. It also dilutes the impact of the Activity Agreement model.

The inclusion of young people who cannot participate in employability activity, for whatever reason, means that the data does not give a true picture of the cohort (the number of young people who are economically inactive) or of the need for alternative services.

The learning from the pilot suggests that there is a need for more robust assessments of suitability to identify young people for whom Activity Agreements are an appropriate intervention. This will improve on the impact of the Activity Agreement Model and lead to the development of more robust data on need to inform the development of alternative services.

**Learning about designing effective projects**

The small scale of the pilot projects and the timescale for delivery reduced the impact of the pilots and the potential for learning.

The funding for the pilot projects was approved to deliver activity in the period November 2015 to March 2016. The lead-in time required to establish project activity meant that the timeframe for delivery was less than 5 months (in some cases project staff were not in post until January 2016 further reducing the project delivery timescale). This impacted on the capacity of the project to deliver the intended activity and to deliver outcomes within the project timeframe.

- Short delivery timescales (and lead in times) impacted on the capacity of the project to deliver the intended activity and to deliver outcomes within the project timeframe.
- The scale of some of the pilots was very small. This makes it difficult to assess the impact of the different models or to assess the effectiveness of different approaches.

Funders should review the commissioning of pilot studies to ensure that the scale and duration of pilot projects enable the pilot to test the approach effectively.
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The commissioning process should also provide adequate time for both for planning/design of models and for adequate ‘lead in time’ to operationalise projects.