FAMILIES FIRST ACTION PLAN
2012-13 to 2016-17

Local Authority:- Newport

PLEASE ENSURE THAT YOU READ THE ACCOMPANYING ACTION PLAN GUIDANCE DOCUMENT AND FAMILIES FIRST PROGRAMME GUIDANCE (JULY 2011) BEFORE COMPLETING THE ACTION PLAN.

YOUR COMPLETED FAMILIES FIRST ACTION PLAN SHOULD BE RETURNED TO BENJAMIN GRAHAM-WOOLLARD (Benjamin.Graham-Woollard@wales.gsi.gov.uk) THE PLAN MUST BE RETURNED BY 28 OCTOBER 2011 AT THE LATEST.

YOU MUST USE THIS TEMPLATE FOR YOUR FAMILIES FIRST ACTION PLAN. PLEASE DO NOT AMEND THE FORMAT. IF YOU WISH TO DISCUSS ALIGNING YOUR INFORMATION WITH THE TEMPLATE, PLEASE CONTACT US.

PLANS RECEIVED THAT HAVE NOT BEEN SENT IN THE REQUESTED FORMAT WILL BE RETURNED TO THE LOCAL AUTHORITY FOR RESUBMISSION.

Please insert below the contact details for the lead official responsible for your 2012-13/2016-17 Families First Action Plan. This is to ensure that any queries regarding specific aspects of the action plan are directed to the correct person within each LA.

Name:-	Rhys Cornwall
Position/Responsibility :-	Framework Partnership Manager
Contact Tel. No:-	01633 232 844
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The Action Plan comprises five sections, each of which must be completed prior to submission.

Section A – Local Authority Overview of Families First Plan.
Section B – Results Based Accountability Template, including the population indicators chosen by the LA.
Section C – Key Element Report Cards.
Section D – Governance and Monitoring.
Section E – Project and Finance Overview

Any queries relating to the drafting of this delivery plan should be addressed to: familiesfirst@wales.gsi.gov.uk.

Alternatively, please call the Families First Performance and Finance Team on:

Frank Leetch – frank.leetch@wales.gsi.gov.uk, 02920 825101;
Sian Pyatt – sian.pyatt@wales.gsi.gov.uk, 02920 826222; or
Benjamin Graham-Woollard – benjamin.graham-woollard@wales.gsi.gov.uk, 02920 825427.

Section A

Overview of Families First

Overview of Families First in Your Authority

The Families First Programme Guidance requires that your Plan responds to locally identified needs, including your Community Needs Assessment, Child Poverty Strategy, and Children and Young People's Plan. The Plan should also identify how it will link with other Welsh Government programmes, including Flying Start, Communities First, and the Integrated Families Support Service.

Please provide an overview of, and rationale for, the proposed Families First programme within your area. You should identify the needs of the area and how your Plan addresses them. Please also provide a statement as to how, when taken together, your proposals form a cohesive approach to Families First.

Please tell us which other local authorities you will be working with in the delivery of your Plan (for example with regard to the Learning Sets and Strategic Commissioning).

Unified Needs Assessment for Newport

Newport has invested in the development of a Unified Needs Assessment that supports the planning process across the Community Strategy, Children and Young People's Plan, Health, Social Care and Well-being Strategy and Community Safety Strategy. This Community Strategy and the supporting Community Strategy Delivery Plan have been developed using the principles of Results Based Accountability so that we are able to measure the impact that we have as a Partnership on the Population Outcomes and measure the impact that specific, sponsored projects have through performance measures.

The Community Strategy has the following themes:

1. For Newport to be a prosperous and thriving City
2. For people to have a better quality of life
3. To have vibrant and safe communities
4. To deliver better public services

These in turn are supported by a number of population outcomes, each measured against a series of population indicators. The outcomes that Families First can have an impact upon are:

Outcome 2: More people in Newport participate in the local economy
Outcome 4: Newport is a distinctive and vibrant city
Outcome 5: People in Newport are healthy and thriving
Outcome 6: Children in Newport have the best start in life
Outcome 7: Children and young people in Newport succeed in school or work
Outcome 8: Adults in Newport are successful and realise their potential
Outcome 9: People in Newport live in a safe and inclusive community
Outcome 12: People in Newport are involved in community life and local decision making
Outcome 13: Public services in Newport work together
Outcome 14: People in Newport have better access to services
Outcome 15: People in Newport receive better services and are confident in systems

Prevention and Early Intervention

Prevention and Early Intervention have been a priority for the One Newport Local Service Board for the past three years. The Local Authority and key partners are already undertaking joint work to better align services to this agenda. Families First in Newport in the next five years will provide a further mechanism for this re-alignment of services and will form part of an integrated approach across the wider Partnership, drawing together Families First, Integrated Family Support Services, Flying Start, Communities First and the key work strands of the Local Service Board – Skills and Workless-ness, Neighbourhood Working and Community Cohesion.

Whilst Families First is a grant stream it is being driven within Newport very much as a way of working and builds on the work already being undertaken through Preventative Services, the Early Intervention and Preventions Team and the Integrated Family Support Team.

Child Poverty – narrowing the gap

Through the needs assessment undertaken it is clear that a significant minority of Children and Young People within Newport are

affected by relative poverty. The issues and our approach to tackling them are clearly defined within the Children and Young People's Plan 2011-14. The strategy has the following approaches:

1. Access to services
2. Equality of opportunity
3. Raising skills and aspirations

Families First is a key element of our approach and will enable us to engage with families earlier and better match services to their needs. Whilst Families First will be delivered City-wide it will work closely with Flying Start provision and Communities First Partnerships in those areas to offer a seamless, intensive and holistic intervention. In those areas the multi-agency approach will be firmly based on the arrangements currently in place, with Families First bringing additionality, not duplication.

Integrated Family Support Services

Newport is a pioneer area for IFSS and as such has been able to take learning from the delivery of that approach and use it in developing the Families First model in Newport. We have also taken learning from other parts of Wales and the United Kingdom to create the Newport Families First model. This has been tested during the pioneer phase of Families First, in collaboration with Cardiff. It is clear that Families First and Integrated Family Support Services are either end of the spectrum of need and that there are clear links between both approaches. In Newport it has been agreed that the IFSS Board will also become the Families First Board so that decisions regarding operational activity and strategic development can be taken in tandem.

Newport's Families First Approach

The key principles for the delivery of Families First in Newport are:

1. A single point of entry into multi agency support for children, young people and families
2. A tiered approach to service intervention covering the prevention, protection and remedial action that is designed to improve access for vulnerable families to co-ordinated and integrated services at Tier 2 and 3
3. An area / neighbourhood based approach to service provision, identification of needs and development of services
4. Joint governance arrangements across the Partnership that undertakes joint commissioning of services
5. The removal of community / family based barriers to educational attainment and employment

Our vision for Families First is:

To develop a unified prevention strategy for children and their families that has the active support of the Local Service Board, Children and Young People's Partnership, Elected members, departments within the City Council and wider stakeholders and partners.

There are two distinct strands to Families First in Newport. These are work within individual families and communities based partnership arrangements for the provision of services.

Individual Families

Newport has already shown its commitment to re-alignment of services through a focus on prevention by investing core service funding in the development of an Early Intervention and Preventative Services Team that operates within the eight school cluster areas of Newport. This team will form the basis of our enhanced, multi-agency teams that will work directly with families, enabling their engagement with the process and supporting their involvement in the Joint Assessment Family Framework. The Lead Professional will come from this team and will ensure service engagement in delivering the support plan that will be agreed with the family.

As part of the consortium arrangements with Cardiff a pilot Joint Assessment Family Framework has already been developed and is being tested. The consortium has also invested in the development of a distance travelled tool for use with families and this will form a key piece of evidence in proving the effectiveness (or otherwise) of approaches in the negotiations around re-alignment of services.

Families First Funding over the next five years will enable us to engage a wider range of partners and service providers within this new way of working and offer them the opportunity to re-align services to this agenda through short to medium term investment in targeted provision.

Community Approaches

Newport will develop two partnerships within the East and West of the City based around the eight school cluster groupings. The

purpose of these Area Partnerships will be:

1. To ensure that multi agency working arrangements are appropriately structured, coordinated, evaluated and are accountable to appropriate governance structures.
2. To give local interpretation to city-wide and national policy and to use local experience to influence those policies
3. To identify local priorities / themes and begin to develop the capacity to commission local resources to support local projects

Strategic Project Themes and approaches
Newport currently funds 28 projects and a small number of additional services through Cymorth that cover a range of services and provision with and for children, young people and families. Work has been on-going with current commissioned services and the Partnership since the summer 2010 to develop the vision for Families First and the process of moving from where we are to where we need to be within the new grant arrangements and to implement the Newport Families First model.

Newport proposes to move to the support of six, strategic projects that will deliver the core of the Families First agenda – supporting the multi-agency team around the family; developing the community based partnership approach; development of universal, targeted services; supporting the re-alignment of services to focus on prevention. These are:

1. Preventions Spine
2. Narrowing the Gap – Children and Young People
3. Narrowing the Gap – Family Skills
4. Narrowing the Gap – Family Well-being
5. Narrowing the Gap – Confident and Nurturing Families
6. Narrowing the Gap - Disability Family Support

Current projects have been aligned to these six strategic projects in the short term. On a rolling programme each of these strategic projects will be commissioned and at the same time current projects aligned to them will be de-commissioned. This will happen during the 2012-13 financial year. The Preventions Spine will be commissioned within the first three months of the financial year; Family Skills and Family Well-being will be commissioned on October 1st 2012; Children and Young People and Confident and Nurturing Families will be commissioned before March 31st 2013; Disability Family Support will be commissioned following the other projects (but within the financial year) to ensure that the totality of need is met for families where disability is an issue. Local partners, particularly those that are community based will be encouraged to work together to tender for these projects. Each strategic project will be required to evidence the mechanisms and approaches to re-alignment of services and how the project will

ensure this happens. Work is also underway to ensure the commissioning and delivery of seamless services between Families First and Flying Start and to ensure integration with the approach being taken with Communities First. Families First, Communities First and Flying Start will form key operational elements within Newport's new Partnership Structure and will be developed together. Families First will become the mechanism for outreach delivery of Flying Start and the Area Based Partnership approach within Families First will be developed as a strategic intention with Communities First Clusters in Newport.

Section B

FAMILIES FIRST RBA TEMPLATE

Population	Children, Young People and Families in Newport
Outcome 1	**Working age people in low income families gain, and progress within, employment**
Indicators	The proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of median income (source: this data will be available from the end of September from HMRC)
Indicator Baseline	**Percentage of all children living in poverty (in receipt of out of work benefits or tax credits where their income is less than 60% of median income).**

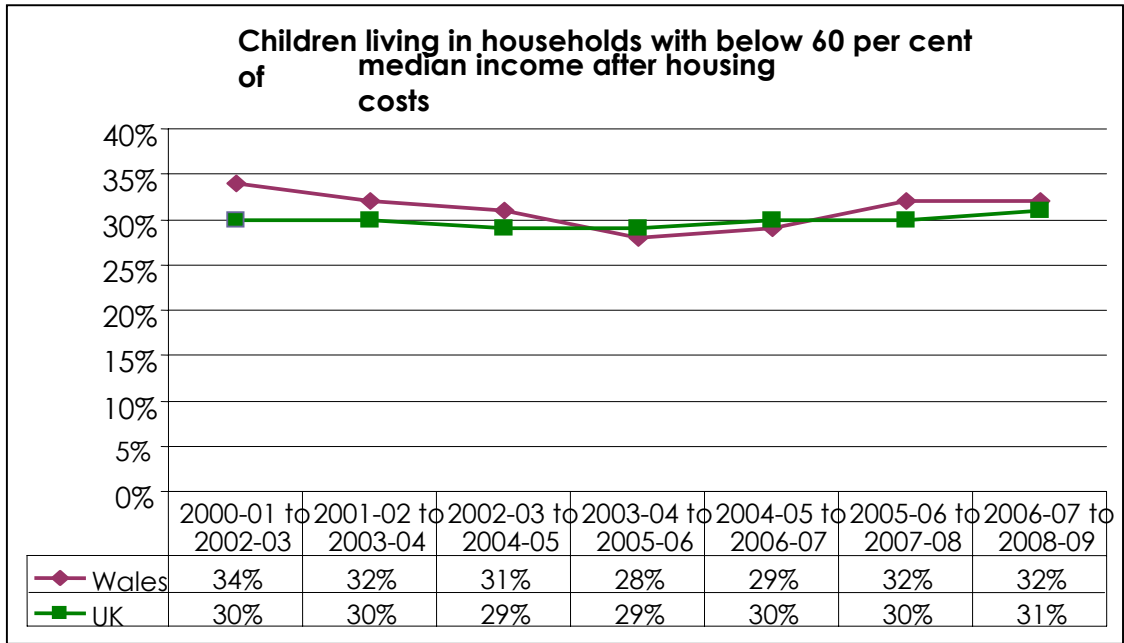|	New port	Wales	England	Scotland	Northern Ireland
2009	26.6%	22.7%	21.3%	19.0%	22.6%

Percentage of children under 16 living in poverty (in receipt of out of work benefits or tax credits where their income is less than 60% of median income).

	New port	Wales	England	Scotland	Northern Ireland
■ 2009	27.5%	23.5%	21.9%	19.5%	22.5%
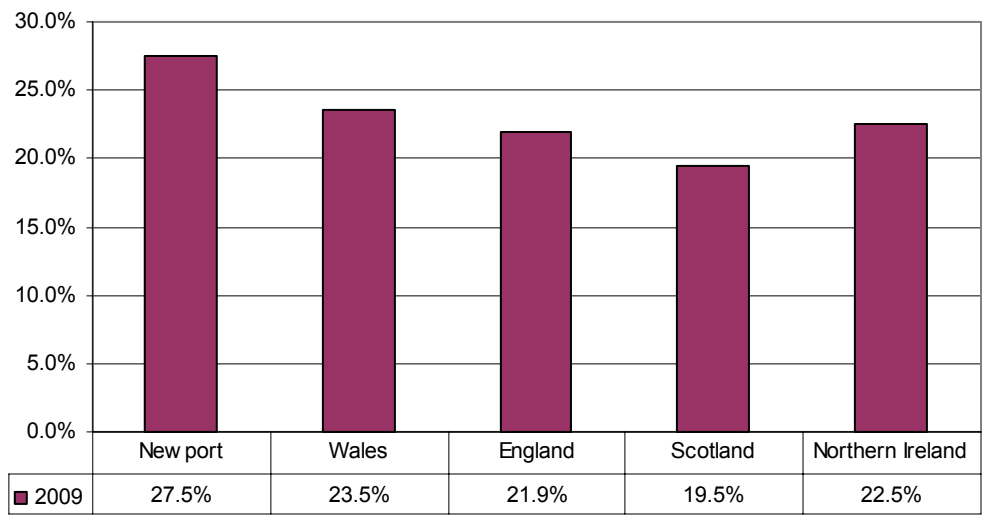
Children living in workless households
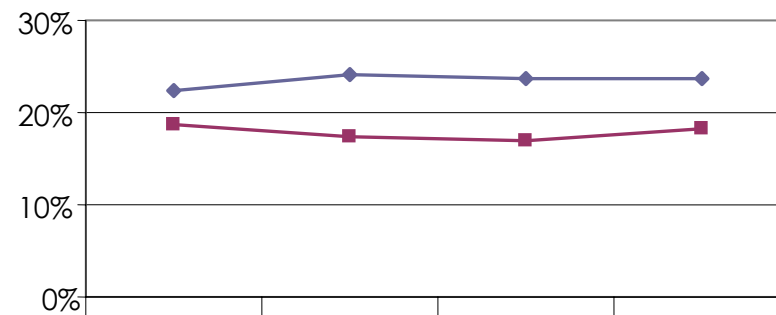
	2006	2007	2008	2009
◆ Newport	22.4%	24.1%	23.6%	23.6%
■ Wales	18.7%	17.5%	16.9%	18.3%

Children living in households with below 60 per cent of median income after housing costs

	2000-01 to 2002-03	2001-02 to 2003-04	2002-03 to 2004-05	2003-04 to 2005-06	2004-05 to 2006-07	2005-06 to 2007-08	2006-07 to 2008-09
Wales	34%	32%	31%	28%	29%	32%	32%
UK	30%	30%	29%	29%	30%	30%	31%

Story behind the Baseline	Indicator
	These indicators measure children living in households who are in receipt of out of work means tested benefits or in receipt of tax credits (year-end). The 'children living in workless households' indicator is one of the Welsh Government's key poverty indicators. These indicators do not however take into account families that are not entitled to benefits, so may not present a true picture of the extent of poverty affecting families.
What factors are driving the baseline?	
What are the forces/causes at work?	**Data trend**
	The indicators show that Newport has a consistently higher proportion of children living in workless households than for Wales as a whole, and that Wales has a slightly higher proportion than the UK.

At the time of writing, the data for 2010 was for publication.

What is driving the trend?
The questions associated with the vicious circle of worklessness and associated poverty are hugely complex. The impact of job cuts as a result of the recession and the associated lack of employment opportunities available have served to compound existing problems of inter-generational worklessness in some families. Equally, the personal circumstances of individuals can impact on their likelihood of living in poverty. For instance, young people leaving care, families with a disability or children with disabilities, people with caring responsibilities, and young teenage parents that have left school with poor qualifications. The cost of travel/transport can also be a barrier to work as can difficulties in accessing affordable childcare.

Regarding absolute levels of poverty, lack of awareness of benefit entitlements due to the complexity of the benefits regime can result in families not maximising their potential income. There are some specific groups who are particularly susceptible to both poverty and inability to work. For instance, the introduction of the 'Leave to Remain' policy for asylum seekers resulted in an increase in those on benefits. Language skills could also be a barrier to accessing work for asylum seekers (given leave to remain), migrants, other transient groups and Black and Minority Ethnic (BME) groups, whilst qualifications and skill sets of migrants may not be recognised in the UK.
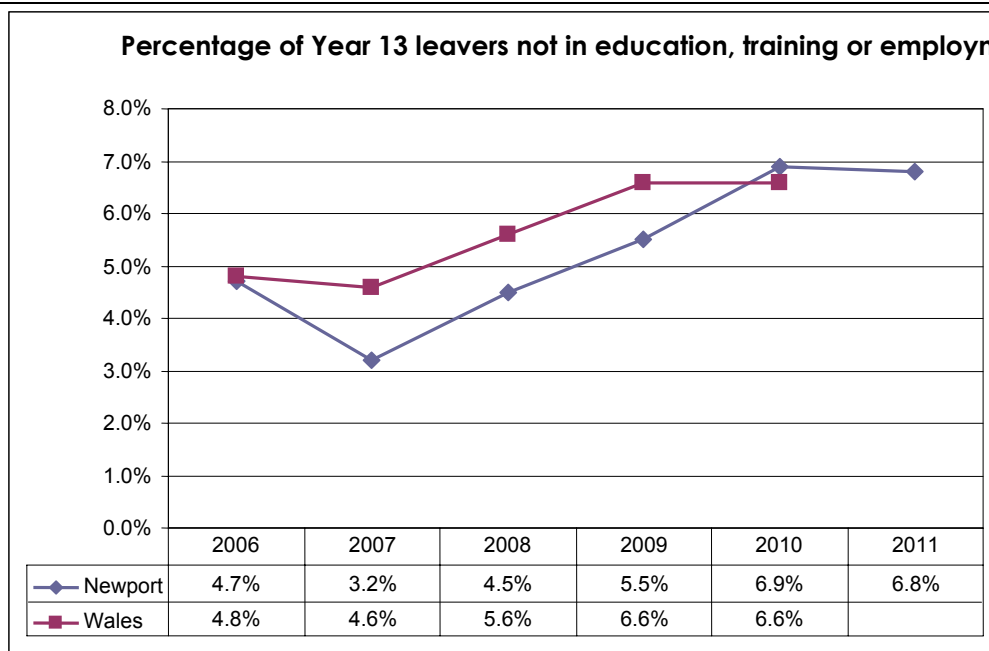
Current initiatives
There are numerous initiatives in place that are attempting to address the problems of poverty and worklessness in the city, including:
- Job Centre Plus participated in Carers Week to attract people interested in a career in care work
- Newport Food Festival to attract people into the catering industry
- Marks and Starts programme- supported by Marks & Spencer provided unemployed lone parents with 3 months work experience with the possibility for more longer term work
- Future Jobs Fund - new programme to be launched in April 2012
- Getting involved in Newport Project - operating in 6 Community First areas provided 50 hours

		of tutor time a year for adults to enable them to access learning and training opportunities **Areas for development** Areas for further development or improvement that have been identified include: • Need for more effective targeting of resources, which could be achieved through the prevention work development • Need for better alignment between the skills sets of individuals and training/education pathways and the jobs market • An extension of the Job Centre Plus community outreach work so that individuals are more likely to visit a Job Centre Plus advisor in the community rather than travel into the city centre • More support for vulnerable groups in poverty i.e. prison leavers, those with disabilities, care leavers, carers etc. • Need to improve literacy and numeracy skills • More flexible training options to better engage people and meet their needs
Data development agenda Are there any further data needs?		More data needed to show variances between different client groups i.e. those in poverty in receipt of benefits and those in poverty who are in work (not in receipt of benefits).
Key partners **Who's involved?** **Who needs to be involved?**		NCC; Communities First; Job Centre Plus, Coleg Gwent; Genesis 2; National Training Federation Wales (NTFW).
Ideas		Idea 1: Development of City-wide engagement and skills provision for working age members of families to support progression in to the labour market – Strategic Project: Narrowing the Gap, Family Skills.

	Idea 2: Working with partners to implement the NEET Strategy for Newport, including the development of work based learning provision for vulnerable groups (links to 14-19 LAN work on provision from 14 onwards)	
	Idea 3 – no cost/low cost	
	Idea 4 – off the wall	

Population	Children, Young People and Families in Newport
Outcome 1	**Working age people in low income families gain, and progress within, employment**
Indicators	1. % of Year 11 leavers not in education, employment, or training (source: statswales) 2. % of Year 13 leavers not in education, employment, or training (source: statswales)
Indicator Baseline	

Percentage of Year 11 leavers not in education, training or employment

	2006	2007	2008	2009	2010	2011
Newport	9.0%	9.3%	10.4%	9.1%	7.5%	5.81%
Wales	6.4%	6.9%	7.1%	5.7%	5.4%	

Percentage of Year 13 leavers not in education, training or employment

	2006	2007	2008	2009	2010	2011
Newport	4.7%	3.2%	4.5%	5.5%	6.9%	6.8%
Wales	4.8%	4.6%	5.6%	6.6%	6.6%	

| **Story behind the Baseline**

What factors are driving the baseline?

What are the forces/causes at work? | **Indicator**
The latest official figures released for the Labour Force Survey show that 1,163,000 young people (aged 16- 24 years old) are not in education, employment or training (NEET)[1]. Although this data relates primarily to England, it highlights the extent of the issue at a UK wide level.

The rate of young people not in education, employment or training (NEET) in Newport remains relatively high when compared to the rest of Wales. Reporting on NEET rates provides an indication of young people's participation and contribution to the local economy. This indicator also helps to demonstrate young people's progression onto other pathways such as further education and training enabling them to develop new and more specialised skills. |

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[1] Quarterly Labour Force Survey; Statistical Release: NEET Statistics – Quarterly Brief (November 2011)Department for Education

The impact of a young person being NEET can be profound and over the longer term it can lead to lower earnings even after they have found employment. NEETs impact on the economy as a result of lost output, greater welfare payments and less tax contributions[2]. Research commissioned by the Audit Commission (in England) estimated that a young person who was NEET in 2008 would cost public finances on average £56,000 before they reached retirement age (this took into account welfare payments, costs associated to health, criminal justice service, loss of tax and national insurance revenues). The net cost effect on the 2008 cohort of NEET young people was calculated to cost the public finances over £13 billion and £22 billion in lost opportunity costs before retirement age[3]. Although the study only covered figures for England for a snapshot in time, it does provide an illustration of the financial cost NEETs have on the economy and society.

A recent survey undertaken by Barnardos looked at some of the personal circumstances to explain why some young people are more likely to become NEET. The survey work showed that most children had left education because they disliked school, i.e. found it boring or irrelevant to them. The survey also found that disengagement was associated with bullying, ill health, teenage pregnancy, unstable family backgrounds or poor social living conditions. The study highlighted that this created barriers to re-engagement with school as well as poor attainment, lack of self-confidence, disruptive home life and personal health problems associated with mental health and learning difficulties[4].

Year 11 NEETS
Data trend
The year 11 graph shows there was a spike in the percentage of NEETs during 2008 at 10.4% compared with the Wales figure of 7.1%. Since 2009, the figures have shown a steady decrease dropping to 9.1% in 2009. The most significant decrease was seen in 2010 with a decrease of 7.5%. Although, this figure remains above the Wales figure of 5.4%, it represents a 2.9 percentage point drop on the 2009 figures. The latest figures for 2011 show that NEET figures have significantly dropped again by 1.7 percentage points to 5.8% (Note: the data includes young people who were classed unavailable due to sickness or youth custody).

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[2] Neil Lee and Jonathan Wright, Off the Map? The Geography of NEETS: A snapshot analysis for the Private Equity Foundation, The Work Foundation November 2011
[3] Audit Commission, Against the Odds: Re-engaging young people in education, employment and training, July 2010.
[4] Barnardo's, *Second Chances: Re-engaging Young People in Education and Training* March 2009

What is driving the trend?

The peak in the 2008 figures can be partly explained as a result of the recession. The recession has impacted on the availability of jobs and led to rising unemployment. As a result there have been fewer entry level jobs available for those who are leaving education. Young people who are NEET are disadvantaged when competing with better qualified and more experienced people. Careers Wales noted that there was a downward trend in job vacancies for 16-18 year olds in Newport during this same period. The situation is likely to have been compounded by cuts in public spending putting increased pressure on council and other partner's budgets. The loss of jobs in the public sector is also likely to have had an impact on the opportunities available for young people. Another factor to consider was the lack of coordination in Newport during 2008 between partners to tackle the NEET issue for year 11, with no clear strategy embedded for collaboration.

Another contributory factor that led to the peak in the percentage of year 11 NEETs during 2008 was the blockage that existed in the availability and timeliness of training provider placements for young people. The New Skill Build programme was introduced during 2007/08. However, initially there wasn't enough capacity for young people to start placements due to delays experienced in accessing funding for retrospective support for clients. Since 2008, Careers Wales has adopted clearer guidance on how it defines and monitors NEETS in Newport, which has helped improve the identification and tracking of young people. Improved information sharing between partners has fostered better collaborative working between partners resulting in a more co-ordinated approach avoiding duplication of effort.

Although 2009 saw a decline in NEET figures for Newport, it still remained the highest in Wales. Newport lacked a variety of training providers to enable young people to access their pathways of choice, for example, there were no training providers operating in Newport at the time that could provide pathways to the construction and automotive industry. However, this was addressed in 2010 when training providers established a base in Newport to provide a range of pathways for young people, and during 2009 a NEET Strategy was published enabling a more focused and collaborative approach to tackling NEETs in Newport amongst key partners.

During 2010, there was a more significant drop in the NEET figure for year 11s in Newport. This can be attributed to an improvement in training providers and better coordination between partner organisations. An increased

number of providers now operate in Newport such as ITEC, Learn About, A4E and the expansion of premises/capacity at Rathbone providing a wider range of training placements to young people to suit a variety of needs.

Improved collaboration between partners has also been reinforced by the establishment of four sub-groups in the form of a pre-16 group, 16-18 group, 18-25 group and a Training Provider Network. The pre-16 group focuses its attention on developing prevention work whilst the 16-18 group and 18-25 group is more operational in its focus, whilst the Training Provider's Network brings together the key training providers in the area to promote better co-ordination of training pathways. The Training Provider Network has now been expanded across the Gwent region.

Current initiatives
As well as promoting better joined up working the sub-groups mentioned above have also been responsible for developing the Good Practice Guide for NEETs, Information Sharing Consent Form (for 16-18 year olds), Keeping in Touch Events as well as a summer programme aimed at engaging young people who are NEET in skill based workshops.

During 2011, there was an increased focus on pre-16 work in relation to preventing young people becoming NEET. A key success during this period has been the better identification of potential NEETs as a result of the good practice guide. A second summer programme that was commissioned during 2011 by the pre-16 Sub-group on behalf of the Learning Area Network (LAN) has helped to increase the number of young people accessing training places who would otherwise be at risk of becoming NEET. This programme has focused on skills development, confidence building as well as social and physical activities.

Currently pilot data analysis work is underway with the schools to map young people who are at risk of becoming NEET, where it is anticipated the figures will enable key partners to agree how best to target resources in the future. In addition to this work, an improved Information Sharing Protocol has been developed in partnership with other agencies that is in line with the new Wales Accord on the Sharing of Personal Information (WASPI) Framework.

Areas of development

An area of development for the future will be on partners working more closely together to progress joint funding bids when implementing new NEET programmes. One of the challenges facing the NEET agenda is making partners more accountable for tackling NEETs in Newport. It's about adopting an approach that raises awareness amongst the wider partners that the NEET problem is not the sole responsibility of a select few agencies. It needs to be treated as a wider society issue that requires the contribution of wide ranging partners. Some good evidence of this starting to emerge is the work of the community sports development programme that has been targeting NEETs and engaging them through a range of sport/physical activities. This has had positive results in terms of re-engaging young people in education, employment and training. This wider partnership approach needs to be explored further.

Year 13 NEETS
Data trend
The year 13 data only provides an indication of young people who attended school to undertake A level qualifications. It doesn't take into account potential NEETs who attended college or dropped out of school part way through the A level course. Therefore, the year 13 indicator doesn't provide us with accurate figures in relation to post 16 NEETs.

The Year 13 graph shows that the percentage of year 13 NEETs has been consistently increasing since 2007. Between 2007 and 2010 year 13 NEETs increased by 3.7 percentage points, to 6.9% in 2010. In 2007, the year 13 NEET figures (of 3.2%) were 1.4 percentage points below the Wales average (of 4.6%). However, by 2010 Newport year 13 NEETS slightly exceeded the Wales average by 0.3% at 6.9%. %. The latest figures for 2011 show that NEET figures have remained fairly consistent at 6.8%, representing a decrease of just 0.1% on 2010 figures (Note: the data includes young people who were classed unavailable due to sickness or youth custody). Although, the year 13 NEET figure remains lower than the year 11 NEET figures, it does appear there is a trend emerging of more year 13 NEETs.

What is driving the trend?
There are a number of factors that can be attributed to the increase in year 13 NEETs emerging. Similar to the year 11 NEETs, the current economic climate has increased the difficulty in accessing jobs as fewer employers are recruiting. Where vacancies do arise, there are fewer employers recruiting young people into posts who lack

experience of work. Another key reason that could explain the rise in year 13 NEETs is the reluctance of young people to progress onto university due to the cost of tuition fees and the longer term impact it has on their debt levels. Fewer young people may also be progressing onto university due to the reduction in the number of university places that have been available over the last couple of years as a result of the budget deficit of universities due to a reduction in government spending. Some vulnerable groups have also been affected by changes in policy. For example, young people 18 years plus who have learning disabilities no longer have access to the extended guarantee that would promise an offer of training. Now all young people 18 years plus with learning disabilities must access generic support via Job Centre Plus.

Current initiatives
At the national level, the Welsh Government has recognised the need for there to be alternative pathways available to year 13 school leavers who don't progress onto further education. The Welsh Government aims to develop an Apprenticeship Match Scheme whereby it will allow companies to advertise apprenticeships across Wales. Companies will also be offered a financial incentive of £50 per week for taking on an apprentice. Another initiative to be introduced by the Welsh Government in 2012 is the Jobs Growth Wales scheme that will provide funding for 4,000 jobs over a 6 month period to give young people work experience to enable them to move onto longer term employment.

At a more localised level in Newport, the Job Centre Plus, After Care Team and Community Development Team have been working together to target a programme at young people who have been in care to enable them to access appropriate education, training and employment pathways. The Wales Council for Voluntary Action (WCVA) gateway funding (via European Social Fund) is aimed at NEETS who are not in receipt of Job Seekers Allowance and Educational Support Allowance, which supports providers to work with NEETs. The Future Jobs Fund is part of a young person's guarantee, and it provides an opportunity for unemployed young people to access paid work (minimum wage) for a period of 6 months. The scheme ran from October 2009 to March 2011 providing young people aged 18-24 years old who had been receiving Job Seekers Allowance for 6 months or more.

Areas of development
Key areas of development for the future include a focus on data sharing between other key partners such as colleges and Job Centre Plus. For example, colleges need to collect leavers/destinations data consistently in line
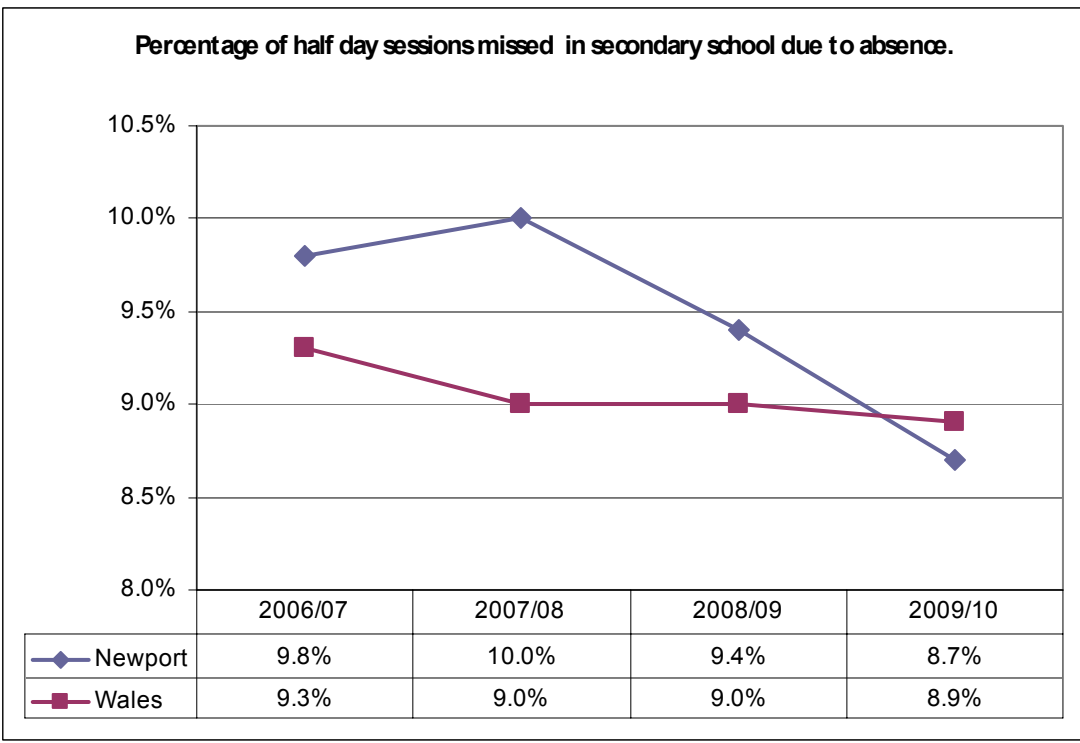
	with how data is currently collected by Careers Wales to improve the tracking and monitoring of young people leaving college. There also needs to be an increased focus on young people's readiness for pursuing their chosen pathways. This may involve developing programmes or interventions that will better prepare them for education or employment.
Data development agenda Are there any further data needs?	Data Development Agenda: There is the need for more consistent data and a focus on NEET data that provides an indication of sustainability in relation to tracking the destinations of year 11 and 13 pupils that drop out of education part way through their courses. There is also the need to better track young people that don't attend Newport schools (out of county). • 18-25 year old data breakdown • Course data on entrants, starters, leavers, etc • Need to understand why Newport has high levels of young people who are NEET • The current data sets do not provide an indication of the core group of young people who remain NEET for six months or more and equally it doesn't provide an indication of the movement of young people in and out of NEET status over a period of time (repeat NEET/s churn). More sophisticated data monitoring in these areas would enable us a better understanding of NEET sub-groups and how to best target resources.
Key partners Who's involved? Who needs to be involved?	Current partners involved include: Education Service, PRU, Schools, Alternative Education Providers, Training Providers, Careers Wales Gwent, Youth Service, Coleg Gwent, University of Wales Newport and PSG/early intervention programme. Partners to be involved include other training providers not currently engaged and other voluntary sector youth service providers.
Ideas	Idea 1: Development of a Newport Guarantee and Post compulsory Education clearing system to better match young people to opportunities
	Idea 2: Early intervention and bending of curriculum to ensure fit with the needs and aspirations of children and young people
	Idea 3 – no cost/low cost – Continue development of the Pre 16, 16-18 and Post 18 NEET Sub Groups, with development of Good Practice Guide, Consent Form and Partnership Development
	Idea 4 – off the wall

Population	Children, Young People and Families in Newport
Outcome 2	**Children, young people and families, in or at risk of poverty, achieve their potential**
Indicators	1. % of 15 year olds achieving Level 2 threshold including English or Welsh, and Maths (source: WG)
Indicator Baseline	

Percentage of 15 year olds achieving level 2 threshold including English, Welsh and Maths.

	2007/08	2008/09	2009/10
New port	42.5%	42.8%	48.8%
Wales	45.6%	47.2%	49.4%

Story behind the Baseline What factors are driving the baseline?	Indicator A range of population indicators are published to measure attainment at the end of key stage 4 (age 16). The key indicators are: 1) Leavers without qualifications 2) Level 1 threshold

What are the forces/causes at work?	3) Level 2 threshold 4) Level 2 threshold including English/Welsh and mathematics 5) Core subject indicator 6) Average wider point score 7) Capped wider point score Data trend Provisional results indicate continued progress in 2010/11, with improvements in 6 out of the 7 indicators in 2011 and the Level 2 threshold improving so that it is above the Wales average. The only indicator that has declined slightly is the Level 2 threshold including English/Welsh and mathematics. However, performance over a three year trend is increasing. This indicator remains a key priority for all schools and the Education Service. This improvement in performance is also reflected in the decreased number of year 11 students leaving education, training or employment without a recognised qualification. In 2010, Newport had the lowest rate of school leavers without qualifications in Wales, at just 0.1% (2 students) and in 2011 this has decreased further to no students leaving compulsory education without a recognised qualification. What is driving the trend? Historically, performance at key stage 4 in Newport has been lower than the Wales average. A targeted strategy has been implemented across Newport over the last three years to improve attainment at Key Stage 4. This has included a range of strategies and targeted interventions and support by schools, the Education Service, and partners within the Young Newport partnership. This strategy has resulted in improved results at a faster rate than for Wales as a whole. Curriculum changes have led to more appropriate Learning Pathways for many students in key stage 4 and this is evident in the strong increase in the Level 2 threshold and the Average Qualifications point score, which have risen 21 percentage points and 94 points respectively since 2007. The rate of progress for the Level 2 threshold including English/Welsh and mathematics is

		slower, but also exceeds the national trend. Newport currently ranks 14th for this indicator, which is higher than might be expected from Newport's Free School Meals ranking (poverty indicator). Current initiatives See above.	
Data development agenda Are there any further data needs?		N/A	
Key partners Who's involved? Who needs to be involved?		Education Service, PRU, Schools, Parents, Children and Young People.	
Ideas		Idea 1: Increase the range and quality of vocational options available to children and young people both within formal education and within continuing learning	
		Idea 2: Develop more accreditation opportunities for young people within their communities that support the transition in to meaningful engagement with education, employment or training.	
		Idea 3 – no cost/low cost	
		Idea 4 – off the wall	

Population	Children, Young People and Families in Newport
Outcome 2	**Children, young people and families, in or at risk of poverty, achieve their potential**
Indicators	% of half day sessions missed due to absence (source: WG)
Indicator Baseline	

Percentage of half day sessions missed in primary school due to absence

	2006/07	2007/08	2008/09	2009/10
Newport	7.2%	7.0%	7.4%	7.3%
Wales	6.9%	6.7%	6.8%	6.9%

Percentage of half day sessions missed in secondary school due to absence.

	2006/07	2007/08	2008/09	2009/10
Newport	9.8%	10.0%	9.4%	8.7%
Wales	9.3%	9.0%	9.0%	8.9%

| **Story behind the Baseline**

What factors are driving the baseline?

What are the forces/causes at work? | **Indicator**
These data sets provide a snapshot of attendance rates for Newport against the Wales figures for both primary school and secondary school attendance.

Primary school attendance
Data trend
Primary school attendance has been relatively consistent over recent years, and remains slightly below the Wales average in 2009/10 at 92.7% (15th in Wales). Performance is in line with similar authorities, e.g. close to Cardiff and Wrexham and better than Swansea. |

What is driving the trend?
Since 2008/2009, the Education Service has focused dedicated resources to primary school clusters where attendance has been identified as below expected levels. This has resulted in increased attendance across the schools in these clusters from an average of 91.8% to 92.2%, and 41,764 fewer sessions missed by pupils.

Secondary school attendance
Data trend
Secondary school attendance has increased significantly over the last three years from 90.0% in 2007/08 (20th in Wales) to 91.8% in 2010/1, which brings Newport above the Wales average and 7th in Wales. This is significantly higher than might be expected given the FSM ranking of 15th.

Half of the authority's schools are in the top quarter when benchmarked against similar schools, with one in the 2nd quarter, one in the 3rd quarter, and two in the bottom quarter. Of these two schools in the bottom quarter, one has the lowest school attendance in Wales, although its improvement rate is measured at around 2% during 2010/11 which is above the Wales average. Senior Inclusion Officers are providing intensive support and challenge to the school to improve attendance.

What is driving the trend?
Unauthorised absence rates remain above the national average; this is in part a reflection of school and local authority policy not to authorise holidays in term time.

Current initiatives
The focused 'action on attendance' project continues including media campaigns and truancy monitoring. This project is now focusing on sustaining the gains made in secondary schools and increasing primary school attendance, which is currently below the Wales average.

A multi-agency team is working with secondary schools with the lowest attendance to introduce

		further strategies to reduce absenteeism.	
		Areas of development Continuing to improve secondary attendance will remain a priority for schools, the Education Service and the Young Newport partnership. A targeted strategy to improve primary attendance so that it is above the national average will also be a key priority for Newport over the next three years.	
Data development agenda		The education service monitors attendance at school level on a monthly basis. Data is available by school, year group, gender, ethnicity, Additional Learning Needs (ALN) status, LAC status, etc. The Welsh Government is introducing a new national framework for the analysis of exclusions and attendance data, which will enrich the data already monitored closely by schools and the Education Service.	
Key partners Who's involved? Who needs to be involved?		Education Services; Schools; Children and Families Services; Gwent Police; Youth Service; Community Sports Development; Communities First	
Ideas		Idea 1: Development of the Preventions Spine with a single point of entry for families showing indicators of risk – Strategic Project: Preventions Spine	
		Idea 2: Development of multi-agency interventions that better support the family within the community – Strategic Project: Narrowing the Gap, Children and Young People	
		Idea 3 – no cost/low cost	
		Idea 4 – off the wall	

Population	Children, Young People and Families in Newport
Outcome 2	**Children, young people and families, in or at risk of poverty, achieve their potential**
Indicators	% of 15 year olds not achieving a recognised qualification (source: WG) % of 15 year olds achieving at least one recognised qualification (source: WG)
Indicator Baseline	

Percentage of 15 year olds not acheiving a recognised qualification

	2006/07	2007/08	2008/09	2009/10
Newport	1.0%	1.1%	0.3%	0.1%
Wales	1.7%	1.6%	0.9%	0.8%

Percentage of 15 year olds achieving at least one recognised qualification.

	2006/07	2007/08	2008/09	2009/10
Newport	99.0%	98.9%	99.7%	99.9%
Wales	98.3%	98.4%	99.1%	99.2%

NB: Data for achievement of one recognised qualification is based on deducting percentage with no qualifications from 100%.

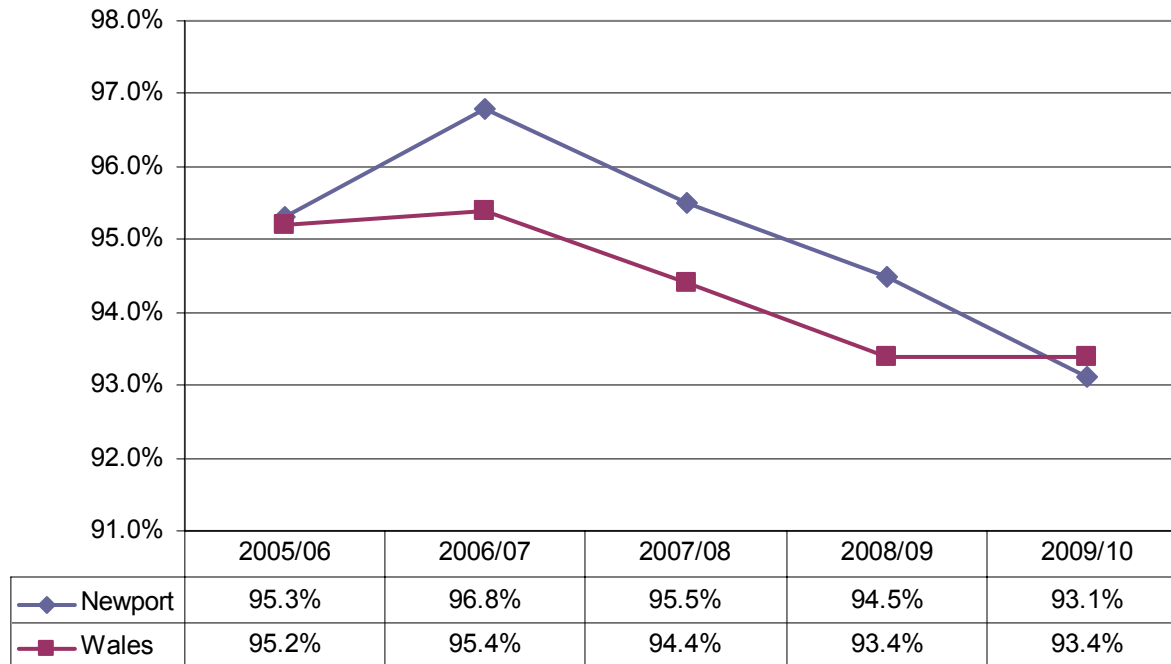|	
Story behind the Baseline What factors are driving the baseline? What are the	Indicator This indicator measures the percentage of young people that leave compulsory education with at least one recognised qualification. Data trend The percentage of school leavers with any recognised qualifications has decreased in recent years due to a targeted strategy by Newport schools, the Education Service, Youth Service, and partners

forces/causes at work?	within the wider Young Newport partnership.
	In 2010, Newport's rate of school leavers without any recognised qualifications became the lowest in Wales, which is a significant achievement for a city with the 8th highest proportion of pupils entitled to Free School Meals (poverty indicator) in Wales.
	In 2011, the provisional data indicated that Newport achieved 100% of young people leaving education with at least one recognised qualification. National data is not yet available, but with a 100% success rate, Newport is guaranteed to rank first or joint first in Wales for this indicator once again.
	What is driving the trend? The achievement of a 100% success rate in ensuring that all young people leave school with a recognised qualification is linked to the wider range of qualifications that are now available to suit all levels of ability in a range of settings.
	Current initiatives Schools track pupils' achievements throughout their schooling, and additional tuition and support is targeted at young people who are at risk of not achieving any recognised qualifications. This support may be in the form of additional support from teachers and teaching assistants, learning coaches, the Alternative Learning project, Looked After Children (LAC) tuition, Careers Advisers, etc.
	The Education Service has also placed an increased focus on inclusion services and preventative services to better support vulnerable young people at risk of disengaging from formal education.
	Areas of development Whilst Newport's success rate in ensuring that young people leave compulsory education with at least one recognised qualification is a significant achievement, this is not the sole determinant of

		young people's future career and life success. Newport's rate of young people age 16-18 not in education, employment or training remains unacceptably high, and the core Key Stage 4 indicator, the level 2 threshold inclusive of English/Welsh and mathematics, remains below the national average. Improving these indicators remains a key priority for Newport.
Data development agenda		Data Development Agenda: There is the need for the data to be able to make a correlation between qualification types and progression pathways (from education into the work place). There also needs to be further data development to enable partners to correlate the indicator with reasons for non-attainment such as caring duties, bereavement, illness etc.
Key partners Who's involved? Who needs to be involved?		Education Service, PRUs, Schools, Parents, Children and young people.
Ideas		Idea 1: Continue to undertake current work and monitor this indicator
		Idea 2
		Idea 3 – no cost/low cost
		Idea 4 – off the wall

Population	Children, Young People and Families in Newport
Outcome 2	**Children, young people and families, in or at risk of poverty, achieve their potential**
Indicators	% of Year 11 leavers in education, employment, or training (source: statswales) % of Year 13 leavers in education. employment, or training (source: statswales)
Indicator Baseline	

Percentage of Year 11 leavers in education, employment or training.

	2005/06	2006/07	2007/08	2008/09	2009/10
Newport	91.0%	90.7%	89.6%	90.9%	92.5%
Wales	93.6%	93.1%	92.9%	94.3%	94.6%

Percentage of Year 13 leavers in education, employment or training.

	2005/06	2006/07	2007/08	2008/09	2009/10
Newport	95.3%	96.8%	95.5%	94.5%	93.1%
Wales	95.2%	95.4%	94.4%	93.4%	93.4%

NB: Data for Year 11 and 13 leavers in education, employment or training is based on deducting the percentage of year 11 and year 13 NEETs from 100%.
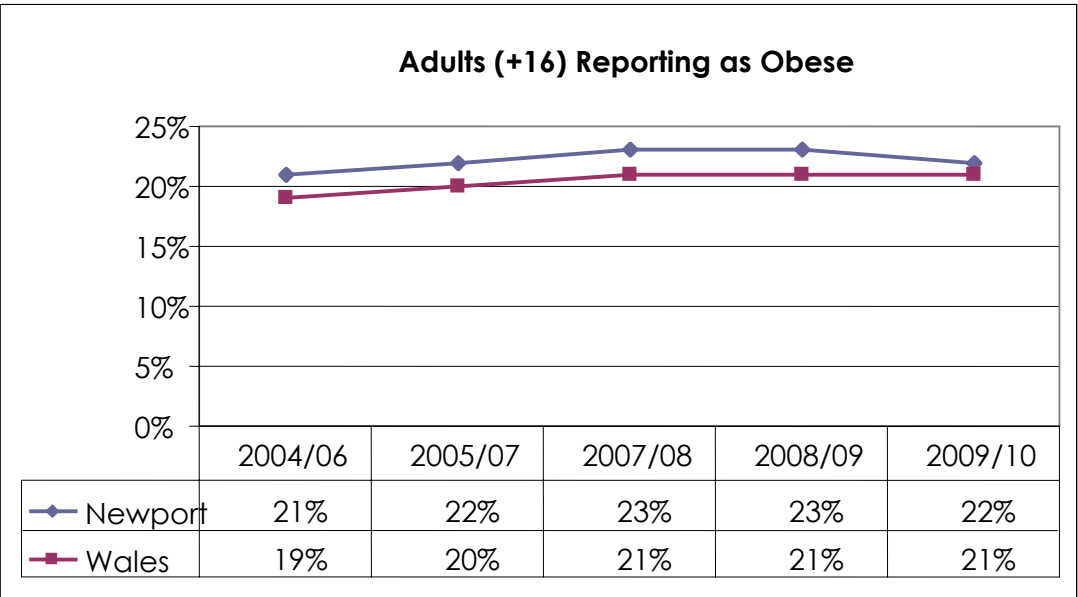
Story behind the Baseline What factors are driving the baseline?	See previous measure on NEETS

What are the forces/causes at work?		
Data development agenda		See previous measure on NEETS
Key partners Who's involved? Who needs to be involved?		See previous measure on NEETS
Ideas		Idea 1 See previous measure on NEETS	
		Idea 2	
		Idea 3 – no cost/low cost	
		Idea 4 – off the wall	

Population	Children, Young People and Families in Newport
Outcome 3	**Children, young people and families are healthy, safe and enjoy well-being**
Indicators	% adults (age 16+) reporting as obese (Source: Welsh Health Survey)
Indicator Baseline	

Adults (+16) Reporting as Overweight or Obese

	2004/06	2005/07	2007/08	2008/09	2009/10
Newport	56%	59%	60%	58%	58%
Wales	55%	56%	57%	57%	57%

Adults (+16) Reporting as Obese

	2004/06	2005/07	2007/08	2008/09	2009/10
Newport	21%	22%	23%	23%	22%
Wales	19%	20%	21%	21%	21%

Story behind the Baseline	Indicator
	This data is sourced from the Welsh Health Survey which is self-reporting. Respondents are asked their height and weight. From these details a Body Mass Index (BMI) is calculated for each respondent. Those with a BMI of 30 or over were classed as obese. Those with a BMI of 25 or were classed as overweight or obese.
What factors are driving the baseline?	
What are the forces/causes at work?	These indicators are important because obesity can lead to a variety of debilitating health problems such as cardiovascular disease, diabetes and many more. These illnesses can cause a long term reduction in quality of life as well as premature death. If the obesity rates are not reduced, the costs of treating these illnesses will be a considerable burden to the NHS and will lead to an increased demand on a variety of Health and Social Services, which will be difficult to meet.

Obesity rates have tripled in the UK since the 1980s. In Wales, as in many other countries, the proportion of adults and children who are not maintaining a healthy body weight is increasing. The UK Government Office for Science's Foresight report has predicted that by 2050, 9 out of 10 adults and two-thirds of children in the UK will be overweight or obese.

Data trend
Adults reporting as obese
From 2004/06 to 2007/08 the Wales average rate of obesity steadily rose from 19% to 21% and reached a plateau between 2007/08 to 2009/10.

In Newport, however from 2004/06 to 2007/08 the rates of obesity were consistently 2% higher than the Wales average, and followed a similar trend of steadily increasing. Between 2007/08 and 2008/09 the rates reached a plateau and then gradually decreased between 2008/09 and 2009/10 to a rate 1% higher than the Wales average.

Adults reporting as overweight or obese
From 2004/06 to 2007/08 the Wales average rate of adults who were overweight or obese steadily rose from 55% to 57% and reached a plateau between 2007/08 to 2009/10.

Between 2004/06 and 2005/07, the rate of adults in Newport who were reported as being overweight or obese show a steeper increase than the Welsh national trend from 56% to 59%. Between 2005/07 and 2007/08 the number of adults in Newport who were reported as being overweight or obese continued to increase, but at a slower rate to 60%. The trend shows a decrease in 2008/09 to 58% which reached a plateau through to 2009/10, to be 1% above the Wales average.

What is driving the trend?
The Foresight report referred to a "complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain."
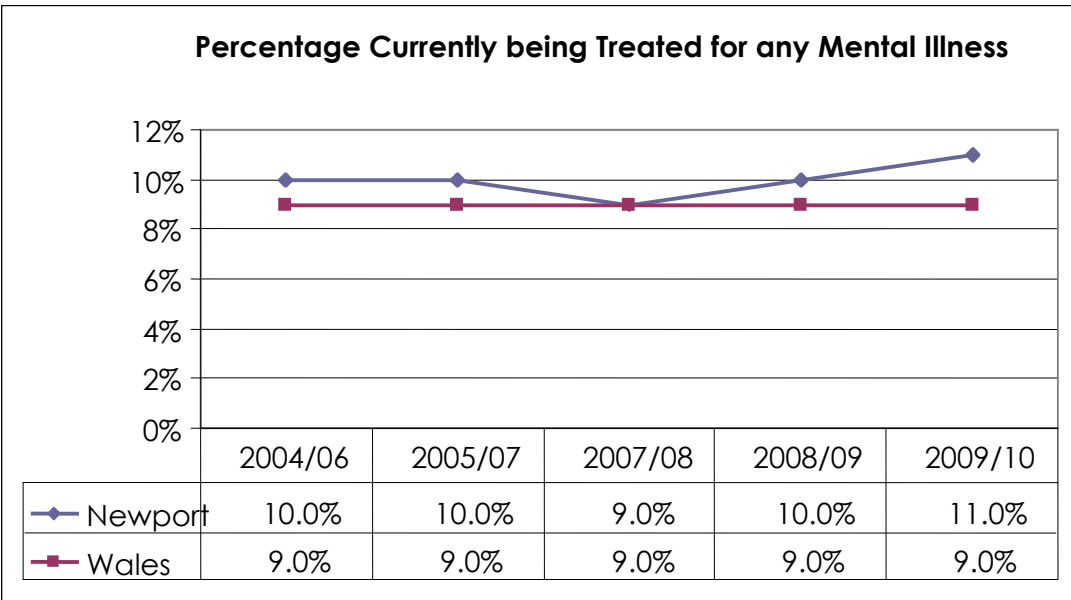•   Biology - an individual's starting point; the influence of genetics and ill health
•   Activity environment - the influence of the environment on an individual's activity behaviour,

for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers
- Physical activity - the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day (see Physical Activity)
- Societal influences - the impact of society, for example the influence of peer pressure or culture, the media and education
- Individual psychology - for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences
- Food environment - the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home
- Food consumption - the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet (see Nutrition)
- Increase in alcohol consumption (see Alcohol Misuse) and its association with higher calorie intake

The recent decrease in the percentage of adults that are reporting being overweight or obese in Newport could be influenced by:
- People being more aware of the health implications of obesity
- through the media
- through local health promotion schemes e.g. Exercise Referral scheme
- National campaigns e.g. Change for Life
- Increase in the number of people using leisure facilities
- Economic factors – people having less money on surplus food consumption

Current initiatives
A number of partners have developed initiatives aimed at reducing the levels of obesity including:
- Communities First and its projects developed within the 'Health & Wellbeing' theme e.g. the introduction of Fruit and Vegetable Co-ops, and community activity sessions, etc
- Local authority leisure centres working on increasing the numbers of people using their

		facilities and increasing the healthy food options available within their cafés
		• Newport City Council (NCC) Sport and Leisure department using market segmentation or social marketing to target particular sections of the population so that the messages displayed are more specific and effective at attracting them to use the services on offer
		• The National Exercise Referral Scheme (under 'Going for Gold' in Newport) working with the clients (16+) classified as sedentary or with a number of associated heath risks. The scheme offers low cost prescribed exercise supported by exercise professionals over a set period of time, in an attempt to improve the health and wellbeing of people referred to the scheme
		• Going for Gold promoting the benefits of healthy eating and increased physical activity to the general population
		• Healthy Schools scheme
		• National campaigns, including Change 4 Life and food labelling
		• Corporate health standard
		Areas of development
		Areas of future development include:
		• Development of the Welsh Government Obesity Pathway
		• Improved partnership working with key stakeholders, to ensure that the commitment to reducing levels of obesity is embedded into local policies and plans
		• Work towards creating a culture change within organisations in Newport utilising the Corporate Health Standard, to engage with individuals to make informed, responsible choices for their own health and wellbeing
		• Target national campaigns (e.g. Change 4 Life) more effectively in an attempt to make individuals and organisations more likely to adopt healthy living messages
Data development agenda		There are a number of possible gaps in data that could enhance the understanding of the potential effect of obesity on the population of Newport, which are as follows:
		• A more accurate understanding of the prevalence of obesity – a move from self-reporting methods to a more systematic process
		• Improving the methods of data collection for children and young people
		• A breakdown of data based on age specific groups

	• Baby weight data (from GP's and health databases – Quality Outcomes Framework) • Utilisation of the new school sports survey as a potential indicator of physical activity levels • Specific data on age and gender		
Key partners Who's involved? Who needs to be involved?	Aneurin Bevan Health Board; Public Health Wales; Exercise Referral; Communities First; Flying Start; Schools; Youth Service; Community Sports Development; NCC; Health Challenge Newport		
Ideas	Idea 1: Development and implementation of Families First Strategic Project – Narrowing the Gap: Family well-being.		
	Idea 2: Development of the Welsh Government Obesity Pathway		
	Idea 3 – no cost/low cost: Improved partnership working with key stakeholders, to ensure that the commitment to reducing levels of obesity is embedded into local policies and plans. Work towards creating a culture change within organisations in Newport utilising the Corporate Health Standard, to engage with individuals to make informed, responsible choices for their own health and wellbeing		
	Idea 4 – off the wall:		

Population	Children, Young People and Families in Newport
Outcome 3	**Children, young people and families are healthy, safe and enjoy well-being**
Indicators	% adults (age 16+) reported mental health and well-being (Mental Component Summary mean score) (Source: Welsh Health Survey)
Indicator Baseline	

SF36 Mental Component Summary Mean Score

	2004/06	2005/07	2007/08	2008/09	2009/10
Newport	49.7	49.6	49.8	49.4	49.5
Wales	49.7	49.9	49.9	49.9	49.9

Percentage Currently being Treated for any Mental Illness

	2004/06	2005/07	2007/08	2008/09	2009/10
Newport	10.0%	10.0%	9.0%	10.0%	11.0%
Wales	9.0%	9.0%	9.0%	9.0%	9.0%

Story behind the Baseline	Indicator
	SF36 Mental Component Summary Mean Score
	The SF36 score is derived from a number of self-assessed questions within the Welsh Health Survey asking respondents about their mental health and the impact on their lives. A higher score indicates better health.
What factors are driving the baseline?	
What are the forces/causes at work?	Percentage of adults reporting currently being treated for a mental illness
	This data is sourced from the Welsh Health Survey and is self-reporting. Respondents are asked whether they are being treated for depression, anxiety or any other mental illness.
	These indicators are important because mental health and wellbeing can affect a wide range of factors in our lives including forming and sustaining relationships, going to work and school, being

able to participate in leisure activities and feeling part of the wider community.

Data trends
SF36 Mental Component Summary Mean Score
The overall score for Wales has remained fairly constant over the last 5 years. For Newport, the score has fluctuated slightly during the same period but the prevailing trend is an overall reduction in the score. The score for Newport is lower than the Wales average.

Percentage of adults reporting currently being treated for a mental illness
In Wales, 9% of adults report being treated for a mental illness and this has remained constant since 2004/6. In Newport, the figures have fluctuated over the last five years and the prevailing trend is an increase in the number of adults reporting being treated for a mental illness. The latest figure for Newport is 11% which is higher than the Wales average.

What is driving the trend?
The health and wellbeing of individuals and communities is influenced by a wide range of social, environmental and economic factors as well as individual genetics, behaviours and experiences. It has been widely established that some health determinants can protect mental health, while some can increase the risk of poor mental health. For example, protective factors for mental health may include supportive friends and family, good quality housing, feeling safe and part of a community, accessible leisure opportunities and availability of support for major life transitions. Risk factors for poor mental health may include social isolation, unemployment, social or cultural discrimination, lack of accessible services or leisure opportunities and low self-esteem.

A number of factors could be driving the reduction in the SF36 score and the increase in the percentage of people being treated for a mental illness in Newport. These include:
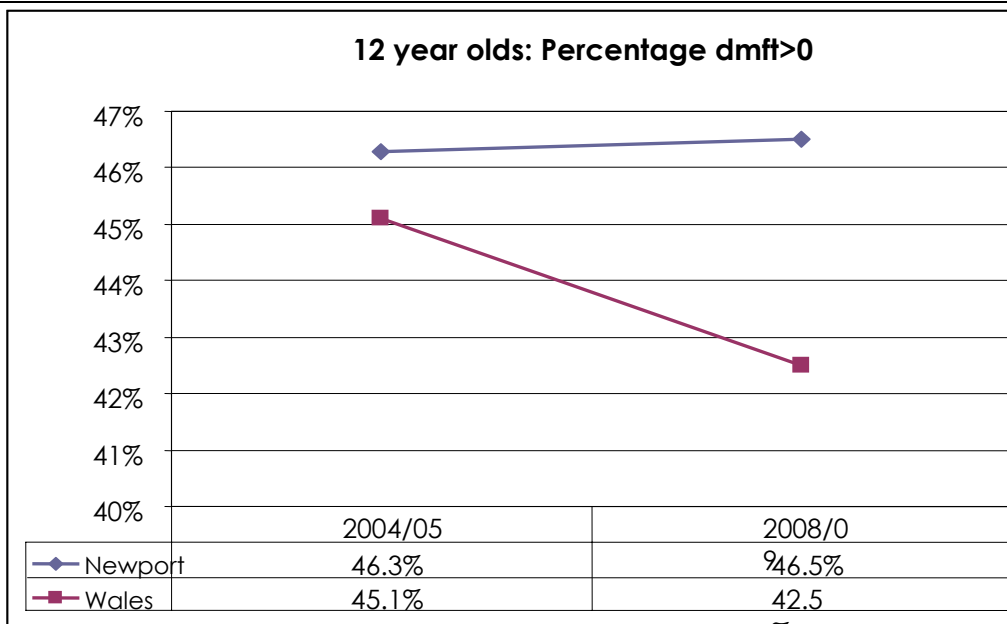• 	Deprivation – there are a number of deprived areas in the Newport
• 	Current recession and the reduction in regeneration funding
• 	Environmental factors
• 	Substance misuse including alcohol

		• Poor diet and lack of physical activity • Urban environment increasing isolation and lack of social networks Current initiatives A number of partners have developed initiatives including: • Mental Health First Aid (training for front line professionals) • Scheme to get people with a mental health illness back in to work (Job Centre Plus) • Helping people with mental illness into volunteering and work (Hafal and Gofal) • Targeting raising awareness through parenting programmes and networks • SEALs programme (Healthy Schools) • Linking Mental Health Network for Newport with other work streams for example Communities First • Befriending for those with dementia (Alzheimer's Society) • Good Neighbours Scheme for older people (WRVS - volunteer services supporting older people) • Lunch clubs for older people • Day centres for older people • Kensington Court day centre Areas of development The areas of future development are as follows: • 5 Ways to Wellbeing Network for Gwent • Mental health awareness toolkit for minority ethnic communities • Health Promotion programme for mental health service providers to support those recovering from mental illness • Scheme to prevent those admitted to hospital losing their accommodation (Supporting People) • Introduction of the Recovery Model at Kensington Court • Integrated health and social care mental health service

Data development agenda	• SF36 score is self-reporting. • Office for National Statistics (ONS) wellbeing measure to be released soon. • Data split by age groups for adults. • Mental health data for children and young people. • ONS wellbeing measure to be introduced. • Data split by age groups and gender for adults.	
Key partners Who's involved? Who needs to be involved?	Hafal; Gofal; Job Centre Plus; NCC; ABHB; PHW; Communities First; Voluntary Sector; Education Services; Schools; Youth Support Services	
Ideas	Idea 1: Development and implementation of Families First Strategic Project – Narrowing the Gap: Family well-being.	
	Idea 2: 5 Ways to Wellbeing Network for Gwent; Mental health awareness toolkit for minority ethnic communities; Health Promotion programme for mental health service providers to support those recovering from mental illness; Scheme to prevent those admitted to hospital losing their accommodation (Supporting People); Introduction of the Recovery Model at Kensington Court; Integrated health and social care mental health service	
	Idea 3 – no cost/low cost	
	Idea 4 – off the wall	

Population	Children, Young People and Families in Newport
Outcome 3	**Children, young people and families are healthy, safe and enjoy well-being**
Indicators	1. Decayed/missing/filled teeth (dmft) score for 5 year old children (source: Welsh Oral Health Information Unit) 2. Decayed/missing/filled teeth (dmft) score for 12 year old children (source: Welsh Oral Health Information Unit)
Indicator Baseline	

5 year olds: Percentage dmft>0

	2003/04	2005/06	2007/08
Newport	58.5%	55.1%	60.7
Wales	54.4 %	47.7%	47.6%

12 year olds: Percentage dmft>0

	2004/05	2008/09
Newport	46.3%	46.5%
Wales	45.1%	42.5%

Story behind the Baseline What factors are driving the baseline? What are the forces/causes at work?	Indicator The Welsh Oral Health Information Unit (WOHIU) plans and delivers the British Association for the study of Community Dentistry (BASCD) co-ordinated national surveys of children and young people's oral health together with other epidemiological surveys of priority groups within Wales. The level of decayed, missing and filled teeth (dmft) varies by unitary authority, but as highlighted by the WOHIU survey, oral health status is clearly linked to levels of deprivation. The trends indicate that children living in deprived areas with are much more likely to experience decayed missing or filled teeth than children living in more affluent areas. Data trend The last survey undertaken for 5 year olds was in 2007/08 and 2008/09 for 12 year olds. The data

shows that Newport has the second highest percentage of dmfts in 5 years at 60.7% compared to other local authorities in Wales. The average decay experience (dmft>0) for Wales was 47.6%. The variance between local authority areas can be quite significant. For example, the lowest decay experience (dmft>0) was 28.3% in the more affluent area of Vale of Glamorgan.

5 year old dmft
In Newport, between 2003/04 and 2005/06 the decay experience (dmft>0) of 5 year old children declined from 58% to 56%. However by the 2007/08 survey this increased to 60.7%. It is worth noting that 2007/08 data is not comparable to previous years as it was carried out under 'positive consent' by parents. Previous surveys were carried out under 'negative consent'. Therefore, the participation rate in 2007/08 was low compared to previous years. Despite this, there is still an unacceptably high number of five year olds who have untreated and decayed teeth in Newport.

12 year old dmft
A slightly different picture emerges for percentage of dmfts for 12 year olds. The last survey was undertaken during 2008/09. The data graph shows that between 2004/05 and 2008/09 the percentage of dmfts in 12 years remained relatively static showing only a slight increase from 46.3% (2004/05) to 46.5% (2008/09). However, the average decay experience (dmft>0) for Wales in 2003/04 was 45.1% and decreased to 42.5% in 2008/09. Despite the static trend for Newport data, when compared with the average percentage dmfts in Wales it seems a wider gap is emerging.

What is driving the trend?
The most effective method of maintaining good oral health is the daily application of fluoride to the surface of the teeth (via tooth brushing with fluoride toothpaste). The avoidance of consuming sugary foods and sugary / fizzy drinks is also understood to be beneficial to oral health, as regular consumption of these foods and drinks are known to have detrimental effects on teeth.
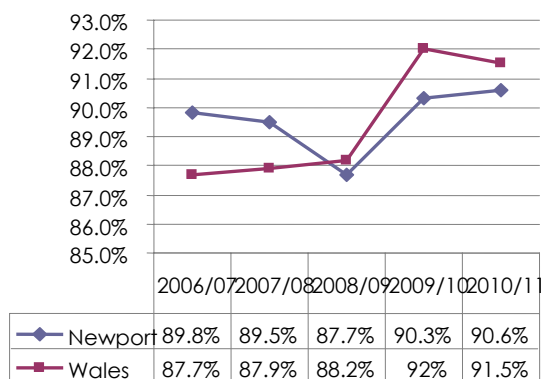
The increase in the decay experience in 5 and 12 year olds could possibly be linked to a lack of children brushing their teeth daily with fluoride toothpaste. Additionally, poor nutrition / diets with frequent consumption of sugary food and sugary / fizzy drinks could also be a contributing factor. The

	direct link between poor oral health and areas of deprivation is well documented, with wider lifestyle choices including poor dental hygiene and poor diet understood to be major contributing factors to poor oral health. Some areas of Newport are considered to be deprived areas, with a total of ten wards receiving Welsh Government Communities First funding. This element of deprivation within Newport could be an additional factor for a higher rate of decay experience of 5 and 12 year olds in comparison to the Wales average.
	In younger children, poor oral health may be related to a lack of parental awareness of the appropriate type of toothpaste and tooth brushing techniques, as well as appropriate consumption of food and drinks.
	Current initiatives Oral health awareness programmes can have a profound impact on raising awareness of oral health and promoting registration with dentists. Designed to Smile is a Welsh Government funded national oral health programme which aims to reduce oral health inequalities by improving the oral health of children in deprived communities. The programme delivers oral health promotion and fluoride supplementation within the context of improving general health and wellbeing within school and pre-school settings in the Communities First areas of Newport.
	Areas of development The data shows that dental health continues to be an area of need within Newport. Therefore it is essential that children receive oral health promotion messages, including application of toothpaste containing fluoride and awareness of the risks associated with the consumption of sugary foods and drinks on oral health. It is also important that access is available to local NHS dental services as well as the Community Dental Service to address treatment of decayed teeth as appropriate.
Data development agenda	More frequent data for 5 years and 12 years needs to be available. Data Development Agenda: The need for more frequent comparative data. A comparison of data to compare Flying Start and Non-Flying Start areas. Data to enable a comparison by gender.

	Consider how oral health could be included as part of the Child Health Record.
Key partners Who's involved? Who needs to be involved?	ABHB, Early Years Settings, Health Visitors, Dentists, Flying Start, Newport City Council.
Ideas	Idea 1: Development and implementation of Families First Strategic Project – Narrowing the Gap: Family well-being.
	Idea 2: Ensure the joint development of Communities First, Flying Start and Families First within the context of Neighbourhood Care Networks
	Idea 3 – no cost/low cost
	Idea 4 – off the wall

Population	Children, Young People and Families in Newport
Outcome 3	**Children, young people and families are healthy, safe and enjoy well-being**
Indicators	% of children who have received '5 in 1' immunisation by age 1 (source: Public Health Wales COVER reports – frequency: quarterly and annual)
Indicator Baseline	

Percentage of children who have received 5 in1 immunisation by age 1

	2006/07	2007/08	2008/09	2009/10	2010/11
Newport	95.7%	95.3%	95.7%	95.5%	94.9%
Wales	95.3%	95.4%	95.7%	96.0%	95.9%

Uptake (%) of MMR dose 1 at 2 years

	2006/07	2007/08	2008/09	2009/10	2010/11
Newport	89.8%	89.5%	87.7%	90.3%	90.6%
Wales	87.7%	87.9%	88.2%	92%	91.5%

Percentage uptake of 4 in 1 vaccine by age 5

	2006/07	2007/08	2008/09	2009/10	2010/11
Newport	86.5%	86.4%	86.8%	88.8%	87.4%
Wales	85.0%	85.1%	87.3%	89.7%	90.0%
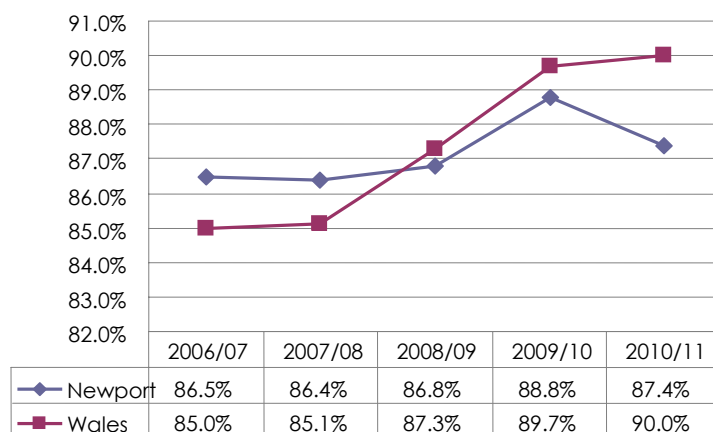
Story behind the Baseline What factors are	Surveillance data on the uptake of scheduled childhood vaccinations is collected nationally by Public Health Wales on annual and quarterly basis and reported via the COVER (Coverage of Vaccination Evaluation Rapidly Report) . This provides a snapshot of uptake data at both the national and local levels.

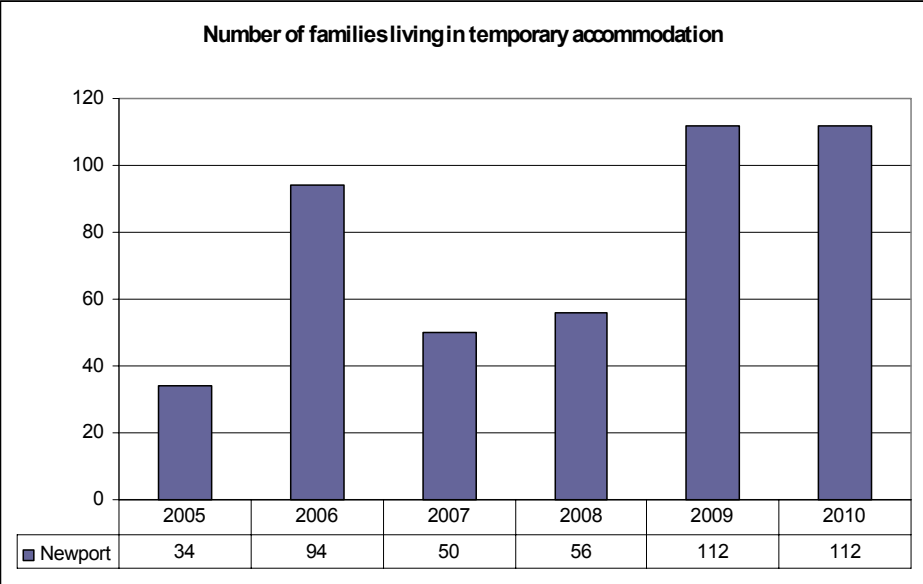| driving the baseline?

What are the forces/causes at work? | The reported data sets cover all UK routine childhood scheduled immunisations for children reaching key birthdays during the recording period.

The data sets selected above only represent a small number of vaccinations that are administered to children during their early years (i.e. up to the age of 5) as part of the routine childhood immunisation schedule. The data sets analysed include uptake of 5 in 1 vaccine by age 1, uptake of MMR vaccine (1st dose) at age2 and uptake of 4 in 1 vaccine by age 5.

Uptake of childhood immunisation during the early years of a child's development is vital to ensuring that children build up immunity and resistance to infectious diseases that could make a child seriously ill or in some cases be fatal.

Data trend
The trends for the data sets above show that uptake rates for these 3 scheduled immunisations remains consistently high in the late 80 to mid 90 percentage range.

5 in 1 vaccine by age 1
Good uptake rates for the 5 in 1 vaccine at age 1 have been reported for Newport over the last 5 years. The trend data shows that uptake rates between 2006/07 and 2009/10 remained consistently above 95%, (which is the uptake target that has been set nationally for this vaccine). Only a slight dip below 95% was recorded during 2010/11 at 94.9%. The uptake rate for Newport is consistent with the national trend seen across Wales.

MMR uptake (dose 1) by age 2
Uptake rates for MMR uptake at age 2 in Newport have also been good, but slightly lower than the uptake rates recorded for the 5 in 1 vaccine at age 1. Between 2006/07 and 2007/08, uptake rates of MMR at age 2 remained higher than the Wales average uptake. The data shows there was a small dip in the percentage uptake in 2008/09 of 87.7% that then dipped below the Wales average of 88.2%. However, since 2009/10 the uptake of MMR at age 2 increased to 90.60% in 2010/11. Despite this increase uptake rates in Newport are now below the Wales average. |

4 in 1 vaccine by age 5
Between 2006/07 and 2008/09 4 in 1 vaccine uptake remained consistently above 86%. 2009/10 saw an increase in uptake to 88.8% which later decreased to 87.4% in 2010/11. Although, there has been some slight improvement made to uptake rates in Newport this improvement is only slight when compared with the improved uptake rates demonstrated in the Wales average. Between 2006/07 and 2010/11, the Wales average increased from 85% to 90% representing a 5 per cent improvement compared with only a 0.9 per cent improvement for Newport over the same period.

What is driving the trend?
It is important to note that any minor percentage changes/drops in uptake for the Newport figures may reflect only a small number of children (i.e. 1 or 2 children) not receiving their vaccination. Generally uptake rates for early childhood vaccinations remain consistently high in Newport. This generally reflects the involvement of the health visitor and the regular input and contact that parents have with them. In the majority of cases the health visitors will undertake the vaccinations in most GP surgeries and are responsible for the follow up work with parents that have not taken their child for an immunisation. The health visitor's role is also vital in making parents more aware of the needs for their child. Over the course of a child's development health visitors develop a good rapport and relationship with the parents of the children on their caseload, so are effective in encouraging parents to take their children to be vaccinated.
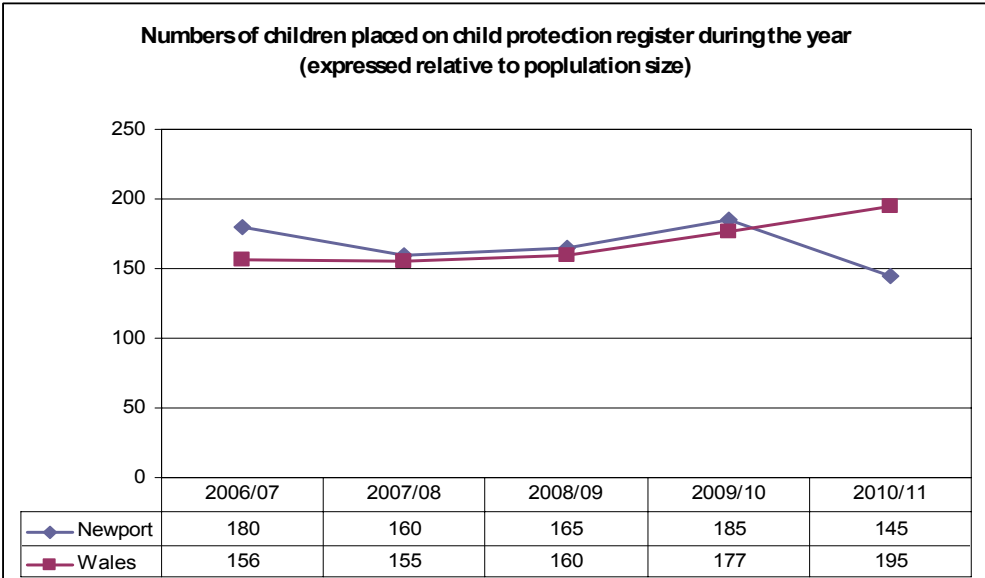
The trend data for MMR uptake at age 2 shows that uptake prior to 2009/10 remained below 90%. At this time, there was low public confidence in the vaccine due to heightened concerns about safety. This perception and low confidence was fuelled by a study by Andrew Wakefield that was published in the medical journal The Lancet that suggested there was evidence to link autistic spectrum disorders with the MMR vaccine . The wide media coverage resulted in fewer parents getting their child/ren immunised. The British Medical Journal declared the research by Andrew Wakefield as fraudulent in 2011 and the scientific consensus today is that there is no evidence to link the development of autism to the MMR vaccine . Uptake rates of the vaccine have slowly been improving year on year as a result of improved public confidence. Another factor that may have triggered improved uptake was the emergence of more cases of MMR and associated deaths. In England and Wales the number of confirmed measles cases increased

	from 56 in 1998 to 971 in 2007.
	Uptake rates for the 4 in 1 vaccine by age 5 remains consistently above 86%, but the uptake rate for this vaccine is lower than for the 5 in 1 and MMR vaccine. This could be explained by some parents not viewing vaccinations by this age as important. This age group would have already started schooling, so many mothers may have returned to the work place, but struggle to take their child/ren for an appointment. Current initiatives The Aneurin Bevan Health Board (ABHB) is currently providing training on vaccination to support clinical workers. This has increased staff capacity to deal effectively with patients who are ambiguous about taking up vaccinations. Such training has helped to support the clinical workers to confidently explain the facts associated with the vaccine to encourage parents to get their child/ren immunised. Areas of development To continue to focus on increasing uptake through raising awareness of the importance of vaccination through GP surgeries and health visitors.
Data development agenda	N/A
Key partners Who's involved? Who needs to be involved?	ABHB; PHW; Flying Start; GPs; Schools; Childcare Settings; EYDCP;
Ideas	Idea 1: Development and implementation of Families First Strategic Project – Narrowing the Gap: Family well-being.
	Idea 2: Join up approaches through Flying Start core Health Services and Communities First
	Idea 3 – no cost/low cost
	Idea 4 – off the wall

Population	Children, Young People and Families in Newport
Outcome 4	**Families are confident, nurturing, and resilient**
Indicators	Number of families in temporary accommodation (source: Homelessness Collection, StatsWales)
Indicator Baseline	

Number of families living in temporary accommodation

	2005	2006	2007	2008	2009	2010
■ Newport	34	94	50	56	112	112

Story behind the Baseline What factors are driving the baseline?	Indicator The number of families living in temporary accommodation provides an indication of families that have been declared statutory homeless who have dependent children. Under requirements of the Housing Act 1996 families with dependent children are classified as a priority need where the authority has a duty to re-house.

| What are the forces/causes at work? | Data trend
The graph above shows that during 2006 there was a spike in the number of families in Newport that were placed in temporary accommodation. Almost trebling from 34 families in 2005 to 94 families in 2006. The spike in 2006 correlates with the increase in acceptances for households with dependent children or pregnant woman during the same period. In 2005/06, there 165 acceptances for households with dependent children or pregnant women, which increased to 285 acceptances in 2006/07 period. This increase in 2006/07 could account for the increased number of families placed in temporary accommodation during the same period. This figure also correlates with the time when a high number of families were placed in bed and breakfast accommodation.

During 2006/07, 50 families were in bed and breakfast accommodation represented 41% of the total families living in temporary accommodation. The graph shows there was a decline in the number of families living in temporary accommodation to 50 families in 2007 and only a small increase to 56 during 2008.

Data on acceptances by priority need groups shows that during these two years there were fewer acceptances for households with dependent children or pregnant women than in the previous 2006 period (260 households in 2007/08 and 265 households in 2008/09) . The most significant spike in the number of families placed in temporary accommodation was seen during 2009 and 2010. During this period, the number of families placed in temporary accommodation doubled from 56 families in 2008 to 112 in 2009 and also in 2010.

What is driving the trend & Current initiatives
There was a significant rise in the number of families living in temporary accommodation. After 2006 changes in Welsh Government policy, saw fewer families placed in bed and breakfast accommodation. In Newport, bed and breakfast accommodation was instead replaced by a Private Landlord Scheme to accommodate families in private landlord properties. These properties tend to be of a high quality, which placed less emphasis on families wanting to move on to find permanent housing. This has been compounded by the stock transfer during 2009, which impacted on the availability of properties. The demand for limited Registered Social Landlord (RSL) controlled properties has meant more families |

	are spending longer periods of time living in temporary accommodation.

Areas of development
This data evidences the need for there to be more focus on identifying innovative solutions to permanent housing through greater partnership working with the RSLs and Private Sector Housing Landlords. |
| **Data development agenda** | 1. Safeguarding children – measure of a level of crisis prevention – further work would be needed to develop data to support an indicator around this.
2. Incidence of domestic violence where children live in the household – data not currently available at LA level. |
| **Key partners**

Who's involved?

Who needs to be involved? | Supporting People, Newport City Homes, NCC, Social Landlords; |
Ideas	Idea 1: Development and implementation of Strategic Project, Narrowing the Gap: Confident and Nurturing Families
	Idea 2: Continue to develop the neighbourhood approach to service design, intervention and delivery across Newport
	Idea 3 – no cost/low cost: Implement Core Aim 6 Action Plan
	Idea 4 – off the wall

Population	Children, Young People and Families in Newport
Outcome 4	**Families are confident, nurturing, and resilient**
Indicators	The number of core assessments completed during the year (source: PM1)
Indicator Baseline	

Numbers of children placed on child protection register during the year (expressed relative to poplulation size)

	2006/07	2007/08	2008/09	2009/10	2010/11
Newport	180	160	165	185	145
Wales	156	155	160	177	195

Number of core assessments (initial assessments) completed during the year.

	2006/07	2007/08	2008/09	2009/10	2010/11
■ Newport	1792	1961	2282	1992	1973

Percentage of re-registrations on CPR within 12 months and percentage of child protection plans lasting more than 2 years.
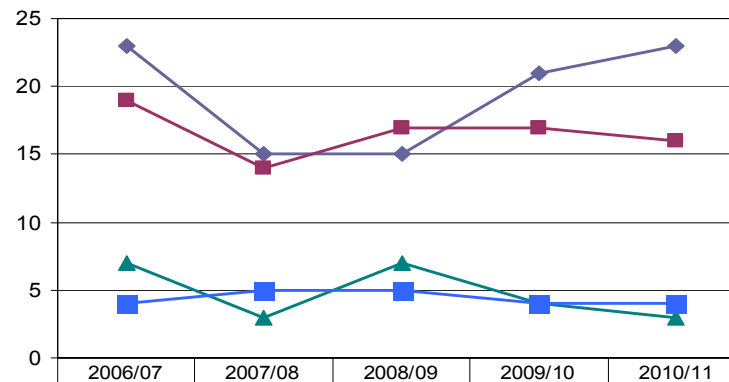
	2006/07	2007/08	2008/09	2009/10	2010/11
Newport % re-registrations	23	15	15	21	23
Wales % re-registrations	19	14	17	17	16
Newport % 2years+	7	3	7	4	3
Wales % 2years+	4	5	5	4	4
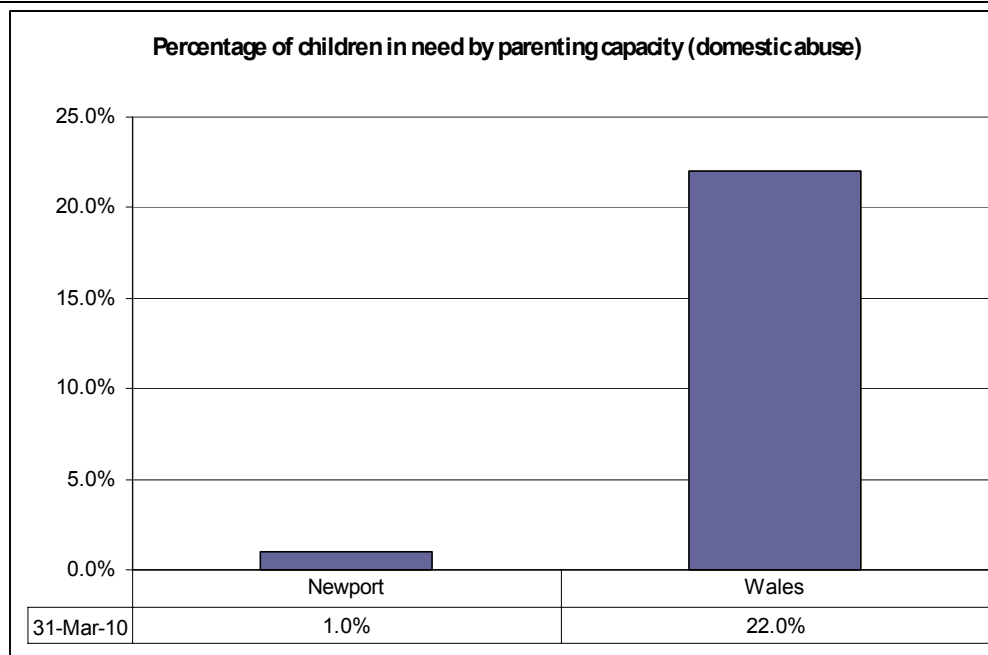
66

Percentage of children in need by parenting capacity (domestic abuse)

	Newport	Wales
31-Mar-10	1.0%	22.0%

| **Story behind the Baseline**

What factors are driving the baseline?

What are the forces/causes at work? | Indicator
Registration of children on CPR register enables the identification of children who are at risk of significant harm and, where appropriate, allows social services and other agencies to undertake prevention work that may be beneficial to the child/family to prevent them reaching a crisis point.

Where there are concerns raised about a child, an initial assessment is undertaken. This may result in a child protection investigation being conducted. If this investigation substantiates that there are concerns of the child at risk of continuing harm a child protection conference will be held where professionals will share information they have on the child. This conference will decide whether a child is at risk of significant harm and should be on the CPR. Once a child has become registered, they will |

67

be allocated a qualified social worker who will oversee the any work recommended by the conference. The child will then be subject to a child protection plan and regular meetings. The actions outlined in the child protection plan usually involve a multi-agency approach and input from the parents. The purpose of the child protection plan is to remove/reduce risks to the child to enable them to be removed from the register.

Information on Children in Need by Parental Capacity (domestic abuse) is not significant enough to make any analysis and is a data development issue.

Child Protection Registrations
Data trend
It is evident in the data (numbers of children placed on the child protection register) that between 2006/07 and 2009/10 the number of children on the CPR remained marginally higher than the Wales average. The number of child protection registrations peaked in Newport during 2006/07 at 180, but then showed a decline in 2007/08 to 160 (closer to the Wales figure). Between 2007/08 to 2009/10 the data shows there was a steady rise in the numbers of child protection registrations increasing from 160 in 2007/08 to185 in 2009/10. During 2010/11, there was a sharp decline in Newport in the numbers of children that were placed on the child protection register to 145 in contrast to the Wales figures that have continued to show a rise to 195 over the same period.

What is driving the trend?
Traditionally rates of registration have been higher in Newport than the average across Wales, with typically 1-2 more children per 1000 being registered in Wales. This may reflect that there are higher levels of deprivation in the local authority area than in other parts of Wales. Currently Newport is ranked as 5th most deprived local authority in Wales based on the Welsh Index of Multiple Deprivation (WIMD). Research studies have shown there is a link between poverty and child abuse/neglect. Such studies indicate that children who are born into poverty/deprivation are at a higher risk of maltreatment, particularly in the form of neglect or physical abuse (1).

An NSPCC briefing on Poverty and Maltreatment cited studies by Balwin and Carruthers 1993 and

1995 and Tuck 1995 have highlighted a link between poverty and maltreatment by showing a 'clustering' of children on the register that were living in deprived areas of cities . The association between poverty and maltreatment doesn't mean poverty causes neglect or abuse. It is more likely that the contribution of a number of factors associated with deprivation may lead to increased risk of neglect and abuse such as alcohol or drug misuse, mental health issues, unemployment, debt, poor housing/living conditions as well as other personal circumstances such as illness/death of parents/siblings. These factors are likely to put increased stress on a family and it is this increased stress that can impact on a family's ability to cope. Hooper et al 2007 indicated that if stress is not protected against by enough social support it is likely to increase the risk of some forms of maltreatment by parents that live in poverty.

The data shows there was an upsurge in registrations during 2009/10, explained by the impact of the Baby P case. This is a pattern that was mirrored across England and Wales. Local authorities had become more risk adverse and cautious in relation to their safeguarding arrangements following the death of Baby P. Increased awareness of the Baby P case amongst referral agents prompted greater caution and higher number of referrals. Other socials services data has the trend in Newport has been the reverse.

However, over the last year there has been a shift change in terms of fewer numbers of children placed on the child protection register. Although, other social services data indicates that referrals continue to rise, there has been a decline in the number of referrals where an assessment has been completed, due to changes made to eligibility thresholds. Trend data shows that there has been a gradual decline in the number of initial assessments completed during the year. In 2008/09 graph 2 shows there was a spike in the number of initial assessments at 2,282 which correlates with the findings from the Baby P case and the increase in referrals that were seen around that time. However, since 2009/10 there has been a gradual decline in the number of initial assessments conducted with 1,992 assessments in 2009/10 and 1,973 in 2010/11. The figures for 2010/11 are now comparable with 2006/07. The fewer number of cases that proceed to assessment has meant less initial assessments are now being completed. Thus it may be that the fall in registrations in Newport is a reflection of increased thresholds in the duty and assessment team.

	Current initiatives
	Newport City Council has invested heavily in prevention service models such as the development of an Integrated Family Support Team (IFST) where the focus is on early identification and prevention. The IFST remit is to work with vulnerable families with complex needs to prevent them from reaching crisis point and their children being at risk of harm. This IFST model is a multi-agency arrangement between key partners that have a remit to work with these vulnerable families. The Council has also entered into a collaborative arrangement with Barnardo's as their preferred partner to further extend and develop services available to families through this prevention model. The shift change towards prevention has had a significant impact on reducing the number of children at risk of significant harm. Over the last year, recorded figures show 19% reduction in the total number of children registered on the CPR . Over the course of the year the IFST has worked with over 40 families to produce positive behavioural changes for families. A total of 15 children (of the 40 families) supported via the IFST had either been removed from the CPR or ceased to be looked after. Another factor that has contributed to the early identification and intervention of support for children and families has been the MARAC conference calls. MARAC telephone conferencing commenced initially as a pilot in Newport in November 2010. Calls are multi agency and share information on the previous 24 hour events regarding domestic abuse issues. The objective of the system is to ensure that the main agencies involved are sharing information and to ensure that experiences of some women, as victims, are not repeated. Feedback from agencies has been positive in relation to the pilot, which is now to be rolled out across Gwent. These conference calls have facilitated the early identification of cases where there are children involved. Other types of current practice that have had a positive impact on reducing the numbers of children registered includes the on-going multi-agency work to raise awareness of sexual exploitation amongst children and the SERAF risk assessments that are being mainstreamed across Gwent. There has also been a revision to the guidance on duty and assessment as well as the development of a risk management forum that will look at cases that are above the Section 17 threshold but are not classed

as child protection.

A current development in safeguarding has been the pilot of a new social work approach called ' Signs of Safety' designed to identify and support vulnerable families who are registered on the child protection register to engage them in identifying solutions to their problems/difficulties. This should enable better outcomes being achieved for those children being identified as being at risk of significant harm.

The way in which information and intelligence about each caseload is now being collected differently. The implementation of an Integrated Children's System has now allowed assessment information, notes on the needs of children and their families and their child protection plans to all be recorded in one database.

A new reporting framework has been introduced by the Newport Safeguarding Children Board (NSCB) across all agencies in Newport. A system of key performance measures and critical messages are being reported back to the NSCB to enable greater accountability by ensuring that the board is aware of the impact safeguarding services are having in terms of producing better outcomes for children in Newport.

Areas of development
Areas of development for the future include further roll out of the prevention agenda through the expansion of IFST model via the preferred partner and the expansion of Families First that will see the further development of a single point of entry prevention/interventions where families are below the social services thresholds. Other areas of development will need to focus on improving multi-agency working and in particular agencies' contributions as part of the assessment process, analysis and outcome of CPR cases.

Re-registrations of children on CPR
Data trend
The data shows the percentage of children registered on the CPR for a second or subsequent time

	and the percentage of children whose child protection plans lasted more than 2 years. Between 2006/07 and 2007/08 the percentage of re-registrations for children was in decline from 23% to 15%, a picture that was mirrored in Wales. Although Wales saw an increase in re-registrations during 2008/09, Newport's re-registration rates remained relatively static in the same period at 15%. However, since 2009/10, and continuing into 2010/11, there was a rise in re-registrations, to 21% in 2009/10, and to 23% in 2010/11. This increase in re-registrations exceeded the Wales average figures for the same periods. When comparing figures on percentage of children whose child protection plans lasted 2 years or more there were two spikes noted in 2006/07 and 2008/09, but broadly these figures were in line with the Wales averages with Newport performing slightly better than last year. What is driving the trend? The number of registrations that are re-registrations provides a proxy measure of the effectiveness of child protection plans. Current data on re-registrations implies that the child protection plans have not been as effective in reducing the risk to the child. However, social services data shows that fewer re-registrations occur in the first year following registration when compared with Wales, implying that the issue relates to the sustainability of changes as a result of the plan over the longer term. Children in Need plans after registration tend to be for a short duration with a third of cases closed within 3 months and about half closed within 6 months following de-registration. The closure of cases shortly after de-registration maybe an important factor influencing the numbers of re-registrations. Areas of development To address the higher numbers of re-registrations the City Council's Children and Family Services will be focusing on monitoring those children and their families that re-register or who are registered for 2 years or more to better understand the reasons and lessons that can be learnt. There will also be an increased focus on reviewing the length of time that families are offered support post registration to ensure cases are not closed too early.
Data development agenda	3. Safeguarding children – measure of a level of crisis prevention – further work would be needed to develop data to support an indicator around this. 4. Incidence of domestic violence where children live in the household – data not currently

	available at LA level.
Key partners Who's involved? Who needs to be involved?	Newport Safeguarding Children Board partners; Communities First; Flying Start
Ideas	Idea 1: Development and implementation of Strategic Project, Narrowing the Gap: Confident and Nurturing Families – ensuring this links in with and compliments Communities First and Flying Start
	Idea 2: Develop and implement the Strategic Project, Preventions Spine, incorporating the Preventions Team, TAF and JAFF process
	Idea 3 – no cost/low cost: Implement NSCB Annual Business Plan and CYPP Core Aim 6 Action Plan
	Idea 4 – off the wall

Population	Children, Young People and Families in Newport
Outcome 4	**Families are confident, nurturing, and resilient**
Indicators	First time entrants to Youth Offending Teams (source: administrative data collected by the Youth Justice Board)
Indicator Baseline	

First time entrants to the Youth Justice System

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Newport	175	192	242	353	221	152

| **Story behind the Baseline**

What factors are driving the baseline?

What are the forces/causes at work? | Indicator
In England and Wales, young people aged between 10-17 years of age can be held criminally responsible for their actions. The indicator on first time entrants into the Youth Justice System (YJS) provides an indication of number of first time offenders dealt with by the YJS. Nationally (in England and Wales), the majority (60%) of proven youth offending is dealt with in court with the rest dealt with by the police through either reprimands or final warnings. It is estimated that during 2009 youth offending cost the economy between £8.5 and £11 billion.

First-time entrants to the YJS was introduced by the last government as a pledge to reduce the numbers of young people coming into the criminal justice system with an initial target set as a reduction of 5% compared to 2007/8 baseline levels. Having achieved this reduction, no further target was set other than to keep reducing the numbers year on year.

Data trend
Between 2005/06 and 2007/08 there was a gradual increase in the number of first time entrants into the YJS. 2008/09 saw the highest spike in the number of first time entrants at 353 entrants. Since 2009/10, the number of first time entrants has been declining in Newport with the greatest decline seen during 2010/11 with just 152 entrants (more than half the 2008/09 figures). A similar declining trend in the number of first time entrants was observed across the South Wales group over the same period of time. During 2010/11, the number of first time entrants for Newport is now below the South Wales group average.

This data is collected by the police and passed onto the Youth Offending Service (YOS). One of the difficulties associated with this indicator has been that not all YOS were notified of all young people who had been arrested. This had led to some anomalies in the data. In Newport, the YOS received the following percentage of notifications:

2005/06   2006/07   2007/08   2008/09   2009/10
51.5%   49.0%   56.4%   83.2%   72.9% |

	What is driving the trend?
	The peak in 2008/09 figures can be explained by a drive by the police for offences brought to justice. The Home Office has been directing police forces to clear up as many reported crimes as possible. This approach has had an adverse effect on the number of first time entrants data as it resulted in disproportionately more under 18s being identified, leading to an increase in the number of first time entrants between 2006/07 and 2008/09. Since 2010/11, the Home Office has clarified its target guidance and as a result fewer under 18's are now being caught up in it. The change to target is already showing a significant improvement. There has also recently been a move away from using YOT data to report on this indicator, towards utilising Police National Computer (PNC) data. This will hopefully ensure figures are more accurate in the future. During the same period the Triage system was in operation (grant funded over a 3 year period that ended in April 2011). This system enabled better recording and logging of offences by the police that were then diverted to the YOS more quickly. This enabled the YOS staff to ensure they could target their support and interventions to the right client group. Current initiatives A joint inspection of the Gwent Police and YOS service in December 2009 identified the lack of an overarching prevention strategy. It also highlighted the need for prevention work with young people at risk of offending to be better integrated with other services and partners. In response, in April 2011 the responsibility for first time entrants and prevention work associated with those at risk of committing offences transferred across to the Early Intervention Prevention Project (EIP). This EIP project evolved as a result of the new focus on prevention agenda both locally and nationally via the Families First Programme. The EIP Project focuses on prevention work with vulnerable children, young people and their families to provide holistic support and interventions in a multi-agency approach. It is anticipated that this project will have a positive impact on reducing the number of first time entrants into the YJS by enabling the early identification of young people who demonstrate risk factor for offending behaviour. Risk factors for offending include family breakdown, educational underachievement, substance abuse,

| | and mental illness amongst others (1). Addressing these risk factors can contribute to the prevention of offending and reduce reoffending.

The new EIP Project will enable the identification of a wider number of vulnerable young people (who may be at risk of offending behaviour). The project takes referrals not just from the police but also other agencies and from the members of the public and community. The project doesn't just focus on prevention interventions for individuals, but on more holistic whole family interventions, as it recognises that sometimes there are issues or behaviours that need to be tackled across the whole family. In some instances, community based anti-social behaviour referrals to the EIP Project have resulted in the effective targeting of diversionary activities in communities before they escalate as incidences.

Areas of development
Uncertainty around police processes and data collection continues to be an area of development for the future to ensure that pre-court and early intervention issues for young people are dealt with effectively. Another challenge going forward will be the need for a consensual approach to how holistic assessments are undertaken by partners outside of the EIP Project. The EIP service currently experiences difficulties in identifying anti-social behaviour issues early enough before they escalate. The project recognises the need to work more closely with community safety officers to enable them to notify the project sooner of anti-social behaviour contracts.

The launch of the Families First programme is likely to impact on increasing the number of referrals to the EIP project that will put increased pressure on ensuring that the model has sufficient capacity to meet increased demand for the service. Another on-going challenge will involve ensuring that the EIP project has sufficient administrative capacity to undertake the necessary data collection, monitoring and reporting processes. |
|---|---|
| **Data development agenda** | Safeguarding children – measure of a level of crisis prevention – further work would be needed to develop data to support an indicator around this. |

	Incidence of domestic violence where children live in the household – data not currently available at LA level.
	The amount of crime (volume and percentage) committed by prolific and repeat offenders is often difficult to interpret and the success rate and criteria of the scheme are based upon criminal justice projects and methodology provided by the Home Office and Ministry of Justice.
	Repeat offenders of Anti-Social Behaviour (ASB) alone are not monitored through the Integrated Offender Management (IOM) system and are therefore not managed as comprehensively as repeat offenders of crime.
Key partners Who's involved? Who needs to be involved?	YOS, Gwent Police, Youth Service, Communities First, Active Communities, Voluntary Sector, Education, ABHB
Ideas	Idea 1: Development and implementation of Strategic Project, Narrowing the Gap: Confident and Nurturing Families
	Idea 2: Embed the Families First Single Point of Entry in to the work of preventative and enforcement services
	Idea 3 – no cost/low cost
	Idea 4 – off the wall

Section C

The Key Elements of Families First

The following five Key Elements Plans must be completed, providing details on how you will progress towards meeting the key elements.

More information on the Key Elements can be found at Section 4 of the Families First Programme Guidance.

FAMILIES FIRST KEY ELEMENTS PLAN

Key Element	**Joint Assessment Family Framework**

The development of a framework for joint assessment of *family* needs is a requirement of the Families First programme. Please evidence how you will develop or further align your systems with the Families First principles (see Section 2 of the Families First Programme Guidance) by demonstrating, for example, that the assessment is family focused, and integrated.

Describe the model that you will develop, its implementation, and the rationale behind it.
The Families First model in Newport is based around developing the preventions spine to ensure an effective multi agency approach. Our rationale is based upon ensuring that our investment to support families is delivered in the most efficient and effective way possible, making the best use of the resources available to us. Consequently, the Joint Assessment Family Framework that we will be operating in Newport will address the continuum of need within the city and will assess the strengths and areas of support required for the whole family. It is also necessary to look at the needs of the individuals within the family and to ensure the engagement of the whole family in order to address those needs. Upon identification of the need for an assessment and consent being obtained, the worker assigned to that area will visit the family home and begin to develop a rapport with the family (i.e. those who reside at that address and those who are close relatives who may not reside with the member of the family who has been referred) so that an assessment can take place which is based upon realism and takes into account the expectations of the family and the referrer.

In the Newport and Cardiff Consortium we have called this assessment the Cities Joint Assessment Framework. The Framework will consist of a Pre-Joint Assessment Form for those issues that do not require an in depth assessment, a Joint Assessment form and a distance travelled tool to make a judgement about the success of the intervention (attached).

The model will be based on the CAF and will result in a Child's Developmental Needs section of the form being completed for each child within the family. This will cover the following sections:

- Self Care Skills
- Social Presentation
- Family and Social relationships
- Identity
- Behavioural and Emotional Development
- Education
- Health

The Parenting Capacity and Family and Environmental Factors will be completed on a family basis (although this may need completing more than once if the children live in more than one residence if for example parents are divorced.) They will cover the following areas:

Parenting Capacity
- Basic Care
- Ensuring Safety
- Emotional Warmth
- Stimulation
- Guidance and Boundaries
- Stability

Family and Environmental Factors
- Community Resources
- Family's Social Interaction
- Income

•   Housing
•   Wider Family
•   Family History and Functioning

Identify the innovative aspects of your Plan, and what will you be doing *differently* as a result of Families First funding?
The JAFF when completed will result in the family's needs being addressed by a multi-agency team of professionals at two levels. 1.   At a community (school cluster) level where a Lead Professional will work with the family to address the needs identified. 2.   At a more complex Newport-wide panel where managers with the power to designate resources will be able to ensure that family needs are met again through the auspices of a Lead Professional. All agencies will be brought into these prevention arrangements across the various partnerships in Newport, e.g. Safer Newport, Community Safety Partnership. The interventions put into place at both the levels described above will be monitored by the panels involved. Assessments will be followed by a standardised Distance Travelled Tool to look at how successful the intervention has been in addressing the need of the family concerned.

Explain how your model pre-empts or responds to family needs.
A family's needs will be met in different ways according to the complexity of the need, In Newport we have had a history of agencies including schools, referring into preventative services at an early stage and in families self-referring. We intend to refocus this way of working to include other needs e.g. anti-social behaviour across the spectrum.

What do you expect to see as a result of your JAFF?
•   Systems change needed for more effective multi-agency working •   Identification of services needed by families and appropriate referrals •   More effective and efficient responses to families' needs •   Early intervention after needs identified to prevent families needing more complex interventions •   Families better able to cope

What other models have you considered in developing your own?
Newport was originally a pilot for the E-CAF in 2007 when original training took place for a number of agencies in the original pilot school cluster for the Preventative Services Project (PSG). The two seconded Head Teachers co-ordinating the PSG at the time

made visits to Wrexham and Rhondda Cynon Taf to see work which was on-going there. They also made several visits to Shropshire to examine the work undertaken by its Information Sharing and Assessment Co-ordinators. Since then the PSG has worked with an assessment based on the CAF which has developed over the years, we have visited Blaenau Gwent twice in recent months to look at the development of the CAF and how it is used within the Integrated Centre there.

Give a summary of the relevant workforce capacity issues in developing and delivering the model.

Drawing together multi-agency teams will result in many issues for the workforce concerned , as described in our Delivery Plan for Families First we intend to:

- Development of an Area Partnership model for local needs analysis, commissioning and an infrastructure for speedy, localised responses to issues such as anti-social behaviour, etc.
- Undertake training needs analysis
- Develop a workforce development plan to ensure the workforce is provided with the right skills and training, leading to consistent approaches across sectors, for example:
- Parenting programmes (in line with Parenting Framework)
- Motivational interviewing
- Restorative approaches
- Sharing of Personal Information
- 'Think Family' awareness-raising for staff in related services
- Use of CAF/JAFF

What level of funding are you are seeking to implement your model?

This forms part of the preventions spine. We will invest £550,000 per annum in this element

FAMILIES FIRST KEY ELEMENTS PLAN

Key element	**Team Around the Family**

Many authorities currently operate a Team Around the Child model. Families First requires a move towards integrated Team Around the Family approaches that fit with Families First principles (see Section 4 of the Families First Programme Guidance).

Describe the model that you will develop, its implementation, and the rationale behind it.
The JAFF when completed will result in the family needs being addressed by a multi-agency team of professionals at two levels: 1.   At a community (school cluster) level where a Lead Professional will work with the family to address the needs identified.   2.   At a more complex Newport-wide panel where managers with the power to designate resources will be able to ensure that family needs are met again through the auspices of a Lead Professional.   All agencies will be brought into these prevention arrangements across the various partnerships in Newport, e.g. Safer Newport, Community Safety Partnership.   The interventions put into place at both the levels described above will be monitored by the panels involved.   Assessments will be followed by a standardised Distance Travelled Tool to look at how successful the intervention has been in addressing the need of the family concerned.
Identify the innovative aspects of your Plan, and what will you be doing *differently* as a result of Families First funding?
Newport is committed to the development of three key aspects of innovation for Families First. These are: 1. Area based partnerships that operationalize the key strategic priorities of One Newport Local Service Board   2. A Panel Approach to the implementation of Teams Around the Family, bringing together professionals, service providers and families in a friendly, open and honest environment that enables the family to drive the change   3. The development and implementation of a Distance Travelled Tool to measure the impact of the preventions work and to use as

a lever for system transformation.

Explain how your model pre-empts or responds to family needs.
A family's need will be met in different ways according to the complexity of the need, In Newport we have had a history of agencies including schools, referring into Preventative Services Group at an early stage and in families self-referring. We intend to refocus this way of working to include other needs e.g. anti-social behaviour across the spectrum.

What do you expect to see as a result of your TAF.
•   Systems change needed for more effective multi-agency working   •   Identification of services needed by families and appropriate referrals   •   More effective and efficient responses to families' needs   •   Early intervention after needs identified to prevent families needing more expensive and complex interventions   •   Families better able to cope

What other models have you considered in developing your own?
See response to JAF section above.   In deciding on an approach for Newport we took in to consideration the following: 1. Lessons learnt from the implementation and delivery of Preventative Services   2. Evaluative studies from other areas of the UK   3. First-hand experience of the development of preventions within Bristol   4. Feed-back from neighbouring authorities   5. Capacity and efficiency

Give a summary of the relevant workforce capacity issues in developing and delivering the model.
Drawing together multi-agency teams will result in many issues for the workforce concerned , as described in our Delivery Plan for Families First we intend to: •   Undertake training needs analysis   •   Develop a 0workforce development plan to ensure the workforce is provided with the right skills and training, leading to consistent approaches across sectors, for example: •   Parenting programmes (in line with Parenting Framework)   •   Motivational interviewing

• Restorative approaches
• Sharing of Personal Information
• 'Think Family' awareness-raising for staff in related services
• Use of CAF/JAFF
What level of funding are you are seeking to implement your model?
This will be within the development of the Preventions Spine. We will invest £550,000 per annum in to this strand.

FAMILIES FIRST KEY ELEMENTS PLAN

Key element	**Strategic Commissioning**

Details of each individual project must be completed on Section E – the project and finance document.

The projects identified in Section E should be integrated, strategically aligned, and clearly developed around meeting your identified local needs. Projects should therefore be of an appropriate size to meet those needs. Projects should also be time-limited with a clear exit strategy within the life of the Programme.

We also expect to see evidence of projects that have been commissioned across agencies including, where appropriate, across local authority boundaries (see Section 4 of the Families First Programme Guidance).

The following details should be included in the relevant columns of Section E of the Plan. See the Families First Action Plan Guidance Document for guidance with regard to the other information to be completed at this section.

A brief description of the projects that you will develop and implement and the rationale for running them.
Your jointly commissioned projects, including those commissioned on a cross-local authority basis.
How your projects link to locally identified needs.

FAMILIES FIRST KEY ELEMENTS PLAN

Key Element	**Learning Sets**

Families First is an innovation programme and encourages the development and dissemination of learning and best practice at local, regional, and national levels. All local authorities must actively participate in learning sets, identify learning, and apply knowledge and experience gained (see Section 4 of the Families First Programme Guidance).

Who will be your partners in multi-authority learning sets?

The focus of your intended initial learning set activities (for example around the JAFF and TAF, or specific elements, such as workforce development and information sharing).
Newport is keen to focus on learning sets around: 1. Joint Assessment Family Framework (JAFF) and Team Around the Family (TAF) 2. Introducing systems change 3. Distance Travelled Tools 4. Cultural Change

The objectives for each of your Learning Sets.
Specific objectives for these learning sets will be scoped out once agreement has been reached with potential partner Authorities. However, we would be interested in looking at the following: 1. JAFF and TAF We would wish to look at mechanisms for engagement of families, how to make the process user friendly (for both families and professionals) and how to measure the impact of the engagement. We would also want to look at the different models that could be implemented around the TAF framework and the make-up of these teams (including comparative effectiveness). Information sharing,

handling and safe storage would also be worthy of review and analysis.

2. Systems Change

Possibly the single biggest challenge for the implementation of Families First will be the ability to ensure system change and to use the funding to 'pump prime' significant change of focus for core resource. We would want to look at the challenges of introducing the system change needed, especially at a time of increasing budgetary pressures on other elements of provision. We would be particularly interested in identifying common challenges to implementation and strategies for addressing these, identifying the particular issues for different sectors and providing better information about how to measure the effectiveness of Families First as a 'service system' in terms of performance accountability.

3. Distance Travelled Tool

A key driver of Families First is to be a catalyst for service and systems change so that more resource is placed on preventative work that results in less stress on acute services. In order to measure the impact of multi-agency interventions in managing risks downwards we would want to work with other Local Authorities to evaluate the tools being used to measure this distance travelled.

4. Cultural Change

In order to achieve our goals for Families First the culture of services, organisations and the area as a whole need to undergo change. This is a significant area of work and will explore the definitions of culture, the mechanisms of change management and the integration of otherwise separated service provision. This work is currently on-going with Cardiff.

What level of funding are you are seeking to implement your model?
Funding for the development of learning sets is within allocation against the six strategic projects we propose.

FAMILIES FIRST KEY ELEMENTS PLAN

Key Element	**Disability Focus**

The needs of disabled children, young people and their families should be taken into account when designing or commissioning core Families First services. Details of the additional, ring-fenced, activity you plan should be detailed here.

We are looking for innovative, and sustainable solutions to meet these needs where identified locally.

Describe the model that you will develop, its implementation, and the rationale behind it.
Current investment from Cymorth for work with disabled children and young people, or their families is approximately £298,000. We plan to allocate £300,000 to the disability strand in each financial year. This is against a required allocation of £189,000.
Identify the innovative aspects of your Plan, and what will you be doing *differently* as a result of Families First funding?
Currently we undertake work with children, young people and families where disability is a contributory factor to need. This work focuses around Family Support and specialist Play Provision. We will take the successful elements of this work and add in elements focusing on Parental Support and Well-being and additional Youth Support Provision within the Serennu Children's Centre. During 2012-13 we will take the learning from this provision and commission a pan Newport Specialist Disability strand of Families First. Again, following our model for the implementation of Families First this will either provide specialist support at the Team Around the Family or more universally within communities. This will support and learn from the developments of multi-agency, family focused service provision at Serennu.
Explain how your model pre-empts or responds to family needs.
Service provision will be dependent upon: 1. Joint Assessment Family Framework and the Team Around the Family Panel 2. Localised and / or community of need assessment For the majority of services commissioned, delivered and evaluated during Families First the key driver will be the results of Family Assessments undertaken with the Family by the Team Around the Family. Data and evidence from this will be fed into the Area Partnership so that strategic commissioning and service transformation decisions can be made.
What do you expect to see as a result of your disability focus?

We would expect to see more families being worked with earlier and more effectively as a result of implementing the model and providing a range of services as part of a pan Newport strategic project. We would expect to see less families being frustrated by the complexity of service delivery and we would expect to see a much better family 'experience' as a result. Longer term, we would expect to services designed around the principles of the JAFF and TAF paying much more heed to the individual needs of families.
What other models have you considered in developing your own?
As a pioneer area in consortium with Cardiff we have tested this model over the past six months. During that time we have also investigated other models within the other consortia in Wales. We have also looked closely at the model developed and implemented within Bristol.
Evidence of a multi-agency approach to the Disability Focus.
Current provision is delivered within a partnership between Aneurin Bevan Health Board, Newport City Council, Serennu Children's Centre, the Voluntary Sector and Parents. When commissioning new services we will be mindful to ensure that the full range of partners are involved in the design, delivery and evaluation of this provision.
Evidence of a regional or multi-local authority commitment.
The Serennu Children's Centre has come about as a result of partnership work between a number of local authorities and we are keen to develop this further during the coming years. Clearly, our focus will be with those Local Authorities within the former Gwent area, covered by Aneurin Bevan Health Board.
Please include the details of a named individual with overall responsibility for the disability focus.
Within the current structures responsibility would lie with the Families First Executive Group, chaired by Mike Nicholson, Head of Children and Families Services, Newport City Council. However, following a restructure of partnership arrangements within Newport and the strategic commissioning of this provision this will change and will form part of a contractual obligation.
Give a summary of the relevant workforce capacity issues in developing and delivering the model.
The workforce capacity issues include the following: 1. Specialist training for those working directly with families where disability is a contributory factor to need. This would involve supporting staff to embrace a wider remit covering all members of the family 2. Training and awareness raising with staff working within the universal offer so that they are mindful of the specific needs of families with disabled children 3. Assessment of workforce capacity issues where it is unclear if we have the correct number of staff or correct roles in place.
What level of funding are you are seeking to implement your model?
We aim to invest approximately £300,000 of the Families First budget each year.

Section D

Governance, Co-Ordination and Monitoring Arrangements

Governance Arrangements

Please describe the governance and monitoring arrangements you have in place for Families First. Where available, plans of the governance structures should be provided. Tell us who will be on your Delivery Group and provide an initial schedule of meetings.

Please note that the above arrangements may make use of existing structures within your Local Authority. There is no requirement for the introduction of a new structure.

Please see the Governance Arrangements of Section 3 of the Families First Programme Guidance for further information and guidance on the completion of this section.

Newport is currently undertaking a review of its Partnership Arrangements and this piece of work is due to be completed by March 31st 2012. This will impact upon and simplify the arrangements for monitoring and commissioning of services. The current Governance Arrangements are as follows:

1. One Newport Local Service Board

Priority Project – Families First. One Newport monitors the implementation of key, priority projects and challenges the impact they are having on a range of Population Indicators through the Community Strategy Delivery Plan as part of its work programme. One Newport will monitor the combined efforts of the delivery of Families First through reports from the sub structure that give the story behind the data. One Newport meets quarterly.

2. Integrated Family Support Services Board

The IFSS Board now oversees the integration of family support services in its broadest sense and will give a strategic steer to the planning and implementation of the Preventions Spine, as part of the Continuum of Need – Continuum of Assessment model being developed.

3. Young Newport – Newport's Children and Young People's Partnership.

Young Newport will oversee the implementation of Families First and will undertake the strategic commissioning of services on behalf of One Newport Local Service Board. The Partnership arrangements there will ensure a continued focus on service transformation.

4. Families First Operational Delivery Group

This group has already been set up and meets once per month. This group is responsible for the operational delivery of TAF Panels, JAFF, Distance Travelled Tool and Area Partnership arrangements. Membership includes Newport City Council, Aneurin Bevan Health Board, Gwent Police and the Voluntary Sector. This reports to the One Newport Local Service Board, through the IFSS Board.

Monitoring Arrangements

Please summarise how you will ensure progress towards meeting the outcomes and population indicators are achieved over the duration of the Plan and who in the LA will assume responsibility for ensuring that they are achieved.

Each Population Indicator will be reflected within the Community Strategy Delivery Plan, which is currently being updated as part of our annual cycle. One Newport Local Service Board is reviewing the partnership arrangements within Newport and part of this is a review of the existing Performance Management Framework. However, current arrangements are that each Population Indicator is 'owned' by one of our core partnerships and they monitor the impact that strategic programmes are having on those indicators. Reports from these Partnerships feed into the quarterly reporting cycle of the Community Strategy Delivery Plan.

The development of Families First within Newport is routed within evidence based, outcome focused approaches. For example, the development of the distance travelled tool in the preventions spine. Each Strategic Project will have a series of specific performance measures that will cover how much it does, how well it does it and if anyone is better off as a result of the work undertaken. This will be based on the current Service Level Agreements between the Children and Young People's Partnership and Cymorth Projects. These will be monitored by the Partnership Support Team on behalf of Young Newport.

Alasdair Bovaird, Corporate Director for Young People and Performance has the Local Authority lead for Preventions.

Key Contacts

Please provide contact details for the following areas of responsibility to ensure that the correct individual is contacted regarding specific elements of the funding:

- Programme Co-ordination – who will be responsible for the co-ordination of Families First within the Local Authority and therefore the main contact for the Welsh Government on operational issues?
- Learning Sets – who will be responsible for driving your Learning Sets?
- Disability Co-ordinator - who will be responsible for the co-ordination of the Disability strand of Families First within the Local Authority?
- Finance – who will be responsible for liaising with the Welsh Government on all financial and budgetary matters?
- Designated Signatory – who will be responsible for "signing off" the claims for Families First funding. This would normally be the Chief Finance Officer but can be an appropriate designated official, as long as they have no involvement with the overall operation of the programme.

Role	Name	Job Title	Contact Address	Telephone Number	Email address
Programme	Rhys Cornwall	Partnership	Room 203w, Civic	01633	Rhys.cornwall@newport.gov.uk

Coordination		Manager	Centre, Newport, NP20 4UR	232844	
Learning Sets	Kate Evan-Hughes	Assistant Head of Education - Inclusion	Civic Centre, Newport, NP20 4UR	01633 233126	Kate.evan-hughes@newport.gov.uk
Disability Co-ordinator	Mike Nicholson	Head of Children and Families Services	Civic Centre, Newport, NP20 4UR	01633 233297	Mike.nicholson@newport.gov.uk
Finance	Mark Cole	Finance Officer	Room 203w, Civic Centre, Newport, NP20 4UR	01633 232072	Mark.cole@newport.gov.uk
Designated Signatory	Alasdair Bovaird	Corporate Director, Young People and Performance	Civic Centre, Newport, NP20 4UR	01633 232204	Alasdair.bovaird@newport.gov.uk

Please note following submission of the Action Plan to the Welsh Government, amendments must be discussed and agreed in writing with the Welsh Government prior to the changes being implemented.

Local Authority

Signed _____

Position _____

Date _____

Welsh Government

Signed _____

Position _____

Date _____