



Improvement

**Customer led transformation programme**  
Case study – Wigan Council  
**Reformulating early years services**

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## The Customer Led Transformation Programme

Wigan'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 Wigan

The borough of Wigan consists of Wigan, the largest town, Leigh, Ashton-in-Makerfield, Ince-in-Makerfield and Hindley. It is the second most populous local authority in Greater Manchester, with a population of 320,000 making up 12 per cent of Greater Manchester's total population. The borough is located on the north-western side of Greater Manchester on the M6 corridor and covers 77 square miles, of which 70 per cent is green or open space.

Wigan faces many challenges including high levels of deprivation and worklessness. According to the Indices of Deprivation LA Summary measures, Wigan is ranked as the 67th most deprived local authority out of the 354 local authority districts in England. 29 of Wigan's 200 neighbourhoods fall within the 10 per cent most deprived neighbourhoods in England. This equates to in the region of 49,400 people, or around 16 per cent of Wigan's total population.

Norley and Westleigh are ranked amongst the most deprived communities in Wigan. Out of forty Middle Layer Super Output Areas in Wigan, Norley is ranked first on the Index of Multiple Deprivation, and Westleigh is ranked seventh.

Furthermore, the review found that 42 per cent of children in Norley are eligible for free school meals, and 28 per cent in Westleigh – while the average across Wigan is 16 per cent. NEET levels in the two wards are also amongst the highest in the Borough.

Life expectancy is significantly lower than the borough and national average. Male residents living in the most deprived areas of Wigan typically live 11 years less than those living in the least deprived areas. Females typically live eight years less in the most deprived areas than those in the least deprived areas.

## Background

The customer insight produced by Manchester City's Total Place pilot on Early Years in 2009 (in which Wigan took a leading role) illustrated the array of challenges facing families with young children, particularly those in the most deprived neighbourhoods. The research found that many children reach nursery or school with significant development delays, omissions in basic care, delayed development of social skills and routine health checks missed.

In 2010 they embarked on a fundamental restructuring of the council and services. As part of this, Wigan wished to change its approach to working with children and their families. Wigan sought an evidence base for its approach going forward, and to challenge perceptions of its current performance and its vision for improvement.

For example, Wigan perceived its services to be fragmented, and that a better approach was to take a holistic approach to working with families. Wigan wanted customer insight to validate or challenge those perceptions, and have an evidence base for pursuing a holistic approach which treated causes and not symptoms. The customer insight work was geared towards delivering both the challenge and the evidence.

Together with three other Manchester authorities – Oldham, Rochdale and Trafford – Wigan applied for funding from the Customer Led Transformation Programme to collaboratively pursue insight projects which would provide the evidence base for reformulating Early Years services (see text box about the Association of Greater Manchester Authorities, AGMA, on p5).

There are three steps to Wigan's customer insight work:

- to begin, Wigan reviewed local data and segmentation analyses to identify those families most in need, and to better understand their need
- Wigan then undertook a customer journey mapping to understand how people engage with the council and what impact public services had on their lives
- lastly, Wigan undertook ethnographic research and produced a wealth of information on what it was like to be a parent in Wigan and how they navigated support from the council.

The findings and insight work has helped Wigan to validate their thinking and to develop their new delivery model which was implemented in November 2011 and is based on taking a holistic approach to family's needs. The approach has also enabled Wigan to streamline their service.

## Objectives

The objective of the customer insight work was:

- to understand the perspective and experience of the customer both in terms of:
  - o their interaction with services
  - o the impact services have on their lives
- 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 their life chances
- to provide an evidence base for, and a challenge to, the assumptions the council made in its approach to redesigning services
- to contribute to the wider Early Years insight work underway across AGMA and the North West.

### **AGMA Early Years Programme**

Wigan'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 and ultimately 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 four 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 focused 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 reducing 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.



## Approach

### Reviewing service and socio-demographic data

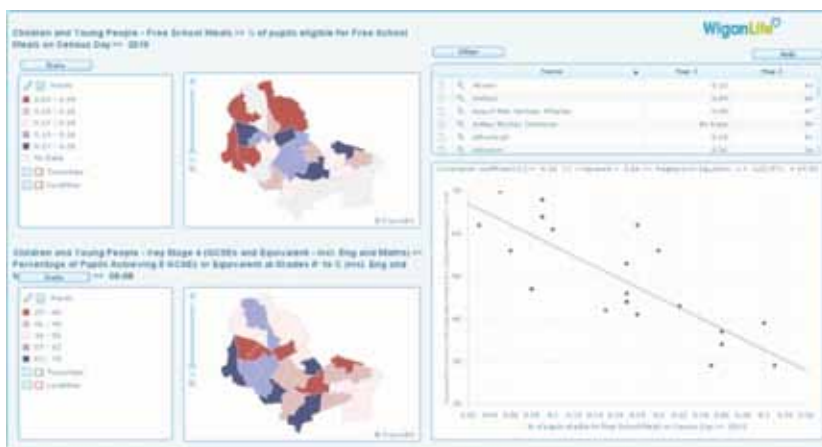
The project team reviewed a range of data available from:

- Wigan's local information system and
- ACORN's socio-demographic data set.

Wigan's Information System of Dynamic Online Maps (WISDOM) provides officers easy access to statistics at output areas levels on a range of themes including deprivation, health and social care, children and young people, and crime and disorder. The system was jointly developed in partnership with Wigan Council, Ashton Leigh and Wigan Primary Care Trust, Wigan and Leigh Housing and Wigan Leisure and Culture Trust.

Figure 1 illustrates an example of the data held within WISDOM, and one of the many ways data can be viewed.

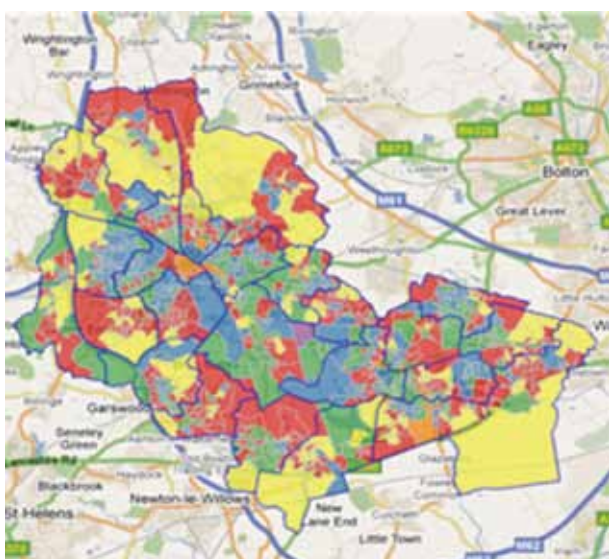
**Figure 1. Wigan's local information system**



As a member of AGMA, Wigan enjoy access to the CACI ACORN classification data, which categorises information down to postcode level using over 125 demographic

statistics and 287 lifestyle variables. For example, the map below profiles Wigan according to six broad groups (the highest level of the hierarchy).

**Figure 2. Viewing ACORN**



By assembling data from WISDOM and ACORN, the project was able to develop a rich picture of family circumstances across the Borough. The review confirmed the wards of Norley and West Leigh as the most deprived areas in the borough, (see also 'Findings' and subsequent insight work focused on these two wards).

### **Custom segmentation**

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 the current service take up by deprived families with children in early years 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](http://www.local.gov.uk/c/document_library/get_file?uuid=02b14728-9ad8-4a6c-ab53-e4ab5221bc51&groupId=10171)

The segment comprises 13 groups, and summarises the characteristics of these groups in terms of:

- income
- families
- housing
- social grade
- transport
- health
- papers and magazines
- communication
- finances
- shopping
- health service.

Examples of the 'Pen portraits' created using this segmentation are included under 'Findings'. For example, the group 'Hard pressed' where prevalent in the two wards and the segmentation described residents as being characterised by:

- Low levels of qualifications, with those in work likely to be employed in unskilled occupations.
- Housing is a mix of low rise estates, with terraced or semi-detached houses, and purpose built flats. More than 50 per cent of housing is rented from the local council or a housing association.
- A tendency to read red top newspapers, use a prepaid mobile phone, and not be connected to the internet.

### **Customer journey mapping**

The objective of the Customer Journey Mapping was to illustrate the current customer experience and indicate what needed to be done to join up services and remove duplication from the system. This in turn would have a positive impact on life chances in the most deprived areas.

“Customer journey mapping is the process of tracking and describing all the experiences that customers have as they encounter a service or set of services, taking into account not only what happens to them, but also their responses to their experiences.”

**HM Government**

The council were also seeking to develop a model for customer journey mapping that could be applied in multiple settings. In undertaking the mapping, the council recognised that there are rich quantitative (costs, service specific data, etc) and qualitative (service user perspectives) data sources that remain untapped, but can be utilised as intelligence to support the transformation of public services.

One of the decisions the project had to make was to decide who is best placed to conduct the customer journey mapping. The choice was between:

- introducing a new person to the family to get an independent and 'objective' view unbiased by previous interaction
- having a service practitioner who had already engaged with the family conduct the journey mapping.

Wigan chose the latter, based on the perception that engagement was more likely to occur when a trusted relationship already existed. However, for frontline practitioners to successfully conduct the journey mapping it was essential that both the officer and the family understood that the mapping exercise was not an 'assessment', and required a different communication style with the family.

Each journey maps typically took four hours to complete, with two members of staff in participating – one as interviewer, and the other as scribe. Furthermore, the officers undertook some preparation including reviewing the case files where available.

The project conducted customer journey mapping with six families. The families were selected based on their:

- Geographic location. The socio demographic review indicated the wards of Norley and Westleigh at the highest populations of families in need.
- Current status in terms of the 'family descriptors' guide (see text box), ie was the family 'just coping', 'thriving', 'chaotic' etc.
- Relationship with the practitioners undertaking the customer journey mapping (ie what was the likelihood of engaging successfully and completing a map).

Once the family had agreed to participate, it was essential that they signed a consent form to ensure that the information could be shared across the council and partners. Without this consent form being signed, the journey mapping could not proceed.

Wigan also produced a toolkit for the practitioners, comprising templates and prompts, which is available to download from the LGA Knowledge Hub (<https://knowledgehub.local.gov.uk/group/agmacustomerinsight>). An extract of the directions giving to officers conducting the mapping is included in the text box below. This gives a good indication of the practicalities of the task.

The practitioners were also encouraged to brief each family's key link worker in case the input was needed after the completion of the customer journey mapping.



The officers conducting the customer journey mapping were provided with a template to enable them to feedback their findings in a consistent format. An example of a customer journey map produced by this exercise, which maps the family's interaction with services against their emotional journey, is included in the Findings section of this case study.

Subsequent to the customer journey mapping, the council undertook a costing exercise which involved identifying the cost of the services the families had received. This involved cross-referencing their story with the case file details held by partners. This required them to attain additional consent from the families concerned and to agree a data sharing protocol with their public sector partners.

### **Ethnographic research**

Wigan and Oldham Councils had a shared interest in better understanding how to improve the life chances of families with young children living in the deprived communities and hence took the step of jointly commissioning ethnographic research investigating this particular group.



### **Guidance for customer journey mappers**

- Use the 'my home/family tree' template to understand the context of the current family situation.
- On a timeline map the family journey (using flip chart paper). Key prompt questions include:
  - o What happened? Key life events, your story, your journey
  - o How did you feel?
  - o What services did you receive (be aware that families may not always identify a service correctly)?
  - o How did you feel about the services? Did they help?
  - o How long did you receive this service for?
- Focus ideally on the last 12 months as a minimum, but allow the family to define the period. Context is important, therefore you may need to acknowledge and record key life events that have taken place some time ago.
- Obtain a perspective/journey from each 'family' member living within the same household.
- More than one session may be needed to speak to each family member.
- Please remember, the customer journey mapping is designed to track family's stories and pick up how they were feeling, rather than what they thought about the quality of specific services.
- A pack of tools (emoticon stickers, flip chart paper, pens, family tree templates, post-it notes, etc) have been collated to support the exercise.
- You may wish to use different coloured post-it notes to identify services. To avoid confusion these are not prelined at this at this stage.
- Key holidays, such as Easter, Christmas, or birthdays could be used as prompts to support families to walk through the last 12 months.

The consulting firm thinkpublic – who specialise in conducting ethnographic work in support of service re-design, were commissioned to conduct a programme of research consisting of:

### Training

Wigan had commissioned consultants to conduct ethnographic research as part of its Total Place pilot. This produced valuable findings, but Wigan chose a different approach this time round – preferring to develop the capacity of its staff to conduct ethnographic research themselves on future projects.

Hence, Wigan arranged for thinkpublic researchers to train members of staff from Wigan and Oldham Councils to interview families with young children. Members of staff were trained in the principles of ethnographic training and how to accurately capture the comments and observed behaviours of families.

### Research

The Consultants worked collaboratively with Wigan and Oldham Councils to produce a research framework to define the focus of the research. In response to the directions given by the project sponsors, Wigan and Oldham Councils, Wigan and Oldham the Ethnographers focused in particular on the experiences and needs of parents with children under four.

To do this, they arranged interviews with parents in a range of settings including:

- ‘community-based services’ locations for example included Sure Start centres, ‘Tumble Tots’ sessions at leisure centres, and baby clinics at community centres
- ‘out and about’ these took place at shopping centres, local cafes and on streets; targeting families that may not be engaging with services
- ‘at-home’ four interviews took place in the homes of families that have been identified by service providers as being particularly relevant to the project.

Ethnographic research is the descriptive study of human cultures and societies based on extensive fieldwork.

- seeks to understand issues from the subject’s point of view by observing how they behave in a given setting and asking pertinent questions
- crucially, uses ‘open questioning’ technique grounded in conversation
- is qualitative and offers a nice blend with some of the more quantitative research that can be undertaken.

Open questions such as:

- and how did that feel?
- and what happened next?
- and why was that?

As opposed to closed questions:

- was that really horrible for you?
- did you think about leaving?
- why did you bother?

Important to note this is a difficult skill to master, and was challenging for the engagement staff who undertake qualitative research on a daily basis.

Over a period of seven days the newly trained ‘ethnographers’ applied the skills they had learned to research the experiences and needs of families with young children living in deprived communities. The thinkpublic ethnographers supervised council researchers to ensure the quality of the research programme.

The researchers conducted a total of 48 interviews with parents, carers and grandparents in the Wigan wards of Norley and Westleigh.

These interviews explored participants’ experiences, attitudes and aspirations in relation to a broad range of issues, including:

- childhood
- pregnancy and parenthood
- employment
- health and wellbeing
- housing
- kinship
- education and learning
- aspirations.

Interviews were conducted using an ‘open questioning’ technique, allowing interviewees to direct the conversation. As a result, not all topics were covered in every interview, but topics discussed can be assumed to be of importance to the interviewee and their family. As such, the findings consist of a range of opinions and experiences, rather than a definite set of conclusions.

The length and depth of interviews varied depending on the setting and willingness of participants, from 20 minutes to three hours. Interviews were conducted in pairs: one interviewer and one note-taker. Each pair was encouraged to record the information given to them as directly and immediately possible.

At the end of each interview the pairs would type up their notes together, capturing quotes, alongside their reflections on how they felt during the interview, the factors that might have influenced the information they were given, and other observations about learning or experiences over the day. At the end of each day the team would meet and share their findings.

“When we were asked to do the ethnographic research I was hesitant in how much you would actually get from approaching somebody asking those kinds of questions, because of the community development experience that I had.

But the amount of information that we got while just chatting to mums in the park was fantastic! Because in a way it’s not about them – it’s about their experience of being a parent or carer – and people were pretty ready to give you their views and experience.

And the men that we spoke to were extremely open. Because the bottom line is people like talking about themselves as long as they don’t think it’s going to get them into trouble.

And given my experience of the time it took to build relationships and trust in community development, that was a surprise.”

**Nicola Lowe, Community Engagement Manager, Wigan Council**

## Analysis and interpretation

The main thrust of the research was to identify the strength and depth of people's concerns. To do so, the consultants together with the project analysed how many times in the conversation a particular topic was talked about and the depth to which it was discussed.



This is based on the grounded theory research method. The transcripts of the interviews were reviewed and the key points marked with a series of codes. These codes were then grouped into similar concepts, and then categories formed from these concepts.

After both research periods were completed, thinkpublic researchers facilitated a compilation day. This brought both teams together to share findings, identify common and contrasting issues and themes and to capture quotes from the interviews that illustrated these themes.

Repeated themes include feelings of isolation, lack of confidence, and the hard life people felt they were living. For further information, see 'Findings'.

## Findings

Norley and Westleigh are ranked amongst the most deprived communities in Wigan. Out of forty Middle Layer Super Output Areas in Wigan, Norley is ranked first on the Index of Multiple Deprivation, and Westleigh is ranked seventh.

Furthermore, the review found that 42 per cent of children in Norley are eligible for free school meals, and 28 per cent in Westleigh – while the average across Wigan is 16 per cent. NEET levels in the two wards are also amongst the highest in the borough.

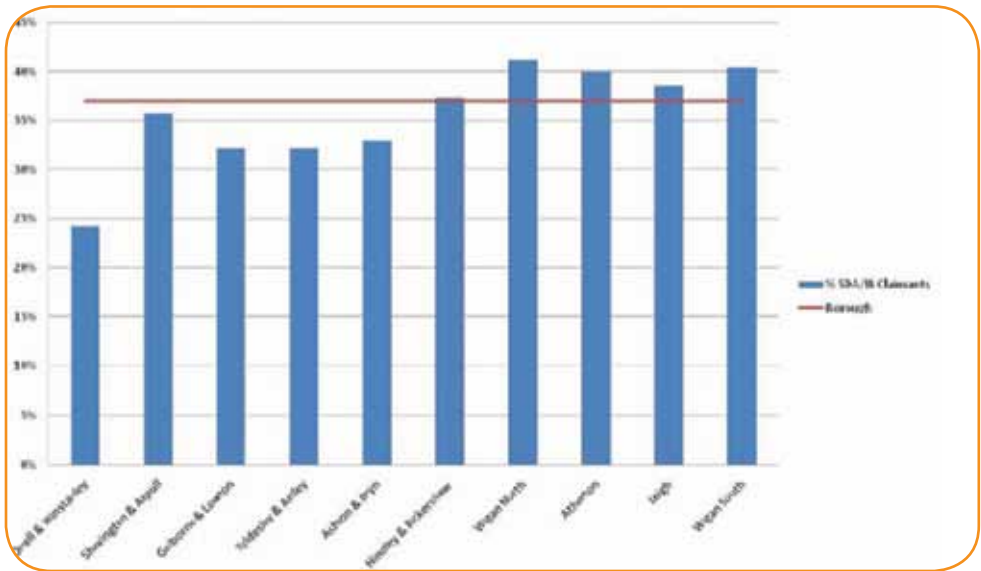
The number of residents of Wigan with Long Term Limiting Illness (LTLI) is higher than the national average, and the percentage of the population with a LTLI is also higher in more deprived townships. Over a third of Incapacity Benefit/Severe Disablement Allowance (IB/SDA) claimants in the borough claim for mental illness, and that is also higher in line with deprivation.

A Middle Layer Super Output Area (MSOA) is a Geographic Area

Middle Layer Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

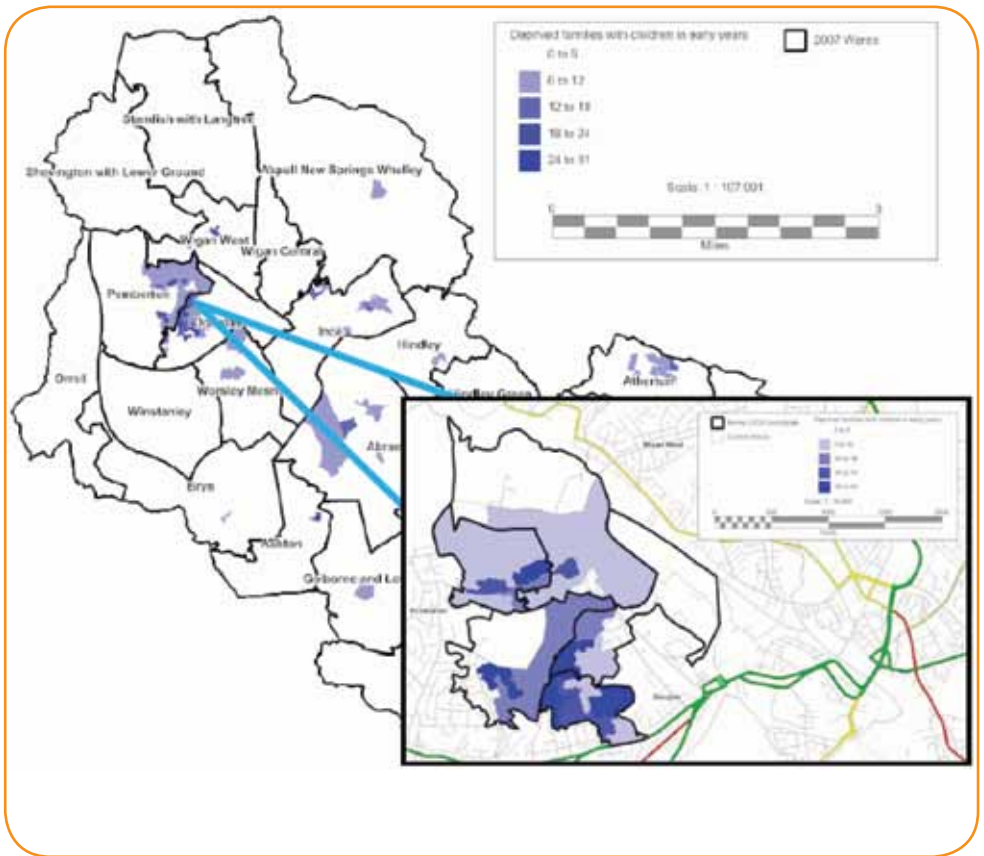
Middle Layer Super Output Areas are built from groups of contiguous Lower Layer Super Output Areas. The minimum population is 5000 and the mean is 7200.

**Figure 3. Percentage of IB/SDA claimants that claim for mental illness (February 2011)**



The image below highlights those families who are considered the most deprived and in need of services in the borough. These represent an important group to target when thinking about the project, both for acute and preventative work.

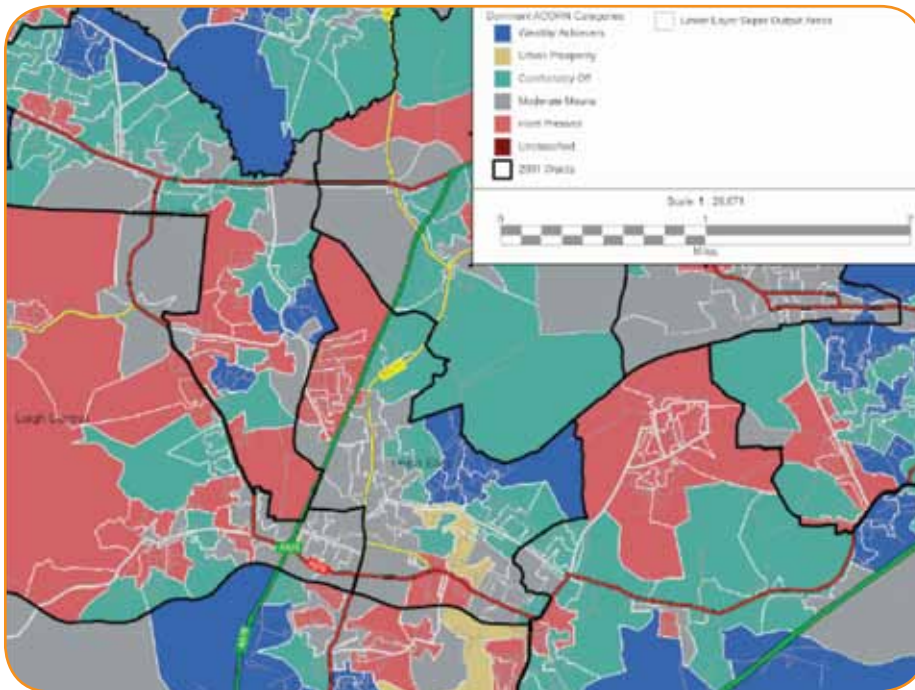
**Figure 4. Number of deprived families in Norley**





ACORN datasets were used to understand the dominant segments in each locality. The map below depicts the over representation of 'moderate means' and 'hard pressed' in the study areas. The table which follows outlines some of the key characteristics, according to the ACORN segmentation.

**Figure 5. Dominant ACORN categories**



**Figure 6. Key characteristics of deprived families based on ACORN segmentation**

Age and gender	Slightly more female (60%); Fairly young – 18 to 34 yrs-account for 80%
Income	Very low – under £20k
Families	Young children at home, just over half have two or more children
Housing	Frequent movers – 56% lived in same place less than three years. Renting: private (18%), social housing (65%)
Social Grade	Lowest: D (28%), E (59%)
Transport	Mostly public, 80% have no car
Health	11% smoking – much less than average
Papers and Magazine	Sun, Star, Women's Glossy and Celebrities
Communication	Internet users, Mobile users less likely to have land-line; Social media uptake high
Finances	Likely to have been refused credit (77%), more likely to make minimum credit card payments, likely to have one or more loans (56%). Very likely to be. Struggling to manage debts. Will transact on-line, 51% bank online.
Shopping	Small spenders, Asda, Aldi – often less than £25 / wk
Health Service	Frequent users

**Figure 7. Pen portrait of ‘hard pressed’ group, drawn from AGMA’s customer segmentation**

## Category 5: Hard-pressed

This category contains the poorest areas of the UK. Unemployment is well above the national average. Levels of qualifications are low and those in work are likely to be employed in unskilled occupations. Household incomes are low and there are high levels of long-term illness in some areas. Housing is a mix of low-rise estates, with terraced or semi-detached houses, and purpose-built flats, including high-rise blocks. Properties tend to be small and there is much overcrowding. Over 50 per cent of the housing is rented from the local council or a housing association.

There is a large number of single adult households, including many single pensioners and lone parents. In some neighbourhoods there are high numbers of black and Asian residents. These people are experiencing the most difficult social and economic conditions in the whole country, and appear to have limited opportunity to improve their circumstances.

Daily newspapers: Record, Star, Sun, Mirror

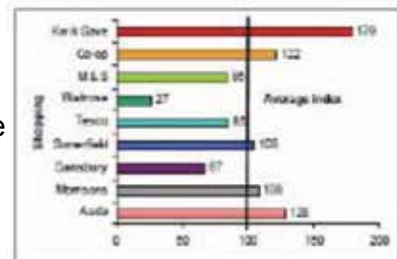
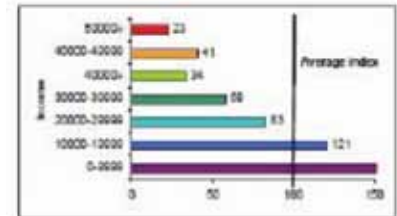
Internet and telecommunications: pre-pay mobile phone, not connected to internet

Media awareness: phone boxes, shopping centres, bus exterior

Expenditure: alcohol and tobacco, utilities

British Crime Survey (respondent perception) problems in their area:

- people using or dealing drugs
- people being attacked or harassed (skin colour)
- noisy neighbours or loud parties
- teenagers hanging around on the street
- feel very unsafe when walking alone after dark
- very worried about being mugged
- very worried about being insulted or pestered.



## Customer journey mapping

The key finding from the customer journey mapping, and further supported by the ethnographic work, was that although services were generally performing adequately on an individual basis, they were being delivered in silos so failing to treat families as a whole. The mapping exercise illustrated how disparate services were, and how they were “too many services trying to do too much, to too many people.”

Furthermore, the customer mapping exercise also illustrated how each service would attempt to address the ‘presenting problem’, rather than the underlying issue. The paradoxical effect was that staff typically defined the problem in a way that the family did not recognise and so effectively ‘disempowered’ the client from being able to overcome the problem themselves.

The mapping also illustrated shortcomings in the escalation and de-escalation of support and intervention. The mapping exercise illustrated that families can get intensive support to address specific issues, but when this is deemed to have been resolved support stops completely.

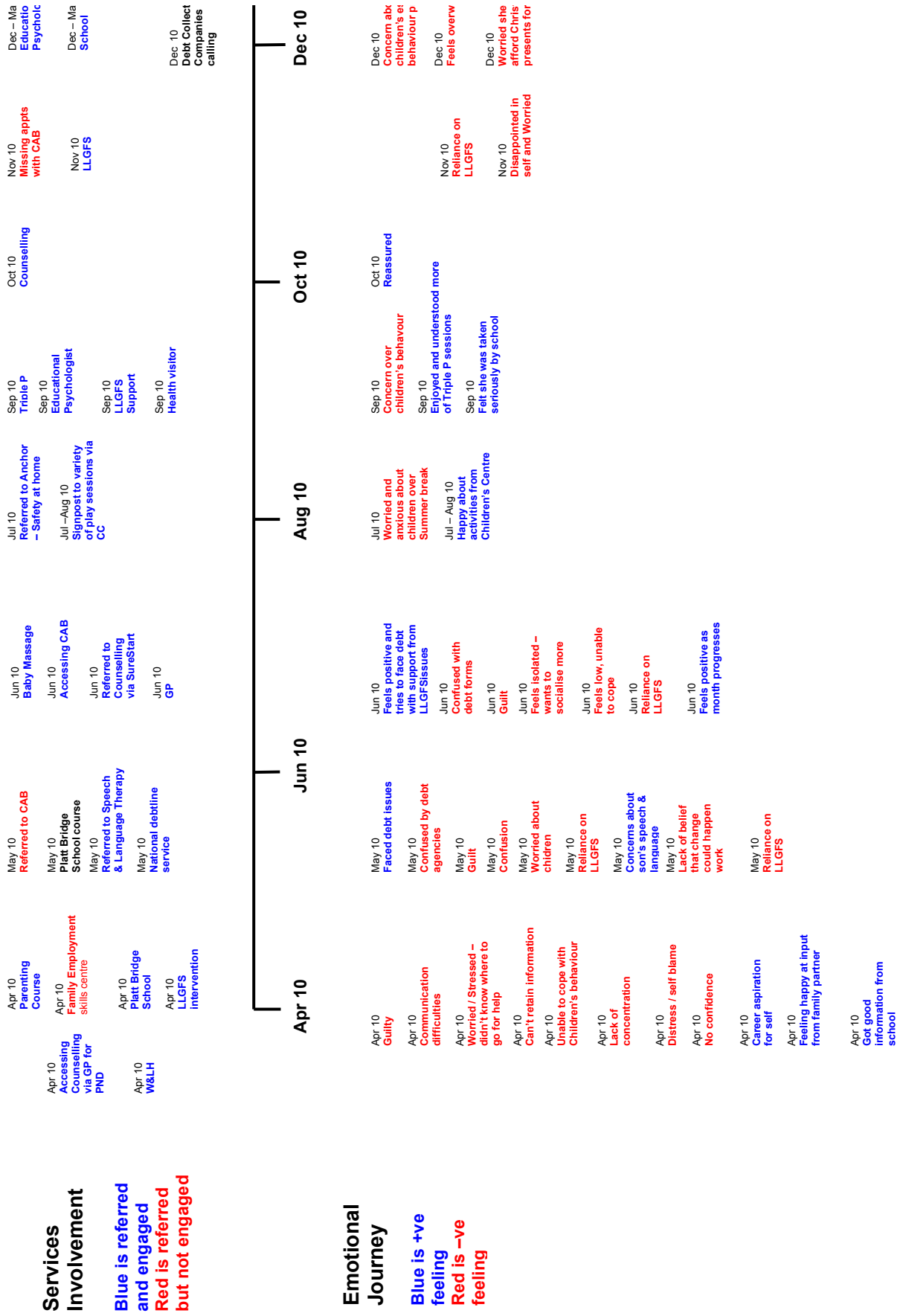
Under the old system, a family can transition from having a social worker to having their case closed and returning to universal services. However, the family may not have developed the resilience necessary to survive a future crisis and would as a result have often presented back to social care.

This finding has led to the development of the formal process of referral and de-escalation to a social worker allocated to the case, they are referred back to the new Gateway – and integrated service that has been developed in the light of this insight (see ‘Outcomes’).

The chart overleaf maps the interactions of one family against their emotional journey



**Figure 8. Mapping service interactions to the emotional journey**



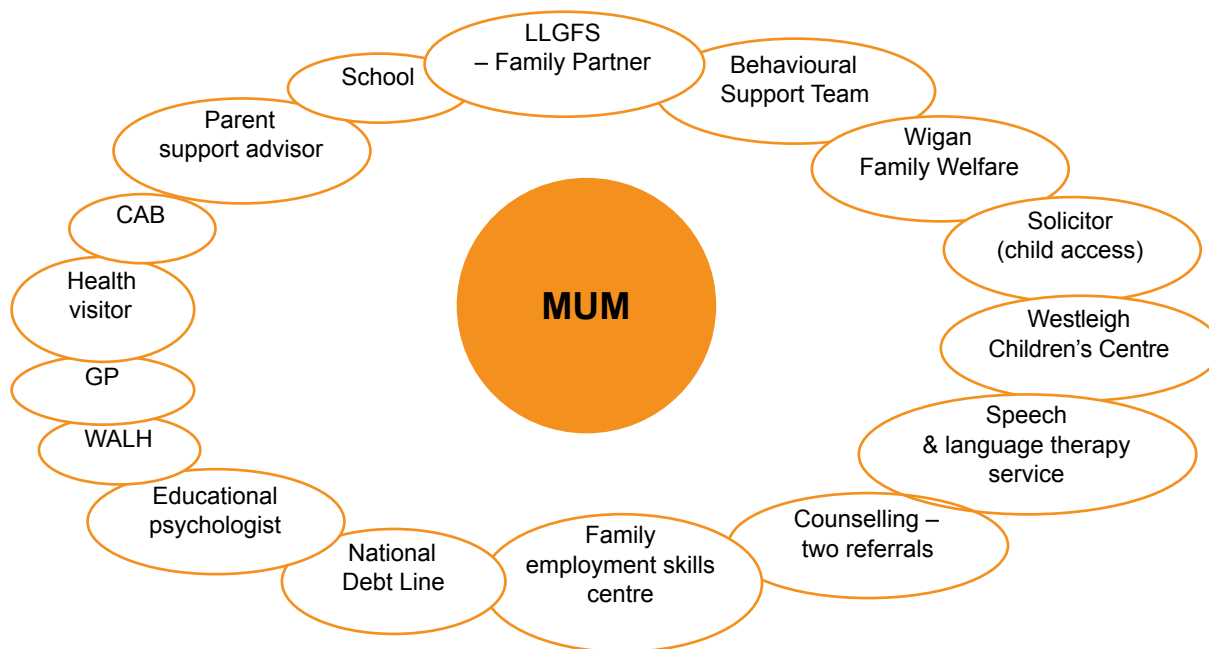


The diagrams below are drawn from the customer journey mapping of a mother from one of the families and serves to illustrate:

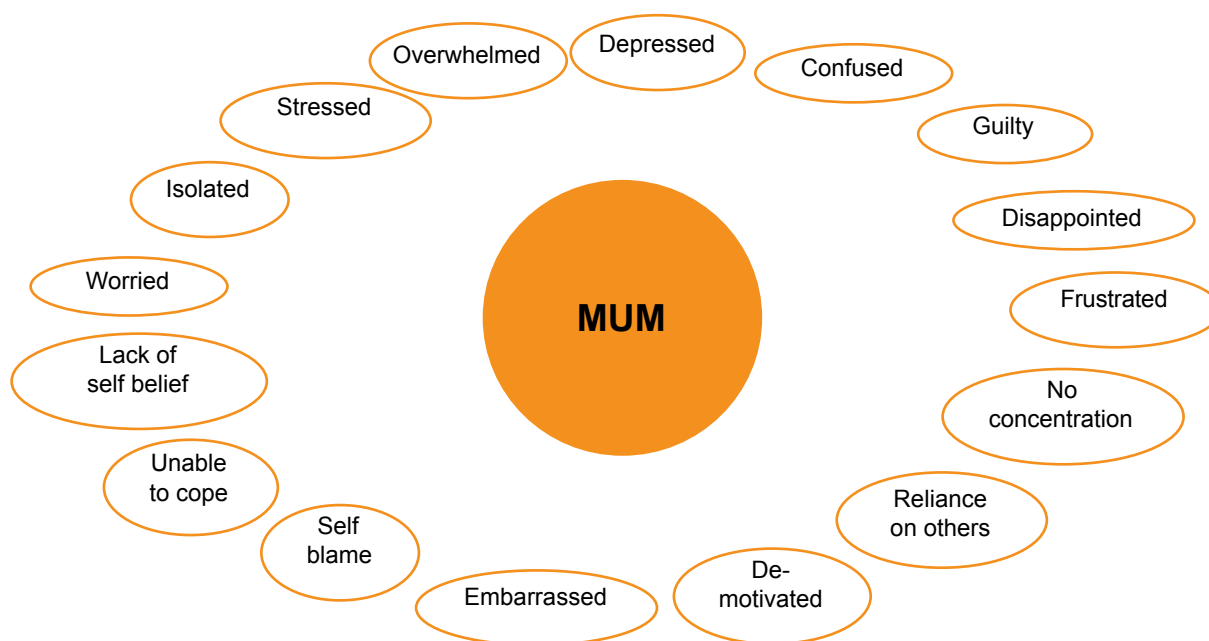
- the range and multiplicity of different services that the mother was interacting with and
- the range of different emotions that the mother was dealing with on this journey.

The mother was clearly going through significant turmoil whilst trying to manage a family and manage their interaction with services and this would not have been something that many of the services would have been aware of. This further reinforces the need for a holistic approach to families, and the lead professional to work closely with families.

**Figure 9. Mother was interacting with multiple, disparate services**



**Figure 10. Mother experiences a range of negative emotions**





## Findings from ethnographic research

The ethnographic research produced a rich picture of the lives of young families in the wards of Norley and Westleigh. To give you an example of the nature of the outputs from ethnographic research, the text boxes on this and the following pages include comments that are representative of the feedback residents gave the ethnographers.

The themes that were repeated most strongly throughout the research include:

- Parenthood was perceived to be a normal part of everyday life, and typically began in the late teenage years.
- Bringing up children was not just a job for mom and dad – grandparents often played a key role in caring and supporting children, as did the extended family.
- There was a prevalence of mental health issues, such as postnatal depression. While postnatal depression was not seen as a taboo subject or something to be ashamed of and most respondents were prepared to discuss depression freely with their family and friends (and with the ethnographers).
- Mothers experiencing postnatal depression referred to isolation or a lack of family support as being an issue, but also spoke of hiding their symptoms from Health Visitors for fear of potential intervention by social services.
- Generally, the perceptions and experiences of social services were often negative.
- Respondents explained the lack of interaction with public services as resulting from their suspicion that the services “don’t really care about me”, and they viewed their child “like a statistic”.
- One area where parents were proactive in was pushing for specialist tests, such as for ADHD, as of the diagnosis was often seen by parents as a gateway to accessing other support.

For many, the realities of parenthood came as a shock. One participant told the researchers

“I didn’t think it [being a mum] would be hard as it is... It’s really hard when you have a baby. You have to change everything. Like when I had ‘M’ I really liked going out, I can’t do any of that now. I felt really young when I had her. I was 21 and lots of my friends had children when they were 17 so it’s not young. I think it’s just the age you feel...I don’t want any more children”

One mother who had moved from Kent to Wigan described how her initial isolation and problems with neighbours in her area contributed to her postnatal depression:

“I had postnatal depression for over 18 months. When we moved here it was really hard ‘cos we moved away from all our friends and family. Then I was all on my own.”

Some of these parents expressed feelings of anxiety about accessing services. Some participants felt they would be excluded by the other members of groups, and had heard that certain groups were ‘cliquey’ or ‘snobby’. One 25 year old mother of four said: “I’ve just joined Sure Start... but I don’t go... I don’t feel welcome there. They’re just stuck up and not welcoming. They just sing with the kids”.

Another mother described how postnatal depression had contributed towards her separation from her partner, and isolation from her friends. She told us: “I chose not to go to the counselling because I didn’t have the confidence to go.... I thought why would they bother about me? They’d just go home at night and not give a shit... Looking back I think it could have helped but I didn’t have the confidence... I just needed someone to come and just have a chat like we’re doing now to get it all out”.

Children’s services in general were criticised by one mother as being exclusively targeted towards people with extreme issues, leaving little available for those with lower-level problems: “I’m not entitled to other stuff because my other half works, I get bugger all, it’s hard. I don’t get people coming into the house to help or give me any time. Lone parents get that – someone comes in and sits with the kids for a couple of hours, so that you can get things done... J [husband] said “it sucks being married and working”.

Participants frequently identified a lack of personal confidence as a barrier to returning to work. One mother described how she had lost confidence in her ability to work since she became a mother: “I was born in Glasgow but I moved here when I was 12. I used to love drama when I was at school, I was always in the top set, but then I came here and there was nothing. I used to love childcare too... I’ve got lots of interests, but cos I’ve been out of work for so long now, I don’t know...I’ve got confidence, I’d chat to anyone me, but.... I don’t know, I just chat to my friends instead.”

One mother who was interviewed in West Field Children’s Centre described how she suffered from postnatal depression 17 years ago after having twins. She associated this with feeling isolated in her neighbourhood, and there being no services available to her. “When I had twins it was a nightmare. There were no services. It was a nightmare. I had no help. It was hard. I had postnatal depression. I didn’t tell anyone because I was scared that I might have the kids taken off my social services. I lived in Kitt Green... Everyone was out in the day working. There was no one about to talk to. I felt on my own... I would sit at home and feel so bad as though I wanted to throw the child out the house. I’d talk to the health visitor and she’d make me realise that was normal part of post natal depression”.

The following information reflects the issues raised by a participant interviewed at a children’s play session by a Wigan Council employee. The interview was recorded by a note-taker, also from Wigan Council. As far as possible the notes below represent comments directly made by the participant in response to questions and prompts from the interviewer. The respondent was a 27 year old white British full-time mother of three children aged ten, six and two who was living with her partner.

The findings from Wigan’s Early Years Customer Insight programme reinforced the view that any future service delivery model needed to:

- support the whole family
- be joint in nature with partners
- have timely, locality based offers of additional support
- be targeted to those families ‘most at risk’ of requiring support
- be underpinned by high quality universal support

“I live in Worsley Hall but use the services in Marsh Green more because my mum is down here and the kids go to the local school”.

“I volunteer with the Rainbows here in Marsh Green. One of the volunteers has a daughter in my daughter’s class so I got a letter asking if anyone wanted to help”.

“My daughter goes to Rainbows with her friends. I help with the fun stuff, like crafts. We’re making tiaras next week”.

“When I had my first child, my daughter, I was 17. I was still living with my mother. My family are all close by and help out. I have a lot of support. My partner helps out, he has no choice”.

“I didn’t really attend groups with my first. I was too cool when I was younger. The Health Visitor for my second child gave me leaflets and I got involved with Sure Start and we organised day trips, like to Gullivers World. They were really good. The centre gave me loads of information”.

“I used to go to the doctor in Marsh Green and then they moved, so I moved with them. He knew all the kids’ names so I went with him. I used to use the baby clinic. I wouldn’t go anywhere else. I went into Sherwood Clinic for baby clinic with N... [the youngest child]... It was really hard getting an appointment with the dentist but my grandma got one at Beech Hill so we went with her”.

“I don’t do any of the activities in the area with the kids. One of them wants to do gymnastics but I haven’t got round to it yet”.

“The Health Visitors are different now. They visited all the time when I had my first (10 years ago) but I’ve hardly seen them now. The last time I saw her was at the two and a half year assessment”.

“On a typical day I get up at 7am to get the girls ready for school. Then we go shopping or go to a group. When I pick them up we go home and have tea and they fight. The youngest one goes to bed at 7.30. Sometimes the second one will read her a story. I have to put them to bed at different times or else they fight. The older one goes to bed at 9 but I let her watch telly”.

“The lows of being a mum are the sleepless nights. I love everything else, apart from when they’re naughty. I don’t want any more children at the moment, I want a rest. But I would like a boy. If I had a magic wand, I’d have no naughty kids!”

The new Gateway service is part of Wigan's approach to reconfiguring services in the light of these findings (see 'Outcomes' below).

## Outcomes

### Gateway service

The customer insight programme influenced the service redesign for Wigan's 0-19 pathway – leading to the establishment of the new Gateway service. The Gateway service takes an early intervention and prevention approach to working with families. A number of different services were decommissioned and the service they provided is now provided through the Gateway. This redesign has led to savings of circa £1.2 million.

The Gateway service provides support to children, young people and families who require a co-ordinated approach. The Gateway aims to prevent their needs escalating to the point where they require the intervention of more specialist services, and to support families as they improve and no longer need the support of specialist services.

“How do you move from a workforce which has been trained to do things to or for the client, to a workforce which enables the client families to support themselves?

We need to move to a workforce which helps families help themselves. And we need to do that for loads of reasons. Firstly, because 'doing to' doesn't seem to work. And secondly, because we can't afford to continue that approach any more. So going forward there's real emphasis on how we build self resilience and how people help themselves.”

**Nuala O'Rourke**  
Programme Manager, Wigan Council

The Gateway supports children at level 2 and 3a of the above threshold of need (marked as 'Targeted services' at the top of the dashboard below). The Gateway locality teams are now delivering services previously delivered by the Education Welfare Service, Connexions, Child Support Team, Leigh, Lowton and Golborne Family Service and 'Right from the Start' Team.

- creating a generic early intervention worker role (approximate 95) to sit within integrated 0-10 years team including key health roles eg health visiting support staff
- assimilating a number of CYPS roles into the early intervention team eg parent support advisors, link workers (currently employed by schools)
- apportioning the number of posts according to area need, with an understanding that the resource is peripatetic and moves as need emerges and changes across localities
- rationalising existing commissioned provision to create a menu of 'increasing need' services.

Although the service has only been in place since the beginning of 2012, there is anecdotal evidence from both front line workers and families that outline some of the benefits of this key worker approach (see Text Boxes).

The Gateway 0-19 service is based on early intervention and prevention and based in five localities (see map on p23).

Figure 11. Wigan's five 'localities'

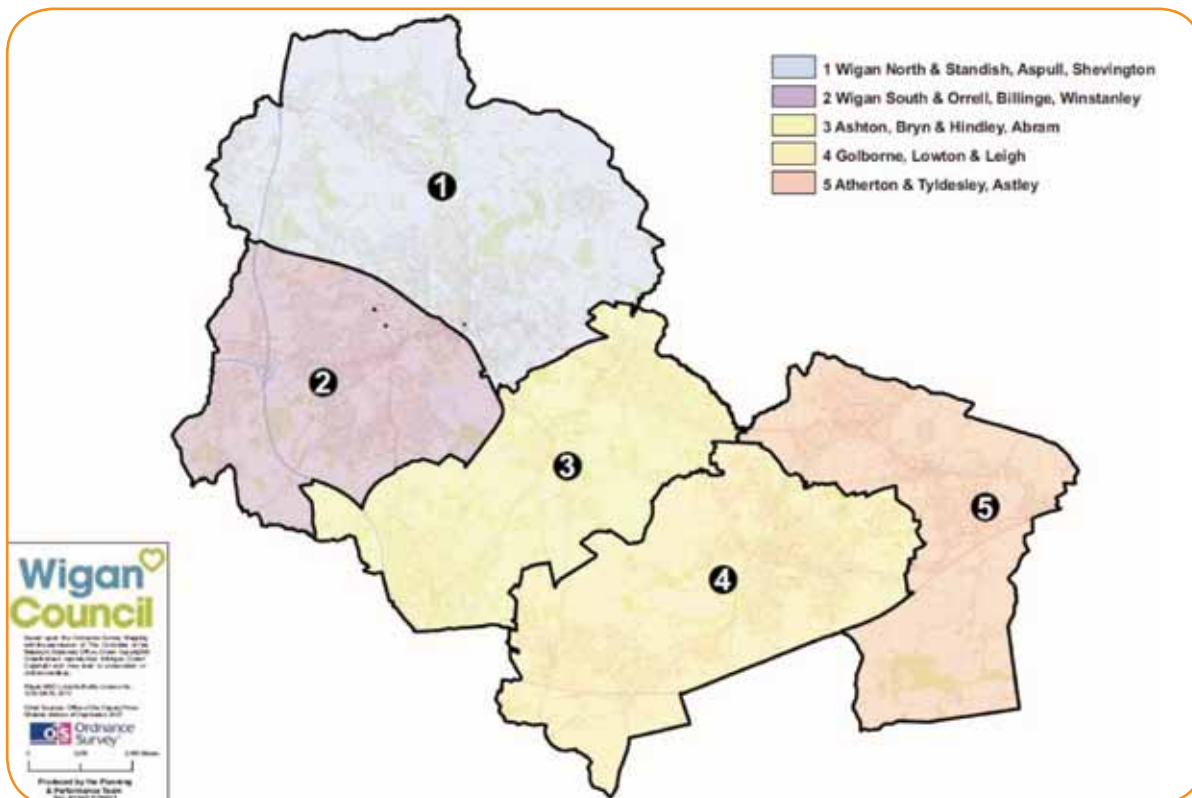
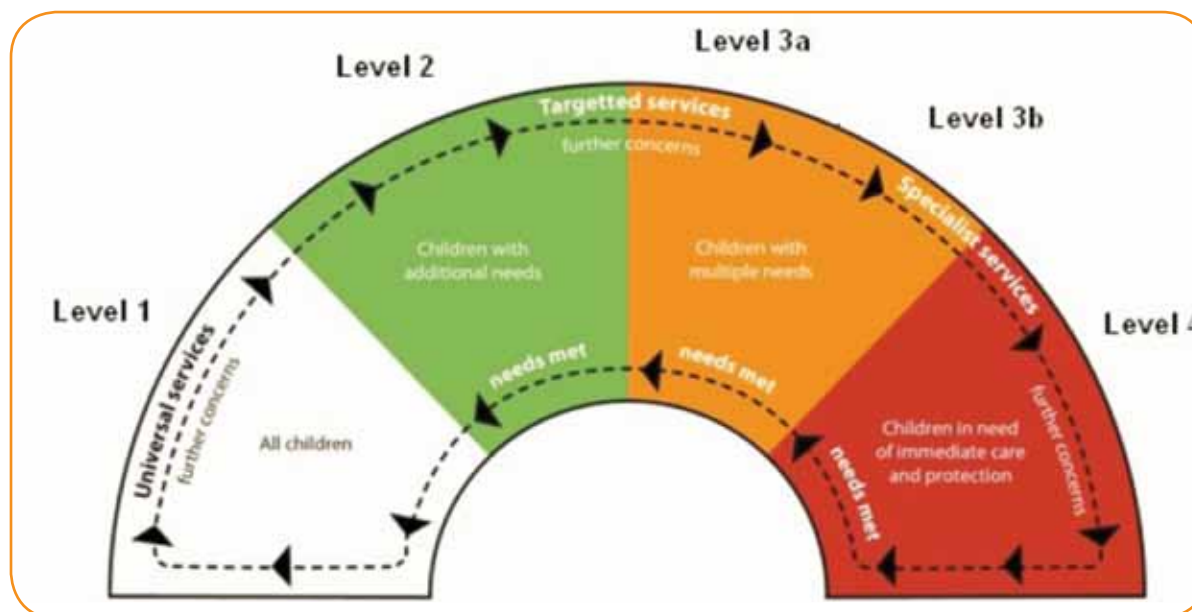


Figure 12. Threshold criteria between the different levels of intervention



This diagram illustrates the potential different levels of intervention in a child's life where the public sector can provide support to meet the needs identified. Children's needs change and as they move through the continuum interventions should reflect the 'step-up' or 'step-down'.

All children access universal services, such as children centres and schools. If a child has needs that require further intervention, they may be referred to a specific targeted service – for example, speech and language support.



However, the child and the child’s family may have a range of interrelated issues that need to be treated holistically. Wigan’s new integrated service is designed to respond to the specific requirements and offer families support from a range of providers mediated by a single point of contact.

In cases where a child’s need for intervention is substantial, specialist services may be involved.

There are a number of principles underpinning the model. These include:

- a focus on early intervention, including a dedicated ‘early intervention’ role with an emphasis on evidence based interventions

- a single point of referral for children and families underpinned by a clear eligibility framework
- differentiated and targeted support for identified children and families at key transition points
- using a ‘life course’ approach to all health prevention and improvement (see below)
- consultation and feedback from families to shape and influence provision.

The new Early Intervention and Prevention Team (which includes the Gateway service) provides the services described in the middle columns of the table below, focusing on the ‘Targeted’ and “Targeted plus boroughwide’ support.

Appendix 1

Age	Universal	Targeted	Targeted plus Boroughwide	Specialist Support
0	Information/advice Signposting Stage checks “Preconception plan” Immunisation/ Vaccination Screening	Social Environmental Play and positive activities Health Behaviour	Young Carers PEIP Webster Stratton etc DV support Behaviour modification Portage PCMHT SEN Disability teams	Adult Alcohol and Mental Health Service SEN CAMHS Probation Social Care FIP
10				
10				
19	Careers Education Programme IAG Positive Activities National Citizenship Scheme	‘Offer’ - engagement - enrichment - prevention - positive activities - youth support	Connexions Vulnerable Groups Team Youth Service SEN Support, including EPS YPDAT YOT Prevention Family Intervention Team Disability Services	Social Care YOT EWS Court Team
	Coping/Thriving	Just Coping	Just Coping Plus	Chaotic
Pathway	→ Vulnerability matrix/screening → Assessment ? CAF		Review CAF Fuller assessment	→

PANEL

## Life programme

Wigan is piloting the Life programme – a model for a new way of working with high demand, high cost families. Following the findings from the customer insight work, the Life programme is designed to create a new relationship between families and council workers that will actively support people to build the lives they want to lead. It aims to give families the strengths, stories and relationships required for fundamental behaviour change.

The Life programme was launched in Wigan in 2012 and has been working with eight families. The Life team is based in Wigan South and the Life House provides a safe space for families and workers to come together.

The Life team is already seeing the benefit of building different relationships with families as a number of families who have previously been resistant to engaging with them have agreed to be part of the Life programme. Success stories to date are listed below, and estimates of the financial benefits arising from the Life Programme are included under 'Benefits'.

The team arranged a series of positive activities with the families aimed at raising aspirations (see 'Benefits').

"I want to solve them myself now (problems), you know, I want to do it for myself and if I can do it without help then I'll do it myself and that's what I want, I want to be independent, more than anything. I can do it myself, I don't need help. If you see me in six months time you would say that's not you."

**Dad of three**



## Diary of a Gateway worker

My name is Victoria Gallery and I am a Gateway Support Worker currently working in Locality 1. My job involves working with schools, children centres, families and young people on a daily basis.

Working within the Gateway team every day is different. One day I can be supporting a family with medical appointments and helping them filling out forms and the next day I could be on a home visit. Often the family has no food, furniture or electrical items which means getting food parcels for families and applying to charities for funding..

I have recently taken on a case which involved five children in the family home, two of which were under five years old. There were housing issues as well as behaviour and medical issues with one of the younger children. One of the children is due to make the transition from pre school in to reception in September and the parents struggle with literacy skills.

I initially visited the family home to discuss the issues and arranged a meeting within school with health colleagues, school staff and myself. A Common Assessment Framework was completed and appropriate actions were put in place to support the family, these included referrals to primary child mental health team, the community nursery nurse, extra transition sessions into reception class, plus support with completing housing forms and also a referral to the children centre link worker.

I have supported the family to complete a medical and welfare form for housing as the family are living in a two bedroom house. This form has enabled the family to be reassessed by housing and they have been put in a higher priority band for re-housing. I also helped support the parents with completing questionnaires to prepare them for their appointment at the primary child mental health team. The family are now receiving the support they need and the community nurse is supporting them with routines within the family home whilst mum is accessing the local children's centre.

The parents are pleased with the support that they are receiving and feel that people are now listening to their concerns. Their housing situation is their main issue as they feel they are on top of each other all the time.

"I feel much more supported now – particularly with having a (named) person I can contact if I need to."

### Feedback from the family's mother

This case is not yet completed. However through a multi-agency approach, regular home visits and meetings in school, the family will continue to feel supported. The end result is to get the family a three bedroom property that is still close to school and local amenities as mum does not drive. With the added support from other professionals helping with behaviour management and any further medical intervention I am hopeful the family will become much happier.

## Benefits

### Benefits to council

As a result of the creation of the Gateway, Wigan is better able to support families with young children and deliver improved outcomes.

Wigan has calculated that these improvements equate to £1.2 million in efficiency savings – during 2012-2013. Wigan estimates that by the end of September 2012 approximately £600,000 of savings will have been achieved. These efficiencies arose from:

- reducing the number of staff working in the teams
- reducing the duplication of contact with customers and communication across silos
- restructuring and removing layers of managers, and the remodelling of roles across localities. For example youth services, restorative solutions, and vulnerable people services or have a single borough wide manager instead of individual managers from each service.

As a result of these changes, a total of 35 posts were removed. Initial financial benefits are clearly identifiable from the savings made in service delivery, but Wigan also expect there to be additional benefits in terms of cost avoidance and demand reduction within the system which will allow further investment in future preventative work.

Wigan are currently working with the families engaged as part of the Life programme to remap and re cost each families interaction with and use of services, with a view to evaluating the programme and calculating the return on investment early in 2013.

However, it is already clear that the programme is producing efficiencies. For example, in one family the two children were already on child protection plans, and the social worker was about to make the decision to move them into care. Since the family joined the Life programme they have made progress and – through working with the family in a different way – the children are no longer considered at risk. Since placing a child into care costs the state £35,000, this has helped avoid £70,000 in cost.

### Benefits to customer

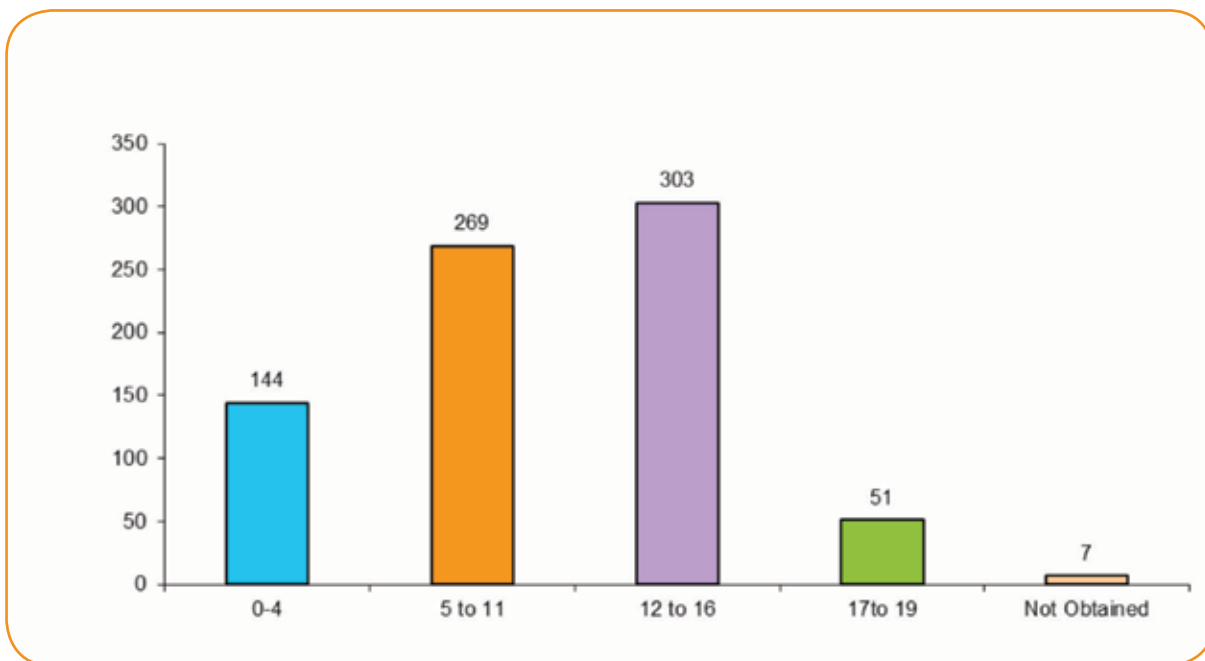
#### Integrated service

Since the commencement of the service in January 2012, the integrated service has received over 2,000 referrals. The graphic overleaf shows the distribution by age group of the 714 referrals arising during the second quarter of 2012-2013.

“Because I’m getting more confidence, eventually I will get to the point where I want to get to in life and I can see that happening now”.

**Mum of 24 with five children.**

**Figure 13 Whole borough – age at referral**



From a total of 333 of all referrals for family and young persons support, 127 related to school attendance, and 120 related to preventing or supporting NEETs.

As a result of understanding the issues in the context of the whole family, issues with school attendance are being resolved more effectively. Schools are reporting experiencing positive changes in family behaviour and stronger engagement with families as a result of Gateway workers working with the parents and the children within the family.

The benefit of taking a holistic view of a customer's situation is illustrated in the story overleaf. The story summarises how one child's absence from school led to the service identifying that the child's mother was terminally ill. The actions that the services consequently took – illustrates the benefits to families of early intervention and joint up working.

### Life programme

Examples of customer success stories arising from the Life programme include:

After a day at the beach aimed at giving her some positive thinking time, a mother in a relationship with a history of domestic violence has taken the decision to seek a new home for herself and her children.

A father with sole custody of his four children is trying to positively change his behaviour. After he and his family were offered a swimming activity, he thanked the team by walking from Marsh Green to Worsley Hall, with a wheel barrow, and his children to weed the Life house garden, paint the fences and make the team 'bacon and egg' sandwiches.

A mother has finally refused to take her abusive partner back. She feels very positive about her engagement with the team stating: "The difference is that Life team members are real people with real lives. They share their experiences and they allow me to share my hopes and aspirations"



## Customer feedback

The text message below comes from a mother who had fled domestic violence with her twins and were referred into Gateway and duty team by the Women's Refuge at Warrington. There were concerns over mum's mental health and how she was coping with the twins. The referral said that mum engages but becomes very defensive and does not act on the advice given. She has also avoided attending the GP. Support was being put in place including (nursery), speech therapy for the boy's, and counselling but she moved areas with no notice.

Wigan's Gateway worked with the family on a number of issues from the February to June 2012 and closed the case as the family were doing well. Mum was engaging well with the children's centre and the twins had settled well in nursery. Mum kept in touch with her key worker after the case had closed and would text if she had any worries, concerns or just to say how well they are doing now.

### Key worker received the following text from mum in December 2012:

"Thanx, I got the assessment back from social services which was pretty glowing. As soon as I got it I thought it was going to ruin my birthday lol. Don't know why I was so worried but I guess it's from the abuse, you will never be a good parent , you have no emotional connection to your children, we are doing well, the lads are growing alarmingly lol due to home cooked food, vocab is amazing as playing cards and getting friendly with other children. The shyness thing was backed up by yourself and nursery. We went to the children's centre on Wednesday and the lads were laughing out loud, confident refused to sit down as the magician had them enthralled, everyone said to me that they had seen a different side to them and how happy and very confident they were. But still well behaved being polite. When we first met I was scared as I never come across your organisation before and so glad that you got to know us and you have seen how we are as a family. If you ever want to visit just pop in. Thank you again because I feel like you have been a witness to just who we are a fairly normal happy unit who have had difficulties in the past."

When a mother presented with no money and no food, the Life team agreed to support the family with costs of food for a few days until the next benefit payment became available, on the condition that menus were planned. The mother stuck to the menu plans and has also taken action to improve the families' physical environment by clearing her garden of two skips full of rubbish.

### Benefits to partnership working

The Gateway has greatly clarified referral pathways and formalised productive ways of working with schools and GPs. The response to the new way of working from partners has been very positive. During the second quarter of 2012-2013, school made 255 referrals to the new services, while health workers made 109 and children's centres made 25.

## One family supported by the new integrated service

The initial referral was for the school attendance of a 15-year-old young woman who was in her last year of school. This was obviously an important year for her in terms of transition. The Family Support Worker visited them and immediately became aware that there were lots of issues. Through doing the CAF, the family support worker discovered that the 15-year-old wasn't attending school because her mum had health and mental health issues.

Through the CAF process they persuaded the mother to go and have her eyes tested. The family support worker's background in nursing led her to suspect that this was where the problem lay. Sadly, after the visit to the optician, the mother was referred to the local hospital and was diagnosed with brain tumours. Unfortunately, the mother died 28 days after the initial CAF referral.

The family support worker liaised with the adult social work team to ensure that the mother had a full care package in place. This meant that the 15-year-old girl did not have to stay at home the whole day to look after her mother. The family support worker escorted her personally to ensure she took all her GCSEs.

The death of the mother was obviously a huge shock to the family, and they required a lot of support. The family also included an older 22-year-old son who had been statemented at school and had special educational needs. They also had an older sister who had a two-year-old child and who was suffering from severe depression and this was affecting her parenting capacity. Because of the rules around social care housing, there was a danger that following the death of their mother they would be evicted. This would effectively mean that the 15-year-old would be practically homeless, and also that the 22-year-old would be in need of accommodation.

The family support worker shared the CAF with a local housing tenancy manager and supported the older daughter's application to take over their mother's tenancy. The family also have some additional work done by the council. The older daughter was also referred to the Sure Start centre, and now has a full-time nursery place for her son. The older son has been referred into a scheme to support people with learning difficulties and mental health issues to obtain work.

The 15-year-old girl was diagnosed as suffering from social phobia and required some mental health support. The family support worker arranged therapy. Following the death of the mother, she was also included in a summer transition programme and enrolled in six form college in autumn 2012.

The new way of working, with an integrated team focused on early intervention, not only helped to get beyond the 'presenting problem' and identify the root cause, but also facilitated support from a range of providers in response.

## Governance

The overarching governance of the project was the AGMA Programme steering group, which Wigan managed as the lead council. The programme steering group reported to the city region evaluation group – which includes representative from the AGMA Local authorities plus colleagues from health. The city region evaluation group reported into the AGMA wider leadership group, which comprises of all the public sector chief executives in Greater Manchester.

Additionally, reports were shared with the relevant AGMA commissions including the improvement and efficiency commission which is made up of elected members from all ten AGMA authorities.

Within Wigan, a steering group was established reporting to the Children's Trust. As the programme progressed the group also reported into the newly established troubled families board (now renamed confident families board).

The steering group comprised representatives:

- Wigan Council early intervention and prevention service
- Wigan Council prevention and targeted services
- Wigan Council research and intelligence
- Wigan Council community engagement
- Wigan public health
- Health – PCT.

Representatives from other agencies were invited as and when relevant.



## Resourcing

The project received funding from the Customer Led Transformation Programme of just over £120,000, invested in the tasks outlined in the table below.

Deliverable	Funds allocated (£)	Spend (£)
<b>Overarching programme costs</b>		
Programme management – programme manager	20,000	32,760
Workshops and shared learning events and other sundry costs – ultimately shared out to each authority	10,000	0
<b>Wigan</b>		
Project management, analysing research and collating recommendations	15,000	24,750
Customer journey mapping – commission from people's directorate		8000
Training sessions with staff – to undertake customer journey mapping	6,000	5500
Workshops with front line workers	4,000	
Finance support to providing costings – (10 days at £100 per day)	1,000	1,000
Additional development of segmentation work in partnership with external supplier (additional licences)	10,000	2,500
<b>Focus groups and consultations x 3</b>		
Venues and facilitators	9,000	2,500
Back fill analyst for segmentation, grounded theory research and ethnographic analysis	6,000	5,600
<b>Ethnographic research</b>		
External supplier for training, participating in interviewing and report writing	25,000	25,552
Back filling to free staff to engage in training and then research	15,000	15000
<b>Total</b>	<b>121,000</b>	<b>123,162</b>

## Challenges and lessons learnt

### **Set project timescales aligned to deliverables**

The project found that organisational changes, such as service restructures, can impact on priorities and support available. Therefore the project recommended:

- including risk factors and contingencies, giving the project greater flexibility, in its planning
- allowing additional time to complete tasks – especially if they have never been undertaken before
- consulting with other authorities who have undertaken similar work to gain a clear understanding of timescales.

### **Data sharing**

The project found that data sharing agreements can be complex and often take a considerable amount of time to a) set up and b) sign off.

Some organisations may refuse to share data – before embarking on a project any such issues need to be identified. Before embarking on data sharing initiatives, Wigan would recommend that other councils:

- review current MOU information sharing agreement between partners
- seek advice from relevant officers ie data protection officer
- use existing arrangements to manage information sharing where possible.

### **Gain written consent from participants**

The project found that not all participants were willing to give consent for the information to be shared, and advise other councils embarking on similar projects to:

- explicitly name organisations you want to share information with on the consent forms, otherwise you may encounter problems with data sharing
- think about what implications this may have and plan accordingly.

### **Customer journey mapping**

As this particular approach was undertaken for the first time, the end-to-end process took longer to complete than expected

The project also found that some families struggled to remember all the services they have engaged with over a period of time, and it was necessary to verify their views with additional data collection

Wigan used practitioners already engaged with the families (ie family partners) – this meant the families were more open to talking about life events and services. However, the project had to be careful to ensure that the practitioners ‘stepped out’ of their front-line support role while conducting the research.

### **Ethnographic research**

The ethnographic research was conducted jointly with Oldham. Based on this experience, Wigan would emphasise that research involving two authorities and an external provider needs to have a clear brief agreed by all parties to ensure the needs of both authorities are able to be delivered within the timescales set.



Ethnographic research also requires considerable field work. The project found that organising visits to multiple venues each day across different areas of the borough can be difficult and time consuming – these need to be confirmed prior to the start of any work to ensure the maximum amount of interviews can take place.

Wigan would advise other councils embarking on some other projects to choose staff carefully based on skills and ability to follow the research methodology



## Next steps

The Gateway service will continue to evolve based on analysis of how the service is meeting family need. This analysis will be in two ways:

- qualitative research with Gateway families – both within and without the confident family cohort.
- quantitative research analysing the referrals into Gateway and the cases closed, on a quarterly basis.

Customer insight work continues to underpin service redesign across the council with work recently undertaken with Wigan's 'Life' families in order to influence both a potential 'Life 2' project and any commissioning of additional support through national troubled families funding.

The skills and experiences gained through undertaking the ethnographic research have been retained and used to inform a range of projects, providing a different and more insightful view.

Recent examples include helping to develop the borough's transport strategy, and mental health stakeholder engagement as part of the transforming adult social care agenda.





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