Using well-being indicators for policy making:
City of Newcastle, United Kingdom

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- Compared to 361 OECD regions, North East England scores above the national and OECD averages in education and environment, but lower in jobs, health and civic engagement. Its outcomes in income, safety and access to services are below the national average but above the OECD average. Overall well-being performance has improved relative to other OECD regions since 2000.

- North East England is ranked in the bottom half of UK regions and in the bottom 41% among OECD regions in health.

- Newcastle upon Tyne, the core city within the North East, has a younger and more diverse population than the region. However, it faces significant disparities in life expectancy rates, with a range of about 14.5 years depending on people's ward of residence.

Framework for measuring well-being in Newcastle

- Following the 2012 Health and Social Care Act, the Newcastle City Council fulfilled the nationally mandated requirement to establish a Health and Well-Being Board by setting up the Well-Being for Life Board, and the requirement to develop a health and well-being strategy for the community by elaborating the Well-Being for Life Strategy.

- Highlighting an integrated and life-stage approach, the strategy is grounded in an extensive quantitative and qualitative assessment of the city's current and future needs. Newcastle's Well-Being for Life Strategy centres around three action areas: *i*) tackling inequalities by improving the conditions in which people are born, grow up, live and grow old; *ii*) tackling inequalities by strengthening the impact of services; and *iii*) improving the capacity to work with each other.

Strengths and opportunities for using well-being metrics in Newcastle

- The Newcastle City Council is fully invested in building individual and community well-being. In addition to local government, the Well-Being for Life Board incorporates representatives from academia, civil society (including non-governmental organisations) and the regional/local representatives of national level institutions.

- Newcastle is an active member in a number of relevant international, national, regional and local urban networks, including the World Health Organization's (WHO) European Healthy Cities Network, the English Core Cities group, the North East Local Enterprise Partnership and the North East Combined Authority. This creates a strong basis for information and knowledge exchange.

Challenges and constraints for using well-being metrics in Newcastle

- Identifying the stakeholders that are or will be actively involved in the strategy's implementation and clearly defining their role will be instrumental in making the strategy an effective tool for guiding policy.

- Newcastle, like other local authorities in the United Kingdom, has a relatively low degree of fiscal decentralisation, weak capacity to generate own sources of revenue and difficulties in achieving effective local co-ordination.

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Executive summary (*cont.*)

What's next?

- Citizen feedback was critical to the Well-being for Life Strategy's development but could be made stronger, by including a citizen representative (e.g. a neighbourhood leader) in the Well-Being for Life Board, for example.

- A broader form of stakeholder engagement, focusing on two-way participation rather than one-way consultation, could be incorporated into the policy design and/or implementation process. For example, encouraging more active participation from the private sector, trade unions and universities could help in gathering evidence for measuring outcomes and communicating results.

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Introduction[1]

Governments at all levels throughout OECD countries are beginning to look beyond traditional economic and socio-economic indicators, such as gross domestic product (GDP) and unemployment rates, to determine if their economies and communities are growing and promoting greater well-being for their citizens. There is increasing interest in policies that foster inclusive growth, yield higher quality of life and do not sacrifice or compromise the well-being of residents. Measuring well-being only at a national level does not give policy makers sufficient information to understand the sources of regional growth, its socio-economic impact, threats to its sustainability or how to best target relevant public policies. At a territorial level, be it regional, metropolitan or municipal, adopting well-being metrics can help improve the design and delivery of policies along four lines, by: *i)* providing a comprehensive picture of material conditions and quality of life in regions, thereby helping assess whether economic growth translates into better non-economic outcomes and if progress is shared across different population groups and places; *ii)* raising social awareness of policy objectives, promoting policy change and increasing the government's accountability; *iii*) helping to prioritise policy interventions, identify potential synergies and understand citizens' priorities; and *iv)* improving policy coherence via integrating sectoral policies that together can have a significant and location-specific impact (e.g. taking an integrated approach to land-use, transport and economic development planning can help make policy outcomes greener, more equitable and more efficient) (OECD, 2014).

Through the *How's Life in Your Region?* initiative, the OECD aims to help policy makers and citizens monitor well-being indicators in their region to guide a development strategy. This case study is dedicated to Newcastle upon Tyne in the region of North East England.[2] It offers an inspiring example of how a local government focusing on evaluating well-being at a territorial level, can highlight spatial disparities, thereby helping policy makers better target policy interventions and improve overall well-being. The case study begins with an overview of well-being outcomes in Newcastle, situating the city within the regional, UK and OECD regional context. It then explores the multi-dimensional nature of well-being in Newcastle and the need for complementary policies across sectors. It moves on to look at how the assessment of well-being is used in Newcastle, and concludes with insights for further strengthening Newcastle's well-being initiative.

Overview of well-being outcomes in Newcastle

Newcastle is the most populous city in the region of North East England, with just over 280 000 inhabitants. It is at the core of a polycentric metropolitan area that includes a large rural hinterland and has a total population of just over 1.9 million inhabitants (Figure 1). Newcastle is also the region's largest employment centre. At the last census in 2001, 56% of the people working in Newcastle lived outside the city. Newcastle ranked first in the Forum for the Future's Sustainable Cities Index[3] in 2009 and 2010, rising from 4th place in 2008 and from 8th in 2007. In 2010, it ranked 6th out of 20 for quality of life in the same index (Forum for the Future, n.d.). Newcastle is a member the English Core Cities Group, a grouping of eight local authorities (Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield) working to promote the role of cities as drivers of economic growth. Together with other Core City members, Newcastle was among the first to sign "City Deals" with the UK government in an emerging process of decentralisation (Core Cities, n.d.).

Figure 1. **Metropolitan area of Newcastle**
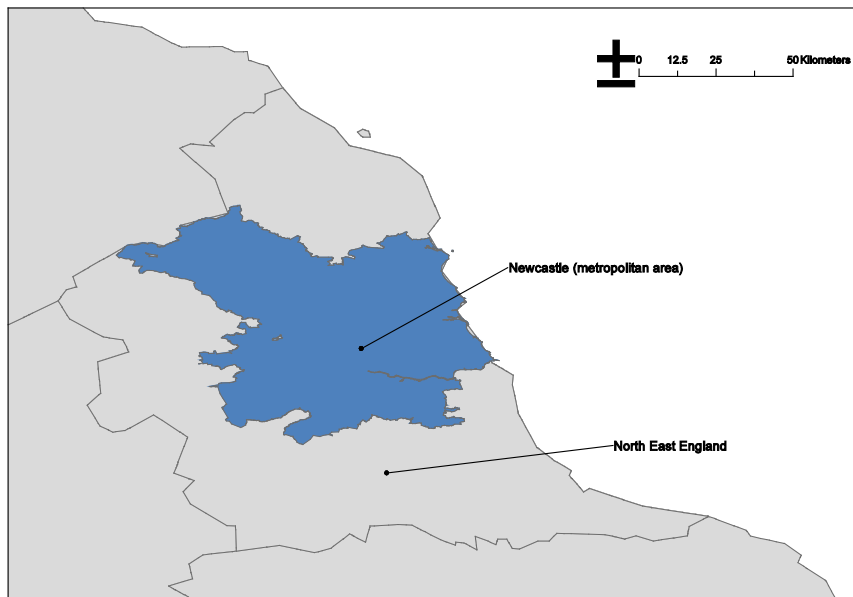
Note: This map is for illustrative purposes and is without prejudice to the status of or sovereignty over any territory covered by this map.

Source: OECD calculations based on population density and commuting flows.

Given Newcastle's role as the main economic centre in North East England, the city and the region are intrinsically linked, making it worthwhile to examine well-being performance from a regional as well as a local perspective. While the city paints a strong and promising general picture, it also suffers from significant socio-economic inequalities within the city itself. Wards vary significantly not only in terms of income, but also in terms of health, jobs, education, housing, environment and other socio-economic dimensions.

Well-being is rising in North East England and Newcastle, but remains low overall

To put the region in perspective, the nine dimensions composing the OECD's *How's Life in Your Region* framework (material conditions: income, jobs and housing; non-material conditions: health, education, environment, access to services, safety and civic engagement) have been applied to North East England, the 12 UK regions and 362 OECD regions. The results are somewhat mixed (Figure 2). North East England scores lower than the national and OECD averages in jobs, health and civic engagement. However, its outcomes in education, environment and housing are above the national and OECD averages. Additionally, outcomes in income, safety and access to services are above the OECD average although below the national one.

Figure 2.   **Well-being outcomes in North East England, 2010**

StatLink ᔛᓯ᠊ http://dx.doi.org/10.1787/888933145800
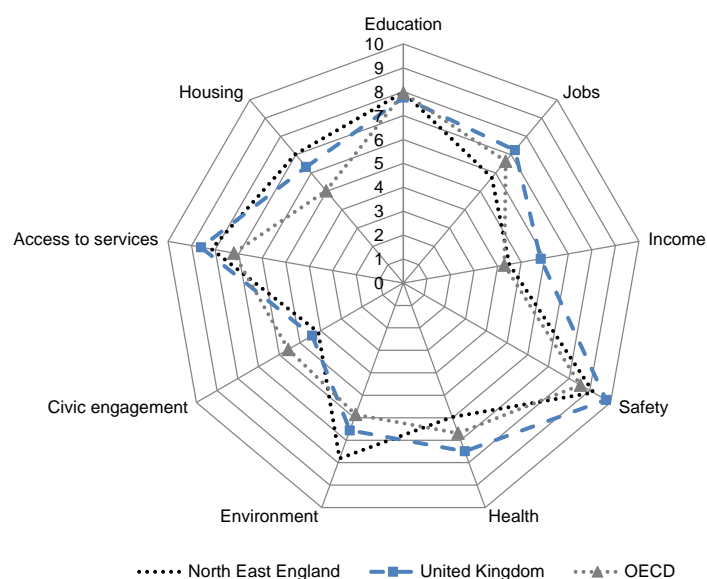
Note: Each well-being dimension is measured by one or the average of two indicators. Indicators are normalised to range between 10 (best) and 0 according to the following formula: (indicator value – minimum value across all OECD regions)/(maximum value across all OECD regions – minimum value across all OECD regions) multiplied by 10. In the cases where high values of an indicator mean worse well-being (for example unemployment), the indicator is normalised with the same formula subtracted from 10.

Source: OECD (2014), Regional Well-Being (database), www.oecdregionalwellbeing.org; http://dx.doi.org/10.1787/region-data-en.

Since 2000, well-being performance has been improving in North East England, particularly in the areas of environment, health, education, access to services and civic engagement (Table 1). Nonetheless, there is room for further improvement in the areas of jobs and safety, where performance has declined in the past decade, and in income where it ranks last among UK regions. Out of the nine dimensions measured, the only ones where it ranks higher than 6th place among the United Kingdom's 12 regions or in the top 25% of OECD regions are environment and housing.

Table 1.   **How North East England ranks in well-being compared
to the United Kingdom and among OECD regions**

	Score out of 10	Rank among 12 UK regions	Rank among 362 OECD regions	Change in rank among OECD regions since 2000	Indicators used
Income	4.5	12	Top 49%	No change	Household disposable income
Jobs	5.7	12	Bottom 32%	Declined	– Employment rate – Unemployment rate
Housing	7.0	3	Top 25%	Not available	Number of rooms per person
Health	6.0	10	Bottom 41%	Improved	– Mortality rate – Life expectancy
Education	8.0	6	Top 49%	(break in time series)	Labour force with at least a secondary education
Environment	7.8	3	Top 25%	Improved	Air quality (PM$_{2.5}$)
Access to services	8.2	12	Top 31%	Improved	Household broadband access
Safety	9.2	6	Top 37%	Declined	Murder rate
Civic engagement	4.1	11	Bottom 31%	Improved	Voter turnout

Source: OECD Regional Well-Being website (www.oecdregionalwellbeing.org) based on data from OECD (2013), *OECD Regional Statistics* (database), http://dx.doi.org/10.1787/region-data-en.

Material conditions – income and jobs – contribute to shaping the basis of an individual's and community's well-being. Although household disposable income per capita is not available for Newcastle, the region overall performs under the national average, and the same is likely to be the case for Newcastle itself (Table 2). Income inequalities within the city are significant. According to the English Indices of Deprivation,[4] about 25% of Newcastle's lower level super output areas[5] are among the 10% most deprived in England, and this tends to be concentrated in specific wards (Department for Communities and Local Government, 2011).[6]

With respect to jobs, Newcastle is approximately at the regional level in terms of unemployment, and slightly below the region in terms of employment rate. Regarding both unemployment and employment rates, Newcastle and North East England perform below the United Kingdom (Table 2). In addition, in 2012, the rate of Newcastle's 16-18 year olds that were not in education, employment or training (termed NEET) was 10.4%, compared to a national average of 9.6% at the end of the same year (Newcastle City Council, 2013a; Department for Education, 2013). While this remains below the OECD average of 15% for 2012, it can have significant implications in terms of future labour force skills, poverty levels, demand for services, and ultimately the overall competitiveness of the city.

Table 2.   **Newcastle's performance in material conditions indicators**

	Year of data	Newcastle	North East England	United Kingdom
Household disposable income per capita	2011	Not available	16 609	20 005
Employment rate	2012	62.9%*	67.4%	71.3%
Unemployment rate	2012	10.6%*	10.2%	7.9%

Note: * Household disposable income per capita, USD constant PPP, constant (real) prices (year 2005); employment and unemployment data for Newcastle is for UK fiscal year July 2012 to June 2013.

Source: OECD (2013), *OECD Regional Statistics* (database), http://dx.doi.org/10.1787/region-data-en; Office for National Statistics (2013), "Neighbourhood statistics: Local profiles, October 2013 update – employment", Crown Copyright, London, available at: www.neighbourhood.statistics.gov.uk/dissemination/Info.do?m=0&s=1403862739549&enc=1&page=analysisandguidance/analysisarticles/local-authority-profiles.htm&nsjs=true&nsck=false&nssvg=false&nswid=1236 (accessed on 27 June 2014).

In Newcastle, 93.5% of jobs are concentrated in services, with a significant proportion of these being in the public sector (Office for National Statistics, 2011), although this profile has been changing since the financial crisis. The service sector in Newcastle is larger than in the local authority areas of North East England and in the United Kingdom as a whole (88.6% and 89.9% respectively), reflecting the role of the city as the key employment centre of the region and the mismatch between administrative and functional geographies. An effort has been made in recent years to grow the "knowledge-based" service sector, and emphasis has been placed on restructuring and strengthening high value-added economic sectors (e.g. life sciences, marine and creative industries, etc.).

The viability of Newcastle's aspirations in terms of improving income and employment is linked to the non-material dimensions of well-being. Educational achievement levels of Newcastle's students are below the national average. In 2012, 61% left school with five General Certificates of Secondary Education (GCSE) versus a national average of 64%. Significant territorial disparities are also seen within the city. The results in educational outcomes among Newcastle's various wards range from 35.9% to 90.0% (Newcastle City Council, 2013a).

Education does not end with school-based training. It is also a question of maintaining and upgrading skills throughout the life course, especially given the changing economic and employment landscape. In Newcastle, while measurements indicate that the share of skilled population is increasing, 23.6% of the population is still considered to have low skills or no qualification, according to 2011 census data (Newcastle City Council, 2013a).

Going beyond educational achievement, ensuring a prepared-for-the-future population is a challenge in Newcastle from several fronts. Newcastle registers relatively high levels of children in social care (82.4 per 10 000 inhabitants compared to England's average of 58 per 10 000 inhabitants); as well as a high rate of children living in poverty[7] (29.9% versus 21.2% nationally in 2010) and its associated *inter-muros* inequalities (ranging from 6% to 61% depending on the ward) (Newcastle City Council, 2012; 2013a). In each of these situations, the children are beginning their lives with a potential disadvantage. Data from the United Kingdom suggests that children in social care are five times less likely to achieve five good GCSEs, nine times more likely to be excluded from school and six times less likely to enter higher education than their peers (Newcastle City Council, 2012). Compared to their peers in more affluent families, children living in poverty are more likely to have low academic achievement, to drop-out of school, to experience poorer health, and to demonstrate emotional and behavioural problems. As teenagers, these children are more likely to have out-of-wedlock births and experience violence. Finally, children who grow up in persistent poverty are more likely to be poor as adults (Anderson Moore et al., 2009; Lewit et al., 1997).

Concerning health, the North East England region scores moderately (6 out of 10) with respect to mortality rates and life expectancy. While it has been improving since 2000, it is ranked in the bottom half of UK regions and in the bottom 41% among OECD regions. Newcastle faces significant disparities in life expectancy rates, with an average discrepancy of about 14.5 years depending on the ward of residence. The city is also challenged by individual behaviour that can negatively impact health outcomes. For example, data from 2012 reports that 28.6% of people over 16 smoke cigarettes (the national average was 22.2%), with an inter-city difference of 13.5% to 49.3%; and 30.9% of the population over 16 reported binge drinking (the national average was 20.1%). In

addition, Newcastle reports that alcohol-related hospital admissions are 50% higher than the national average, although this dropped from 74% (Newcastle City Council, 2012). Recent estimates for child obesity indicate that 23% of 10-11 year olds are obese, compared to the average of 18.9% in England (Newcastle City Council, 2014). Such lifestyle choices affect health, well-being and the capacity of government to effectively meet healthcare demands. Smoking not only affects the respiratory system, it can also contribute to heart disease and stroke. Alcohol consumption can impact the well-being of particularly vulnerable populations such as children and youth, and can also lead to increases in domestic violence and crime. Conditions of overweight or obesity are associated with other health problems such as heart disease, diabetes and some forms of cancer.

The incidence of crime (measured by murder rate per 100 000) has declined in North East England. In a 2012 resident's survey for Newcastle, 66% of the respondents reported feeling safe when outside in their local area after dark. This feeling varies by ward, however, ranging from 40% to 93% (Newcastle City Council, 2014). In previous surveys, respondents have prioritised crimes associated with drug abuse, alcohol and sexual violence as the most urgent to address (Newcastle City Council, 2012).

Evaluating the quality of the environment in which people live is complex. It is most traditionally thought of in terms of air pollution levels, such as $PM_{2.5}$, or water pollution levels; but it can extend to the physical environment such as parks and green spaces, as well as the general environment of where a person resides. $PM_{2.5}$ is an increasingly used measure of air quality, as it appears to be a more accurate indicator of air pollution than CO_2. Based on the OECD Regional Well-Being Framework, which uses $PM_{2.5}$ as an environmental indicator, North East England ranks third among the 12 UK regions. In the 2003-12 period, North East England saw a reduction in the share of population exposed to air pollution ($PM_{2.5}$) from 10.2 to 7.24 (Figure 3). The metropolitan area of Newcastle also experienced a decline, from 10.3 to 7.6, bringing it below the national average of 9.7. Using a broader definition of environment, perception surveys indicate that 80% of Newcastle's residents are satisfied with their local area as a place to live. An average of 63% reported feeling a sense of belonging in their neighbourhood (spatial differences ranging from 48% to 93% depending on ward were revealed), and 66% were satisfied with the parks and green spaces available in 2012. Again, there are disparities within the city, ranging from about 45% to 95% (Newcastle City Council, 2012).

In terms of access to services measured by household broadband access, regional performance has improved since 2000, with 74.3% of households having broadband access in 2013.[8] However, North East England remains 12th of the 12 UK regions. Newcastle's household broadband access rate is 68%, which still leaves 32% of residents (89 000 people) with no home Internet connection. Regarding services more broadly, the Newcastle City Council has been recognised nationally for building a culture of efficiency and performance in services, and it is determined to maintain this while absorbing budget cuts. Some of the pending challenges it will face include services and infrastructure adjustments for an ageing population. It will also need to meet the diverse needs of a high number of residents requiring additional support, including vulnerable groups and those with long-term conditions.

Figure 3. **Levels of population exposure to pollution in UK regions and the Newcastle metropolitan area, 2003-12**
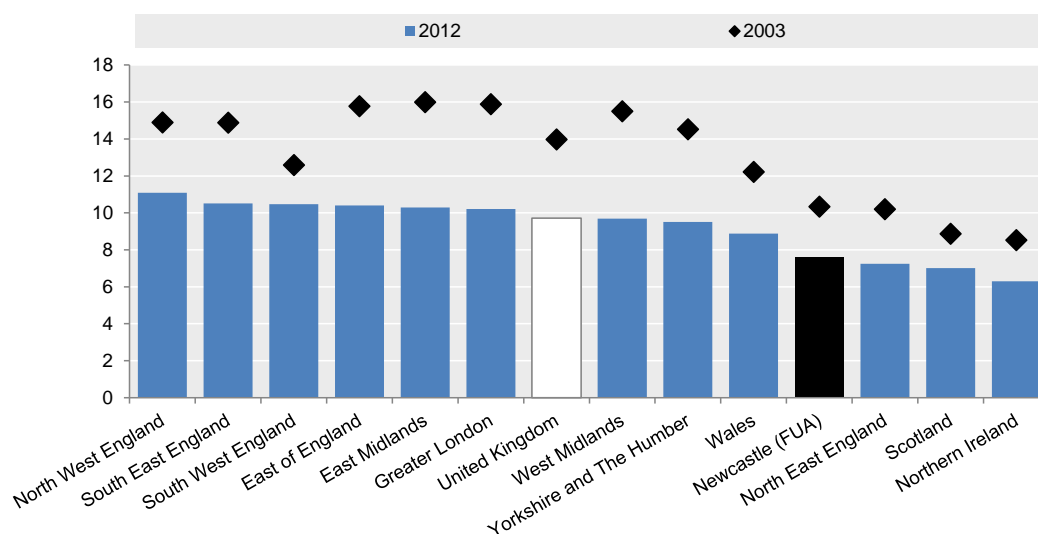
Note: Data refers to three-year average measures at 50% relative humidity (2000-03 and 2010-12). These estimates are made possible by the computation of satellite-based observations in Van Donkelaar, A. et al. (forthcoming), "Global fine particulate matter concentrations from satellite for long-term exposure assessment", *Environmental Health Perspectives*, forthcoming.

Source: OECD (2014), Regional Well-Being (database), www.oecdregionalwellbeing.org; http://dx.doi.org/10.1787/region-data-en and OECD (2013), "Metropolitan areas", OECD Regional Statistics (database), http://dx.doi.org/10.1787/data-00531-en.

Finally, regarding civic engagement, voter turnout has improved but is still low at a regional level. Turnout for the 2010 general election was 61.1%, compared to 65.1% in the United Kingdom and 69.6% in the OECD overall per the median national value (OECD, 2014). In Newcastle, voter turnout in the same election is at approximately the regional average with 60.2%, although values by ward ranged from 56.5% in the central area to 65.5% in the northern area (UK Political Info, n.d.). At the same time, the city has an active civil society, with 20% of the population volunteering in an organised manner, and 33% in an informal fashion. The city hosts approximately 2 500 small and medium-sized voluntary and community organisations. In addition, according to the Newcastle City Council, there is a self-reported desire by citizens to be involved in the decisions impacting their neighbourhoods. Capitalising on citizen engagement builds a sense of ownership in local initiatives and is often key to successful outcomes of local policies.

The Newcastle City Council used a nationally mandated requirement to focus on health and well-being as a platform to develop a place-specific and contextually relevant approach to improving well-being outcomes. This is discussed in the following section.

Framework for measuring well-being in Newcastle

Since approximately 2010, the UK government has been identifying ways to look beyond GDP as a measure of the country's performance. As part of this effort, the Office for National Statistics (ONS) established the ONS Measuring National Well-Being Programme in 2012 in order to develop a set of well-being measurements that were trusted and accepted nationally (Office for National Statistics, n.d.). In 2012, the Health and Social Care Act was passed. This act required local councils to establish health and well-being boards as local council committees, and targeted April 2013 as the date that the boards would fully assume their statutory functions (Box 1). Among the mandatory competences of these boards is undertaking a joint strategic needs assessment, and developing a joint health and well-being strategy in order to build a strategic approach to improving community health and well-being (Local Government Association, 2013).

Box 1. Health and well-being boards in the United Kingdom

As part of its 2012 Health and Social Care Act, the United Kingdom mandated that local councils establish health and well-being boards. These are intended to serve as fora for health and social care leaders to work collectively in improving their community's health and well-being, and to reduce health inequalities. The intention is for health and well-being board members to lead by example, collaborating in order to understand and meet community needs and agreed upon priorities, while also encouraging relevant actors (e.g. commissioners of health and social care services) to work in a more joined-up manner.

Local authorities (top-tier and unitary) established their own health and well-being boards a year before these boards were to assume their statutory responsibilities in April 2013. The Health and Social Act requires a minimum membership of these boards, including: a local elected council member; the local authority's directors of public health, adult social services and children's services; and a representative from the local Healthwatch organisation as well as the local clinical commissioning group.

Source: Local Government Association (n.d.), "Health and well-being woards", available at: www.local.gov.uk/health/-/journal_content/56/10180/3510973/ARTICLE (accessed on 27 June 2014).

In response to this national mandate, Newcastle's Well-Being for Life Board was established, bringing together representatives from the city council, the local National Health Service (NHS), academia and civil society organisations. The board fulfils the statutory requirement and serves as Newcastle's steering group for its participation in the World Health Organization's (WHO) European Healthy Cities Network. With a strategic needs assessment grounded in quantitative and qualitative data, the board was able to develop a strong and integrated evidence base for its Health and Well-being Strategy. The strategy is based on the Barton-Grant model, which emphasises the connections between health and the built and natural environment in which people live (Figure 4).

Drawing on the Newcastle Future Needs Assessment, the Barton-Grant classifications of health determinants (e.g. community, local economy, activities, etc.), and studies by the WHO on governance for health and the Lancet Commission's work on creating healthy cities, the Well-Being for Life Board established three areas for action to improve the community's health and well-being: *i)* tackling inequalities by improving the conditions in which people are born, grow up, live and grow old; *ii)* tackling inequalities by strengthening the impact of services; and *iii)* improving the capacity to work

collaboratively across government, organisations and the community. These areas for action are closely aligned to the Newcastle City Council's four priority areas and associated desired outcomes: *i)* a working city (an economic dimension); *ii)* tackling inequalities (socio-economic disparities); *iii*) decent neighbourhoods (physical environment); and *iv)* fit-for-purpose council (council capacity to meet citizen needs).

Figure 4.   **The Barton-Grant model of well-being and health determinants in cities**
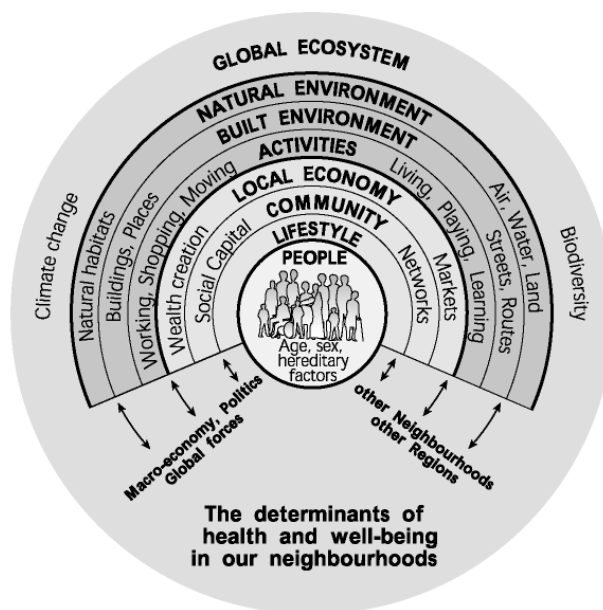
Source: Barton, H. and M. Grant (2006), "A health map for the local human habitat", *The Journal for the Royal Society for the Promotion of Health*, Vol. 126, No. 6, pp. 252-253, http://dx.doi.org/10.1177/1466424006070466, adapted from: Dahlgren, G. and M. Whitehead (1991), "The main determinants of health" model, available at: www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf (available from http://fet.uwe.ac.uk/research/who/healthmap/healthmaprequest.asp).

Newcastle's three action areas require concomitant interventions on several well-being dimensions. Table 3 helps to illustrate the multi-dimensional nature of well-being, mapping Newcastle's Well-Being for Life Strategy and the OECD *How's Life in Your Region* well-being dimensions. A clear example is seen in the "Tackling inequalities by improving the conditions in which people are born, grow-up, live and grow old" area. Relevant dimensions and corresponding policy interventions combine environment, education, jobs, community service, and leisure and culture. Policies and programmes dedicated to build well-being through this area of action will therefore require engaging with firms and trade unions, academia and other education providers, as well as civil society organisations to target employment, youth employment, education, skills and training, environmental concerns and public services, for example.

Table 3. **Regional well-being dimensions and indicators in Newcastle and the OECD**

Newcastle Well-Being for Life Strategy				OECD *How's Life in Your Region?*	
Newcastle action area	Barton Grant classification	Dimension	Measures/indicators	Dimension	Indicator
Tackling inequalities by improving the conditions in which people are born, grow up, live and grow old	Natural environment	Green space	– Amount and type of publically accessible green space – Accessibility and use of green space – Use and satisfaction rates with parks and green space provided	Environment	$PM_{2.5}$ levels
		Air quality	– Annual mean concentration of NO_2 levels		
	Built environment	Homes	– Number and % of various accommodation types – Number of households by tenure – Performance on the Housing Health and Safety Rating System (HHSRS) – % households in fuel poverty – Self-reported resident satisfaction with their home		
		Quality of neighbourhood	– % residents reporting satisfaction with neighbourhood as a place to live – % respondents satisfied with street cleaning – % respondents satisfied with streets and roads (e.g. road maintenance, street lighting)	Access to services	Household broadband access
	Activities	Learning and attaining	– % children achieving expected Level 4 achievement – % children receiving five or more GCSEs – Proportion of qualification levels in adult population	Education	Labour force with at least a secondary education
		Working	– Employment rates – % population in each standard occupation class	Jobs	– Employment rate – Unemployment rate
		Not in employment	– Jobseeker's Allowance claimants levels – Unemployment rate in the North East Local Economy Partnership – NEET rate – % of people not in or seeking paid employment		
		Moving	– % vehicle ownership by household – % of people who travel to place of work by transport mode	Access to services	Household broadband access
		Leisure time	– Frequency of use of leisure facilities[1] provided by the council – User satisfaction rates with leisure facilities provided by the council		
		Helping others and volunteering	– % people providing unpaid help to someone who is not a relative at least once a month – % people participating in regular volunteering at least once a month		
		Taking part in the future of Newcastle	– % of people who agree they can influence decisions impacting their local area – Voter turnout rate in local election	Civic engagement	Voter turnout rate in last general election

Table 3. **Regional well-being dimensions and indicators in Newcastle and the OECD** (*cont.*)

| Newcastle Well-Being for Life Strategy | | | | OECD *How's Life in Your Region?* | |
Newcastle action area	Barton Grant classification	Dimension	Measures/indicators	Dimension	Indicator
Tackling inequalities by strengthening the impact of services	Local economy	Markets and sectors	– Regional gross value added (GVA) – Jobs (density and sectors) – Number of registered businesses per 10 000 inhabitants	Jobs	– Employment rate – Unemployment rate
		Innovation, R&D	– Investment in R&D as a % of GVA by sector		
		Income	– Gross disposable household income as % of UK average (regional measure) – Gap in GBP between top 20% and bottom 20% of resident earners in full-time employment (core cities and United Kingdom) – % population receiving out of work benefits – % population receiving a state pension – % population that agree they face difficulties paying for food – % population that agree they face difficulties paying for fuel and energy bills	Income	Household disposable income
	Community	Social relations	– Household composition – % people feeling they belong to their immediate neighbourhood (and sub-measures)	Civic engagement	Voter turnout
		Feeling of safety	– % people that feel safe outside their local area after dark	Safety	Murder rate
		Crime	– Total crime rate per 1 000 inhabitants (and sub-measures) – Incidence (%) of anti-social behaviour per 1 000 inhabitants (and sub-measures)		
	Lifestyle	Smoking	– % adults who smoke – % children and youth who smoke	Health	– Life expectancy – Mortality rate
		Alcohol consumption	– % population over 16 who drink by drinking category – % children and youth who drink – Alcohol related hospital admissions per 100 000 inhabitants		
		Drug use	– Prevalence of opiate, crack and injection drugs per 1 000 inhabitants (15-64 year olds) – Drug use by young people		
		Physical activity	– Rate of physical activity/inactivity among adults – Rate of physical activity among children and youth		
		Diet and nutrition	– Rate of breastfeeding – Nutrition among children, youth and adults – Weight trends among children and youth (i.e. prevalence of overweight and obesity) – Weight trends among adults		
		Local environment problems	– Rate of environmental crime per 1 000 inhabitants (and sub-measures, e.g. flytipping (illegal dumping), graffiti, litter, dog fouling) – CO_2 emissions	Environment	$PM_{2.5}$ levels

Table 3.   **Regional well-being dimensions and indicators in Newcastle and the OECD** (*cont.*)

Newcastle Well-Being for Life Strategy				OECD *How's Life in Your Region?*	
Newcastle action area	Barton Grant classification	Dimension	Measures/indicators	Dimension	Indicator
Improving the capacity to work with each other	People	Family building	Not available		
		Early years	– Performance on Foundation Stage Profile (% children scoring at least 78 points) – % children achieving a good level of development	Education	Labour force with at least a secondary education
		Moving into later life	– Disability-free life expectancy rates – Healthy life expectancy rates	Health	– Life expectancy – Mortality rate
		End of life	– Life expectancy at birth		

Note: 1. Leisure facilities include: sports/leisure facilities; local libraries; museums and galleries; theatres/concert halls.

Source: Adapted from Well-being for Life, Newcastle (n.d.), "Know your city: A profile of Newcastle's people"; OECD (2014), *How's Life in Your Region? Measuring Regional and Local Well-being for Policy Making*, OECD Publishing, Paris, http://dx.doi.org/10.1787/9789264217416-en.

Using a regional well-being framework allows policy makers to identify the links between policy objectives and how intervention and success in one priority area can support actions and success in another. For example, the two action areas for tackling inequalities directly encompass the dimensions of environment, jobs and civic engagement. Indirectly, they also share education, as lifestyle choices often change with educational attainment; income, which can, for example, impact transport options; safety, since poorly lit streets can increase the feeling of being unsafe; and health, given that sports activities contribute to a healthier body and lifestyle.

Acting effectively on these action areas requires taking an integrated focus and long-term perspective to ensure complementarity between policies. For instance, successfully making a difference in educational outcomes can mean also developing policies or programmes targeting early childhood development for children in poorer wards; helping build the skills of young or single mothers; improving access to employment opportunities, including through public transport; tackling social behaviours that lead to placing children in social care; and creating a healthy and safe physical environment (e.g. parks, clean streets, etc.).

Using well-being measures for policy making in Newcastle

Newcastle's Well-Being for Life Strategy is driven by a series of very practical long-term considerations: *i)* to reduce inequalities within the city; *ii)* to reduce cost and reliance on services over time; *iii)* to create a community associated with a high quality of life; *iv)* to empower citizens to make decisions that lead to greater well-being and health.

Moving forward, the aims that Newcastle has set require not only complementary policy actions but also the capacity to evaluate action, implement initiatives, adjust these when necessary, and build long-term support for territorial development goals and the means to achieve them. This process of development, evaluation, implementation and adjustment is a continual cycle of bringing together data, policies and resources around a common well-being agenda, at the heart of which is consultation, co-production and deliberation (Figure 5).

Figure 5. **Regional well-being measurement cycle: A possible sequencing of steps**
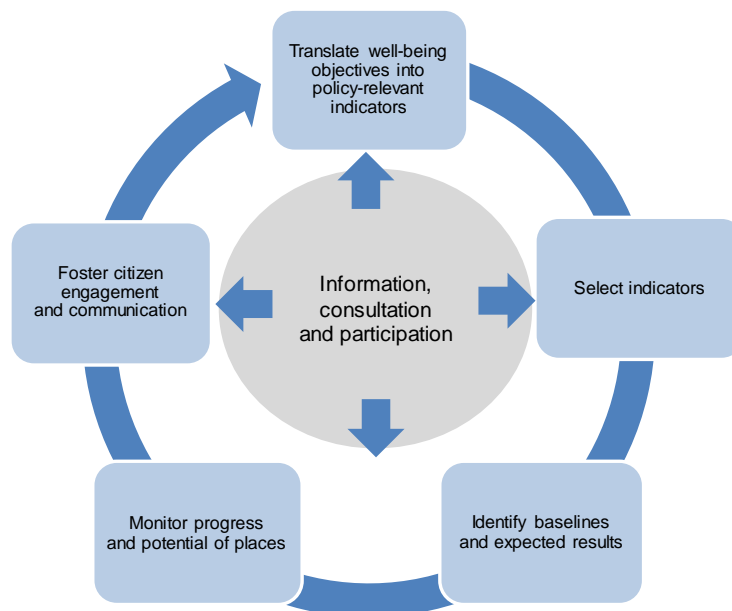
Source: OECD (2014), *How's Life in Your Region? Measuring Regional and Local Well-being for Policy Making*, OECD Publishing, Paris, http://dx.doi.org/10.1787/9789264217416-en.

The process and measuring progress along the way

To develop its Well-Being for Life Strategy, the Well-Being for Life Board first undertook a strategic needs assessment (Newcastle Future Needs Assessment) to identify the city's health and well-being challenges and evaluated these through the lens of life stages. In assessing the current situation, Newcastle has strongly incorporated stakeholder input and gathered both quantitative and qualitative data – from the English Indices of Deprivation, the ONS, studies from international organisations such as the WHO and citizen perception surveys. The action areas for building well-being were articulated through a process that included consultation, evaluation and analysis of people and places. Each action area is associated with a series of dimensions for intervention and measurements or indicators as previously outlined in Table 3. The development of the

Newcastle Future Needs Assessment also included at its core the establishment of "Know Newcastle", a city information resource to provide an open way for people to access well-being data about the city.

At the same time, the three action areas put forward are quite broad and could more clearly delineate Newcastle's desired outcomes (where it wants to go), the starting point of activity (baseline) or an idea of what success looks like (target) (Box 2). Assessing progress and communicating success can help in three ways:

- First, baselines and targets associated with specific initiatives inspired by the Well-being for Life Strategy can help trace the impact of policy action. Outcomes may be achieved through activities that were in place before strategy-based initiatives, making it difficult to associate a positive change or success with a specific strategic action or set of actions; to measure progress towards an objective; or to identify adjustments necessary if milestones or targets are not being met.

- Second, measurability and attribution to strategy can contribute to communicating the benefits of a well-being based approach to stakeholders and citizens. Since improvements in well-being can be slow to reveal themselves, sometimes appearing after the specific policy cycle, people often forget the baselines for a specific policy intervention, do not see progress and/or do not fully understand the source of positive change. Showing change makes people more easily aware of progress, its source and the actors involved. While personal perception is fundamentally valid, local authorities can provide information that helps change perception. Most importantly, when perception remains unaltered despite quantitative evidence, local authorities may be encouraged to reconsider and adjust the policy intervention. It is also a valuable way to hold decision makers accountable. With its Future Needs Assessment, Newcastle has easily available data to establish baselines. At the same time, care has to be taken to strike a balance when developing baselines and indicators, as too many targets and measures can introduce confusion into the measurement system and result in fuzzy communication of results (OECD, 2014).

- Finally, comparable indicators help cities and their citizens compare local performance to that within the region, to that of other cities in their country, and even to those across oceans. Much of Newcastle's qualitative data comes from the UK census; thereby facilitating national and regional level comparisons, as well as comparisons within peer networks (e.g. other members of the Core Cities group). For cities also seeking an international perspective, the OECD's Regional Well-Being framework provides an opportunity to undertake such comparisons, and Newcastle may wish to consider incorporating some of these indicators into its well-being framework.

Box 2. **Baselines, targets, outcomes and a few notes of caution**

The existence of baseline data is a critical precondition for the evaluation of policy impact. A baseline is defined as the value of a result indicator at the beginning of the programming period before a given policy intervention is undertaken (e.g. the share of school drop-outs in a region). Realistic baselines can be difficult to pinpoint, but may be readily available from statistical or administrative data. In some cases, typically in the case of subjective perception indicators, it needs to be generated, for example by surveys. Baselines should be selected for a specific point in time, based on the data gathered to inform the policy orientation, and/or as close as possible to the implementation date of the policy.

Similarly, identifying targets provides powerful impetus for encouraging improvement, but it remains a challenging exercise. Targets can be defined as a concrete goal that states the degree of achievement that is expected with respect to an associated policy intervention. While an ideal measurement cycle would involve choosing a target within a determined time horizon, the characteristics of the policy cycle make it difficult to identify when results will be detectible. Typically, results might materialise only after the specific policy cycle has been completed. Setting precise values to be achieved for each indicator requires, at a minimum, an overall assessment of the current situation and of the feasibility of the objectives, the involvement of the scientific community, and extensive consultation with citizens and other stakeholders from civil society.

Baselines and targets can only be effectively established if outcomes – i.e. the desired result of a policy intervention – are clear and precise.

There is certainly a debate regarding targets. Target setting may promote perverse incentives or system gaming (e.g. teaching to the test), while target setting may also assist in policy measurement and adjustment (e.g. identifying if students are learning the skills necessary). Fundamentally, however, the issue is not whether baselines and targets are bad or distorting. Rather, it is a matter of how targets or other measurements are set and utilised. Are they measuring outputs or outcomes? Are they used as a performance measure that is often employed to evaluate the results of a person's performance (e.g. a high performing teacher is one whose students all score in the upper quintile of standardised tests) or are they measuring the performance of a policy (e.g. levels of academic achievement after introducing a policy that focuses on teacher training, education and motivation)? In the former, it is arguable that they are measuring output (the number of students passing a test); in the latter, they are measuring outcomes (is academic achievement rising based on qualitative and quantitative evaluation).

The following insights can help orient the debate on setting targets:

- decide whether to define a range of target values or a single target value for each indicator

- consider the possibility of setting intermediate and final targets

- combine quantitative and qualitative targets

- establish a realistic timeframe informed by comparable historical benchmarks

- determine whether to link targets with budgetary incentives or not.

Source: Adapted from OECD (2014), *How's Life in Your Region? Measuring Regional and Local Well-being for Policy Making*, OECD Publishing, Paris, http://dx.doi.org/10.1787/9789264217416-en.

Making the most of diverse actors to ensure successful implementation

In any well-being approach, the mix of actors and building a sense of ownership is critical, not only for policy design and implementation but also for sustainability beyond political cycles and measuring results (Figure 6).

Figure 6.   **Stakeholders involved developing the Newcastle Well-Being for Life Strategy**
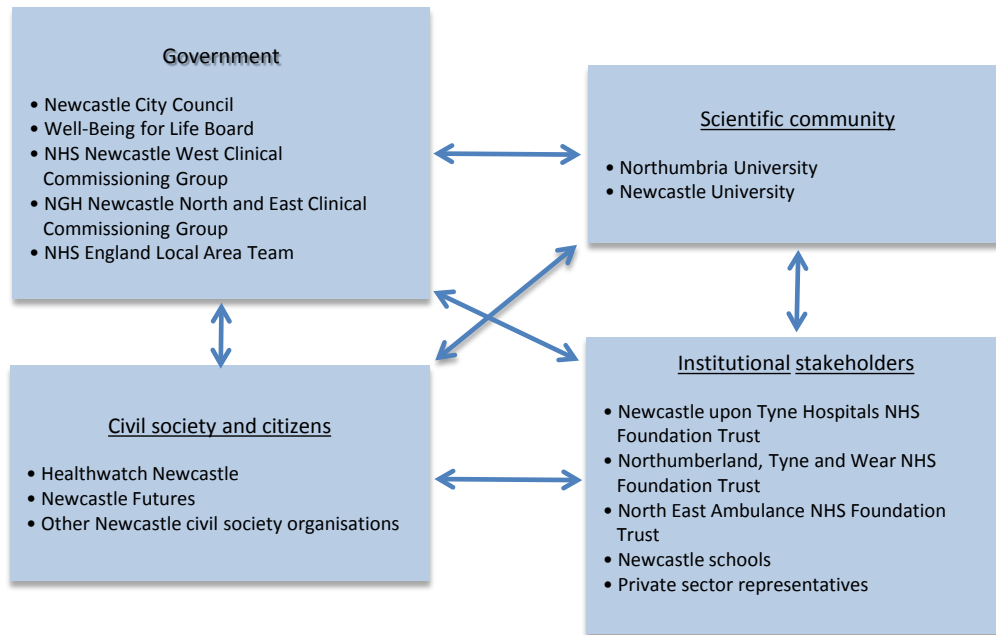
Source: Adapted from Newcastle City Council (2013), *Well-Being for Life Strategy*, Newcastle City Council, Newcastle, United Kingdom; OECD (2014), *How's Life in Your Region?: Measuring Regional and Local Well-being for Policy Making*, OECD Publishing, Paris, http://dx.doi.org/10.1787/9789264217416-en.

At the political and policy-making dimension, the City Council is fully invested in building community well-being, and the Well-Being for Life Board incorporates representatives from academia, civil society (including NGOs) and the regional/local representatives of national level institutions. Citizen feedback was critical to the strategy's development and will continue to be used as a success measure, but could be further incorporated in other stages, for example in implementation and evaluation. The Well-Being for Life Board, for example, could be made stronger by including non-political citizen representatives, even though this is not mandated in the legislation.

Identifying the stakeholders that are or will be actively involved in the strategy's implementation and clearly defining their role will be instrumental in making the strategy an effective tool for guiding policy. The City Council and its Well-Being for Life Board have actively and effectively created outlets – generally web-based – that facilitate consultation with citizens, such as "Healthwatch" (www.healthwatchnewcastle.org.uk) and "Well-Being for Life, Newcastle" (www.wellbeingforlife.org.uk). The sole role of Healthwatch is to ensure that Newcastle's citizens can provide input on health and social care in terms of quality, capacity to meet need, general experience, for example, in order to contribute to policy and service improvement. The Well-Being for Life website is a resource centre for citizens regarding the Well-Being for Life initiative, including Newcastle's Future Needs Assessment, the Well-Being for Life Strategy and information on board members. However, with these websites alone, citizens may not necessarily

know how their voice is being heard or used. In practice, Newcastle's citizens have reported a desire for greater participation in decisions that affect their neighbourhoods.

In addition to the citizen consultation processes already established, policy designers may thus wish to more actively promote citizen participation in the design and implementation of their well-being related policy initiatives. Developing concrete tools and techniques will be crucial in embedding the set of principles that the Well-being for Life Board established to guide their strategic work by drawing citizens and organisations together to understand, make sense and take action.[9] Two-way flows of information (versus a one-way flow of information) lead to a greater sense of ownership of policies and strategies by stakeholders (Box 3). With a greater sense of ownership comes a greater commitment to generating results. This can be particularly critical at a neighbourhood level when implementing a targeted programme. In OECD countries and beyond, initiatives with *ex ante* planning that involve community or neighbourhood leaders together with local and other government authorities have been observed to be more successful (OECD, 2014).

Box 3. **Different forms of citizen engagement**

By actively engaging with citizens about their well-being, all levels of government can benefit from critical public input when deliberating, deciding and acting. Effective citizen engagement can also yield a number of benefits, including building trust in government; generating better outcomes at lower cost; securing higher compliance levels with decisions reached; enhancing equity of access to public policy making and services; leveraging knowledge and resources; and developing innovative solutions.

Three main stages of citizen engagement can be identified:

- Citizen information: Information is conveyed in one direction only, from the government to the public. There is no involvement of the public (e.g. public feedback is not required or specifically solicited) and no mechanisms through which citizens are invited to react. Providing information is a critical first stage of more open and transparent government. Communicating information to citizens on decision making, policy development and implementation puts governments in a position to be scrutinised and builds citizen trust. Informing citizens helps educate them about their rights and entitlements and can communicate the rationale, objectives and achievement of government. This is important for ensuring buy-in to changes and reforms and for providing a platform from which citizens can engage with government. Examples of techniques used for citizen information include setting up websites and granting access to public records and data.

- Citizen consultation: Information is conveyed from the public to the government, following a process the government initiates: it provides information and invites citizens to contribute their views and opinions. The main purpose of citizen consultation is to improve decision making, by ensuring that the views and experience of those affected are considered, that innovative and creative options are taken into account and that new arrangements are workable. Examples include public opinion surveys, focus groups, workshops/seminars, public hearings and public comment on draft legislation.

- Citizen participation and empowerment: Information is exchanged "two ways", between the public and the government, through a dialogue into which the opinions of both parties feed. Citizen participation and empowerment require a relationship founded on the principle of partnership. It recognises the autonomous capacity of citizens to discuss and generate policy options; it requires governments to share the agenda-setting power and to commit to taking into account policy proposals generated jointly in reaching a final decision. Finally, it requires citizens to accept the higher responsibility for their role in policy making that accompanies greater rights of participation. Examples of participatory decision making and participatory budgeting include citizen juries and citizen forums.

Source: OECD (2014), *How's Life in Your Region?: Measuring Regional and Local Well-being for Policy Making*, OECD Publishing, Paris, http://dx.doi.org/10.1787/9789264217416-en.

Moving forward, a broader form of stakeholder engagement, one that focuses on participation and empowerment, could be further incorporated into the policy design and/or implementation process in Newcastle. This could build on existing examples of Newcastle residents working with the well-being measurement framework to understand key policy issues in their area and take their own action (Box 4). This also includes building stronger ties at the institutional level (i.e. beyond those with NHS partners). For example, actively encouraging private sector and trade union participation could make a significant contribution with respect to jobs and income, as well as skills and youth employment. Engaging even more strongly with Newcastle's university sector could help in gathering data, establishing academic evidence bases measuring outcomes and communicating results. A number of counties in England appear to have established observatories for their health and well-being initiatives, which help remain continually aware of progress and communicate it to the council and public. Newcastle has also discussed this option, but currently there is reticence regarding benefit, practicality and resource levels. However, in a medium to long term, it may wish to consider examples from the United Kingdom and other OECD countries (OECD, 2014).

Box 4. **The Bright Ideas Panel in the ward of Kenton**

A group of Kenton (a ward in Newcastle) residents came together to form the Bright Ideas Panel. The group worked with the support of two council officers to co-ordinate a Small Sparks scheme which launched in April 2013. The scheme provided very small amounts of money to groups to do something that makes a difference to local community life. The work culminated in a Small Sparks celebration event in September 2013 where all those who had received a grant plus many others who had been involved came together to share what they had achieved, share ideas and connect with other people.

Later, in October 2013, the group discussed an early version of the well-being data being prepared for Kenton ward as well as a draft report which drew on this data. Even though at that time the data were not all in a very accessible format, the discussions enabled group members to compare experiences and perspectives from different parts of the ward. The new understandings have helped identify areas where the group would like to make a difference in the future. The group have gone on to deliver further participatory funding in Kenton ward drawing on both U-decide and Small Sparks.

Source: Newcastle City Council.

Strategy implementation also has a resource dimension, and local governments in the United Kingdom do not have much latitude on decisions affecting their economic development. This is revealed in great part by looking at the degree of fiscal decentralisation and the capacity for local governments to generate own sources of revenue. One key measure of fiscal decentralisation is sub-national expenditure as a percent of GDP and as a percent of total public spending, both of which are traditionally low in the United Kingdom. Own-source revenue at the sub-national level is typically generated through a combination of taxes, user fees, property income and other sources and is quite often used to implement place-specific policies or initiatives. However, in the United Kingdom these, too, are below OECD averages, except for revenue from "other sources" (Table 4).

Table 4. **Indicators of fiscal decentralisation in the United Kingdom and the OECD, 2012**

Indicator	United Kingdom	OECD average
Sub-national expenditure as a percent of GDP	13.7%	17.2%
Sub-national expenditure as a percent of total public spending	28.2%	39.9%
Taxes	12.9%	44.5%
Transfers	71.5%	37.6%
User fees	12.1%	13.8%
Property income	1.3%	2.6%
Other sources	2.2%	1.5%

Source: OECD (2013), *OECD Regions at a Glance 2013*, OECD Publishing, Paris, http://dx.doi.org/10.1787/reg_glance-2013-en.

In a move to increase the capacity of selected local governments to implement local level programmes, the UK government established "City Deals", a national/sub-national agreement that permits cities further control over: *i)* decisions that affect their territory; *ii)* helping businesses grow; *iii)* creating economic growth; *iv)* how public money is spent (Box 5). Newcastle was among the initial group of eight cities to sign such a deal with the national government.

Box 5. **A new contract across levels of government to strengthen cities: City Deals (United Kingdom)**

The UK government recently offered to devolve new powers to cities over transport, infrastructure, business development, education and planning issues if cities put in place stronger governance arrangements (e.g. through an elected mayor for their area or a stronger community of existing local authorities). Each city can negotiate such deals with the government and had to put forward a proposal by January 2013.

The first wave of City Deals was inaugurated with the eight largest cities outside of London, known as the Core Cities (Birmingham, Bristol, Leeds, Liverpool, Manchester Newcastle, Nottingham and Sheffield). Bristol and Liverpool have voted to have directly elected mayors supported by strong decision-making structures across the wider economic area. Leeds and Sheffield have joined Greater Manchester in forming the West Yorkshire and South Yorkshire Combined Authorities. Newcastle, together with the six other local authorities it its economic area, established the North East Leadership Board. Then, in April 2014, this became a legal local authority when the board created the North East Combined Authority (NECA). The NECA works closely with the business-led North East Local Enterprise Partnership (NELEP),[1] which is a body aiming to deliver a collaborative growth strategy for the North East.[1] Birmingham is an unusually large local authority – one of the biggest in Europe – and has developed strong private sector leadership and decision making across the Local Enterprise Partnership. Nottingham has created a new Private Sector Governance arrangement to deliver the deal.

The second wave of City Deals involves 20 cities (the next 14 largest cities outside of London and their wider areas, and the 6 cities with the highest population growth over the 2001-10 period). The cities are expected to negotiate deals with the government throughout 2014. In June 2014, the government also announced new "Growth Deals" with local enterprise partnerships including with NELEP, committing to support a group of key projects and programmes identified with the North East Strategic Economic Plan. As well as providing additional investment, this opens up an opportunity for discussion of further decentralisation of employability support and skills development, which is currently delivered through national government departments.

Note: 1. See www.northeastca.gov.uk/who-we-are/north-east-lep.

Source: Adapted from the UK Government website: www.gov.uk/government/policies/giving-more-power-back-to-cities-through-city-deals and www.northeastca.gov.uk.

Engaging with national-level policy makers and making the most of its participation in central-level initiatives could help further expand opportunities that boost Newcastle's ability to influence and manage its own financial, human and infrastructure resources. Such initiatives include City Deals as well as the Local Enterprise Partnership sponsored by the UK Department for Business, Innovation and Skills. Newcastle is a strong partner in this programme, which supports voluntary partnerships between the region's local authorities and its businesses in order to help identify economic priorities and levers for economic growth and job creation.

As an active member of the Core Cities group, Newcastle is working with other regional cities to build and apply knowledge for common well-being dimensions as part of its broader approach to strengthening the role of local leadership in a number of key policy areas. Newcastle could also encourage the other local authorities that form the North East Combined Authority (NECA – focused on transport and economic growth) to consider common well-being dimensions when planning and executing their competences. This can strengthen mechanisms for horizontal co-operation and also the outcomes of such co-operation, supporting direct results in such areas as public transport, infrastructure, economic competitiveness and other services. Encouraging relevant actors outside of Newcastle's administrative boundaries to consider well-being dimensions in their planning could enrich well-being beyond the metropolitan area – particularly in those communities that are home to 56% of Newcastle's workforce. While formal incentives may be weak, using these networks and fora could be a start for building stronger co-operation and collaboration.

Conclusion and steps forward

Newcastle provides a solid example of the importance of looking at well-being at a territorial level. Newcastle's priorities and desired outcomes illustrate the multi-dimensionality of well-being measurement, and where policy areas intersect, showing the need for complementary policies arising from co-ordination and collaboration among policy makers in diverse sectors. Moving forward, Newcastle, may wish to consider strengthening its approach by:

- **Incorporating clearer measures of progress into its indicators.** Clarifying desired outcomes would facilitate monitoring progress, communicating results to constituents and building accountability. It can also help identify early on if policy or programming adjustments need to be made.

- **Considering adopting indicators included in the OECD Regional Well-being framework.** Complementing the analysis of its internal disparities, Newcastle could measure its performance against the North East Region, the United Kingdom and OECD regions using a set of measures that are methodologically consistent.

- **Continue to build more active stakeholder participation into the engagement process, to ensure a greater sense of ownership of the well-being strategy and policy initiatives.** Newcastle's stakeholders – citizens, civil society, business, academia and other institutions – are key players in supporting Newcastle's goals and ensuring that objectives are met over time. A dynamic dialogue with constructive input and feedback, and active stakeholder participation in building or implementing programmes designed to reach well-being goals, can help build community ownership of the initiative, improve services and further ensure that the council is fit for purpose.

- **Strengthen joint initiatives for monitoring and promoting well-being in the larger area around Newcastle.** This would further support functional linkages between Newcastle and its surrounding areas in terms of transport, employment, housing and service provision. Such an approach could support the council by building a knowledge base on well-being and well-being measurement in the city, and would enable the active promotion of strategies to promote well-being at the scale in which many day-to-day activities occur. A creative approach to addressing constraints would need to be taken and would require partnership with one or more universities, a public-private venture, support from local organisations such as the North East Local Enterprise Partnership, and support from a number of central government departments and executive agencies in areas such as employment, health and the environment.
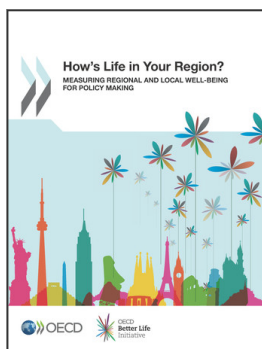
Notes

1.   This report was written by Soo-Jin Kim and Maria Varinia Michalun, with statistical inputs from Daniel Sanchez-Serra (OECD). It has benefited from the information and help provided by the team from the Newcastle City Council: Richard Baker, Helen Wilding and Sarah Ledger. Participants at the workshop "Measuring Well-being – and Changes to Well-being – in Newcastle" held in Newcastle on 21 May 2013 are also gratefully acknowledged for their inputs.

2.   The North East England Region is at the TL2 level.

3.   The Forum for the Future's Sustainable Cities Index ran from 2007-10 and measured sustainability in Britain's 20 largest cities. The index was composed of 13 indicators in 3 categories: *i)* environmental impact; *ii)* quality of life; *iii)* future proofing (Forum for the Future, n.d.).

4.   The Indices of Deprivation is an official English measure applied to small areas of a territory that experience multiple aspects of deprivation in income, employment, education, health, crime, access to services and living environment. Each of these domains is individually scored and ranked (Department for Communities and Local Government, 2011).

5.   Lower-level super output areas are a standard statistical unit used to divide England and Wales.

6.   More specific research on the North East Region was conducted recently by the North East Local Enterprise Partnership (NELEP) and is available at: www.nelep.co.uk/media/5709/more-and-better-jobs-north-east-strategic-economic-plan-2014-public.pdf.

7.   Newcastle uses the UK national definition of child poverty: the percentage of children living in families in receipt of child Tax Credit whose reported income is less than 60% of the median income or in receipt of Income Support or (Income-Based) Jobseeker's Allowance divided by the total number of children in the area (determined by Child Benefit data) (Newcastle City Council, 2014).

8.   See OECD (2013b).

9.   See detailed principles at: www.wellbeingforlife.org.uk/sites/www.wellbeingforlife.org.uk/files/Developing%20our%20NFNA%20-%20up%20to%20March%202014.pdf.

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