



Improvement

Customer led transformation programme **Case study – Rochdale Council**

Early years services and self reliance: enabling independence to better target resources

44/58

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The customer led transformation programme

Rochdale MBC's work has been funded under the customer led transformation programme. The fund aims to embed the use of customer insight and social media tools and techniques as strategic management capabilities across the public sector family in order to support place-based working.

The customer led transformation programme is overseen by the Local Government Delivery Council (supported by the Local Government Association).

The fund was established specifically to support collaborative working between local authorities and their partners focused on using customer insight and social media tools and techniques to improve service outcomes. These approaches offer public services bodies the opportunity to engage customers and gather insight into their preferences and needs, and thereby provide the evidence and intelligence needed to redesign services to be more targeted, effective and efficient.

About Rochdale

Rochdale Metropolitan Borough Council has a population of 211,700 people. Although close to Manchester city centre, two thirds of the borough consists of open countryside. Nearly a quarter of residents are aged 15 or younger - the highest proportion of young people in Greater Manchester. A high number of Rochdale's children are starting primary school with a good level of development.

The percentage of five year olds achieving the expected level of attainment has risen significantly from 46 per cent in 2009 to 54 per cent in 2010. Rochdale's level of improvement in Early Years attainment was amongst the best in Greater Manchester, reflecting the borough's focus on 'Early Years' which the Customer Insight Project reflects.

The ethnic profile of the borough shows a diverse mix with 14 per cent of people being from the black and minority ethnic (BME) group. The majority of these people are of Pakistani origin with most living in the Town of Rochdale itself where the BME community represents approximately 20 per cent of the population.

The Government's Deprivation Indices rank Rochdale Borough as the 25th most deprived borough in the country. This rating is based on factors that include employment, income, housing and health. The borough's housing tends to be of low value with 58 per cent of properties belonging to Council Tax Band A, with bands B and C accounting for a further 27 per cent. The layout of the borough generally comprises of high-density housing in urban areas surrounded by expanses of rural land.

Widespread closure of the cotton mills which had dominated the local economy since the industrial revolution has changed the nature of businesses in Rochdale. While manufacturing is still important to Rochdale, jobs are now more likely to be in retail, leisure and other service sectors as well as in businesses based on new technology.

Rochdale is relies on small and medium sized businesses to provide employment., Although this is beneficial for a thriving economy the lack of major employers also reflects the weaknesses of the economy and the loss of incumbent businesses.

AGMA early years programme

Rochdale's project is part of a programme of four complementary projects undertaken in parallel by Oldham, Trafford, Wigan and Rochdale all focused on improving services to families with young children. The local authorities are all part of Association of Greater Manchester Authorities (AGMA). AGMA oversaw the programme and supported knowledge sharing and learning between the projects.

The overarching ambition is to use customer insight to better understand how to engage with families with young children, particularly in the most deprived areas, to better understand how to target support and intervention more effectively to improve children's life chances.

AGMA's Early Years focus stemmed from the findings of the Manchester Independent Economic Review, which outlined how reducing deprivation could be achieved through intervening early with families of young children.

The projects also build on the learning from the customer insight work that took place during the Total Place pilot during 2008 and AGMA's spatial pilots which focus on engaging more effectively with these groups.

AGMA's overarching programme seeks to understand

- how to better engage with 'difficult to engage with' families, and the point at which intervention is most efficient and effective in reducing the need for longer term support and the risk of the families becoming "troubled" (and thus the cost of these families to the public sector).
- how, through multi agency joined up working local authorities can remove duplication from the system whilst still having a positive impact on life chances in the most deprived areas.

The learning arising from these four projects has also been shared across AGMA and the North West region.

Background

Rochdale's "Early Years and Self-Reliance" project reflects the Council's vision of achieving efficient and sustainable public services through the transformation of both the organisation and its relationship with customers. Following a Strategic Review in which the Council had to identify £64 million in savings by 2014, the Council articulated its "Building Success and Independence" blueprint. This sets out the Council's vision for re-configuring how it works with families, and focuses on targeted early intervention and prevention.

This project builds on the learning that was first expressed in the Manchester Independent Economic Review. This demonstrated that dealing with multi-generational deprivation needs a focus on 'early years' and an understanding of how early intervention and prevention can improve life chances.

This understanding was at the heart of why the Greater Manchester Total Place work focused on 'early years'. The final Total Place report outlined five key points:

- the case for prevention and early intervention
- the need to place the citizen at the centre of service design
- the enabling of self-reliance
- the need for pooled budgets – in order to use reduced budgets more effectively and help inform the community budgets programme of work announced in the comprehensive spending review
- the need to reduce bureaucracy – in order to remove duplication from the system.

The project also builds on the low income family customer insight project delivered by AGMA, which was also sponsored by the Customer-Led Transformation Programme. This project produced a family segmentation classification model and looked at the service take up by deprived families with 'early years' children based on data provided by Rochdale Council (the case study can be accessed at: http://www.local.gov.uk/c/document_library/get_file?uuid=02b14728-9ad8-4a6c-ab53-e4ab5221bc51&groupId=10171).

AGMA's early years strategy

The Greater Manchester Strategy (GMS) is AGMA's overarching document and outlines the Association's strategic direction up to 2020. The strategy is based around a series of 11 priorities, with the first priority listed by the strategy being to:

- radically improve the early years' experience for hard to reach groups, particularly in the most deprived areas.

AGMA's work in early years is focused on delivering four clear outcomes:

- responsive, sensitive care giving for infants
- supportive home learning environment
- improved health and engagement of all 0-4 year olds
- economically active households.

Rochdale MBC's project on 'early years' outlined in this case study reflects these same drivers.

This project focuses on low-income families in the most deprived areas of Rochdale, families who are currently receiving support and benefits from a range of agencies. Increasing the number of families with young children who are able to become more self-reliant will reduce the burden on Council services and encourage independence.

To enable a transformation in the way Rochdale provides services for these customers, the Council will have to understand the barriers to self-reliance in the early years setting.

Objectives

The aim of the project is to use customer insight to better understand how to engage with families with young children, particularly in the most deprived areas. This will allow Rochdale and partners to better understand how to target support and intervention more effectively in order to improve life chances, within the context of the wider transformational change agenda in Rochdale Council.

The project also set out to understand how, through multi agency joined up working, the partners could remove duplication from the system whilst still having a positive impact on life chances in the most deprived areas.

In particular the project sought to understand how to increase levels of independence and how to better target resources so that the reduced budgets resulting from the Strategic Review do not affect the Council's ability to safeguard and guarantee the outcomes of its more vulnerable families.

The long term objective of the project is to improve life chances for families with young children in the most deprived areas of Rochdale and Greater Manchester.

The project will help these families succeed, by identifying the point at which intervention is most effective and by removing the barriers that families face when trying to access early years services. This will empower these families to meet their own needs more effectively, thereby reducing the necessity for public service intervention and enabling the Council to continue to target resources on the most vulnerable families.

Specifically, Rochdale MBC's project aims to:

- Understand how to move families with young children from dependence to self-reliance and thereby allow services to make better use of their resources. The insight would help the council to:
 - understand how best to enable these families to support themselves
 - identify the barriers to accessing support
- Understand the values and characteristics of early years families to enable service redesign and channel shift
- Release efficiencies through better integration and the building of independence and self-reliance.

And through this:

- reduce child poverty
- improve education attainment
- impact positively on levels of worklessness.

And through this see:

- a reduction in benefit payments
- the removal of duplication and therefore cost from service delivery
- a long term increase in economic productivity in the area.

Approach

The project places the citizen at the centre of service design, using a range of customer insight tools to engage with early years families across the borough. Rochdale's customer insight process comprised the following steps:

- customer insight training
- customer segmentation
- customer journey mapping
- focus groups
- customer questionnaires.

Customer insight training

To develop wider knowledge of customer insight tools and techniques across Rochdale Council, the Research Team arranged a customer insight workshop and invited representatives from the Children, Schools and Families service as well as Corporate services.

The workshop was advertised as an opportunity to understand how to

- use data and information to better understand customers
- apply this understanding to the design and delivery of services that better meet customers' needs.

The research team delivered informal training on these methods, comprising a one hour slideshow and a Q&A session, before carrying out a comprehensive practical exercise.

Participants were initially asked to consider the services that comprise the 'early years' offer, and who their target groups are. The group comfortably identified all the services.

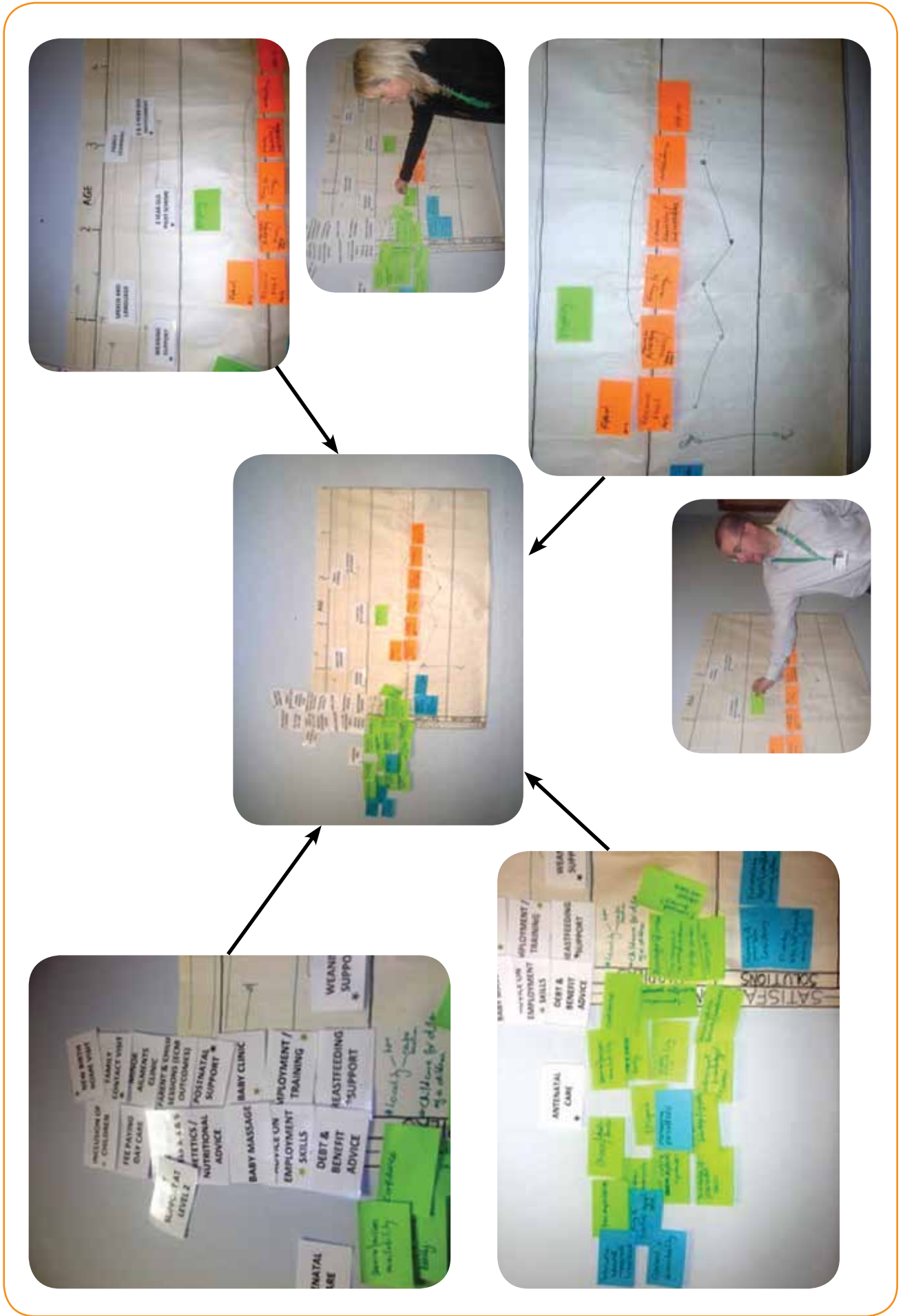
Participants were asked to think about the customer journey of an 'early years' family. The Lead Research Officer facilitated discussions and helped the group to map this journey. The group marked access points on the map, and then sought to identify any barriers preventing families from accessing 'early years' services. Rather than identify barriers for each individual service, the group preferred to provide overall obstacles for an 'early years' family.

Common concerns were the low expectations and bureaucratic barriers to accessing services. The group agreed that there should be improved systems and more accurate, consistent information distributed in an accessible format.

The group completed the customer journey map, shown in the photographs in Figure 1 below. Overall, staff were satisfied with each stage of the process, with provider flexibility being the only area of concern. This provided an informative backdrop to the understanding generated through customer insight later in the process.

At the end of the session, the facilitators recruited volunteers from the group to participate in focus groups.

Figure 1. Customer journey mapping early years



Customer segmentation

Before embarking on primary research in the form of Customer Journey Mapping and Customer Questionnaires, customer segmentation was used to build up an initial picture of the families the project wanted to learn more about. The segmentation data provided insight into the issues families might be facing and offered the project team a basis for designing the research.

The first stage built on customer segmentation work undertaken during the Bolton/Rochdale AGMA project (for a link to this case study see “Background”) which used Acorn data and was supported by CACI and Aperia.

The segments used in this previous work were matched to Rochdale MBC’s Mosaic data. The matching was straightforward as there was a high degree of correspondence between the two socio-demographic tools – Acorn and Mosaic. This allowed the project to import insight generated by the previous CLT project run by Bolton and Rochdale.

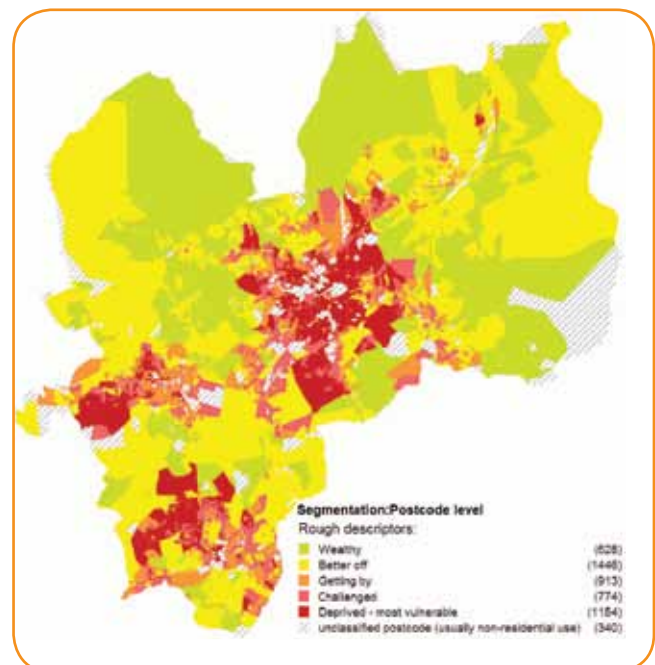
Leveraging the insight developed by the previous project, the Early Years Customer Insight team (EYCI) devised a segmentation of residents into five broad groups. Five segments was determined to be a manageable number for strategic work. The segmentation was based upon two household characteristics: deprivation and service need. The five segments were:

- **Deprived:** these are the most vulnerable households in need of or recipients of substantial public service intervention.
- **Challenged:** these are households that are at risk of falling into the Deprived segment; they are not experiencing the worst outcomes, but not quite “getting by”. A key group for preventable work.

- **Getting by:** these are households who for the most part manage day-to-day, but have below average to average incomes overall.
- **Better off:** these are households who in general live comfortably and make relatively little use of public services.
- **Wealthy:** these are the wealthiest households.

Each broad segment is made up of a number of more detailed and specific types – these are still available to refer to when more detailed insight is required. The segmentation is available at household, postcode or LSOA level.

Figure 2. Rochdale segmentation model



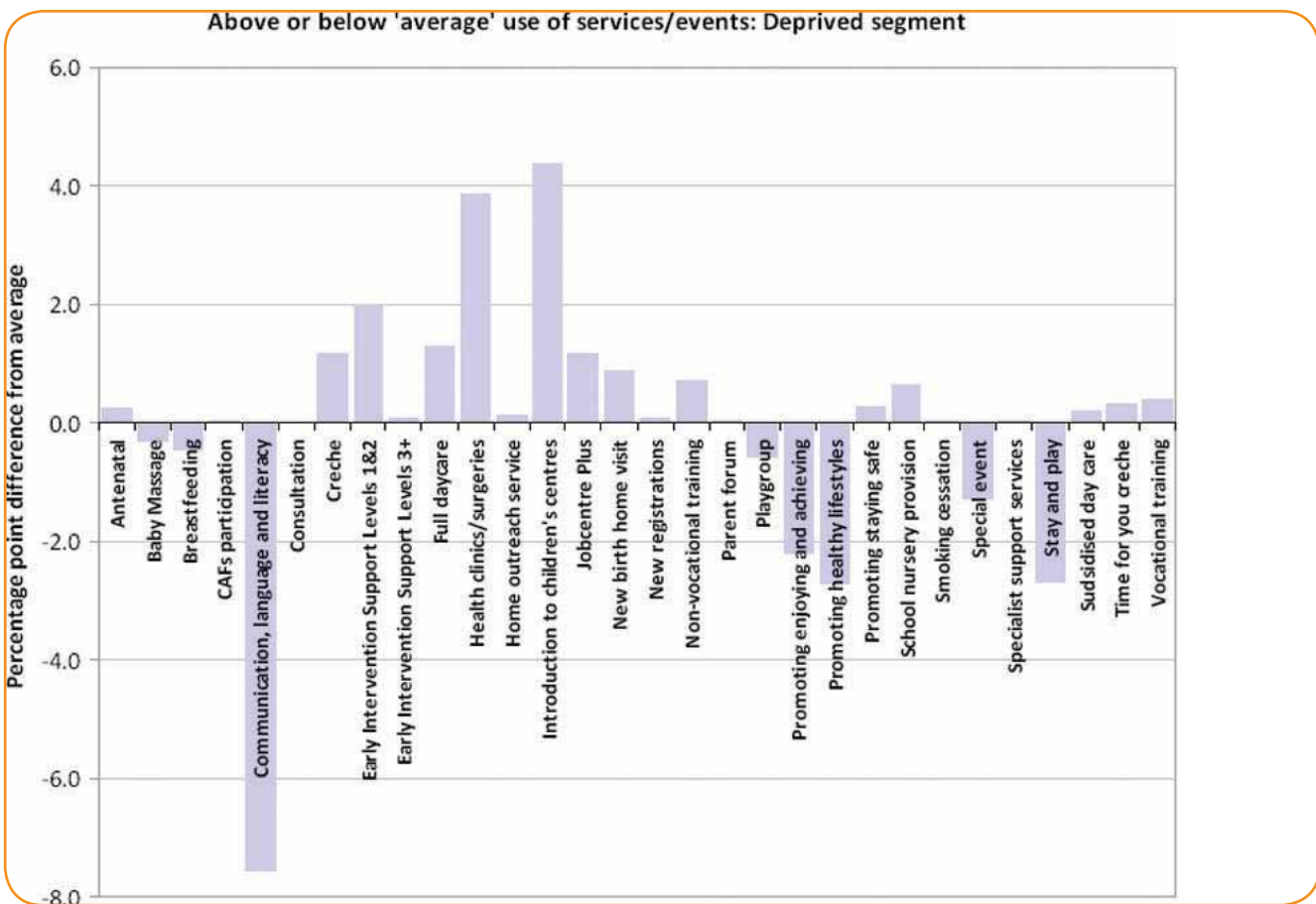
“The segmentation has helped us develop pen portraits of these groups to get into the heads of the people that we will be dealing with, to understand what sort of issues they deal with. This helped us to tailor the research and target the areas geographically and ask the right questions.”

David Bayliss, Performance & Transformation Team, Rochdale MBC

Work was focused on the two most deprived segments, namely Deprived (the most deprived and service intensive residents) and Challenged (those at risk of falling into the Deprived group).

The project then connected segmentation data to service access data, and measured the degree to which each segment different from the average in terms of service use (see Figure 3 below).

Figure 3. Service take up by deprived families



The graph above illustrates the low propensity of families from the Deprived segment to access communication, language and literacy classes. Paradoxically, these classes are more likely to be used by groups with higher incomes and educational levels. This information also offers the Council a baseline to return to in the future.

The project also analysed the customer base of the Children’s Centres to understand who was using which centres. This helped to further target the primary research at particular locations.

For profiles of the two segments Deprived and Challenged see “Findings”. These profiles were used to inform the Customer journey mapping, surveys and focus groups.

Customer journey mapping

The project undertook Customer Journey Mapping to highlight the steps low incomes families take on their journey through Early Years provision, and to identify areas of duplication. The session was held at Sandbrook Children's Centre with twelve parents who had accessed Early Years services in the borough. The process involved:

- tracking and recording the parents' journey through the early years 'offer'
- capturing customer's experience at each stage of their journey
- identifying concerns and barriers to accessing early years services
- looking for areas of improvement to develop solutions to these barriers
- developing customer-led recommendations to transform and improve the delivery of these services.

The project used the internal SureStart database to identify parents of children nearing 5 years old who had used early years services. A sample of these families was invited to the primary research session. As an incentive to attend, parents were offered a £10 shopping voucher, taxi fares, crèche facilities for their children and a free lunch.

The aim of the customer journey mapping session was to:

- record the parents' journey through the early years offer
- track and describe the customer's experience at each stage of the journey
- identify parental concerns and barriers to accessing early years services
- look for area of improvement to develop possible solutions to these barriers
- develop customer-led recommendations to transform and improve the delivery of these services.

Twelve participants attended the mapping session, which was facilitated by Rochdale's research team. Participants were asked to consider the following:

1. early years services that you have accessed
2. the start, key and end point of their early years journey
3. barriers to accessing services
4. solutions to these barriers
5. service experience ratings.

Photographs of some of the outputs of the sessions are included overleaf. For further information, see "Findings".

Figure 4. Customer journey mapping



Focus groups

The project also held a focus group with parents of disabled children (a group identified by early years staff as of key interest). This provided an opportunity to listen to these customers talk about their lives in relation to 'early years' services.

Ten parents attended the session at Newbold Children's Centre. The aim of the focus group was to:

- help understand what customers think of the services provided
- identify parental concerns and barriers to accessing early years services
- establish possible solutions to these barriers
- develop customer-led recommendations to transform and improve access and delivery of these services.



The project again used the SureStart database to identify potential participants, which they then cross-referenced with the list of families receiving support from the Barnardo's service. The Barnardo's service invited the families identified to the focus group. As an incentive to attend, parents were offered a £10 shopping voucher, taxi fares, crèche facilities for their children and a free lunch.

An experienced facilitator led the session, supported by two Research Officers. The group were asked to consider the following:

1. barriers to accessing services
2. solutions to these barriers
3. preferred communication channels
4. services they value.

For further information, see "Findings".

Customer surveys

These captured quantitative data concerning awareness and use of 'early years' services. One survey questioned expectant parents attending antenatal classes in order to gain insight into the knowledge and opinions of parents at the start of their early years' journey; 181 parents attending antenatal classes completed the survey during a controlled period.

A second survey was undertaken with parents who registered at a Children's Centre but who did not then use this service. This was carried out in order to uncover the reasons for this.

Barnardo's

Barnardo's in Rochdale provide individual services for 0-4 year olds with a disability, supporting the children and their families to access Children's Centres, play opportunities and social networks.

The council has recently reduced its commissioning services from Barnardo's, with each family with a disabled child now provided with 18 hours of support.

Using the 18 hours, Inclusion Workers perform a three-staged process whereby they:

1. get to know a family
2. introduce the family to children's centres
3. withdraw from the family.

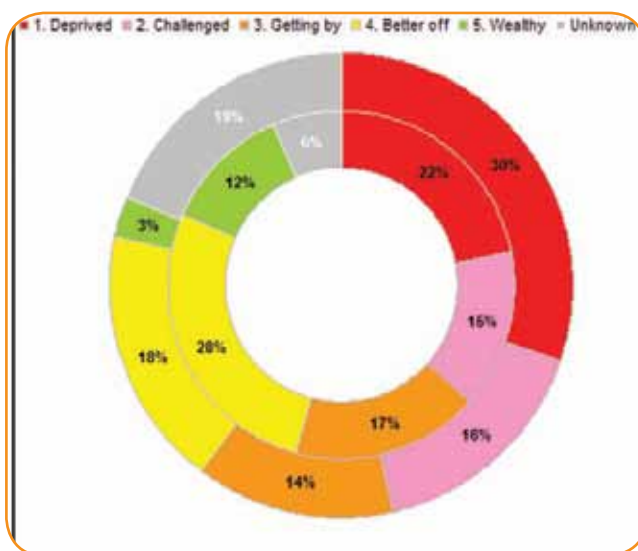
An important part of this function is to operate as a key information point by signposting families to other services and letting families know what they are entitled to.

Customer questionnaire: antenatal

The survey was distributed to expectant parents attending antenatal classes during the week commencing 5th December 2011. Fifty-eight per cent of the parents attending antenatal classes completed the survey, giving a good foundation from which to draw conclusions about the population. The survey was structured to be completed with the assistance of a designated Children's Centre employee to ensure the accuracy of responses.

By looking at the postcodes of the 181 respondents, the project determined that a good mix of the five customer segments participated and therefore this was representative. The segments of primary interest (Deprived and Challenged) were particularly well represented. Figure 5 below illustrates this. The 'unknown' category is likely to be due to the reluctance of respondents to submit their postal codes.

Figure 5. Survey respondents by segment group, compared to borough proportions



Customer questionnaires: non-users

A second survey was distributed to families who have registered at a Children's Centre in Rochdale Borough, but have not accessed any early years service. These families were identified from the SureStart database system.

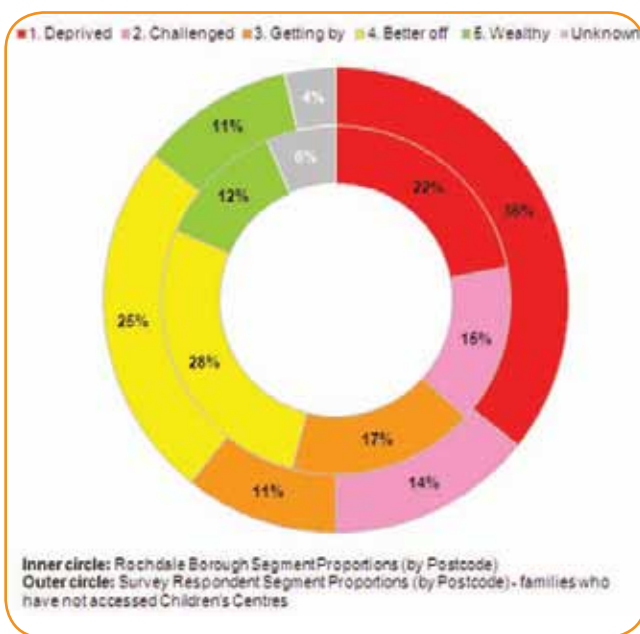
Of the 2,500 surveys distributed, 153 surveys were returned from families residing in the borough. Of these 153 responses, 56 respondents answered 'No' to the question: 'Have you ever accessed a Children's Centre?'. Since the project was seeking the views of non-users, the Research Team focused on these responses.

By looking at the postcodes of these 56 respondents, 36 per cent (20) of respondents came from the Deprived segment. This is 14 percentage points higher than the total proportion of residents who are segmented into this Deprived group.

In contrast, respondents from segment groups Getting by and Better off are under-represented by 6 percentage points and 3 percentage points respectively.

Almost 84 per cent of respondents, who have not accessed a Children’s Centre, fall within the 25-44 age category. Of the 14 per cent which comprise the 18-24 age category, 87.5 per cent come from the Deprived and Challenged segments.

Figure 6. Survey respondents by segment group, compared to borough proportions



Qualitative open text responses were analysed to explore why parents were not accessing Children’s Centres. For further information, see “Findings”.

Findings

Customer segmentation

The segmentation work identified and profiled the following two groups as being under served and the target market for further engagement.

Segment profile: Deprived

- The Deprived segment contains approximately 21,000 households in the borough. The estimated number of families with children is between 8, 000 and 12,500
- Tend to have a younger than average age profile, highlighting the younger than average age of parents
- There is an uneven gender balance, with females making up more than half the adult population of this segment -, perhaps up to 60 per cent in some areas
- The country of birth of residents shows a more diverse range than the borough as a whole
- The vast majority of families in this segment live in socially rented housing
- One common theme for families in this segment is that their neighbourhood tends to be in the least desirable areas, with families often being emergency re-housed in places where there is housing availability due to a lack of demand
- Financially, these families are among the worst off and many struggle to get by day to day. Money is a common source of stress that can manifest itself in poor health outcomes
- Low income is a combination of high unemployment and low wages. Welfare benefits have varying levels of take-up
- Children in families in the Deprived segment tend to have lower levels of school readiness

- Educational attainment is among the lowest
- Many families in this segment experience a lack of social connections, typified by low levels of trust and high levels of isolation
- Lifestyles often contain many factors likely to increase the chances of ill health such as poor diet, irregular exercise and high levels of stress
- Depression and other mental health conditions are also more prevalent within this segment
- Rochdale PCT data shows that the prevalence of low birth weight babies is significantly higher in areas segmented Deprived
- Life expectancy in this segment is almost ten years lower than that in the least deprived segment
- Childhood obesity is generally higher than in less deprived segments
- Families in this segment are less likely than the other segments to either receive information or access services through the internet. They do however have higher use of social media via mobile phones (as opposed to using the internet through a landline)
- National papers are generally well read and SMS text messaging well used for receiving information
- Residents are receptive to face-to-face channels when it comes to receiving services, and unreceptive to post.

Segment profile: Challenged

- The Challenged segment contains approximately 18,000 households in the borough, of which the estimated number of families with children is between seven and nine thousand
- Younger parents in this segment tend to be struggling more than older parents
- The majority of families in this segment live in a mixture of local authority, housing association and privately rented accommodation, although a considerable amount of tenants have exercised their right-to-buy in some neighbourhoods
- Families in private rented accommodation experience some of the poorest housing conditions of any group, often causing families to move frequently. Much of the housing is small terraced stock
- These families generally have low incomes, whether through employment or benefits
- Unemployment is high, with few jobs around for those adults who hold adequate qualifications. Jobseekers Allowance claimants are subsequently high, as are claimants of long-term sickness benefits due to higher prevalence of hazardous jobs – especially among older families
- Car ownership is low, with a corresponding reliance on public transport
- Children in the Challenged segment have low to mediocre educational attainment levels. They often experience difficult home conditions, especially those in private rented accommodation

- Among areas with a high proportion of private rented housing, families in this segment live in neighbourhoods with a poor environment, with high levels of graffiti, litter and noise pollution. There are often few community facilities nearby and these areas generally experience high transience, low community spirit and as a consequence poor social networks. Anti-social behaviour, vandalism and drugs present particular issues in such neighbourhoods which also experience higher than average levels of crime
- The better council estates have a nicer environment with much less transience and more pride in neighbourhoods. These areas generally have a strong sense of community, low transience and good support networks. A more traditional/old-fashioned outlook in life means many young people growing up in these areas will lack ambition/confidence to aim for better paid jobs. Crime in these areas often originates from financial stress
- Health is generally poor in these areas. There is a higher than average level of mental health conditions including depression. Rochdale PCT data shows that the prevalence of low birth weight babies is higher in areas segmented Challenged. Childhood obesity is also generally higher than less deprived segments
- Families from the Challenged segment are proportionately under-accessing three out of the four Children's Centres which were analysed (when compared to make-up of households within 1500m of centre)
- Challenged families are more likely to be the recipient of specialist Early Intervention Support Level 3 (jointly with Deprived). A lower than expected level of other specialist support services may be due to lack of access rather than lack of need
- Compared to average level of use, and in common with families from the Deprived segment, Challenged families are less likely to access early years 'communication, language and literacy' sessions, as well as 'promoting healthy lifestyles' sessions
- Compared to average level of use, families from this segment are more likely to use 'antenatal' and 'health clinic/surgery' sessions.

Figure 7 shows a comparison of these segments with LSOAs highlighted as having 40 per cent or more children living in poverty, according to the Council's Child and Family Poverty Strategy.

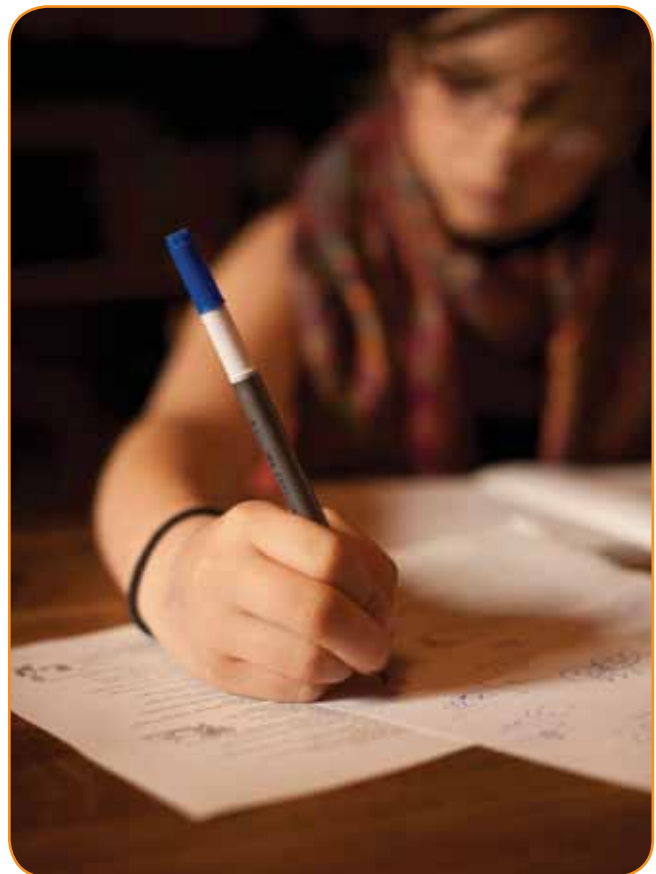
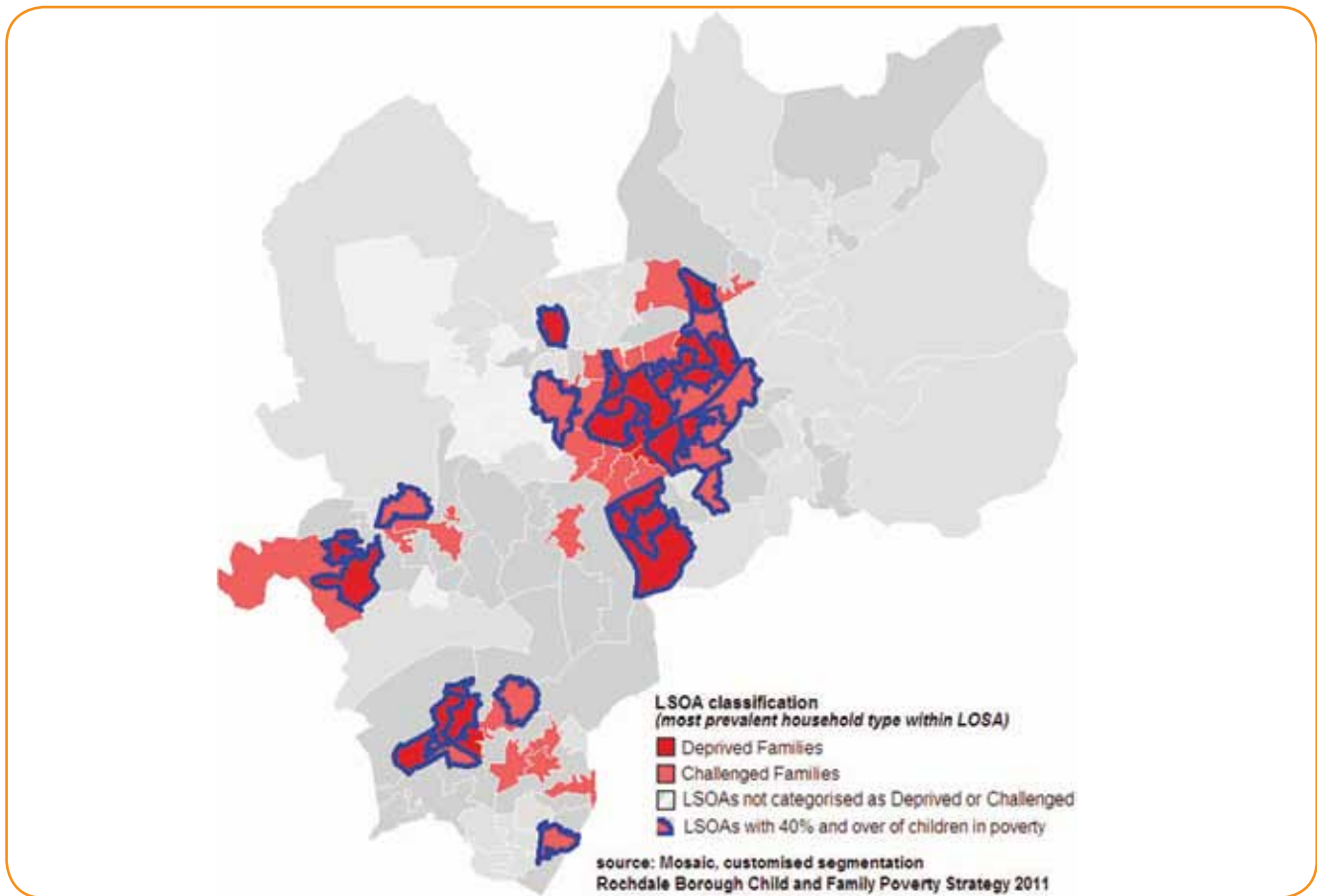


Figure 7. Location of deprived and challenged families versus child poverty



Customer journey mapping

The Customer Journey Mapping session revealed that the most common complaints/barriers to accessing services were:

- booking issues
- staff cuts
- confidence
- lack of knowledge about services
- limited capacity to support siblings.

Twelve parents participated in the session and were able to identify a variety of services offered at Children's Centres. The majority of parents started their 'early years' journey during pregnancy and finished when their child began school.

The group came up with some positive solutions to the barriers listed above, with the most popular suggestions including:

- improved booking systems
- expansion of the parent forum
- an induction to the children's centre
- more universal sessions to accommodate siblings
- greater promotion of services.

It was also felt that a formal induction programme at each of the Children's Centres would improve parental confidence and knowledge of the services available. Together with an expansion of the parent forum, this would boost confidence and also develop parents' social networks.

Focus group

The most common complaints/barriers to accessing the services raised by families with disabled children were:

- confidence
- consistency in centres
- lack of knowledge about services
- limited capacity to support siblings.

The group identified possible solutions to overcome these barriers. In particular the group agreed that a more prominent role of a Disability Champion and an induction to the centre would improve confidence and increase knowledge of the services available. Parents would also like more consistency across all Children's Centres such as in the naming of sessions.

Another popular suggestion was coordinating the centre timetables across the borough, as parents missed out on suitable sessions due to clashes in scheduling.

Participants were also asked to discuss their preferred communication methods. They listed these as:

promotion via health professionals

leaflets

parent forums

phone calls

signposting from other services

a monthly magazine

the internet.

Interestingly, no member of the group discussed the use of social network sites as an information point about 'early years' services, despite half the group having a Facebook account. One member currently uses Facebook to 'talk to other parents about autism.'

Participants were asked about the 'early years' service they value most. The most common responses centred on 1-2-1 support from Barnardo's, crèche facilities and signposting. The group also values the role of Disability Champions.

Customer questionnaire: antenatal

The Antenatal Questionnaire was disseminated at antenatal sessions, where expectant parents answered a variety of questions relating to their knowledge of 'early years' services. When looking at responses from the Deprived and Challenged segments in particular, the most well known services among families were antenatal care and the baby clinic. For the Deprived segment, 40 respondents (73 per cent) knew about the baby clinic. This was followed by new birth home visit (60 per cent) and baby massage (56 per cent).

Figure 8. intended service use by deprived and challenged families

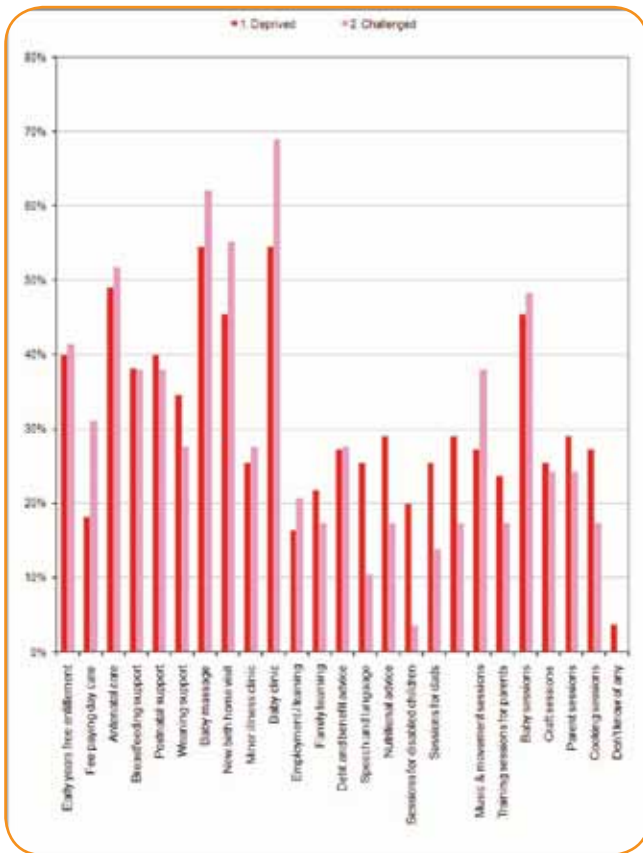
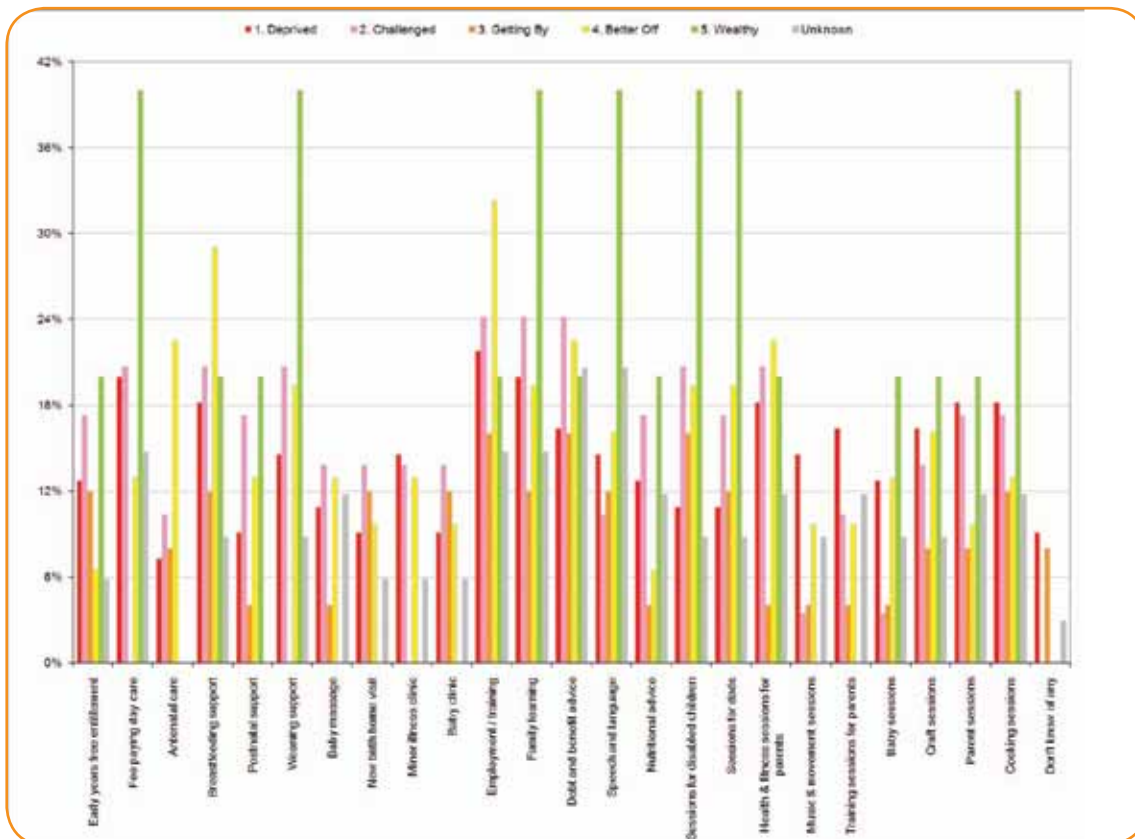


Figure 8 charts the services that these Deprived and Challenged families intend to use.

Figure 9 displays the most common services which parents do not intend to use. These are employment/training, debt & benefit advice, and breastfeeding support. More specifically, for Deprived or Challenged parents, they do not intend on using employment/training (23 per cent), family learning (21 per cent) and fee paying day care (20 per cent).

Figure 9. services families do not intend to use, by segment group

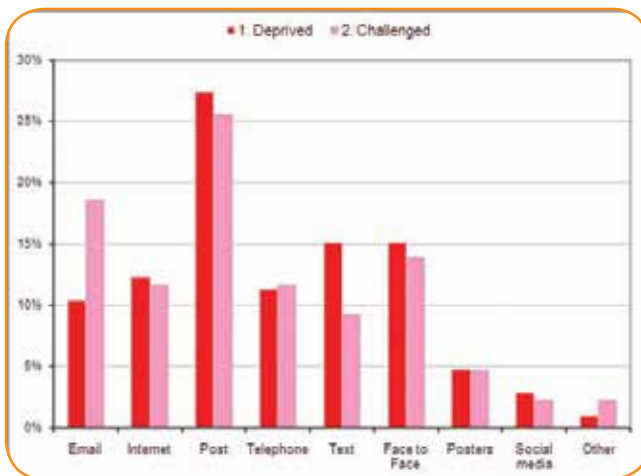


Communication preferences

The survey results show that the most popular method of receiving and/or finding information about early years services is by post, with 71 parents (39 per cent) selecting this option.

For parents in the Deprived and Challenged segments their preferred method was by post (40 parents: 22 per cent), compared to face-to-face (12 per cent), text message (11 per cent), email (10.5 per cent), Internet (9.9 per cent) and telephone (9.4 per cent). However the close percentage difference demonstrates that parents in these segments have varied communication preferences, with 2 per cent also being receptive to using social media as an information point. Figure 10 illustrates these results.

Figure 10. deprived and challenged segments preferred way of getting information about early years services



Customer questionnaire: non-service users

Qualitative open text responses were analysed to explore why parents were not attending Children's Centres. This analysis revealed common complaints and barriers to the accessing of this service. Of those 56 respondents who said they had not accessed any 'early years' service, the recurring themes were:

1. Work and opening hours

Most respondents discussed the difficulty in accessing centres, after returning to work. In particular, there was consensus that the centre timetables do not accommodate working parents, who are restricted by time. To list some common responses:

- Had to go back to work after maternity leave now work full time five days a week.
- I work full time so don't have time to use them.
- Work full time so opening hours don't work for us.
- Now I am back at work I have no spare time.

2. Lack of knowledge

Respondents commented on their lack of knowledge about the early years services, with some misinformed about the services on offer and their eligibility to attend. For example:

- I can't afford it at the moment.
- I didn't really know how to go about it.
- Not sure what's on offer and what facilities I can use.
- thought the centres were for families claiming support.

3. Own social network

Many respondents did not perceive themselves to be in need of the services offered in Children's Centre, as they have their own social and support networks. For Example:

- I take my children out with friends and their kids most days
- Never felt a need to as have been very lucky and found a lovely nursery and also had lots of support from friends and family.
- I have my own social network through church and school.

4. Private day-care

From the 56 respondents who do not access Children's Centres, 43 per cent were employed in some capacity. This would account for the frequency of the word 'private' in the responses, as many respondents noted that they send their child(ren) to private playgroup. These parents are unable to access Children's Centres due to work commitments and consider private playgroups to be a substitute for Children's Centres. For example:

- My children are in a private day nursery when I am in work.
- Son in private nursery having returned to work.
- I attended other private playgroups.

5. Transport issues

Transport was a major barrier for many respondents, as they described their difficulties in getting to the Children's Centres. For example:

- It's far from our house and couldn't afford the transport every day.
- Distance from home address. Partner has Olivia all day. No car. No transport.

6. Siblings

Having more than one child was considered a barrier to accessing the centres for many of the respondents. Parents described the difficulty in arranging childcare for their other children, as the centres do not accommodate older and younger siblings. For example

- I cannot bring all my children to each group.
- I have four children of different ages and no activities they can participate in together. No group available for our specific needs.
- No one at home to look after younger kids.

7. Other reasons

More general issues included previous bad experiences, and personal issues preventing them from accessing the centres. Reasons included:

- They get too packed with mums & children which my daughter finds overwhelming.
- Because my daughter has been ill and I had some personal problems.

More specifically, for parents within the Deprived and Challenged segments, the key issues and/or comments appear to centre on work, transport and private day-care.

In terms of recommendations, the survey found that the majority of survey respondents (50 per cent) who have not accessed a Children's Centre would like to receive centre timetables to encourage them to access services. For the Deprived and Challenged segments this is slightly lower (46 per cent).

Around 9 per cent of respondents from the Deprived and Challenged segments would like support from a member of staff, in encouraging them to attend a Children's Centre. A greater proportion of the more Deprived groups also said they would like a tour of their local Children's Centre (24 per cent), compared to the combined responses (20 per cent).



Recommendations

Based on the findings from the insight, the project produced a series of recommendations, many of which are now being followed-up (for further information, see “Quick Wins” in the “Outcomes” section):

- Social media. Through Customer Journey Mapping, it emerged that parents at one Children’s Centre had set up their own Facebook page to share information and discuss services, achieving a much higher number of users than the RMBC page. The role of social-media is a rapidly-changing one which, by its nature, is user-led. The traditional format of centrally run and controlled content appears to be an outdated model when it comes to social media. Hence the project recommended that the Council investigates opportunities for encouraging user led social networks, moving to supporting community maintained sites with accurate information, rather than maintaining a Council site directly.
- Consistent delivery. The findings indicate that a consistent approach to service naming and delivery across Children’s Centres would benefit parents who lack confidence, move accommodation frequently, or who benefit from consistent routines. Consistency across centres would also support communication by word of mouth, which is frequently how parents find out about services in the two customer segments the project focused on. As a result, Rochdale has established a working group of Integrated Children’s Centre Managers to take this recommendation forward (see “Naming Services Consistently” under “Quick Wins” below).
- First point of contact. The first point of contact, at which a parent learns about Children’s Centres, was identified as crucial to future attendance and successful ‘early years’ outcomes of children. However, the findings indicated the first point of contact was not always being delivered as intended. Getting the first point of contact right will also increase independent access to services and reduce the need for outreach and promotional work. There are three elements of this recommendation:
 - The need for a review of the Children’s Centre role and Health Visitor role in promoting the service and engaging with parents, leading to an effective and sustainable point of first contact
 - Customer Journey Mapping highlighted elements of parents’ journeys that worked well into and through ‘early years’ services. Rochdale are planning to implement a Family Journey programme across the Deprived and Challenged segments which aims to build on parts of the journey that work well: engaging families from the antenatal stage and bringing them together with a network of parents over a two year period, leading into ‘Readiness for School’ work. The intent of the Family Journey programme is to strengthen independent access, reduce the need for outreach and promotional work, and improve school readiness.
 - Establish a process with midwifery that ensures one of the antenatal appointments includes an introduction to Children’s Centres, to be followed on in post-natal sessions.

- Lack of confidence. Some parents reported a lack of confidence to attend Children's Centres. The project recommends further work to look at key workers supporting families who have substantial support needs in order to help them develop the confidence needed to access Children's Centres independently.
- Disability Champions. The project found that some parents of children with disabilities who received commissioned services from Barnardos were unaware that Children's Centres had disability champions. This is an example of where a commissioned service could be working more to integrate families into mainstream provision, instead of allowing dependency on support to access services.
- Under-accessing of key sessions. Analysis of data showing access to Children's Centres combined with customer segmentation, showed that the Deprived and Challenged segments might be under-accessing key provision such as language, literacy and health sessions, when compared to families in less deprived segments. Rochdale is conducting further analysis to establish whether this pattern is a product of varying administrative processes or is indeed genuine. To ensure that long term objectives such as improving literacy and health in these population segments is achieved, the project recommended that an effort be made to rebalance delivery to Deprived and Challenged communities.
- Parent isolation. Some parents reported feeling isolated. The reduction in staff numbers at Children's Centres due to funding cuts has worsened the situation as some parents no longer have a friendly ear to listen to them. This has a knock on effect of reducing the motivation of some parents in attending the centres. To resolve this problem, the Family Journey programme plans to bring together the same group of parents over the course of the programme to act as a social and support network.
- Different aged siblings. Parents reported reduced attendance at Children's Centres when they had a second or third child, due to sessions not catering for siblings of different ages. This was identified as partly resolvable by clearer communication, as many sessions accept children of different ages. The project also recommends partnership working with schools to ensure provision continues throughout the school holidays.
- Signposting. The project recommends improving knowledge of Children's Centres services and signposting to those services by non-Children's Centre front line staff (see "Outcomes" for successes so far in implementing this initiative).
- Difficulty of access for some working parents. Some families were simply unable to attend Children's Centres due to work commitments, and could not foresee how access could be improved. The project found that the Council and partners – especially those working on child poverty - need to be aware that not all families who need services can access preventative Children's Centre sessions. This includes recognising the role the Council as an employer could play in supporting its own low paid staff.

Outcomes

The insight project is providing evidence to support the ongoing development of the Council's transformation programme relating to early years.

However in the meantime, and in the light of the new insight generated by the project Rochdale MBC have already made changes in a number of areas.

These changes have resulted in improvements that support the long-term objectives of cultivating greater independence amongst residents within their most deprived communities.

The insight has already made a difference by helping to inform and shape a number of service developments. These include

- improving the consistency of naming services
- adapting the family journey approach
- introducing families to services via antenatal appointments
- improving signposting to services.

Some of the recommendations are smaller parts of a larger picture, of which the benefits will be felt when all are working together, improving the experience and the effectiveness of 'early years' services.

Naming services consistently

The insight revealed that a consistent approach to service naming and delivery across Children's Centres would benefit parents who lack confidence, move accommodation frequently, or who benefit from consistent routines.

For example, a physical fun session at one of the Children's Centre might be named "Toddler Gym", while elsewhere it could be "Turbo Tots", and at another "Jumping Jacks".

Parents with disabled children reported at the focus group that they often found it difficult to access sessions at particular times due to hospital appointments, but they would be happy to attend the same sessions at alternative Centres.

As a result the Integrated Children's Centre Managers working group produced a guidance manual to ensure the consistent naming of sessions. For example, activity sessions are now all called "Physical Fun."

"A good example of how networking can help bring people to the Children's Centres is the story of three African families who attended a Family Journey session earlier this year. Two of these families arrived together and knew each other already. Later, a Portuguese speaking family arrived late, and it happened that one of the African parents spoke Portuguese and could translate for the mother during the session. At the end of the session they exchanged 'phone numbers and arranged to come back to another session the following week – which they did. This networking effect can be a major contributor to increasing attendance among potentially hard to reach groups."

Nicola Carroll, Integrated Children's Centre Manager, Rochdale SureStart.

Improving the family journey programme

One of the key findings of the research was that a major impediment preventing families accessing their local Children's Centres was their lack of confidence.

In the light of the insight generated by the project, Rochdale adapted their Family Journey Programme – an existing programme comprising a session every three months focused on an activity appropriate to the child's age – in order to better:

- give parents an opportunity to talk informally and network at the sessions, and invite the same cohort of parents back to subsequent sessions. The intention being to promote social networking based on the Children Centre (see Text Box)
- signpost parents to other sessions available at the Children's Centre appropriate to the age of their children, and make it clear that although certain sessions are targeted at specific ages (baby massage), this does not preclude parents bringing older children to the centre. (The insight revealed the perception among parents that they needed childcare for older siblings and this prevented them attending such sessions)
- embed speech and language sessions and support into the thread of the Programme, based on the insight revealing that vulnerable families were not accessing these services.

Social networking among service users

"We had a chat in the Parent's Forum, and decided to start our own Facebook page. So the parents from the forum can add friends, and they can add friends. You can post messages about upcoming activities at our SureStart centre. Within four weeks of setting up the page, we had 100 friends."

Sam, member of the Parent Forum

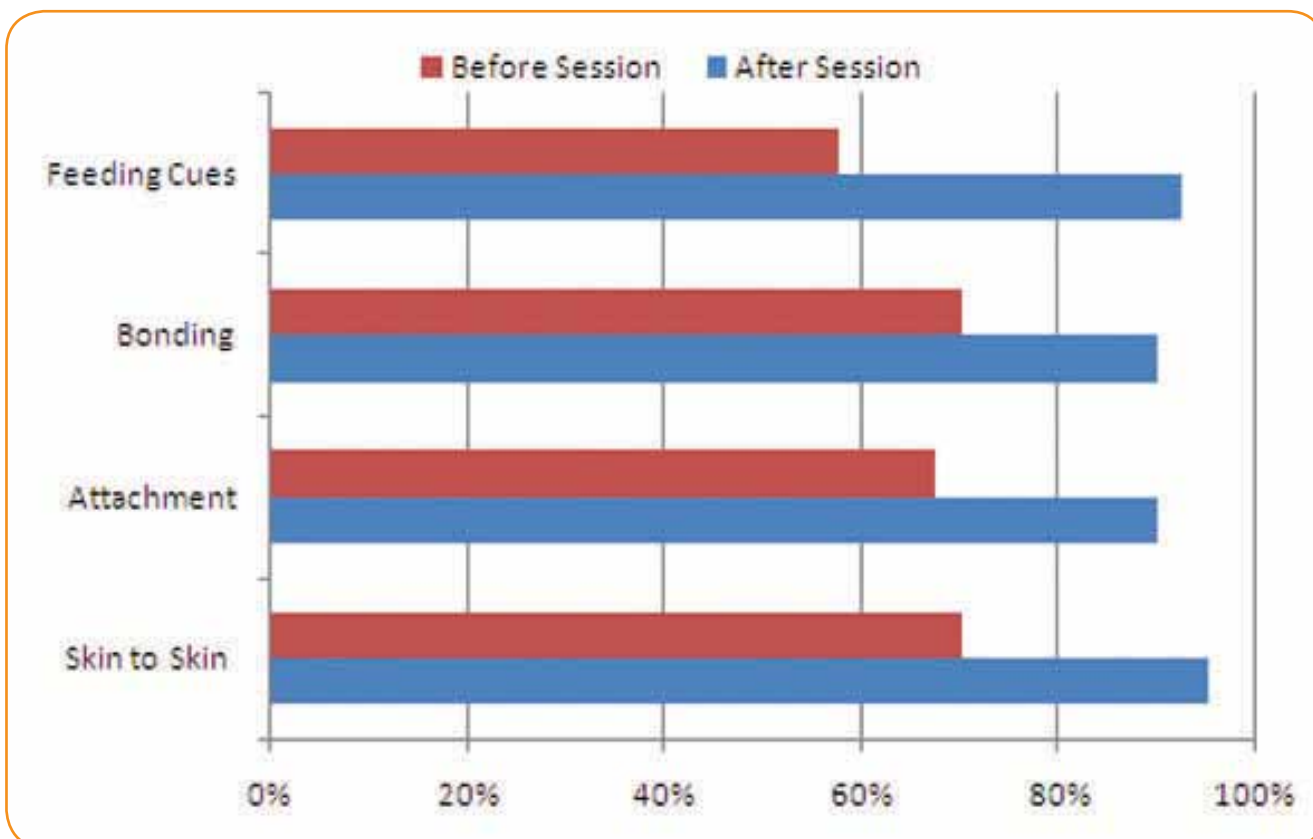
Introduction to Children's Centre via antenatal appointment

As an output from the customer feedback, Rochdale has established and implemented a process with its partners in Midwifery whereby expectant parents attend an introductory session at a Children's Centre during one of their antenatal appointments. Expectant parents, over 28 weeks gestation, are now invited to a session named Bonding with Baby which includes a tour around their local Children's Centre., This invitation is noted in their antenatal medical notes.

This has never been done before, and between its launch in April 2012 and July 2012 46 parents attended the introductory session. Rochdale expects 20 parents to attend each month, as the service gets embedded within the antenatal programme across the borough.

Feedback has been very positive so far. Eleven people attended the first session, representing six families, including two dads and three grandparents. Attendees at the session in April completed an evaluation form in which they scored their knowledge before and after the session:

Figure 11. parental knowledge before and after session



Attendees were also asked what was the most useful to them, with the most popular responses being:

- “reading feeding cues”
- “findings out about the help that is available if needed”
- “bonding with baby through skin-to-skin”

Staff also provided feedback, where they reported that the group had enjoyed the guided tour around Derby Street Children’s Centre. One expectant parent had booked an appointment with the Citizens Advice Bureau (based at the centre) after learning about this service during the tour.

In addition to finding out about the services available, the session also provided expectant parents with a valuable opportunity to meet other expectant parents.

The value of peer-to-peer networks between parents in developing their resilience was one of the key findings of London Borough of Croydon’s Total Place Customer Insight project “Children’s Health and Wellbeing”, downloadable from:

http://www.local.gov.uk/c/document_library/get_file?uuid=360de8d1-c1a2-4579-863a-120243756062&groupId=10171

Health visitor

Signposting to Children's Centres is now routinely advised to parents at the first visit to a new baby. Each Children's Centre has a link Health Visitor, who has all the leaflets and information from that Children's Centre. This is then disseminated to their team. It is also put on show in leaflet racks where baby clinics are run outside of any centres.

The health visitors have also developed a contact sheet that Children's Centre staff complete so that Health Visitors are kept updated as to specific interactions (information sharing and keeping a single record). Several health-related groups are run from the centres i.e. postnatal depression, baby clinics, breastfeeding groups and joint nutrition (weaning in particular).

Where the profiling has indicated a specific gap, the Health Visitor and Children's Centre are working together to put appropriate support into place i.e. a need for supporting a local group of parents with children who have Down Syndrome has just been initiated

Customer success story

A mum contacted the Health Visitor requesting a visit – she was assessed as having early postnatal depression. The Health Visitor, as part of the pathway, initiated a series of listening (counselling) visits. When the Mum was ready she then attended a postnatal depression group at the Children's Centre. She has kept other attendees as a group of friends (reducing isolation) and they now attend other activities. The outcome: Mum is much happier and did not need any other treatments, and the child attends child activities. This multi faceted approach is invaluable.

Signposting to and from partners

Based on feedback from customers arising from the insight project, Rochdale has developed ways to improve signposting. Rochdale has established key links with their partners, to allow effective and timely signposting to and from Children's Centres. These have been established with key agencies including the Job Centre Plus, Community Midwives and with Health Visitors.

Midwives

The main signposting we do within the Children's Centres is to the crèche and nursery facilities which has helped parents return to work.

We also ask Children's Centre workers to attend the start of the parent craft sessions promoting their Baby Bonding and Breastfeeding sessions, which has improved the uptake. The final postnatal visit includes time with the Children's Centre workers who promote their sessions, baby massage and all the age appropriate sessions.

We also signpost clients to the Citizens Advice Bureau sessions within Children's Centres for help with housing and work related problems.

Customer success story

We have recently been supported by the Teenage Pregnancy Support Worker at Sandbrook Children's Centre, when undertaking a CAF for an 18 year old client who left her parental home in Whitworth. Following the CAF at the Children's Centre, she was sofa surfing between three houses, with very little social support. She was signposted to several agencies for support and eventually went to live at Gabrielle Court [accommodation for young parent] who supported her into the community so she was able to provide a safe home for her newborn.

In the text boxes below are examples from Health Visitors and Community Midwives, who describe their signposting experiences, and provide specific examples.

Customer insight

The project has enabled the extension of capacity within the Council to undertake customer insight. Further projects to which the insight team is contributing include:

- conducting an analysis of the impact of welfare reform on the area, based on segmentation data
- creating local service asset profiles, detailing the service needs of customers within the vicinity of council assets
- following the training in customer journey mapping that was provided to staff as part of this project, four members of staff applied the customer insight skills they had learnt to the evaluation of a project (unrelated to this work) at a children's centre
- participating in the steering group overseeing the council's approach to the troubled families agenda with the intention of incorporating quantitative and qualitative research into the council's approach.

Going forward, Rochdale is committed to further developing and honing capacity within the Council, aiming to embed customer insight as a tested and effective tool; the cross-authority scale of this project will no doubt help this agenda.

A customer segmentation model for Greater Manchester has also been developed, making use of the many similar issues that communities face across the sub-region. The segmentation will facilitate partnership working, offering a high-level sub-regional community segmentation for strategic work.

Customer insight of 'early years' families will continue to be built up as project recommendations are implemented and performance monitored.

Benefits

Many of the actions taken as a result of the EYCI project have had the overall aim of increasing access.

In the first year, the project aimed to increase access to children's centres by 1 per cent above the already increasing trajectory of annual attendance. This represents an additional 150 children attending centres as a result of the project in the first year. Access to Children's Centres is defined as the number of children under 5 years of age known to be living in the area who have accessed services. The target for the second year (2013/14) is to see the higher rate of increase maintained, at 4 per cent per year.

"I was very lonely when I moved to Heywood, but the staff at the SureStart centre have supported me non-stop. You really need a lot of support as a parent, and it's great when the SureStart staff talk to you and ask how you doing. It's important that they get to know your personal circumstances and how you feel about things."

Claire, mother of two

Figure 12. children's centre's access targets



Measuring the benefit

The benefits of increasing access are that more children are receiving the preventative 'early years' services which are seen as the most effective intervention for reducing deprivation and have been at the core of the Greater Manchester Total Place work.

There is an ever growing evidence base for the efficacy of 'early years' intervention from work that has taken place around the world. Benefits range from personal benefits to the children and family to the social and economic benefits of reducing deprivation and changing behaviour. Some of the major benefits are seen as:

Economic

- increased employability and earning potential of 5+ good GCSEs
- benefit of employee support allowance or incapacity benefit claimant getting work
- benefit of JSA claimant getting work.

Health

- reduced cost of services for depression and anxiety
- improved diet via healthy eating programmes.

Crime

- reduced conduct problems, including anti-social behaviour, stealing, fighting and civil disobedience.

Other

- cost of not being school ready
- avoidance of the additional costs involved in serving families 'just coping' compared to those coping.

This analysis has been used to estimate the financial benefits of the increased access that this project hopes to achieve. This estimate is an initial attempt to quantify the potential savings, based on the best available information, prior to on-going evaluation as results from the project are measured.

Based in this evidence, Rochdale MBC has estimated the savings arising over the course of a lifetime of a child regularly attending Children’s Centres in their early years to be over £50,000. There is also an annual, recurring saving of over £10,000 per child arising from attendance.

The savings to wider society are even larger. Based on the magnitude of the increase in attendance described below under “Results to Date”, it seems likely that the Early Years Customer Insight project has made a contribution to the uplift in attendance.

For a full list of the evidence base and sources used for this calculation, and the assumptions Rochdale MBC used, see the document Estimate Benefits of Accessing Services available from the Knowledge Hub.

Figure 13. EYCI estimated savings*

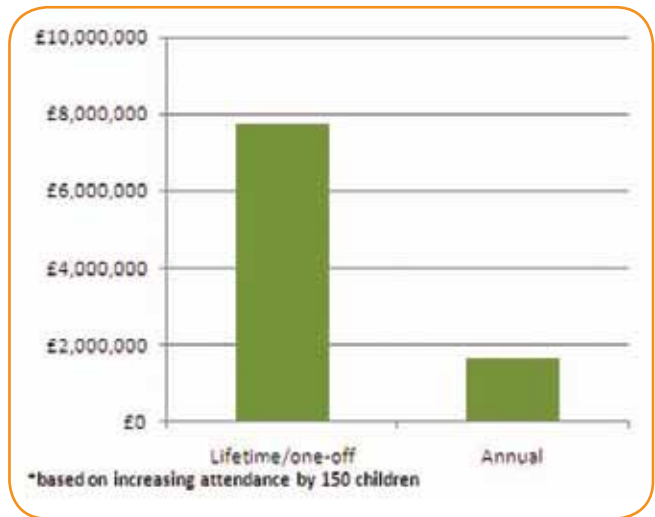
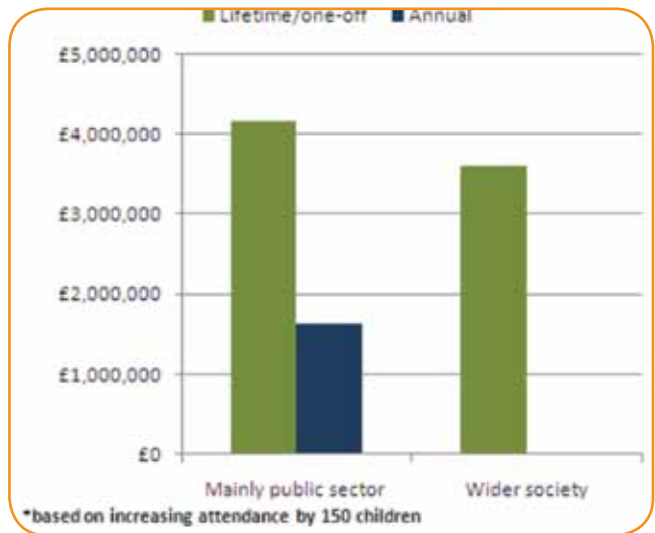


Figure 14. EYCI estimated savings by sector*



	Saving per child	Saving for 150
One-Off “Lifetime” Cost Avoided by Public Sector	£27,700	£4,155,000
One-Off “Lifetime” Cost Avoided by Society	£24,000	£3,600,000
Annual Recurring Costs Avoided by Public Sector	£10,854	£1,628,100

Results to date

To monitor and observe the impact of the changes brought about by EYCI, we have compared snapshots of access with those of the previous year.

When looking at a 12-month period from 1st August 2011 to 31st July 2012, a 9 per cent increase in access can be seen in comparison with the same period the previous year (1st August 2010-31st July 2011).

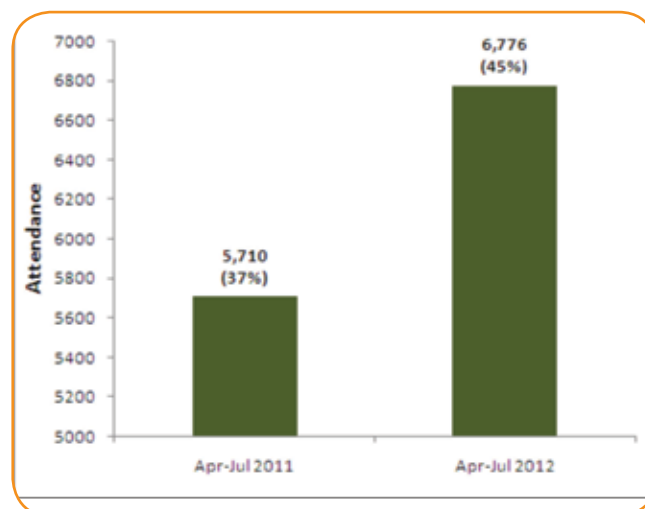
Four of the twelve months for 2011-12 are post-implementation of EYCI proposals, and the 9 per cent increase is a positive result for the project. The results are shown in Figure 15.

Figure 15. children’s centre attendance



Taking a snapshot of Children’s Centre attendance since the implementation of the EYCI recommendations (April 2012-July 2012), an 8 per cent increase can be observed in comparison to the same period last year (April 2011-July 2011). These can be seen in Figure 16. Unsurprisingly, the percentage accessing rates are lower than the annual figures, as access is measured over the entire year.

Figure 16. children’s centre attendance (comparing snapshots)



Feedback from parents

“One of the biggest problems is always been accessing information. It is very important to be told about the activities that the local SureStart centre offers, and antenatal check-ups is a good time to start. If I had been shown around at the same stage 5 years ago with my first child, I would have accessed a lot more services.”

Yasmin, mother of four-year-old

Governance

Governance of the work was two-fold. A Project Working Group comprising officers from Policy & Research, SureStart and Early Years was established to oversee project management.

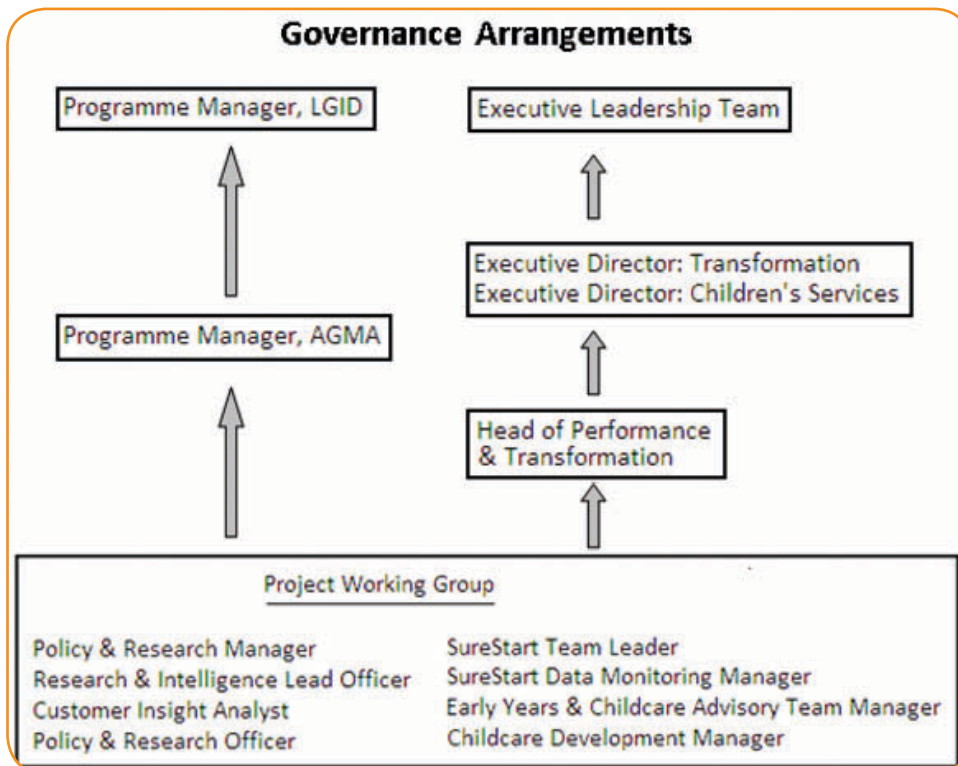
The Project Working Group reported to the Head of Performance & Transformation, who in turn reported to the Executive Directors of Transformation and & Children’s Services. Ultimately, the progress was reported to the Executive Leadership Team.

At the outset of the work, the Council identified “loss of staff” as a major risk to the project. In response, the Executive Team identified the project as being of strategic importance to the Council, and made a commitment to make additional resources available to the project if and where necessary.

The second governance structure was via regular update reports to the Association of Greater Manchester Authorities, and Local Government Improvement & Development.

Figure 17. Rochdale segmentation model

Resourcing



The Customer Led Transformation Programme contributed £58,000 to the resourcing of the project, which was invested as follows:

Activity	Cost
Project management and administration	£10,000
Research and training delivery	£33,000
Customer Insight training	
Service mapping	
Customer Segmentation	
Survey with parents attending antenatal class	
Customer journey mapping	
Survey with parents who have not accessed a children's centre	
Focus group with parents of a disabled child	
Secondment from children's services to work with research team	£15,000

Challenges and lessons learnt

Range of services and processes

Customer Journey Mapping is resource intensive, and should be used selectively to address local service priorities. For example, gaining a comprehensive understanding of the different service processes was challenging, given the project's staffing and time constraints.

The challenge in trying to map services and experiences across 19 Children's Centres was also compounded by the fact that each centre has its own processes and naming practices. Implementing a consistent naming policy is the one of the outcomes of the project.

Lack of reliable costing information

Children's Centres typically have difficulties providing the information required to enable accurate costing of services. This is partly due to of staff focus – which is typically centred on children and families rather than on the monitoring of resource and performance data. It is also a reflection of capacity constraints.

One of the findings of the wider AGMA work was that more effort was needed to promote the benefits of quality data monitoring in Children's Centres. This will improve the potential for cost benefit analysis going forward.

Role of families in CJM

Recruiting families for the Customer Journey Mapping workshops was one of the most resource intensive tasks of the project. Rochdale would recommend that other projects offer refreshments, crèche facilities and taxi fares in order to encourage the target social demographic to participate.

Furthermore, once they have gained the parents participation the facilitators of the workshops must manage the expectations of participants. Discussions with parents tended to lead to solutions that were not realistic given the funding available. Having invested considerable resource in attracting families to the journey mapping events, the facilitators must set clear expectations upfront with participants regarding what public services can realistically deliver.

Sharing data with partners

Authorities wishing to use Customer Journey Mapping techniques with families should be sure to establish the required consent from participants to share their information with partners from the outset. Seeking permission after the event proved time-consuming, and risks a higher refusal rate than including the question as part of the process up front.

Next steps

The project delivered the insight findings in April 2012, and since then the Early Years Team has been implementing recommended actions. These included those detailed under "Quick Wins".

In addition to these, Rochdale is also continuing to progress:

- promoting awareness of Disability Champions, by ensuring that frontline staff at Children's Centres make families aware of the role and the help they can provide in integrating families into mainstream provision
- focusing outreach effort on Deprived and Challenged communities to help ensure these groups access key services such as language, literacy and health sessions in greater numbers

- growing the Family Journey Programme to reach 20 families a month, or 240 families a year. Furthermore, Rochdale are working on bringing groups of parents from the same antenatal sessions together repeatedly over the course of the programme to cultivate social and support networks among parents with same-age children.

Rochdale MBC is also continuing to develop their capacity to generate and apply customer insight to improvement projects. The Customer Insight Lead is currently working with the Executive Team to develop and agree a Customer Insight Strategy. Furthermore, the customer insight team is also represented on the Steering Group overseeing Rochdale MBC's work on the Troubled Families agenda with a view to incorporating customer insight tools and techniques into their approach.





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