

MID-YEAR REVIEW



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Introduction

Newport City Council's Corporate Plan 2022-27 has four Well-being Objectives to support its mission to deliver an Ambitious, Fairer and Greener Newport for everyone and contribute towards Wales' Well-being Goals set in the Well-being of Future Generations Act. To support the delivery of these objectives, strategic priorities, and deliver continuous improvement each service area has developed their service plan. This report provides the Mid-Year progress against the Prevention & Inclusion Service Plan 2022-24 (23/24).

The Prevention and Inclusion service area is part of the Council's Social Services directorate, responsible for delivering a range of early intervention and preventative services. Embracing Prevention - one of the core principles of the Social Service and Wellbeing Act (Wales) 2014 and Wellbeing of Future Generations (Wales) Act 2015, the service area is structured to offer early help to families and individuals and strive to prevent escalation of support needs to statutory services. All teams work closely with a range of partners to deliver effective and timely support, working with individuals and families on what matters to them and will improve their lives. Building on families own strengths and resources, interventions are tailored to develop and strengthen individual skills and coping strategies to manage their own lives and families. Support on parenting, mental health and educational attainment are some examples of the type of work undertaken.

Flying Start and Early Years

Flying Start and Early Years services provide quality part time childcare for young children. The programme helps children with their communication development and offers an enhanced health visiting service. Support is also available for parents and carers of young children where tips and strategies on managing behaviour, feelings and relationships are also offered.

Youth and Play

Youth and Play services offer a range of provision for children and young people including Youth clubs and play groups. They provide and facilitate an environment which young people can relax, have fun whilst feeling secure, supported and valued. Young people can also access opportunities to gain national accreditations such as the Duke of Edinburgh award.

Preventions

The merging of these two established teams will create an enhanced resource available to support individuals and families with a whole range of issues. Strategies for positive parenting, emotional regulation managing budgets and support building positive relationships are some areas of work undertaken.

Adaptations Team

Disabled Facilities Grants are available for disabled owner-occupiers, or tenants, that rent from private landlords to adapt their property. Discretionary grant funding is available for smaller adaptions which are not available under a Disabled Facilities Grant. The grants are utilised to prevent hospital admission and allow individuals to live in their home independently. The team work closely with Occupational Therapists to ensure all needs are adequately assessed and any adaptation work will bring improvement to the quality of individuals lives.

Substance Misuse

Hosted by Newport, the regional team supports the work of the Area Planning Board (APB) and oversees all the contracting and monitoring of substance misuse services commissioned. The APBs exist to provide a regional framework, to strengthen partnership working and strategic leadership in the delivery of Welsh Government substance misuse strategy (Working Together to Reduce Harm); and enhance and improve the key functions of planning, commissioning and performance management.

Community Engagement & Delivery Team / Carers

The Community Connectors, Carers and Community Development Teams have moved into the Prevention and Inclusion Service area and collectively have created the Community Engagement and Delivery Team. The team continue to implement the Welsh Government National Carers Strategy and the Age Friendly Communities Strategy as well as delivering community focussed activities and projects that respond to emerging needs e.g. cost of living, poverty. The service collates and updates information about community resources, schemes and activities and signposts citizens to these to meet their needs via direct referral and via drop in and pop-up events in the community.

Service Area Objectives

Objective 1 - Deliver effective early intervention and preventative services for adults, children, young people and families to remain in their own communities.

Objective 2 - Deliver an appropriate range of inclusive early intervention and preventative services to meet the needs of adults, children, young people and families.

Objective 3 - Support families to lead emotionally healthy and happy lives in their communities.

Objective 4 - Improve outcomes for adults, children, young people and families building self-worth. Working with strengths based and trauma informed approaches.

Head of Service Executive Summary

The first half of this year has seen services within the Prevention and Inclusion service area continue to build on last year and further develop their early intervention and preventative offer of support to Newport residents. With teams now largely settled following the service area restructure, we have been able to turn more attention to detail such as quality, performance, inclusivity, and participation. This has included undertaking service reviews to identify gaps and areas for development. Taking stock on what is offered has enabled teams to reflect on their service provision, question 'is it making a difference?', and to explore more fully the evidence base to support what we do. Examples of work progressed include a fundamental multiagency review of the Promoting Positive Engagement with Young People (PPEYP) grant to engage with children and young people to prevent antisocial behaviour, remodelling and aligning our complex play provision for children with disabilities within the Disabled Childrens Team (DCT), and as part of the corporate Asset Rationalisation Programme, developing a more robust place based preventative model within communities.

These examples could not take place or progress without our collaborative and partnership arrangements with a great range of individuals and organisations. Prevention and Inclusion continues to cement its approach to robust and holistic preventative support by valuing and embracing our partners and key stakeholders. Collectively we continue to work with each other, residents, and communities to ensure the support available is effective and responsive to their identified needs. Furthermore, work is ongoing with our colleagues at the front door to Children and Adults services as we look to develop pathways to get the right referrals to the right services earlier, and in the same token assist in alleviating some of the pressure experienced at these points.

A significant piece of work progressed this year has been for the service area to access WCCIS, the social services case management and data system. Taking a staged approach, improving this access, and having an improved visual and joined up approach to information sharing has long been on our agenda. We are thrilled this has started to take shape and can only assist in our safeguarding of adults and children and transparent decision-making.

Summary of achievements

- Positive internal audit of the Family Information Service
- Continued successful partnership with Newport Live with transition of the Aspire alternative education programme.
- Actively working towards Newport being an Age Friendly City and a member of the World Health Organisation to become a member of the global age friendly network. This included public engagement to shape the delivery plan.
- Flying Start expansion programme continues to reach an increasing number of children and families providing childcare and parental support.
- Successful transfer and merge of Community Connectors and Community Engagement teams
- Successful recommissioning of substance misuse services for children and young people
- Strengthening safeguarding practice and understanding across P&I with social work support
- Improved co-ordination of multi-agency parenting courses across the service area adopting evidence based models.
- Transfer of the Disabled Parking Bays to the Adaptations Team
- EcoFelx4 programme commenced (access free energy efficient installations)
- Continued reduction in waiting times for families of children with disabilities accessing preventative support, following a comprehensive review and remodelling.
- Continued development of the Gwent wide Bridging the Gap Short Breaks for Carers Service, formerly launched in August 59.

Successes

The service area has seen many successes in the first six months of this year that we are immensely proud of. This includes young people with additional learning needs (ALN) completing bronze and silver Duke of Edinburgh expeditions, a significant reduction in Covid related backlog cases in the Adaptations team for Disabled Facilities Grants, a consultation exercise with parents of children with complex support needs to assist in shaping future provision, and the amalgamation of the Community Connectors Team and Community Engagement Team forming the new Community Strategy & Delivery Team. This new combined team has strengthened the prevention and inclusion offer across the service area whilst utilising our resources more smartly. The Connector Team has continued to provide Information Advice and Assistance (IAA) to individuals and families, helping socially isolated people to connect with appropriate activities and support services. Within the first half year reporting period, 2,789 individuals benefitted from their support.

It is also a delight to highlight in May of this year, the Community Connector team won 'Highly Commended' in the Social Care Accolade for their work in supporting carers. The service provides invaluable information and support to unpaid carers. The project also runs a Carers Café, Carers Network and Staff Network for employees who care outside of work. The award nomination is testament to their great work.

The Community Engagement Team have continued to support our youth and play services with delivery of the Schools Healthy Eating Program (SHEP). They directly supported 12 food & fun sessions linked to holiday hunger for children of Newport and saw 442 people attending sessions in the May half term alone. The Team also continues to lead on and develop support around the cost-of-living crisis, providing 'drop in' sessions across the city and events in partnership with other organisations such as Pobl, Citizens Advice Bureau, Welsh Water and Dragons. 206 individuals have been supported with income maximisation in the first six months of the year and 200 people attended a Riverfront event accessing advice and support. The team are also supporting minority ethnic communities and attended Africa Day/ Cultures in the Community to ensure all sections of communities in Newport have access to available advice and support. Furthermore, a Cost-of-Living survey was completed by 580 residents helping us to build local knowledge on the issues faced by Newport residents. The new combined team produce a Cost-of-Living Directory (updated monthly) and set up and manage a dedicated cost of living email for members of the public.

Challenges and Risks

The current financial climate affecting all public services and organisations continues to have an impact. Whilst the Prevention agenda is heavily supported and embedded in key legislation including the Social Services and Wellbeing (Wales) Act 2014 and Wellbeing of Future Generations (Wales) Act 2015, the very nature of how many of these services are funded makes it challenging to build a comprehensive and sustainable preventative programme. Short term grant funding and often not a statutory requirement can put many of the services delivering a range of effective lower-level support at risk. Unfortunately, we are already seeing this in practice with the loss of our key Early Intervention Project (EIP) from next April due to partnership funding ending. This is a huge loss, despite proving to be effective in engaging with many families outside the statutory arena. Such short-term approaches to delivering these services mean we lose much of the expertise and knowledge built up when projects need to end, and often the learning and outcomes from projects can become lost.

The national workforce challenges across many disciplines are also an area of challenge within Prevention and Inclusion. Capacity issues with Health Visitors in our Flying Start programmes, shortage of qualified Youth Workers and Play Workers have all been felt. Teams are working tirelessly under these workforce challenges to both keep services going and develop and improve where necessary. An internal workforce development plan has been developed to assist with some of these issues, whilst also providing training and progression opportunities for our staff. We want to invest in our workforce and value their contribution to providing services to the residents of Newport.

As we continue to develop increased community presence and support, we need to be mindful of the requirements from Care Inspectorate Wales (CIW). We must ensure our sustainable business proposals consider the necessary requirements from CIW in relation to our registered services, and the challenge of lack of appropriate venues can be a barrier in progressing this as much as we would like.

Plans for the next 6 months

Despite services already delivering a significant amount of support to children, adults, families, and communities there remains work to be done. For the remainder of this year, each team is focussed on the priorities to be delivered as we all work towards Prevention and Inclusion being recognised for delivering quality and effective advice, support, and intervention at the right time to those that need it. Just some of the key areas we are focussed on in the coming months include:

- Working to achieve silver quality mark in our youth service.
- Preparing for a possible Estyn inspection with our Youth Service
- Developing a dedicated P&I webpage providing one point of access for information, programmes, and resources
- Continued collaborative working with Housing and Communities as we respond collectively to the increasing homelessness crisis.
- Strengthening our partnership arrangements with Health, focussed on developing early intervention pathways between the 2 organisations.
- Trusted Assessor training to build in improved response times to those wanting support from the Adaptations Team
- Exploring with key partners the possibility of a weekend play club being established
- Youth and Play service to set up a youth group from children and young people with additional learning needs (ALN)
- Completion and outcome of an internal audit of the Community Connector Team
- Delivery of a Participation Strategy, which embraces the principles of consultation and co-production.

Prevention & Inclusion 2023/24 Overview

Service Plan Objectives

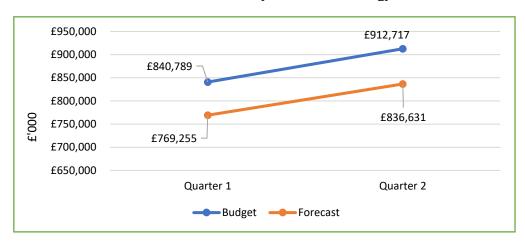
Objective Objective Objective	Mid-Year Status (Red / Amber / Green)
Objective 1 - Deliver effective early intervention and preventative services for adults, children, young people and families to remain in	
their own communities.	
Objective 2 - Deliver an appropriate range of inclusive early intervention and preventative services to meet the needs of adults,	
children, young people and families.	
Objective 3 - Support families to lead emotionally healthy and happy lives in their communities.	
Objective 4 - Improve outcomes for adults, children, young people and families building self-worth. Working with strengths based and	
trauma informed approaches.	

Service Area Risks

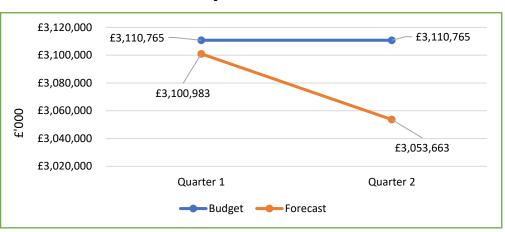
	Corporate /	Inherent Risk	Target Risk	Quarterl	y Risk Scores (Q	3 2022/23 to Q	2 23/24)
Risk	Service Risk	Score	Score	Quarter 3 22/23	Quarter 4 22/23	Quarter 1 23/24	Quarter 2 23/24
Prevention & Inclusion Grants	Service	9	6	8	8	6	6

Service Area Finance Forecast (End of Quarter 2)

Revenue Forecast (exc Grant Funding)



Capital Forecast



Programmes and Projects

Programme / Project Title	Project Overview	Well-being Objective(s) supported	Expected Completion Date (Quarter / Year)	Quarter 2 RAG Assessment / % Completion	Commentary
CEMP / WCCIS	Use of the CEMP system is being reviewed and part migration to WCCIS use is in progress. This will improve information sharing across service areas and improve joined up case management recording.	Well-being Objective 3 Well-being Objective 4	Quarter 4 2023/24	75%	Currently there is a collaborative approach to the testing of the WCCIS system across the service area. Training has been undertaken by all staff due to access the system and the following timescales have been scheduled: 10/11/2023 - Test case – By this date, three Family Support Workers would have been selected to update WCCIS with all of the cases within their caseload that meet the criteria above, i.e. known on WCCIS. They will then test the usage and effectiveness of using WCCIS alongside CEMP. 30/11/2023 - Consultation – Meeting with Safeguarding Hub Team Manager to discuss the progress and any modifications suggested. 31/12/2023 - The remainder of the Prevention Team will then update WCCIS with all their cases known to WCCIS. After this date there will be a focus on further roll out. with the aim of full implementation by end of March 23.

Workforce Development

To support workforce development across Prevention & Inclusion service area the following actions have been identified as priority between 2022-24.

Action	Outcome(s) of Action Delivery	Action Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
Build on the existing work to support staff to access social care training including the Open University route to social work qualification.	Retain staff in Newport and increase the pool of qualified social work staff.	1 st October 2022	31 st March 2024	50%	The Workforce team are supporting our staff to undertake the OU degree, the interviews were held- and we are supporting 16 people through the degree this year.
Access appropriate regional and national workforce development groups to increase capacity and support the whole social care work force.	Increase the number of applications of staff to posts in Newport and retain staff within the social care workforce.	1 st October 2022	31 st March 2024	70%	This remains high on the agenda, we are working with the workforce teams, to encourage more people into the profession. Social Care Wales is also paying the fees for the social work degree, which will assist with new starters.
Prevention & Inclusion - In addition to routine supervision and team meetings, all teams to provide regular sessions for wellbeing and support.	Support staff in their own well- being and ensure staff are motivated and enabled to carry out their roles.	1 st October 2022	31 st March 2024	75%	Wellbeing and support is a standing agenda item across all relevant staff forums and individual check-ins. Regular meetings take place with HR colleagues to determine performance on wellbeing check-ins and this has shown an improved trajectory in recent months. Monthly and bi-monthly check-ins continue to improve with just under 80% of the workforce receiving these. These are important 1-1 sessions where wellbeing and support can be more closely discussed with individuals.

Objectives and Action Plan Update

	ctive 1 - Deliver effective es to remain in their own	people and	Objective 1 Mid-Year Assessment				
Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Improve use of smart technology and supporting Carbon reduction to assist with safe, sustainable and independent living.	Individuals supported to remain in their own homes and communities. Supporting the delivery of the Eco Flex programme through Cardiff Capital Region.	WB03 / Strategic Priority 3	1 st October 2022	31 st March 2024	С	Implemented smart technology with the use of Mi HUB (Council's performance management system) for programme management and surface pros. Team have begun delivering EcoFlex4 scheme with applications now received.
2	Explore effective models for early intervention and preventative support, offering timely and meaningful interventions.	Improved outcomes for individuals and families, whilst reducing the need for statutory services.	WB03 / Strategic Priority 3	1 st October 2022	31 st March 2024	90%	A contextual safeguarding operational group has been formed reporting into One Newport. The contextual safeguarding model is supported by research in supporting a holistic approach to exploitation. The partnership consider the context of concerns and oversee and develop interventions to address harm/risk. The Promoting Positive Engagement with Young People (PPEYP) grant that is currently under review and the multiagency team created through this will be part of any response.
3	Develop an effective communication strategy for Prevention and Inclusion (P&I).	Use of social media and intranet to promote available support, having greater reach into communities.	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	85%	P&I have a newsletter now in place, recently P&I facilitated a conference and staff consultation for the range of services is planned for early November as a hybrid model of face to face / teams and through surveys - a collaborative piece of work developed with HR. Further promotional work to upgrade Families First is in the process of being developed and event timetables across P&I are planned monthly.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	To deliver a strong and consistent safe network of open access Youth & Play clubs within local communities across the City of Newport.	Children will have greater access to community support, advice and guidance, with improved safeguarding oversight.	WBO 3 / Strategic Priority 4	1 st October 2022	31 st March 2024	80%	Team manager is also completed a review of the core Youth Work budget to be able to employ 9 x 4hr youth workers to support the Youth & Play Network and in the new year open new clubs. The Service has been able to work towards having a play apprentice to help with the support of Play clubs.
5	Implementation and embedding of Welsh Government Age Friendly Community Strategy.	Older members of communities feel valued, included and respected, with their voices heard.	WBO3 / Strategic Priority 3	1 st September 2023	31 st March 2025	25%	On track – public engagement has been completed which has shaped the delivery plan.
6	Supporting the Council delivering the Asset Rationalisation Programme and examining how Preventions and Inclusion team utilises its assets to support Newport's Communities.	A Council wide programme reviewing all its assets and utilisation, with the aim of having an asset portfolio that is fit for purpose and in line with wider corporate strategies.	WBO 3 / Strategic Priority 4 WBO 4 / Strategic Priority 6	1 st April 2023	31 st March 2025	80%	A proposal form has been submitted to the Asset Rationalisation Board and is due to progress to Executive Board in November. The content of the initial proposal contained in the report has been agreed, An operational development plan is also in the early stages along with development of a Fairness and Equality Impact assessment. The report will then be submitted to SAMG for final approval.

	ctive 2 - Deliver an approp ults, children, young peop	et the needs	Objective 2 Mid-Year Assessment				
Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Develop a range of services that sit within Prevention and Inclusion service area.	Appropriate services established to respond and support families and children with their multi- faceted needs.	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	90%	Two Cost of living (COL) advisor posts have been added within the Community Strategy and Delivery team, recruited 14 September funded through SPF until March 25. The new employees will have a primary focus on building a citywide Newport Cost of Living offer. They will examine ways to maximise household monthly spends, link in with NCH Energy team, and other RSL's and build on existing relationships with COL Network partners. The service area is also collaborating with housing and communities to develop an increased offer of support for families in temporary accommodation.
2	Invest in programmes aligned to whole system change as part of the vision for the Prevention and Inclusion service area.	Services commissioned are informed by comprehensive evidence base, local need and service gaps – better placed to respond to individual and community needs	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	75%	The Single Point of Access review supports whole system change identifying smarter ways of working to improve outcomes for children and young people. As part of this work we are identifying further resources from across P&I that can reduce waiting lists prior to support. Early Years Transformational work continues - recent work surrounding whole system change has been demonstrated through an introduction in a new ante-natal system across health / Local Authority.
3	Develop a high-quality robust city-wide Youth Service provision.	Children will have access to out of hours youth provision for emotional support and activities.	WBO 3 – Strategic Priority 4	1 st October 2022	31 st March 2024	80%	We have been able secure additional funding through SPF that will support additional youth work staff. Staff continue to work towards the silver quality mark and Estyn Framework for best practice.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	Improve participation of children, young people and adults, ensuring their voices are heard and meaningfully contribute to inclusive service-design.	Inclusive services are developed in partnership with users – including Welsh medium provision, those with protected characteristics and special interest groups.	WBO 3 – Strategic Priority 1	1 st October 2022	31 st March 2024	50%	The participation, collaboration and coproduction strategy for Prevention and Inclusion is being compiled. A consistent approach to obtaining feedback and ongoing consultation in events, development and delivery of services (e.g. parent facilitators in E-Pats course) is being progressed. The volunteering strategy is also being developed alongside this which will promote creation and development of services by those accessing them.
5	Develop a robust volunteering programme to assist with social care workforce challenges, delivering care and support in local communities.	Continuity of support to families and individuals in the face of national and local workforce challenges. Citizens to engage with work experience and achieve qualifications /accreditation.	WB03 / Strategic Priority 1	1 st August 2023	31 st March 2024	25%	A volunteering strategy is being developed for Prevention & Inclusion, in conjunction with HR, to ensure promotion of opportunities and consistent processes across the service area. This will raise awareness of social care career opportunities and provide opportunities to gain work experience, career development and training/qualifications.

Objec	ctive 3 - Support families	to lead emotionally healt		Objective 3 Mid-Year Assessment			
Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Consider widening scope for utilising discretionary grant funding.	Increased offer of adaptations and equipment to support poor mental health affecting individuals.	WBO 3 / Strategic Priority 3	1 st October 2022	31 st March 2024	С	Completed action and now awarding ring door bells to support applicants and families with safeguarding needs.
2	Commission services that are well placed to respond to issues impacting on residents – such as poverty and cost of living crisis.	Services are responsive, flexible, and promote longer term positive outcomes for families and individuals faced with challenges.	WBO 3 / Strategic Priority 3	1 st October 2022	31 st March 2024	90%	Families First commissioning has been completed - we are currently developing a commissioning model for school which forms part of the Food and Fun initiative / recent Shared Prosperity Fund proposal.
3	Establish formal collaboration with health and third sector to maximise support for emotional health and wellbeing.	Individuals receive	WBO 3 / Strategic Priority 3	1 st October 2022	31 st March 2024	90%	The entry route / front door referrals into the Prevention and Inclusion Service area is managed through a collaborative approach with Health. We are currently reviewing this process to look at smarter ways of managing the referrals / better use of administrative resources and to reduce many front doors across the service area. Ongoing partnership with Health
	Obtain Silver Quality standard for the Youth Service	Children and young people will receive an improved qualitative	WBO 3 / Strategic Priority 4	1 st August	31 st March		surrounding the Ringland East Wellbeing Centre are expanding. The Youth Service has completed the first draft of the Sliver Quality Mark self- assessment. This has been sent to service
4		youth provision with clearly defined standards		2023	2024	60%	manager Mandy Shide for comments and feedback. We are hoping to submit in January 2024 for an inspection in the February 2024.

Objective 4 - Improve outcomes for adults, children, young people and families building self-worth. Working with strengths based and trauma informed approaches.

Objective 3 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Explore and utilise evidence-based interventions that are goal and family/individual focussed.	Improving outcomes for individuals whilst addressing issues that matter to them.	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	90%	The Children with additional needs (CANS) team came into internal provision as part of the families first recommissioning. This team delivers the Cygnet parenting support programme for parents/carers of autistic children, the team are developing their parenting programme offer by also delivering the E-pats programme for families raising a young child with a learning disability. This will be co-delivered with a parent facilitator in the New Year. One to one work utilising these programmes is also being undertaken. The parenting programmes across early years ad preventions are also increasing in scope with the preventions team undertaking further training in parenting teenagers and other supportive family tools; mediation and family group conferencing.
2	Implement robust service performance management processes.	High quality and effective services are available to support individuals and are responsive and flexible.	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	90%	Robust performance management processes via supervision, team meetings and monthly HR meetings where check in and sickness figures are monitored and addressed continue and have impacted positively on the figures, check ins have increased and long term sickness declined.
3	Improved offer of opportunities and activities supporting children and young people to develop, grow, and learn new skills through formal and informal education.	Children and young people are inspired to achieve, supported by a trained trauma informed workforce.	WBO 3 / Strategic Priority 4	1 st October 2022	31 st March 2024	80%	The Youth Service will be using the proposed Esytn Framework for Youth Services. This will help us to structure and Improve our Formal and informal education. The Team Manager is working on a new JD for a curriculum co-coordinator to support in this development.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	Implement the Welsh Government National Carers Strategy	Unpaid carers for older people, children and adults with an illness or a disability are supported in their everyday caring roles.	Strategic Priority	1 st August 2023	31 st March 2025	50%	Our Community Connector team continue to deliver the Carers Café, carers network and staff network. The Gwent-wide Bridging the Gap programme, to provide short breaks for carers, was launched in August and continues to develop.

Performance Measures

Annual performance measures are not included in the Mid-Year review and will be reported as part of 23/24 End of Year Review.

Note: Performance measures do not have targets as these are demand led. Performance will be assessed in comparison to previous year's performance.

Performance Measure /	End of Year Performance (21/22 to 22/23)			Mid-Year Performance 23/24		
Description	Actual 2021/22	Actual 2022/23	Actual Q2 2022/23	Actual Q2 2023/24	Target 2023/24	Commentary
Adaptations – Number of Disabled Facility Grants completed.	78	105	45	59	90 (Q2 Target - 45)	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Youth Service – Number of individual young people accessing support from the Youth Service.	1,492	1,474	No Data	467	No Target (Comparator Measure)	The service is seeing expected numbers of children and young people accessing Youth Services. It is expected this figure will continue to grow as the offer from the Youth Service continues to develop.
Youth Service – Number of young people receiving information and support relating to preventing homelessness. *Project not commenced.	183	155	No Data	79	105 (Q2 Target - 52)	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Play Services – Number of children and young people accessing the service inc complex provision.	560	709	No Data	874	No Target (Comparator Measure)	At the end of quarter 2, the Play service has seen an increase in the number of young people accessing the service in comparison to the previous 2 financial years.
Families First – Percentage of 'What Matters' conversations held resulting in targeted supported offered.	Not Applicable	80.3%	No Data	71.6% (295 / 412)	70%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Families First – Percentage of participants with self-reported improvement to their emotional / mental wellbeing following Families First engagement.	Not Applicable	92%	No Data	71.3% (181 / 254)	70%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Families First - Percentage of participants with self-reported improvement or stability to their financial situation following Families First Engagement	Not Applicable	48.1%	No Data	100% (88 / 88)	80%	At the end of quarter 2 this measure is succeeding against the target for 2023/24.
Early Years / Flying Start - Percentage of Welsh medium Flying Start childcare sessions attended.	61.7%	55.5%	No Data	45.1% (575 / 1,275)	60%	Flying Start monitors attendance closely and engages with parents and Health Visitors to maximise sessions being attended. Take up of this childcare offer is by parental choice.

Darfarra Marana /	End of Year Performance (21/22 to 22/23)			Mid-Year Performance 23/24		
Performance Measure / Description	Actual 2021/22	Actual 2022/23	Actual Q2 2022/23	Actual Q2 2023/24	Target 2023/24	Commentary
Early Years / Flying Start – Percentage of English medium Flying Start childcare sessions attended.	64.3%	65.3%	No Data	63.03% (20,425 / 32,404)	60%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Percentage of participants engaged in Parenting groups, resulting in self-reported improvements.	13.8%	43.9%	No Data	64.22%	50%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Early Years – Percentage of places taken up in speech and language groups result in self-Reported improvements for communication development.	57%	36.7%	No Data	61.7%	45%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Early Years (New) – Number of children identified needing targeted support for developmental delay (Additional Learning Needs)	Not Available	Not Available	No Data	63	No target (comparator measure)	This is the first year of reporting this measure.
Substance Misuse - Quality of life for substance users is improved or unchanged between start & most recent review/exit.	75.4%	74%	No Data	72.1%	75%	The review point reflects the current position an individual is reporting on, not necessarily on the whole treatment and support programme. It is important therefore to consider the complexity and multi-faceted nature of individual lives against this measure. Key workers focus on ensuring people are receiving the treatment they need to make improved outcomes to the quality of their lives.
Substance Misuse - Percentage of individuals who engage with substance misuse services between assessment and planned to end of treatment.	80.8%	82.7%	80.8% (251 / 308)	82.9%	75%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Community Connectors / Development - Number of adults supported with Information Advice and Assistance (IAA)	1,632	1,487	No Data	1,503	1,500 (Q2 Target – 750)	At the end of quarter 2 this measure has already achieved its target for 2023/24.
Carers - Number of informal adult carers supported with IAA.	483	1,135	No Data	1,850	1,200 (Q2 Target - 600)	At the end of quarter 2 this measure has already achieved its target for 2023/24.
Carers - Number of informal young / young adult carers supported through young carers project by Barnardos.	Not Available	Not Available	No Data	477	400 (Q2 Target - 200)	At the end of quarter 2 this measure has already achieved its target for 2023/24.

Case Studies, Key Achievements, Awards

Below are some examples of the work and impact which the Preventions & Inclusion service has had in the delivery of services in the last 6 months.

Preventions and Resilient Communities

9 year old child self-referred by parent for direct work around emotional regulation due to regular outbursts and meltdowns at home and in the community. Aim of referral was for work with child around his wishes & feelings and self-efficacy. Direct work with family around managing the behaviours, emotions and planning ahead. Distance travelled scores increased from start of work to completion in the following areas, behaviour, child's development needs, parenting capacity and parenting skills.

Outcomes achieved: Child with improved mental & emotional wellbeing. Parents who benefitted from a parenting intervention. Family resilience improved overall. Case was closed with a successful outcome in respect of the family plan.

- Family satisfaction survey completed stating the following:
- 'I completely understand why the prevention worker offered support to my family'.
- 'I completely feel I have been listened to and involved in the planning of support for my family.'
- 'The Prevention worker completely supported me to achieve my own goals'.
- 'I have been completely encouraged to build on my own strengths and help myself'.
- 'I completely felt that the prevention worker recognised the things I am doing well'.
- 'I felt I was completely treated with courtesy and respect by the prevention worker.'
- 'I completely feel I have been supported in making my family safer'.
- 'Overall the support I received was excellent'.

"...... made a massive difference to me and my family. The support and knowledge we received from was excellent. Was always on hand if needed, checked in to see how our son was doing as well as myself and my partner. My son looked forward t seeing In school and always felt calmer and more at ease after each session."

N-Gage Case Study 1

KB was referred into the Activities & Wellbeing via YOS caseworker JL. We attended a joint appointment and JL continued to work with KB around reducing her cannabis use and RS began work on Activities & Wellbeing. KB identified a need to make new friends and was keen to learn guitar as she'd had one for her birthday but had yet to start learning to play. KB also expressed an interest in makeup and hopes to go on to college to study theatrical makeup. During the first appointments with KB we completed her Wellbeing Scores and identified areas of concern around her anger. KB can get angry quickly and is aware of this and wanted to learn techniques how to cope with it and reduce her outbursts.

RS spent the first few sessions working through the Anger Management workbook with KB and linking it back to her use of cannabis as a way of coping and using it to calm down. RS practised breathing techniques with KB, looked at the cycle of change and how to recognise anger and her triggers to start putting steps in place to calm down before things escalate.

KB continued working with JL and made reductions to her cannabis use but disengaged after JL had to complete a DTR after KB disclosed that her mum had been buying her alcohol. JL updated RS and followed up with KB but KB continued to disengage with JL. RS made contact with KBs mum and encouraged a referral into GDAFS so she can have support regarding KBs cannabis and alcohol use and anger concerns. Mum unsure about referral at this time.

KB attended Barods Annual Recovery Walk up Pen Y Fan with members of the N-Gage Team. She engaged in conversation with members of staff and enjoyed being part of the walk.

RS was able to continue supporting KB over the summer and KB started attending ACT, Pontypool. During this time engagement with KB dropped off and our Engagement Worker KD was approached by staff at ACT who voiced concerns about Kaydin's drug use, home life and people she is associating with. RS encouraged KB to start seeing an N-Gage caseworker to carry on with her substance use support and help her continue making positive changes as she had done previously. KB agreed.

KB reengaged and attended our Activity & Wellbeing Day at Llandegfedd Lake where she participated in archery, paddleboarding and a group discussion about challenges faced by young people today. KB engaged well with both staff and service users.

RS organised a visit to Coleg Gwent, Ebbw Vale Learning Zone for KB to have a look around and speak to the tutors about enrolling on either a hair or beauty course. KB felt that she wouldn't get into college because of poor grades in her GCSEs. During the visit KB was reassured by the tutors that she's be able to resit Maths and English alongside completing her Level 1. KB was given information on the two courses and went on to enrol on Beauty Level 1 as it has a whole module on makeup which she can then go on to complete Level 3 in Theatrical makeup in 2 years.

KB enrolled in college and started on 4th September where she is attending full-time. RS is currently supporting KB to attend lessons with 2 guitar tutors in the area, we attended a lesson with one in Ebbw Vale (10-minute walk from college) and are meeting with another in Blaenavon (walking distance from KBs home) which she is seeing this week.

RS will continue to support KB with these lessons until the end of September ensuring KB is confident to attend on her own either from school or home and familiar with the 2 tutors so she can then decide who to continue lessons with. RS made a referral to a caseworker which has since been picked up by LW. LW met with RS and KB for a joint appointment and discussed KBs goals. KB would like to stop smoking cannabis and reduce her alcohol use to occasional use. LW to continue working with KB.

N-Gage Case Study 2

A young girl (H age 15) was referred to me to speak about her alcohol use and a video had gone around and seen by her mum of her snorting cocaine. H came in with a teacher as she felt nervous and said she had been drinking daily, reasons given were she felt confident when under the influence of alcohol, peer pressure as her friends were doing it. H got intoxicated in school as she thought it would be fun to down alcohol before school started. An ex was being mean so wanted confidence to stand up for herself. We spoke about the reality of it all, realised it all started when hanging around with a certain girl, school work is taking a hit, relationship with mum is strained. I asked her when the last time she had spent quality time with her mum, and she said not in a while, and she does miss it. She felt more and more comfortable in the drop in so asked the teacher to leave halfway through. I asked if she wanted a referral and spoke about what ways that could help and H said no.

When talking I could feel and see she was very vulnerable, realising it was affecting a lot of her life. She asked if she could bring her friend who she hangs around with as she thought she would really benefit from it. H brought her friend to another session, and we spoke about other things that they have been doing like being intoxicated and getting her mum to pick them up.

We talked about what could have happened/dangers if she wasn't with someone who would of called her mum. We looked at safety, dangers on the body, money and what they could do with the money they are spending. I asked again about a referral, but H insisted she just wanted to come and speak to me and update me every time I was in.

A few weeks later H asked if she could update me with how she was doing and she said that after speaking to me she has stopped drinking and hanging around with her friend. Spending more time with her mum doing girly things like we had spoken about and that she was trying hard to get a part time job. I said that I was proud of her and what she had achieved in such a short time and not only me, I'm sure her mum was proud, and she definitely should be proud of herself. She walked out with a massive smile on her face.

I hadn't seen H over the summer period when school was closed so when I went into the school last week she came and found me in the canteen with a smile and confidence. She said that she hasn't drank since the summer when her mum let her have a couple of cans at home, she had got a job on the weekend and is not going out as much. H also said that she was 'buzzing' because she was able to buy herself some new clothes and make up with her money from working at a stables. She looked so proud of herself and I'm so glad that I was able to offer more of an informal appointment service for her that fitted how she wanted to be seen.

Newport Community Connector Service (Case Study 1) - Support for a man with mental ill-health around social isolation

A man referred to the Connectors from the Community Mental Health team. The man felt very socially isolated and he had no social and support network. The man suffered from social anxiety, depression and fibromyalgia.

From making initial contact via telephone, it was evident the person found phone conversations extremely challenging so we arranged to meet in the community, in a café. This particular café was called Geek Retreat, which is a social café around board games and computer games, something that interested the man.

Immediately, it felt we were overcoming social barriers, as the person felt he would be in a comfortable and familiar environment. From the initial meeting, and support in introducing the manager and the service user, he felt much more comfortable and at ease and engaged with others while the Connector left. From the discussion we had, I was also able to signpost and support the gentleman to a creative writing group, and taking the unpredictability of his fibromyalgia and depression into consideration, the group was an agile group (where they met face to face and also digitally which met the service user need's).

From follow up calls and a closure review, the client stated he felt comfortable and maintained his engagement and attendance to both groups.

Newport Community Connector Service (Case Study 2) - Support for a woman around cost of living crisis and social isolation

A Connector completed a Carers conversation as part of the carers support fund grant application progress. The lady stated she felt extremely isolated and lonely since her caring role at home started and did not know where to turn.

As well as giving information via our telephone conversation, information was sent on Carers Café and Chatty Café. The lady was advised to come along where the connector can meet and greet her and can discuss her needs and interests more. Here she received more information on community groups, activities and support services in her area which will help her wellbeing.

The lady attended and we looked through the directory and she circled groups that she found interesting. We also discussed support services she would benefit from (Alzheimer's /dementia group, stimulating groups and accessing grants). The lady was helped to complete a self-referral to an organisation who assisted her in getting a gran. She was signposted to groups such s the 50+forum, Chatty Café and a Memory Café where she could meet other people going through a similar life changing event and situation as herself. The woman attended the most recent Carers Café and came to thank us for getting the ball rolling and she feels she is getting help and reportedly feels much less isolated and alone than before.

Newport Community Connector Service (Case Study 3) - Support for a woman discharged from hospital on hoarding and social isolation

An elderly woman referred to the Community Connectors by the hospital discharge team. The woman has poor health, mobility, has become very isolated and lonely in her home and is often admitted to hospital due to falls in her home. After making contact via telephone, it was deemed necessary for a home visit due to poor communication.

I attended her home to get a better picture of the individual's overall support needs. It was evident the woman required more support in her home (than just community connector role) as I recognised a lot of clutter and hoarding in her home. We discussed this and she gave consent for me to contact and make any referrals to her housing association, as we discussed the impact it will have on her mental wellbeing in addition to a fire risk and increasing the risks of trips, falls and injury in her home. I completed a referral for a wellbeing project within her housing association and she received housing and welling support in addition to hoarding support.

Although her community connector input is currently on hold due to these needs and overall health, those preventive measures have been put in place which will create a safer environment for the lady to live at home. This will hopefully increase her confidence and ability to engage in the community at a later date.

Newport Community Connector Service (Case Study 4) - Support for a woman discharged from hospital on hoarding and social isolation

A young lady and her parents attended Catty Café. Immediately, I could recognise the young lady felt uncomfortable and stated she did not want to be here. I asked if they wanted to go and sit somewhere quieter so we sat on some sofas away from the busier café area. The family informed me they were worried about their daughter, a 27 year old who suffers from poor mental health, social anxiety and autism. They added they believe a lack of routine, structure and interests is has contributed to her social isolation and lack of motivation. We discussed her interests and desired outcomes and also discussed the role of the Connector and offered support visits to help overcome the initial barriers. We went through the Directory and discussed relevant groups such as MIND and Inside Out. She liked seeing the pictures of the different groups. When I returned to the office, I completed a referral for MIND, where they made contact and completed the referral process.

When I called 2 weeks later, they informed me they had taken their daughter to the Mind singing group which she enjoyed and is trying another one of the groups. They have since contacted the Connectors for some further information, as they found their initial support and information received very helpful.

Newport Community Connector Service (Case Study 5) - Cost of living support for a person with a history of aggression

Connectors received a phone call individual stating she is unable to afford food and is unable to feed herself and her daughter throughout the summer. She had been advised by her friends that they had received vouchers from the Community Connector Team. From taking the individual's details, I could confirm that she had received a £100 supermarket voucher and a £100 high street voucher through our recent Carer Support Fund a few months ago.

Unfortunately, during our enquiries, we are aware that a lot of services will not work or support this individual due to a history of abusive behaviour and exploiting the systems. From partnership working, we arranged a referral for a food parcel, which was authorised as the person was evidently in need. As a result of the individual not being allowed to collect the parcel from the support venue due to previous aggressive behaviour, we arranged for a Community Connector to collect her parcel and deliver it to her home address.

The Connector communicated with the family's social worker and informed them of the prevention work and for them to be aware of any concerns around the individual's daughter's wellbeing. We also emailed the individual information of summer activities that her daughter can attend which will help with the pressures of the summer holidays. When other support services and organisations will no longer work with an individual due to previous incidents, the Community Connectors were able to offer a preventive service and help when an individual felt she had no-where else to turn.

Newport Community Connector Service (Case Study 6) - Partnership working with MIND on exit strategies for people with mental ill health

During recent Cost of Living events, there was opportunity for networking and partnership working with MIND. From exchanging information and discussing role, the MIND worker voiced her concerns that individuals who are attending MIND sessions have become very reliant on the group and have formed a 'bubble' and the groups seem to be more closed. She voiced her concerns that individuals will not have the confidence to move onto engage in any other community groups due to feeling too comfortable within the MIND groups.

The Community Connector agreed to support the group and suggested we attend some groups to discuss the Connector role and leave recourses (Community Directories, answer enquiries, give information on activities, groups, and support services in the local community). The aim was to build confidence to move people onto other community groups. Outcome is to attend 3 different MIND groups. MIND have also suggested they attend our Chatty Café to create awareness of mental health support services in Newport. This is creating some positive working relationships; demonstrates partnership working which will benefit the communities and the people we support. The Team is also piloting Taster Sessions as a step on from Chatty Café.

Newport Community Connector Service Unpaid Carers (Case Study 1) - Carers Support Fund

An unpaid carer caring for her Mum, who is recovering from open-heart surgery, was supported through the Carers Support Fund. The carer is a single mother of two, who is unemployed due to her full-time caring role. She helps her Mum, who lives at a different address, with cleaning, laundry, cooking, shopping, medical appointments, emotional support, and physical activities such as walking in nature and gentle bike rides to aid her recovery. The carer is struggling financially due to the cost-of-living crisis. The carer received a supermarket, Love2shop, Just Eat and Xbox vouchers through the Carers Support Fund, totalling £300.

Through engagement, the Community Connector for Ethnic Minorities was also able to support with longer-term solutions. The carer was signposted to the Citizens Advice Bureau for a benefits check and support to complete a Carers Allowance application. In addition, she was also referred to the NCC East hub food bank and Feed Newport to access a multicultural food bank. Furthermore, the Community Connector signposted her to Newport Credit Union, a not-for-profit financial co-operative, for financial savings.

The Carers Support Fund and the support offered by the Community Connector has reduced financial hardship for the carer, improved her mental wellbeing and provided a connection for further support in the future, thus supporting the sustainability of her caring role. The carer emotionally thanked the Community Connector, 'Christmas has come early and I never expected this help which will change our financial situation'.

Newport Community Connector Service Unpaid Carers (Case Study 2) - Parent Carer

The team supported a parent carer who cares for her child who has ADHD and Developmental Trauma, requiring care and support at home and within the community. On top of regular parenting, the caring role involves lots of reassurance during night waking, supporting behavioural 'meltdowns', and support and encouragement with socialising and attending school, which are all challenging for her child.

Outside of school, the carer accompanies her child to after school clubs and activities in the holidays to encourage socialisation, though she reports this becomes expensive. As a single parent, the carer is unable to work due to her caring role and has another younger child to care for as well, meaning that finances are tight. The carer reports that she has noticed a significant increase in the cost of living, which has added to her anxiety and stress.

The Carers Support Fund helped the carer with a supermarket voucher and Newport Live Membership, totalling £270.50. She explained that the Newport Live membership will improve her mental and physical wellbeing by enabling her to have time to herself when her children are at school and nursery. The carer stated that the 'pressure is a lot' and the supermarket voucher was 'amazing; a huge help'.

The carer also joined the Newport Carers Network to receive regular information and attended a Newport Carers Network Meeting to hear from organisations who can support carers and the people they care for. Through engagement with the carer, the team were able to improve the carer's knowledge and awareness of where to access support in the future, therefore increasing support for her to continue in her caring role.

Newport Community Connector Service Unpaid Carers (Case Study 3) - Short Breaks

Mr X has several health and medical issues which mean that he now lives the majority of his life in bed, cared for by his partner who gave up her career to look after him. Mr X has paid for carers who visit to ensure that he is washed and has a change of clothes each day – care that requires the support of two people. His partner walks their dog whilst the paid for carers visit and began to suffer from depression and anxiety, unable to visit her own parents or to undertake prolonged exercise.

A carers assessment was undertaken and as a result, a member of the Short Break team visits Mr X at home each week enabling his partner, an unpaid carer to get out for a few hours. Mr X has enjoyed the change of company and his partner has felt able to undertake an exercise class and visit her parents. The unpaid carer now has opportunities to look after her own wellbeing.

Community Garden Project at St Julian's Allotment for Minority Ethnic Communities

The community connector for Ethnic Minorities supported an application for an allotment at St Julian's allotment association working in partnership with Zimbabwe Newport Volunteering Association. The Connector recruited volunteers and beneficiaries/participants from ethnic minorities' communities while supported by community leaders.

From April to October 2023 the project engaged 42 volunteers and participants who were isolated, lonely and others with mental health problems, substance misuse, Not in Employment, Education, Training (NEETs) and job seekers. In addition, the project attracted refugees and asylum seekers and other migrant setters, here the activities were used as part of an integration plan into Newport society and Wales at large.





The project partners were Active Angel's and ZNVA local community groups working with BAME communities, GAVO's Food Sustainability co-ordinator who funded the activities while a local charity, Food Adventure supported with training on growing organic vegetables. The project supported a network of agencies all working together to build community cohesion and resilience around the target population. At this point, the project created a welcoming and relaxing space where people can take part in social gatherings, centred on growing and eating food – even if people aren't into gardening they are welcome to come and socialise. Furthermore it created a sense of social cohesion and integration between new communities and resident communities and between local people in their own communities.



Outcomes

- Develop the skills of people in land management by learning from them and training them to develop and manage organic plots of land where they will grow produce for their own consumption, engender planning skills and impart hope.
- Grow local and distant food and plants, as well as unusual and heirloom varieties linked to different cultures. To educate people of cultures.
- Create a welcoming and relaxing space where people can have a sense of belonging and feel less isolated.
- Provide a space for people to take part in social gatherings, centred on growing and eating food even if people aren't into gardening they are welcome to come and socialise in a nice outdoor space.
- Produce a sense of social cohesion and integration between new and resident communities and between local people in their own areas.
- For the Connector to build a sense of trust and be visible in the community.
- Providing more informal IAA signposting and advising people of the support available, how to access services and drop in session across the city.
- Supporting intergenerational practice and continuation of the project with the connector dipping in and out and signposting new recruits.
- Supply a multi-cultural food bank with produce from the community garden.

Prevention & Family Support - Case Study illustrating the impact of 'What matters Conversions'

- J phoned the community centre I am based in, asking for support: She has a son, M, who is 4 and is diagnosed with ASD.
- J said that the family were struggling, as their rent had recently increased by £200 per month. I was able to signpost her to Shelter, and completed a partnership form for CAB in order that they could support her with housing advice. I also completed a Discretionary Housing Payment form and Health & Welfare Needs Form. This meant that J's additional rent was then covered.
- I wrote to the local food bank, asking them for some short term support for the family, whilst their finances were being reviewed: Foodbank were able to support J and her family until this was sorted.
- I brought this family to the What Matters meeting, as M had some health needs which weren't being met (health care professionals hadn't been in touch for a long time, and J wasn't able to get hold of them). Professionals on the WM panel were able to signpost J to the correct departments, and M was able to have his health needs addressed.
- Professionals from the WM meeting also signposted J to Occupational Therapy, who are now carrying out adaptations within the home, in order to make living conditions safer for M.
- I applied for various grants for J the family hadn't had a cooker for over a year, so the Save the Children grant enabled them to buy a new one. J also managed to get a new adapted pushchair for M, and sensory items from another grant provider we tapped in to.

Prevention & Family Support - Case Study illustrating the impact of Pathfinder Support

The EYITP Midwife visited JP to introduce her to the Early Years Transformation project, as well as carry out a Blood Pressure (BP) check as requested from her Community Midwife (CMW) - (as she was on Annual Leave and was not able to check this week). JP has been previously diagnosed with Pre-Eclampsia in last pregnancy, and was being regularly monitored in this pregnancy. On arrival, the EYITP midwife was met with a very shy and worried lady who was accompanied by her 9 year old daughter. She introduced herself and tried to put her at ease straight away, but she explained that she was struggling to afford her twice weekly visits to the hospital for her blood tests and BP checks, and her CMW was able to visit her at home to check her BP once a week so that she didn't have to pay for travel to and from the hospital.

The EYITP Midwife checked her BP with her own personal BP machine, and it was higher than normal, so she tried to reassure the lady before re-checking it again in 15 minutes time. Whilst chatting she told the Midwife that she had cancelled her blood test appointment at the hospital for the end of the week as she had no money left to pay for the transport, prioritising buying food for herself and her daughter over her own pregnancy health. On re-checking her BP, it was noted it was still higher than her normal readings, so the EYITP Midwife made the decision to transfer in to the hospital for further monitoring. The EYITP Midwife contacted the Triage department and gave them her details and why she was sending this lady in, and they agreed that she needed to be seen immediately. When the EYITP Midwife told JP that she would need to go into hospital for further tests, she said she was unable to get there as there was no-one in her family that was able to pick her up to take her.

The EYITP Midwife made the decision that it would be quicker for her to drive the lady to the hospital in her own car, rather than call an ambulance as there was no immediate threat to life and could take hours to arrive. The EYITP Midwife helped her into her car, and dropped her off at the hospital entrance giving her guidance on where she needed to go when inside. She thanked the Midwife and texted her later on to say that she had been admitted on to the ward and was commencing BP medication as well as having blood tests.

The EYITP Midwife felt sorry for her, as she has no money to access necessary health checks as the cost of travel to and from the hospital is considerably expensive, especially if you are in receipt of benefits. Since the hospital visit, the team have helped this family with access to grants for food and goods for the new baby when it comes, such as bottles, Sudocrem etc. The Family Worker has contacted hospital transport and advised the Mum when she visits the consultant, she can claim payment for travel in arrears. Unfortunately, the family cannot afford to pay the costs up front. The support will continue to engage the family after the birth, especially as Mum struggles with social situations and has some arrears on her rent. Mum is trying to manage until the baby is born and we can then apply for further grants through Children in Need etc. In this situation all services need to work with the family to meet their needs and support them in an integrated, practical way.

Youth Service Programme - Gorge Walking Trip (Refugee / Asylum Seeker Duke of Edinburgh and football group

The group consisted of Asylum Seekers/ Refugees aged 16-25 currently residing in Newport. The group come from a variety of countries across the world, with the majority coming from Africa. Within the group, there are a variety of different religious beliefs and more significantly different languages spoken, however through various facilitated activities and sessions the group has come together as one strong unit. This group was initially suspicious of new people, however having worked with them for a sustained period of time, the group have developed trust, built rapport with staff and understand their sessions are safe spaces free from discrimination. The group also understand that their continued commitment to sessions and positive attitude results in various opportunities. These opportunities include, but are not limited to; youth support, education/training, football and young person chosen trips.

As a reward for continued attendance and effort in our weekly Duke of Edinburgh (DofE) and Football sessions, it was agreed that staff would accommodate the interests of the group by organising a trip. In keeping with the principals of youth work it was important that the young people themselves determined what trip they would like to do. The group have previously attended trips to Llandegfedd Reservoir for Stand-Up Paddle Boarding as well as a trip to Llangorse Multi Activity Centre where they were able to experience; rock climbing, bouldering, abseiling and high wires. The group has always been enthusiastic about outdoor education with the emphasis being on physically active trips. As the group is also attending weekly DofE sessions it made sense to offer trip choices of a similar nature.

The group were shown a presentation on potential trips, with the options being; White Water Rafting, Gorge Walking and Paddle Sports. Following the presentation each option was printed and left on a table with each young person having a vote on what they would like to do. The group unanimously chose Gorge Walking as this was something they had never done before, but appealed to their enthusiasm and interests. This choice was young person led. The group that attended the trip was made up of mixed abilities and confidence levels with a few members of the group being either unable to swim or limited in their swimming ability. The activity providers were aware of this and explained that due the nature of the activity there was very little need to swim, with alternative routes available for those who felt uncomfortable in the deeper. Despite the difference in abilities and confidence, the group worked well together, supporting each other to make the most of the opportunity.

There was one young person that after going in the freezing water felt they wanted to stay on land to warm up. The group were respectful of the decision and the young person's opinion, however throughout the session they were encouraging the individual to get back in the water so his body could acclimatize. Due to the group coming together as a team, their support and encouragement towards the individual eventually convinced them to get back in the water and gain the shared experience that the rest of the group were getting. Due to the positive verbal influence shown by the group, the young person eventually joined the group to complete a jump into the plunge pool on a waterfall. The sense of achievement was clear for all to see and a very rewarding moment for not only the young person, but also myself as a Youth Worker. Halal food was provided for the young people after they provided a list of sandwiches they like. The group were very thankful for the provided lunch.

At the end of the session the group thanked all staff and explained they can't wait until there DofE Expedition as they have chosen Canoeing, another physical activity. The group were glad to hear that Canoe training sessions are being planned, so as long as they continue attending sessions with enthusiasm, they will be back on the water soon. The group were again thankful and the commitment from staff was recognised with one of the older members of the group saying "thanks for all the things you are sorting out for us".

Newport City Council, as a local authority, is working towards becoming a City of Sanctuary for refugees and asylum seekers. Mass consultation was carried out with service users, professionals including statutory and third sector organisations. The consultation focused on evaluating existing provisions and identifying gaps in service delivery. NYPS advocated to ensure the voices of young asylum seekers and refugees was heard as part of this consultation. From consultation carried out with young people NYPS implemented recommendations based on the evidence provided to us; these broadly aligned to our existing provision but included specific physical activities, with increased opportunities to socialise in safe spaces with trusted adults. Engagement in our project was a choice for the young asylum seekers and refugees who decided to engage with youth workers as opposed to the statutory service available to them. We have various universal services however this project was innovative in that in catered to their very specific needs and wants. Our youth work 'offer' took into consideration venues, activities on offer, was sensitive to cultural needs and previous experiences. NYPS were able to successfully provide weekly provision, this led to additional services, identified by the young people, including qualifications, employment support and volunteering opportunities. The project encompassed all 5 pillars of Youth Work.

Active Participation: Young people have been encouraged to actively participate in coproduction and development of the project and shaping its future.

Voice and Choice: Positive engagement in the project has allowed for opportunities to express their opinions in the safe space that has been created. This has fostered a culture of coproduction to enable them to express themselves in all aspects of their lives.

Skill Development: Young people who are eligible have been signposted to employment support services within the Local Authority. Opportunities were given to complete a variety of qualifications including First Aid and Football Leaders Level One.

Mentorship: Experienced young people guide and support younger individuals within the group. Mentors can provide valuable guidance and serve as role models, especially for young people who are in the early stages of making Newport their home. One young person has recently applied to become a volunteer for NYPS.

Positive Relationships: The support young people receive allows them to develop a positive and inclusive environment where young people can build supportive relationships with their peers and adults. Positive relationships boost the young people attending self-esteem and confidence.

Cultural Sensitivity: Working with young asylum seekers and refugees allows for NYPS to be culturally sensitive and inclusive. It allows the staff team to recognise and respect the diverse backgrounds, experiences, and identities of the young people NYPS work with. The project allows the service to celebrate and embrace the diversity of backgrounds, experiences, and perspectives among young people.

Reflect and Adapt: NYPS systematically evaluate their youth work programs and activities; feedback is embedded to continuously improve service delivery to allow for a young person led approach.

Comprehensive Support: NYPs recognises that no one single organisation can meet the needs of such a diverse group of young people. For example, NYPS' partnership with Social Services allowed youth workers and social workers to access a wide range of resources, expertise, and services, providing more comprehensive support to young people.

Building Relationships: By working in partnership this has allowed youth workers to build strong relationships with the young people's community, organisations, and young people themselves. These relationships have been essential for understanding and meeting the unique needs of each young person.

Cultural Competence: Working in partnership with third sector has supported youth workers to engage with young asylum seekers and refuges more effectively. This has supported young people to trust us as a service and as professionals as well as young people to have more opportunities within employment and activities.

Young people were recognised for their achievements in participating in this youth activity from Levelling the Playing Field by winning an achievement award for completing their Football Leadership Level One. From the service reviewing the Thursday sessions it was established the main focus of young people attending the session was to take part in football and we contacted a partner agency who's focus was sport to take on the responsibility of running the session. Young people are still in contact with staff members of the service and have access to local youth clubs. The piece of work carried out by youth workers supporting young Asylum Seekers and Refuges has recently been shortlisted for a Youth Excellence Award.

Glossary

Service Area Project / Action Assessment

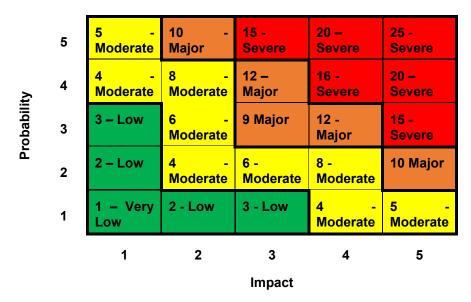
RAG Status	Description
	Project / Action is not on track to deliver with major issues preventing the action being completed by the agreed ' <i>Target Date</i> '.
X%	Immediate management interventions is required to improve performance and escalation to Directorate Management Team and/or relevant
	Board.
X%	Project / Action is mainly on track with some minor issues which could prevent the Project / Action being completed by the agreed ' <i>Target Date</i> '.
A 76	Management intervention(s) required to improve performance and close monitoring by the Head of Service / Service Management Team.
X%	Project / Action is on track to be completed by the Agreed 'Target Date'.
С	Project / Action has been successfully delivered

Performance Measure Monitoring / Tolerance Assessment

Newport City Council has agreed a 15% tolerance against targets set in service plans.

RAG Status	Description				
=>15%	Performance is under achieving against Target or previous year's performance. Immediate management intervention and escalation to Directorate Management Board is required.				
<15%	Performance is off target or Previous Year's Performance but within a variance of 15%. Management intervention and close monitoring by the Head of Service / Service Management Team is required.				
	Performance is achieving / succeeding against its agreed Target or Previous Year's Performance.				

Risk Assessment Matrix



Abreviations

Abbreviation	Description				
ALN	Additional Learning Needs				
CIW	Care Inspectorate Wales				
EIP	Early Intervention Project				
PPEYP	Promoting Positive Engagement with Young People				
SAMG	Strategic Asset Management Group – NCC officer led group.				
SHEP	Schools Healthy Eating Programme				
SPF	Shared Prosperity Fund				