

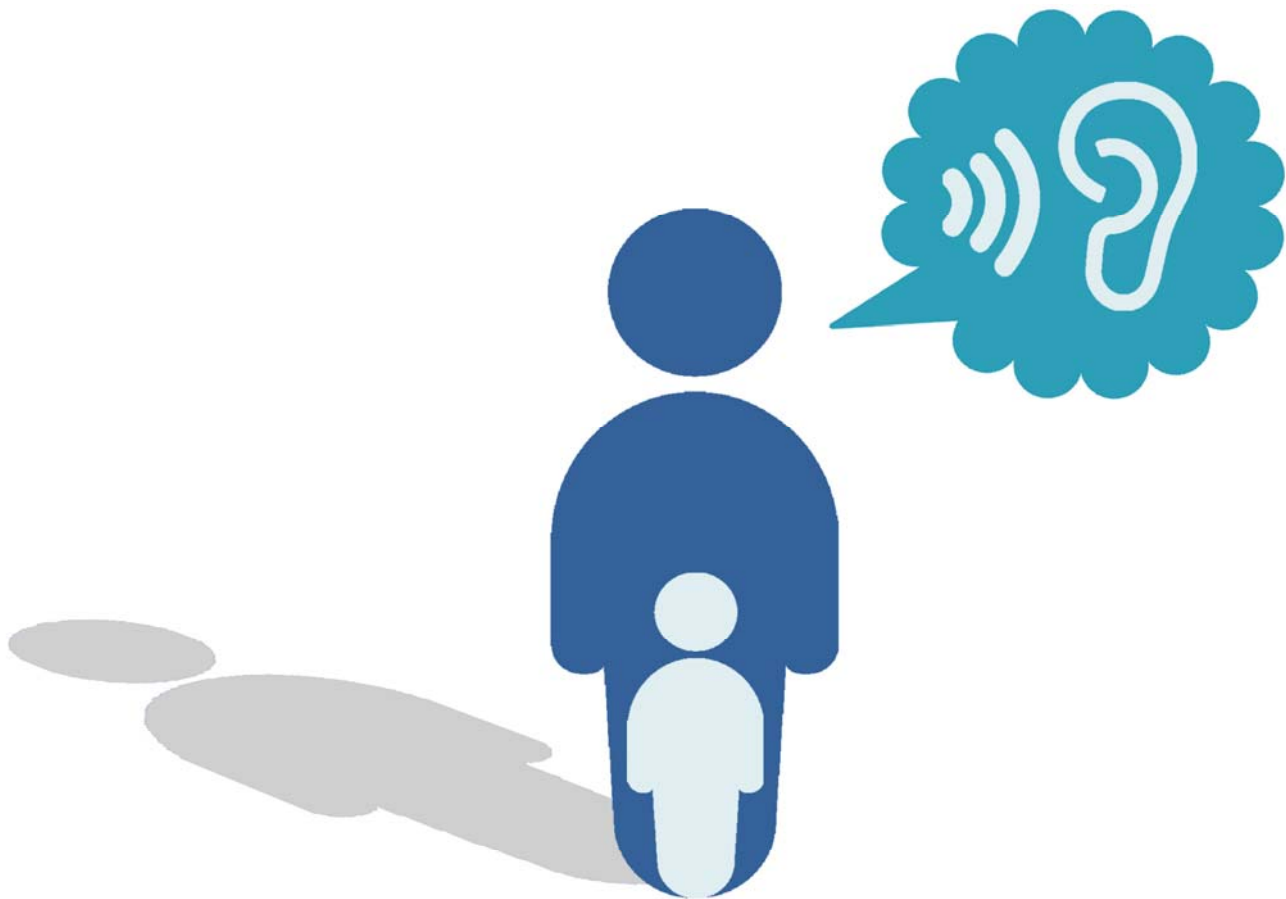


Office of the Children's Commissioner:

Where is my advocate?

A scoping report on advocacy services for
children and young people in England

July 2011



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Foreword from the Children's Commissioner

Vulnerable children and young people should have ready access to professionals and services that can support them in having a real say in decisions affecting their lives.

Children and young people are currently entitled to advocacy only in limited circumstances; this is dependent on their care status, their health, or their needs while they are in the youth justice system. Advocacy is essential for them and this process can make a vital contribution to safeguarding and promoting their welfare and rights.

We have worked in partnership with Voice and the National Children's Advocacy Consortium on this first national scoping study to establish a true picture of the advocacy provision available for more than 64,400 children and young people in the care of local authorities, children in the community who are in need, some who have mental health needs and those in the youth justice system

Although the introduction of legislation and policy has improved children's access to independent advocacy provision, the advocacy world remains complex and difficult to understand for children and young people. Our findings suggest there is a postcode lottery system for children attempting to access advocacy, and that no national strategy exists to ensure the entitlements for these groups are consistently met across England.

Our report also reveals that there is limited knowledge as to the effectiveness of professional and other forms of advocacy which would assist in establishing cost effective approaches to securing good outcomes for children.

I am delighted to have facilitated this scoping study, which is a welcome first step in the development of proposals for a blueprint for advocacy provision across England. Children and young people have often told us how helpful independent advocacy services are to them. We need to ensure support is available to all those who need it. Voice, with the support of the National Children's Advocacy Consortium will now progress this work in the coming months. The Office of the Children's Commissioner will work with them, the Government and other relevant bodies to provide on going advice and guidance on the blueprint's development. Our duty will continue to be to ensure that children's rights are better protected, and that their views and opinions are heard and taken seriously. We must ensure they have the right support to achieve this.



Maggie Atkinson
Children's Commissioner for England

Foreword from John Kemmis, CEO Voice 2000-2011

I am very pleased that Voice has been able to undertake this essential scoping study with the Office of the Children's Commissioner. I have always believed that all children in care should have full access to high quality, independent advocacy and there is a need for an England-wide advocacy strategy to support this.

Whilst there have been significant improvements in legislation and guidance, we still have a long way to go to ensure all children in care and those in need of support from advocacy services can have their voices heard.

The findings in this report can now be taken forward to develop proposals for the commissioning, funding and quality assurance of advocacy provision and for a national strategy which will enable vulnerable children and young people to access reliable advocacy services.

I am personally delighted that I have been able to see this piece of work completed prior to my retirement in July as CEO of Voice and very much look forward to seeing the development of a blueprint for advocacy.



John Kemmis
CEO Voice 2000-2011

About the Office of the Children's Commissioner

The Office of the Children's Commissioner is a national organisation led by the Children's Commissioner for England, Dr Maggie Atkinson. The post of Children's Commissioner for England was established by the Children Act 2004. The United Nations Convention on the Rights of the Child (UNCRC) underpins and frames all of our work.

The Children's Commissioner has a duty to promote the views and interests of all children in England, in particular those whose voices are least likely to be heard, to the people who make decisions about their lives. She also has a duty to speak on behalf of all children in the UK on non-devolved issues which include immigration, for the whole of the UK, and youth justice, for England and Wales. One of the Children's Commissioner's key functions is encouraging organisations that provide services for children always to operate from the child's perspective.

Under the Children Act 2004 the Children's Commissioner is required both to publish what she finds from talking and listening to children and young people, and to draw national policymakers' and agencies' attention to the particular circumstances of a child or small group of children which should inform both policy and practice.

The Office of the Children's Commissioner has a statutory duty to highlight where we believe vulnerable children are not being treated appropriately in accordance with duties established under international and domestic legislation.

About Voice

Voice is one of the UK's leading voluntary organisations working and campaigning for children and young people in care of the state. It is committed to empowering children and young people and campaigns for change to improve their lives.

Voice provides advocacy for children and young people who are looked after children, in need and who are care leavers. Voice runs a national helpline providing advice and advocacy support to children and young people who have concerns about their care. Voice provides community based and visiting advocacy for children and young people in foster care and in children's homes and employs specialist advocates for unaccompanied asylum seeking child, mental health, disability and over 16s. Voice also provides an independent visitor service.

About the National Children's Advocacy Consortium

The National Children's Advocacy Consortium is a membership body of children's advocacy organisations who come together to promote the development of good practice and inform policy to ensure all children and young people can access good quality, effective, independent advocacy provided by trained advocates. The consortium is co-chaired by Voice and the National Youth Advocacy Service.

Over the last decade, the Consortium has had significant influence in lobbying for an extension of children's right to advocacy in legislation and guidance. This has been most notably evident in the revised Children Act 1989; 'Working Together to Safeguard Children,' 2010; the recently published Guidance under the Children Act 1989 'Care Planning, Placement and Case Review'; and the Independent Reviewing Officer Handbook (2010).

A priority for the Consortium over the next year is to revise the National Standards for the Provision of Children's Advocacy Services (2002).

Acknowledgements

The Office of the Children's Commissioner (OCC) wishes to acknowledge with thanks the work of Jenny Clifton, Principal Policy Advisor at OCC, Dr Lynn Brady, the author of this report, and Wendy Banks, Director of Policy at Voice. Their respective contributions and expertise have been vital in bring this report to its conclusion and they have supported the work throughout in the context of the wider project to be taken forward with the National Children's Advocacy Consortium.

We also welcome the endorsement by the co-chairs of the National Children's Advocacy Consortium, Colleen Humphrey, Assistant Director, Children's Services at Voice and Claire Hyde, Deputy Chief Executive, NYAS.

Executive summary

This scoping report forms the first phase of a project to develop a blueprint for advocacy provision across England.

The aim of this scoping report is to report on the current status of advocacy provision for children in England and provide the intelligence and evidence to inform the development of a blueprint for advocacy. This work was done by:

- Gathering detailed information about the provision of professional advocacy services for children and young people in England,
- Identifying further outstanding issues and information that needs to be addressed to inform the development of a blueprint for advocacy.

Key findings

- The introduction of legislation and policy has improved children's access to advocacy. However, the advocacy world is complex to understand, not only for the 64,400 children and young people in the care of local authorities in England last year (Department for Education 2010), but also for children living in the community who are in need and adults who want to refer children to an advocacy service.
- Children only have an entitlement to advocacy in limited circumstances; this may be linked to their care status, their health, or whether they are in secure accommodation. Their entitlement is established in legislation, policy and guidance. However, some local authorities are prepared to go further than a child's legal entitlement.
- The mapping exercise has highlighted the spread of advocacy services across England, the range of service providers and where they are located. Advocacy is provided for children living in the community and in a range of settings (including mental health facilities and the secure estate); in some settings advocates may be on-site and in others they visit the establishment on a regular basis.
- There remains a postcode lottery for children attempting to access advocacy, both in terms of availability, independence and accessibility. This is particularly true for the most vulnerable children, very young children, disabled children, asylum seeking children and children where English is not their first language.

- Children's ability to contact advocacy providers is hampered by lack of free phone access to and up to date information about their local provider.
- The short term contractual relationships between local authorities, the Youth Justice Board and independent advocacy providers can create instability for children who are service users and for the advocates.
- When legislation has resulted in local authority boundary changes these divisions can impact on children's advocacy.
- Monitoring and evaluation is not standardised; this creates difficulties when trying to compare and contrast in-house and external advocacy services and how the support of an advocate impacts on children and outcomes for them.
- Whilst there is significant qualitative evidence of the benefits of advocacy for children and young people the 'added value' and cost effectiveness of advocacy in the long-term have not been effectively evidenced.

1. Introduction

Children's right to representation and advocacy support has increased with changes in legislation and statutory guidance in the last 15 years. However, there is still no absolute right to independent advocacy for children in care of the state and the accessibility and quality of advocacy provision is still patchy.

Voice, working with the National Children's Advocacy Consortium (a forum of children's advocacy providers) is committed to the development of a 'blueprint' for advocacy for England. The blueprint will propose a model for the development and provision of effective advocacy provision across England for children in care of the state. The Office of the Children's Commissioner will maintain an expert advisory role over the next year.

This scoping report is phase one of the overall project and will inform the development of the blueprint. This report focuses on the availability of advocacy for children and young people in England.¹ The National Standards for the Provision of Children's Advocacy Services,² define advocacy as 'speaking up for children and young people' (p1, Department of Health 2002). Currently children and young people have an entitlement to advocacy only in certain circumstances, depending on their care or 'in need' status, their mental health needs and whether they are in secure provision.

Parents and carers are recognised as a child's informal advocate, speaking up on their behalf whenever needed. However, some children do not have this support. The development of publicly provided advocacy for children can be traced back as far as the early philanthropic 'child rescue' movement in the 17th, 18th and 19th centuries (Brady 2005; Boylan and Dalrymple 2009). The adults who were advocating at that time were mainly concerned about extreme poverty and children's welfare.

Advocacy continued to develop slowly until the second half of the 20th century when key factors, including child deaths, abuse of children in the care system and the needs of children with disabilities accelerated the introduction of legislation and policies to encourage adults to listen to children (Packman 1981; Utting 1991; Utting 1997; Simpson 1998; Morris 2000; Waterhouse 2000; Harnett 2003; Laming 2003; Oliver 2003; Chase 2008; Oliver and Dalrymple 2008).

It is acknowledged that every child is an individual, therefore, experiences that may

¹ This differs from the systems used in the other three nations – Wales, Scotland and Northern Ireland.

² Introduced as part of the Quality Protects programme (1998).

appear to be the same or similar can impact differently on individual children (Foley, Roche et al. 2001; Brady, Harwin et al. 2005). Research has indicated that children who are resilient cope better with difficult life events (Bostock 2004; Newman 2004; Glover 2009). It is therefore necessary for anyone advocating for a child to ensure they are listening and not making assumptions (Laming 2003).

“Advocacy is led by the views and wishes of children and young people.” (Department of Health 2002, p3)

Legislation and policy have been vital in establishing a child’s right to be heard. The 1989 UN Convention on the Rights of the Child (UNCRC), ratified in the UK in 1991, applies equally to all children (UNICEF. 2008). To help children understand their rights, the articles in the UN Convention are often rewritten into child friendly language:

“Article 12 – Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.” (Unicef Youth Voice)

The duty to consult with children was introduced by the 1989 Children Act, in relation to both court proceedings for all children and local authority decision making for looked after children. This was extended by the 2004 Children Act to children in need and children subject to child protection enquiries. The 1989 Act gave those children the right to make representations and complaints but not until 2002 was the right given to advocacy in support of this action.³

To provide an overview of advocacy in England, local authorities are required to produce an annual report that includes information about advocacy. The ‘Get it Sorted’ guidance (p25) outlines the information that should be included in the report:

- A summary of statistical data about numbers, ages, gender, disability and ethnicity of children using advocacy at all stages of the complaints procedures.
- Arrangements for the provision of advocacy services.
- Details about advocates provided under the arrangements.

³ A more detailed outline of the relevant legislation is provided below at Section 4.

- Take up and refusal of service; and
- Children's satisfaction with the service and perceptions of independence.

2. Aims and objectives

The main aims of this scoping work were:

- To gather detailed information about the extent and nature of provision of professional advocacy services for children and young people in England.
- To inform and constitute the first stage in the development of a blueprint for advocacy.

The specific objective was:

- To produce a report that will inform the overall Advocacy project and will improve the understanding of policy makers and others concerning the current extent and nature of advocacy services.

3. Methodology

This research was undertaken through a partnership between Voice⁴ and the Office of the Children's Commissioner.

To meet the aims and the objective set out above, and to maximize the breadth of the data collection, a combined methodological approach has been employed.

A literature review and supplementary enquiry was undertaken, covering the following:

- Mapping of present advocacy provision, including the nature of provision, geographical location and client groups.
- Identification of models of advocacy provision (volunteer, paid, statutory).
- Identification of current funding sources for advocacy.
- Collation of examples of evidence and/or measurement of effectiveness, both in terms of the impact on the service user and cost effectiveness.
- Creation of proposed models to evidence cost benefit and added value.
- Identification of key stakeholders in the provision of independent advocacy.

Quantitative and qualitative methods have been used to interpret the information contained in the relevant reports, publicity information and other records available from the advocacy providers. Quantitative questionnaires were sent to the independent advocacy providers and where necessary qualitative telephone interviews were conducted to verify information.

A number of difficulties were encountered in this research process. Finding the relevant advocacy service for each local authority was a difficult and time consuming process. Therefore, some of the information about the advocacy service providers may not be completely up to date. (Further details of the process and the obstacles are in Appendix 1.)

⁴ Formerly known as Voice for the Child in Care.

4. Children and young people's entitlement to advocacy

Throughout the following sections, the information relates to the services of a professional advocate, rather than that provided on a voluntary basis or by others involved in a child's life, unless otherwise stated.

At 31 March 2010 there were approximately 64,400 children in the care of local authorities in England. Whilst this represents an increase of 3,500 in the last year, the figure has remained relatively unchanged for a number of years (Department for Education 2010). There is no universal right to advocacy for looked after children and children and young people only have an entitlement to advocacy in certain circumstances; dependent on their care status, their health, or whether they are in secure accommodation. Their entitlement is established in legislation, policy and guidance. However, it is encouraging that some, but not all, local authorities are prepared to go further than a child's legal entitlement; providing advocacy for a variety of circumstances.

4.1 The Children Act 1989

The Children Act 1989 Act gave the right to looked after children and children in need to make representations and complaints and this was extended to care leavers through the 2000 Children (Leaving Care) Act. There was, however, no legal right giving support to children in exercising these rights until section 119 of the Adoption and Children Act 2002 was enacted⁵. This provided that local authorities were under a duty to make arrangements to assist looked after children, care leavers and children in need who wanted to make a complaint. This amendment to the legislation was accompanied by the 'Get it Sorted' regulations and guidance (DfES 2004). The legislation does not include the words advocacy or advocate, but they are used in the guidance.

4.2 The Adoption and Children Act 2002

As a result of this Act, looked after children, children in need and care leavers have a statutory right to advocacy when making, or intending to make, a complaint under section 26A of the Children Act 1989. Statutory guidance⁶ introduced by the

⁵ Section 26A Children Act 1989, implemented in 2004.

⁶ DfES (2004). *Get it Sorted – Providing effective advocacy services for children and young people making a complaint under the Children Act 1989*. Nottingham: Department for Education and Skills.

Adoption and Children Act 2002 elaborated on this to say that:

“Children and young people should be able to secure the support of an advocate in putting forward representations for a change to be made in the service that they receive, or the establishment they live in, without this having to be framed first as a specific complaint.” (p7)

The guidance expected the advocate to be independent:

“The independence of the advocate is essential for them to be able to act on behalf of the child or young person.” (p21, DfES 2004)

A key part of the ‘Get it sorted’ guidance, supported by the legislation (sec 26A (5)), is the requirement for local authorities to ensure that children are given information about advocacy services if they want to make a complaint, or to make a representation that is not a complaint.

“The local authority should provide the child or young person with information about the advocacy services. This will usually be the name, telephone number and contact point for the service. If the child so requests, the complaints officer, or equivalent officer should make initial contact with the advocacy service on their behalf.” (p12, DfES 2004)

Despite extensive lobbying during the passage of the Children and Young Person’s Bill 2008 for an extension of the statutory right to advocacy in care planning and reviews there has been no further statutory provision regarding advocacy services. However, revised Children Act 1989 statutory guidance has included some of the government assurances made at that time.

4.3 Statutory guidance

Care Planning 2010

Statutory guidance⁷ in relation to care planning, placement planning and reviews, which came into force on 1st April 2011 states that:

⁷ *The Children Act 1989 Guidance and Regulations, Volume 2; Care Planning, Placement and Case Review.* DSCF 2010. HM Government

“Where a child has difficulty in expressing his/her wishes and feelings about any decisions being made about him/her, consideration must be given to securing the support of an advocate.” (p11)

Similarly, the IRO Handbook⁸ states:

“When meeting with the child before every review, the IRO is responsible for making sure that the child understands how an advocate could help and his/her entitlement to one. Advocacy is an option available to children whenever they want such support and not just when they want to make a formal complaint.” (p 15)

“Every child has the right to be supported by an advocate. The local authority must have a system in place to provide written, age appropriate information to each looked after child about the function and availability of an advocate and how to request one.” (p15)

Care leavers⁹ (2010)

Statutory guidance, which also came into force on 1 April 2011, reinforces the ‘Get it Sorted’ guidance by stating:

“This entitlement (to independent advocacy support) is not just for when a looked after child or care leaver wishes to complain, it includes situations where young people need to make representations about the quality of the care and support provided by their responsible authority.”

“Access to advocacy will be particularly important where the local authority’s decision-making processes concern the child’s readiness to move from their care placement. Young people may frequently require independent support to enable them to put their view across and express their wishes and feelings about the help they feel they will need for the future, so that they are able to reach their potential.”

⁸ DSCF (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.

⁹ Department for Education (2010). *The Children Act 1989 Guidance and Regulations, Volume 3: Planning Transition to Adulthood for Care Leavers*, paras 2.14 – 2.15.

Child protection (2010)

In considering attendance at the child protection conference¹⁰ this guidance states:

“The child, subject to consideration about age and understanding, should be invited to attend and to bring an advocate, friend or supporter if s/he wishes.”

National Minimum Standards (2010)

The National Minimum Standards for Fostering Services and National Minimum Standards for Children’s Homes came into force on 1 April 2011 and are both relevant to advocacy in general and in specifically in relation to statutory reviews.

Standard 1.5 for Fostering Services states:

“Children have access to independent advice and support from adults who they can contact directly and in private about problems or concerns, which is appropriate to their age and understanding. Children know their rights to advocacy, how to access an advocate and how to contact the Children’s Rights Director.” (p8)¹¹

Standard 31.8 for Fostering Services states:

“Children are assisted to secure an independent advocate to support them in providing their views, wishes and feelings to statutory reviews.”

Standard 1.5 of the National Minimum Standards for Children’s Homes states:

“Children have access to independent advice and support from adults who they can contact directly and in private about problems or concerns, which is appropriate to their age and understanding. Children know their rights to advocacy, how to access an advocate and how to contact the Children’s Rights Director.” (p9)

Standard 25.7 of the National Minimum Standards for Children’s Homes states:

¹⁰ *Working together to Safeguard Children*, para 5.86. DCSF. HM Government (2010).

¹¹ National Minimum Standards, Department for Education 2011.

“Children are assisted to obtain the support of an independent advocate to help them in providing their views, wishes and feelings to statutory reviews.”

4.4 Provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation (2010)

Following on from the “Southwark” judgment,¹² this statutory guidance highlights the relationship between the Children Act 1989 and the Housing Act 1996 in relation to provision of accommodation to young people. It makes clear that homeless young people aged 16 and 17, and those requiring accommodation, should be assessed by Children’s Services with the view to establishing whether they meet the criteria under section 20 of the Children Act 1989 and so become ‘looked after’. In looking at the child’s participation in these decisions the 2010 guidance states that:

“Young people should have access to independent advocacy and support to assist them in weighing up the advantages and disadvantages and coming to a balanced decision.” (p12, DCSF 2010)

4.5 Other relevant provisions

Secure Training Centre Rules (1998)

There is a provision in the Secure Training Centre Rules (1998) regarding the appointment of independent persons to young people sentenced to custody in a Secure Training Centre. Although the term ‘independent person’ is used in the rules, in practice the function of an independent person¹³ in this context is that of an advocate. This has been adopted by the Youth Justice Board in its contractual arrangements with independent agencies who are commissioned to provide advocacy to young people in Young Offender Institutions (YOIs) and Secure Training Centres (STCs). This gives the young person the right to access support and representation from an independent advocate whilst in the secure estate.

¹² R (on the application of G) (FC) (Appellant) v London Borough of Southwark (Respondents) (2009) UKHL26.

¹³ This should not be confused with the role of an ‘Independent Visitor’ whose role is to visit and befriend a young person in care who does not have the support of family and/or friends (sec 26, Children Act 1989).

Mental Capacity Act (2005)

The Mental Capacity Act 2005 established the role of the Independent Mental Capacity Advocate (IMCA). The IMCA Service came into effect in England in April 2007.

The IMCA service is provided for any person aged 16 years or older who has nobody who is able to support and represent them, other than paid staff; and who lacks capacity to make a decision about specified issues. If a person who lacks capacity already has an advocate, they may still be entitled to an IMCA, but the IMCA would consult with their advocate. Local Authorities in England commission IMCA Services.

Mental Health Act (2007)

Section 130A of the Mental Health Act 1983, inserted by the Mental Health Act 2007, states that all children and young people, irrespective of age, who have been sectioned under the Mental Health Act, or who are likely to be sectioned, have the right to an Independent Mental Health Advocate. They also have the right to an advocate, as voluntary patients, if their clinician is considering giving them Electro Convulsive Therapy (ECT). The Act states that advocates must be allowed to talk to children and young people in private, they must also be allowed to talk to the clinician and read any relevant medical records.¹⁴

In summary: entitlement to advocacy

- Statutory entitlements in legislation: for looked after children, care leavers and children in need in making complaints and representations; for young people aged 16 and over for representation if they are judged to lack capacity; for those sectioned or in other circumstances under mental health legislation.
- Statutory Guidance: for looked after children in care planning and reviews and for care leavers.
- Under National Minimum Standards: for looked after children in foster and residential care.

¹⁴ In England, independent mental health advocacy services are commissioned by Primary Care Trusts.

- Under the Rules for Secure Training Centres: for young people detained in an STC to have access to support and representation from an ‘independent person’.

The above summary indicates the complexity of the current provision for children’s and young people’s claim to professional advocacy.

5. Models of advocacy funding

Legislation does not define how advocacy should be provided to children and young people. Instead, individual local authorities across England take responsibility for ensuring that looked after children and young people who wish to make complaints and/or other representations are provided with access to advocacy. Some independent/private agencies and voluntary organisations who run fostering or residential services for looked after children also commission advocacy services.

For the purposes of this section the term ‘model’ is used to describe the two main models used to provide and fund advocacy for children and young people.

- One is an ‘in-house’ model where advocacy is provided directly by staff employed by the local authority. The staff are often known as children’s rights officers.
- The second is an ‘external market model’ where advocacy is purchased from an independent advocacy provider. This is the model normally used by the independent sector.

The fact that most advocacy for young people is funded directly by the local authorities can be viewed as problematic; especially when advocates are helping young people to challenge decisions and/or submit formal complaints (Boylan and Dalrymple 2009). Concerns have been raised as to whether either of these models for providing advocacy can be wholly independent and whether advocates can represent young people’s views without there being a conflict of interests.

Firstly, in respect of the in-house service by children’s rights officers who are directly employed by the local authorities, it has been argued that in-house staff may be worried about challenging their employer:

“Whilst pursuing the rights and wishes of a child the in-house advocate can be placed in an invidious position should a formal complaint be required, and even more so should the services of a solicitor be needed.” (p50, Frank 2007)

Secondly, external providers rely on the local authorities for funding through Service Level Agreements and contracts. Contracted providers may be concerned about not having their contracts renewed if they are challenging decisions and/or highlighting shortfalls in service provision (Oliver 2003; Oliver 2008; Welch 2008; Boylan and Dalrymple 2009).

Ensuring that advocates are independent and not influenced by the views of other professionals is recognised as a matter of concern for children and young people (Dalrymple 2005; Boylan and Dalrymple 2009).

5.1 Local authority funding arrangements

When local authorities commission advocacy from independent providers, the provision of advocacy for children is subject to market forces. Independent organisations tender for local authority contracts to provide advocacy for a set period of time. This is similar to the provision of other types of childcare services (Price Waterhouse Coopers 2006; Lloyd 2009). Children and young people are the advocacy ‘consumers’ (Boylan and Dalrymple 2009).

Local authorities determine their own advocacy budgets, they are responsible for deciding how they want their advocacy service to be delivered and which groups of children will be able to access the service. If the preference is for the ‘external’ advocacy model, the local authority will then commission or spot purchase advocacy from one or more external agencies.

To provide advocacy services for local authorities, independent advocacy providers are required to enter into a tendering process, competing against one another to provide the required services. What often happens is that local authorities will opt for the most cost effective option even if this means changing their advocacy provider; this can impact on the children who are receiving advocacy.

“Ideally, funding contracts should include clear statements regarding advocacy’s independence, and information on how potential conflicts of interest should be addressed.” (p26, Oliver 2008)

As an alternative to entering into contractual relationships, some local authorities are choosing to spot purchase advocacy from one or more independent providers. One local authority has set up an advocates register, spot purchasing services from freelance advocates.

5.2 Funding advocacy in the secure estate

The Youth Justice Board commissions advocacy services for young people detained in young offender institutions (YOIs) and secure training centres (STCs) (see section 4 above). Independent advocacy providers are required to tender to provide advocacy. Currently Voice and Barnardo’s are the providers in these settings.

Whilst children in secure children's homes do not have a legal entitlement to advocacy (unless under the Children Act, S26), some secure children's homes will have contracts with advocacy services to provide visiting advocacy as a measure of good practice. This will be funded by the private care home provider or the local authority.

5.3 Funding advocacy in the mental health sector

When children and young people are detained in mental health hospitals and adolescent psychiatric units, the provision of Independent Mental Health Advocates (IMHA) is funded by through the NHS Primary Care Trusts. Advocacy for children detained in forensic units is funded by the Department of Health.

5.4 Funding advocacy in independent and voluntary sector service provision

Agencies in the independent and voluntary sector who are providing fostering or residential services may commission advocacy services from the same providers as those engaged by local authorities and fund these contracts directly.

5.5 The advocacy providers' funding arrangements

The majority of independent advocacy providers are third sector charitable organisations (Oliver, Knight et al. 2006; Mohan, Clifford et al. 2010). Some of the large organisations are well established and have been providing children's services, including advocacy, for many years. There are specialist rights-based charities (NYAS and Voice) and others which are small and only known in the local area where they provide advocacy. Regardless of size, advocacy providers have to be solvent and recover the costs for the services they provide. In the current climate of local authority budget cuts there is now an even greater pressure on these organisations (Children England 2011). Many are dependent on generating funds from a variety of sources; this is sometimes known as an 'ecology of funding', with grants from a variety of trusts and foundations, public sector bodies and private companies (Alcock, Harrow et al. 1999). These agencies may be tendering for advocacy contracts with the Youth Justice Board and Primary Care Trusts.

6. Identifying the number of children entitled to advocacy services

In England, potentially all looked after children, care leavers and those assessed as 'in need' have a legal right to advocacy support when they want to make a complaint or representation.¹⁵ Statutory guidance (see section 4) has extended the scope of advocacy to looked after children in the care planning and review process and to care leavers particularly when moving from their care placement. However, there has been no corresponding development for children in need other than already provided for in 'Working Together' in relation to support at child protection conferences.

Across England, the size of local authorities and the number of looked after children cared for by each authority vary. In total, in 2010 there were 64,400 looked after children in England, of these 25,700 were on full care orders (sec 31), 12,500 on interim care orders (sec 38), and 21,200 were accommodated under sec 20 (all sections relate to the Children Act 1989).¹⁶ When looking at the tables in appendix 2, it can be seen that some local authorities have a large population of looked after children, whereas others have very few children in their care, this ranges from Kent that has 1,455 to the Isle of Scilly who have none.

The most recent statistics available show that at 31 March 2010 there were 375,900 children assessed as being 'children in need'. Of these 39% were at risk of abuse or neglect and 16% had needs relating to family dysfunction (Department for Education 2009). Children who are officially assessed as 'in need' will have come to the attention of the appropriate local authority. There will then be a formal assessment process that may result in the child having a child in need plan, or where there are also safeguarding concerns, a child protection plan. In 2010, 44,300 children became subject of a child protection plan (Department for Education 2009). After a period of intervention, and where the risk to the child has been reduced, the plan may be concluded although work may continue with the child and family. In other cases the outcome is that the child becomes looked after by the local authority, by agreement under Sec 20 of the Children Act 1989 or through application to Court.

¹⁵ Section 26A, *Children Act 1989*.

¹⁶ Tables in Appendix 2 contain the number of looked after children in each local authority taken from the annual returns submitted by local authorities for 2010.

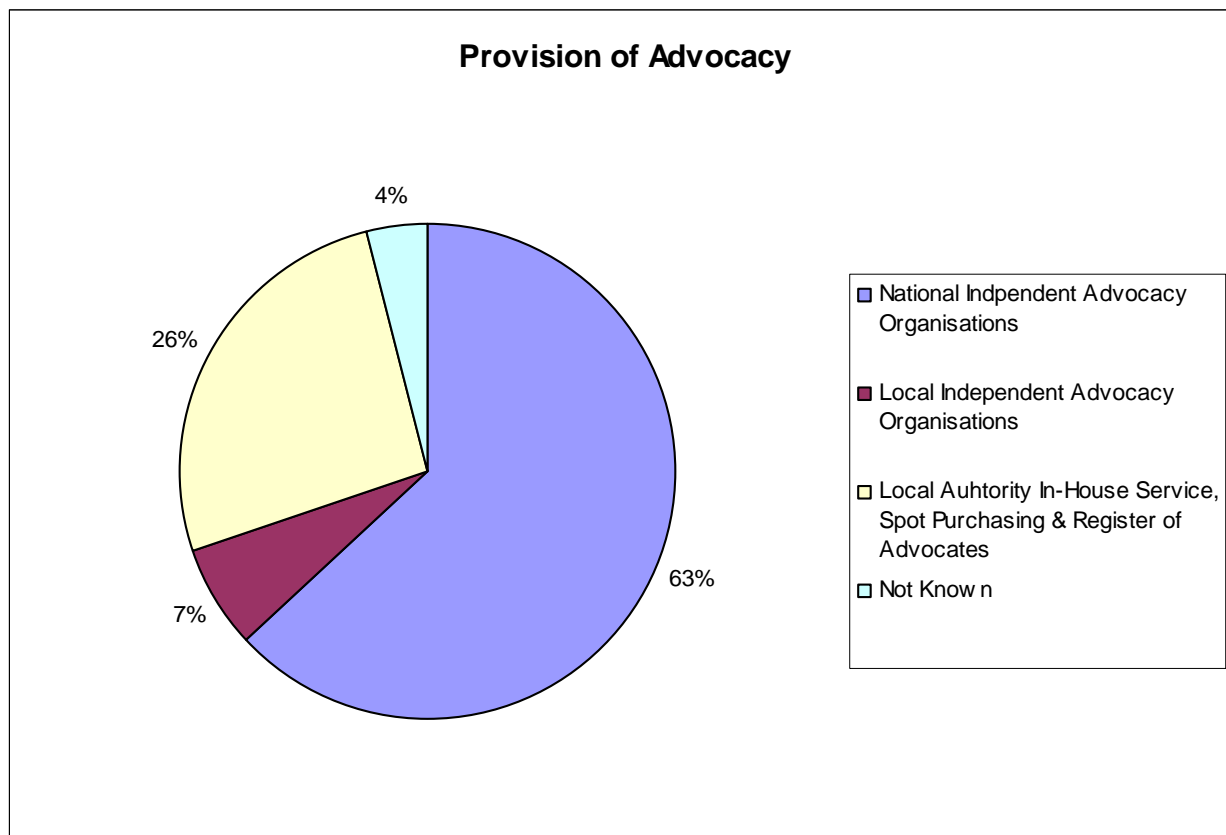
At the end of September 2010, there were 2,070 children living in the secure estate (Prison Reform Trust 2011). Children who are voluntarily accommodated under Section 20 of the Children Act 1989 lose their care status whilst detained but may be assessed as children in need.¹⁷ There were also children and young people in mental health hospitals who may have been 'looked after children' or 'children in need'. Research by Young Minds stated that during the first half of 2009/10, young people under the age of 18 spent a total of 84,501 days on mental health wards¹⁸

¹⁷ From April 2011 there is a requirement for the local authority to visit and make an assessment of the child's needs whilst they are in custody and on release.

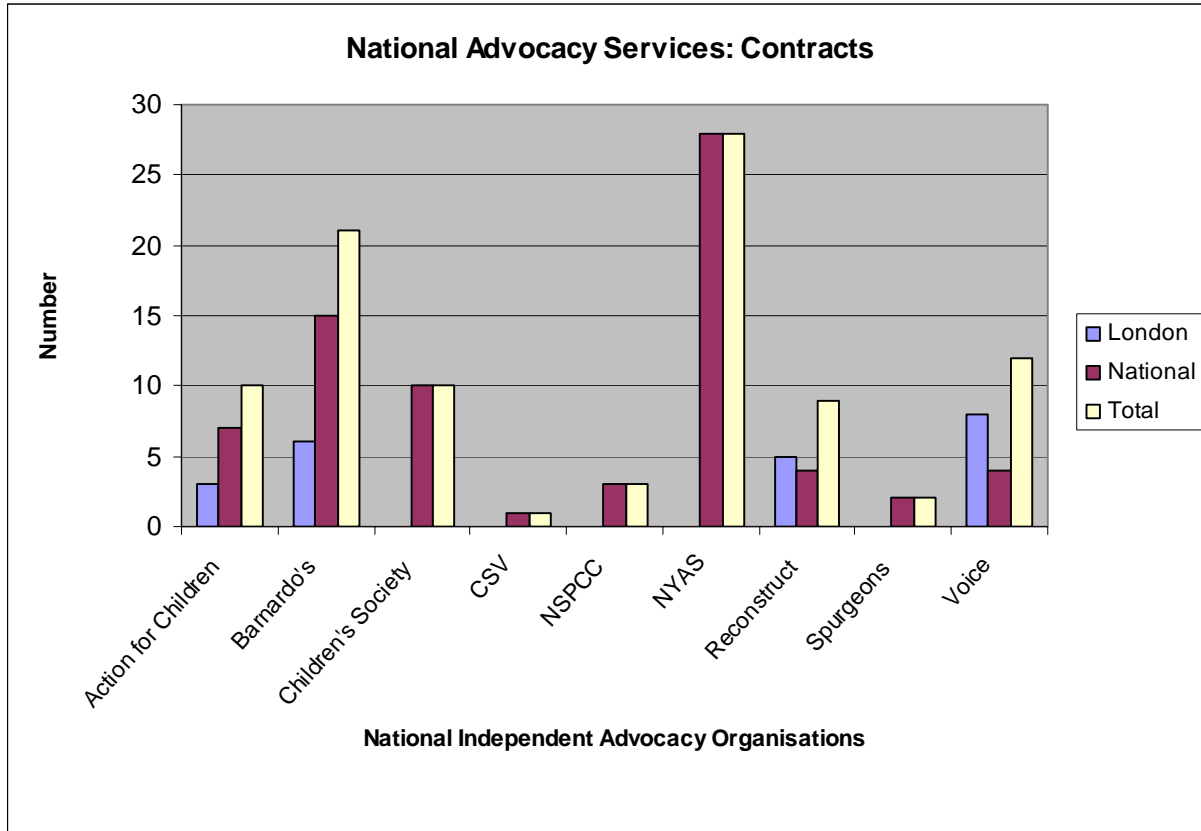
¹⁸ Young Minds (2011). Young people with mental health problems spend record number of days in hospital <http://www.youngminds.org.uk/ym-newsroom/press-releases/press-releases-2010/february/young-people-with-mental-health-problems-spend-record-number-of-days-in-hospital> [accessed July 2011].

7. Mapping advocacy services across England

The majority of the 152 local authorities with responsibilities for looked after children commission advocacy from independent advocacy providers. Ninety six local authorities (63%) commission advocacy from national independent providers and 10 from local independent providers. Forty local authorities (26%) have in-house children's rights services, spot purchasing agreements or a register of advocates. (Spot purchasing agreements were found to be usually with the national independent providers and most were temporary pending contractual agreements with providers. Given the low numbers and 'mixed economy' of provision as shown in tables 3 and 4 below, those using spot purchase and a register of freelance advocates are included in the local authority service provision in the pie chart below). Currently, the advocacy arrangements for seven local authorities are not known. This breakdown of advocacy provision is broadly similar to research findings by Oliver et al (2006).



There are nine national voluntary organisations providing independent advocacy services for 96 local authorities. These are NYAS (28) Barnardo's (21), Voice (12), Children's Society (10) Action for Children (10), Reconstruct (9), NSPCC (3), Spurgeons (2), CSV (1).



Advocacy providers in Greater London

In the Greater London area there are 33 local authorities. Of these, 25 have commissioned advocacy from independent advocacy organisations and four local authorities have an in-house children's rights service. One has an in-house service supplemented by spot purchasing from an independent advocacy provider. Two have no defined advocacy provider at present. One is spot purchasing whilst they are in the process of commissioning a new independent provider.

Table 3: Advocacy providers for London local authorities

	Advocacy provider	Contracted local authorities	Total
1	Aid Hours	Brent,	1
2	Action for Children	Havering, Hillingdon, Tower Hamlets	3
3	Barnardos	Barnet, Enfield, Greenwich, Haringey, Lewisham, Waltham Forest	6
4	Jigsaw	Sutton	1
5	Kids Can Achieve	Harrow	1
6	Reconstruct	Barking & Dagenham, Bromley, City of London, Hounslow, Merton	5
7	Voice	Camden, Ealing, Hackney, Islington, Lambeth, Richmond on Thames, Southwark, Wandsworth	8
8	In-House	Hammersmith & Fulham, Newham, Redbridge, Westminster.	4
9	In-House + Voice	Kensington & Chelsea	1
10	Spot Purchase	Croydon	1
11	None	Bexley, Kingston	2
		TOTAL	33

Advocacy providers across England – other than Greater London

Of the 119 local authorities, 80 have commissioned advocacy from an independent advocacy provider, 29 have an in-house children’s rights service, five have spot purchasing arrangements or use a register of freelance advocates and the providers for the final four local authorities are not yet known.

Table 4: Advocacy providers for local authorities across England – not Greater London

	Provider	Contracted local authorities	Total contracts
1	Action for Children	West Berkshire, Blackburn with Darwen, Bolton, Bournemouth, Dorset, Poole, Thameside	7
3	Anglia Care Trust	Suffolk	1
4	Barnardo's	Bradford, Calderdale, Cheshire East, Cornwall, Coventry, Essex, Halton, Isles of Scilly, Leeds, Nottingham, North Somerset, Plymouth, St. Helens, Wakefield, Warwickshire	15
5	Children's Society	Blackpool, Dudley, Lancashire, Rochdale, Salford, Walsall, West Sussex, York, To be confirmed: Cheshire West and Chester, Torbay	10
6	CSV	Derby	1
7	Medway Challengers	Medway	1
8	No Limits	Southampton	1
9	NSPCC ¹⁹	Sheffield, Shropshire, Staffordshire	3
10	NYAS	Bedford, Bedfordshire, Buckinghamshire, Cambridgeshire, Cumbria, Darlington, Durham, East Sussex, Gloucestershire, Hartlepool, Isle of Wight, Knowsley, Lincolnshire, Liverpool, Middlesborough, Newcastle-upon-Tyne, North Yorkshire, Peterborough, Portsmouth, Reading, Redcar & Cleveland, Solihull, South Tyneside, Southend, Stockton on Tees, Stoke on Trent, Warrington, Wolverhampton	28
11	Promises + Advocacy Somerset	Somerset	1

¹⁹ The NSPCC is currently in the process of restructuring their advocacy services.

12	Reconstruct	Bristol, Devon, Luton, South Gloucestershire	4
13	Shout Out (Off the Record)	Bath & North East Somerset	1
14	Spurgeons	Oldham, Oxfordshire	2
15	Upfront	Kent	1
16	Voice	Hertfordshire, Norfolk, Swindon, Worcestershire	4
17	Wigan Family Welfare	Wigan	1
18	In House	Birmingham, Brighton, Bury, Derbyshire, Doncaster, East Yorkshire, Gateshead, Hampshire, Herefordshire, Kingston upon Hull, Kirklees, Leicester, Leicestershire, Manchester, North East Lincolnshire, North Lincolnshire, North Tyneside, Northamptonshire, Sefton, Stockport, Sunderland, Surrey, Telford & Wrekin, Thurrock, Trafford, Wiltshire, Windsor & Maidenhead, Wirral, Wokingham	29
19	In-House + spot purchase	Northumberland	1
20	Register of F/L Sessional advocates	Rutland, Slough	2
21	Spot Purchase	Bracknell Forest (from Action for Children, Mind, NYAS, Voice)	1
22	Spot Purchase (Temporary)	Milton Keynes until commissioning is complete (from Barnardo's, People's Voices, Action for Children, Spurgeons)	1
23	Not known	Barnsley, Nottinghamshire, Rotherham, Sandwell	4
		TOTAL	119

Until recently Barnsley had a contract with the NSPCC, this has now ended and it is not clear who is currently providing advocacy for children in this area. Sandwell and Nottinghamshire's websites list NYAS as their advocacy provider, but NYAS have stated that this information is out of date. To date it has not been possible to identify the advocacy provider for children living in Rotherham.

The advocacy provision for children living in the secure estate is separate and is provided by two independent agencies, Barnardo's and Voice.

See Appendix 3 for map of advocacy provision across England.

8. Co-operation between advocacy providers

Regardless of having to compete for advocacy contracts, many of the independent agencies work in partnership to improve the quality of advocacy for children and young people. Many provide signposting when children and young people do not know their advocacy provider. They have been involved in the development of the National Advocacy Qualification; several are members of The Alliance for Child Centered Care and the National Children's Advocacy Consortium. There are also regional advocacy support networks across England which share practice and policy issues.

The Suffolk Advocacy Forum has recently commissioned research to look at unmet advocacy needs for excluded groups in the Suffolk area. The NSPCC's strategy to 2016 will focus on 'safeguarding looked after children through advocacy' (Hendry 2011), and to achieve this they are aiming to work with external advocacy providers from across the UK. The NSPCC is also in the process of restructuring the delivery of their advocacy services.

9. Types of advocacy

The predominant type of advocacy offered to children is from a professional adult advocate who provide support for complaints and representations. This type of advocacy has been defined as 'issue based' (Boylan and Dalrymple 2009). It has been argued that this type of advocacy does little to empower children to speak up for themselves (Pithouse and Crowley 2007). This view is shared by others:

“Broadening the scope of the legal and policy framework to include peer, self and citizen advocacy models, and supporting the development of collective as well as individual advocacy, would go some way to counter-balancing the professionalisation and proceduralisation apparent in the emerging system.” (p245, Boylan and Braye 2006)

Bolan & Braye (2006) questioned whether the legal framework for advocacy, together with the professionalisation of advocates would empower young people. They were concerned that it could increase children’s dependence on adult intervention thereby increasing the state and adults’ ownership of child advocacy.

However, in 2006 the Thomas Coram Research Unit (University of London) undertook an independent evaluation of Voice advocacy work. The report concluded that the overwhelming majority of young people felt that the process of having an advocate had been very valuable, they had learned a great deal and that on many occasions had experienced being listened to properly for the first time during their lives in care.

Independent advocacy providers often provide more than one type of advocacy. Sometimes the types of advocacy provided are defined by the philosophical beliefs of the advocacy service, for example ‘citizen advocacy’ (Oliver 2003). In other cases it is the providers’ organisational structure and/or service level agreements that determines how, when and what type of advocacy is to be provided.

“Advocacy is a dynamic and evolving way of working, its profile having changed significantly during the course of the last 15 years.” (p120, Boylan and Dalrymple 2009)

The different types of advocacy are sometimes referred to as ‘models’ (Harnett 2003; Oliver 2003; Pithouse and Crowley 2007; Boylan and Dalrymple 2009).

The type of advocacy required by a young person may be related to their

circumstances at any given time; for example if they are in the secure estate, in a mental health hospital ward, living in a care placement, with their family or living alone.

There may be occasions when a young person has more than one advocate. For example, a young person in the care of the local authority may have an advocate during the process of making a complaint, however, if the young person is then admitted into a mental health hospital they may then use the services of an Independent Mental Health Advocate for other issues related to their health needs.

In the main, advocacy is provided for a particular purpose, on a time limited basis, until a problem/complaint is resolved. This can be for a set amount of hours, weeks, or if the problem is complex, an advocate can be involved for several years.

Table 5: Types of advocacy

Professional advocacy	Description
Community professional advocates	Advocates engaged by independent advocacy providers offer face to face support for a child/young person. Often short term case work focused.
Independent advocates in secure settings	Advocates working in the secure estate provide face to face support for children in custody.
Children's Rights Officer/'in house' advocates	Advocates employed directly by a local authority to advocate for children who are the responsibility of the authority.
Independent Mental Health Advocate (IMHA)	Provide statutory advocacy. All children who have been sectioned under the Mental Health Act, or who are likely to be sectioned have the right to an IMHA.
Independent Mental Capacity Advocates (IMCA) + Deprivation of Liberty	Provide statutory advocacy. IMCAs are available to represent any person aged 16 years or older who lacks the capacity to make specific decisions. IMCA Services are provided by organisations that are independent of the National Health Service and Local Authorities.

Non Instructed/Non directed	Advocating for children who due to an disability or level of maturity are deemed not able to speak out for themselves, but are capable of communicating, or young people who are temporarily unable to instruct.
Helpline	Advocates provide telephone/electronic service to resolve issues, possibly referring/signposting to an appropriate agency.
Visiting	Advocates visit a setting on a routine basis to be available for children who are living there.
Legal	A member of the legal profession advocating in the courts on behalf of the child\young person.

Other types of advocacy (which may use some of methods above)	
Peer	Advocacy support from a young person who shares similar experiences
Citizen	Befriending/informal advocates, not time limited, often voluntary
Organised volunteer	Includes part of the role of independent visitors for certain looked after children
Group advocacy	This can be an adult advocate supporting a group of young people to get their voice heard, or a group of young people advocating for themselves and others
Self	A young person advocating for his/her own needs
Electronic	Remote advocacy is provided using the internet
Systemic advocacy	Advocating for structural changes to the care system

10. How children access advocacy

When children are looked after by the local authority, they should be provided with information about their local advocacy service. Local authorities and advocacy providers often provide children with information packs and/or leaflets. Residential children's homes and secure units normally provide children with details about how they can contact their relevant advocacy service.

“Children living in children’s homes were much more likely to know what an advocate is and how to get hold of one than children in foster care. Care leavers were also more likely than others to know what an advocate is and how to get one.” (p27, Ofsted 2010)

Children and young people can contact advocacy services directly. Some services have a freephone telephone number for young people and some have a text messaging service. These numbers are often advertised nationally. Some advocacy services have a telephone interpreting service.

It is often adults who refer young people to advocacy services; referrers include social workers, foster carers, youth justice workers, family and friends (Harnett 2002; Brady 2011).

When adults make a referral for a child or young person, the policy is usually for the advocate to also speak to the young person directly. This is to ensure that advocacy is wanted by the young person, rather than by the adult.

Potential barriers to accessing advocacy

Horan & Dalrymple (2003) argued that to be able to participate, all children and young people should have a right of access to an independent advocate. However, many children and young people still find it difficult to access advocacy. The reasons for this vary.

- **Lack of knowledge about advocacy** – Recent research by Ofsted (2010) reported on 1,113 children's knowledge as to how to get hold of an advocate: 56% said they did know but 30% of those interviewed did not know what an advocate was²⁰. This research also found that there has been a big reduction in the numbers of children who said that they had made a complaint. This has reduced from 43% in 2008 to 25% in 2010. This might be because children

²⁰ This figure was similar to findings in 2009.

are now more confident about resolving issues without having to make a complaint; alternatively this could be linked to children not knowing about advocacy.

- **Regional barriers** – Young people may not know which local authority is responsible for their care. For example a young person may know that they live in Lincolnshire. However, Lincolnshire is divided into three separate authorities – Lincolnshire, North East Lincolnshire and North Lincolnshire – all of which have separate advocacy services.
- Changes to local authority boundaries can also impact on children’s access to advocacy. A child who, in 2009, was in the care of Cheshire could now be in Cheshire East where advocacy is provided by Barnardo’s, or Cheshire West and Chester with advocacy from the Children’s Society.
- **Organisational barriers** – Children’s access to advocacy can be affected by their age, their care status and/or where they live (Oliver, Knight et al. 2006). Service level agreements and spot purchase contracts may specify which groups of children can access advocacy and/or the total advocacy hours that can be provided to individual children (Brady 2011).

Some local authorities do not provide advocacy for care leavers, for children living out of borough or for children in need (Oliver, Knight et al. 2006).

One local authority, in a previous study by the author, refused funding for a young asylum seeker who had been placed in London; she spoke limited English and wanted to make a complaint. The ‘Get it Sorted’ guidance states:

“The local authority may make arrangements with their contracted advocacy provider to support children placed out of area. Alternatively local authorities may wish to come to an arrangement with the local authority where the child or young person is placed.” (p12, DfES 2004)

This local authority did not make these arrangements, nor would they agree to a written request from a London based advocacy provider who was willing to provide this young person with advocacy through a spot purchasing agreement:

“Thank you for your letter dated the 28 April. I am afraid Y Children’s Social Care is not able to fund your organisation to act as an advocate for X. Advocacy needs to be free and independent: something that funding from the Local Authority

would rather act against. Of course, if you wanted to help X in this way without fee – out of concern for his/her welfare – that is entirely up to you.” (Brady 2011)

Consequently, this young person’s advocacy was provided by the independent advocacy organisation with the costs sourced from a separate funding stream (Brady 2011).

- **Physical barriers** – Staffing levels, the physical location of services and the type of telephone service used by the provider can create barriers. Some advocacy services are small with limited opening hours. Regardless of size, some services are difficult to access by telephone, when the advocacy providers rely on children having access to a landline or a mobile phone with credit. All of these can be serious physical barriers to children who are in crisis and can be considered as forms of ‘gate-keeping’ (Fielding 1995). To overcome these barriers some young people will contact an advocacy service that has a free phone number as a way of accessing their local service and/or professionals (Brady 2011).
- **Communication barriers** – When children are very young or have communication difficulties it is essential that they are able to access advocacy support. Disabled children and young people are often denied access to advocacy (Oliver, Knight et al. 2006; The Children's Society 2008). The Practice Guidance for the Early Years Foundation Stage argues that providing young children with opportunities to communicate effectively enables them to participate in the decision making process (DCSF 2008). Communication aids can be used to help advocates gain a clear understanding of the child’s advocacy needs (Brady 2011).
- **Language barriers** – There is a very real barrier for children who speak very limited English, especially when the advocacy service does not have immediate access to adults who speak the same language, translators and/or a translation service. Some countries have several languages, Pashto is one of the two major languages of Afghanistan, the other is Farsi. Kurdish is spoken in several countries – Turkey, Iraq and Iran whereas Kurdish Sorani is mainly spoken in Iraq. Arabic is another language spoken by young people from some parts of Iraq; it is also spoken in parts of North Africa. It is important to have awareness that many European languages, such French and Spanish are spoken by children who may be unaccompanied asylum seekers from African countries.

- **Confidentiality barrier** – There is an ongoing debate about children’s rights and the need to protect children. Does the fact that advocates may have to break confidentiality in some circumstances create a barrier for children who want to talk without any immediate action being taken? (Lindsey 1992; Waterhouse 2003; Oliver and Dalrymple 2008; Boylan and Dalrymple 2009). It is recognised that there is some conflict between National Advocacy Standard 6 – ‘Advocacy works exclusively for children and young people’ and Standard 7 – ‘Advocacy services must operate to a high level of confidentiality’ with a confidentiality policy that is based on the concept of ‘significant harm’. What is not clear is whether children are reluctant to talk about the harm they are experiencing because they know it will result in action being taken against the perpetrator/s who may be their parents or main carers.
- **Emotional barriers** – Children’s lack of confidence in themselves and/or the adults responsible for their care can become emotional barriers that make it difficult to ask for advocacy support. Linked with this, is children’s concern and fear that using an advocate will cause problems and issues with their social worker, foster carer and other significant adults whom they rely on for care and support. Young people report feeling powerless in the care planning process (Advocacy Resource Exchange 2011; Higgs 2011).

11. Children's advocacy needs

Children and young people who make contact with advocacy services have a wide range of complaints and concerns. These may be single issues or inter-related. Research by Harnett (2002), Oliver et al (2006) (Dunstall 2011) and Brady (2011) all found that children's main concerns were:

- placements
- child protection
- support at meetings

Despite the fact that children are not entitled to advocacy support as and when they need it, some local authorities have broadened the circumstances when children can be supported by an advocate. These circumstances now include support at various meetings and family group conferences (Laws and Kirby 2008). In some local authority areas children are now being supported with advocacy when they take part in Children in Care Council meetings.

Placements: Concern about placements is the main reason for children and young people to contact advocacy services. They may want urgent support to freeze a decision to move them, to be moved from an inappropriate placement, or help because they have nowhere to live.

Placement success is considered to be an important factor in determining outcomes; Wilson et al (2004) linked together four main factors that can be used to measure stability and outcomes. These are:

- the stability of the placement
- safety
- developmental outcomes
- the child's views

“The circumstances of children and young people in care or/and in need are often characterized by fluidity, instability and upheaval. As such, although a young person may initially engage the support of an advocate for a specific issue such as to contest a placement change, maintain contact with family or to exercise a complaint against a local authority, other issues requiring advocacy support may arise.” (p113, Chase 2008)

Evidence cited from Barnardo's recent report 'No Fixed Abode' (Barnardo's 2011) states that a Home Office evaluation concluded that 69 per cent of offenders with an accommodation need re-offended within two years, compared to 40 per cent who were in suitable accommodation. In addition, the then Social Exclusion Unit reported that stable accommodation can reduce offending by as much as 20 per cent. Accommodation is one of the top 5 issues with which young people in the secure estate seek the support of an advocate (Voice and Barnardo's Annual Report 2009/10).

Child protection: Munro (2011) highlights the importance of early help for children in child protection matters.

“From a child or young person’s point of view, the earlier help is received the better. Research on children’s development also emphasizes the importance of the early years on their long-term outcomes.” (p21, Munro 2011)

Providing children with advocacy support in child protection conferences has been found to be beneficial.

“Children’s views are taken into account fully in child protection conferences through the funding of independent advocate to support all children over the age of nine years. Positive feedback has been provided by children who value this service.” (p1, Ofsted 2011)

Support at meetings: It is a primary role of an advocate to support a child to participate in meetings. Complaints can be resolved informally, or progress through stages, one, two or three of the formal complaints procedure. If there is still no resolution advocates support children to take their complaints to the Local Government Ombudsman. Children also want support at review meetings, education meetings and placement meetings.

Support through the legal process: When it becomes necessary to appoint a solicitor, for example when there is a judicial review, advocates sometimes act as a 'litigation friend'.

“Advocacy services are a crucially important lifeline for young people in care and leaving care. But advocates can only take matters so far and it is when advocacy services reach a dead end that it becomes essential for young people to have an easily accessible specialist lawyer to assist them.” (p644, Frank 2007)

Providing children with advocacy may be expensive in the short term, but if it is effective there can be long term benefits to the child and the local authority. A recent report by Demos comparing the stability of young people’s pathway through the care system found that the financial cost of an unstable journey was considerably more than a stable one (Hannon, Bazalgette, Wood 2010). Research by Brady (2011) found that failing to address children’s complaints in the early stages can be expensive for the local authority. Sometimes, as an outcome of the complaints process, children were granted financial compensation.

12. Monitoring and evaluating the impact of advocacy

Monitoring advocacy provision, the quality of individual advocacy support and how advocacy impacts on children, is essential. Currently monitoring is done by individual advocacy providers for internal and/or contract purposes. Local authorities also complete annual returns about children's complaints (Department for Children, Schools and Families 2009). Nonetheless, very few large scale studies of advocacy have been carried out. (Oliver, Knight et al. 2006). To date there are no agreements about what aspects of advocacy should be monitored, whether there is a need for longitudinal studies, or what are the most useful monitoring instruments to be used.

Table 6: Types of monitoring currently used by advocacy providers

Types of monitoring	Description
Helpline questionnaires	Completed by the young person once a case has been closed on the Helpline
Young people's feedback forms	Completed by the young person when advocacy case has closed
Advocate feedback forms	Completed by the advocate when a case has closed
Questionnaires from others	Completed by a stakeholder
Participation groups	Feedback provided by a group of young people
Analysis of statistics	Regular monitoring of helpline and advocacy cases
Monitoring reports for local authority contracts	Reports for local authority on work specified in the contract

The majority of the advocacy providers contacted for the purposes of this research reported that they regularly provide monitoring reports to local authorities. Local authorities want to know if they are receiving value for money. However, they differed in the aspects of advocacy they monitored.

Several had self-completion feedback questionnaires for use with young people and adults. This is a common type of social survey research. What is positive about this form of research is that the respondent can remain anonymous. However, one of the main drawbacks is the low response rate (Gilbert 1993; Harnett 2002; Brady 2005).

Many advocates are working alone with children and young people, it is therefore necessary to ensure that children are given the opportunity to give their views on the quality of the service they received and how it has impacted on their life.

“Whilst empowerment, accessing rights, giving people a voice are concepts that are frequently used when referring to what advocacy aims to achieve, they are largely immeasurable. Evaluations need to focus on showing evidence for the impact of advocacy on people’s lives.”

(Advocacy Resource Exchange 2011)

Methods are now evolving which assess social return on investment (nef 2009). The aim is to help organisations and funders gain a better understanding of the social and economic values of the services they provide measuring soft and hard outcomes. The Advocacy Resource Exchange has also developed an evaluation toolkit to help advocacy organisations carry out effective evaluations and assess the impact their service has on individuals.

13. Conclusions

- The introduction of legislation, statutory guidance and policy initiatives have improved children's access to advocacy. There is greater recognition that children and young people should have the ability to be supported to voice their needs at their own level of understanding or ability. Alongside this is the ongoing need to ensure that the more disadvantaged groups of children receive additional support to make their views known.
- The involvement of established advocacy organisations and umbrella bodies such as the Alliance for Child Centred Care and the National Children's Advocacy Consortium are helping to ensure that children's needs are recognised in policy and practice.
- This mapping exercise has revealed that advocacy services are available across England with almost all local authorities having services in place. What is not known is the number of advocates employed by the individual advocacy services, nor is there detailed information available about the services being provided.
- There is diversity in the range of advocacy provision and the types of advocacy available to children and young people. It is of concern to those involved in this work that providing children and young people in care and in need with a universal right to advocacy has not yet been achieved; in law they still only have a legal right to advocacy when making a complaint or representation about their care or the services they have received. While there are improvements in recent statutory guidance, there is no automatic right to advocacy for support for other concerns. Consequently, children experience a postcode lottery when trying to access the advocacy they need.
- The National Advocacy Standards provide detailed information about the support that young people should receive. However, there is no clear evidence that organisations are being systematically monitored against these standards.
- It is a matter for concern that there are still large numbers of children who do not know what an advocate is, nor that they have a right to advocacy. Some groups of children, including very young children, disabled children, asylum seekers and children who speak English as an additional language are likely to have greater difficulty in understanding the role of an advocate and then accessing advocacy.

- It can be very difficult for adults and children to find up to date information about how to contact their local advocacy service. Even when this information is available, making contact can be problematic.
- The recent introduction of the National Advocacy Qualification should help to improve the professional practice of individual advocates. However, there is no national body for advocates, career or pay structure, nor is there a requirement for advocates to obtain the national qualification.
- The market model used to provide advocacy in England, with local authorities providing in house advocacy or purchasing advocacy from an external provider, is a major weakness. Nevertheless, the advocacy services provided by some external agencies are not wholly reliant on local authority funding, but are instead funded from several sources such as Trusts and the Lottery. These sources can help the organisations to be more independent and robust and to remain viable.
- Commissioning advocacy from external providers is often undertaken on an annual or three yearly basis. When local authorities change advocacy providers, or when local authority boundaries change, this can impact on the quality, quantity and continuity of advocacy for children. The current model requires independent advocacy providers to devote time and expertise to tendering and competing for contracts; this may detract from the promotion of quality, sustainability, planning and growth. Employing highly trained specialist advocates, supported by legal services, may be considered more expensive; however, at this stage the cost benefits and value have not yet been evidenced. It is possible that they may be more effective when engaging with children and young people to achieve positive outcomes.
- Monitoring and evaluation is carried out on a piecemeal basis. Local authorities and the independent providers monitor the services they provide, but what is missing is a centralised system for monitoring of the types of provision and quality of advocacy. Consequently it is difficult to compare and contrast advocacy services and how these impact on children. What is also needed is regular feedback from the children, who are the service users. In addition, routine feedback is also needed from stakeholders, including the adult referrers, professionals who work with the children, carers and family members. This could help with assessing the impact of advocacy.

“Invest in targeted interventions that work for our most vulnerable children to improve outcomes and short-circuit the intergenerational cycle of deprivation.” (p7, nef 2009)

- There would also be a benefit in exploring the development and implementation of an overarching system to evaluate the added value of advocacy both in terms of monetary value and social impact (nef 2009; Advocacy Resource Exchange 2011).

14. Issues for consideration and follow up

This report has identified a number of gaps in both intelligence about advocacy provision and the systems in place to support the overall access and strategic development of advocacy.

The following need to be given consideration when developing a national blueprint for advocacy:

14.1 Gathering information and additional research

- More in-depth information needs to be gathered from advocacy providers on their service provision. In particular: the number of advocates they have, whether they have waiting lists, the average hours spent on each case and the nature of the contract with the local authority (whether it is based on hours of advocacy to be provided, or case-numbers, children in need and/or looked after children). This will provide a far more accurate account of the availability and accessibility of advocacy for children and young people.
- Whilst advocacy providers do evaluate and monitor their own services at a local level, there has been very little research undertaken on a larger scale to ascertain how well advocacy meets the needs of children and young people in intervening with local authorities and achieving their rights.
- Consideration needs to be given to gathering evidence on the added value of advocacy, possibly through a model of social return of investment which takes into account not only outcomes for the child/young person but also the long term cost and savings to the community.
- It will be helpful to compare and contrast the models of advocacy in Wales, Scotland and Northern Ireland, assessing the suitability and adaptability of these models of advocacy for England which is a much larger country with more local authority areas and advocacy providers.

14.2 Key issues to be considered

- The impact of the current commissioning approach and market forces on the delivery of advocacy to children, with particular reference to the quality, consistency and independence of the service.

- The most useful methods for informing children and young people about advocacy, their entitlements and how they can access advocacy services.
- The cost of providing national freephone access, with interpreting facilities and disability aids for all children who want advocacy.
- The feasibility of developing a national database containing regularly updated information on all advocacy providers (independent and in-house) together with detailed contact information for each service.
- The implementation of a centralised monitoring system with the aim of maintaining up to date information on where and how advocacy is provided and best practice.
- The framework required to achieve high standards for the advocacy services and the staff.

15. Next steps

The purpose of this piece of work was to identify the current status of advocacy provision for children in England and provide the intelligence and evidence to inform the development of a blueprint for advocacy. This report has also identified issues and further evidence that needs to be sought to inform the development of an advocacy blueprint.

Voice, with the support of the National Children's Advocacy Consortium, will now progress this work in the coming months. The Office of the Children's Commissioner will work with them, the Government, the Children's Rights Director and other relevant bodies to provide on going advice and guidance on the blueprint's development.

The National Children's Advocacy Consortium will consult with its members and other key stakeholders in order to gain their responses to the information and issues raised.

The outcome of this phase will inform the proposals for effective advocacy provision in this country. The proposals will include reference to the following areas:

- A policy framework for advocacy.
- Appropriate models of advocacy for children in care of the state and in need.
- The funding of advocacy.
- How to ensure the quality of advocacy through training, standards and effective monitoring and evaluation.
- The identification of the added value of advocacy, in terms of cost effectiveness for local authorities and long-term positive impact on the outcomes of young people and impact on the community.

The aim of the National Children's Advocacy Consortium is to present the draft blueprint to key stakeholders from the statutory, public and third sector at a symposium to be held in the early part of 2012. The discussions held at this symposium will inform the final version of blueprint for advocacy, which will be presented to the Government as a basis for an advocacy strategy for vulnerable children in England. The Office of the Children's Commissioner will continue to promote and protect children's rights to have their voices heard and to be supported to realise their rights.

Appendix 1 – Research challenges

To ensure that the information about advocacy providers was up to date, the aim was to confirm which local authorities have an in-house service and those who contract to an independent provider. The starting point for the mapping exercise was the 'Advocacy Providers/CRO spreadsheet compiled by Voice. This spreadsheet is used by the helpline staff to signpost children and adult referrers to the appropriate local authority advocacy service. However, it was soon clear that providers were changing on a regular basis.

Trying to confirm some of the in-house services was difficult. Often the local authority call centre staff did not understand what advocacy was. On numerous occasions the researcher was asked to leave a message, or was passed through to several departments whilst they tried to find someone who would have this information. This involved repeat telephone calls and sometimes took several days. To short cut the process the researcher tried to find the information about advocacy on the local authority websites. This was often a frustrating exercise. Every website has different links. Sometimes the information wasn't clear, at other times a name was given without a telephone number. Occasionally the information proved to be out of date.

One local authority website said that children should contact their named external advocacy provider (Voice). Not only was this information several years out of date, but the freephone number given in the website was incorrect. Telephoning this authority to get up to date information was not fruitful; eventually the correct information was obtained by submitting a complaint on the customer service website. It was surprising that the response to the complaint came from the in-house advocacy service, therefore this information should have been known to all of the local authority staff who had previously been contacted.

When all of the independent advocacy providers had been identified they were contacted either, by phone and/or by email asking them to complete a brief questionnaire to confirm the local authorities they were working with. The process of obtaining information from the providers who were only working with one local authority was relatively simple. However, what proved to be problematic was getting an overview from several of the larger organisations; this was because they have regional offices with the result that it was difficult to get details of a manager who could provide an overview of the whole advocacy provision. There were also difficulties contacting some of the advocacy providers. Some in-house services only have one advocate; callers are connected to an answering service and then have to wait for someone to call back.

Appendix 2 – Looked after children in each local authority area

In England in 2010 there were 64,400 looked after children. The size of the local authorities caring for these children ranged from very small London boroughs to large unitary authorities. Children are not always in placements in their local area.

In total there were 10,970 children and young people looked after by the 33 London local authorities, year ending 31 March 2010. Some were living in placements outside of the London area.

Table 1: Looked after children by local authority in London

Inner London	4,920		
Camden	265	Bexley	220
City of London	15	Brent	370
Hackney	305	Bromley	285
Hammersmith and Fulham	255	Croydon	1,010
Haringey	590	Ealing	400
Islington	315	Enfield	280
Kensington and Chelsea	155	Greenwich	590
Lambeth	565	Harrow	160
Lewisham	525	Havering	200
Newham	560	Hillingdon	425
Southwark	555	Hounslow	355
Tower Hamlets	350	Kingston Upon Thames	130
Wandsworth	205	Merton	140
Westminster	245	Redbridge	225
Outer London	6,060	Richmond Upon Thames	95
Barking and Dagenham	380	Sutton	150
Barnet	310	Waltham Forest	340

There were 53,420 children in the care of local authorities outside of the London area. These children will have been living in a variety of placements; these will include foster care, children's homes and specialist placements. Some children were also living at home with family, whilst still on a care order. The only local authority that did not have any children in its care was the Isle of Scilly.

Table 2: Looked after children by local authority in England

North East	3,650	North East Lincolnshire	155	Brighton and Hove	465
Darlington	145	North Lincolnshire	160	Buckinghamshire	345
Durham	495	North Yorkshire	470	East Sussex	520
Gateshead	300	Rotherham	405	Hampshire	1,105
Hartlepool	165	Sheffield	580	Isle Of Wight	180
Middlesbrough	325	Wakefield	375	Kent	1,455
Newcastle Upon Tyne	525	York	225	Medway Towns	350
North Tyneside	275	East Midlands	4,220	Milton Keynes	260
Northumberland	285	Derby	420	Oxfordshire	450
Redcar and Cleveland	155	Derbyshire	630	Portsmouth	295
South Tyneside	295	Leicester	490	Reading	205
Stockton-On-Tees	285	Leicestershire	330	Slough	175
Sunderland	390	Lincolnshire	520	Southampton	375
North West	11,180	Northamptonshire	700	Surrey	770
Blackburn with Darwen	360	Nottingham	520	West Berkshire	125
Blackpool	375	Nottinghamshire	580	West Sussex	785
Bolton	480	Rutland	30	Windsor and Maidenhead	105
Bury	290	West Midlands	8,010	Wokingham	80
Cheshire East	430	Birmingham	2,035	South West	5,000
Cheshire West and Chester	320	Coventry	590	Bath and North East Somerset	140
Cumbria	510	Dudley	615	Bournemouth	205
Halton	145	Herefordshire	160	Bristol, City of	650
Knowsley	295	Sandwell	505	Cornwall	450
Lancashire	1,285	Shropshire	220	Devon	620
Liverpool	910	Solihull	415	Dorset	275
Manchester	1,425	Staffordshire	740	Gloucestershire	490
Oldham	350	Stoke-On-Trent	405	Isles Of Scilly	0

Rochdale	435	Telford and Wrekin	270	North Somerset	230
Salford	495	Walsall	495	Plymouth	435
Sefton	375	Warwickshire	575	Poole	120
St Helens	355	Wolverhampton	400	Somerset	430
Stockport	315	Worcestershire	585	South Gloucestershire	185
Tameside	350	East of England	6,180	Swindon	245
Trafford	250	Bedford Borough	165	Torbay	180
Warrington	265	Central Bedfordshire	165	Wiltshire	350
Wigan	520	Cambridgeshire	480		
Wirral	630	Essex	1,440		
Yorkshire and The Humber	7,050	Hertfordshire	1,140		
Barnsley	245	Luton	340		
Bradford	885	Norfolk	885		
Calderdale	270	Peterborough	300		
Doncaster	465	Southend-on-Sea	265		
East Riding of Yorkshire	275	Suffolk	775		
Kingston Upon Hull, City of	575	Thurrock	230		
Kirklees	555	South East	8,130		
Leeds	1,415	Bracknell Forest	90		

Local authority boundary changes in 2009²¹ in Cheshire and Bedfordshire impacted on children cared for by these local authorities. These reorganisations effectively divided the children between the new authorities providing them with new corporate parents.

²¹ The reorganisation of local government on 1 April 2009 created nine new unitary authorities. Five were created from existing county and district councils. The other four were created by splitting Cheshire into Cheshire East, Cheshire West and Chester; Bedford was separated from Bedfordshire to become two separate authorities.

Appendix 3 – Map of advocacy provision in England June 2011

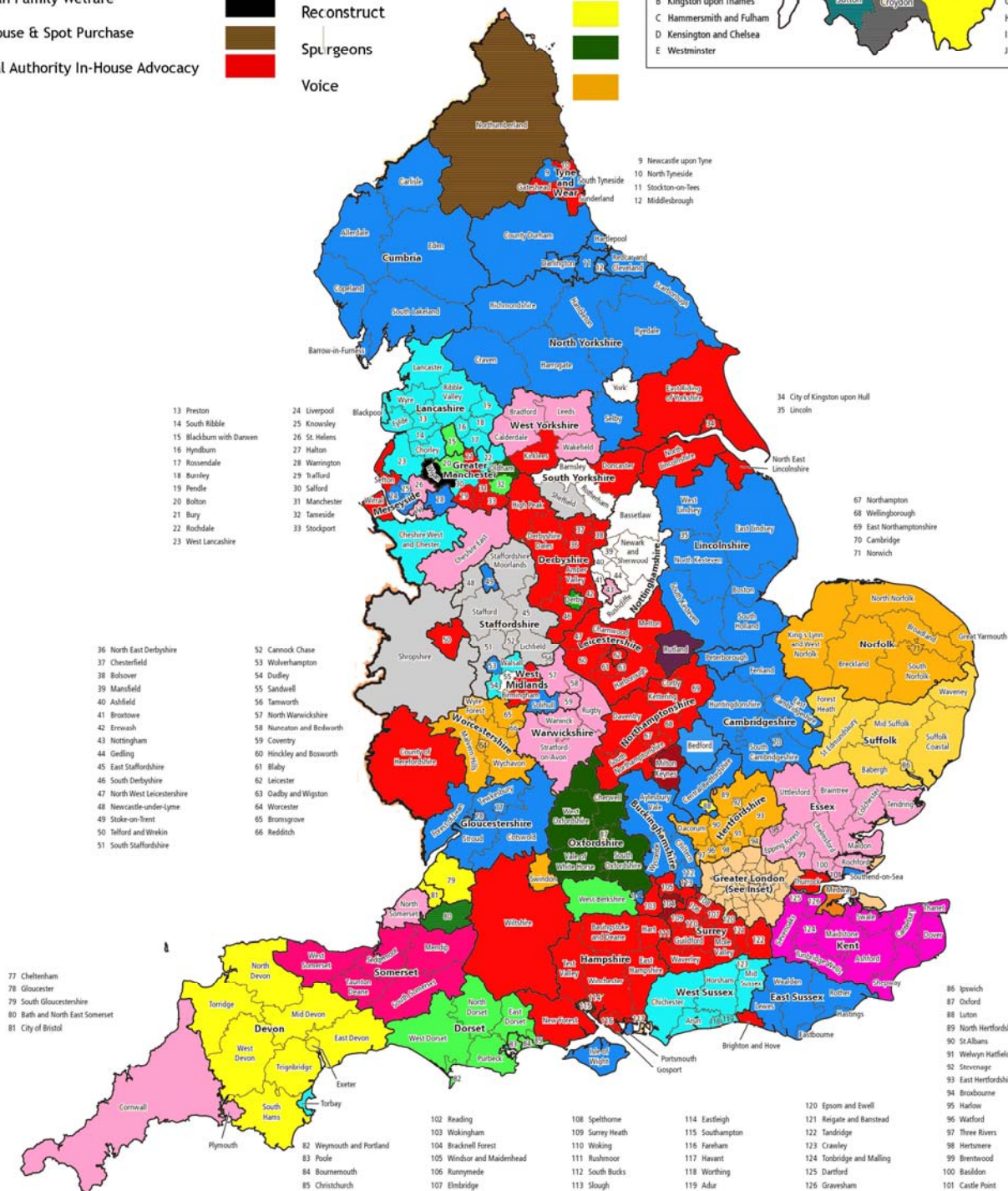
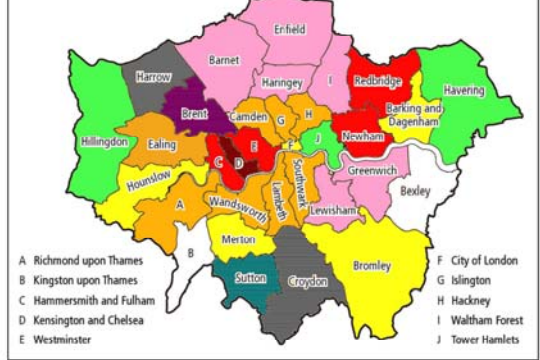
LOCAL ADVOCACY PROVIDERS

- Aid Hours
- Anglia Care Trust
- Jigsaw
- Kids Can Achieve
- Medway Challengers
- No Limits
- Promises +Advocacy Somerset
- Shout Out (Off the Record)
- Upfront
- Wigan Family Welfare
- In-House & Spot Purchase
- Local Authority In-House Advocacy

Spot Purchase

- Register of Advocates
- Not Known/None
- NATIONAL ADVOCACY PROVIDERS
- Action for Children
- Barnardo's
- Children's Society
- CSV
- NSPCC
- NYAS
- Reconstruct
- Spurgeons
- Voice

Greater London



1 Council Areas in Scotland and District Council Areas in Northern Ireland are equivalent to Unitary Authorities in England and Wales, but are shown separately.

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