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Economic Inactivity Trailblazer in Wales: Year 1 Formative Evaluation and Theory of Change Report

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Economic Inactivity Trailblazer in Wales: Year 1 Formative Evaluation and Theory of Change Report

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Glossary

CfW

Communities for Work

CfW+

Communities for Work plus

DWP

Department for Work and Pensions

GAD-7

Generalised Anxiety Disorder 7-item scale

JCP

Job Centre Plus

NEET

Young people classified as not in education, employment or training

OT

Occupational Therapist

RSES

Rosenberg Self-Esteem Scale

Theory of Change

A Theory of Change provides a structured explanation of how and why an intervention is expected to achieve its intended outcomes. It sets out the causal pathways linking inputs, activities, outputs and outcomes, while making explicit the assumptions and contextual factors that underpin change.

Executive Summary

Introduction and background

This formative report for the Welsh Government presents findings from the scoping phase of the Economic Inactivity Trailblazer evaluation in Wales.

The scoping work included a review of policy documents and wider evidence, scoping interviews with stakeholders, a review of programme data and 4 Theory of Change workshops.

Methodology

Between February and May 2026, the evaluation used several scoping activities to inform the formative report and Theories of Change. These included:

- a review of policy and programme documents, including pilot delivery plans, progress reports and monitoring templates
- an evidence review of 19 documents on what works in engaging and supporting economically inactive people into employment
- 12 scoping interviews with Welsh Government, local authority and Department for Work and Pensions (DWP) officials
- review of Management Information data up to January 2026
- 4 Theory of Change workshops, covering each pilot area and the Wales-level programme

Main findings from early implementation

Early Management Information data indicates a diverse range of participants, with substantial barriers to employment, have been reached by the pilots. There were a total of 695 participants on the Trailblazer from its launch to January 2026, with over half of these in Blaenau Gwent (354) and around quarter in Denbighshire and in Neath Port Talbot (168 and 173 respectively). Most participants were aged between 25 and 49 (43.5%); over 1 in 4 were young people aged 24 and under (29.9%); and 1 in 5 were aged over 50 (20.4%).

Across areas, an average of 74% of participants were not employed and not looking for work when they joined the Trailblazer pilot. The remainder were not employed and looking for work (an average of 16% across areas) and a very small proportion (average of 1.8% across areas) were in education or training. 8% were recorded as 'prefer not to say' or their record was left blank.

Communities for Work+ (CfW+) was found to be an important programme providing support for participants prior to their engagement with the Trailblazer pilot.

The main reported barriers to work at registration were lack of suitable jobs, transport, confidence and skills. Nearly two-thirds of participants (61.3%) had a long-term health condition or impairment that affected day-to-day activity a little (35.8%) or a lot (25.5%). A very small proportion had a health condition or impairment, but stated it did not affect their day-to-day activity (1.2%). Nearly 1 in 10 (9.2%) did not report a health condition or impairment. Data was missing for 27.3% of participants. Poor mental health was the most frequently recorded health condition (recorded for 39.1% of participants). This suggests the pilot's focus on wellbeing, confidence, trust-based engagement, and non-linear pathways is appropriate.

Emerging findings on how to engage people who are economically inactive

Emerging findings from scoping interviews indicate 2 main areas which are working well: engagement, and delivery of support.

For engagement, this includes taking services to people, for example, outreach, hyperlocal [footnote1] community-level engagement, which is different from existing programmes, and the use of non-employability activities as 'hooks' to engage for example. crafts and walking groups.

Considering delivery of support, the co-location of services is working well to promote engagement, for example. Economic Inactivity Trailblazer staff in one area spend time at Jobcentre Plus offices to establish and sustain relationships and to accept warm handovers of participants signposted to Trailblazer activity.

Economic Inactivity Trailblazer Theory of Change

Rationale and context

There is growing recognition that economic inactivity is often driven by health, disability, and caring responsibilities. Current employment support is fragmented and can be hard for individuals to navigate. It can have narrow eligibility, often focused on those on benefits. Many employers currently lack knowledge, skills and confidence to offer suitable opportunities for disabled people and those with long-term health conditions.

The rationale for the Economic Inactivity Trailblazer is therefore to provide a testbed to trial new approaches to tackling these problems and generate and share learning. The Trailblazer is intended to offer flexibility for local areas to design tailored approaches that meet needs of their communities to ensure activities complement and do not duplicate existing support.

Main activities

[1] Hyperlocal describes something limited to a very small, well-defined geographic area

A wide range of activities are being trialled, including:

- innovative ways to reach and engage underserved groups through community-based outreach and new approaches to triage and single access points
- a focus on joint working between health and employability professionals, as well as a focus on strengthened joint working between occupational therapists and GPs in some areas
- 1:1 support from a key worker
- holistic support (through partnership working) to address wide-ranging needs, including wellbeing

Mechanisms

Some important mechanisms that are intended to achieve outcomes are:

- support in familiar (hyper-local) venues helps to build trust and engagement
- interest-based community events are experienced as engaging and low-pressure, which helps build trust, helps overcome fear and reaches people who may not be actively considering employment
- relationships with trusted key workers build confidence and trust to engage
- addressing a range of wider, non-employment needs removes practical, financial and psychological barriers to employment support, encouraging people to engage in employment support

Outcomes

Improved mental health and wellbeing and reduced social isolation were identified as important intermediate outcomes for participants.

For employers, improved knowledge about inclusive practices were identified as an important outcome. And for system partners, improved communication and data sharing to improve strategic decision making.

It is likely these intermediate outcomes, along with an increase in referrals to employment support, will be observed during the Trailblazer delivery period but job entry outcomes will take longer to be realised.

intended outputs / processes that could lead to long-term impacts

The following outputs / processes that could lead to long-term impacts were identified:

- develop new and sustainable multi-agency approaches to addressing economic inactivity
- create a more streamlined experience for participants, with multiple services accessed via a single entry-point

- support employers to develop more inclusive recruitment and workplace practices

Next steps

The next stage of the evaluation will focus on primary research in year 2 of delivery.

1. Introduction and background

This formative report for the Welsh Government presents findings from the scoping phase for the Economic Inactivity Trailblazer evaluation in Wales.

The scoping work included a review of policy documents and wider evidence, scoping interviews with stakeholders, a review of programme data and 4 Theory of Change workshops.

The programme-level and local Theory of Change models are presented in Chapters 4 to 7.

1.1. UK policy priorities of relevance to the Economic Inactivity Trailblazer

The Get Britain Working White Paper was published by UK Government in November 2024 and sets out an ambition to tackle persistent economic inactivity and youth disengagement from the labour market. It outlines a long-term goal of reaching an 80% employment rate across the UK and address rising inactivity driven largely by long-term ill health.

The White Paper introduced Economic Inactivity Trailblazers to test new targeted, place-based pilots to integrate employment, skills and health support. Funding of up to £20 million was allocated to the Welsh Government to deliver one of the Economic Inactivity Trailblazer pilots in Wales.

1.2. Wales policy priorities of relevance to the Economic Inactivity Trailblazer

The primary policy driver which has informed the model of the Economic Inactivity Trailblazer in Wales has been the then Welsh Government's Stronger, fairer, greener Wales plan which focuses on those under-represented in the labour market and those out of work with long term health conditions. The plan sets out a milestone for at least 90% of 16- to 24-year-olds in education, employment, or training by 2050.

The pilot has been intended to test approaches to inform employability support provision for Wales.

The Economic Inactivity Trailblazer also supports the delivery of other Welsh Government policies and compliance with legislation by testing and embedding integrated approaches that address health-related barriers to employment:

- Well-being of Future Generations (Wales) Act 2015 by focusing on sustainable system change across health, employment and community provision.
- A Healthier Wales by enabling joined-up, person-centred support that brings together health, employability and third sector services.
- Mental health and wellbeing strategy by adopting a holistic approach to support people whose mental health affects their ability to participate in work
- National framework for social prescribing by connecting economically inactive people to community-based wellbeing support
- Marmot principles which are adopted by 5 local authorities to reduce health inequalities by focusing on those facing the greatest barriers to work

1.3. National strategic objectives for the Economic Inactivity Trailblazer

The Economic Inactivity Trailblazer aims to develop strong partnerships and referral arrangements with community organisations and local partners such as Local Health Boards, GPs, Jobcentre Plus, social care services, community health services and third sector organisations.

The central aim is to reduce duplication of support and add value to provision that already exists by further developing a single access point to support.

The Economic Inactivity Trailblazer will test localised approaches and use a multi-agency approach aiming to reduce economic inactivity, focusing on people out of work and not looking for work who are not currently engaged with employment or skills support or in education or training.

2. Methodology

The methodology adopted between February and May 2026 to inform the formative report and Theories of Change reports involved:

- holding an inception meeting with Welsh Government officials and preparing an inception report which confirmed the work programme
- reviewing policy and programme documents. The programme documents reviewed included delivery plans for each Trailblazer pilot area, progress reports and programme monitoring templates
- undertaking an evidence review to identify what works in terms of engaging and supporting economically inactive people into employment. In all, 19 documents were reviewed
- undertaking scoping interviews with a total of 12 officials. Of these, 5 were Welsh Government, 4 were local authority and 3 were DWP officials
- conducting a review of programme Management Information data available up to January 2026 to analyse participants who had engaged with the programme
- facilitating 4 Theory of Change workshops, including one for each Trailblazer pilot area and one at the Wales programme level. These workshops were attended by a range of stakeholders. The pilot area workshops involved local authority management and delivery staff, as well as representatives from partner organisations, while the Wales-level workshop was attended by policy leads from the Welsh Government and DWP
- scoping the feasibility of potential impact and economic evaluation approaches. For the impact evaluation, this involved reviewing available Management Information, survey and administrative data against the outcomes identified in the Theories of Change, and assessing the suitability of quasi-experimental design methods. For the economic evaluation, this involved considering the availability of cost data, identifying appropriate monetisation values for outcomes, and exploring approaches for analysing costs on a per-participant basis

3. Early findings from year 1

3.1. Findings from the evidence review

A review of the evidence suggests several factors are effective in engaging and supporting economically inactive people. These include:

- engagement and take-up activities such as personalised outreach, trusted staff and simplified referral routes
- support models which consist of holistic, integrated, multi-component support (skills, health, confidence, practical barriers) and employer-engaged models
- tailoring for disadvantaged groups. For people who are long-term unemployed, the evidence supports structured, sequenced support, with a focus on building confidence and motivation in the early stages of the pathway. For people with health conditions, the evidence supports integrated employment and health interventions reflecting that health and employment outcomes are interdependent

Overall, the evidence base is mixed; most studies use descriptive or qualitative approaches and do not use causal or counterfactual methods. Findings are useful for understanding patterns and experiences. However, since the robustness of impact estimates is limited, findings should be interpreted with care.

A range of factors were identified which influence success beyond programme content. Local ecosystem factors were identified, including partnership working, service coordination, co-location and alignment with local labour market opportunities.

A range of barriers to participation were identified, including transport, childcare, caring responsibilities, digital access, health challenges, experience with the criminal justice system, neurodivergence, recovering from addiction or homelessness and experience with trauma or abuse.

Evidence from the review also identified several practical factors that can affect programme delivery and participant engagement. These include:

- clear eligibility and referral pathways
- sufficient programme duration and intensity
- staff recruitment and retention
- data integration (with DWP, for example)
- employer awareness and understanding of programmes
- employer incentives

3.2. Findings from the scoping interviews: rationale and design

Scoping interviews explored the rationale for the Economic Inactivity Trailblazer pilot, including the need for more integrated, locally tailored support for people facing complex barriers to work.

There is growing recognition that economic inactivity is driven by health, disability and caring responsibilities. Scoping interviews also highlighted the requirement to engage people facing barriers, including those not on benefits. The goal of creating a seamless journey for people can be summarised as “one conversation, not ten”.

It was expressed that local authorities are well placed to define and tailor provision to suit the needs of their communities, whilst a hyper-local approach using community organisations is expected to increase engagement.

It was also acknowledged that there is a need to address systemic fragmentation and duplication in provision, along with a need to improve employer engagement and employer confidence to hire disabled and health-affected people. In the long term, this will require the strengthening of employer recruitment and retention practices.

Scoping interviews identified several differences in how the Trailblazer pilots was structured and delivered across the 3 Welsh pilot areas. Differences include:

- size and composition of partner networks
- the percentage of funds retained for local authority staff varies (high in Neath Port Talbot and Denbighshire, and low in Blaenau Gwent)
- different programme structures. For example the pilot in Blaenau Gwent consists of 10 to 12 small elements whilst in Neath Port Talbot it consists of 3 well-defined elements
- funding being mainly used to establish new provision in 2 areas (Blaenau Gwent and Neath Port Talbot) while extending and enhancing provision in Denbighshire
- funds used to establish outreach and engagement work in Neath Port Talbot and Blaenau Gwent but expand existing approach in Denbighshire
- Neath Port Talbot and Denbighshire fund health boards to employ occupational therapists whilst Blaenau Gwent draws on health board wellbeing support
- the initial focus of collaboration with health board in Neath Port Talbot is in one cluster area; others are across the whole Local Authority.
- different expectations about participant referral sources with varying emphasis on Jobcentre Plus, health and community group referrals

Scoping interviews identified a range of innovative features across the Trailblazer pilots, including targeted outreach, new delivery partnerships and improved approaches to data and administration. Interviewees highlighted:

- online gaming intervention to reach housebound young people (Blaenau Gwent)
- targeting specific communities, for example, Gypsy, Roma and Traveller communities (Blaenau Gwent)
- funding for health boards to ‘ring-fence’ resources for employability initiatives
- funding for community or third-sector organisations across all 3 pilots to engage participants.
- introduction of new Management Information System across all 3 pilots to improve data capturing, reporting and sharing
- adoption of AI tools to handle administrative tasks (Denbighshire)

3.3. Findings from the scoping interviews: early delivery

This section summarises early findings from scoping interviews on how the Economic Inactivity Trailblazer was designed and delivered in pilot areas.

Scoping interviews outlined:

- pilot areas selection based on evidence of need and diversity of contexts (urban, rural and Welsh language)
- existing mature infrastructure allowed quick mobilisation: Communities for Work Plus delivery arrangements, effective triage processes, appropriate governance arrangements, and existing staff with local knowledge
- focus during first few months on establishing structures, partnership and governance arrangements
- focus during first 6 months on recruiting staff and delivery partners

Scoping interviews identified several features of delivery that were working well during the early stages of the Trailblazer. These included:

- delivery team with right aptitude, empathy and skillset
- person-centred approach, as barriers are complex and varied
- co-location of services for example Trailblazer staff working in Jobcentre Plus offices
- taking services to people for example outreach, hyperlocal community-level engagement
- non-employability activities as ‘hooks’ to engage for example crafts and walking groups
- flexibility to address local needs, gaps and circumstances

Scoping interviews identified several early delivery challenges affecting implementation across the Trailblazer pilot areas. These included:

- data sharing barriers between Welsh Government, local authorities and the DWP
- Jobcentre Plus signposting not translating into high engagement
- delays in confirming funding caused underspend and planning difficulties
- short-term funding cycles hinder recruitment, retention and continuity of support
- difficulties engaging health boards and establishing new joint working arrangements
- monitoring soft outcomes and distance travelled remains difficult due to lack of standard tools

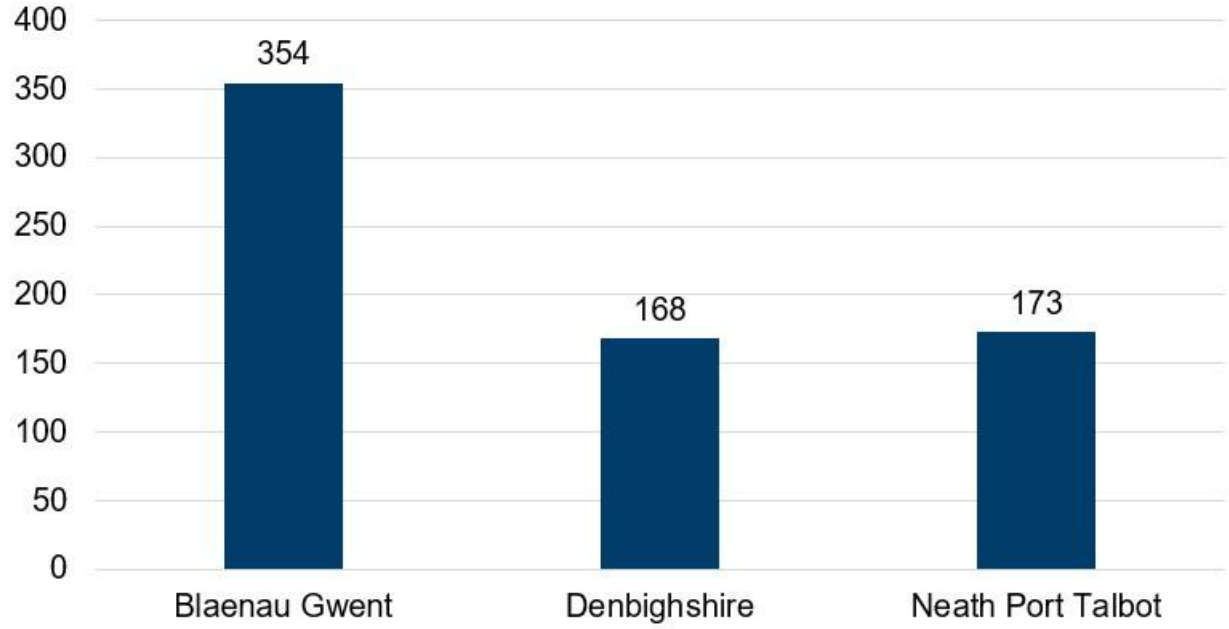
Scoping interviews also highlighted unexpected outcomes and early lessons that can inform delivery in year 2. These included:

- strong collaboration and sharing of learning between 3 pilot Trailblazers for example methods of engaging health boards, national conference
- financial issues are a major barrier and resources being shifted in year 2 to employ Citizens Advice advisors
- the value of approaching health boards at different levels (strategic, operational and local) to secure engagement
- supporting economically inactive people with complex barriers takes time and resources

3.4. Review of programme data

This section reviews programme monitoring data to describe participant characteristics, barriers to work and early patterns of engagement across the 3 Trailblazer pilot areas.

Figure 3.1 Economic Inactivity Trailblazer participants by pilot area, launch to January 2026 [Note 1] [Note 2]



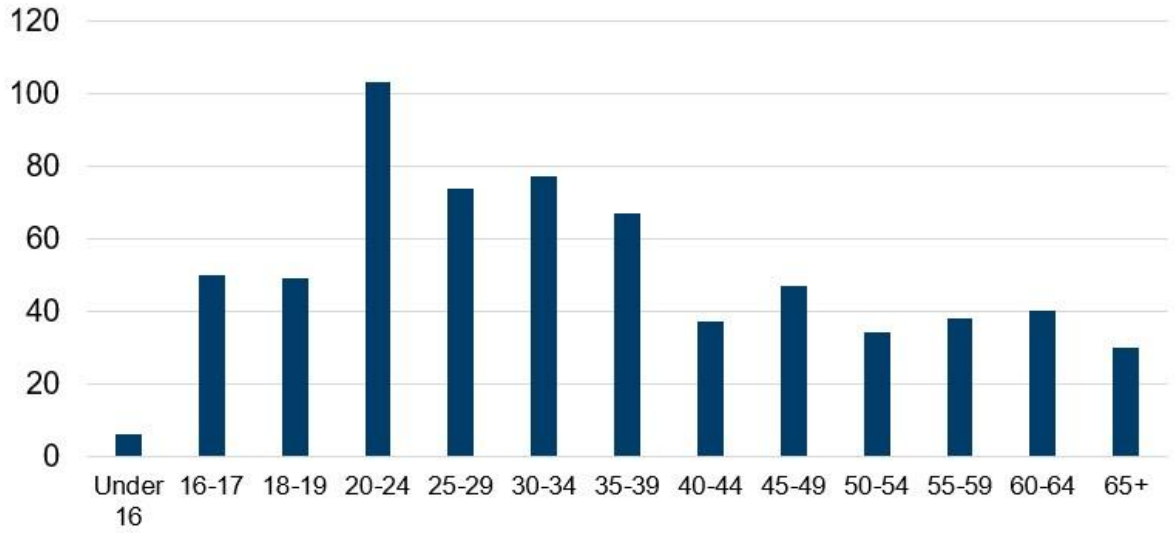
Description of Figure 3.1: a bar chart which shows 695 participants up to January 2026. Blaenau Gwent recorded 354 participants, compared with 173 in Neath Port Talbot and 168 in Denbighshire.

Source: Welsh Government Trailblazer Management Information data

[Note 1] Latest end date was 05 Jan 2026. The number of people that have exited the programme were as follows: Blaenau Gwent = 1; Denbighshire = 41; Neath Port Talbot = 0. The main reason for exiting was that most lost contact or disengaged.

[Note 2] Launch date varied between the 3 areas from July 2025 to August 2025

Figure 3.2 Age of Economic Inactivity Trailblazer participants, launch to January 2026 [Note 1] [Note 2] [Note 3]



Description of Figure 3.2: a bar chart showing the age profile of Economic Inactivity Trailblazer participants. Participants aged under 16 represented the smallest age group, while those aged 20 to 24 represented the largest.

Source: Welsh Government Trailblazer Management Information data

[Note 1] Age data was missing for 43 participants

[Note 2] Total participants: 695

[Note 3] launch date varied between the 3 areas from July 2025 to August 2025.

Figure 3.2 shows that most participants were aged between 25 and 49, accounting for 43.5% of participants. Participants aged 24 and under made up 29.9%, while those aged 50 and over made up 20.4%.

As shown at Table 3.1, across all 3 pilot areas, an average of 74% of participants were not employed and not looking for work when they joined Trailblazer. A smaller proportion were not employed but looking for work, averaging 16%, while very few were in education or training, averaging 1.8%.

Table 3.1 Participant employment status [Note 1] [Note 2]

	Employed part-time (*n*)	Employed part-time (%)	In formal education or training (*n*)	In formal education or training (%)	Not employed and looking for work (*n*)	Not employed and looking for work (%)	Not employed and not looking for work (*n*)	Not employed and not looking for work (%)
Blaenau Gwent	[x]	[x]	19	5.4	73	20.6	177	50.0
Denbighshire	[x]	[x]	[x]	[x]	13	7.7	155	92.3
Neath Port Talbot	[x]	[x]	[x]	[x]	34	19.7	138	79.8

Source: Welsh Government Trailblazer Management Information data

[Note 1] Percentages were calculated out of the total number of participants per area. Cells with values < 5 have been suppressed as [x]

[Note 2] Employment status data was missing for 7 participants.

The most reported programmes that participants had previously attended included:

- Blaenau Gwent: Breaking Barriers (n = 14, 2.0%)
- Denbighshire: Communities for Work+ (n = 116, 16.7%) [footnote 2]
- Neath Port Talbot: Communities for Work+ (n = 2, 0.3%) [footnote 3]

Table 3.2 presents the barriers to work reported by participants when they joined the Economic Inactivity Trailblazer. It shows that the most commonly reported barriers were a lack of suitable jobs and transport, alongside other factors such as confidence and skills. Participants could report more than one barrier, so the figures should be interpreted as the range of challenges identified across the participant group rather than mutually exclusive categories.

[2] Communities for Work Plus (CfW+) is a Welsh Government-funded employment support program designed to help people who face barriers to finding or staying in a job
[3] Programme data was missing for 398 participants

Table 3.2 Barriers to work reported by participants when they joined the Economic Inactivity Trailblazer [Note 1] [Note 2]

Barrier	Number	Percent
Suitable jobs	201	28.9
Transport	158	22.7
Confidence	146	21.0
Skills	145	20.9
Childcare	77	11.1
Health	56	8.1
Caring responsibilities	44	6.3
Homeless	12	1.7
Language barriers	9	1.3
Retired	5	0.7

Source: Welsh Government Trailblazer Management Information data

[Note 1] Values were calculated across 4 variables: barriers, barriers_other, barriers_non_health, barriers_non_health_other (suggesting that participants could include more than 1 response).

[Note 2] Missing = 40 for 'barrier' variable.

Table 3.3 shows whether participants reported having a long-term health condition or impairment, and whether this affected their day-to-day activities. It indicates that most participants had a long-term health condition or impairment that affected them either a little or a lot. A smaller proportion reported no health condition or impairment, while data was missing for some participants.

Table 3.3 Whether participants reported having a long-term health condition or impairment [Note 1]

Health status	Number	Percent
Long-term health condition or impairment - no impact	8	1.2
Long-term health condition or impairment - a little	249	35.8
Long-term health condition or impairment - a lot	177	25.5
No long-term health condition or impairment	64	9.2

Source: Welsh Government Trailblazer Management Information data

[Note 1] Missing data for 190 participants

Table 3.4 presents the most frequently recorded health conditions among participants who joined the Economic Inactivity Trailblazer. It shows that poor mental health was the most common condition reported, highlighting the importance of wellbeing, confidence-building and holistic support within the programme. Participants could report more than one health condition, so the figures should be interpreted as the range of health-related barriers recorded across the participant group rather than mutually exclusive categories.

Table 3.4 Most frequently recorded health conditions among participants [Note 1] [Note 2]

Health condition	Number	Percent
Mental health	272	39.1
Socially or behaviourally (for example associated with autism spectrum disorder (ASD), or attention deficit hyperactivity disorder (ADHD))	79	11.4
Mobility (for example walking short distances or climbing stairs)	76	10.9
Learning or understanding or concentrating	33	4.7
Dexterity (for example lifting and carrying objects, using a keyboard)	23	3.3

Source: Welsh Government Trailblazer Management Information data

[Note 1] Missing = 79 for 'lt_health_condition' variable, 645 for lt_health_condition_other' variable.

[Note 2] Percentages were calculated out of the total number of participants (N = 695).

4. Theory of Change - programme level

4.1. Summary

This part of the report presents 4 Theories of Change for the Economic Inactivity Trailblazer: the Welsh programme level Theory of Change (this chapter) and Theories of Change for each of the participating 3 local authorities (Chapters 5, 6 and 7).

The Theories of Change were developed using evidence from a review of policy documents and wider evidence, scoping interviews with stakeholders, a review of programme data and 4 Theory of Change workshops. The local authority Economic Inactivity Trailblazers 'had existing Theories of Change which had been developed as part of the UK-level evaluation of the Trailblazer programme, which were developed and refined.

4.2. Important steps to develop a Theory of Change and logic model

A Theory of Change is a tool used to depict the theory behind an intervention or programme, and "how the intervention is expected to work in practice" to deliver its desired goals. It helps to describe a policy, service, or programme, and provides important details about why an intervention is necessary, who it is intended to affect, how it will work, and what it will ultimately achieve. Logic models help visualise the causal chains in an intervention (HM Treasury, 2026)

A theory of change can be used to establish the theoretical basis for evaluations by setting out the nature of the problem, what intervention will be delivered, and the impact expected. This provides a benchmark against which we might judge a policy, service or programme's implementation and effectiveness.

A theory of change sets out in a series of steps:

1. Context
2. Inputs
3. Activities
4. Outputs
5. Outcomes
6. Impact

4.3. Eligibility criteria for the Economic Inactivity Trailblazer in Wales

To be eligible, a person must:

- be economically inactive (aged 16 to 64), neither employed nor unemployed and not looking to begin work in the next 6 weeks
- not currently required to engage with employment support (for example by Jobcentre Plus)
- have a health condition, be disabled or have caring responsibilities (excluding students)

Therefore, individuals could include young people who are NEET.

4.4. Inputs

There are 5 important inputs for the Economic Inactivity Trailblazer in Wales that are needed to ensure the programme activities can occur:

- sufficient funding
- pre-existing knowledge, experience and infrastructure to deliver community-based employment programmes (for example Communities for Work Plus)
- access to existing community venues (for example libraries, leisure centres)
- working groups and governance time
- data system to monitor outcomes

4.5. Activity to outcome mapping

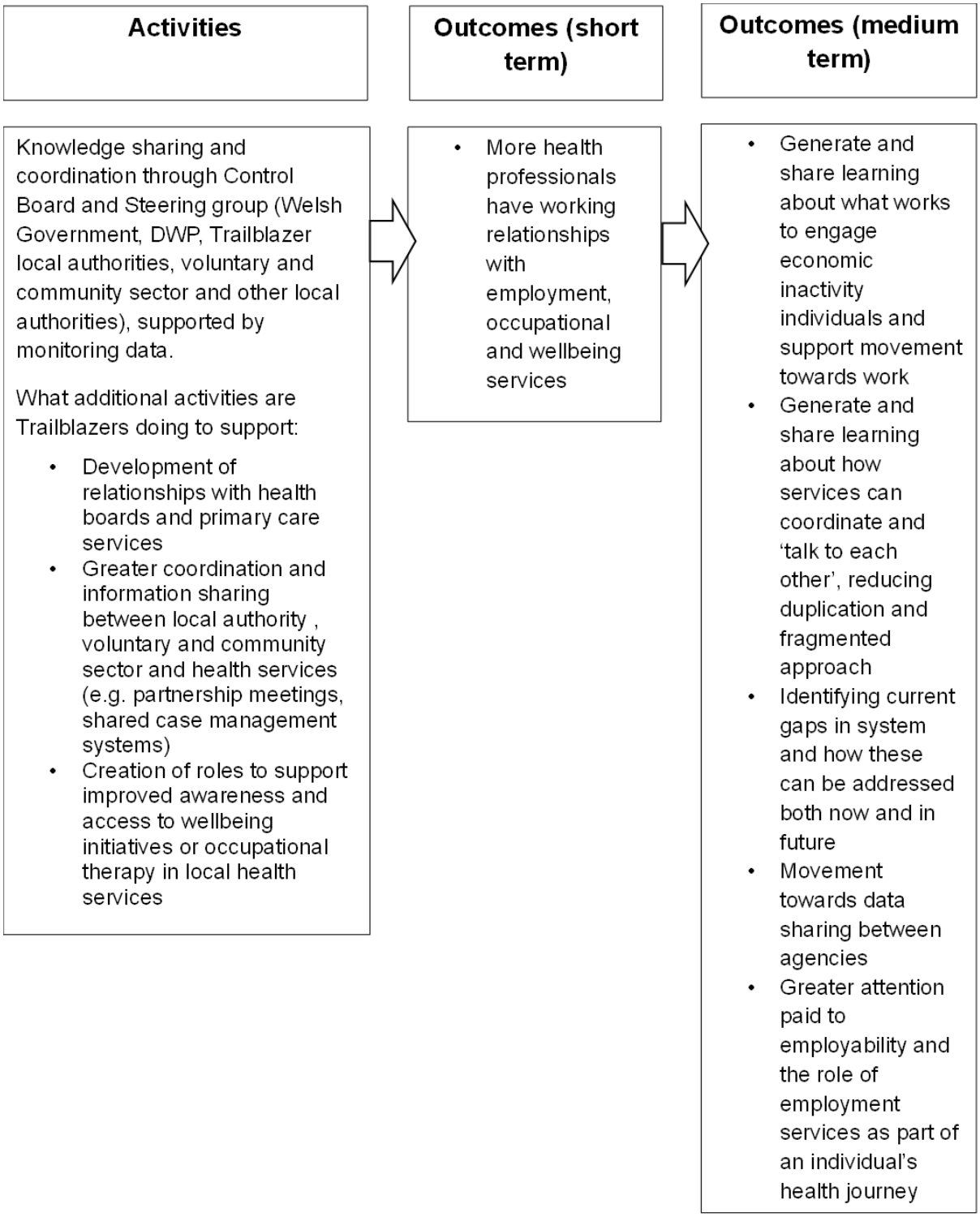
In this section, a number of pathways from activities to short-term outcomes, and then to medium-term outcomes are presented.

The funding input by the UK Government enabled a number of activities including:

- the recruitment of delivery staff (for example triage roles, health and wellbeing coaches)
- staff to work intensively (in terms of frequency) to build relationships with both economically inactive individuals and employers
- increased capacity to link up with health, skills, voluntary and community sector and employment services
- the trialling of new approaches without a proven track record, adopting a test and learn approach

4.5.1. Knowledge sharing and system integration pathway

Figure 4.1 Welsh Trailblazer knowledge sharing and system integration pathway

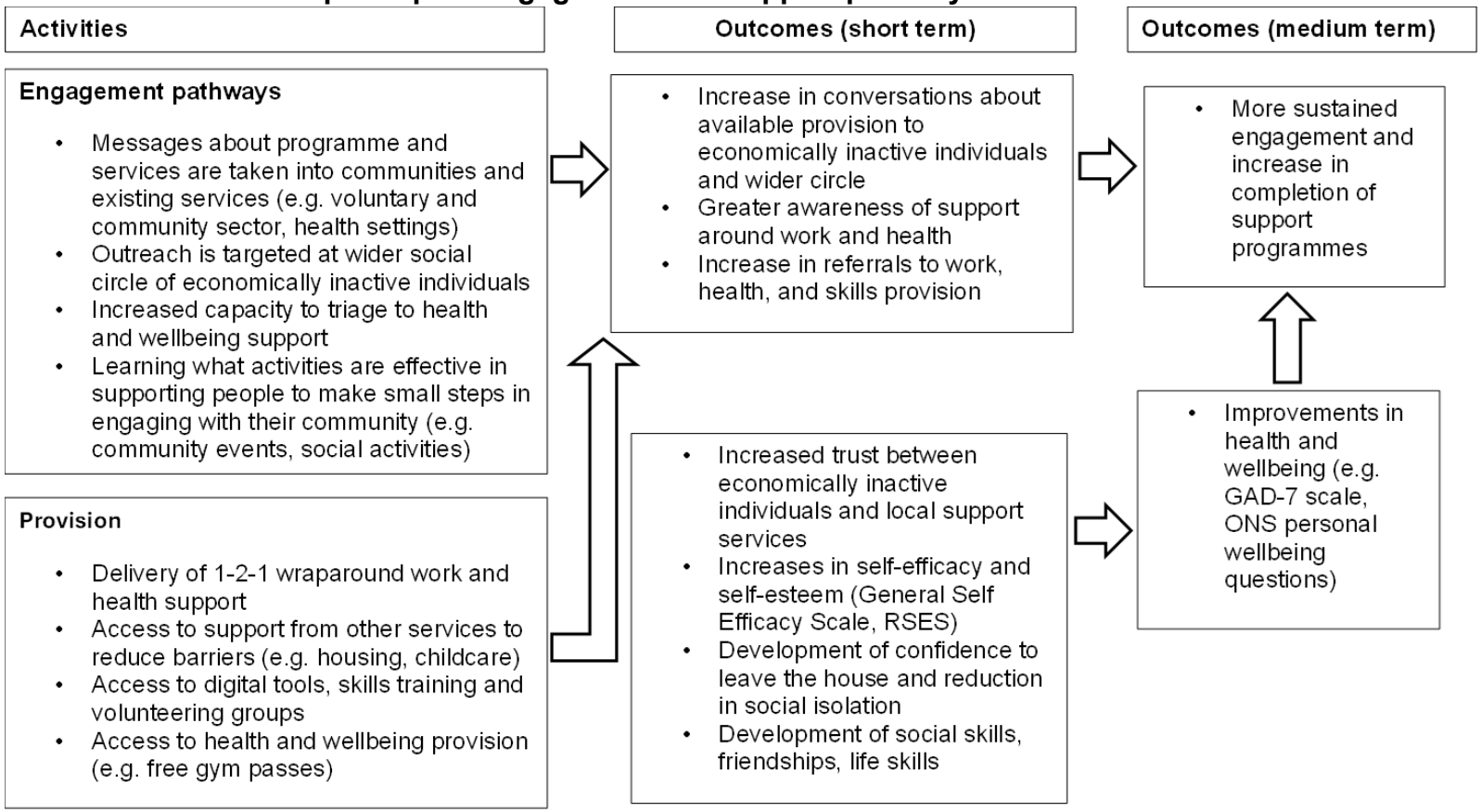


Description of Figure 4.1: The figure shows how activities including knowledge sharing, relationship development with health providers, greater coordination

between local authorities, voluntary and community sector and health services, and greater access to wellbeing support are expected to strengthen relationships between health and employment services in the short term. These changes are expected to generate and share learning, contribute to improved service coordination, better identification of service gaps, stronger data sharing arrangements, and learning about how best to support economically inactive people towards employment over the medium term.

4.5.2. Participant engagement and support pathways

Figure 4.2 Welsh Trailblazer participant engagement and support pathways[footnote4][footnote 5]



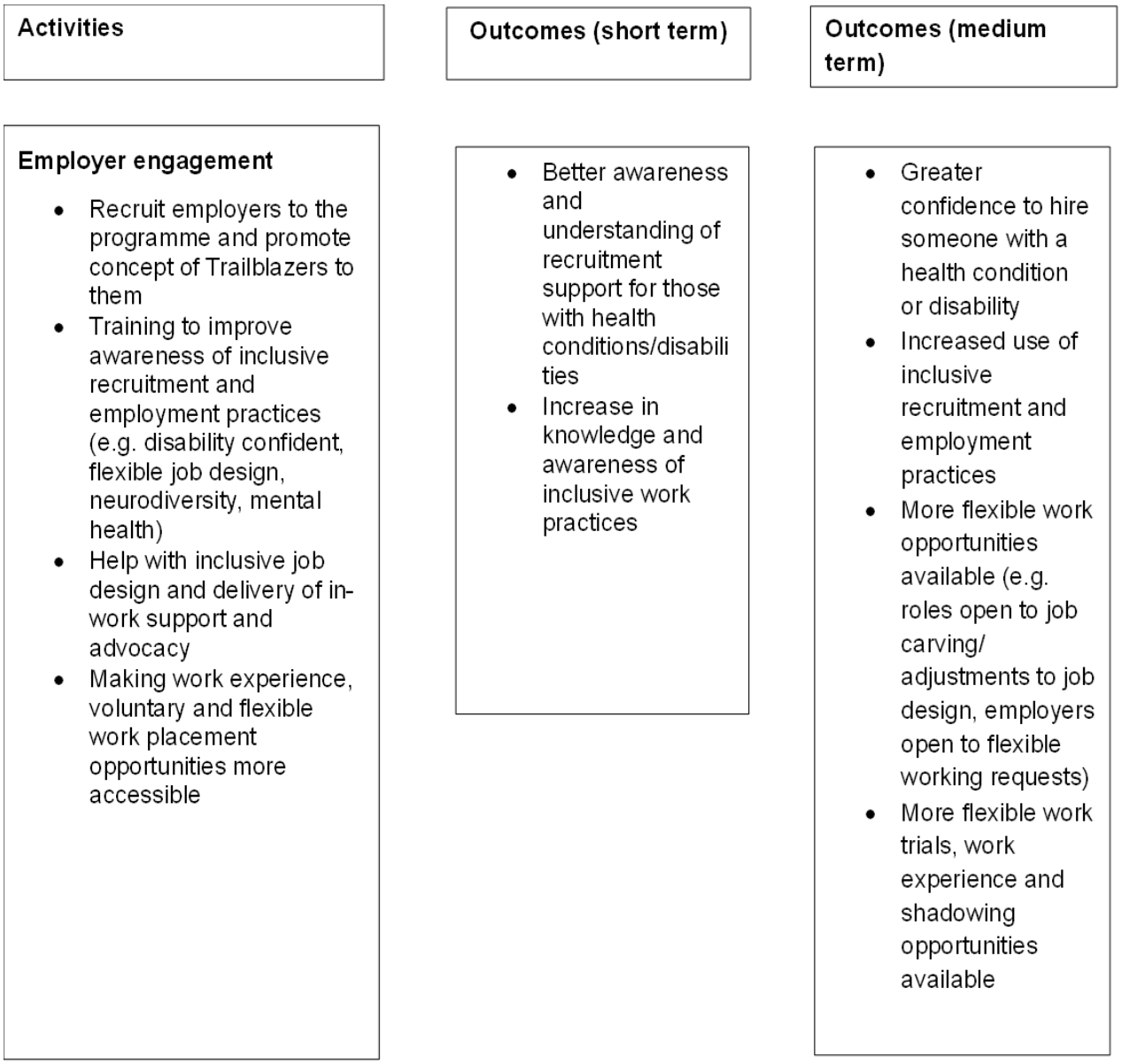
[4] Further information about the General Self Efficiency Scale (GSE) is available at: https://measure-wellbeing.org/measures-bank/gse/
Further information about the Rosenberg Self-Esteem Scale (RSE) is available at:
https://www.apa.org/search?osQuery=ROSENBERG%20SELF%20ESTEEM

[5] GAD-7 (Generalised Anxiety Disorder 7-item scale); RSES (Rosenberg Self-Esteem Scale)

Description of figure 4.2: The figure shows how activities including outreach through community and health settings, alongside access to wraparound support, skills training, digital tools, volunteering opportunities, and health and wellbeing provision, are expected to increase awareness of available support and referrals to employment, health and skills provision. These activities are also intended to build trust and confidence, increase self-efficacy, reduce social isolation, and develop life and social skills. Over time, these changes are expected to improve health and wellbeing, leading to more sustained engagement with support programmes and higher rates of programme completion.

4.5.3. Employer engagement pathway

Figure 4.3 Welsh Trailblazer employer engagement pathway



Description of Figure 4.3: The figure shows how activities designed to increase employer awareness and capability, including promoting inclusive recruitment practices, supporting job design, and expanding access to work experience and volunteering opportunities, are expected to in the short-term increase employers' awareness of available support and inclusive employment practices. Over time, this is expected to increase employers' confidence in recruiting and supporting people with health conditions or disabilities, leading to greater availability of flexible work, work experience, volunteering and inclusive employment opportunities.

4.6. Main risks to the Economic Inactivity Trailblazer in Wales

Both external and internal risks to the local authority Economic Inactivity Trailblazer areas were identified.

Risks external to local authorities include:

- short lead in times for funding and delivery
- short-term funding cycles and delivery timelines
- difficulties engaging economically inactive individuals, health services, voluntary and community sector and employers
- barriers to data sharing
- political environment and priorities may change at UK, Welsh Government and local government level
- impact of recent changes to Employment Support Allowance in Wales affects level of trust economically inactive individuals have with Welsh Government and DWP

Risks internal to local authorities include:

- challenges in learning about effective practice from wide-ranging interventions
- tensions between innovation vs. expansion of existing services
- difficulties recruiting and retaining capable staff
- challenges in making provision distinct from other offers, for example showing economically inactive individuals how provision is different
- impact of local authority resources and systems on coordination and delivery

4.7. Intended long term impact

The Economic Inactivity Trailblazer pilot in Wales aims to develop new and sustainable multi-agency approaches to addressing economic inactivity. Innovative approaches to engaging and supporting economically inactive individuals will be tested across the services involved. Knowledge of effective approaches will be embedded into future delivery.

From the participant perspective, their experience of health, skills and employment services will become more streamlined, with multiple services accessed via a single entry-point. The activities that participants engage in will help them to become more active in their local community, engage in training and start to think about entering work. By developing stronger community ties, participants will also develop a wider support network and become less dependent on public services as a result.

Activities targeted towards employers will help them work towards adopting more inclusive recruitment and workplace practices, which will ultimately help create a more diverse workforce and reduce the disability employment gap over time.

5. Theory of Change for Neath Port Talbot

5.1. Eligibility criteria

People eligible for the Neath Port Talbot Economic Inactivity Trailblazer must:

- be economically inactive (not looking to enter work in next 6 weeks)
- have a long-term health condition and or be disabled
- generally, be aged 16 to 64 (though some may be 65 and over)
- have multiple barriers to employment

Within these criteria, stakeholders expect to engage and support:

- carers
- Black, Asian and Minority Ethnic people
- ex-offenders
- neurodivergent individuals
- people from Gypsy, Roma and Traveller communities
- LGBTQ+ communities
- people who are socially isolated and not engaged in local community
- disabled people

5.2. Inputs

There are 5 important inputs in the Neath Port Talbot Trailblazer:

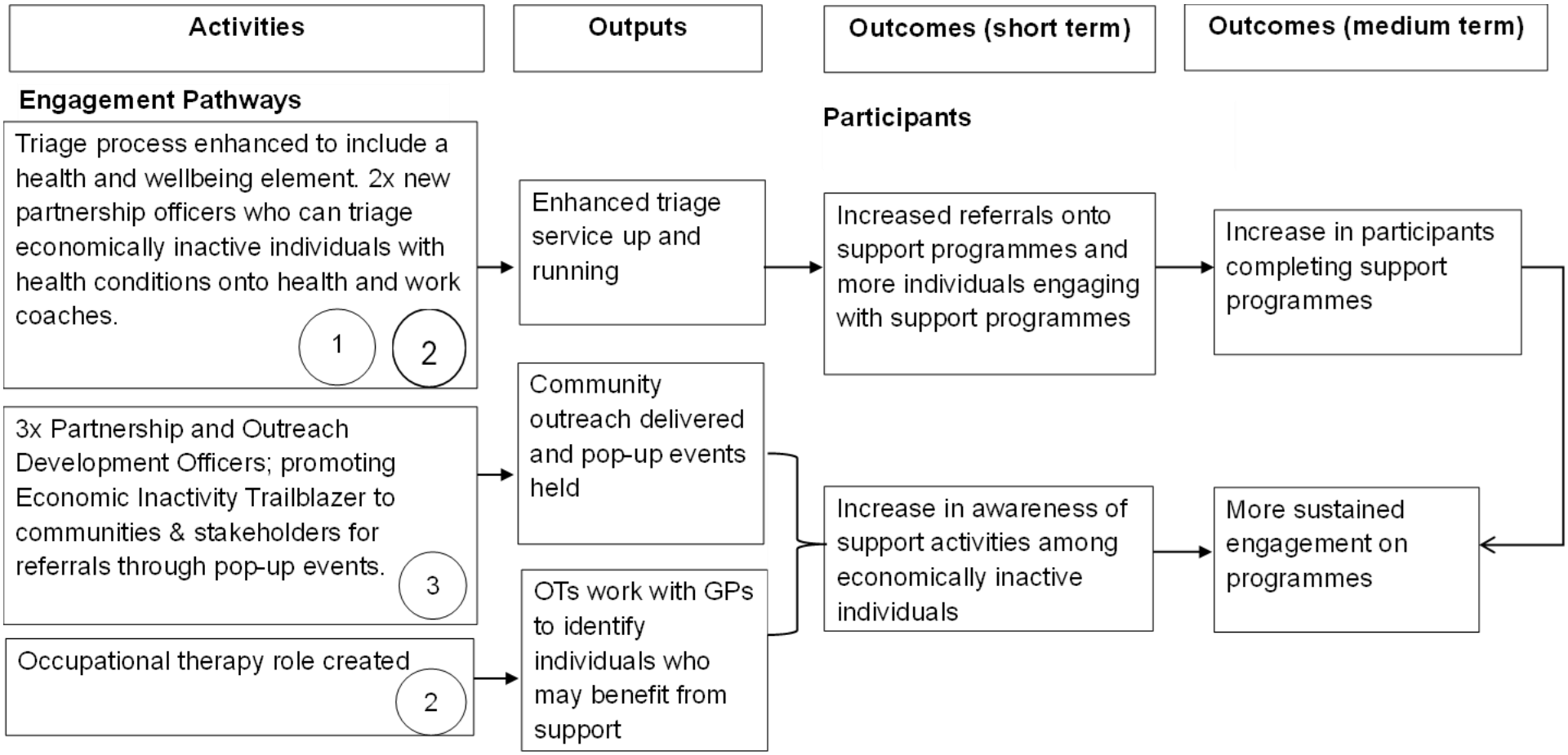
- £2.5 million funding offered
- new staff and circa 6 seconded staff
- time and expertise from Afan Primary Care cluster
- participant expenditure (for example training, memberships and transport)
- working groups and governance time

5.3. Activity to outcome mapping

In this section, a number of pathways from activities to short-term outcomes, and then to medium-term outcomes are presented. The inputs (section 5.2) enabled a number of activities presented in sections 5.3.1 to 5.3.4.

5.3.1. Participant engagement pathways and mechanisms

Figure 5.1 Neath Port Talbot participant engagement pathways and mechanisms [footnote 6]



[6] OT (Occupational Therapist)

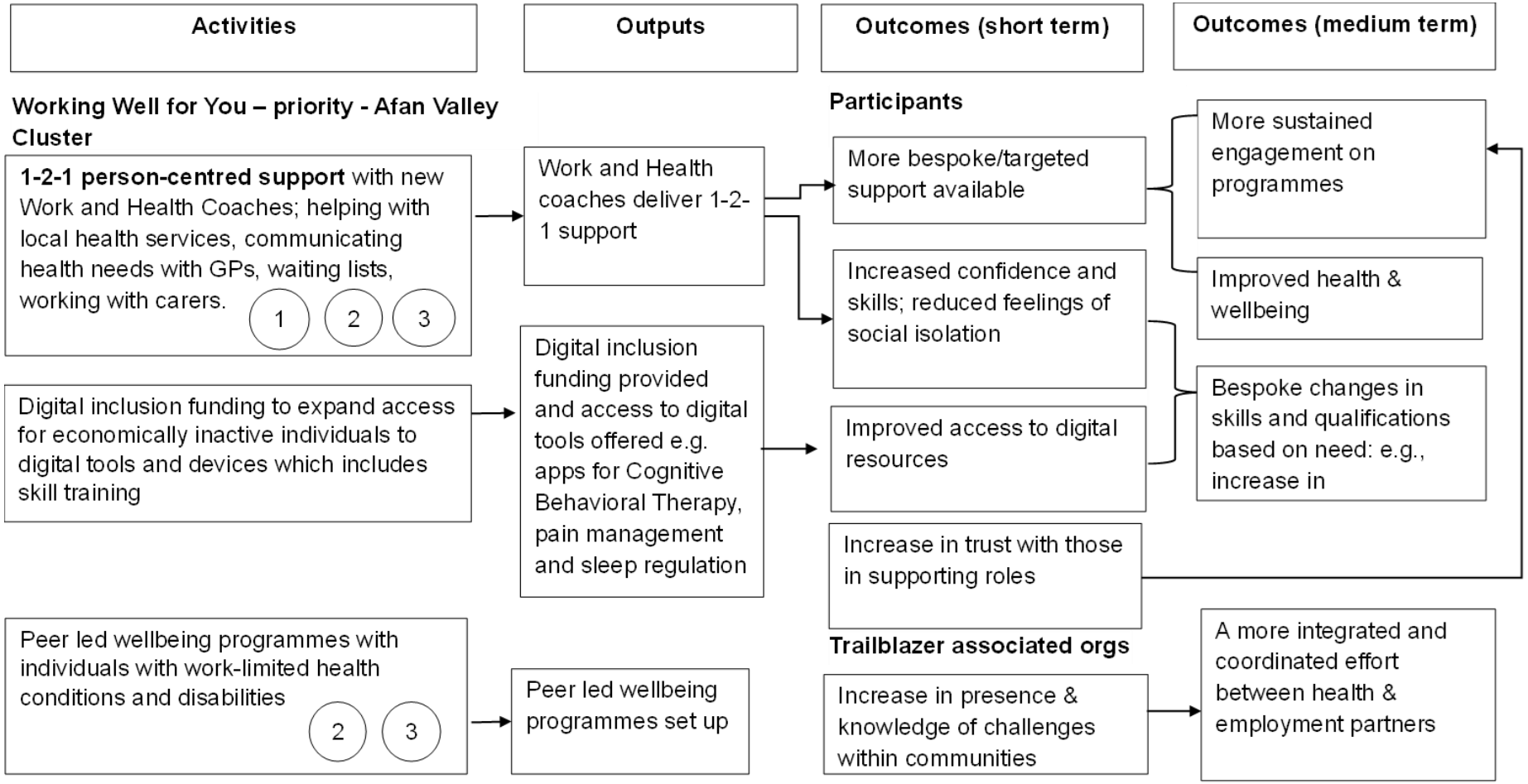
Description of figure 5.1: The figure shows how enhanced engagement pathways are expected to increase participation in support programmes. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities such as improved triage, outreach events and occupational therapy support are expected to create outputs including enhanced triage services, community engagement, and greater collaboration between occupational therapists and GPs. These outputs are intended to increase awareness of available support and referrals into programmes, leading to increased completion rates and more sustained engagement on programmes.

Figure 5.1 shows 3 distinct mechanisms

1. **Triaging is supported by broader Neath Port Talbot employability service:** Partnership officers will be part of Neath Port Talbot employability services. This centralised service receives referrals from various sources (Jobcentre, housing support, probation service). It also encompasses other community employment provision, such as Communities for Work Plus. This will ensure the partnership officers can work effectively with local partners to identify suitable participants and engaging in warm handovers where possible.
2. **Holistic focus:** Potential participants will be responsive to the holistic focus of the programme in terms of exploring and supporting their health and wellbeing goals (as opposed to employment), which will encourage them to engage in further support.
3. **Activities will be fun and engaging:** Community outreach activities will be social and entertaining, reducing feelings of social isolation, and encouraging people to engage further.

5.3.2. Participant support pathways and mechanisms Working Well for You

Figure 5.2 Neath Port Talbot participant support pathways and mechanisms Working Well for You



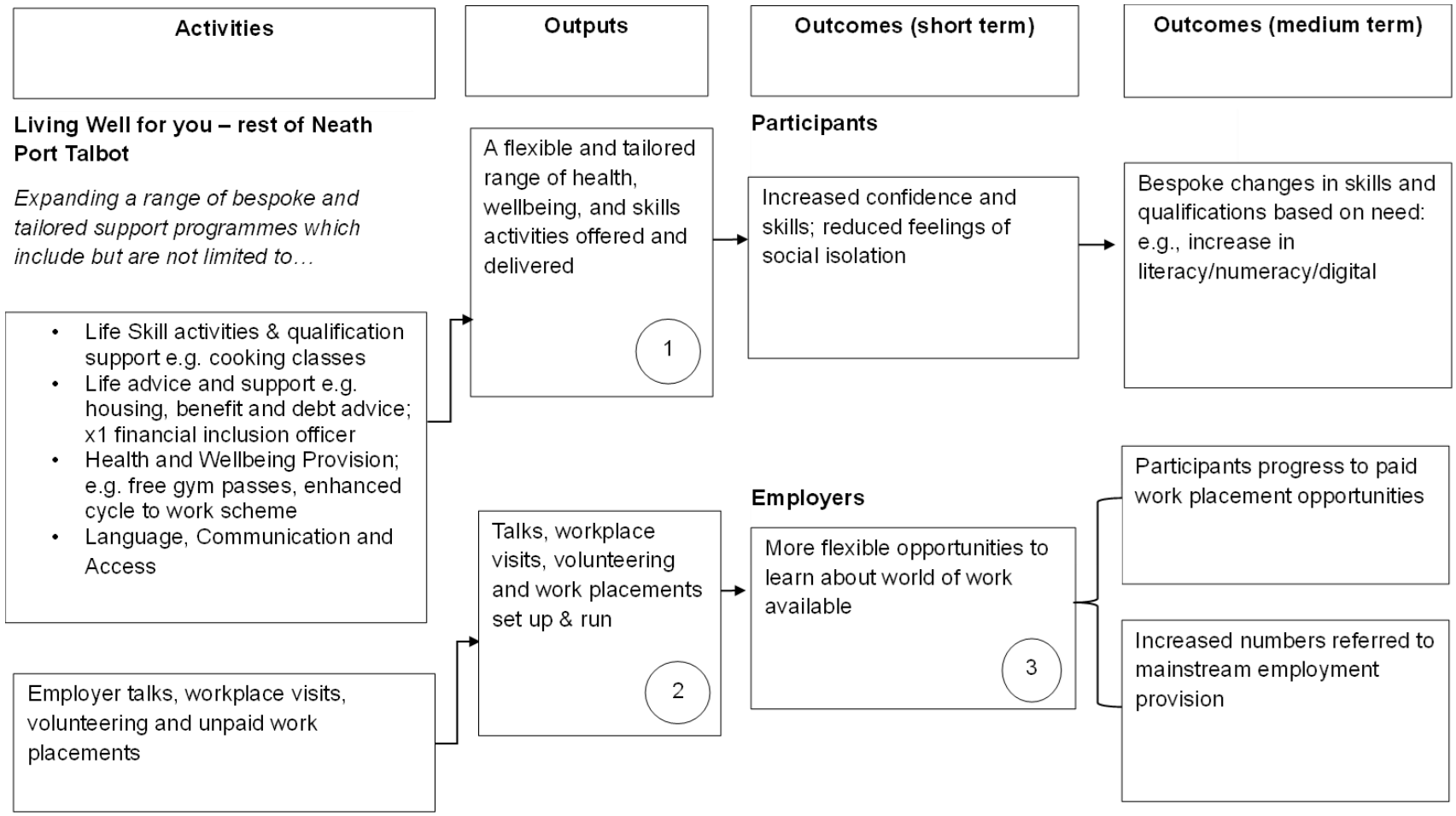
Description of figure 5.2: The figure shows how personalised support through the Working Well for You pathway is expected to improve outcomes for participants with health conditions and disabilities. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities including one to one work and health coaching, digital inclusion support, and peer-led wellbeing programmes increase access to targeted support, digital resources, and community networks. These activities are intended to improve confidence and skills while reducing social isolation. In the medium term, this is expected to lead to more sustained engagement with support programmes, improved health and wellbeing outcomes, skills development, and stronger coordination between health and employment partners.

Figure 5.2 shows 3 distinct mechanisms

1. **Lived experience of delivery staff**: Work and health coaches have lived experience of being out of work due to ill-health. Their lived experienced helps participants feel understood and elicits trust, which supports their sustained engagement.
2. **Changing personal narratives**: By engaging with role models, participant's personal narratives around their health condition will positively change. Their confidence in their ability to work will increase and they will view their condition more positively.
3. **Responsive support offer:** Participants will be able to access wrap-around support quickly, which will help increase their confidence in the service and distinguish this offer from other local services.

5.3.3. Participant support pathways and mechanisms Living Well for You

Figure 5.3 Neath Port Talbot Participant support pathways and mechanisms Living Well for You



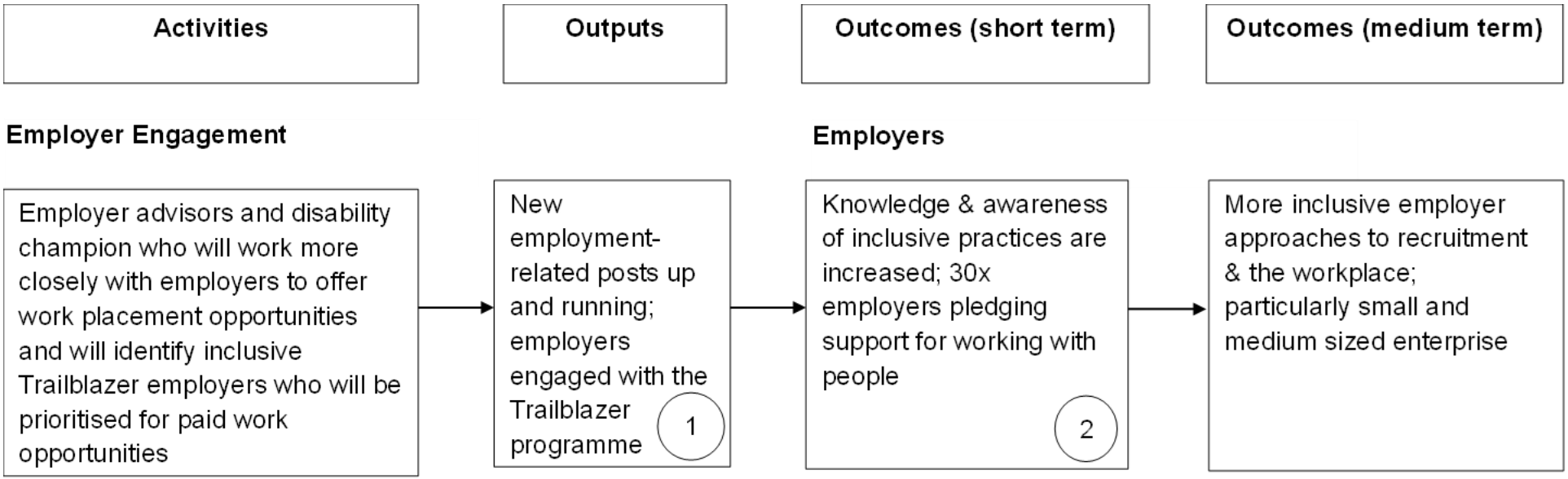
Description of figure 5.3: The figure shows how the Living Well for You pathway is expected to improve outcomes for participants through personalised and tailored support. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities including bespoke support, workplace visits and volunteering opportunities aim to increase confidence, skills and understanding of work while reducing social isolation. These changes are expected to contribute to improved qualifications, progression into work placements, and increased referrals to mainstream employment support.

Figure 5.3 shows 3 distinct mechanisms

1. **Social activities:** Community activities will be social, reducing feelings of isolation, and encouraging people to engage further.
2. **Changing intergenerational attitudes to employment:** By providing opportunities to learn about what it is like to work in different sectors or roles, participants will have a greater sense of what opportunities are available to them. This is in turn will make them more motivated to pursue employment.
3. **Impact of social networks:** By connecting with employers and different workplace participants will expand their social networks, which in turn will provide additional information about other people's experiences of work and the types of opportunities that are available. The focus on reducing social isolation and building participant peer networks throughout this programme will also support this outcome.

5.3.4. Employer engagement pathways and mechanisms

Figure 5.4 Neath Port Talbot employer pathways and mechanisms



Description of figure 5.4: The figure shows how the employer engagement pathway is expected to create more inclusive employer approaches. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities involving employer advisers and disability champions working with businesses aim to identify inclusive placements and paid work opportunities. These activities are intended to increase employers' awareness of inclusive employment practices and commitments to support. In the medium term, this is expected to contribute to more inclusive recruitment processes and workplace practices.

Figure 5.4 shows 2 distinct mechanisms

1. **Impact of small changes:** Delivery staff demonstrate to employers that sometimes only small changes are needed to improve the accessibility of roles within their business. This helps encourage more employers to adopt inclusive recruitment and workplace practices in future.
2. **Shifts in attitudes and culture**: The pledge is a pathway for employers to engage in a broader shift in their approach to workplace inclusion. Employers will more thoroughly interrogate what they do, engaging in self-assessment and holding themselves accountable for workforce diversity, identifying gaps in their current approach.

5.4. Main assumptions

In this section the main assumptions linked to the pathways are presented.

Main assumptions for the participant engagement pathways (5.3.1):

- people will be willing and able to engage when outreach occurs
- being present in everyday settings and spaces will reach new groups and allow trusting relationships to develop
- engagement rates will be sufficient to generate enough people in the target groups to support

Main assumptions for the participant support pathways (5.3.2 and 5.3.3):

- individualised, flexible, person-centred support will meet participant needs, and suitable wider support will be available to access
- participants will develop a degree of self-efficacy and become less dependent on the support system over time

Main assumptions for the employer engagement pathways (5.3.4):

- employers want to participate in disability awareness training and recruitment adaptations
- employers have the capacity and willingness to change policies and practices

5.5. Main risks

In this section the main risks linked to the pathways are presented.

Main risks for the participant engagement pathways (5.3.1):

- access barriers (for example transport)
- finding people outside formal settings

- people unaware of how Trailblazer offer is distinct

Main risks for the participant support pathways (5.3.2 and 5.3.3):

- unable to address health needs
- participants falling back into economic inactivity
- poor experiences of other support services
- entrenched intergenerational factors

Main risks to the employer engagement pathways (5.3.4):

- slow policy and or culture change
- economic factors
- coordinated contact

Main risks for system integration and data sharing:

- data-sharing limits
- short-term funding
- limited support and buy-in from health sector
- staff recruitment and retention
- time needed to realise system changes

5.6. Intended long-term impact

The Economic Inactivity Trailblazer aims to create long-term impacts that improve outcomes for people, communities and the wider system.

Participants

Over time, the programme aims to provide participants with a greater sense of purpose and community. It will achieve this by improving participant's self-esteem and the confidence they have in their own abilities. Alongside this the programme will reduce participants feelings of social isolation and expand their social network.

A by-product of these personal and social gains - as well as more holistic and targeted health and wellbeing provision, and more accessible work opportunities – will be improved mental health and emotional wellbeing. This, in turn, will help reduce demand on the broader health system.

Trailblazer associated organisations

At a system level, the programme intends to establish a sustainable approach to multi-agency working with partners across work and health continuing to work together and cross-refer. It also intends to establish community-led activities (for

example support groups, volunteering) that can continue to support the progression of economically inactive individuals beyond Trailblazer funding.

6. Theory of Change for Blaenau Gwent

6.1. Eligibility criteria

People eligible for the Blaenau Gwent Economic Inactivity Trailblazer must:

- be economically inactive (not part of labour force and not able to work in the next 2 weeks or looking for work in the last 4 weeks)
- have a long-term health condition and/or disability
- be aged 16 to 64

Within these criteria, stakeholders expect to engage and support:

- carers
- young gamers
- single parent families
- adults with learning difficulties and disabilities
- people from Gypsy, Roma and Traveller communities

6.2. Inputs

There are 7 main inputs in the Blaenau Gwent Economic Inactivity Trailblazer:

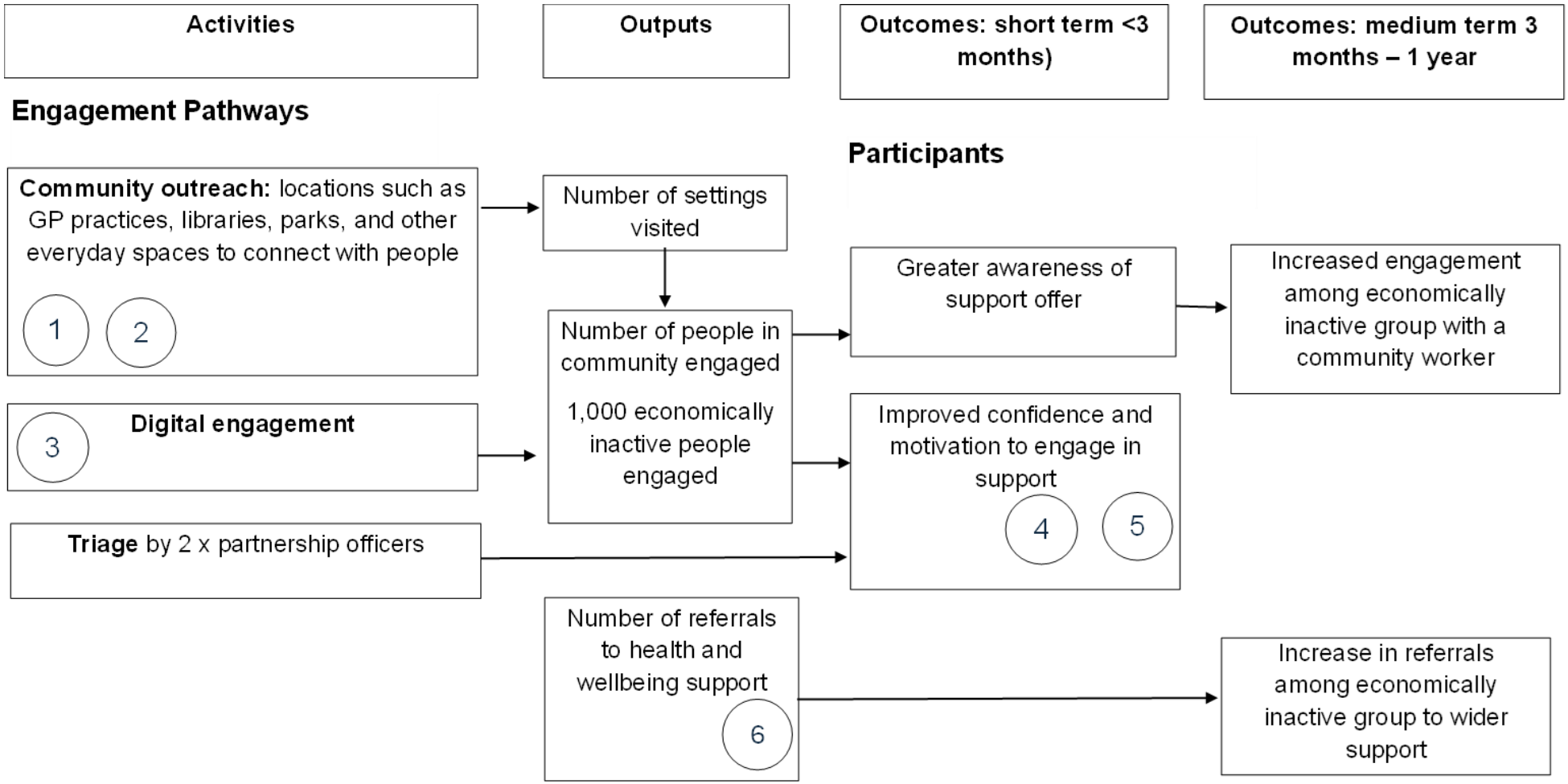
- £2.5 million funding offered
- 9 new internal posts, including 6 wellbeing coaches and 2 partnership officers
- Aneurin Bevan University Health Board time
- participant expenditure (for example training, gym membership, transport)
- delivery partner time
- working groups and governance time
- new case management system (Access Elemental)

6.3. Activity to outcome mapping

In this section, a number of pathways from activities to short-term outcomes, and then to medium-term outcomes are presented. The inputs (section 6.2) enabled a number of activities presented in sections 6.3.1 to 6.3.4.

6.3.1. Participant engagement pathways and mechanisms

Figure 6.1 Blaenau Gwent participant engagement pathways and mechanisms



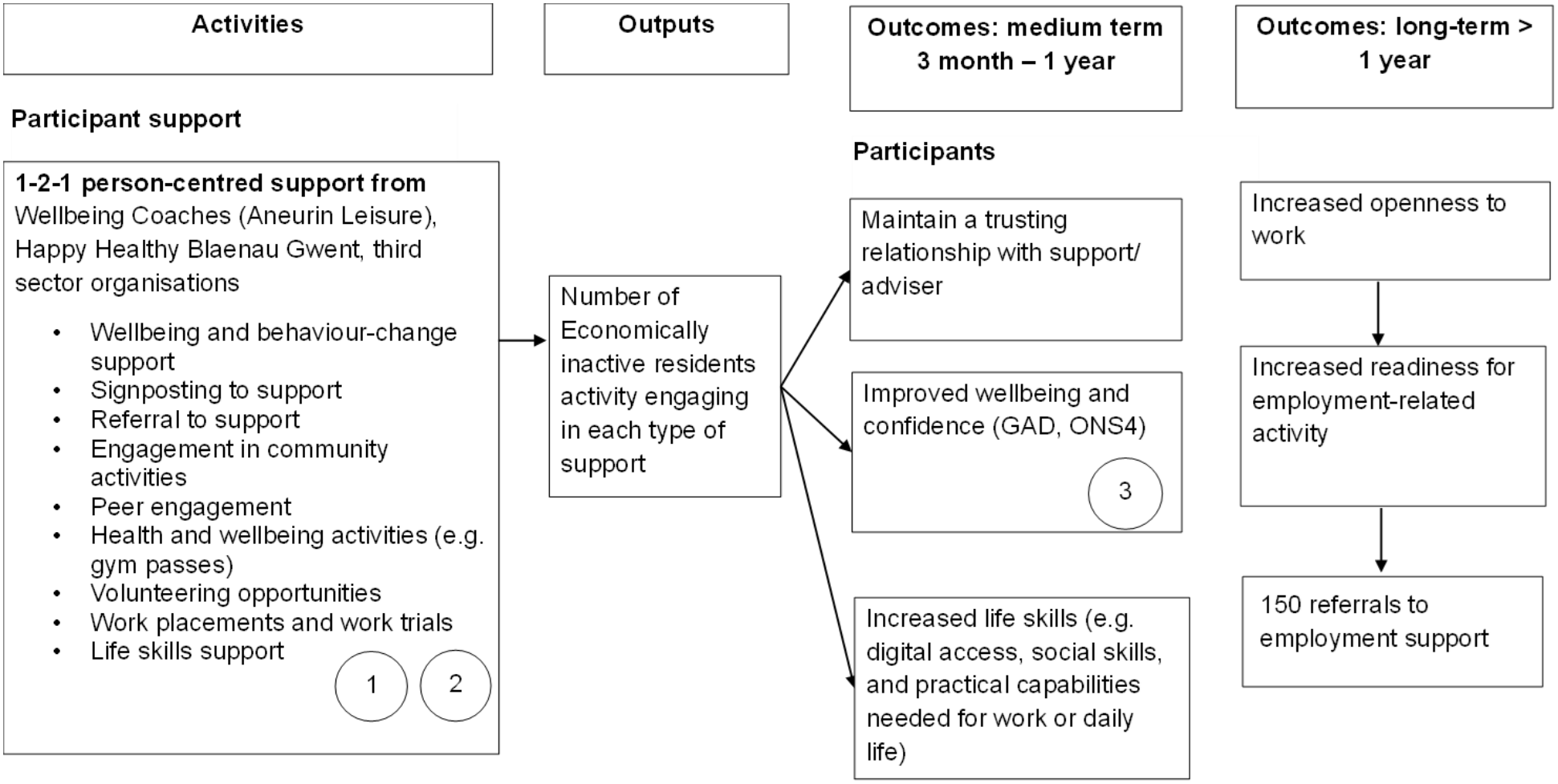
Description of figure 6.1: The figure shows how participant engagement activities are expected to increase engagement and referrals. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities including community outreach, digital engagement and enhanced triage are expected to increase awareness of available support, improve confidence and motivation to engage, and increase referrals to wider support services.

Figure 6.1 shows 6 distinct mechanisms

1. **Meeting people where they are**: Builds safety and normalises engagement because participants encounter support in familiar places.
2. **Many places**: Multiple doors increase the likelihood of capturing people who would not proactively seek employment or wellbeing support.
3. **Low pressure, interest-based engagement**: Uses enjoyable, non-threatening activities to build trust, social confidence and initial connection.
4. **Remove structural barriers to engaging:** Practical barriers are removed so motivation and readiness become the primary factors influencing engagement.
5. **Using trusted relationships to engage**: Trust provides the foundation for further engagement, disclosure of needs and willingness to accept help.
6. **Building wellbeing first supports readiness to engage**: When people feel better, they are more willing to consider further support or employment pathways.

6.3.2. Participant support pathways and mechanisms

Figure 6.2 Blaenau Gwent participant support pathways and mechanisms [footnote 7]



[7] GAD (Generalised Anxiety Disorder scale)

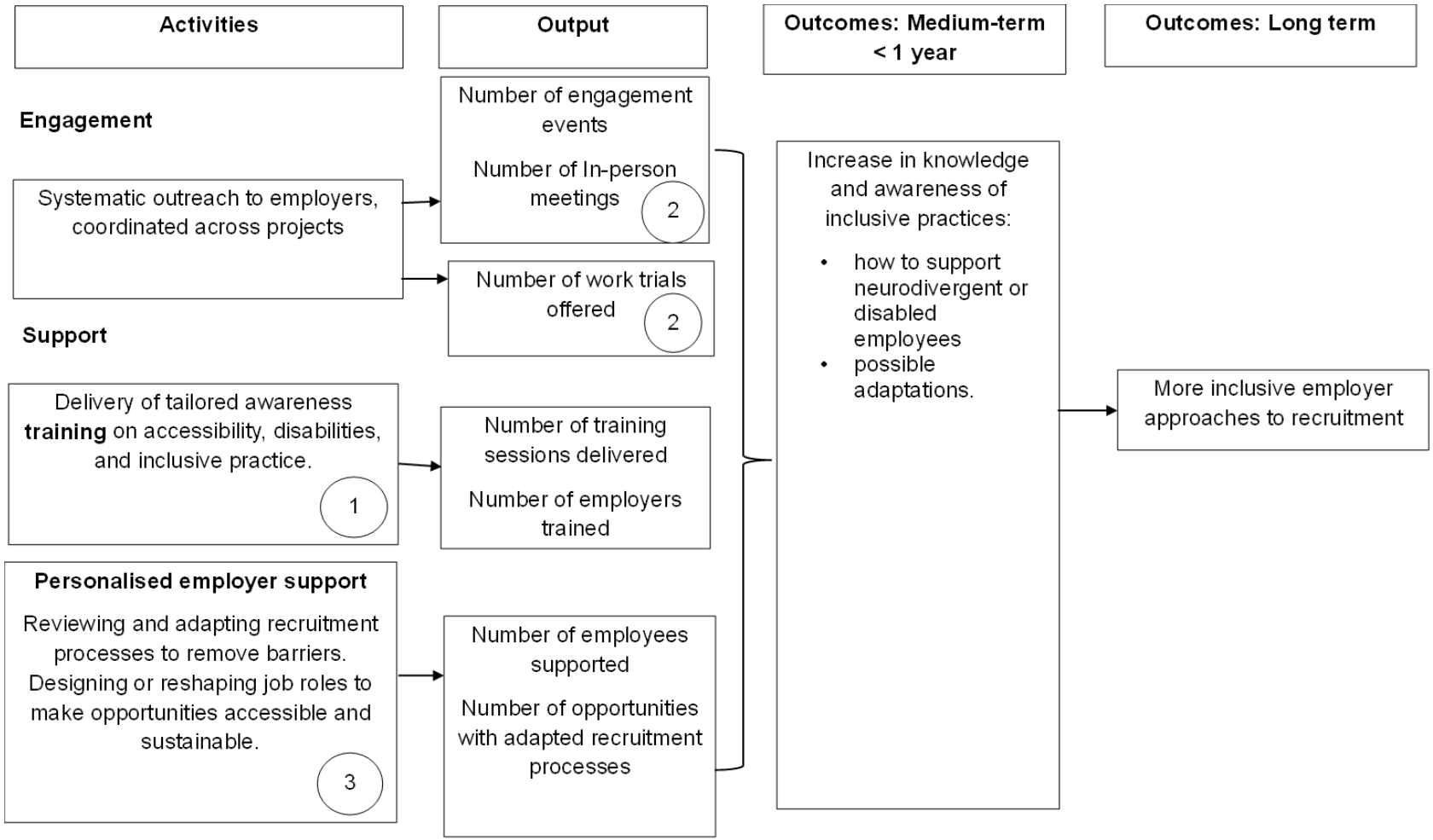
Description of figure 6.2: The figure shows how participant support activities are expected to increase openness and readiness to work. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities including one to one coaching, referrals, community activities and work-related opportunities are intended to improve wellbeing, increase trust in support services, and develop practical life skills. Over time, these changes are expected to increase openness to work, improve readiness for employment-related activities, and support progression into employment support services

Figure 6.2 shows 3 distinct mechanisms

1. **Person-centred, flexible support**: Participants experience the service as responsive and respectful, which increases trust, reduces anxiety, and encourages sustained engagement.
2. **Relationship-based practice**: The trusting relationship allows deeper issues to surface, enabling workers to tailor support more effectively and route people to the right services.
3. **Engagement platform:** By dealing with root causes of disengagement (for example, isolation, anxiety, ill-health), participants build the stability and confidence needed to engage with support services. Emotional stability, motivation, and confidence rise, enabling participants to consider volunteering, training, or work with greater success.

6.3.3. Employer pathways

Figure 6.3 Blaenau Gwent employer pathways and mechanisms



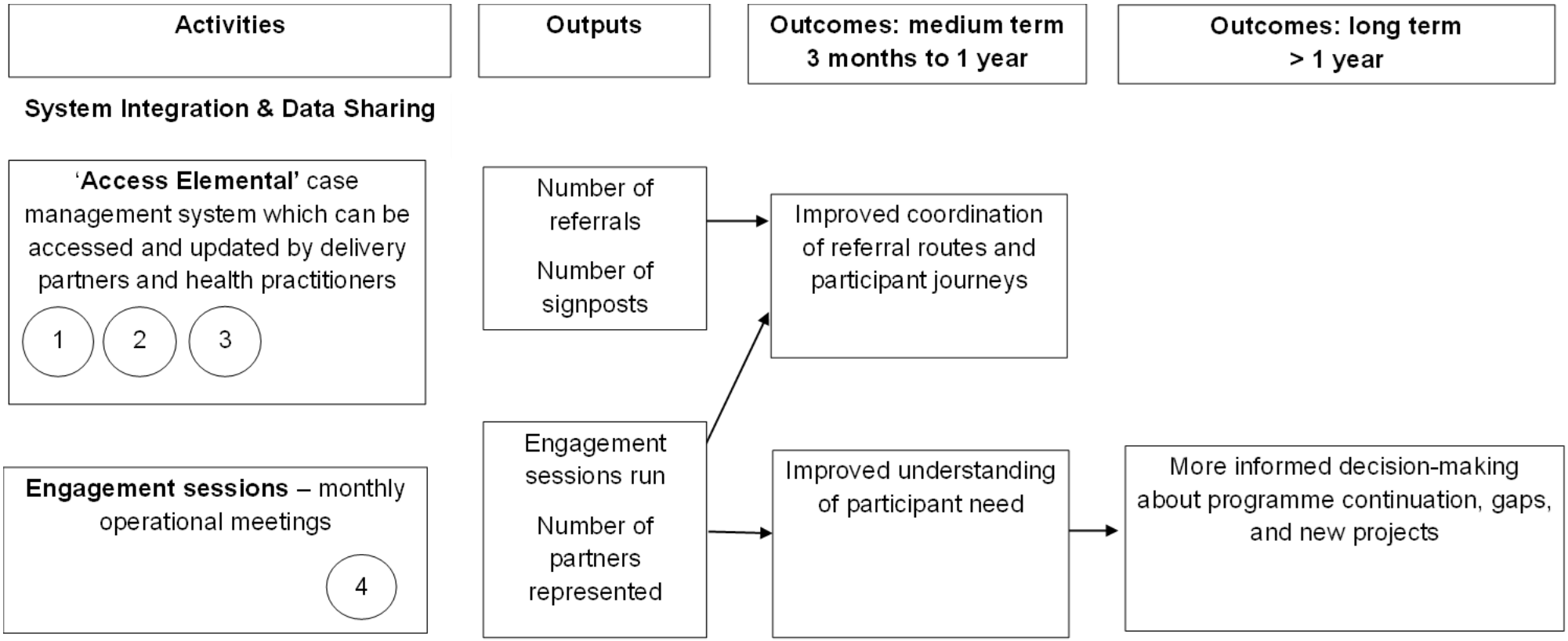
Description of figure 6.3: The figure shows how employer engagement activities are expected to lead to more inclusive employer approaches. Numbered circles illustrate the mechanisms (described in the next paragraph). Activities including engaging employers, delivering training on disability and accessibility, and personalised employer support, are expected to lead to a variety of outputs including engagement events, supported employers, work trials offered and training sessions delivered. These are intended to in the medium term lead to increased employer knowledge of inclusive practices, leading to more inclusive recruitment approaches over the longer term.

Figure 6.3 shows 3 distinct mechanisms

1. **Tailored employer training:** Employer-facing training is specific to the needs of each business. It breaks down myths and misconceptions, giving employers the confidence to offer appropriate adjustments and hire participants they might otherwise overlook.
2. **Relationship building** Face-to-face, relational engagement reduces employer anxiety, builds trust, and helps normalise recruiting people with health conditions and disabilities to the workplace.
3. **Opening doors:** The team will help employers redesign application, assessment and interview stages.

6.3.4. System integration and data sharing pathways and mechanisms

Figure 6.4 Blaenau Gwent system integration and data sharing pathways and mechanisms



Description of figure 6.4: The figure shows how system integration and data-sharing activities are expected to lead to more informed decision making. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities including shared case management systems and regular engagement sessions are intended to improve coordination of referral routes and participant journeys, while increasing understanding of participant needs. Over time, these activities aim to create a more informed decision-making process about programme continuation, gaps, and new projects.

Figure 6.4 shows 4 distinct mechanisms

1. **Shared case management system:** Partners directly refer or signpost participants to each other using the Access Elemental system, which contains all Economic Inactivity Trailblazer projects and a map of local interventions. Shared access reduces friction and delays in sending people to the right support and ensures a consistent referral route across organisations.
2. **Common data standards:** The shared system provides consistent data on: demographics, wellbeing scores, participant journeys, and social prescriptions. Shared metrics and visibility across teams mean partners can spot overlaps, reduce duplicated effort, and coordinate services more effectively.
3. **Shared measurement framework:** A shared measurement framework lets partners align around what “progress” means and identify when someone is ready for the next stage of support.
4. **Partner co-ordination:** Frequent interaction builds relationships and knowledge, which improves referrals, problem-solving, and reduces duplication.

6.4. Main assumptions

In this section the main assumptions linked to the pathways are presented.

Main assumptions for the participant engagement pathways (6.3.1):

- people will be willing and able to engage when outreach occurs
- being present in everyday settings and spaces will reach new groups
- engagement rates will be sufficient to generate sufficient people in the target groups to support

Main assumptions for the participant support pathways (6.3.2):

- individualised, flexible, person-centred support will meet participant needs and there is suitable wider support to access
- participants will remain motivated to engage with support for long enough for change to occur

Main assumptions for the employer engagement pathways (6.3.3):

- employers want to participate in disability awareness training and recruitment adaptations
- employers have the capacity and willingness to change policies and practices

Main assumptions for system integration and data sharing pathways (6.3.4):

- the Access Elemental system will be operational by March 2026
- all partners will use the new system consistently
- staff have reliable devices, connectivity, or assistive tools to use Access Elemental. Staff can use the system equally effectively with clients from all user groups

6.5. Main risks

In this section the main risks linked to the pathways are presented.

Main risks for the participant engagement pathways (6.3.1):

- access barriers
- finding people outside formal settings
- difficulty changing mindsets
- triage complexity

Main risks for the participant support pathways (6.3.2):

- hidden needs
- multiple needs

- lack of support capacity
- fear of benefit loss or
- fear of not being better off in work
- entrenched intergenerational factors

Main risks for the employer engagement pathways (6.3.3):

- slow policy and culture change
- economic factors
- coordinated contact

Main risks for system integration and data sharing pathways (6.3.4):

- data-sharing limits
- short-term funding
- staff recruitment and retention
- time needed to realise system changes

6.6. Intended long-term impact

The Economic Inactivity Trailblazer in Blaenau Gwent aims to create long-term impacts that improve outcomes for people, employers and the wider system, underpinned by the Marmot principles.

Participants

Over time, the programme seeks to contribute to reduced inequalities in wellbeing and life chances, supporting people with disabilities or long-term health conditions into employment. It also aims to help break intergenerational cycles of economic inactivity by strengthening confidence, skills and opportunities across families.

Employers

For employers, the long-term impact is movement towards a more inclusive and accessible labour market, where organisations adopt fair recruitment practices, diversify their workforce and are better equipped to support staff with varied needs.

Support system

At a system level, the programme intends to embed coordinated, multi-agency working, supported by shared data systems and joined-up referral pathways, leading to a more integrated network of health, wellbeing and employment support across Blaenau Gwent.

7. Theory of Change for Denbighshire

7.1. Eligibility criteria

People eligible for the Denbighshire Economic Inactivity Trailblazer must:

- be economically inactive (not part of labour force and not able to work in the next 2 weeks or looking for work in the last 4 weeks)
- have a long-term health condition and/or disability
- be aged 16 to 64

Within these criteria, stakeholders expect to engage and support:

- people recovering from substance misuse
- people with long-term and complex mental health conditions (such as severe anxiety, depression and PTSD)
- people with sensory impairments
- people from Gypsy, Roma and Traveller communities

7.2. Inputs

There are 7 main inputs in the Denbighshire Trailblazer:

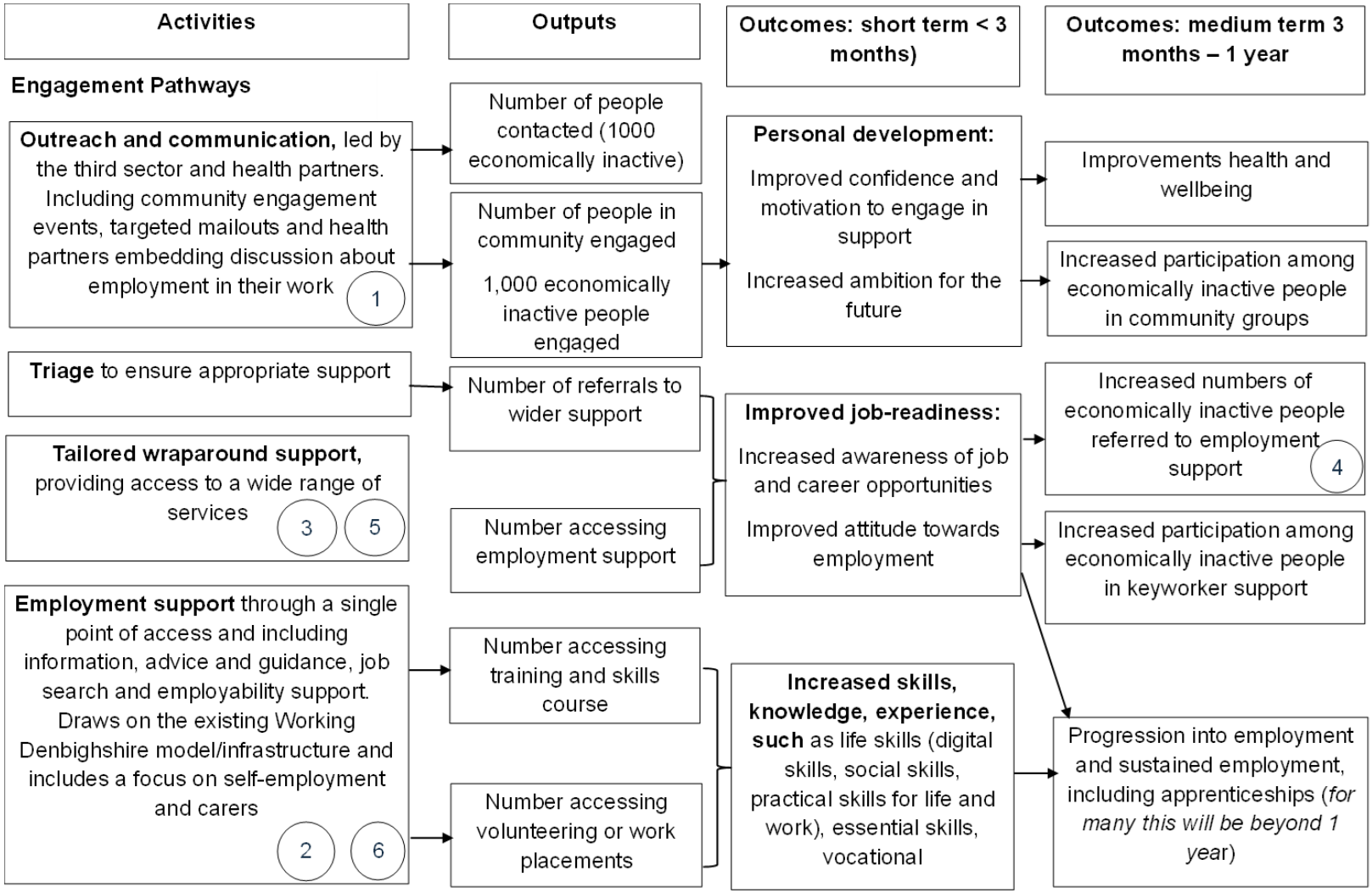
- £3.06 million funding offered
- expertise from Trust Impact
- NHS time
- DWP time
- education and training provider time
- third sector time
- Working Denbighshire services – extended and enhanced

7.3. Activity to outcome mapping

In this section, a number of pathways from activities to short-term outcomes, and then to medium-term outcomes are presented. The inputs (section 7.2) enabled a number of activities presented in sections 7.3.1 to 7.3.4.

7.3.1. Participant engagement pathways and mechanisms

Figure 7.1 Denbighshire participant pathways and mechanisms



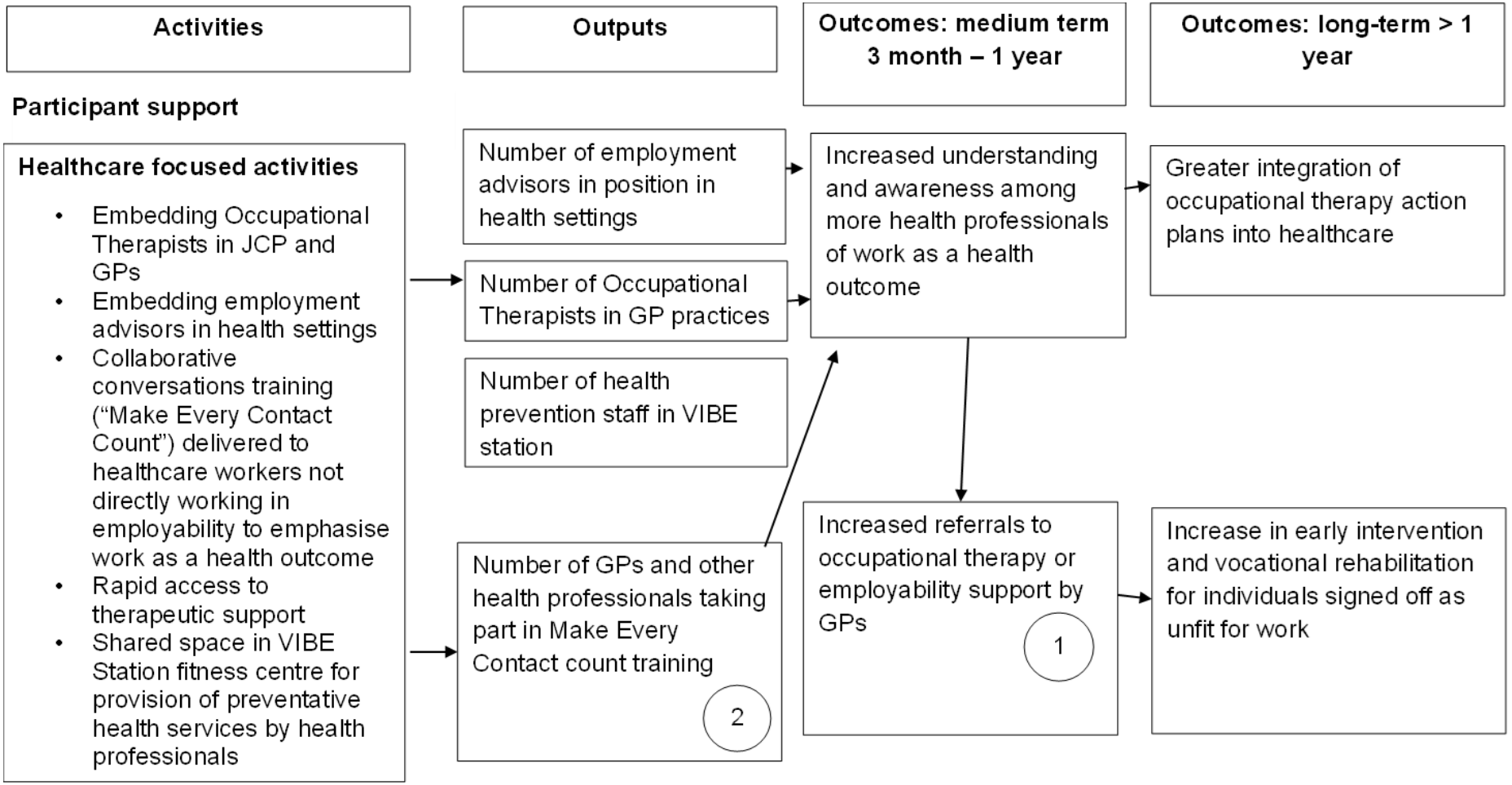
Description of figure 7.1: The figure shows how participant engagement and support activities are expected to improve participation and progression towards employment. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Community engagement activities are expected to increase contact and engagement, boosting confidence and motivation. While triage and tailored support activities are expected to lead to improve job readiness and employment support activities are expected to increase skills knowledge and experience. These changes are intended to improve health and wellbeing, increase participation, and increased numbers in employment support and progression into employment and sustained work.

Figure 7.1 shows 6 distinct mechanisms

1. **Outreach by third-sector community organisations and health partners** increases the likelihood of reaching and engaging people who would not proactively seek employment or other support.
2. **The single point of access** is more convenient and accessible and encourages people to engage and or sustain engagement.
3. **Person-centred support from a trusted individual:** Participants experience the support as responsive, at a pace that suits them, and meeting what they consider to be their most important needs. This increases trust and reduces anxiety and encourages sustained support.
4. **Building confidence and wellbeing first supports readiness to engage**
5. **Tackling root causes of disengagement** (for example isolation, sleep issues) enables participants to engage with support services, including skills and employment. Emotional stability, motivation and confidence increases.
6. **Open door:** Offering support that is not time-bound and which residents can re-engage with when they choose to will build trust and ongoing engagement over time. The open door policy ensures support can respond to people's changing circumstances over time, such as fluctuations in health or caregiving, and is more suitable for those with complex needs because it removes the pressure of a deadline.

7.3.2. Healthcare focused pathways and mechanisms

Figure 7.2 Denbighshire healthcare focused pathways and mechanisms



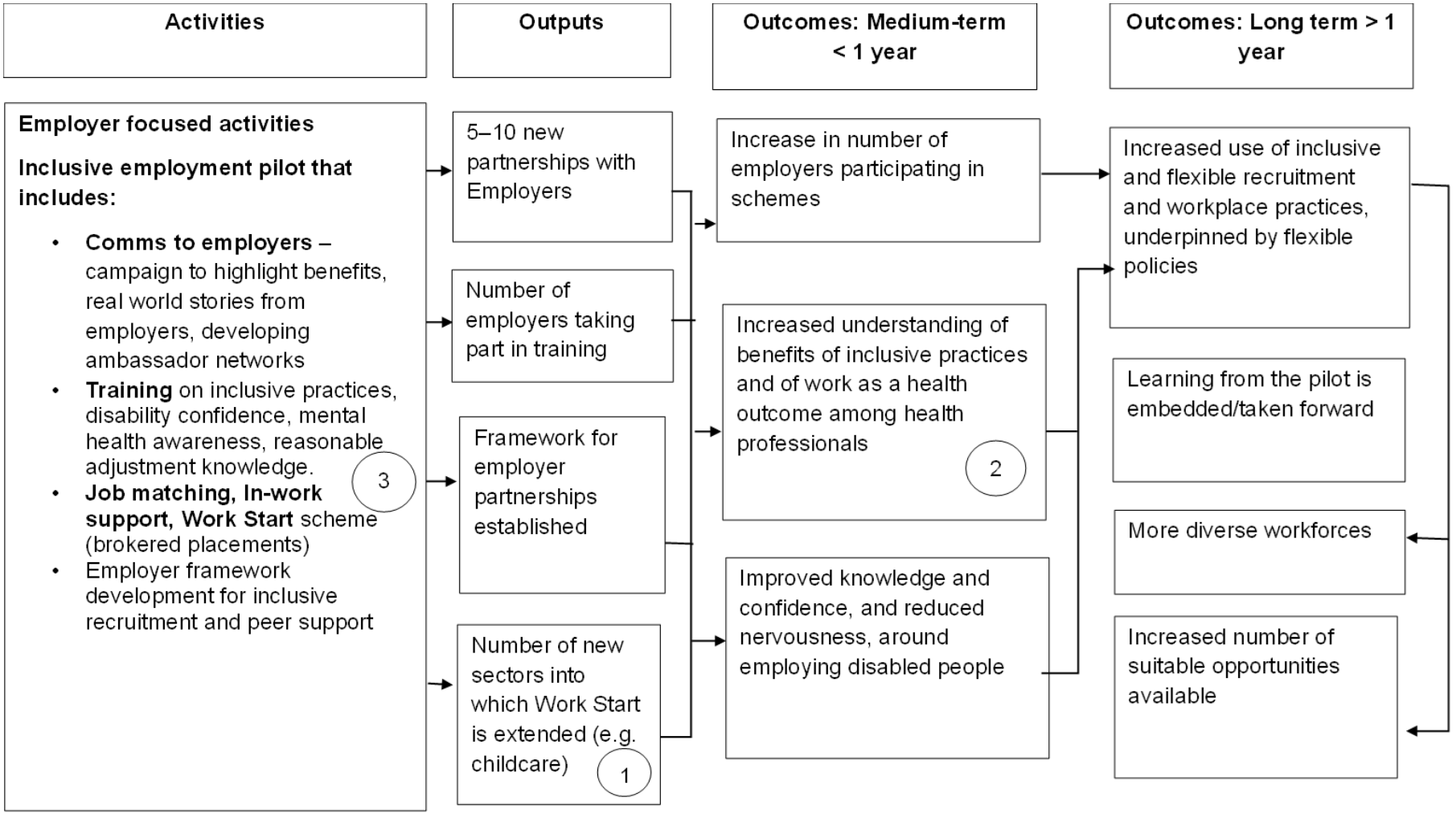
Description of figure 7.2: The figure shows how healthcare-focused activities are to lead to outcomes. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities include embedding occupational therapists and employment advisers within health settings, providing training for healthcare workers on work as a health outcome, and creating shared spaces for preventative health services. These activities are expected to increase understanding and awareness among more health professionals and increase referrals to occupational therapy or employability support by GPs. Over time, this is expected to result in greater integration of occupational therapy action plans into healthcare and increase early intervention.

Figure 7.2 shows 2 distinct mechanisms

1. **The health professional to health professional relationship (for example occupational therapist to GP) will support engagement of GPs** in the employment agenda.
2. **Health professionals will experience the training as relevant and high quality** and therefore be motivated to apply learning into practice.

7.3.3. Employer pathways and mechanisms

Figure 7.3 Denbighshire employer pathways and mechanisms



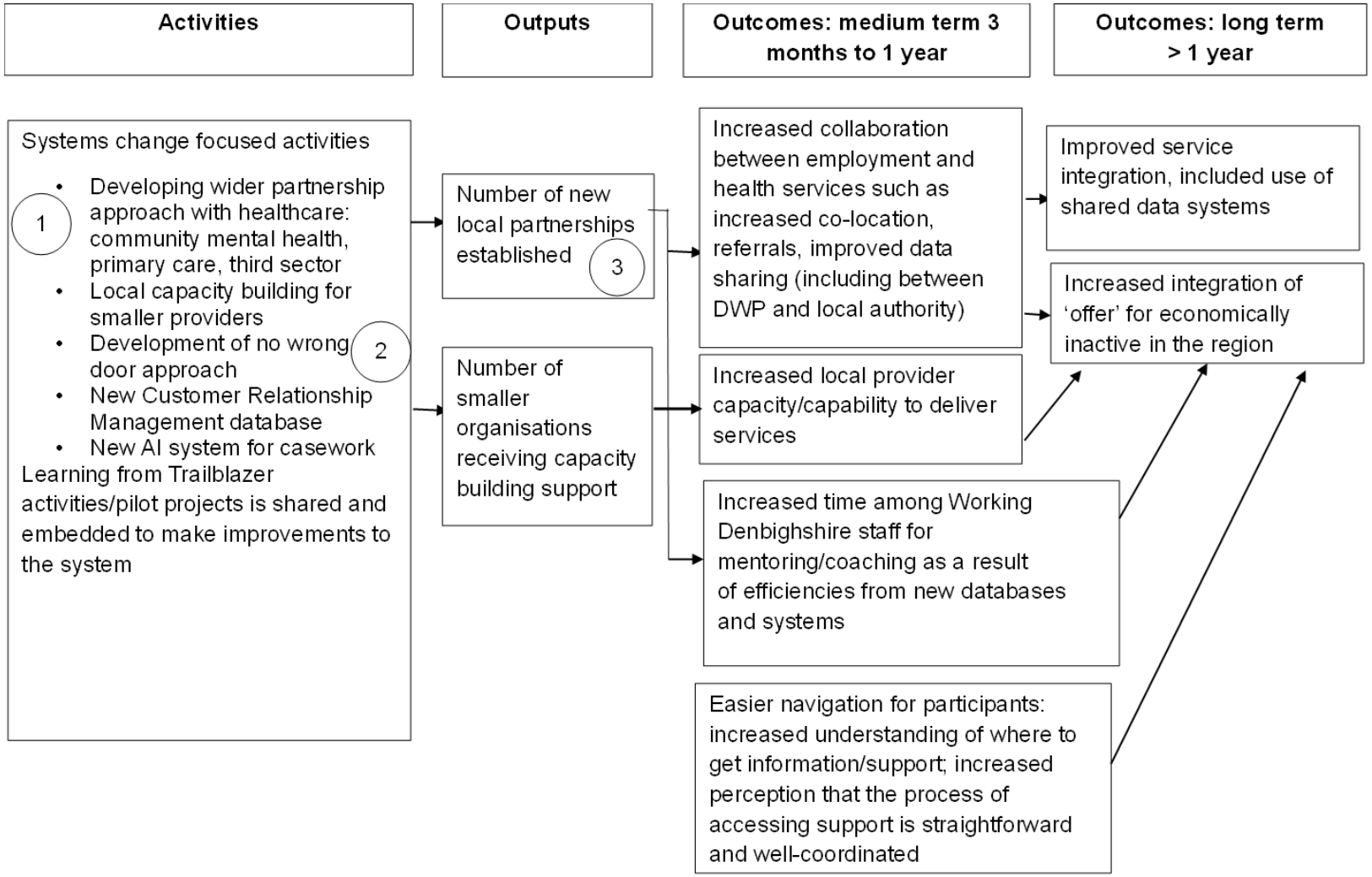
Description of figure 7.3: The figure shows how employer-focused activities are expected to support more inclusive recruitment and employment practices. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities including employer engagement, training, job matching and in-work support are intended to increase employer participation in schemes and improve knowledge, understanding and confidence in recruiting and supporting disabled people. Over time, these changes are expected to contribute to greater use of inclusive and flexible recruitment practices, the creation of more suitable employment opportunities, and more diverse workforces.

Figure 7.3 shows 3 distinct mechanisms

1. **Schemes such as Work Start help to connect individuals looking for work and employers with vacancies** because most participants would not make it through standard recruitment processes. This shows employers the benefits of adapting their recruitment practices in the longer-term.
2. **In-work support is particularly valuable to small and medium sized enterprise's because they have limited capacity.** The extra resource, advice and guidance provided through in-work support can help build employer confidence about employing disabled people and those with health conditions, and support sustained employment.
3. **Employers currently have limited knowledge of where to seek support** even if they are willing to employ a more diverse range of people. They will feel Work Start and similar initiatives have supported their workforce development. This will build their confidence to sustain positive recruitment practices over time.

7.3.4. System integration and data sharing pathways and mechanisms

Figure 7.4 Denbighshire system integration and data sharing pathways and mechanisms



Description of figure 7.4: The figure shows how system integration and data-sharing activities in the Denbighshire Trailblazer are expected to improve service integration and strengthen the support offer for people who are economically inactive. Numbered circles illustrate the mechanisms underpinning this pathway (described in the next paragraph). Activities such as widening healthcare partnerships, building provider capacity and new Customer Relationship Management database and AI systems for casework aim to increase collaboration, data sharing, local provider capacity, navigation for participants and time among Working Denbighshire staff.

Figure 7.4 shows 3 distinct mechanisms

1. **Increased co-location of services facilitates, strong communication and improved data sharing between services** and in particular 'warm handovers', which makes the participant feel less anxious and have a smoother experience, which therefore builds engagement.
2. **The new Customer Relationship Management system allows improved tracking, monitoring and evaluation** to inform service and system developments. It enables continuous improvement to support the goal of improved service integration.
3. **The focus on developing the approach to partnership working will help to reduce a sense of competition and increasing willingness to work in partnership** among providers.

7.4. Main assumptions

In this section the main assumptions linked to the pathways are presented.

Main assumptions for the participant engagement pathways (7.3.1):

- people will be willing and able to engage when outreach occurs
- third sector organisations have the required community knowledge and connections to reach new people
- engagement rates will be sufficient to generate sufficient people in the target groups to support
- individualised, flexible, person-centred support will meet participant needs and there is suitable wider support to access
- participants will remain motivated to engage with support for long enough for change to occur

Main assumptions for the healthcare focused pathways (7.3.2):

- there are sufficient suitably skilled occupational therapists for this delivery model
- GPs will be willing and able to engage with occupational therapists to make referrals
- people are willing to engage with occupational therapist support and vocational rehab

Main assumptions for the employer pathways (7.3.3):

- employers want to participate in training on inclusive practices
- employers have the capacity and willingness to change policies and practices

Main assumptions for the system integration and data sharing pathways (7.3.4):

- the new Customer Relationship Management system will be operational shortly
- smaller organisation will see the value of capacity building support, want to take part and be able to do so

7.5. Main risks

In this section the main risks linked to the pathways are presented.

Main risks for the participant pathways (7.3.1):

- difficulty finding eligible participants and changing mindsets
- entrenched intergenerational factors
- referral partners struggle to ensure eligibility criteria are fulfilled
- benefits system is not a lever for change

Main risks for the health-focused pathways (7.3.2):

- multiple and complex needs
- lack of resources among health partners
- the Health Board being in special measures means the Trailblazer is not a priority

Main risks for the employer pathways (7.3.3):

- slow policy and or culture change
- prevalence of small and medium sized enterprise's means resource intensive and slow work
- wider economic conditions act as a barrier to engagement

Main risks for the system integration and data sharing pathways (7.3.4):

- data-sharing limits
- complex consent processes for data-sharing
- short-term funding
- staff recruitment and retention
- time needed to realise system changes

7.6. Intended long-term impact

The Trailblazer intends to create long-term impacts related to:

Communities

Over time, through access to sustained and meaningful work, the programme seeks to reduce poverty and inequalities in communities, including life chances, and health and wellbeing outcomes. It aims for more empowered and integrated communities.

The economy and labour market

Demonstrated by a reduction in unemployment, reduction in benefit dependency and rates of economic inactivity. It also aims to create a more inclusive and accessible labour market, in which disabled people, those with long-term health conditions and caring responsibilities are enabled to work by employers who are knowledgeable about how to make adjustments and adaptations.

The system level

The programme intends to improve coordination between health, employment and skills services through, for example, embedding of occupational therapists in GP practices. A further aspect of this will be a legacy of improved data systems, which better enable impact measurement and coordinated working across services.

8. Next stages of the evaluation

The next stages of the evaluation includes the Year 2 primary research phase planned between June and September 2026. This will involve:

- strategic and delivery staff interviews, 10 per pilot area
- employer observations or interviews, 3 per pilot area
- project partners interviews, 7 per pilot area
- participant interviews, 10 per pilot area
- Ripple Effects Mapping (REM) workshops, 1 per area

The final reporting for the evaluation is expected be published in Spring 2027.