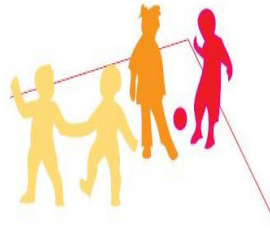


every child matters in manchester



DRAFT

Manchester's Think Family Strategy April 2010- March 2013

**A challenge to existing strategies – are our services
meeting the needs of the whole family?**



DOCUMENT HISTORY

Purpose of this document

Draft Family Strategy for consideration by The Think Family Board

Document Location

Held by Shirley Woods-Gallagher, Head of Think Family, Children's Services

Revision History

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03/12/09	14	SWG revisions following Think Family workshop on 26/11/09	Reissued by SWG to Think Family Board
17/12/09	15	Revision following Think Family Board 17/12/09	READY FOR CONSULTATION

The Vision - A Message from the Think Family Board

The Think Family Strategy is based on the assumption that in Manchester, all partners delivering services from universal to targeted, working with either individual family members or groups of family members will expect their staff to adopt a whole family, holistic approach to all of their customers. We want to make life easier for families and so create a community where it is much simpler to have aspirations.

We see the family in its widest context, including children, parents, grandparents, elderly family members and others and recognise that families live in communities which both impact on them and which they impact both in a positive or sometimes, negative way. The Family Strategy supports a vision to develop communities where people want to live, play and work, where they take responsibility, but where the vulnerable are supported and have the opportunities to develop and contribute fully as well. This creates and supports community cohesion, whilst valuing diversity.

In Manchester “Think Family” means reforming systems and services provided for children, young people and adults across the continuum, and not just for the most vulnerable to ensure services work together to:-

- provide families with support at the earliest opportunity;
- meet the full range of needs within each family they are supporting or working with;
- developing services which can respond effectively to the most challenging families; and,
- strengthen the ability of family members to provide care and support to each other.

Manchester will develop an approach to working in a more integrated way with families. Think Family is not a new delivery model; rather it is about embedding a fundamental new approach, utilising existing resources to optimise use and effect, e.g. CAF and information sharing. We want to ‘family-proof’ services across the continuum of need.

Think Family for Manchester is as much about the comprehensiveness of agendas - e.g. Serious Case Reviews, safeguarding adults, worklessness and disabilities – as it is about the complexity of family circumstances. We want to capacity-build families, working with those families on maximising their own strengths so as to achieve and strive for goals – e.g. to be economically active and aspiring. Think Family is not about creating further dependent parents; rather, it is about nurturing resilience. The Family Strategy is therefore our statement of intent for articulating how we want to deliver “Think Family” in Manchester.

To be clear, by “family” we could mean any number of the following which may or may not be mutually exclusive:

- a household that has more than two occupants or residents and who view themselves as a family unit;
- an older couple with no children;
- a lone parent household;
- parents with children who are also carers of older grandparents;
- children who act as young carers in the family;
- children who live with parents who are separated.

Our vision stated in Manchester's children & young people's strategic plan 2009 - 12 is that we want all children in Manchester to be healthy, safe, enjoy and achieve at school so they have the skills, abilities, self-esteem and positive outlook to get good jobs, make a positive contribution and be successful in adult life.

The Think Family Strategy is supporting the delivery of this vision by:

- Delivering better outcomes for children, young people, families and the communities in which they live;
- Changing the way the workforce delivers it's work; and
- Delivering value for money

This strategy will deliver better services for less money.

The efficient use of resources is at the heart of this strategy. We want to ensure we engage in early prevention. There will be no “wrong door”. A measure of success will be to reach people who would not ordinarily knock on our doors.

Every child does matter in Manchester – we are proud of our city and proud of our children. Today's children are tomorrow's citizens, we owe it to them and us to make current systems and services work better. Not necessarily all families/family members are difficult to engage – sometimes our services are just difficult to access. This strategy therefore also aims to improve the quality of life of all our residents – young and older by making family life easier. Manchester will be an easier place to live in and this fits with our “neighbourhoods of choice”.

The Think Family Board welcomes your comments on the proposed way forward:

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1. Executive summary

(Editorial note – this is yet to be written pending agreement on this draft by Think Family Board on 17/12/09)

2. The purpose of this document

The Think Family Strategy is a high level strategy that will support the delivery of this vision by providing a cohesive framework that will define:

- how we will endeavour to improve the quality of life for Manchester residents;
- the outcomes we want for individual families in their communities by supporting the role of parents and carers in making confident and informed choices for their families and to work in partnership with services for the benefit of their children;
- how we want to work differently; and,
- how we will provide value for money (delivering better services for less money)

It sets out where we want to be by 2013 and adopts a safe and graduated implementation approach.

We will know that the Think Family Strategy has made a significant impact when we see:

- children young people and families in Manchester achieving similar or better outcomes to peers across the country;
- people earlier where issues are easier to address and stabilise and we can help empower our families to be less dependent;
- easily identifiable connectivity between business plans;
- an empowered accountable multi-agency workforce;
- a whole system reform across the partnership; and,
- better services for less money.

3. Strategic fit

The Think Family Strategy intends to provide a challenge to all partnership strategies in the City; are our services meeting the needs of the whole family? Are we confident that we currently “think about families” when we design and commission services? How do we do this? How can we improve our performance in this area? How will we measure this success?

This Strategy intends to check whether all services and partnerships are “family-proofed”. It intends to support existing strategies to provide additionality, to add value. It is therefore an overarching strategy. It intends to provide a narrative across the child, adult, parent, family, school, sense of place and neighbourhood of focus.

The Strategy is likely to inform how we commission services across partnerships and it is as much about transformational change for Children’s Services as well as our partners,

The Think Family Board has the accountability of reporting on, and assisting to deliver, key elements of the Think Family Strategy. On behalf of Children's Board, the Public Services Board, the Adult Well-Being Board, the Sustainable Neighbourhoods Partnership and the Crime & Disorder Reduction Partnership, the Think Family Board will oversee, develop and promote effective provision for any member of a family who accesses services in Manchester.

4. Key Assumptions

- ✓ In the first year the strategy will be evaluated to collate evidence of the scale of the impact from April 2010- March 2011. These findings will be used to inform the further development and roll-out of the strategy. Roll-out will be based on actual evidence results of impact and financial viability.

5. How we have developed the strategy

The delivery of support services needed and wanted by local families can only be done by working collaboratively and in partnership with a wide range agencies, directorates and groups including families themselves.

The Think Family Strategy builds upon:

- ✓ successes in Manchester and other areas;
- ✓ changes already implemented;
- ✓ lessons learnt from pilots;
- ✓ other strategies and achievements to date;
- ✓ maintaining fidelity to the models already put in place.

Eleven key design principles which govern the development and implementation of the strategy. These are to:

1. Adopt a "Think Family" approach across all services;
2. Build on what is currently evidenced as working in Manchester, e.g. Sure Start core offer, Extended Schools core offer to parents, children and communities;
3. Address the key barriers in Manchester including – unemployment, drugs & alcohol misuse, mental health and domestic abuse;
4. Recognise that economic and emotional well-being is central;
5. Maintain parental responsibility (but entitlement to support is recognised);
6. We will adopt a triple track approach of prevention; support; enforcement and challenge when necessary;
7. Ensure all partners can identify and own benefits;
8. Ensure what we do provide better value for money;
9. Develop more sophisticated means of working with families who believe their lives are aspirational when we perceive this to be otherwise;
10. Tackle the intergenerational nature of low aspiration particularly in relation to parenting skills and worklessness;
11. Adopt a proactive approach for all agencies being more willing to share information on families that need assistance, rather than waiting for families to "find us" at critical times.

In addition the Think Family Strategy has ensured three fundamental cross cutting themes underpin all activity:

- children and families are at the centre and are able to direct and challenge all we do. Families are a fundamental partner in visioning, design and delivery of services and in evaluating all service and partnership activity. Not all families have children.
- safeguarding children and vulnerable adults in its widest format, (from preventing road accidents, to tackling bullying and homophobia, to child protection and developing clear actions from recommendations from serious case reviews) underpins all we do.
- developing a sense of community and place, supporting the neighbourhood focus and committed to supporting economic regeneration and building social responsibility is important to sustaining change in families

Children and families are part of the design process

Families support children and young people who are the cities future and support elderly relatives and vulnerable members.

MCC's Children's Group has had early input into the direction of the Strategy, providing us with real focus on what matters and they and a selection of parents groups and a selection of older people's service users will be consulted with as well as engaged in detailed design and implementation (for example supporting staff training).

6. Background and purpose

Manchester is a large diverse city with many exciting employment, cultural and lifestyle opportunities. However, there are large numbers of children, young people and families in Manchester with pressing needs and this is reflected in lower than national outcomes in many areas.

Our Community Strategy – 'The Manchester Way' ⁸sets out our vision for families in the city stating that, "By 2015 Manchester will be a world-class city with a larger, happier, healthier, wealthier population living longer in diverse and stable communities with a good demographic mix. It will be a city of opportunities with a population benefiting from, and contributing to, Manchester's success by achieving individual full potential. Residents will have an improved sense of participation and wellbeing. The city will have green desirable neighbourhoods that attract and retain successful people from diverse communities. Our neighbourhoods will be places where people feel secure and supported."

The neighbourhood focus strategy vision for Manchester is one of successful neighbourhoods which attract and retain people to live in communities which are both diverse and cohesive, and in which people feel safe and supported to reach their full potential. This strategy defines what is meant a neighbourhood and identifies the elements that need to come together to make a good neighbourhood. The outcome of the neighbourhood focus strategy will focus on the following themes:

- Workforce development;
- Understanding of residents' needs and the resources available at a social level;
- Engagement with other agencies/services;

- Community engagement.

Manchester's Children and Young People's Strategic Plan 2009 -2012 sets out specifically what this means for children. Stating that our children will:

- enjoy living in Manchester and contributing to city life, accessing the wide range of interesting, fun and stimulating activities that the City has to offer and regularly influencing decisions in their area;
- live in economically stable and happy families independent of support or with effective support when necessary to promote independence;
- access good quality advice and opportunities to be physically, mentally and emotionally healthy and continue this into adulthood;
- feel safe and be safeguarded with fewer children harmed by poverty, neglect, domestic violence and/ or alcohol and drug misuse;
- be cared for by their families, with those children in care placed there only where this improves their life chances;
- achieve well and fulfil their potential in and out of school;
- to access further education or training so that they will be able to get the jobs being created through the City's economic growth.

The Family Strategy provides a challenge to all of these strategies. Are we thinking about how our services are delivered to better meet the needs of all family members? Can we make services more accessible, increase uptake of universal services and improve the quality of life for Manchester's residents, young and older?

7. Drivers for change

Getting it right for families –The Every Child Matters agenda remains the main driver for change. This agenda was reinforced and refined in the Children's Plan: Building Brighter Futures, published by the DCSF in Dec 2007.

The DCSF expects to see 'Think Family' reforms as an integral part of Manchester's strategies to improve children's wellbeing. 'Think Family' extends the logic of integration at the heart of Every Child Matters beyond children's services to better coordinate all of the services working with families at risk.

Evidence based or evidence supported interventions - Community based and targeted parenting programmes, emotional health and wellbeing programmes in schools and some models of family support currently used in Manchester on a relatively small scale are evidence as working to improve outcomes for children, young people parents and communities. We need to work harder to ensure these interventions are used as the standard methods across the city, delivered to model fidelity by appropriately trained and skilled staff. We need to ensure we are doing these on a sufficient scale to have a systematic impact on how we deliver services.

Safeguarding children and adults –

Risk aversion is rising nationally, particularly around safeguarding children. Putting in place strong family support arrangements is critical to contain the escalating demand for taking children into care (recent 43% rise in applications for care proceedings). For

vulnerable adults we know a combination of substance misuse, unmet adult mental health need and domestic abuse are common factors in serious case reviews

Many of the parents in Manchester are struggling with problems of drug or alcohol misuse, domestic violence and poverty. Indicative figures show that around 22% of adults in Manchester are estimated to be engaging in hazardous levels of drinking, while nearly 9% of adults are estimated to be engaging in harmful levels of drinking. The prevalence of harmful drinking in Manchester remains higher than regional and national averages and there are estimated to be 12,500 dependant drinkers in the city.

It is not possible to be sure how many Manchester residents use drugs. However, the Home Office has estimated that approximately 6,788 adult residents of Manchester use heroin and crack cocaine.

(Manchester's State of the City Report 2008 /09)

Children, including the unborn child whose parents misuse alcohol and illicit drugs are at increased risk of developing substance misuse problems in later life, as well as being exposed to an assortment of other threats to their development. (Hidden Harm 2003) In addition many families with complex needs are struggling to cope with the impact of domestic violence within their family. The impact of such violence continues even after the offending partner has left the home. The consequence of all these issues is that many caring parents are left with mental ill health difficulties.

Creating value for money – we need to provide better quality services for less money. This strategy will be driven by efficiencies

Poverty: The Index of Multiple Deprivation (IMD) in 2007 ranked Manchester as the fourth most deprived local authority in England. This is however an improvement on the IMD 2004, which ranked Manchester as the third most deprived authority. Despite the slight improvement, more than half the city's areas are in the most deprived 10% in the country. (source Manchester State of the City Report 2007/08).

Unemployment: Unemployment is a measure of residents in receipt of Job Seekers Allowance as a proportion of the working population. As of January 2008, this stood at 3.4% in Manchester, equating to 10,585 residents. In the past ten years the unemployment rate has halved, in part this has been driven by the increasing population. However, Manchester's unemployment is higher than the regional and national average rates of 2.6% and 2.2% respectively. (Figure 1)

Education: At Key Stage 2, the levels of attainment across English, Maths and Science has steadily increased between 2004-2007, with Maths showing the most significant improvement. However the results across the subjects fall short of the national percentages. Pupils in Manchester achieving 5 or more grades at A-C for Key Stage 4 increased significantly from 39.5% in 2004 to 51.8% in 2007. Despite falling short of the national percentages, this increase has occurred at a faster rate when compared nationally. However, when compared to other local authorities, the results in Manchester are relatively low.

School Attendance rates in Manchester vs. National: the school attendance figures have improved year-on-year at a primary, secondary school and an overall level. However nationally, Manchester has the seventh worst attendance rate. *(Editorial note – Kieran McDermott to provide some additional stats for this section)*

Under 18 Conception Rates: the under-18 conception rates in Manchester fell from 71.9 per 1,000 girls in 2005 to 67 per 1,000 girls in 2006. Manchester has the sixth highest rate of under-18 conceptions in England. In parts of the city more than 1 in 10 young women conceive before their 18th birthday. However, Manchester is beginning to turn the curve on this trend: for the last two quarters of 2008 we had a reduction in teenage conceptions. *(Editorial note – John Dunn to provide some additional stats for this section)*

Life Expectancy - Manchester has some of the lowest life expectancy figures in the England, at 73.4 years for men , 4.3 years below the England average at 77.7 years, and at 78.9 years for women, 2.9 years less than the England average at 81.8 years. The major causes of death contributing to the life expectancy gap are circulatory diseases (vascular diseases, strokes) and cancers. (Source Partnership Delivery Plan: Increasing Life Expectancy, Manchester 2008)

8. The Objectives

Objective 1: All services to “Think Family” across the continuum. Specifically by

- ✓ Refocusing business planning processes so that Think Family will be referenced in all business plans and into workforce planning action plans. This will not be an additional layer to the business planning process; rather it will be a scan over high-level plans to ensure there is connectivity.
- ✓ Adopting a 'Think Family' approach across all services. Each service is to rethink how it delivers services; not just to service users/customers, rather, to members of a family who lives in a local community. This could mean the mapping of who lives in a household or plays a significant role in a families' life.
- ✓ Improving access to support and information for families in Manchester. Improve referral pathways for family members into services so they can receive an integrated 'frontline' consistent response with whatever agency they choose to engage with. Also this will ensure we have a robust back-office safety net for families.
- ✓ Improving coordination of services, preventing gaps and duplication of service delivery. This will have a significant impact on individual partnership commissioning arrangements as it will create an opportunity to align commissioning cycles and inform a smarter needs analysis for future commissioning. This includes commissioning arrangements in their broadest sense.
- ✓ Not creating a public health campaign (and generate demand for services we do not have) or force all individuals living in the City to compromise their standards to fit in with our services. We acknowledge that some residents' neighbourhoods of choice are may be a large city as they want to be anonymous. We will respect people's right to do this on the proviso that such lifestyle choices do not limit the progress and development of our children in the city. We will have a reason for intervention. We will not have intervention for the sake of it. The Think Family strategy is about efficiency and improving the quality of life for all of our residents. It is an overarching strategy; not an imposing one.
- ✓ Redesigning in some instances, our “front door” and deliver our front-line services in an integrated concerted way to where residents go, rather than where we aspire them to be, if necessary. We aim to increase uptake of universal services.
- ✓ Helping to integrate frontline delivery of services by getting our back offices right. We need make this process as simple as possible for any member of staff of any agency to understand. Staff are more concerned with the “how to refer and what has happened

to my actual referral” than lots of information on what particular agencies do and assess. It needs to be simple and it needs to be real to make this work

- ✓ A standard pathway will be created for a Manchester Family to illustrate what can be reasonably expected from mainstream services picking up mainstream cases and it will identify what some current barriers may be.

Our targets

By April 2010 we will have a Think Family Action Plan for each agency represented at the Think Family Board, which documents the baseline, the year one target and progress evidenced against this, together with support put in place to assist agencies to reach their target. If a target cannot be reached we will evidence why it has not been. This Action Plan covers the whole city.

By April 2013, in one district of the city, Central East, we will develop more integrated frontline services for all expectant parents (mothers and fathers) from the booking-in 20-week appointment at a maternity unit through to the child reaching 5 years of age - so includes the transition to school. We aim to be reaching all expectant parents in this district by April 2013. In Central East we will be testing and measuring this methodology via the 0-5 years workstream of the Total Place Initiative*.

We will deliver “everything but the baby” from the Sure Start Centres with staff from all appropriate agencies working to one care pathway from pregnancy onwards. We will demedicalise pregnancy and early parenthood or being a baby, toddler or young child.

This approach will enable us to better assess parental capacity to change much earlier on in a child's development. This could speed up the decision making process around appropriately removing children and is likely to evidence better outcomes for this age cohort of looked after children who are more likely to achieve permanence. Those adults seeking to adopt tend to prefer to adopt pre-schoolers.

By April 2013 we aim to work with the 5 largest registered social landlords in the city to develop more holistic services to families that move properties around the city due to their own circumstances. This new 'post-let' procedure aims to ensure families know how to register with a GP, a dentist, acquire a school place and any children aged 5 years and under are registered with Sure Start. These five RSLs are based across the city. This is about getting the back-office right, not creating an entitlement culture. We will also identify any legislative changes needed to address the growing number of families with needs being unmet in the private rented sector.

By April 2013, in the one GP practise in Higher Blackley, we aim to assist in developing a 'whole practice approach' to assisting families with their social and emotional needs. GP practices will have information available in public areas on local Sure Start services and the Family Information services and toys will be provided for reception areas. We will work to develop integrated systems and referral processes from GP appointment to consultation, to quality assure evidence based/supported parenting programmes, family support, and emotional health and wellbeing interventions. This is not about creating an entitlement, rather a robust back-office. We will link this work with community nursing teams and paediatric teams at North Manchester General Hospital to work at reducing the numbers of children who repeat present to A&E when it is not necessarily medically necessary and issues could have been resolved at primary care level.

Objective 2 - Raising resilience

- We want to act earlier to prevent needs escalating and assist families at a much more preventable stage. We know that evidence based, community based parenting programmes for children aged 0 - 12 years improve child and parent outcomes. We know that emotional health and wellbeing work in primary age children is evidenced as improving child resilience. We currently do not fund sufficient levels of these interventions to have a population-level impact that could drive down high-level needs. We need to effectively measure rolling out this 'invest to save' approach if these two key elements in one district: Central East.
- We want to family-proof the work of the Parenting Strategy and the Emotional Health and Well-being Strategy to build on existing alignment work to ensure this work is consistent and commissioned with a strong focus on value for money using evidence based interventions.
- Evidence based interventions will be used to turn intergenerational cycles of low aspiration into virtuous cycles. We cannot lose sight of interventions that are evidenced as working so we maximise the opportunities for family members, or families as a whole, to change.
- We need to better understand how a family functions within a neighbourhood to see if this is impacting positively or negatively upon the families either capacity or ability to change.
- We need to evaluate what long-term low-level support is needed for families who may need regular, life-time practical support to function and remain stable. This approach is likely to be more efficient than crisis-led interventions and potentially expensive packages of support. This issue is of particular concern to families where a family member has either/and a physical or learning disability or a personality disorder.

Our targets

- By April 2010 we will have undertaken a wave one survey into parental perception of these interventions in Ardwick and a control area for 0-5 yrs and measured the current baseline population impact.
- By April 2013 we will have redirected additional resources into creating a sufficient number of parenting programmes for 0 - 12 years and emotional health and well-being of primary aged children to better make an impact that are interdependent to, and build on the success of, the pregnancy to 5 yrs integrated work within the Central East district only
- By May 2013 we will have measured the impact this approach will have made using a cost benefit analysis methodology.
- By May 2013 we will have undertaken a wave two survey into parental perceptions of these interventions in Ardwick and our control area.
- By March 2013 we will have worked with providers of family support models who capacity build by working with volunteers to see how we can best address the needs and resource some life-time practical support for some of our families

Objective 3: Commissioning in the broadest sense

- We want to ensure that all commissioning intentions are “family proofed” as part of our procurement processes
- We want to ensure that our work in developing Children’s Trust commissioning and schools-based commissioning takes a whole family approach.
- We want to ensure that commissioning of other areas such as Crime and Disorder Reduction Partnership, Adult well-being services, Neighbourhood Services, Registered Social Landlords think in the broadest sense about meeting family needs when they commission services. It will inform corporate commissioning priorities and partnership commissioning arrangements.

Our targets

- By August 2013 we will have measured the impact of this approach in order to extrapolate lessons about what has/not worked and why, in order that we may refine this commissioning approach before considering it for roll-out across all partnerships. We need to work with our partners in order to identify the best way to test this approach. For some it may be geographic for others it may be thematic. We will measure the impact of this approach using a cost benefit analysis methodology

9. Issues and Risks

There are substantial risks to the successful delivery of the Family Strategy. Only the most significant ones are highlighted here.

- ✓ The high number of Looked-after-children in Manchester has been a persistent problem despite a number of serious efforts to reduce this over many years. Without releasing funding from the high end of need, the strategy will not deliver sustainable change.
- ✓ The financial pressures nationally and locally may result in substantial cuts in real budgets to services meaning the cash released will not be reinvested in prevention and early intervention meaning that progress will rapidly stall and nothing will change.
- ✓ A substantial shift in activity is required in schools, GPs, social care, health. Although progress has been made in collaborative neighbourhood working in recent years, it has often been slow. We need to pick up the pace, if we are to deliver the outcomes that Manchester and its people deserve.
- ✓ Risk aversion (rather than risk management and issue resolution) is rising nationally.

10. Critical success factors

- ✓ **We need strong leadership** - To deliver sustained new learning and ways of working, this must be driven through leadership. This requires effort, support, culture change and system change. Success is a process not a programme and success of the Think Family Strategy to deliver sustained change can only be achieved if partnership

leaders drive the changes and promote attitudes amongst staff that excel in the art of relationship, creating a climate of enthusiasm and flexibility.

- ✓ **We need root and branch commitment to test and measure the first stages of this strategy.** We need strategic commitment from all partner agencies to align budgets, review processes and pathways to services and to model and support this cultural shift to staff. For more child or parent services we need a skilled workforce, trained to deliver evidence based/supported interventions to model fidelity with more ready access to critical supervision as required.
- ✓ **We need to embed a can-do pragmatic attitude** to enabling all agencies to 'think family' from universal services through to more targeted provision.
- ✓ **"Proving this approach works"** -It is critical that we test the effectiveness of all elements of this proposed strategy to demonstrate that it:
 - Benefits family members;
 - Provides value for money;
 - Justifies the roll-out of all elements of the strategy across the city from April 2013;
 - Proves it is a financially viable model;
 - Delivers benefits to all partner agencies

11 Implementation Strategy

We recognise that additional funding is not available for the implementation of the Think Family Strategy. We know that we must demonstrate our ability to deliver substantially changed outcomes before any further investment is available. Therefore, the Think Family Strategy depends on our ability to transform our approach to keeping families with very complex needs safely together and thereby releasing cash from very high cost care to fund prevention and early intervention.

We will, therefore, adopt a twin track approach:

- ✓ Driving forward, as quickly as we safely can, our work with families with children at the edge of care
- ✓ Whilst taking a slower approach to our targeted and preventative Family Support, utilising savings achieved to fund expansion of these services.

Implementation Approach

Delivery of the Think Family Strategy will be governed by the Think Family Board on behalf of all partner organisations. It will be delivered through a carefully managed change programme. The Head of Think Family will take overall management responsibility.

Once the Think Family Strategy has been finalised, it will be implemented using 'The Manchester Method' of project management methodology. This process ensures that the project is accurately scoped so that the desired deliverables are defined prior to the project going ahead. Detailed planning will then be undertaken that will ensure timescales and delivery dates are accurately defined and met. The plan will also incorporate details on how the available budget will be allocated to the project deliverables.

Experience shows that projects rarely run exactly to the initial plan, so flexibility will be built in to ensure that it can react rapidly to unforeseen events. To enable this, a rigorous change control and risk management process will be used.

We will create, with our partners where necessary, a number of detailed design documents for each area of the strategy, over the next three years. The Strategy intends to be valid from April 2010-March 2013

12. Think Family Action Plan

A Think Family Action Plan will be developed by the Think Family Board in April 2010, following outcome of the consultation process

13 Consultation

A number of people have already been involved in suggesting what the first draft should include, including Manchester City Council Services , Manchester NHS and GMP

Existing networks and meetings have been convened in order to discuss the Family Strategy and the draft document will be presented to a number of Senior Management Teams and Boards across Manchester City Council and its Partners between 4th January 2010-31st March 2010

The next stage of the consultation process is to:

- Inform people of what the draft strategy says
- Encourage discussion and debate of its contents
- Offer an opportunity to shape and inform the final Family Strategy

How can I have my say?

There are a number of ways that you can have your say. These include:

- You can fill in the questionnaire enclosed in this document and return it to the Family Strategy Team by post, fax or email. Details can be found at the front of this document.
- You can email any comments about the draft Family Strategy to:
familystrategy@manchester.gov.uk

Will you listen to what I say?

This consultation is designed specifically so that you can have your say. By taking account of other people's views and opinions the Strategy will be better able to respond to the diverse range of issues that need to be addressed in the city. Whilst we are learning from your views we will be testing some of the critical aspects of the Family Strategy.

I want a copy of the draft Strategy

If you would like a copy of the draft Strategy, in the first instance please contact the Family Strategy Team by email at familystrategy@manchester.gov.uk or by phone on 0161 234 8092.

The draft Strategy will also be available through extended circulation and Manchester City Council Intranet by the start of January 2010.

Appendix one

Consultation Questionnaire		
Let us know what you think about our Think Family Strategy Key: 1 = disagree strongly; 2 = disagree; 3 = neither disagree nor agree; 4 = agree; 5 = agree strongly.		
		Your Response
1. The main aim of the Strategy is to improve the outcomes for families in Manchester	Do you agree with this guiding principle? 1 - 2 - 3 - 4 - 5	
2. The three objectives of the Strategy, as stated in the document, are correct	Do you agree with these key objectives? 1 - 2 - 3 - 4 - 5	
3. The objectives of the Strategy are achievable:	Do you agree? 1 - 2 - 3 - 4 - 5	
4. Is there anything that you think is missing from the Strategy? Please provide details:		
5. Should we be doing anything differently? Do you have a better idea about how we could be doing something? Let us know.		

Please return this form to familystrategy@manchester.gov.uk