

**INDEPENDENT ADVOCACY:
IMPACT AND OUTCOMES FOR CHILDREN
AND YOUNG PEOPLE**

**Report produced for the Children's Commissioner for
England**

**by The Centre for Children and Young People's
Participation at the University of Central Lancashire in
partnership with the National Children's Bureau
Research Centre**

April 2016

Contents

Acknowledgements.....	3
EXECUTIVE SUMMARY.....	4
1. Introduction	6
2. Methodology	8
3. Research and policy review.....	11
4. The six case studies.....	19
5. Recording systems used in the six sites	24
6. Outcomes of advocacy – how they are understood	31
7. Outcomes of advocacy – how they are recorded and measured.....	39
8. Wider impact of advocacy services – how it is understood and measured.....	46
9. Analysis and reporting of outcomes and impact.....	53
10. Ideas for improving recording and reporting of outcomes and impact.....	60
11. Discussion and conclusion.....	64
Appendix 1: Report on survey of providers	71
Appendix 2: References	83

Acknowledgements

The research team would like to thank sincerely all those who assisted in this research, without whom we could not have done the work:

Jenny Clifton and her colleagues at the Office of the Children’s Commissioner;
the members of the project advisory group;
all those who took part in the survey;
and especially the advocates, other professionals and young people in the six sites, who gave so generously of their time.

Responsibility for any errors, omissions or misunderstandings remains ours alone.

EXECUTIVE SUMMARY

This research was commissioned by the Children's Commissioner for England as part of a wider review of the provision of advocacy for children and young people, following the assumption by the Children's Commissioner of responsibilities for children living away from their families that were previously held by the Children's Rights Director for England.

The objectives of the research were: to identify and review good practice in information gathering, reporting and outcome measurement; to understand the impact of advocacy from young people's perspectives, and understand how advocacy services might effectively collate information towards agreed objectives and outcome measurement; and to assist the Office of the Children's Commissioner to develop recommendations for an effective standard framework for information collection and the measurement of outcomes.

The research consisted of a policy and research overview; a survey of advocacy providers; and a detailed study of six advocacy services, selected to offer good or promising practice in recording outcomes and to represent a range of types of provision across the sector, including services for young people in mental health or youth justice institutions as well as those in care or protection. In each site selected for case study, interviews or focus group discussions were conducted with advocates and advocacy managers, commissioners and other stakeholder professionals, and young people in receipt of advocacy. In addition a range of records and other documents were examined in each site.

Key Findings

In addition to the specific objectives, the research addresses a gap in knowledge about young people's views of the outcomes and impact of advocacy. There was considerable evidence of the extent to which young people had benefited from independent advocacy and the value which they placed on the experience.

There was also evidence of the importance of a service that helps to redress the power imbalance between children and young people and professionals, especially in the case of those sectioned under the Mental Health Act (or detained in the youth justice system).

Understandings and constructions of outcomes varied widely across sites, between groups (advocates, stakeholders and young people) and between individuals. Outcomes could broadly be divided into those related to practical results, those related to young people being heard, and those related to personal growth and development.

There was wide agreement, especially among advocates and their managers, on the importance of recording outcomes for the purpose of reviewing and monitoring what service users have achieved and the effectiveness of the service. A striking finding was that the commissioners in most sites were not prescriptive about how outcomes should be recorded, rather focusing their reporting requirements on outputs.

The six projects used a wide range of methods to capture and record outcomes, which varied according to the requirements of commissioners, the systems maintained by national advocacy providers, and practices developed locally. The report gives some detail of these systems, but is constrained by the need to protect commercial sensitivity.

It was clear that advocacy services experienced many challenges in capturing information on outcomes, especially in getting timely feedback from young people. Young people had some concerns about what information was collected on them and with whom it was shared. There were also significant challenges in managing information on outcomes.

There was considerable evidence that advocacy had wider impacts on policy, practice and young people's lives, although there appeared to be no systematic way of capturing this information.

Common practice was for advocacy providers to produce quarterly and/or annual reports for commissioners. There was wide variation in what was included although in most cases reports included some information on outcomes. Typically they included individual case studies illustrating outcomes, as well as the extent to which young people's issues had been resolved.

Advocates, young people and other stakeholders had a number of suggestions for how recording and reporting might be improved. They also acknowledged the complexity of capturing information about outcomes, particularly where this was related to young people being heard. Suggestions were mainly focused on ease of use for advocates and friendly methods of gathering feedback from young people.

There were mixed views on the desirability of a national standardised outcomes system. Participants could see the value of consistency, and there was widespread agreement in principle but they also emphasised the need for responsiveness to particular local and specialist contexts.

The starting point for a standardised system requires a shared understanding of what is meant by outcomes. The research concludes with a suggested typology, which is offered as a basis for discussion.

The competitive tendering environment for advocacy means that providers feel the need to protect what is distinctive in their own approaches to managing information. This currently inhibits progress towards an agreed national framework, which depends on active collaboration between providers, and also with commissioners.

Conclusions and suggested ways forward

We were asked to assist the Office of the Children's Commissioner to develop recommendations for an effective standard framework for information collection and the measurement of outcomes. We do think the arguments for a consistent national system of recording and measuring outcomes are very strong. It would enable greater consistency of service provision for children and young people, especially those who move between services. It would also make it easier for all involved – commissioners, providers and policy-makers – to compare the effectiveness of different services. On the other hand it is important to retain a space in which advocacy providers can offer something distinctive and innovative. It is also clear that progress towards an effective standard framework can only be made if providers and commissioners work

together, and do this in co-production with young people. We therefore suggest the following as steps towards establishing an agreed baseline level for information collection and the measurement of outcomes.

1. We suggest that agreement be sought between advocacy providers and commissioners on a specification of the outcomes to be measured by recording systems. We offer the above typology as a starting point.
2. We suggest that agreement be sought between advocacy providers, commissioners and young people on the information to be gathered by any advocacy recording system and on the minimal requirements of such a system. This should include basic demographic information, information on the reason for referral and information on outcomes as above. It should include information and views obtained directly from young people.
3. The above suggestions depend on positive collaboration between providers and commissioners of independent advocacy. We therefore further suggest that a working group be convened which should include the main national providers of independent advocacy for children and young people, representatives of smaller local providers, local authorities as both the main commissioners and significant providers of advocacy, other commissioners such as health trusts and the Youth Justice Board, and young people's organisations. Such a group would be able to contribute to the work recommended in the Children's Commissioner's report.

1. Introduction

This research was commissioned by the Children's Commissioner for England as part of a wider review of the provision of advocacy for children and young people, following the assumption by the Commissioner of responsibilities for children living away from their families previously held by the Children's Rights Director for England. The objectives of the research were:

1. To identify and review good practice in information gathering, reporting and outcome measurement which can underpin service provision.
2. To understand the impact of advocacy from young people's perspectives and understand how advocacy services might effectively collate information towards agreed objectives and outcome measurement.
3. To assist the Office of the Children's Commissioner to develop recommendations for an effective standard framework for information collection and the measurement of outcomes.

The research was to focus on three service sectors in which children and young people are statutorily entitled to advocacy: care and protection, mental health and youth offending.

The research was designed and carried out by a team led by The Centre for Children and Young People's Participation at the University of Central Lancashire in partnership with the Research Centre of the National Children's Bureau. The team members were:

Dr Nigel Thomas – Professor of Childhood and Youth Research at the University of Central Lancashire and co-director of The Centre for Children and Young People’s Participation

Dr Cathy Street – Director of the NCB Research Centre

Dr Julie Ridley – Reader in Applied Social Sciences at the University of Central Lancashire

Dr Anne Crowley – Policy and Research Consultant and Associate in the CASCADE research centre at Cardiff University

Dan Moxon – Consultant at People, Dialogue and Change and Associate Director of The Centre for Children and Young People’s Participation

Puja Joshi – Senior Research Officer at the NCB Research Centre (until July 2015)

Evangeline Amalathas – Research Officer at the NCB Research Centre (from June 2015)

Dr Katie Rix – Principal Research Officer at the NCB Research Centre (from August 2015)

Amy Edwards – Research Assistant at the NCB Research Centre (from August 2015)

The team brought together expertise in advocacy, especially advocacy for children and young people, in children’s rights and participation, and in the needs and situation of children in care and protection, children receiving mental health treatment and children in the youth justice system. They also brought a strong commitment to understanding and improving the provision and regulation of advocacy services for those groups of children and young people.

The research was undertaken in collaboration with the advisory group convened by the OCC to offer guidance on the wider advocacy project, which included representatives of advocacy providers, children and young people and expert academic researchers.

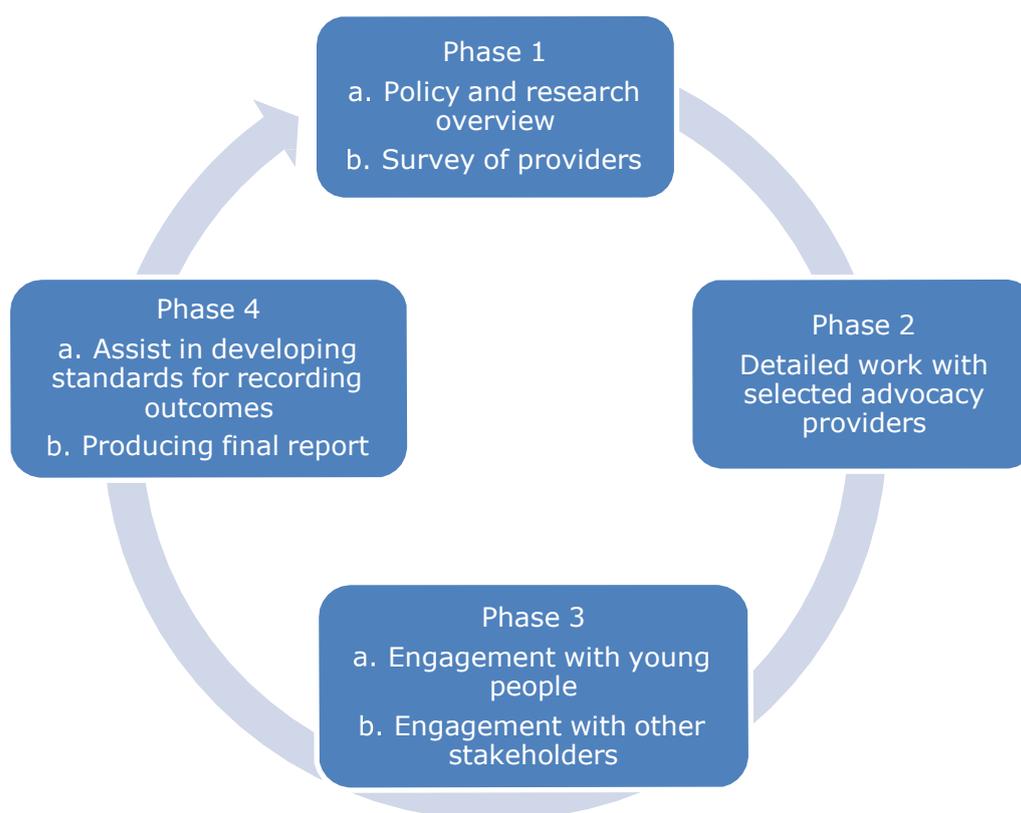
This research is intended to contribute to the development of a standardised approach to outcome measurement founded on the perspectives of all stakeholders, in particular children and young people, and so contribute to achieving a more consistent and effective service for children. The research builds on the work of Lynn Brady who produced a scoping report on advocacy services for children and young people in England for the Office of the Children’s Commissioner for England in 2011, and on Marsha Wood and Julie Selwyn’s 2013 study of the characteristics of young people using independent advocacy services.

The research began in January 2015 and was completed in November 2015.

2. Methodology

The methodology was designed to achieve the research objectives efficiently and effectively, and in particular to maximise effective engagement with young people within the timescale and budget. The work was planned in four distinct phases. Figure 1 (below) illustrates the sequence of phases, which are then explained more fully.

Figure 1 – Phases of the research



Phase 1a – Policy and research overview

The policy and research overview focused on recent work that could usefully inform the study, including relevant legislation and guidance, inspection reports, research into effectiveness and user perspectives. The results are reported in Chapter 3.

Phase 1b – Survey of providers

This phase was undertaken in collaboration with the Office of Children’s Commissioner (OCC), building on work done previously and information already held by the OCC, and in discussion with major advocacy providers.

We conducted a brief online survey of known advocacy providers to obtain as broad as possible a picture of what information is gathered and how, how information is reported and to whom, what outcomes are being measured and how. The survey was widely circulating using lists held by the Commissioner updated by information obtained by the research team in consultation with advocacy providers. Two successful mailings of the survey link were undertaken in order to maximise the possible response. Details of responses are given in Appendix 2.

Phase 2 – Detailed work with advocacy providers

Following the survey we selected six advocacy project sites for in-depth case study. We looked for sites that demonstrated ‘promising practice’ in respect of recording information on referrals and outcomes. We were looking for at least some of the following: systematic recording; an annual report or evaluation; an understanding of what constitutes an outcome; robust, transferable methods for measuring outcomes; and a functioning user group.

We also wanted to ensure that our study sites included all three sectors (care and protection, mental health and youth offending), and reflected the work of both larger and smaller independent providers and at least one ‘in house’ service. We also aimed to include services that worked across the age range, and services that provide non-instructed as well as instructed advocacy, and that support self-advocacy. Finally, we sought to work with a geographical spread across England, in order to ensure that the research as far as possible reflects the diversity of need and provision in different regions.

The work with advocacy providers in the selected projects comprised an in-depth examination of their record-keeping processes (including examination of individual case records with appropriate permissions). We focused in particular on how outcomes are recorded and categorised, and on recorded evidence of impact, considering both the quality of recording and the extent to which it is embedded across the service. Additionally, we engaged in discussion with a number of staff in each project in order to understand the rationale for using particular methods of data collection and their experiential understanding of what works and what does not.

Although we distinguish conceptually between Phases 2 and 3, they were undertaken simultaneously.

Phase 3a – Engagement with young people

Young people were recruited through the six target projects. We aimed to engage with at least five young people in each project, with attention to diversity in gender, age, ethnicity and (dis)ability. We focused our discussions on: 1) what constitutes an outcome, and how they would categorise outcomes; 2) their views on how children and young people should be involved in recording of outcomes; 3) their experiences of accessing advocacy service in relation to outcomes and recording. We used a variety of techniques to engage with children and young people, chosen to meet the needs of the children and young people and the setting within which

the engagement took place, to ensure that all participants were offered an opportunity to contribute in a way that was comfortable for them. This included semi-structured interviews and focus groups. As part of the recruitment process, we prepared information packs for young people to explain the purpose of the study and the areas we wished to explore with them.

Phase 3b – Engagement with other stakeholders

This phase involved interviews with a range of professionals, including commissioners of advocacy services and those responsible for work with young people who use the service, to explore their understanding of outcomes from advocacy and reporting of outcomes, how this is used by them in commissioning or managing the service, and their views on potential strategies for improving this area of work.

Phase 4a – Analysis and informing development of standards for recording outcomes

Our analytical approach was structured around a framework developed during the scoping and implementation stages, that identified the particular issues to be addressed and the data collection activities that addressed them. This was undertaken in collaboration with the OCC and the wider project advisory group (see below).

Phase 4b – Producing final report

The final report has also been produced in close collaboration with the OCC and the wider project advisory group. We are also producing a short report on the research suitable for feedback to young people and other participants.

The research team originally aimed to work also with a second advisory group consisting of young people who use advocacy services in Lancashire, but for practical reasons this was not possible.

Ethical approval for the project was given by the University of Central Lancashire, following approval by the Health Research Authority (formerly the NHS Social Care Research Committee) and the National Offender Management Service. Additional permissions were given by the Youth Justice Board, the Association of Directors of Children’s Services, the local authority responsible for Site C and the NHS Trust responsible for Site E.

3. Research and policy review

Introduction

Since the late 1970s, the subject of advocacy has moved from the sidelines to the centre stage of public policy, and its potential to improve the lives of individuals has been repeatedly recognised at a national policy level. Specific advocacy services for vulnerable children and young people began to develop in the 1980s (Willow, 2013) and have since grown with the development of statutory guidance and legislation that expanded the remit of services for children and young people (Wood & Selwyn, 2013). Research has shadowed policy and advocacy service growth, and it is only in recent years that research has sought to examine the scope and effectiveness of advocacy services in the UK.

Defining advocacy

Parents and carers are widely recognised as a child or young person's informal advocates; however, there are many children and young people who do not have anyone to speak up for them as parents are expected to. Advocacy has therefore tended to develop with a particular focus on children in public care and those classified as in need.

The Department for Education and Skills (2004) described advocacy as follows:

'Advocacy is about speaking up for children and young people and ensuring their views and wishes are heard and acted upon by decision makers.' (DfES, 2004, p. 8)

This is similar to the Department of Health's (2002) definition of advocacy as 'speaking up for children and young people' (p. 1). These definitions relate to dictionary definitions of an advocate as someone who speaks on behalf of someone else (Bateman, 1995). Other definitions have placed more emphasis on enabling children and young people to speak up for themselves about matters that concern them (Dalrymple & Hough, 1995).

Since the expansion of advocacy in the 1970s and 1980s, a range of models and schemes have been developed to be appropriate for the different groups of people who wish to access support (Action for Advocacy, 2006). Independent advocacy is the model most often used with children and young people, but is just one of many different models that exist which also include peer advocacy, self-advocacy, citizen advocacy and non-instructed advocacy (Macadam et al., 2013). A significant proportion of the provision for children and young people is through 'in house' services, which aim to provide a more or less independent service from within the local authority structure. Non-instructed advocacy may also be provided within the context of independent advocacy for children and young people, as we see later.

In summary, despite the different views of definitions of advocacy for children and young people or independent advocacy, it is generally accepted that advocacy involves listening, empowering the child or young person through helping to represent their views, supporting them and protecting their rights (Oliver et al., 2006) through a child-led way of working (Moss, 2011).

Independent advocacy entitlement

Currently, and as noted in the report from the Children's Commissioner, children and young people are only entitled to advocacy in a limited number of circumstances, based on their care status, mental health needs or their position in the youth justice system (Brady, 2011).

The rights of children and young people, in particular their entitlement to be heard, have been reflected and reinforced in legislation and policy. The 1989 UN Convention on the Rights of the Child represented a 'historic landmark' (Oliver & Dalrymple, 2008, p13) in shifting society's attitude towards children and young people. Article 12, in particular, reinforced children's right to be involved in decision making about issues that affected them, as did the Children Act 1989.

The right for children to participate in decisions that affect them and make complaints was introduced in the Children Act 1989. This helped to promote a culture of listening to children during the 1990s. The benefits of advocacy were also promoted through a number of key initiatives, such as the Quality Protects Programme (Department of Health, 1998) and The Government's Objectives for Children's Social Services (Department of Health, 1999), together with inquiries such as Lost in Care (Waterhouse, 2000) and People Like Us (Utting, 1997). These initiatives encouraged children's involvement and led to an increase in the number and range of advocacy services available to children and young people in England and Wales.

The right to make complaints and participate in decisions was extended to care leavers through the 2000 Children Leaving Care Act, and in 2002 the Adoption and Children Act placed a statutory duty on local authorities to provide looked after children, care leavers and children in need with assistance when making, or intending to make, a complaint. The complementary Get it Sorted guidance (Department for Education & Skills, 2004) stated that children and young people should be provided with information about how to access advocacy services and that these services should be independent. It is noteworthy that the Get it Sorted guidance specifically used the word 'advocacy' to refer to the support available to children and young people, whereas the legislation itself speaks only of 'assistance'.

The Care Standards Act 2001 also established a complaints procedure for children's homes. The accompanying National Minimum Standards for Children's Homes (Department for Education, 2011) set out the requirements for advocacy services to be available and accessible to children and young people in residential care.

Although there has been no further extension of statutory provision for advocacy for looked after children or children in need (Brady, 2011), statutory guidance has been issued that has made reference to advocacy services for looked after children, care leavers and children in need.

The Care Planning, Placement and Case Review (England) Regulations (Department for Children, Schools and Families, 2010) consolidated previous regulations around advocacy and wider care planning regulations. More recently, the Children's Homes (England) Regulations (Department for Education, 2015) also specifies that all children should be given the appropriate advocacy support. It also states that an explanation should be given to children, as soon as possible after the child's arrival in a children's home, about what advocacy is and how they access this provision.

There is a focus on the needs and rights of looked after children with regard to advocacy

provision. However, children and young people's access to advocacy is based not only on their care status, but also their mental and physical health and their needs when in the youth justice system. Secure Centre Training Rules (1998) give children and young people the right to access advocacy support and representation from an independent advocate whilst in custody or the secure estate (Brady, 2011). With regard to children and young people's physical and mental health needs, the Health and Social Care Act 2001 placed a duty on the Secretary of State for Health to make advocacy available to anyone, including children and young people, who wished to make a complaint about their NHS care. Furthermore, the Mental Health Capacity Act 2005 placed a duty on local authorities to provide an Independent Mental Capacity Advocate (IMCA) for young persons aged 16 years or older who have nobody else to represent them and who lack the capacity to make decisions about certain issues. Additionally, the Mental Health Act 2007 gave the right of accessing an Independent Mental Health Advocate (IMHA) to all children and young people who were sectioned under the Mental Health Act regardless of their age.

The policy landscape relating to advocacy provision for children and young people is very complex and open to interpretation. To summarise, a timeline presenting children and young people's statutory rights to advocacy is presented overleaf.

Commissioning advocacy services

The policy initiatives described in the previous section led to the majority of advocacy services being formed between 1996 and 2000 (Oliver et al., 2006). However, advocacy services developed in a largely ad hoc manner, which resulted in some parts of the country being particularly well-resourced and others having no provision, or limited provision, for children and young people. This uneven development has continued; Pona and Hounsell (2012) looked at government data to find that, despite an overall increase in expenditure from £14.5 million in 2008/2009 to over £20 million in 2010/2011, one third of all local authorities in England still did not spend anything on advocacy services for their children and young people in that year. Thus, children and young people's access to advocacy provision is uneven at best (Oliver, 2008) and is fundamentally determined by local authorities' spending decisions as opposed to being needs driven.

A central consideration for local authorities is the model that they wish to adopt in order to provide advocacy services for children and young people. Currently, there are two main ways in which local authorities provide this. There is an 'in house' model where advocates (often known as Children's Rights Officers) are employed directly by the local authority; and there is an external provider model where advocacy is provided by national or local third-sector organisations. The second model is more commonly used, with around 70% of local authorities in England opting to commission advocacy services from external voluntary agencies (Brady, 2011). Consequently, advocacy services are increasingly subject to competitive tendering processes, and many advocacy organisations are finding that evaluating the impact of their work is becoming more important to help them to secure contracts with local authorities (Rapaport et al., 2006). This reflects a general growth of outcomes focused commissioning, where funders want to know how their money is making a difference. The assumption that advocacy is a self-evidently worthwhile activity is no longer enough for funders (Action for Advocacy, 2009). Instead it must be seen to make a demonstrable difference to the lives of children and young people.

people. Over fifteen years ago, Gould (1999) pointed out that services need to be accountable to both their funders and their service users, therefore the requirement for advocacy services to engage in evaluation is by no means a new concept; but such an approach is vital to ensuring the sustainability of advocacy services in an ever more competitive funding landscape (Action for Advocacy, 2009).

Effectiveness and impact of advocacy

Advocacy aims to improve the lives of those who access the service; however, without robust evaluation the effectiveness of advocacy or its impact on those who use it is unclear. Until now, more attention has been paid to researching the principles of advocacy and establishing definitions (Henderson & Pochin, 2001) than to seeking evidence for the impact of advocacy (Oliver, 2008b). This applies to advocacy for adults (which tends to dominate the literature) as well as to advocacy for children and young people. The few studies that have looked at impact have generally been illustrative and descriptive, focusing on how ‘advocacy partners’ perceive the value of their relationship with their advocate (Harrison & Davies, 2009) or short case studies describing individual stories that advocacy providers publish on their website and/or in their annual report (Action for Advocacy, 2009). Overall there appears to be a lack of systematic research into the impact or effectiveness of advocacy services. There are a number of reasons suggested in the literature relating to both adult and children’s advocacy for why this might be so:

- There is still confusion over what independent advocacy is and how this provision is interpreted by services, the advocates and those whom they advocate for (Stewart & MacIntyre, 2013);
- Many advocacy providers cite lack of capacity within their organisations to routinely and systematically collect data on outcomes and impact (Newbigging et al., 2007);
- There is a changing policy landscape specifying who is entitled to advocacy (Wood & Selwyn, 2013) and a lack of guidance as to what aspects of the services should be monitored by providers and how;
- The commissioning and tendering process has led to a constantly changing pattern of service provision, but also has rendered competing services reluctant to share information with researchers or with each other (Wood & Selwyn, 2013);
- Advocacy is one of a number of influences in an individual’s life, making it difficult to attribute any positive changes directly to advocacy (Miller, 2011; Action for Advocacy, 2009);
- People using advocacy may be unable to clearly express their goals or identify benefits of the advocacy process (Action for Advocacy, 2009);
- Measuring and defining outcomes of advocacy may be seen to conflict with the principles of advocacy (person-centred, non-judgemental, not imposing views or options) (Action for Advocacy, 2009);
- There may also be some confusion between the impact of the process of advocacy and the impact of the tangible outcomes achieved for individuals.

Despite the lack of systematic evidence, guidance or monitoring frameworks, the illustrative and case-study heavy literature is able to identify some positive outcomes associated with advocacy. The most commonly cited benefits include empowerment, an improved quality of life, better access to care and support opportunities, and increased communication between ‘advocacy partners’¹ and professionals (Wetherell & Wetherell, 2008). Similarly, and specifically in relation to advocacy for children and young people, Oliver et al. (2006) noted that feeling listened to and having an opportunity to express their views was the most cited outcome. They also noted that children had a high level of satisfaction with the advocacy service, particularly with the energy and commitment of their advocate, and were able to offer case illustrations of both ‘soft’ and ‘hard’ outcomes for themselves. Although these studies have been valuable in advertising the advantages of advocacy, they are often mistakenly viewed as confirming advocacy’s value and place in society (Macadam et al., 2013). In reality, these findings are based on insufficient critical evidence, and advocacy providers themselves have acknowledged the limitations of case studies (McWilliams & Miles, 2012). Subsequently, these findings point to the need for advocacy providers to engage in more systematic and robust evaluation of their services.

Outcomes monitoring in advocacy services

Both the Department of Health and Department for Education have emphasised the need for services to develop and implement effective outcomes monitoring frameworks – for example, the Future in Mind report (Department of Health, 2015). The adoption of an outcomes based approach to advocacy has the potential to facilitate a much deeper evidence base for the advocacy sector and marks a change in priority from outputs to outcomes. However, this has meant more work for advocacy providers as this has necessitated exploration of outcome definitions and fresh approaches to monitoring their service. This increase in workload has, however, been accompanied by a dramatic rise in the literature available to voluntary sector organisations to aid them in this process (Action for Advocacy, 2009). One point repeatedly made is the distinction between *outputs*, such as the number of people accessing the advocacy service, and *outcomes*, including the effects on young people’s lives. Output data is much easier to monitor and capture, and until recently has been enough for funders, but has tended to skew focus as, ultimately, it tells us nothing about the impact that the support has had on the child or young person (Newbigging, 2015).

The current state of outcomes monitoring in the advocacy sector is inconsistent at best, with local authorities having free rein to request whatever information they require from advocacy providers. This is partly due to the lack of guidance concerning official monitoring arrangements. In 2002, the Comprehensive Performance Assessment (CPA) was introduced to measure the overall performance of local authorities. Advocacy services, however, were not included in this, so that local authorities are left to their own devices when it comes to monitoring this provision.

¹ The term ‘advocacy partner’ is widely used in adult advocacy services, especially in citizen advocacy, as reflected in this chapter. It is less often used in the context of independent advocacy for children and young people. In the remainder of this report we mainly refer to those children and young people with whom advocates work simply as ‘children and young people’.

This is in contrast to services such as child protection where outcomes measurement is equally complex but, most importantly, firmly embedded into requirements imposed on local authorities (Tilbury, 2004). Advocacy monitoring is only mentioned in Regulation 5 of the 2004 Advocacy Services and Representations Procedure for Children, The National Standards for the Provision of Children's Advocacy Services (Department of Health, 2002) and the Get it Sorted guidance (Department for Education, 2004). Combined, these documents prescribe that advocacy should comply with regulations about record keeping with regard to information about each advocate appointed, encourage the publication of an annual report covering financial and other performance information and urge local authorities to measure satisfaction with advocacy services in a child-friendly way. In practice, the detail, level and way of recording and monitoring varies considerably between advocacy providers. In addition, whilst advocacy is considered in some Ofsted inspection reports of children's services (e.g. Ofsted's 2015 inspection of London Borough of Lambeth), this is inconsistent across reports and not used as a key indicator.

Demographic information on those using the advocacy service is routinely captured, however there are noted problems with the quality of this information because of missing information on referral forms (Wood & Selwyn, 2013). Similarly with regard to outcomes, in a review of 142 case files from two different advocacy providers, information relating to the outcome of the referral was only provided in 12% of cases (Wood & Selwyn, 2013).

Considering the minimal guidance advocacy providers have, it is no wonder that the majority of advocacy services relegate any monitoring or evaluation to service level agreements (73%) or annual reports (54%; Hussein et al., 2006). It is encouraging that local authorities are requesting information from the advocacy providers and that advocacy providers are having to monitor and collect some types of information for these purposes. However, a system where each local authority has their own requirements has resulted in a lack of consistent data, both over time and between local authorities, making it much harder to compare advocacy services for different populations or across time or county (Wood & Selwyn, 2013). Going forwards, there needs to be greater consistency in the type of information advocacy providers monitor.

A much needed starting point for advocacy services in their evaluation journey is to identify what different stakeholders want the service to achieve, with the most important factor being what the service user wants it to achieve for them. Brandon and Brandon (2000) put the question in very simple terms; 'do advocates get what their clients are asking for?'. It, however, must be acknowledged that defining outcomes is rarely this simple; a major challenge for advocacy providers is distinguishing between soft and hard outcomes. Willow (1996) differentiated between these soft or process outcomes and hard or practical outcomes, and there is evidence in the field of adult disability services that 'advocacy partners' who do not achieve their desired outcome may nonetheless report positive experiences of advocacy (Macadam et al., 2013; Townsley et al., 2009).

Another is that advocacy services have different stakeholders, who each have their own set of objectives and desired goals. This has been evident from work in adult mental health and disability services. Although 'advocacy partners', advocacy services and funders should all be able to see the impact, finding outcomes that are relevant for each party is problematic. Newbigging

et al. (2015) illuminated this problem when looking at how IMHAs, funders and advocacy partners spoke about impact. It was found that IMHAs and other mental health professionals framed impact in terms of the legislative context in which they sit and upholding advocacy partners' rights, as well as a reduction in complaints and a greater compliance with care plans. Similarly, funders were keen to see a greater awareness and increased understanding of rights in advocacy partners. On the other hand, advocacy partners themselves spoke of priorities such as having a voice, addressing negative circumstances, being supported in formal meetings and having access to information. The very nature of advocacy encourages advocacy partners to define their own issues and solutions, and so it is important that the viewpoint of the advocacy partner be taken into account when defining outcomes. Action for Advocacy (2009) warn that if any of these stakeholders' views are missing from an outcomes framework, the true impact of advocacy will be 'lost in translation' (p 4; Action for Advocacy, 2009). More recently, research for the Social Care Institute for Excellence emphasised the value of co-production in outcomes monitoring (SCIE/UCLan, 2015).

In spite of these challenges, in 2006 nearly 30% of local authorities indicated that they were planning to adopt evaluation mechanisms in the near future (Hussein et al., 2006) and there seems to be a growing appetite for advocacy services to adopt such approaches based on a field-wide agreement regarding the importance of impact evaluation (Rapaport et al., 2006). However, five years later Brady (2011) observed that in children and young people's advocacy monitoring and evaluation was still carried out on a 'piecemeal' (p.48) basis, often not taking all stakeholders' views into account, and more recently in adult social care Macadam et al. (2013) noted that advocacy services were still largely using annual reports and service level agreements as a means of evaluation and that it was still common practice to report primarily on outputs rather than outcomes.

Despite a shift in funders' requirements for demonstrating impact, a desire for evaluation within the sector, and high levels of motivation and enthusiasm from advocacy providers, there has been little progress in outcomes monitoring over the past decade. Choosing appropriate outcome measures continues to be problematic, and designing an appropriate outcomes framework that synthesises the views of multiple stakeholders is challenging and time-consuming (Chase et al., 2006; Rapaport et al., 2005). There have been several attempts to design tools to capture impact, including the Citizen Advocacy Program Evaluation or CAPE (O'Brien, 1987), Citizen Advocacy Information and Training or CAIT (Hanley & Davies, 1998), ANNETTE (ANN, 2004, cited in Rapaport et al., 2005), Independent Advocacy: A Guide for Commissioners (Scottish Government, 2013²), Citizen Advocacy Lincolnshire Links (Gates et al., 2000), a dementia service self-evaluation (Cantley et al., 2013), RETHINK (Rapaport et al., 2005) and Outcome Stars (see Action for Advocacy, 2009). Information about the advantages and disadvantages of many of these can be found in Henderson and Pochin (2001) and Rapaport et al. (2005) However, in a survey in 2004-5 only 6% of local authorities used one of these accredited tools to aid them in their impact evaluations (Rapaport et al., 2006).

² Revised guidance based on the original Guide to Commissioners in 2001 by the then Scottish Executive Health Department.

Despite numerous attempts, there is still no single evaluation framework that advocacy providers use (Bauer et al., 2013). The development and introduction of a common regulatory and monitoring framework has featured in a number of recommendations offered by researchers (Brady, 2011; Pona & Hounsell, 2012; Wood & Selwyn, 2013) to help improve both the quality of services for children and young people and the sustainability of advocacy services. Action for Advocacy (2009) stress that any outcomes based framework must be flexible, widely applicable and child-centred, must be completed by someone other than the advocate and must define outcomes from a multi-user perspective. Pona and Hounsell (2012) recommend that advocacy services incorporate a requirement to engage in robust monitoring and evaluation of their service into their commissioning arrangements. However, many changes are arguably needed in the sector, including statutory guidance, standards and an accepted outcomes framework, in order to increase consistency and good practice within advocacy services for children and young people (Wood & Selwyn, 2013). Brady (2011) recommends exploring the feasibility of setting up a national monitoring database which would contain regularly updated information from all advocacy services; however there are doubts in the sector about whether this would work (Wood & Selwyn, 2013).

Implications for research

In spite of all the challenges, the importance of understanding the impact that advocacy has on the lives on children and young people is undisputable and widely recognised. This, combined with a move to outcomes-focused commissioning and an ever more competitive funding landscape, has illuminated the paucity of evidence regarding the effectiveness or impact of advocacy at present. Until now, this has broadly focused on stakeholders' views of the impact and not taken into account the views of 'advocacy partners' themselves (Bocioaga, 2014). Local authorities do not currently collect systematic data from their providers, nor is there much guidance regarding what or how information should be collected and monitored. As such, until advocacy providers efficiently and effectively monitor their own work, these services remain vulnerable in the current economic climate. It is therefore timely that advocacy services, commissioners and researchers address this gap and work together to overcome the challenges that confront the sector in terms of outcomes monitoring. This will necessitate advocacy providers working together to develop a cohesive and consistent strategy for monitoring impact that will not place a burden on front-line workers and, most importantly, will not conflict with the fundamental principles of advocacy (Action for Advocacy, 2009). However, in order to facilitate progression, it is necessary to understand different advocacy providers' current methods for capturing and monitoring data. This what the current research aims to do, by identifying good practice in outcomes monitoring to inform and improve service provision for children and young people. There is an overwhelming evidence in personal stories of positive impact, and we hope this research will help to understand how these positive impacts can be translated into effective outcomes monitoring.

The full list of references is in Appendix 2.

4. The six case studies

Following the survey of providers (see Appendix), six advocacy services were selected for in-depth study. In this chapter we briefly summarise the six projects selected for the case study research, and the participants and documents which were seen in each site.

Site A is in South-East England and is a service provided for the local authority by a large national advocacy provider.

This service is provided by a national charity that provides independent services for children, young people and vulnerable adults. This includes the provision of information, advice, advocacy and legal representation through a network of paid advocates and volunteers.

This particular site is commissioned by a local authority to deliver advocacy support for children and young people in the care system. In 2014/15 this site supported young people with 324 separate issues. A breakdown of demographic information shows that there was a roughly equal number of young women and young men who accessed the service and that most of them were White British. However, there was an increase of service users from other ethnic groups, which could be explained by the rise in unaccompanied asylum seekers in the area.

At the time of the research the site had two full-time employed staff and a pool of five self-employed advocates who work on a sessional basis. In addition, there were six trained volunteers and several more in the recruitment and training stage.

Interviews at this site were undertaken with the site manager, the lead advocate and three other advocates; in addition, two local authority employees and five young people, aged between 13 and 17, who had received or were receiving advocacy were interviewed.

Documents reviewed included: two monitoring statistics reports from two recent quarters (October to December 2014 and January to March 2015); two anonymised case studies from two recent quarters (October to December 2014 and January to March 2015), the annual report (2013-2014) and two case files. In addition, two versions of an evaluation questionnaire for young people were reviewed - a regular questionnaire and smaller postcard version for younger children and young people with limited literacy skills - and various information leaflets for children and young people about the service and how to access it.

Site B is in South-West England and is a service provided for the local authority by a large national advocacy provider.

The agency has been commissioned to provide advocacy services since 2008, on a series of two and three year contracts. Offering contact at a variety of venues including youth centres and schools, and in children and young people's own homes, there are currently two main advocacy services in Site B, one for looked after children and one for children subject to child protection procedures. Advocacy is also offered to disabled children with complex needs, and to children

and young people who make a complaint. In addition, the service provides independent visitors, support for the Children in Care Council, and a number of other services including family group conferencing. A local project manager manages all the services, supported by a regional service manager who is responsible for the contract with the local authority. The project employs an administrator, four advocates and two sessional staff.

The aims of the service for looked after children are to ensure that children and young people's wishes and feelings are heard, listened to and taken into account in decision making processes, and that children and young people know their rights and entitlements. The aims of the service for children subject to child protection are to ensure that children and young people's wishes and feelings are heard, listened to and taken into account in decision making processes, that children and young people are supported to understand what's happening, and to help conferences to build on strengths and put in place plans to improve safety.

Interviews were conducted with the local authority commissioning manager and two Independent Reviewing Officers who also chair child protection conferences. In the advocacy service, the project manager, two advocates and a senior manager were interviewed, as well as five young people who were current service users and two who were ex-service users (four male, three female, aged 12-18).

Documents reviewed in this site included: the primary electronic record keeping system at the project base and case file analysis on six files within that system. Copies of documents were also reviewed including the annual report (2014-2015) and blank copies of evaluation questionnaires for young people (to feedback on their experience of using the advocacy services), referral forms, the spreadsheet that the project completes for the local authority on a quarterly basis and a copy of the Children in Care Council's Action Plan.

Site C is in North-West England and is an in-house local authority service.

Established in 1999, the service provides advocacy for children looked after by an urban local authority and typically works with around 50 individual children and young people each year. In addition to looked-after children, the advocacy service is closely connected to the local authority complaints procedure and any child or young person who raises a formal complaint about the services they have received from the local authority can also access the support of an advocate. The age of children and young people able to access the service is theoretically 0-21 years, however, the advocacy service encourages children under 8 to access the Independent Reviewing Officer (IRO) dispute resolution process with an IRO which makes the effective age range 8 to 21 years.

The service is delivered by an in-house service comprising two full-time staff employed by the local authority who are co-located with other parts of Children's Services. Alongside advocacy, the service also supports the Children in Care Council, Youth Council and Youth Parliament. Sitting within the Children's Social Care Directorate, one of the staff is employed for the majority of their time as an advocate, reporting to the service manager whose role also includes

some advocacy and a wider children's participation remit. The service can spot-purchase external advocates for specific cases, but this occurs very rarely.

There is a policy in the authority that issues and complaints should be resolved at the lowest possible level, and thus advocacy should aim to resolve issues before they reach the complaints procedure where possible. Advocates themselves defined the aim of the advocacy service more broadly in the context of a wider children's rights and participation remit which the service holds.

Interviewees at this site included: one advocate and one service manager (both referred to as advocates within this report); the Assistant Director for Children's Social Care, an Independent Reviewing Officer, the Compliance and Governance Manager; five children and young people (one male, four female, aged 17-21 years).

Documents reviewed at this site included anonymised case files; quarterly reports from the Advocacy Service to the Complaints Officer; the Children's Rights Service Annual Report and the reports of the Complaints Officer to the LA Business Delivery Board.

Site D is in the Midlands and is a service for young offenders provided for the Youth Justice Board by a large national advocacy provider.

The service is part of a national service offering advocacy in all YOI's and secure training institutions in England and Wales, with all residents in the Site D YOI being able to access the advocacy service. Run by a national children's charity and commissioned by the Youth Justice Board (YJB) as a contract in two lots (both of which were won by the charity), the service was commissioned in 2013 for three years with a possible two-year extension and provides one full-time and two part-time advocates employed by the charity and based directly in the institution. All advocacy is delivered on site with one advocate acting as team leader reporting directly to the national service manager within the charity.

At the time of research 124 young men were resident in the institution, most of them aged 15-18. In the documents reviewed 61% of young men in the YOI had contact with the service within one quarter, including 238 brief interventions (lasting under 30 minutes) and 133 full cases. Indicators within the contract are focused on tracking time-based outputs; for example, the service is required to contact and make all young people aware of the service within seven days of their entry to the institution, and to ensure that a young person who is restrained is offered advocacy within 24 hours of the service being notified of the restraint.

Interviewees in Site D included: one advocate, one team manager and two national service managers from the advocacy provider; the Deputy Governor at site YOI; the Liaison Governor for Advocacy Service/Head of Residential Services; a Senior Manager from the YJB and three young people (all male and aged 17 or 18).

Documents reviewed included various quarterly reports (which include anonymised case studies); the national annual report; a wishes and feelings tool and a user feedback survey. In addition, the

database input process, service specification and paperwork concerning service contract delivery indicators were reviewed.

Site E is in Northern England and is a service provided for a local authority by a national advocacy provider who mainly provide services for adults.

This local service, in the north of England, is part of a well-established national independent advocacy organisation that offers advocacy to many LAs across England, including advocacy support for adults, including adults with mental health problems, disabled people, those with drug and alcohol problems and those with acquired brain injury. The parent organisation also works with carers, parents, families and people in the criminal justice system.

Independent advocacy for looked after children is a more recent development and is currently offered by the organisation in three parts of England, with Site E being set up in 2012 on a two-year contract. Commissioned by the local authority to provide advocacy to looked after children, (around 1, 000 children and young people, including 200 placed out of area) as well as Independent Visitor and Return to Care Interview services, the service employs three full-time advocate posts including a full-time Managing Advocate (managed by a Service Manager for the organisation who is responsible for a group of Managing Advocates in the north and south of England) and operates from a town centre office base, as well as offering input into schools, LA residential provision and community facilities.

The consensus amongst all stakeholders in this site was that the main aim of the advocacy service was to ensure that looked after children and young people have a voice and to support them to participate in decisions that affect their lives. Planning for the service was based on it receiving around 150 referrals a year for advocacy and Return to Care Interviews, with key sources of referral including self-referrals by looked after children and young people themselves, as well as from health and social care staff, including foster carers.

Several gaps in the advocacy provision were identified during the data gathering for this site, namely, the service is not commissioned to work with children or young people living at home with parents who are subject to child protection investigations and also, the amount of time and intensity of support available for severely disabled children and young people requiring non-instructed advocacy, is limited beyond initial referral.

In total, ten interviews were undertaken and these included the three advocacy service staff, a commissioner, a social work manager and an IRO. Four young White British people were also interviewed, two females (aged 12 years and 15 years) and two males, both aged 17 years. (In the case of one of the males who was receiving non-instructed advocacy, the interview was with his social worker).

Documents considered in this site included reports produced for the local authority commissioner, which incorporated case studies demonstrating individual outcomes and records from the service's electronic database, together with blank feedback forms from children and young people. Quarterly and annual reports drafted by the Managing Advocate and regional Service Manager were also reviewed.

Site F is in Southern England and is a service for young people with mental health issues, provided for the local NHS Trust by a large national advocacy provider.

Commissioned in 2008 on a five year rolling annual contract by a large NHS Foundation Trusts that provides community health, specialist mental health and learning disability services for people across the south of England, the service provides the Independent Mental Health Advocate (IMHA) service for adolescents with mental health problems in a specified area. It includes both those detained under the Mental Health Act as well as informal inpatients, with the service being offered via two local CAMHS units: an adolescent unit supporting both detained and informal patients, and an adolescent forensic/secure mental health facility. The size of the target population for this service was described by the commissioner as ‘relatively static’, given that service demand is dictated by the maximum number of inpatients (36 beds) across the two facilities.

The main purpose of the advocacy service was understood to be to provide independent support and a ‘safeguard’ to young people in CAMHS units, with priority given to young people detained under the Mental Health Act. This understanding was broadly shared by external stakeholders.

The service is provided by one part-time advocate, a qualified IMHA, managed by an Advocacy Service Manager with organisational responsibility for a range of young people’s advocacy services in the south of England. There was no physical site in the sense of an office location; both the IMHA and the service manager operated from home, although the advocate spent the majority of her time seeing young people at one of the two units, attending each unit on a regular day each week, planned to coincide with the weekly ‘community meetings’. The IMHA was also available at other times at young people’s request, and to meet their need for support with legal meetings.

The majority of the advocate’s work was reported to be IMHA based. Given that young people are detained at the forensic CAMHS facility, the advocate spent more time supporting individual young people at this hospital. In contrast, much of her work at the other adolescent unit involved group work with young people representing their collective concerns and issues, though some individual-based advocacy is offered as and when required.

In this site, interviewees included: the advocacy manager and advocate (IMHA); the Modern Matron in charge of the CAMHS; the Senior OT Team Manager; the commissioner from the NHS Trust and the social worker based at the forensic CAMHS hospital. A focus group was held with seven young people resident in adolescent unit and there were two individual interviews with young people in the forensic unit. All nine young people were female, aged 14-18 and identified as English and White British. (At the time of the interviews, only two males were resident in either of the CAMHS units, and neither was willing to participate).

Documents reviewed included quarterly and annual reports for 2014/2015, service leaflets and questionnaires. Examples of completed activity records were also provided by the advocate, and the researcher spent time with the manager looking at the electronic database records.

5. Recording systems used in the six sites

At Site A, a case file is created each time an advocate sees a service user about a ‘case’ – that is, a new request or issue for advocacy. This involved recording a range of information about the case at the beginning, during and at closure of the case file. The advocate records information about the service user, their issue, the agreed plan for addressing the issue, and primary and secondary outcomes (see next Chapter). Information recorded includes:

- service user details;
- evidence of an issue;
- notes from discussions;
- any written, telephone and digital correspondence;
- plan;
- improvements in secondary outcomes, such as confidence to express their own needs;
- service user feedback.

Information recorded in case files is later audited by a service manager in the advocacy team as part of a quality assurance process. The audit reviews what information is recorded, the process followed, and whether the process and information recorded meets the site’s standards. There are, however, no specific standards mentioned; it appears to be at the discretion of the service manager to make value judgments about the appropriateness, clarity and quality of information recorded and the process followed by the advocate.

The service user completes a service user satisfaction survey on their own after the case is closed. This includes whether the service user was happy with the help received, whether they felt listened to by the advocate, and space to write down any comments about their experience.³

At Site B there are three distinct record keeping systems: the primary database developed by the national agency; an Excel spreadsheet which provides monitoring information for the local authority; and a manual record of feedback gathered directly from young people.

The primary database stores records on each case (child or young person) with information such as reason for referral, source of referral, issue/s, work done, outcomes, equalities information and a case summary (on closure). Data is input by the advocate case managers. The system is capable of analysing the different fields in the case records and providing reports. The system provides valuable management information and is used by the project manager to help manage caseloads and monitor work activity. In this system outcomes are categorised and recorded in two ways:

- a) Issue resolved, not resolved or partially resolved

Each case record specifies the issue(s) that the advocate is working with the young person to address. Data entry requires selection from a drop-down menu. The case file analysis illustrated examples of the choices available: support at meetings; contact with family; education; complaint;

³ There are two survey instruments – a regular and shorter/postcard version.

change of placement; and change of social worker. At intervals the advocate case manager discusses with the child or young person whether the issue is resolved, not resolved or partially resolved and will record the verdict. Some case records list many separate issues with resolved, unresolved or partially resolved against each issue. The closing summary of the case lists all the issues and the resolved status.

b) Distance travelled

The case record includes 'before' and 'after' measures on a total of six domains including relationships, motivation and confidence. Advocates work with the service user early on in their contact with the advocacy service to help them score themselves on a scale of 1 to 10 on each domain. Towards the end of their involvement the advocate works with the service user again to arrive at an 'after' score on the same domains. The database calculates the difference between the 'before' and 'after' scores for each domain and for all domains, giving a total distance travelled score. Young people are also invited to make a personal statement on their advocacy skills.

The Excel spreadsheet contains the information the local authority requires on project outputs, e.g. the numbers of children and young people accessing advocacy and their characteristics, as well as any feedback from young people on the outcomes for them (see below). It is designed so that data can be added as work moves through its phases. Some of the information is (manually) extracted from the primary record keeping system, some from manual records. The local authority then undertake some analysis of the data, producing charts and tables which are used as a basis of discussion in quarterly monitoring meetings between the project manager and the commissioning manager. The Excel spreadsheet lists over 50 different pieces of information on each case and has been in use since the services were first commissioned – it has evolved over time and broadly reflects what are seen as key deliverables in the contract.

Feedback from young people is gathered using an evaluation questionnaire as their involvement in the advocacy service is coming to an end. Young people are asked a series of questions about their experiences of receiving advocacy support and invited to score their opinions along a range of options.

At Site C, Individual advocacy records are stored in Word documents to which only the advocates have access. Initial notes are taken whilst meeting with the child or young person, and then full notes are typed up at the office. Each child or young person has a single case file, documenting all of the work undertaken by the advocacy service on their behalf. There are no tools used with children and young people to enable them to be involved in identifying or recording outcomes and they are not asked to sign or approve case files after each meeting. Advocacy case files are separate from case files held by social workers, and the complaints recording documents. Advocates have access to the social work case files but do not record information on them.

There is no fixed *pro forma* for case files, although a working practice has evolved over time: information is logged chronologically as contact takes place; each entry starts with the date, who contact was with and the method of contact, followed by a descriptive paragraph. No outcomes

classification system is used, and there is no dedicated section referring to outcomes. A child/young person's development through the process is not recorded; nor is equalities information. Where a child/young person indicates that they are happy with the resolution of an issue and require no more support from the service, the file is moved to an archive folder. If the child/young person has further contact, the file is returned to the main folder, and new entries are added.

Content of each case file entry is variable, but there are certain patterns. The first entry in a case file records the referral, who made the referral and reasons for the referral. The first entry relating to contact with the child /young person typically records the child or young person's feelings about their situation, their view of the issue and how they believe it should be resolved, the response of the advocate, actions the advocate has agreed to undertake and other information relevant to the context. Further entries provide an update by recording any new developments in the young person's wishes and feelings, and changes to the context or issue. Where an entry relates to contact with a professional, the entry typically records the role of the professional, their views on steps that can be taken to resolve the issue, any action agreed for either the professional or the advocate to undertake, other information relevant to the context.

Whilst there is no specific outcomes recording section within the case file, the case files analysed recorded the following information across the entries, which could be considered to represent outcomes:

1. Any resolution of an issue raised by a child or young person, and the way in which it was resolved
2. A child or young person's satisfaction, dissatisfaction, or other feelings about the way an issue has been resolved, as expressed by the child or young person themselves.
3. Any escalation to the complaints service.

As there is no system for recording lack of outcomes in any of these areas, it is not always possible to identify a distinction between outcomes not occurring, or outcomes not being recorded. The narrative of the case files offers some insight into this, as it is possible to identify where outcomes were likely to occur, and recording appears consistent and appropriate to the cases analysed.

At Site D The record system is a custom built electronic database linked to the secure estate's main recording system (common across all institutions). The advocates access a dedicated portal within this system which can only be accessed by advocates (unless a safeguarding issue overrides this). A case added to the system by advocates represents a single intervention by the service, ranging from contacting a young person to inform about the service, to a more extended intervention to resolve a single issue. A young person may therefore have multiple simultaneous or sequential cases which are not viewed together when accessing the system. However, some cases may be simply a record of advocates contacting a young person to inform them about the service. Recording a single case requires advocates to follow through a series of multiple choice questions, each followed by a comments box. Many questions require a response, whether for a brief intervention or a full case. In practice most comments boxes are not used and narrative

information is recorded in the final box – a description of the issue, how the young person would like it resolved, steps agreed with the advocate, advice given, action taken, resolution achieved, feedback given.

Each case is classified using 45 predefined issue management categories, grouped into four groups. The first group refers to the process through which the case is dealt with (four categories) and the other three groups relate to the issue the young person has raised: resettlement (six categories); YOI (20 categories relating to issues associated with custody); and Other (13 categories).

In terms of outcomes, the final question asks if the young person approves of the steps taken by the advocate to resolve the issue. If this is answered yes, the case is then closed and submitted to the advocacy team manager for review. In this way the system is framed to record a young person approving of the steps an advocate has taken as the principal measure of the end of case. A case marked resolved is regarded as positive, and unresolved cases are considered to be ongoing.

The system also records:

- Time spent on each case
- Referral route e.g. written self-referral, verbal self-referral, Governor/Unit manager referral, social worker referral
- If the case requires an urgent response based on contract performance indicators
- A recording of a young person being informed of the steps an advocate will take on their behalf, and consenting for them to do so.
- Safeguarding issues
- Contact details and correspondence with external agencies

Alongside the main electronic system a paper ‘wishes and feelings’ tool is sometimes used to record the wishes of a young person on how they would like an issue resolved. Feedback forms are also given to young people who have accessed the service for full casework. These ask young people to score on a 1-5 scale in response to the following questions:

- Were you aware of the advocacy service?
- How easy is it to contact an advocate?
- Did the advocate listen to what you wanted to say?
- Do you feel the advocate helped you as much as they could?
- How would you rate the advocacy service?

This form is also used as part of a participation exercise to survey users and non-users on a bi-annual basis across the institution, linked with a focus group exploring similar themes. In addition to the questions above this exercise explores young people’s views on:

- Their understanding and awareness of the charity’s role in the institution
- Reasons young people may not have accessed the service
- Trust and confidence in the advocacy service
- The difference the service makes to young people in the institution

This is recorded outside of the main system, and analysed as part of the quarterly reports (see later). It is discussed in more detail in the section on analysis.

At Site E, information about advocacy recipients, advocacy activities or outputs, young people's satisfaction with advocacy, and to a lesser extent, about the outcomes of advocacy are routinely collected by the advocacy service and reported to the local authority commissioner. The advocacy service captures and records information on an individual case basis (a 'case' being an individual young person) within its national electronic database, which is used by all the organisation's advocacy services for both adults and children's advocacy. The information entered into the electronic system is captured via three data collection tools:

- Referral form completed by referrer and the advocacy service
- Hand written notes taken by advocates during their meetings with young people
- Anonymised feedback forms completed by young people and returned to the local authority and/or the parent organisation HQ.

Recorded information is kept in the system about each case or individual young person. Referrals relate to an issue, with the result that any one 'case' can be linked to several referrals. Cases are considered as 'open' or 'closed', and there can potentially be several issues an advocate is simultaneously supporting a young person with. The organisation's national database system captures data about each case under the following broad domains, using a mix of drop-down menus and free text description boxes. These have been adjusted over the past three years to include options for advocacy with children:

- Child or young person's details – including age, gender, ethnicity, disability, type of placement, religious beliefs, sexuality, special needs, and care status
- Referral information – including date, source, allocation, contact details, social worker's name, emergency contact details, school contact, risk assessment
- Advocacy issue – details of the issue(s) at referral e.g. challenging a placement decision, a complaint
- Type of advocacy – i.e. instructed or non-instructed advocacy
- Tasks – what the young person's wishes and feelings are, activities/ work done, planned actions, a communications record
- Outcomes – series of 'I' statements, e.g. 'I am involved in decisions about my life'; 'understand my rights'; 'can speak up for myself more'; 'have more choices'; 'understand how to keep myself safe', etc.
- Case status – case open or closed? Also outcomes box recording whether the outcome was achieved/partly achieved/ not achieved.

The detail in each case record varies and depends on what the young person wants the advocate to record, and importantly, has given their permission to record. Contemporaneous notes are used by advocates to check on progress and identify when, and if, an issue has been resolved.

Case files/pages were of variable detail as it is only with the express permission of the child or young person that the service input personal information into the electronic system.

The main outcome against which the commissioning local authority said it was measuring the effectiveness of the service was that young people were involved in and had a say about decisions that affected them. In addition, the local authority required the service to provide evidence on the following subsidiary outcomes, all of which were possible to capture in the electronic system:

- young people felt their advocates spoke only for them and their wishes;
- young people knew how to voice their opinions;
- young people felt their opinions were given weight;
- young people had an improved understanding of their rights

At Site F, information is recorded by each advocate in a common electronic database used by all the national organisation's advocacy services. Recorded information relates to a 'case', defined as an issue that a young person wants the advocate's help with. Consequently, any one individual young person can potentially be linked to several 'cases' in the national database in order that each can be dealt with separately. Case numbers are able to be linked in the file notes. In respect of each case/issue, the IMHA has to capture a range of information organised under broad headings. A range of information from referral throughout the life of the case is recorded in the electronic database. This includes capturing information about both outputs and outcomes. In summary the range of information systematically captured includes:

- Referral information such as referral source, date of referral, advocacy type e.g. IMHA if young person is a qualifying patient under the Mental Health Act.
- Information about the nature of the issue – case details selected at point of referral and added to if necessary later, by way of a drop-down menu e.g. support at CPA⁴ or managers hearing, accessing medical records, support at discharge, information about rights, more support from community services, education issues, etc.
- Information about the young person such as their age, sex, ethnicity, special educational needs, communication needs, etc.
- Views of the young person are recorded as free text and include capturing information from meetings with the IMHA, as well as from feedback forms completed by a young person and/or third party at the end of the case.
- When the case is closed, details of whether or not the issue identified earlier has been resolved, not resolved, or partially resolved, and any commentary added as free text.

In terms of outcomes, the service measures whether young people's aspirations had been fulfilled by recording whether or not the initial desired outcome had happened. This is captured as both quantitative data (e.g. number of issues resolved/not resolved) and qualitatively (free text describing the nature of the outcomes and how beneficial the change had been to the young

⁴ Care Programme Approach – involves someone in the team being the person's keyworker and coordinating the care plan, obligations to identify needs and hold meetings to check the care plan implementation.

person). Across the advocacy organisation as a whole, advocates routinely use a simple feedback form to gather the views of children and young people using advocacy. This measures their satisfaction with the advocacy service in a broad way. It can be completed and returned to the organisation's HQ or returned directly to the advocate. Satisfaction is also measured via a simple postcard method using a small number of specific questions. However, these tools were not routinely used by the IMHA service as unlike other advocacy situations, the IMHA visits the hospitals each week and it was felt more appropriate to record verbal feedback on an ongoing basis, supplemented with a feedback session with groups of young people around twice per year.

6. Outcomes of advocacy – how they are understood ⁵

Explanation of terms

For the purposes of the research, and while wanting to remain open to participants' own conceptualisations, we adopted a rough working definition of impact, outcomes and outputs, as follows:

1. *Outputs* are measures of activity such as cases taken, time spent, types of issue presented, demographic information on users – information that we expected to be a key part of recording systems both for advocacy providers and for service commissioners, but not directly relevant to our research questions.
2. *Outcomes* are the actual consequences of advocacy for children and young people, such as issue resolution, feeling heard, and user satisfaction, which can in principle be identified during or at the conclusion of an episode of advocacy however defined. Outcomes of this kind were the principal focus of our research, and are centrally addressed in this and the following chapter.
3. *Impact* we understood to mean the more general effects of advocacy provision on services as a whole. Since the research objectives referred to both outcomes and impact, we took this to be within our brief, and focused particularly on this in Chapter 8.

Young people's perceptions of the value of advocacy

As our review of research and policy in the appendices showed, advocacy and its impact are understood in different ways by different stakeholders, and young people are rarely asked what they think of advocacy and the difference it makes to them. Our study set out to address this gap in knowledge by considering the views of young people about the outcomes and impact of advocacy alongside those of other stakeholders, including advocates as well as health and social care professionals. In this chapter, we begin by looking at the value young people place on advocacy, before moving on to compare and contrast how young people and other stakeholders frame their understanding of the outcomes of advocacy.

While few studies have considered advocacy users' perceptions of the advocacy relationship (Harrison & Davies, 2009), those looking at young people's advocacy have noted high levels of satisfaction (Oliver et al, 2009). This finding was further confirmed by young people across all six sites in our study. While many of those we interviewed had little or no previous experience of advocacy and said they 'hadn't a clue' what the advocate could do before they got one, they often said they would be happy to request an advocate in the future and to recommend advocacy to other young people. Both could be taken as indicators of young people's satisfaction with advocacy.

⁵ Note: In this and the following chapters we identify quotations from all advocacy staff with 'Advocate', from all young people with 'Young person' and from any external professional with 'Stakeholder'. We also identify the site where relevant and appropriate.

Some young people only valued advocacy services and advocates when they helped them to achieve their goals. However, irrespective of whether or not the advocate helped bring about a change the young person wanted, it was clear that young people in general placed high value on the advocacy relationship and advocates' approach. Some understood that an advocate could not always achieve resolution of an issue the young person had raised, and were appreciative of advocates' open and frank approach about what was possible and 'realistic', especially as they felt let down by other professionals who failed to offer any explanation when they did not deliver on promises made. This speaks about the relational quality of the advocacy partnership, and the importance of open and honest communication with young people. As we will discuss later, in some sites (notably B, C and F), young people stated that they were satisfied with their advocate and placed greater emphasis on having a voice and achieving increased participation than on issue resolution: in other words, valuing the support of the advocate in achieving process and personal changes.

First and foremost, young people understood and valued advocacy as having someone involved who would speak on their behalf, a professional who would be 'on my side' who was independent of other interests. As such, the advocate could be a powerful ally. Across the sites (except Site C), the independence of advocacy from service provision was cited as important by young people, who said this meant they could trust their advocate to prioritise their concerns. Some young people valued their advocate when they helped them 'fight your corner if you're not able to'. One young person contrasted how well her advocate listened and asked her opinions with her experience of other professionals. She had chosen not to attend any of her legal meetings (e.g. tribunals, manager's hearings), instead trusting her IMHA (specialist advocate) implicitly to represent her interests:

It was quite good to have an advocate because people don't really communicate with me. I don't go to my meetings, she goes for me and always communicates with me after. And I know that everyone there, what I say is getting heard. I mean she does listen, even if I don't want anything she offers. Some people don't do that. It's a relief to have someone who does. (Young person, Site F)

Young people valued that the advocate took their concerns and opinions seriously, which was not always the case with professionals involved in their care. A young person from Site B, for example, emphasised how important it was that she was 'listened to and taken seriously' by her advocate, as it felt like 'no-one was listening to what I was saying'. Being independent meant that advocates were focused exclusively on listening to young people's points of view, and on giving their voices expression. This was highlighted especially in relation to non-instructed advocacy. A professional supporting a disabled young person in Site E commented that an advocate needed to be 'someone independent to give [young person] a voice'. This professional considered that independence was essential to ensure that the young person's perspective would be expressed and taken into account in the care plan, for example in the decision about where s/he should be supported to live.

Diverse understandings of outcomes

Previous studies have cited a range of benefits or outcomes from advocacy (see Macadam et al, 2013). Commonly these include individual empowerment, improvements in personal wellbeing and quality of life, better access to care and support, and improved communication between ‘advocacy partners’⁶ and the professionals involved in their care (Wetherell & Wetherell, 2008). Feeling listened to and having the opportunity to express their views has been found to be particularly important in relation to young people’s experience of advocacy (Oliver et al, 2006). Outcomes are also framed differently by different stakeholder groups, with some emphasising the importance of realising rights and increasing awareness and understanding, while others stress the importance of improving individual agency (Newbigging et al, 2015). The view of advocacy partners in defining outcomes is clearly critical but rarely has this been the main focus of research, especially with young people (Bocioaga, 2014). In this chapter we pay particular attention to the views and experience of young people, and compare and contrast their views on outcomes with those of other stakeholder groups.

Although the different framings of advocacy outcomes can to some extent be associated with the type of stakeholder (young people, advocates, external stakeholders), there was variation within these stakeholder groups and also between sites, which rules out making simple generalisations from our findings. While there was a broad consensus about the importance of advocacy achieving what the young person wanted, the relative importance placed on issue resolution, as the most important outcome achieved, varied considerably. While some advocates and external stakeholders emphasised issue resolution, they also drew attention to the limitations of identifying this as the only positive way to look at outcomes, when in practice it was not always possible to achieve the change sought by the young person for reasons outside the control of the advocate. Along with Oliver et al (2006), we found that in general they were more likely than young people to highlight individual empowerment and young people having the opportunity to express their views as the most important and relevant outcome to consider. Other advocates and external stakeholders framed this more in terms of young people’s personal development and enhancing their capacity for self-advocacy.

Whilst, as might be expected, young people emphasised change outcomes and issue resolution as important, they also spoke of achieving personal development outcomes such as improved self-confidence and increased ability to self-advocate, or getting their voice heard, and greater involvement in decision-making. Across the total sample of young people there were marked variations, with those in secure mental health and youth offender settings mainly talking of advocacy in terms of getting their voices heard and improving their relationship with services, whilst those in the care system tended to have higher expectations of ‘getting a result’. To some extent, these differences may be discounted by our small sample sizes, and for this reason we do not dwell on positional differences in perspective so much as explore key thematic areas in relation to advocacy outcomes for young people. They may also of course, be reflective of the diversity of individuals involved in the research. In the rest of this chapter we explore three key ways that advocacy outcomes were framed by the research participants: that is, as improving

⁶ See note 1, page 16.

participation and involvement in decision making; as achieving change and resolving issues identified by young people; and outcomes as personal changes for individuals.

Improving participation and 'giving young people a voice'

She has helped me a lot, and I felt like I was an outcast in meetings and like cos I didn't know how to say my words, everything like that I felt like a little person.... so she showed me how to stand out and really they listened to me more.

(Young person, Site C)

Giving children and young people a voice was the most commonly identified outcome of advocacy, in other words framing advocacy as supporting young people to articulate their wishes and feelings and ensuring that they were heard. Understandably, this was highlighted as particularly important by the young people in both the secure mental health and youth offender settings, whereas patients and inmates they felt particularly disempowered by services. Young people reported that having an advocate had primarily helped to improve their involvement and participation in various official processes. Advocates had represented them at meetings when they felt unable to speak for themselves:

...somebody there that could help interpret what I'm trying to say because sometimes I put things forward in a very kind of complicated way that may not necessarily be what I want to put forward. I don't like meetings because I might say one thing but mean another....the advocate makes sure it is what I do want to say at the meetings...

(Young person, Site E)

External stakeholders commented on the importance of having a mechanism that helped redress for example the 'massive power imbalance' between those sectioned under the Mental Health Act and mental health professionals, especially in the case of those young people who might be unable to express their preferences and needs:

[The advocate is] the child's voice in those meetings and I think the children really benefit from that... To have somebody like [advocate] sat next to you who's spent time with you, explaining what the process is, to ask you what you want to raise so that when you're in that meeting you're feeling slightly uncomfortable and you've lost your voice [advocate] is there to speak up for you, and I think a lot of the young people find that really helpful that she is independent and separate to the hospital. (Stakeholder, Site F)

It was recognised by professionals in these settings that, no matter how hard staff try, young people may find it hard to make their voices heard, and they can especially benefit from having an advocate who is independent of services and solely focused on listening to young people's issues and concerns. In short, a number of distinct strands relating to advocacy as increasing involvement and participation were identified across all the sites, including:

- Supporting children and young people to articulate their wishes and feelings;
- Helping them to 'put it across in the right way';
- Making sure that adults listened and took young people's views seriously;
- Enabling children and young people to feel listened to;

- Enabling them to be part of the decision-making process.

A critical outcome identified by all types of participant was that advocacy ensured that young people were listened to and were more involved in the decisions affecting their lives. In other words, it increased young people's sense of agency. Although this was a commonly held view, advocates acknowledged that it may be seen more as a bi-product rather than a primary outcome or what young people primarily expect from advocacy:

I might say that for me the outcome is that they've learnt to voice their wishes more, they're more confident in meetings, in challenging decisions. They won't think of that. Its 'oh I got a new social worker' or 'I got a phone'. They won't be thinking well I stuck to my guns and I got what I asked for and eventually made a good case for it, which is all useful life skills isn't it? (Advocate, Site E)

'Getting a result' and other practical changes

For many research participants, including young people, advocates and external stakeholders, the most important factor in considering advocacy outcomes was achieving what the young person want from advocacy. In simple terms, as Brandon and Brandon (2000) put it, 'do advocates get what their clients are asking for?' Similarly, one advocate interviewed stated:

Because our work is entirely dictated by what the young person wants it isn't a matter of what I think the outcome is, it's what the young person thinks the outcome is. (Advocate, Site E)

In the opinion of some young people, advocates and other stakeholders, getting the result that the young person wanted was the most important outcome to focus on. In fact, it was only when this happened that it could truly be claimed that the young person had been listened to:

My outcomes would be, a child comes to me and says I'm not having contact with my mum and I want to see my mum, so my outcome would be whether or not she gets to see her mum at the end of it.

(Advocate, Site C)

The resolution is the important thing because if we have resolved their issues then de facto they have been heard. (Stakeholder, Site C)

Young people from sites A and C identified getting their immediate issues resolved and achieving the outcomes they most wanted as the most important to them. Such issues were diverse and often individual. Some were clear-cut and more easily measured in terms of issue resolution. For instance, young people sought help to change their social worker, living or education placements, changes to contact arrangements with families and siblings, changes to the way they were treated by professionals including not being listened to, and help with other practical issues such as getting a mobile phone to increase independence, getting the pocket money they were entitled to, or participating in a youth club.

For young people in the child protection service in Site B, where advocacy was offered to all children and was mainly intended to support them in meetings, often they had no specific goals, at least in advance of the meeting. In this case relevant outcomes may be largely related to the process of participation rather than to practical results – although this is not to exclude the possibility that practical results may occur.

Achieving change as an outcome was welcomed by young people, sometimes even if the change was not what they had originally asked for. Such practical changes had included changes to contact arrangements, to living or education placements, changes to pocket money, changes to curfew or travel restrictions, changes to the way they were treated by services and to their relationships with social workers and other carers. Advocacy had resulted in one young person from Site E being able to be more assertive and to self-advocate with her foster carer, and she could point to improvements in her life. Having a better understanding of her rights in care and being supported by an advocate to be more assertive about her own needs and wants, had led to tangible improvements in her relationship with the foster carer, and practical changes that she had wanted being achieved:

She [advocate] has helped me to speak to my foster carer. She's taught me that I can ask for things I don't have to act like I don't exist, I can be like a child to her, not just some random child that's in her house. When I first met [advocate] she asked what I wanted in my life, like dyeing my hair and wanting new clothes that I hadn't asked [foster carer] about...She helped me to ask my foster carer, I hadn't actually asked her. Things have happened like I've got some new clothes, I've got my hair dyed...I still don't get along with her [foster carer] very well but it has improved. (Young person, Site E)

It was also acknowledged that defining outcomes as issues to be resolved was somewhat simplistic, and there was evidence of young people not achieving their desired outcomes but still reporting satisfaction with and positive experiences of advocacy. Where the result that the young person wanted was not achieved, understanding why and receiving a full explanation was seen as a positive outcome. For others, the fact that the child's views had been heard was the primary benefit. In many cases, the result might not be what the young person had originally wanted but might still be satisfactory to them, or at least acceptable, and this could also count as a positive outcome.

I think my main question would be was the young person happy with the [way the issue was resolved], because the outcome might not necessarily be what they wanted it to be the first place. (Advocate, Site C)

Part of the advocacy role is to inform the young person that as an advocate I can't guarantee to change everything they want and get everything that they want, and it's sometimes quite difficult to make the young person understand that just because they speak to me they're not going to get the outcome that they want. (Advocate, Site F)

Therefore, a 'good enough' outcome from advocacy might be that it empowers young people and ensures their voices have been heard even though the issue has not been resolved. Despite advocates' best efforts, in some situations (such as in secure settings) issue resolution was not possible. One advocate in Site A talked about being reluctant to make promises she might be unable to keep, thus compromising her relationship with a young person. Similarly, advocates in Site B were in agreement about the importance of tracking outcomes in relation to young peoples' expressed issues but stressed that in reality the service had no control over this. Instead, ensuring that a young person understood what options and choices were possible, and what kinds of changes were achievable and why, was the key to effective advocacy. Advocates argued

that helping a young person to understand and accept why their wishes could not be fulfilled could be seen as a positive outcome in some situations.

Personal growth and development

A third main way in which advocacy outcomes were framed was as personal change and development, for example, increasing self-confidence and self-esteem. Ultimately this could mean the self-confidence to articulate one's own needs and to self-advocate – to 'fight my own battles' and 'talk for myself'. As one advocate commented:

Our aim as advocates is to ensure that young people can get as far along the road to self-advocacy as possible. Some of them will never be able to achieve that. But to me the greatest outcome for my work is having a young person say, 'do you know what actually I think I can do this on my own. I don't need you any more'. And that feels brilliant. (Advocate, Site B)

Advocacy could result in young people who were supported at meetings feeling more confident and empowered. This might also be related to improved knowledge of the 'system' and how it works, or being better informed about their rights and entitlements. Some sites described such outcomes as 'secondary' as they were concerned with intrinsic change and empowerment of individuals. Reference was made to how increased participation for instance empowered young people so that they were better able to manage similar challenges in the future. Others were described as life skills essential for living independently.

...the main thing is you go to an advocate for a reason and want a good outcome but they can also teach you ways to deal with your problems. So you feel more confident not just in care but as you grow up in life. (Young person, Site A)

Personal growth as an outcome might include self-confidence, self-efficacy, self-esteem or communication and interpersonal skills. For some participants in Site D (stakeholders and also young people) it also included developing emotional control to resolve issues without use of violence or aggression. These were significant for some of the young men in Site D. One young person spoke about the advocate helping him to feel cared for and supported. This had had a substantial influence on his general wellbeing and had impacted on his behaviour. Another described how his advocate had helped him feel less anxious and generally more supported.

Wellbeing benefits might include increased feelings of trust and security:

[My advocate] made me feel like I was worth something, not just dashed around like some paperwork filled in and nothing else, [they] cared about how I felt and what my opinions were and made me feel...calm. (Young person, Site C)

An important theme to emerge from talking with the young people, particularly in sites D and F, was advocacy as providing validation – a feeling that they were worth something, that their voice was worth hearing, that as a result of the advocate being involved and amplifying their voices, professionals listened and took their issues more seriously, and treated them as individuals. For some young people the process of being listened to and supported created a lasting improvement in their self-worth that was sustained beyond their involvement in the advocacy process:

It was having someone to back me up and validate my opinion towards my care. (Young person, Site F)

There was considerable discussion of what may be considered longer-term outcomes, unintended or unplanned outcomes (or even ‘secondary outcomes’). These included: developing life skills (negotiation skills, ability to articulate thoughts and emotions); raising self-esteem of young people so that they valued their own opinions; enabling young people to be more independent in the future; empowering young people to ask for changes in services and institutions.

7. Outcomes of advocacy – how they are recorded and measured

All projects were working to record outcomes, in different ways. As noted in the previous chapter, the understanding and categorisation of outcomes varied across the sites, and there were also different emphases between stakeholders. All the outcomes that are recorded and measured can be understood within the typology presented earlier:

- Improving participation and ‘giving young people a voice’
- ‘Getting a result’ and other practical changes
- Personal growth and development

This chapter is concerned with how these outcomes are recorded and measured.

Advocacy staff and managers were generally committed to collecting and making use of information on the outcomes of the advocacy service for young people:

It's imperative isn't it? We need to be able to show the work that we're doing and how we're supporting young people. (Advocate, Site B)

All agreed on the importance of recording outcomes for the purpose of reviewing and monitoring what service users have achieved and the effectiveness of the service.

A surprising finding was that the commissioners in the majority of sites were generally not prescriptive about how outcomes should be classified and recorded and did not require the advocacy service to collate outcomes data; rather, they focused their reporting requirements more commonly on outputs (referral rates, support provided) and relied on case studies to illustrate the difference that advocacy was making to young people, and on what one commissioner described as ‘soft intelligence’. In some cases this was deliberate, with external stakeholders suggesting that the detail of outcomes needed to remain confidential to the service. Many stakeholders noted the challenges of capturing advocacy outcomes. Some suggesting that it was best measured qualitatively, gathering ‘soft outcomes’ data but the difficulties of doing this in a way that could ultimately be used to provide quantifiable information on advocacy outcomes was a theme that ran through all of the responses. One advocate summed it up by referring to the problems of “losing the personal when we fill in boxes” another said that given the diversity of the issues advocates were working with it would be ‘tricky’ to report on specific outcome indicators without losing the richness of what is being achieved. In one project in the sample the commissioner was actively working with the service provider to improve the amount of feedback received from service users, as they believed that young people’s satisfaction with the quality of the service provided and service users’ opinions on whether or not they had felt listened to should be seen as priority outcomes for advocacy services.

Typically, young people were unaware of exactly what information the advocate recorded on outcomes (or anything else), although they assumed that the advocate wrote down the issues they raised. Some young people suggested that their advocate did check with them that they were happy for them to record information. In one site service users were given the opportunity to review the advocates written notes and this, the young people suggested, helped them to feel

confident that the advocate had understood them without “*twisting their words around*”, as they had sometimes experienced with other professionals. Keeping a log of issues and actions taken was seen by young people as helpful to inform review of whether issues had been resolved – “*I just talk and tell her stuff, she writes it down*”. This young person contrasted this favourably with the voluminous recording of information by other professionals, and could understand why the advocate needed to record what had been discussed:

With me she writes down the issue I had a problem with and checks to see if it's changed and if not, takes action to see how it can be changed (Young person, Site F).

Some young people expressed concerns about the amount of information that was written down about them by the advocacy service and who had access to this information. Most young people wanted the information that the advocacy service recorded about them to be kept confidential to the young person and the advocate – with limited access to as few people as possible.

The least amount of people as possible should see records to keep it confidential, just you and your advocate. (Young person, Site C)

Some young people were more specific and definitely didn't want foster carers or parents to be allowed access to the information the advocate recorded or to be involved in giving feedback on advocacy service outcomes.

I think foster carers should be left out of advocacy, same with parents, maybe not social workers. They shouldn't have anything to do with it.....I also think they (the advocates) don't share things that you say with anyone which I'm glad about. Don't share it with foster carers or parents. Don't mind my mum because I normally tell her anyway but not my foster carer. (Young Person, Site B)

However, one young person felt that giving access to the information recorded by the advocacy service (including information on outcomes) to other people involved in their care could help those around them to understand the situation they were in and the way they were feeling more effectively.

In a number of the sites young people as well as advocates, pointed out that young people in care can feel particularly cautious “*about what is written down and shared about them.....because of bad experiences*”. One young person suggested that given the view that advocacy is about ascertaining and acting on the looked after child's views, advocates should keep written records to a minimum, emphasising the importance of confidentiality and trust in the relationship with their advocate, and contrasting this with his experience with statutory services:

I see her as just there for talking to me, to be sort of not me but you know express my point of view in meetings. I haven't really felt the need for any kind of review or anything like that, that might make the relationship a different one you know. The notes I see her writing down are really more of a reminder. (Young person, Site E)

In general, young people had not been involved in deciding what outcomes and impact should be measured or how, and were unsure how outcomes should be classified and recorded. Where they did have suggestions these were concentrated on recording: (a) whether the issue had been

dealt with or resolved; (b) whether the young person felt they had been listened to and had their views taken seriously; and (c) improvements or changes in a young person’s wellbeing.

The relative importance of the first two of these outcomes was an issue of debate amongst some of the young people. One young person pointed out that outcome (a) ‘getting the issue resolved’ was evidence of outcome (b) ‘the young person being listened to’.

Classification and recording systems in use

All but one site systematically classified outcomes in some way and all sites conducted some level of recording of outcomes. Site C was such a small service that the need for systematically classifying, categorising and recording outcomes other than by narrative and case resolved or unresolved was disputed by advocates. The classification and recording of outcomes in Site D was seen as limited, as the focus of the commissioner was on outputs. Advocates in this site wanted outcomes captured in a way that enabled young people to reflect on their development as a result of advocacy and identify the changes which are significant to them:

What’s ideal is you ask the young person how they feel afterwards..... you are hoping that they are learning new skills, in which to problem solve and have the confidence to ask people, you can only assess outcomes by generally asking the young person how they feel now, as opposed to how they felt when they were first asked. Because if you are assessing those outcomes for them, then you are judging them really.
(Advocate, Site D)

When compared to issue resolution, distance travelled was seen by these advocates as the more important aspect to measure and record. However most felt that a good recording tool would measure both. Issue resolution monitoring was seen to provide valuable information on trends emerging that affected young people that could be fed back to the commissioning institution. In common with advocates in a number of other sites they noted the need for a variable approach to how you actually go about capturing outcomes for service users depending on how substantial the advocacy service interventions are. It was seen as impractical to monitor distance travelled outcomes with young people who had received brief interventions, with this method more applicable to full cases where there more extended activity with the young person.

Outcomes are captured in a number of different ways across the sites. Table 1 below outlines the most common methods used across the six sites.

Table 1: Methods of capturing outcomes

Method	Sites
Service user questionnaires or evaluation forms collecting information on experience of using the advocacy service and the level of satisfaction	A, B, D, E, F
‘Distance travelled’ tools or other processes through which young people are asked to reflect on their development as a result of advocacy	A, B

Issue-based outcome measures: Had the issue the young person came to the service been resolved or dealt with to their satisfaction?	A, B, C, D, E, F
Illustrative case studies	B, C, D, E, F

As Table 1 illustrates, only two of the advocacy projects actually used a ‘distance travelled’ assessment tool and both reported challenges in obtaining meaningful ‘before’ and ‘after’ measurements. Advocates pointed to the limitations of baseline information collected from young people when using the tool at the beginning of advocacy sessions. In one site advocates did not feel that this was a good starting point to measure progress as it did not include service user expectations. Advocates in the other site struggled to engage young people in completing the ‘after’ assessment or measure.

However, all of the advocacy services in the sample measured whether their service user’s aspirations had been fulfilled by recording whether or not the initial request (desired outcome) had happened. Typically, the advocate inputs information about the issue(s) at the start of advocacy, and then tracks the resolution or otherwise of these issue(s), progressively through the system. This outcome was captured as both quantitative data (e.g. number of issues resolved/not resolved/partially resolved) and qualitatively (free text describing the nature of the outcomes and how beneficial the change had been to the young person). With the exception of the small Site C, all of the services also used some kind of form or evaluation questionnaire as a means of getting anonymised feedback from young people on their experiences of using the advocacy service and of getting their voice heard, listened to and taken seriously.

Getting young people’s feedback was seen as particularly valuable in determining the outcomes of the advocacy service and all advocates indicated that they regularly asked service users for feedback. Different formats were used – some using short questionnaires with smiley faces, one using a Likert scale to measure satisfaction with the service as well as providing boxes for free – ranging comments. Advocates noted that they rarely received any negative feedback from young people, even though typically evaluation forms are returned anonymously to the project manager or the organisation’s HQ. Young people in one site are invited to feedback using a ‘traffic light’ postcard, by answering a tick box question and providing free text comments. One service user, for example, felt she was not listened to in detail as her advocate did not ask for much detail about her issue.

Advocates noted the limitations of relying on ‘forms’ and written feedback and trying to use one instrument to capture the views of young people or different ages and circumstances. Having a variety of methods available for collecting feedback and being able to tailor them to the young person’s circumstances and needs was seen as important by all advocates who suggested that when gathering such feedback, ‘one size is not going to fit all’.

Some of the services supplemented the use of forms with exit interviews and opportunities for young people to give feedback directly to the advocate. For example, in the IMHA service the advocate recorded verbal feedback from young people seen on a regular basis, as well as conducting a feedback session with groups of young people around twice per year. In one site, young people said that they liked being asked questions about themselves and their experiences of using advocacy, as it made them feel listened to by their advocates. It appeared that questions were seen as an indication that service users' feelings and opinions were being taken on board. One service user, for example, felt she was not listened to fully as her advocate did not ask for much detail about her issue.

In some sites, the recording of outcomes was not very efficiently organised, with a number of parallel recording systems in place. Typically these had developed over time to meet the requirements of different stakeholders. As previously stated, it was not uncommon for advocacy services to be recording information on outcomes in different computer and manual recording systems. Typically, qualitative feedback from young people on their satisfaction with the advocacy service and the extent to which they felt that they had been supported in speaking out, getting their views listened to and taken seriously was recorded and analysed manually, while data on whether or not an issue was resolved or as aspiration achieved was more likely to be recorded on a database. In the larger advocacy projects in the sample, information on outputs (required by the commissioning agency), e.g. referrals, activity logs, meetings attended were recorded on the same databases and stored in individual client records. These integrated recording systems delivered on important management information functions as well as providing a means of capturing a basic quantitative analysis of outputs and to a lesser extent, selected outcome measures. In some projects advocates reported that the inefficiencies of existing (sometimes multiple) recording systems resulted in duplication of effort, the recording of information that was not required or used and used up too much valuable time that could be better used to work with young people.

“there’s a lot of information not required on the system that we’ve got now, there’s a lot of boxes we don’t use, it’s been designed without very much thought put into it in the sense of what we would want and what we don’t want, so there’s a lot of time wasted” (Advocate, Site D)

Conversely, beneficial recording systems were seen to be ones that allowed all information to be stored in one place and ones that served a number of management information functions as well as providing the capacity to store, analyse and report on outcome and output measures.

Limitations and challenges of existing systems

In reflecting on the effectiveness of existing arrangements for classifying and recording systems, all participants saw the value of including services users' experiences, but found challenges both in collecting this information and in categorising it. Having one set instrument or data collection method that suited all service users did not work. Some children and young people find it difficult to express themselves in writing, and some young people (particularly those in the care system) are concerned about what is written down about them and with whom it is shared, e.g. foster carers or social workers. Whilst arrangements are in place in several sites to emphasise the

independence of the method, for example using sealed envelopes to return completed questionnaires to a manager or service HQ, it was noted by two sites that they did not receive any negative feedback coming through this method.

For advocates and stakeholders the timing of feedback was crucial, as it was challenging to gather service user feedback either after a long meeting or after a long period following the closure of the case. Capturing feedback at a time that feels comfortable for the service user was seen as making a difference in the information collated. A number of projects reported finding it difficult to get feedback from young people coming to the end of their involvement with the advocacy service as the young person 'had moved on'.

Another challenge with existing systems that was identified by advocates was that some outcomes were ones that could not realistically be achieved in the short run and thus could not be captured immediately on the closure of advocacy sessions. 'Secondary' outcomes in particular were seen as difficult to capture as there was no method to identify long-term outcomes such as increased confidence.

There have been young people I have provided advocacy for and saw them develop as individuals and they never used advocacy services again, but there is nothing to show that they did not return because of the service they received. (Advocate, Site A)

In one site advocates were concerned about taking time out to ask young people for feedback and to write things down as they felt this could disrupt the relationship. It was thought that completing endpoint evaluation sends out negative signals that the relationship was over and moves them away from a relationship-based approach to advocacy.

"The thing is a lot of the stuff that we do is very relationship based, and we think by [using an evaluation tool] you're almost sending them a message that that relationship is over, you know what I mean...we want the relationship with the children's rights service to be an ongoing thing" (Advocate, Site C)

There is also a resistance from advocates in this project to utilise paperwork or complete forms with, or in front of, children and young people; it is felt this creates formality and leads to additional barriers for the child or young person. This further contributes to reducing the volume of information that is recorded, and means tools to measure outcomes with the child or young person are avoided.

Advocates at another site were more positive about the value of recording outcomes with and alongside the young person but many expressed concern that there should be a balance between spending time recording information and spending time doing the work with young people. Time spent recording was time not spent directly with children or working on their issues and a flexible approach was seen as being required.

We need to do more but we're a very child focused service, and I don't want to create a paperwork overload that means we are spending more time on computers than we are on young people. (Advocate, Site B)

Advocates were generally attuned to the fact that young people using advocacy services may feel particularly concerned about what information is written down about them and who the information is shared with. Maintaining confidentiality was recognised as very important but so too was the need to keep recording to a minimum:

We try not to keep an extraneous paperwork, because that's kept elsewhere, and we don't want to duplicate, that's one thing that young people tell us is they don't want their information all over the place,
(Advocate, Site C)

8. Wider impact of advocacy services – how it is understood and measured

Discussions with professionals suggested that the provision of advocacy had a range of impacts on practices and policies at the wider organisational, local and national levels. Where advocacy had empowered children and young people to ask for changes in services and institutions, this was seen as realising their rights, and was preferred to change being sought by professionals on their behalf. Professionals were, however, cautious in attributing all such impacts to advocacy, because of the important part played by other services in bringing about change. The different types of impacts discussed, and how these are recorded and reported by service providers, are discussed in this section.

Different types of impact

Decision-making culture

For professionals, both advocates and stakeholders, a key impact was on the decision-making culture. In particular, this related to placing children and young people at the centre of the decision-making process and incorporating their voices to review or develop practices and policies. Professionals talked about how involvement of children and young people had become standard practice across the organisations and provided examples of staff being more conscious about ensuring that service user voices are heard:

The [service manager] did, you know, apologise to these three young people and to everybody, and said “a policy was made but we didn’t discuss it with the young people, that’s something that we need to change, you know, if we think a policy needs changing and it directly affects the young people we need to get their input; I apologise, that will not happen again”. (Advocate, Site F)

Stakeholders in Site F described how interaction with advocates had helped the adolescent unit to be more responsive to the needs and expectations of children and young people. This helped them to reflect on and review practices and policies, such as safeguarding and care plans. They also reported that this made them more receptive to service user views and feedback.

We try and work really hard to make sure that young people’s wishes and preferences and needs are considered in the decisions that we make, but if they’re not able to express that then it could be detrimental to their care so by [advocate] supporting them to express their needs, wants and wishes, you’d hope that we are able to offer those particular young people a more sort of client centred/patient centred care. (Stakeholder, Site F)

According to stakeholders, young people’s direct involvement had shaped the nature of discussions with professionals when their care and support were reviewed. Young people were not only talked about and decisions made on their behalf, but they took a more active role in conversations with professionals and expressed their views and wishes. Examples of this include Site B, where advocates made sure the voices of young people were central to the Child Protection and Looked After Children meetings. This supported professionals to make informed

decisions. It also helped service users to have a better understanding of the decision-making process and the related outcomes.

Professional development

In addition to a change in the decision-making culture, advocacy was also thought to have supported professional development of staff and volunteers so that they valued and used a more child-centred approach for service development and delivery. Advocates, for example, had encouraged staff from other services to reflect on and reconsider the ways they worked with children and young people so that they were more child and young person focused:

What advocates do really well is make the voice of the young people absolutely central and bring everyone back to that... I've seen that have such an impact, so many times. It helps the adults be more child-centred. They all have their agenda – the social worker, the teacher, the parent. Advocacy brings it back to the child. (Advocate, Site B)

Service user entitlements, accountability and governance

The presence of advocates supported the review of services so that they were delivered according to standards and delivered children and young people's entitlements. This was thought to have strengthened accountability and governance structures for effective service delivery.

Advocacy had changed service provider perception of children and young people from passive recipients of services, to service users with entitlements that providers are obliged to meet, and increased recognition that, if entitlements are not met, services would be held accountable. This view was shared by some young people in Site C who thought advocacy was for "ensuring things are done properly" and standards of care maintained. Service users described how advocacy had helped them to use agreements and complaints procedures to hold service providers to account so that they received a satisfactory service. For professionals in Site A, realisation of rights included the development of children and young people's knowledge and skills, enabling them to express their views and ask for change. Stakeholders in Site D found the presence and work of advocates had given assurance to senior management team and Governors that service user issues, such as restraint debriefing, were being identified and rectified in an effective way.

There's a lot of aspects to it from just sitting down with a boy and talking to him, to providing help and support at an adjudication, to providing support at filling in an application or a complaint, providing statistical data that's useful for the establishment to raising child protection issues, so all of those things are mechanisms that are in place that give me assurance that we are catching things, that we have support mechanisms in place to capture evidence, so things aren't falling through the gaps. (Stakeholder, Site D)

Improved service performance

Professionals described how children and young people's voices had improved service performance, prompting providers to review how services are delivered and to embed opportunities for comments and complaints from children and young people. An example of this was provided by a stakeholder in Site B who talked about how young people, with the support of advocates, complained of having difficulties with taxis organised by local authorities to pick them up for school or family contact, whereby they were either late or simply did not show up. When young people expressed frustration about this service, and that there was no avenue for complaint, the local authority both reviewed the contract with the taxi firm and put in place a mechanism for young people to report any future problems.

There were indications that advocacy could help shift the professional culture so that complaints are seen constructively for use in improving services for children and young people. An example of this was given by stakeholders in Site C, where the local authority identified trends in issues and complaints raised through advocacy, and other avenues such as the Children in Care Council, and discussed these issues with relevant teams in the local authority. This encouraged professionals to review and change policies according to the needs and interests of young people. For example, a policy was changed so that babies born to looked after young people were no longer automatically assumed to be looked after themselves.

Impact on policies and practices

Children and young people's voices had also helped to shape policies and practices and so improve the daily lives of children and young people. Professionals provided many examples of how issues raised by advocates had led to long-term changes in the services. One of the most powerful examples of impact was the example from Site B, of how advocacy had changed the way Child Protection Conferences and Looked After Children reviews were delivered.

At LAC Reviews or CP conferences when professional people are in the room and they hear what's on the child's mind... we're asking professionals to think about what the child is saying, seeing it from their point of view and it has an impact....I think that the way that we have done conferences has been impacted on by the power of children's voices. I think it also role-models for all the different agencies that it's important to listen to children... We are talking about changing the culture.

(Stakeholder, Site B)

As a result, these meetings increasingly placed children and young people at the centre of the process. Examples of very practical change came from Site F, where healthy choices were incorporated into menus and more walks on hospital grounds were scheduled into daily patient timetables. In Site E, advocacy had led to improvements in care planning and placement arrangements, after feedback from young people highlighted problematic areas of practice that required attention and review.

Issues raised by advocates had helped services to identify gaps in provision or poor practice that required improvement. One advocate in Site B, for example, described how her work with an unaccompanied asylum seeker had highlighted poor practice regarding the age assessment

process of unaccompanied asylum seekers and led to a change in how age assessments were conducted by social workers.

Adding value to other services and financial savings

Advocacy services were seen by some professionals as adding value to or complementing other services by supporting children and young people to understand the services they use and the processes involved, how to navigate them for themselves and what they should expect. In Site D, advocates acted to ensure that young people understood the various request systems across the institution, explaining systems and ensuring they followed the processes. Ensuring that systems operated efficiently reduced resource use in the institution, and created swifter processes for young people. This points to the potential for financial savings, which could also be made when advocates identify service user dissatisfaction or work with and explain issues for service users, helping to reduce formal complaints and so save staff time and other resources. Another example is from Site D, where advocates felt that their work had helped reduce reoffending and improve rehabilitation by supporting young people to resolve issues and access services such as housing for a successful transition to resettlement.

Timely data

Service user information collated by advocacy services was considered to be valuable intelligence, information that can shape policy and practice and provide professionals with timely data that they may not have the resources to collate themselves. For instance, at Site D information captured in a systematic way was used by the Youth Offending Institution and the Youth Justice Board to identify and implement practical and policy changes that would improve the situation of young people in custody. For example, at this site advocates identified the effect of potential reductions to legal aid on young people and shared this information with the institution. Advocates at Site D also shared information with charities campaigning to raise awareness of issues affecting young people in custody, such as the special educational needs and disabilities (SEND) reforms.

Recording and reporting of impact

There were a mixture of responses when professionals (advocates and stakeholders) were asked to describe what types of impact, how and who recorded and reported them. In general professionals did not report that effective practices were in place for recording and reporting impact.

What type and how impact was recorded

With regard to what type and how impact was recorded, professionals tended to draw on anecdotal evidence and some proxy measures of impact, for example the number of children and

young people who recommended the service to their friends (although no figures were available). In general wider impacts were not seen to be effectively captured by recording systems.

Some professionals felt that there was no need to develop a new system for identifying and tracking impact as their organisation's current practices for capturing data were sufficient. They reported being aware of impact from everyday interactions with children and young people, and that stakeholders in senior positions considered impact when making changes to service policies and practices. For example, stakeholders in Site F believed that case studies included in reports from advocacy services demonstrated impact, and some advocates in Site D thought that impact was demonstrated already through their system and quarterly reports.

When discussing how impact was captured, some professionals were uncertain about the most appropriate time to capture impact and the practicalities of following up on service users and service providers. Stakeholders from Site C suggested asking for feedback some time after children and young people had used the service because, unlike outcomes, impact requires a longer period of time before it can be recorded. This dilemma was expressed by an advocate at Site E:

Has advocacy had an impact on your life? That person might not actually recognise that until two or three years later, impact could be quite further down the line.

Although there were limited examples of how impact was captured, there were suggestions from professionals with regard to methods that could be used for recording impact in addition to what it already used. These included feedback collected systematically from young people using questionnaires, feedback from service provider staff, and collection of both quantitative and qualitative data.

Reporting impact

There appeared to be uncertainty in regard to who currently reported impact. Some professionals were uncertain about whether it was their own organisation or commissioning body who was responsible for recording, whilst others were uncertain whether their organisation had processes in place to capture any impacts.

Professionals discussed who was best placed to report impact (children and young people, advocates, stakeholders). Some stakeholders in Site C suggested capturing impact from the child or young person's point of view, whereas advocates in that site thought that stakeholders in senior positions were better placed for capturing impact as they had a more strategic overview. One suggestion for ensuring robust recording and reporting of impact was to organise an independent and impartial review, which could help to differentiate the impact of advocacy from other services that children and young people may have used.

Defining impact

Stakeholders in Site F suggested that it was a challenge to differentiate outcomes and wider impact; they spoke of impact on practice of hospital regimes but thought the main impact was

on how advocacy had changed young people, such as increased self-confidence and ability to participate, which could also be regarded as outcomes.

You have to ask the young people that, you know we can't say as nurses or as professionals how much an impact it's had because it's not impacting us it's impacting the young people, they're the ones that need to be asked. (Stakeholder, Site F)

Value of impact recording and reporting

In general, there appeared to be greater focus and more effort on identifying individual outcomes, and less attention to capturing wider impact of advocacy service on other organisations and at the policy level. Advocates in Site C thought that the limited expectation from the local authority to identify impact through a formal process could explain why it was not as much of a priority as the recording of outcomes.

There should be no reason for not capturing and measuring impact but we don't do it – we've focused on trying to capture outcomes. I will take this forward as an action to my next meeting with [manager]. I think once our links are stronger we will see improvement. We have used previous feedback to improve venues and make the space more user friendly but I am not sure how or where the feedback was gathered. (Stakeholder, Site F)

You have to ask the young people that, you know we can't say as nurses or as professionals how much an impact it's had because it's not impacting us it's impacting the young people, they're the ones that need to be asked. (Stakeholder, Site F)

There was a mixture of responses when professionals were asked their opinion on the value of impact recording and reporting. Some professionals expressed an interest for exploring this in more detail, including professionals who mentioned that they were in discussion with colleagues about impact recording and reporting. These professionals showed an awareness of how impact recording can be used for the purpose of improving their own and other services, which can improve children and young people's overall experience of the services they come in to contact with.

We are very keen to capture how working with the local authority and with young people can change policy and practice. This isn't captured on our system. It would be difficult as it's a client based system. But we should capture impact in our reporting to contractors – we do get feedback on the differences advocacy makes and it is very important to prove that what we are doing is having an impact as far as the local authority is concerned. (Stakeholder, Site B)

Differentiating the impact of advocacy from other services

Professionals thought it was not always possible to show a straightforward link between impact and the work of the advocacy service, and found it challenging to differentiate the impact of advocacy service from other services that may have supported children and young people.

Professionals were also cautious about attributing personal or social development outcomes to advocacy. A stakeholder at Site E said “it’s to be hoped it has an impact” but understood that there were many other factors that affected decisions about care other than advocacy. At Site D young people and advocates talked about how advocacy had supported service users for improved rehabilitation and emotional wellbeing, but there was no tested clear link between advocacy and its impact.

If it wasn't for [advocacy service], she got me off them wings... I'd be either moving prisons or be on another charge, or something bad could be happening to me... it's making a big difference. When I'm 18 when I get shipped out of here, If I had all them records, if [advocacy service] weren't there, I would have gone to one of the crappiest prisons you can go to, but now because obviously I'm being good and stuff I'm enhanced [class of prisoner seen to be better behaved] because [advocacy service] helped me get there...now I can look into the future and think, hold on a minute I was enhanced here, I was helping these, I was doing this I was doing that, so you know what I mean it goes good in your favour. In the future. (Young person, Site D)

9. Analysis and reporting of outcomes and impact

Reporting and analysis processes

In general, sites could be conceived as reporting to three distinct groups of people

1. Stakeholders to whom the service is accountable, such as commissioners or managers
2. Stakeholders to whom the service is not directly accountable but has working interactions with, such as social work managers, or other staff alongside whom advocates are working.
3. Non-stakeholders - Some sites were producing reports outside of commissioning or managing arrangements targeted at potential new commissioners, or policy makers.

Reporting occurs in a written form, usually through the production of quarterly and annual reports, but in most sites it also takes place on a verbal basis through formal meetings or *ad hoc* informal discussion. With a minor exception in Site B, analysis and production of reports was conducted exclusively by the advocacy service itself. For commissioned services, requirements for formal reporting are usually set by the commissioner. As an in-house service, Site C is the only service where reporting has been designed by the advocacy service itself, with little involvement from stakeholders. Overall, reporting and analysis is largely constructed as a professional-to-professional conversation, through which advocates produce information about their work for the benefits of other professionals.

Reporting and analysis took place in the following way across each site:

At Site A, the main mechanism for reporting is a quarterly report produced for the service commissioners at the local authority. This report is produced by managers within the service without the involvement of frontline advocates. Both advocates and wider stakeholders stated that quarterly reports were not shared with them and, unlike other sites, discussion regarding the reports, or 'ad hoc' verbal reporting seems to be limited.

At Site B there are a number of reporting arrangements in place. The first and most prominent is the quarterly reports the local authority requests of the advocacy service. The advocacy project manager completes and submits the spreadsheet ahead of the quarterly monitoring meetings that take place with the local authority. The local authority then analyses the quantitative data and produces a score card with graphs and pulls out the key issues. This report is then used as the basis for discussion at the quarterly monitoring meetings, which include the advocacy project manager, the local authority commissioning manager, the service manager and the IRO team manager. The four quarterly reports then form the basis of the annual review of the contract. The advocacy service also provides regular reports on outputs and outcomes to the Local Safeguarding Board (CP advocacy service) and the Corporate Parenting Board (LAC advocacy service). In addition to these quarterly reports the advocacy project manager collates and submits a second type of quarterly report to the national agency; these cover the number of people the project is working with and the characteristics of service users.

At Site C, analysis is done by the Children's Rights Service Manager in discussion with the other advocate. This occurs as a quarterly review of case files, as well as being part of an ongoing discussion between the two staff through supervision. As an integrated service, verbal reporting occurs through advocates' informal and formal contact with senior managers frequently. This is done both through day-to-day contact with stakeholders and by reporting through the line management structures. A key factor here is that advocates are based within the same office as Children's Social Care. More formally, the Children's Rights Service Manager attends (and supports young people to attend) the Safeguarding Board, the Corporate Parenting Board, and the Children's Trust Board. Reporting to these Boards typically focuses on the other participation activities provided by the service such as the Children in Care Council or Youth Council, and is constructed as a mechanism for young people from these groups to feed into these boards. However information from advocacy is fed into these meetings by the manager when it is relevant to discussion.

Ongoing discussions, those would be the best ways to describe it, about things that impact on kids on a wider scale. (Advocate, Site C)

Written reporting has varied enormously over the time the service has been in operation. The current system, which has been in place just over a year, involves quarterly and annual reporting. The quarterly report is sent to the Compliance and Governance Manager, who integrates it with reporting from the IRO dispute resolution process and the formal complaints process to report to the Business Development Board, and to monthly safeguarding meetings with the Director of Children's Services. The annual report is a report on the children's rights service as a whole, which includes a section on advocacy. This report is publicly available and distributed across Children's Services.

At Site D, the advocacy service produces a quarterly report focused on advocacy within the institution, which constitutes the main reporting mechanism in the setting. This is produced by the advocacy team manager. Reports are sent to a senior manager in the charity with responsibility for the national contract, and used, along with reports from advocacy team managers in other institutions, to report directly to the YJB. Following this, the quarterly report for the institution is sent to the advocacy service liaison governor at the YOI, and forms the basis of a formal meeting between the advocacy team manager, head of residential services, head of safeguarding at the institution. Nationally an annual report is also produced; this is used internally between the charity and the YJB as part of contract reporting. 'ad hoc' public reports on key themes are also produced nationally by the charity to inform its campaigning and lobbying work.

At Site E, quarterly and annual reports are drafted by the Managing Advocate and regional Service Manager for the organisation. Meetings between the advocacy service provider, the local authority commissioning staff and children's services managers only occur as needed to review aspects of the contract, and these were said by the commissioner to increase around the time of contract renewal. On a more frequent basis, the advocacy service meet with individual social work team managers to discuss specific cases, and on an 'ad hoc' basis if there is the need to raise an issue about social care practice in relation to several cases, the Managing Advocate

arranges to meet with a Children's Service Manager. The advocacy service was invited by the local authority to attend the regular internal meetings within children's services. In terms of internal reporting within the advocacy organisation, the Managing Advocate of this service meets with other Managing Advocates across the organisation bi-annually to identify what key issues have emerged from advocacy practice to inform the organisation's development of future advocacy services and identify gaps in service.

At Site F, from the outset of the contract it was agreed with the commissioning agency that bi-annual reports would be produced by the advocacy service, one of which would be an annual report. The annual report is shared by the commissioner with NHS England as part of an annual contracting and commissioning meeting. Quarterly financial information and activity data was also required by the commissioner. Six-weekly meetings between the advocacy service and staff in the adolescent unit, as well as three-monthly review meetings between the advocacy service and key contacts within each hospital take place to 'touch base with how things are going'.

Stakeholders and advocates were generally satisfied with the ways in which reporting and analysis were conducted in each site. Gaps in reporting were usually attributable to gaps at the recording stage, rather than through a flaw in the analysis or reporting process. In Site A stakeholders expressed a wish to conduct an analysis themselves (specifically on service user feedback); elsewhere both stakeholders and advocates generally expressed no concerns that evaluation and analysis were undertaken predominantly by the advocacy service. It was noted that extending analysis beyond the advocacy service may create issues for confidentiality. A stakeholder at Site D emphasised the need for analysis and reporting to maintain confidentiality between the young person and the advocacy service. Site C's experiment with young people's involvement in analysis and reporting (see below) was similarly brought to a close after concerns about confidentiality by advocates.

Sites within which discussion with commissioners or managers was a function of the reporting process often highlighted the value of this approach. This sort of reporting was a process through which advocates and service providers could unpick the issues affecting children and young people that advocacy had identified, as a way of creating change and improvements for children and young people. For example, Site B's review meetings with commissioners were seen by advocates as a good opportunity to review and reflect on the advocacy service and other elements of the contract, and to discuss action that either party should be taking to improve effectiveness. The advocacy project manager indicated that she thought these quarterly reports and the monitoring meeting were a good opportunity to take stock and review how they are doing.

This sort of discussion was equally valuable when it took place with stakeholders to whom the advocacy service was not accountable. In Site D advocates emphasised the value of reporting directly to the YOI outside of commissioning arrangements. A face to face meeting with institution governors was seen to provide a valuable forum to raise and discuss issues affecting the young men and to effect wider change in the institution. It was described as a two-way conversation through which Governors could explore issues further and advocates could contextualise key trends in issue management categories more substantially. Similarly, advocates

and stakeholders at Site C described the way in which verbal ‘ad hoc’ reporting with social work team managers allowed them to raise wider issues affecting young people. Central to this process was often the communication of trends or patterns in reasons for referral.

Themes reported on

The content of reporting can be grouped into a number of emergent themes:

Service user demographic information and service outputs

All commissioned services were producing some level of analysis and reporting on demographic information about service users (age, gender, LAC status etc.) along with service outputs and activities. Examples of the types of service outputs reported on included numbers of young people seen or number of hours of advocacy delivered. This form of analysis and reporting appears to be closely connected to the idea of reporting against contract delivery to commissioners; indeed, Site D, whose contract was structured around a number of output focused delivery indicators, reported heavily on service outputs. Equally, the only site not reporting in this area systematically was the in-house service (Site C), where there was no expectation from stakeholders or senior managers to demonstrate the value of the service or service performance as part of its reporting.

Issues affecting children and young people/ referral reasons

All sites reported in some way on issues affecting children and young people, usually through an analysis of the referral reasons children and young people presented to them. Identifying trends in the types of referrals received, and in-depth information explaining the way issues were created and how they affected children and young people, enabled the identification of system- or service-wide issues. This form of reporting was central to the idea of provision of intelligence to stakeholders, enabling underlying causes of common issues to be resolved.

Outcomes

All sites have some level of outcomes reporting and analysis. However this was understandably limited to the outcomes that were recorded by each site and therefore varied considerably. Generally, however, sites analysed and reported on all of the outcomes they were effective in recording. At one end of the spectrum this resulted in Site C providing only case studies to illustrate the sort of outcomes achieved, rather than systematic analysis. Site D also produced case studies, and a breakdown of cases open and closed (though neither advocates nor stakeholders regarded ‘case closed’ as an outcome measure in this site). Site B, whilst aiming to provide systematic analysis of outcomes, produced only limited information in practice. Reports at this site omitted things such as the number of issues resolved, unresolved or partially resolved, the detail collected through the evaluation questionnaires, and the distance travelled measure.

Site A and E produced systematic analysis and reporting of all of the outcomes that were captured at recording stage.

Children and young people's views

There was a desire across all sites from stakeholders and advocates that reporting should include the views of children and young people. This could include views on the outcomes achieved, the issues affecting them, their satisfaction with the advocacy service or a mix of all three. Sites B and C found that their ability to report on this was limited by challenges they had faced capturing and recording children and young people's views. Sites A, D and E all provided analysis and reporting on service user satisfaction surveys, and in the case of Site D focus group findings. Site F produced more general information gathered through contact with young people. To a certain extent this theme overlaps with the themes of outcomes and issues affecting children and young people, as in some cases children and young people were expressing views on these areas.

Wider impact

Wider impact was not systematically analysed and reported on in any sites.

Types of data produced

Most sites produced a mixture of qualitative and quantitative reporting. The exception to this was Site C, where advocates and stakeholders generally agreed that the small number of cases meant that reporting qualitative data on every case was a feasible option which allowed them to properly engage in the complexities of advocacy

The value of providing both qualitative and quantitative (sometimes described as “hard” and “soft”) data was highlighted by both stakeholders and advocates. Data and statistics seem to provide most value in understanding the activities and outputs of the service, as well as mapping trends in issues affecting advocacy service users. However, a common sentiment was that, to fully understand the complexities of the ways children and young people were affected by a particular issue, case studies or thematic discussions were needed, to generate intelligence and contribute to understanding the changes advocacy creates for children and young people. Qualitative information was also believed by some stakeholders to represent the voice of the child more effectively, although they were sometimes unclear on the distinction between information written by an adult about a child or young person's experience and direct information on the views of young people. Some stakeholders described qualitative information produced by advocates such as case studies as if it were synonymous with hearing the views of children and young people.

Statistics are all good and well but sometimes you need more meat on them... at the end of the day it's just numbers...if you put some meat on and give examples it would help a lot of people understand more what advocacy actually does. (Stakeholder, Site D)

There comes a point where, yes, the numbers tell you things, but what really matters is the voice of the child. (Stakeholder, Site C)

Views on the purpose of reporting

There were a number of common themes regarding the purpose of reporting

To demonstrate the performance of the advocacy service, and show its value.

This was seen on two levels. At its core was reporting against the delivery of a commission, showing that a service had met its targets and delivered the required activities. However, wider than this was showing the value of the service to other professionals outside the commissioning chain. This included representing the work and achievements to the service organisation, illustrating what advocacy was delivering to young people. It also included showing the value of the service to potential future commissioners, to secure new work and contracts by demonstrating track record. This theme was present in all sites except the in-house service at Site C, and was sometimes the primary focus of reporting.

It's nice to say this was a success story and this is what advocacy does and you get value for money. (Advocate, Site E)

To provide intelligence regarding issues affecting children and young people.

Reporting was seen to provide valuable insight into the issues affecting young people. The communication of this intelligence to stakeholders enabled the service within which advocacy was operating to identify wider system wide changes or learning that could improve their delivery.

The sort of intel that comes out of the advocacy quarterly reports is invaluable, they come from the young person's perspective, but they also work in the establishments day in day out and they get a feel for the place and they know whether there's a shift in how young people are behaving or how staff are responding, just a general feel for the place. (Stakeholder, Site D)

What we asked [advocacy service] to do isa series of pen portraits, which again...rather than giving the data and saying well there were 14 der der der derit's more like here are the kind of issues that come up, and here is the process we go through...This [report] will do the rounds as a learning tool and a feedback tool to all sorts of bodies to make sure the messages get received and understood. (Stakeholder, Site C)

Alongside this there were examples in the larger national organisations of using the intelligence gathered to inform their campaigning work and raise awareness of the issues affecting young people with policy makers.

To show 'the voice of young people' to stakeholders

There was a loosely defined notion that reporting had a role to raise the voice of children and young people, or was in itself representative of their voices. This was constructed as a combination of professionals highlighting issues affecting children and young people, children

and young people's views on the issues affecting them and their views on the advocacy service itself.

To enable service learning within advocacy

This was a relatively minor theme, but some sites recognised that analysis and reporting enabled the advocacy service itself to learn and make operational changes such as the reallocation of resources.

Involvement of children and young people

Across all sites there was an absence of reporting specifically to children and young people. Whilst all sites reported on their views, children and young people were not currently involved in analysis and reporting at any site, and this was not generally seen as a shortcoming by stakeholders or advocates. Site C stood alone in having experimented with this form of involvement. Here, advocates had attempted to report advocacy activities directly to the Children in Care Council in order to enable them to represent the issues of young people who had accessed advocacy service to other bodies. However, this was later stopped by advocates due to concerns about confidentiality. It was noted, though, that through this process they had found that members of the Children in Care Council were already aware of many of the issues raised in this way.

The idea was we were trying to get [Children in Care Council members] to think about other people's issue and not just their own....just to educate them really on what other young people's problems were, which most of the time were very similar to the ones that they had.....so for a while we did that, but we got a bit worried about being identifiable who the complainants were....it's quite a small world [our local authority] and a lot of the kids know who the other kids are. (Advocate, Site C)

However, it should be noted that there were no strong calls from children and young people to receive this sort of reporting, or to be involved in reporting and analysis. Children and young people's involvement in analysis and reporting could therefore be considered an area that is perhaps in practice a low priority.

10. Ideas for improving recording and reporting of outcomes and impact

Advocates and stakeholders had a number of suggestions for how recording and reporting might be improved, although in general they had more to say about the challenges than about possible solutions. They all recognised that collecting meaningful information from children and young people can be challenging, for example the wording of questions and way they are asked can influence whether the response is meaningful; several suggested the use of more accessible terminology for different age groups. Some found that getting young people to think and talk about the process, not just about getting the issue resolved, required a change of mindset.

More frequent ‘best practice’ meetings were seen by some advocates as a good way to reflect and discuss service delivery and challenges. This provided them with valuable time to think strategically with colleagues about the service and how it can be improved.

Professionals considered it important to provide service users with clear information on recording and reporting, including an explanation of what information was recorded and reported, and how it may be used by professionals.

More use of qualitative information was widely thought to be a valuable way of providing service providers and stakeholders with a better understanding of service user experiences. For example, Likert scales, although informative, did not provide much information on why a child or young person chose those scores. The development of a self-assessment tool was a suggestion by one advocate.

A project manager suggested making recording of outcomes easier for staff and users required a more ‘child-friendly’ system, which essentially asked for feedback in a way that suited that particular child or young person in terms of their age and circumstances.

I think there would be lots of different types of forms asking the same things but in different ways – so you have something for children, something for those young people who are infant junior, early secondary, late secondary....I think sometimes some words are difficult to understand and they mean different things to different people and I think that instead of one form that fits all, have forms that fit individuals would be much better. (Advocate, Site B)

The commissioning manager wanted a more accessible approach to classifying and recording outcomes:

I think I would want to design something that really got to the heart of the difference that was made to the individual young person, not just that it helped them, I guess some sort of tool to measure the impact. I don't think young people are always fully able to understand what we mean by ‘outcomes and difference’ and we almost need to provide some examples to help steer them without helping to shape their answers (Stakeholder, Site B)

At Site C (the in-house service), stakeholders wanted more analytical reports rather than simple case descriptions, and a more formalised process for reporting and systematic gathering of feedback from young people. Some also suggested that reporting would benefit from greater distinction from IRO and complaints service, whilst others valued the integrated view provided

by combined reporting. Advocates wanted to link their system to the main social work recordings (in a confidential section), to make it easier for a young person to access their files.

At Site D, advocates strongly supported the idea of recording ‘distance travelled’, while stakeholders were more sceptical as they did not see it as a core purpose of advocacy and were concerned about problems of attribution. (At Site C, on the other hand, advocates were generally against the idea of recording distance travelled and personal development outcomes.) Stakeholders at Site D were interested in the idea of a common system for recording distance travelled across all agencies in the institution, so that advocacy’s contribution could be seen alongside that of other agencies. One suggested tracking a sample of advocacy service users for distance travelled, rather than the whole cohort. Other ideas for improving recording in this site related to streamlining the electronic system to make it more user friendly, less time-consuming and allowing clearer links between the figures generated and individual cases.

At Site F, the most challenging issue was seen as being how to capture the wide range of potential outcomes, given the diversity of young people and of issues that advocates were working with. One commissioner commented ‘it’s hard to ask for what I don’t know I don’t know’.

At Site E, it was evident to the commissioner that advocacy was increasing young people’s participation and involvement in decisions that affected them, but a gap was identified in how this information was currently being used to improve children’s services, as there were few strategic opportunities for all involved to discuss implications for social work policy and practice. One stakeholder wanted to see more involvement of advocates in regular meetings with social services, and to use these opportunities as a way to feed back information about what advocacy has achieved and the potential learning for services.

What we want to happen is that they sit down with three or four managers and say this is what’s happening, this is what you should change, your social work practice is causing this problem, so we can go away and change the practice. (Stakeholder, Site E)

Gathering more information from young people about their perceptions of the benefits of advocacy was proposed by several external stakeholders. This was already happening on an informal basis, but more systematic evaluation of young people’s perspectives was thought to be needed. One idea suggested by two different external stakeholders was to collect feedback from young people via hospital discharge questionnaires, which could come from either the advocacy service or mental health service.

Another suggestion came from a perception that young people did not always understand the role of advocacy or the potential benefits, therefore an effort should be made to increase young people’s understanding of outcomes through concrete examples wherever possible. One young person proposed communicating this via a slogan – ‘something catchy to stick in your head, kind of like a brief video with young people singing it’.

One advocacy service was exploring with the commissioner how they might use a mobile device to involve young people better, including using this to record what young people think has been

achieved. It was suggested that use of new technology could enhance ways of getting feedback from young people.

Advocates were very supportive of the idea of finding ways to involve children and young people in outcomes recording and reporting:

I would be the first to kind of say we should do more of consultation with young people but in reality and logistically its quite challenging when you're trying to deal with the day to day issues that young people are wanting you to with. (Advocate, Site E)

Young people thought they should have the option to be involved in recording if they wished, although generally they were happy to leave it to an advocate. One young person emphasised the importance of having a written record of any changes agreed to their care, to show to people involved in her care. Others, although sometimes bemused by the question, were generally in favour of further involvement:

Yeah it's good for the child because it shows what's worked for them, how the advocate's helped them and maybe that could be applied to other kids... It should be completely up to the young person, their choice about what gets recorded because its information coming from them. It's what they've said, it's their life and if they're capable of making that decision then that's how it should be... (Young person, Site E)

Views on a standardised national system

Some stakeholders and advocates saw the benefits of a standardised national system, which they felt would ensure better reporting at the national level, with clear and robust information on what had been achieved across the country. This was seen as a good way to capture and share good practice, as comparisons could be made by practitioners, managers and commissioners. It was also felt that standardised system would ensure a consistent level of service for children and young people across the country, which would also help to manage their expectations.

However, a great deal depended on the quality and robustness of the system, and it should include children and young people in the process of development so that the end product is user-friendly and fit for purpose. The only concern expressed about a standardised national system was that it might be too rigid and not flexible enough to take in account differences between service users, regions and other circumstances. Tailoring services that meet the needs of children and young people was seen to be central to advocacy service delivery, and most expressed the importance of developing a systems that placed service users at the centre.

Others thought that it would be a challenge for everyone to have to change the systems they were using but that in the long run it probably was a good idea because:

The positive of that would be it would be so much easier, if the system was standard across the country it would be so much easier to compare like with like, it would be so much easier for services to say: 'we are improving', or 'we are you on a par with this service', or 'in such and such a place they've got really good outcomes', and we can find out what are they doing. That could be shared with everybody else and systems improves across the board, for every young person and for every local authority to have the most effective policies and practices so that we've got a continuous loop. (Advocate, Site B)

One project manager was concerned that there would always be things that fall outside the chosen categories, “exceptions to the rule and something that doesn’t quite fit” and that there would be pressure “to shoe horn them in, to try and get them to fit”.

Local authority participants were more cautious, concerned that the right questions should be asked and at what was to be done with the information collected:

It’s what do we do with that information. Who gathers it? And does it actually make a difference? Is it a token gesture – does it really inform and influence the resources that may be needed or whatever it is. That’s my concern. If we are asking young people, they need to know it’ll make a difference.
(Stakeholder, Site B)

A local authority manager expressed concerns that there be opportunity within the system for local authorities to add their own ‘extras’:

I think that we would need as local authorities to be able to add our own extras into that because we ultimately are giving the money out and may want different things... Maybe a core set of information and some extras? (Stakeholder, Site B)

Several participants suggested that being able to benchmark with other advocacy services would help those having to make decisions about service quality and effectiveness. Further, they could perceive benefits to advocacy services from standardising the requirement across contracts with different local authorities and NHS Trusts. On the other hand, some feared that standardising systems across such a diverse sector might result in unhelpful and overly bureaucratic data collection demands being placed on already over-stretched services.

At Site E in particular, it was feared that increasing demands to collect more outcomes information might end up with advocates spending too much time on record keeping and not enough time with children and young people. There was also a fear that centralising systems would result in a lack of flexibility and responsiveness to local circumstances, and in particular that the national system could potentially become ‘London centric’. Having said that, the benefits of sharing information more widely were recognised by several stakeholders, and commissioners were said to already engage in information sharing with their nearest neighbouring local authorities when developing service specifications and contracts based on best known practice. This was an approach that could be extended.

Many responses emphasised the importance of involving all stakeholders especially children and young people, in co-producing a national system if this were to be developed. The potential of involving children and young people in these processes as after all ‘it is about them’, was recognised by advocacy staff, and so far this had not happened. It was not disputed that children and young people should be centrally involved in identifying what outcomes should be recorded and also in how such information was used.

11. Discussion and conclusion

Introduction

The case study research carried out for this project confirms and underlines what we learned from the literature review and from our survey of providers: first, the huge actual and potential value of independent advocacy, in supporting children and young people's entitlement to a good range of services and quality of provision, their rights to protection from harm and abuse and to participate in decisions about their lives; second, the wide variety and unevenness in the level and manner in which independent advocacy is provided; third, the difficulty in capturing, recording and analysing the outcomes of independent advocacy, and even in deciding precisely what outcomes should be captured, recorded and analysed. In this chapter we discuss these issues further, before moving on to our conclusions and recommendations.

As noted in the research and policy review, it is timely for advocacy services, commissioners and researchers to collaborate to overcome the challenges that confront the sector in terms of outcomes monitoring. This will necessitate advocacy providers working together to develop a cohesive and consistent strategy for monitoring impact that will not place a burden on front-line workers and, most importantly, will not conflict with the fundamental principles and values of advocacy.

This research was conceived in part as a search for good practice in recording of outcomes and impact, and we think that is what it has delivered, at least in relation to wider impact. The survey, although limited in scope and representativeness, enabled us to select a range of types of provision in different sectors, in all of which advocates and stakeholders were clearly concerned to evaluate outcomes of independent advocacy for children and young people, and in all of which serious attempts had been made to do this, in a variety of ways. We observed a wide range of methods and approaches, all of which had their merits as well as their particular challenges. We have been unable to give as much specific detail as may have been initially envisaged, in large measure because of the (entirely understandable and rational) concerns of advocacy providers not to give away 'trade secrets' in a competitive tendering environment. Despite this, we were able to learn a good deal about the practicalities of data collection, the system requirements and constraints of recording and reporting, and the implications of different approaches: learning which has informed our conclusions and recommendations.

Recording the wider impact of advocacy is a challenge to which less attention has been paid. There was a great deal of interest in the question among all the participants from the advocacy services we studied, and a lot of anecdotal evidence of positive impact on service provision and professional culture, but we found no evidence of anything systematic in practice.

We here acknowledge a few other limitations to what we were able to achieve. The precise meaning of the term 'independent' in 'independent advocacy' may be disputed, especially as it applies to 'in house' provision; it was not an objective of this research to attempt to resolve this, and we were specifically asked to include 'in house' services in our study. We do not therefore comment on the relative merits of advocacy provided by an external agency and that provided 'in

house?. Although the survey did include both types of provision in comparable numbers, our case studies only included one 'in house' service. In that instance we found no evidence to suggest that provision 'in house' in that setting resulted in a service that was of less value to children and young people, but it is of course impossible to generalise from one case. We are also unable to say a great deal about the outcomes of non-instructed advocacy or how to capture them, since we were only able to study one example of this.

System issues

It is clear that a great deal hinges on the relationship between the systems developed by national advocacy providers, the specific practices of local projects and the requirements of commissioners. What actually happens in the field is a result of these combined forces. We saw examples of them working in the same direction, but also examples of them pulling in quite different directions, for instance because the commissioner had markedly different objectives from those of the advocacy provider, or because some of the expectations of the national agency were experienced as impractical by advocates 'on the ground'.

The time commitment in capturing, recording, analysing and reporting information on the provision of advocacy, including information on outcomes, should not be underestimated. We found advocates who estimated that they spent 30% of their working time on these activities, and one advocacy manager reported a figure of 60%. It cannot be desirable that so much time is spent away from direct work with children and young people (or arguing their case with professionals). This suggests strongly that any proposed new system or approach must pay close attention to efficiency and time management. Parallel systems were a regular cause of frustration to advocates, in particular when they involved duplication of data entry, especially on both manual and computer-based systems.

Another time-related issue is that of the timing of data collection on outcomes, which hinges on the question when does a case, or an episode of advocacy, end? Advocacy services have different ways of handling case opening and closure, just as they have different approaches to file management. For some systems everything centres on the child and young person, while for others it is the episode. Additionally, for some children and young people the continuity of their relationship with their advocate is of crucial importance, and this means that for some advocates the very asking of outcome-related questions, whether face-to-face or via a questionnaire, for example, may risk disrupting the relationship. This suggests that a relatively light and relaxed approach to collection of feedback from young people may be desirable.

It was clear from an early stage, and became increasingly so as the research proceeded, that recording methods and systems are often very specific to settings (in part because of the different requirements of commissioners), and also that it is important to advocacy providers, in a competitive environment, to be able to develop their own distinctive ways to gather information and to measure the outcomes of their work. For these reasons we do not propose to make recommendations about specific recording systems to be used, or about specific tools for capturing outcomes information. Rather, we think we can be helpful in proposing some ways of classifying outcomes and impacts, which the sector might be willing to consider adopting as a

common framework, or common language, which can underpin a range of different tools and systems.

The best recording systems will be those which are designed to meet the information requirements of all stakeholders as far as possible and to store all information in one database. This implies taking into account the requirements of:

- the project or team delivering the service (including the facility to easily review activity on individual cases, inform caseload management decisions, aid supervision and staff appraisals, costing and budgetary decisions);
- the commissioner (information on service outputs and outcomes and other information required to monitor contract compliance and performance);
- and the national provider agency (where applicable).

Recording systems should be regularly and jointly reviewed to ensure they keep up with changing requirements – as well as considering adding new requirements, consideration should be given to stopping collecting and storing information that serves no useful function or purpose.

In addition to the above, systems should:

1. Not require an expenditure of time disproportionate to that spent working directly with young people;
2. Ensure that all information recorded has a clear purpose;
3. Ensure that individual records are secure and confidential to those within the advocacy project or service who need to see them and to the young person;
4. Be clearly understood by young people who use the service (this requires active promotion of open file policies and regular explanations by the advocate of what information is recorded);
5. Have dedicated space to record the views of young people;
6. Produce information that is capable of systematic categorisation to allow for further quantitative analysis (based on categories previously agreed by commissioner and provider);
7. Produce information that is capable of capturing the narrative behind at least a sample of cases;
8. Be designed in co-production with all stakeholders including young people, so that they collect and report on meaningful information.

Of course, systems must recognise the individuality and diversity of referral issues for advocacy. However, we do think that it is possible and desirable to adopt a set of standardised reasons for referral, at least across the care and protection sector. For example, Site B has a system for capturing reasons for referral that appears simple, clear and effective. This uses a drop down menu containing categories of 'issues' (such as support at meetings, request to stay in placement, request to move placement, education, training and employment, Pathway planning, contact with family, complaint, etc., and an 'other' category that allows for recording any other issues. The

system allows outcomes to be linked to the reason given, and there is a free text box for other comments. We recommend that providers and commissioners (with input from young people) be invited to adopt a set of agreed categories that can be used across the sector.

It will be clear from the above that many of the categories used are highly specific to the context of care and protection services. We found in Site D a highly developed set of categories of reason for referral that were equally specific to the secure estate, and we can see that a similarly distinctive list would be necessary in mental health settings. We would not recommend trying to impose a single set of categories on these very different sectors, although there may be scope for some common overarching categories, especially when we consider that often the same children and young people may appear in different systems. However, this is a matter for collaborative discussion.

Standardisation of this kind is desirable because of the analysis that it makes possible.

Commissioners should want to know what are the most common issues raised by young people over a period, and be able to investigate any particular trends that indicate problems.

Standardisation thus aids collective advocacy, in addition to individual advocacy.

Defining outcomes and impact

As noted earlier in this report, we began our research with a rough working conceptualisation of impact, outcomes and output, defined as follows:

1. *Outputs* are measures of activity such as cases taken, time spent, types of issue presented, demographic information on users.
2. *Outcomes* are the actual consequences of advocacy for children and young people, such as issue resolution, feeling heard, and user satisfaction, which can in principle be identified during or at the conclusion of an episode of advocacy however defined.
3. *Impact* we understood to mean the more general effects of advocacy provision on services as a whole.

In general this typology held up well, although there was a continuing need to clarify these working definitions both within the team and in our discussions with participants. There was, however, one central ambiguity which never went away. This relates to the longer-term effects on the individual child or young person of the advocacy experience, which are not directly covered in our initial working definition, and which we found may equally well be described as outcomes (but a different kind of outcome, challenging to capture and record) or as impact (but an individual rather than a general impact, still challenging to capture and record).

It is possible therefore, and may be helpful, to distinguish between: (i) *intended or planned outcomes* linked to the specific aims of advocacy – which may include items related to issue resolution as well as enabling children and young people to have a voice; (ii) *unplanned outcomes* for individuals (including longer-term benefits for children and young people, often described by participants as impact); and (iii) *wider impact* on other children, services, policies and professional cultures. (The distinction between planned and unplanned outcomes is similar in some respects, but not in all,

to the distinction made in Site A between primary and secondary outcomes.) An alternative typology would be one that identified: (i) short-term outcomes for individuals; (ii) longer-term outcomes for individuals; (iii) wider impact. This could also be expressed using slightly different terminology, as (i) outcomes for individuals; (ii) impact on individuals; (iii) wider impact. We think this deserves further discussion. The distinctions may seem pedantic, but they relate in centrally important ways to what are defined as being the aims of advocacy, what information can be collected in a particular timeframe and what kinds of measures may be used. As noted in the Commissioner's report, the young people consulted for the advocacy project engaged readily with this threefold typology and were able to allocate specific outcomes to these categories, although they also found some overlaps. They favoured 'impact on individuals' as a label for the second category.

Within the threefold typology we would suggest, as a starting point for discussion, that something like the following different types of outcomes and impact might be identified:

Issue resolution outcomes:

- Issue resolved as initially identified by the young person
- Issue resolved in a different way, but to the young person's satisfaction
- Issue not resolved to the young person's satisfaction (if negative outcomes are included)

Process outcomes:

- Young person felt listened to
- Young person felt they contributed to decision-making
- Young person had a better understanding of processes
- Young person had a better understanding of their rights

Satisfaction outcomes:

- Young person would use advocacy service again
- Young person would be confident to self-advocate in similar situation in future, knowing that the advocacy service was there to fall back on
- Young person would recommend service to others

Personal outcomes:

- Young person feels better about themselves as a result of the advocacy process
- Young person feels more confident in speaking up as a result of the advocacy process
- Young person has developed new skills as a result of the advocacy process

Relationship outcomes:

- Young person had better relationship with service providers following the advocacy process

Longer-term outcomes/impacts for individuals:

- Young person has grown in confidence, at least in part as a result of experience of advocacy
- Young person has grown in skills, at least in part as a result of experience of advocacy

- Young person has grown in self-esteem, at least in part as a result of experience of advocacy

Wider impacts:

- Identifiable changes in service provision attributable to work of advocacy service
- Identifiable growth in children and young people’s participation attributable to work of advocacy service
- Identifiable shift in professional culture attributable to work of advocacy service
- Identifiable changes in patterns of complaints attributable to work of advocacy service
- Identifiable changes in local policy attributable to work of advocacy service
- Identifiable changes in national policy attributable to work of advocacy service

Some of these types of outcomes and impacts would be easier to capture than others, as we have learned from this research. We are unsure whether what we have called longer-term outcomes can be captured in any systematic way, and we found no example of this being successfully done. The other types of individual outcome are all in principle capturable during or at the conclusion of an episode of advocacy, subject to all the difficulties and challenges we have identified in this research. It seems clear from what advocates, stakeholders and especially young people told us, that the identification of most of these outcomes has to be done in collaboration with children and young people, and therefore that whatever methods are used must be ‘user-friendly’.

Identifying the wider impacts of advocacy presents a different set of challenges, since they are not ‘case-based’ and dependent on individual evaluations, but are likely to demand close collaboration between providers and commissioners, probably based around the processes of quarterly and annual reporting which we found to be common, and should also be designed in co-production with young people. The more that both providers and commissioners feel able to work together to devise efficient and user-friendly approaches to these tasks, the more chance there is of overcoming these challenges. Researchers also have a continuing contribution to make, and are also among the potential beneficiaries. A robust approach to identifying and monitoring the outcomes of independent advocacy has huge potential benefits for those providing the service, those commissioning it, those receiving it and also for those who study it.

Finally, it is important to acknowledge that outcomes and impact do not just depend on the skills of advocates and the quality of advocacy providers. They also depend on the responsiveness of service providers, on the resources available to meet the needs of vulnerable children and young people, and on the policy environment.

Conclusions and suggested ways forward

We were asked to assist the Office of the Children’s Commissioner to develop recommendations for an effective standard framework for information collection and the measurement of outcomes. We do think the arguments for a consistent national system of recording and measuring outcomes are very strong. It would enable greater consistency of service provision for children and young people, especially those who move between services. It would also make it easier for all involved – commissioners, providers and policy-makers – to compare the effectiveness of different services. On the other hand it is important to retain a space in which

advocacy providers can offer something distinctive and innovative. It is also clear that progress towards an effective standard framework can only be made if providers and commissioners work together, and do this in co-production with young people. We therefore suggest the following as steps towards establishing an agreed baseline level for information collection and the measurement of outcomes.

1. We suggest that agreement be sought between advocacy providers and commissioners on a specification of the outcomes to be measured by recording systems. We offer the above typology as a starting point.
2. We suggest that agreement be sought between advocacy providers, commissioners and young people on the information to be gathered by any advocacy recording system and on the minimal requirements of such a system. This should include basic demographic information, information on the reason for referral and information on outcomes as above. It should include information and views obtained directly from young people.
3. The above suggestions depend on positive collaboration between providers and commissioners of independent advocacy. We therefore further suggest that a working group be convened which should include the main national providers of independent advocacy for children and young people, representatives of smaller local providers, local authorities as both the main commissioners and significant providers of advocacy, other commissioners such as health trusts and the Youth Justice Board, and young people's organisations. Such a group would be able to contribute to the work recommended in the Children's Commissioner's report.

Appendix 1: Report on survey of providers

Introduction

This chapter presents the findings from the survey conducted with advocacy providers. The survey was completed online by 38 respondents – 18 from externally commissioned national advocacy organisation, 17 from services internal to the local authority, and three from externally commissioned local organisations.

The survey aimed to find out:

- Whether services and information were available specifically for children and young people;
- What and how information and outcomes were reported and recorded;
- How recorded information and outcomes were used;
- How children and young people were involved in the development and evaluation of services.

Findings are presented in the following sections:

- A. Contextual overview of advocacy services
- B. Service and information provision for children and young people
- C. Reporting and recording of information and outcomes
- D. Children and young people's involvement in the development and evaluation of advocacy services

A: Contextual overview of advocacy services

This section provides the context - information about organisations who have completed the questionnaire, including:

- Organisations
- How long advocacy services have been in place
- Management structure
- How service is funded or commissioned
- Staffing arrangements.

This survey was completed by 38 respondents working for an advocacy service: 24 individuals from independent organisations, mostly voluntary sector, and 14 individuals from services embedded in local authorities.

A1: Organisations

The survey was completed by 38 respondents working for an advocacy service: 21 from independent providers and 17 from local authorities. See Table 2.

Table 2: Organisations surveyed

Organisation	Number of responses
Local Authority	17
National independent provider	16
Local independent provider	5

A2: Start dates of advocacy services

Provision of advocacy services started at various dates spanning from the 1970s to 2015. The majority of organisations (26) had been delivering the service for over six years (prior to 2009), compared to a smaller number (12) who had begun to operate since 2010. (See Table 3.)

Table 3: Advocacy service provision: start dates

Start date	Frequency
2015	3
2010 – 2014	9
2005- 2009	5
2000 – 2004	6
1995 – 1999	6
1990 – 1994	0
1980 – 1989	2
1970 – 1979	2

A3: Management structure

Most respondents (19) as presented in Table 4 below, described their organisation or service's management structure as Local management structure compared to 18 respondents as Central management structure with regional offices, and one indicated Other - three directors and practitioners.

Table 4: Management structure

Structure	Frequency
Local management structure	19

Central management structure with regional offices	18
Other	1

Respondents (N = 38)

A4: Funding of service provision

Most respondents (21) described their organisation as being externally commissioned to deliver advocacy service either as a national or local organisation, compared to 17 respondents who described their service as being internally commissioned by a local authority⁷.

Of the 21 respondents who reported their organisations as being externally commissioned, 20 reported that their advocacy service is subject to a tendering process at various intervals, as indicated in Table 5 below. These intervals were: every three years (11); every year (2); every two years (2); and every four years (1).

Table 5: How often advocacy services are commissioned

Commissioning period	Frequency
Every three years	11
Every year	2
Every two years	2
Every four years	1
Every five years or more	0
Don't know	4

Respondents (N = 20)

Most indicated that the commissioner/funder of advocacy services was a Local Authority (19), followed by NHS Trust (4), and NHS Clinical Commissioning Group (1). Other commissioners/funders were:

- Private sector providers e.g. children's homes, residential homes, mental health units;
- Voluntary sector children's homes;
- Special schools;
- Local authority secure children's homes;
- Youth Justice Board.

(See Table 6.)

⁷ Discrepancy of three local authorities when compared to previous Table 1 that indicates 14 local authorities were delivering the service.

Table 6: Agencies commissioning advocacy services

Commissioning/funding agency	Frequency
Local authority	19
NHS Trust	4
Clinical Commissioning Group (CCG)	1
Other	3

Respondents (N = 21). Respondents could choose more than one response.

A5: Staffing arrangements

Respondents were asked how and on what basis advocates were employed. They had the option of choosing more than one response.

Most respondents indicated that advocates were employed by the organisation (33), which was followed by on sessional or freelance basis (17) and on a voluntary basis (4).

The basis on which advocates were employed (Table 7 below) is mainly 'both full-time and part-time' (26), followed by full-time (7) and part-time (5).

Table 7: Basis on which advocates are employed

Employment	Frequency
Both full-time and part-time	26
Full-time	7
Part-time	5

Respondents (N = 38). Respondents could choose more than one response.

Most respondents indicated that their organisation employed 1-3 whole time equivalent advocates (15), as presented in Table 8, followed by 21 or more (12), 4-10 (8), and 11-20 (3).

Table 8: Whole time equivalent advocates employed

Number	Frequency
1-3	15
21 or more	12
4-10	8
11-20	3

Respondents (N = 38)

B: Service and information provision for children and young people

This section explores whether services and information were available specifically for children and young people. In particular it discusses:

- Who the services are targeted at and areas of specialism
- Delivery of information for children and young people

B1: Service specialisation

When asked who the services were targeted at, most respondents (33) indicated that their service was designed for ‘children and young people’, as compared with ‘people of all ages’ (5).

Respondents were asked to choose one or more options to show which groups of children and young people were supported by the service. The most common answer was ‘children and young people in the care system’ (37); followed by those who were ‘subject to a child protection plan’ (28); ‘with physical health problems’ (21); ‘with mental health problems’ (19); and ‘in the youth justice system’ (13). Three respondents also provided an ‘other’ answer⁸. (See Table 9.)

Respondents were also asked about their area of specialisation. The most reported specialism was ‘working with children and young people in care’ (18). This was followed by ‘working with those with mental health problems’ (4) and with those ‘subject to a child protection plan’ (3). Three respondents also gave an ‘other’ response⁹.

Table 9: Target groups of children and young people supported by advocacy services

	Target group (frequency)	Area of specialisation (frequency)
Children and young people in the care system	37	18
Children and young people subject to a child protection plan	28	3
Children and young people with physical health problems	21	0
Children and young people with mental health problems (including those subject to the Mental	19	4

⁸ ‘Other’ responses included: young parents under the age of 18 whose children are subject to child protection plan, and visiting advocacy in residential homes for children with disabilities.

⁹ ‘Other’ responses included: care system, subject to child protection plan, and with mental health problems; care system and subject to child protection plan; care system, subject to child protection plan, with physical health problems, and missing children and young people.

Health Act 1983)		
Young people in the youth justice system	13	2
Other	3	3
Do not specialise	n/a	8

Respondents (N = 38). Respondents could choose more than one response and therefore column totals are greater than 38.

B2: Provision of information for children and young people

As explained above, the majority of respondents (37) indicated that information provision was targeted at ‘children and young people’, and the most popular formats, as presented in Table 10, were: Verbal (i.e. oral) information (37), Leaflets or booklets (36) and Information on website (30). ‘Other’ formats were selected by 13 respondents who reported using the following methods:

- Social media e.g. Twitter and Facebook (3);
- Digital communication tools e.g. apps, Mind Of My Own (MOMO), and iPad (2);
- DVDs (1);
- Posters and information on notice boards (3);
- Working with professionals and care givers e.g. social workers, foster carers, peer advocates (3);
- Internal processes e.g. induction and consultations (1).

Table 10: Format for information provision

Format	Frequency
Verbal (i.e. oral) information	37
Leaflets or booklets	36
Information on website	30
Other	13

Source: Respondents (N = 37). Respondents could choose more than one response.

C: Reporting and recording of information and outcomes

This section explores the reporting and recording practices – in particular it discusses:

- What and how information is reported and recorded

- What information is regularly analysed
- What outcomes are reported and how they are recorded
- How recorded information is used by advocacy services

C1: What and how information is reported and recorded

Respondents were asked how they recorded information. The most common method was a database (34) as presented in Table 11, below. This was followed by manually (18), do not routinely collect (8); and other method (3). Of the three ‘other’ responses, two respondents provided the following answers:

- Case studies using referral data collated in quarterly reports (1)
- Annual reports (1).

Table 11: Method for recording information

Recording method	Number of respondents using this method (for at least one piece of information)
Database	34
Manually	18
Do not routinely collect	8
Other method	3
Don't know	1

Further exploration of the recording methods revealed that the most common information recorded *via a database* was demographic information about advocacy partners/children and young people (31), as presented in Table 12 below. This was followed by reason for referral (29); referrer (28); outcomes/impact of advocacy (26), actions taken by advocates (25); time in service/number of sessions offered (24); and waiting time (23).

The most common information recorded *manually* was actions taken by advocates (14). This was followed by outcomes/impact of advocacy (13); referrer (11); waiting time (10); reason for referral (10); demographic information about advocacy partners/children and young people (9); and time in service/number of sessions offered (9).

Table 12: What and how information is reported and recorded

Information reported	How information is recorded				
	Database	Manually	Do not	Other	Don't

			routinely collect	method	know
Demographic information about advocacy partners/children and young people (e.g. age, gender, ethnicity, etc.)	31	9	0	2	0
Reason for referral	29	10	0	2	0
Referrer	28	11	0	2	0
Outcomes/impact of advocacy	26	13	2	3	0
Actions taken by advocates	25	14	0	2	0
Waiting time (between referral and first advocacy session)	23	10	4	2	1
Time in service/number of sessions offered	24	9	6	1	1

Respondents (N = 38). Respondents could choose more than one option.

C2: How reported information was analysed

Respondents were asked which of the information in Table 13 (Reasons for referral; Provision of an advocate; Outcomes) was analysed on a regular basis. Most reported was 'provision of an advocate' (36), which was followed by 'reasons for referral' (35) and 'outcomes' (33).

Table 13: Regular analysis of information collected about advocacy with children and young people

Information	Frequency		
	Yes	No	Don't know
Reasons for referral	35	1	2
Provision of an advocate	36	1	1
Outcomes	33	3	2

Respondents (N = 38)

C3: What outcomes were reported and recorded

Respondents were asked to choose what outcomes they thought their advocacy service achieved with and for children. The most popular responses were: confidence to express own needs (37) and knowledge of own rights (36). Three respondents also provided ‘other’ answers.¹⁰

Respondents were also asked to identify one outcome in particular that they thought their service was most successful in achieving. Most reported was ‘Confidence to express own needs’ (22) (see Table 14).

Table 14: Outcomes achieved for children and young people

Outcomes achieved	Frequency
Confidence to express own needs	37
Knowledge of own rights	36
Agreement of a plan about current care or treatment	35
Understanding of where else to go for support	35
Understanding of relevant law as applicable to the young person (e.g. Mental Health Act)	28
Other	3
Outcome that service is most successful in achieving	Frequency
Confidence to express own needs	22
Agreement of a plan about current care or treatment	8
Knowledge of own rights	5
Understanding of relevant law as applicable to the young person (e.g. Mental Health Act)	2
Understanding of where else to go for support	1
Other	0

Respondents (N = 38)

C4: How outcomes were reported by service users

The most chosen method for reporting outcomes was that individuals made use of their Own outcomes monitoring questionnaire (29), which was followed by them making use of Interviews

¹⁰ *Other* responses included: children and young people feeling safer (1); understanding of special educational needs (1); reinforcing the advocacy role of social workers (1).

(23) and a range of methods, as presented in Table 15. Eight respondents also provided the following other answers:

- Surveys - including feedback forms and text survey (5);
- Conversations with children and young people (1);
- Bespoke toolkit with puppets and worksheets (1);
- Internal monitoring process – such as deep dive (1).

Table 15: Methods for gathering information about the outcomes

Method	Frequency
Own outcomes monitoring questionnaire	30
Interviews	23
User group	12
Distance travelled tool ¹¹	7
Outcomes monitoring tools (e.g. Strengths and Difficulties Questionnaire (SDQ))	6
None of the above	1
Other	8

Respondents (N = 38)

C5: How recorded information is used by advocacy services

Respondents were asked to choose one or more options for how recorded information is used by their service. The most popular responses were, as presented in Table 16: ‘Used to inform policy and practice’ (35) and ‘to compile service annual reports’ (35). Five respondents also provided an ‘other’ answer.¹²

Table 16: How recorded information is used

Use of information	Frequency
--------------------	-----------

¹¹ Of the seven respondents who indicated that they used a Distance Travelled Tool, their description of the tool include: Likert scale used before and at the end of the support when children and young people were asked to rate the service and outcomes (e.g. how they feel, value/importance of the issue) on a scale of 1 – 5, bespoke customer satisfaction survey, outcomes bar

¹² *Other* responses include: share across the service, partners and other stakeholders, and monitor progress of complaints advocacy cases and quality of service.

Used to inform policy and practice	35
To compile service annual reports	35
Used to support bids for funding	24
Shared with commissioners	24
Shared with service users	19
Shared with funders	14
Other	5

Respondents (N = 38). Respondents could choose more than one option.

D: Children and young people’s involvement in the development and evaluation of advocacy services

This section explores the involvement of children and young people in the development and evaluation of the advocacy service, in particular it discusses:

- How and why children and young people were involved
- How feedback was gathered

D1: How children and young people were involved in the development and evaluation of the advocacy service

Nearly all respondents (35) reported that children and young people were involved in the development and evaluation of advocacy services. They were also asked to describe how they were involved.

- Consultations – including focus groups and expert groups (9).
- Surveys – including questionnaires and digital tools, e.g. Mind of My Own (MOMO) (2).
- Training of staff and volunteers (5).
- Recruitment of staff and volunteers – including being part of the interview panel (5).
- Design of monitoring and evaluation tools – including questionnaires (1).
- Participation in the monitoring and evaluation process – including peer interviewing, peer advocates, inspections, and mystery users (2).
- Information development and dissemination – including design of leaflets and posters; service newsletter; app; and website (4).
- Funding and commissioning process – including meeting commissioners (2).
- Representation at events and meetings – including attendance at professional meetings and events (1).
- Joint working with organisations who represent children and young people, such as Children in Care Council (2).

C2: Why children and young people were involved in the development and evaluation of the advocacy service

Respondents were asked to say the purposes for which children and young people were involved. Responses included:

- Planning, development and delivery of services, including development of policies;
- Monitoring and evaluation;
- Campaigning;
- Training of staff and volunteers;
- Promotion of services.

D2: Opportunities for children and young people to feedback

When respondents were asked what opportunities were available for children and young people to feedback - the most common response was 'feedback forms' (36) which was followed by 'service user meetings' (18) as in Table 17. Other responses included:

- Feedback at professional meetings, such as Ofsted and Corporate parenting panel;
- Free helpline for anonymised complaints and feedback;
- Newsletters that asks for feedback and project ideas;
- Information collated at various points of interactions – including verbal feedback, helpdesk, and Mind Of My Own (MOMO) tool;
- Opportunities to meet and talk to service commissioners.

Table 17: What are the opportunities for children and young people to feedback in some way on the impact of the advocacy service?

	Frequency
Feedback forms	36
Service user meetings	18
Opportunities to meet service commissioners	16
Other	10
Scheduled meetings with advocacy service manager	8
Suggestion box	6
None of the above	0

Respondents (N = 38)

Appendix 2: References

- Action for Advocacy (2006) *Quality standards and code of practice for advocacy schemes*, London: Action for Advocacy.
- Action for Advocacy (2009) *Lost in translation: Towards an outcome focused approach to advocacy provision*, available at http://www.aqv59.dsl.pipex.com/Lost_in_translation.pdf (accessed 28th July 2015).
- Advocacy Safeguards Agency (2003) *Resource Pack for Evaluators*, Edinburgh: Advocacy Safeguards Agency Scotland.
- Advocacy Services and Representations Procedure (Children) (Amendment) Regulations (2004) London: Her Majesty's Stationery Office.
- ANN (1995) *Introducing ANNETTE*. Newcastle Upon Tyne: Newcastle Council for Voluntary Service.
- ANN (2004) Evaluation of Citizen Advocacy in Newcastle Advocacy Centre, October 2003–March 2004. Newcastle upon Tyne: Newcastle Council for Voluntary Service.
- Bateman, N. (1995) *Advocacy skills: A handbook for human service professionals*. Aldershot: Arena.
- Bauer, A., Dixon, J., Wistow, G. & Knapp, M. (2013) *Investing in advocacy interventions for parents with learning disabilities: What is the economic argument?* Personal Social Services Research Unit. PSSRU Discussion Paper 2860.
- Bocioaga, A. (2014) *'Advocacy is for the people' Research into the impact of independent advocacy on the lives of older people*. Scottish Independent Advocacy Alliance.
- Brady, L. (2011) *Where is my advocate? A scoping report on advocacy services for children and young people in England*. Office of the Children's Commissioner.
- Brandon, D. and Brandon, T. (2000) 'The history of advocacy in mental health' *Mental Health Practice*, vol. 3, p. 6-8.
- Cantley, C., Steven, K. & Smith, M. (2003). *Hear What I Say: Developing Dementia Advocacy Services*. Newcastle. Dementia North, Northumbria University.
- Care Standards Act (2001) London: Her Majesty's Stationery Office.
- Chase, E., Simon, A., Wigfall, V., Warwick, I. & Heathcot, S. (2006) *Findings from an Evaluation of the Voice Advocacy Service*. London: Thomas Coram Research Unit, University of London.
- Dalrymple, J. & Hough, J. (1995) *Having a voice: An exploration of children's rights and advocacy*. Birmingham: Venture Press/British Association of Social Workers.
- Department for Children, Schools & Families (2010) *The Children Act 1989 Guidance and Regulations, Volume 2: Care Planning, Placement and Case Review*. HM Government.
- Department for Children, Schools & Families (2010) *IRO Handbook: Statutory Guidance for Independent Reviewing Officers and Local Authorities on their Functions in Relation to Case Management and Review for Looked After Children*. Nottingham: HM Government.

- Department for Children, Schools & Families (2010) *Working Together to Safeguard Children*. HM Government.
- Department for Education (2010) *The Children Act 1989 Guidance and Regulations, Volume 3: Planning Transition to Adulthood for Care Leavers*. HM Government.
- Department for Education (2011) *Children's Homes: National Minimum Standards*. London: Department for Education.
- Department for Education (2011b) *Fostering services: national minimum standards*. London: Department for Education.
- Department for Education & Skills (2004) *Get it Sorted: Providing Effective Advocacy Services for Children and Young People Making a Complaint under the Children Act 1989*. London: Department for Education and Skills.
- Department for Education with Department for Communities and Local Government (2010) *Provision of accommodation for 16 and 17 year olds who may be homeless and/or require accommodation*. London: Department for Education.
- Department of Health (1998) *The Quality Protects Programme: Transforming children's services*. London: The Stationery Office.
- Department of Health (1999) *The Government's Objectives for Children's Social Services*. London: HMSO.
- Department of Health (2002) *National Standards for the Provision of Children's Advocacy Services*. London: Department of Health.
- Department of Health (2015) *Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing*. London: Department of Health.
- Gates, B., Wray, J. & Krinjen-Kemp, E. (2000) *The 18–25 Project: Evaluation Research of a Citizen Advocacy Project for Young People in Lincolnshire*. Hull: The East Yorkshire Learning Disability Institute, Hull University.
- Gould, N. (1999) 'Qualitative practice evaluation' In I. Shaw and J. Lishman (eds.) *Evaluation and Social Work Practice*. London: Sage.
- Hanley, B. & Davies, S. (1998) *CAIT Citizen Advocacy Evaluation Pack*. London: CAIT
- Harrison, T. & Davis, R. (2009) 'Advocacy: Time to communicate. Advances in systematic review of advocacy outcomes' *Psychiatric Treatments*, vol. 15, p. 57-64.
- Henderson, R. & Pochin, M. (2001) *A right result? Advocacy, social justice and empowerment*. Bristol: Policy Press.
- Hussein, S., Rappaport, J., Manthorpe, J., Moriarty, J. & Collins, J. (2006) 'Paying the piper and calling the tune?' *Journal of Intellectual Disabilities*, vol. 10, p. 75-91.
- Macadam, A., Watts, R. & Greig, R. (2013) *The impact of advocacy for people who use social care services*. London: School for Social Care Research.

- McWilliams, M. & Miles, J. (2012) *Making it personal: How an ethic of care helps independent advocates with older people to balance self-directed support and social justice*. Stoke-on-Trent: OPAAL.
- Mental Health Act (2007) London: HMSO.
- Mental Health Capacity Act (2005) London: HMSO.
- Miller, E. (2011) *Measuring personal outcomes: Challenges and successes*. IRISS Insights No. 12. Glasgow: Institute for Research and Innovation in Social Sciences.
- Moss, C. (2011) *Safeguarding looked after children through advocacy: Looked after children's views on advocacy*. London: NSPCC.
- Newbigging, K., McKeown, M., Hunkins-Hutchinson, E. A. & French, B. (2007) *Mtetezi – Developing mental health advocacy with African and Caribbean men* London: Social Care Institute for Evidence: Knowledge review 15.
- Newbigging, K., Ridley, J., McKeown, M., Sadd, J., Machin, K., Cruse, K., De La Haye, S., Able, L. & Poursanidou, K. (2015) *Independent Mental Health Advocacy: The Right to be Heard*. London: Jessica Kingsley Publishers.
- O'Brien, J. (1987) *Learning from Citizen Advocacy Programmes, Including a Revised Form of CAPE: Citizen Advocacy Programme Evaluations and the Scrapbook*. USA: Georgia Advocacy Project.
- Ofsted (2015) *London Borough of Lambeth: Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board*. London: Ofsted.
- Oliver, C. (2008a). 'Setting the scene: Funding, patterns of advocacy provision and children's access to advocacy services' in Oliver, C. and Dalrymple, J. (eds.) *Developing advocacy for children and young people: Current issues in research, policy and practice*. London: Jessica Kingsley Publishers p. 26-44.
- Oliver, C. (2008b). 'The Impact of Advocacy' in Oliver, C. and Dalrymple, J. (eds.) *Developing advocacy for children and young people: Current issues in research, policy and practice*. London: Jessica Kingsley Publishers p. 184-203.
- Oliver, C. & Dalrymple, J. (2008) *Developing advocacy for children and young people: Current issues in research, policy and practice*. London: Jessica Kingsley Publishers.
- Oliver, C., Knight, A. & Candappa, M. (2006) *Advocacy for looked after children and children in need: Achievements and challenges*. London: Thomas Coram Research Unit, Institute of Education, University of London.
- Pona, I. & Hounsell, D. (2012) *The value of independent advocacy for looked after children and young people*. The Children's Society.
- Rapaport, J., Manthorpe, J., Moriarty, J., Hussein, S. & Collins, J. (2005) 'Advocacy and people with learning disabilities in the UK: How can Local funders find value for money?' *Journal of Intellectual Disabilities*, vol. 9, p. 219-319.

- Rapaport, J., Manthorpe, J., Hussein, S., Moriarty, J. & Collins, J. (2006) 'Old issues and new directions: Perceptions of advocacy, its extent and effectiveness from a qualitative study of stakeholder views' *Journal of Intellectual Disabilities*, vol. 10, p. 191-210.
- SCIE/UCLan (2015) *Making a difference: measuring the impact of Independent Mental Health Advocacy (IMHA)* Available to download at <http://www.scie.org.uk/independent-mental-health-advocacy/measuring-effectiveness-and-commissioning/impact/>
- Scottish Executive (2000) *Independent Advocacy: A Guide for Commissioners*. Edinburgh: Scottish Executive.
- Stewart, S. & Macintyre, G. (2013) *Advocacy: Models and Effectiveness*. Glasgow: IRISS.
- The Secure Training Centre Rules (1998) London: HMSO.
- Tilbury, C. (2004) 'The influence of performance management in child welfare policy and practice' *British Journal of Social Work*, vol. 34, p. 225-243.
- Townsley, R., Marriott, A. and Ward, L. (2009) *Access to independent advocacy: An evidence review: Report for the Office for Disability Issues*. London: Office for Disability Issues.
- United Nations (1989) *United Nations Convention on the Rights of the Child (UNCRC)*. Geneva: United Nations.
- Utting, W. (1997) *People Like Us: The Report of the Review of Safeguards for Children Living Away from Home*. London: HMSO.
- Waterhouse, R. (2000) *Lost in Care: Report of Tribunal of Inquiry into the Abuse of Children in Care in the Former County Council Areas of Gwynedd and Chwyd since 1974*. London: HMSO.
- Wetherell, R. and Wetherell, A. (2008) 'Advocacy: Does it really work?' In C. Kaye and M. Howlett (eds.) *Mental Health Services Today and Tomorrow: Experiences of Providing and Receiving Care*. Abingdon: Oxford.
- Willow, C. (1996) *Children's rights and participation in residential care*. London: National Children's Bureau.
- Willow, C. (2013) *Independent Advocacy in Child Protection: Guidance for Policy Makers*. London: National Children's Bureau.
- Wood, M. & Selwyn, J. (2013) *The Characteristics of young people using independent advocacy services*. Bristol: The Hadley Centre.