

Annex A – Covering Template for Responses

Please complete the attached cover sheet when sending evidence, indicating the set of questions to which a response is being provided and contact details of the person for any follow-up queries.

Contact details for respondent	
Name	
Job title	<i>Chair of CIAG</i>
Do you represent an organisation? (if so, name of organisation and type: e.g. voluntary, public body, private company).	Yes The following organisations are CIAG members & endorse this submission: ADSS, Confed ADECS, Connaught group, NCH, NCVCCO, NSPCC, NYA, SOLACE
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	Which area of the review are you responding to? (please mark X)
Prevention strand	X
Review of disabled children	X
Strategy for youth services	X
Review of high cost, high harm families	X

CIAG view for CSR

- **ECM is the right framework** for developing provision and a change of direction would be wasteful and untimely.
- **Investment in local preventative strategies should be strengthened** in order to consolidate progress and improve consistency across children's services authorities. The development of successful preventative services require at minimum a clear, outcome-driven vision, strong local leadership, the capacity to realign or re-commission services; it also needs to be reinforced by a set of government targets which complement each other and focus on outcomes.
- Prevention requires an evidence base that answers the questions: what works in delivering specific outcomes and what works in developing effective processes? **We need improved evidence** that better reflects the whole child and hence reads across the core specialist areas of education, social care and health.
- Excellence in multi-disciplinary working is built upon professional competence, positive relationships between professions, confidence and a greater sense of professional identity than is needed in a single-agency setting. It is critical that the **development of the workforce continues** balancing single discipline expertise and networks with cross-disciplinary awareness, communication skills and cross cutting networks.
- There are particular gaps in **preventive family support services**. This includes the gaps in family group conferencing and family and friends care as well lack of development of family members as co-educators. There is little organised support for parents of teenagers who remain the first point of support when a young person's health is compromised or future employment and learning is being considered by them.
- The children's sector has voiced considerable concern about the growing **gap between children and adult social services**. Any consideration of a simple merger of children and adult services would be damaging and inappropriate. The analysis of 'adult services' in relation to children needs to be refined to include only adults who have specific and current roles in relation to children and young people rather than simply being 'adults'. Hence we need to see defined a common ground for service development. This ground is populated by parents, children, babies, toddlers, young people, pregnant women and their partners, grandparents, parents and non-parent carers but not by non-parent adults, young adults or elders.
- Finally we would like to see funding and service design better able to address the real **length and continuity of services** required by the most challenged children and young people. This requires both sufficient funding AND sufficient flexibility to ensure competing priorities can be balanced locally. Research into family support services – whether delivered by the statutory or voluntary sectors – indicates that many families feel that the service provision ends too early. "While one-off or time-limited interventions may be useful for some families, low intensity involvement of services is likely to be of limited.

Endorsed by:

ADSS, Confed ADECS, Connaught group, NCH, NCVCCO, NSPCC, NYA and SOLACE