

THE CHARACTERISTICS OF YOUNG PEOPLE USING INDEPENDENT ADVOCACY SERVICES

Marsha Wood and Julie Selwyn



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CHAPTER 1: INTRODUCTION

After the Inquiries into the abuse of children in residential care, Utting (1997) commented: *“looking after them (children in care) would be easier and much more effective if we really heard and understood what they have to tell us.”* Since that time advocacy services have expanded. Yet, the rapid growth in advocacy services has not been matched by research: little is known of their scope or effectiveness. This exploratory study set out to understand more about the characteristics of those who were referred to advocacy services using agency records to examine referrals.

BACKGROUND

Advocacy services for vulnerable young people began to develop in the late 1980s (Willow, 2013). Since that time services have continued to develop, as the result of changes to statutory guidance and new legislation that expanded the remit of services. However, despite the rapid growth of services, it is only in the last few years that research has begun to illuminate the scope of advocacy provision and begun to examine its effectiveness. Research on advocacy has, however, been hampered by: a lack of clarity on who should be entitled to the service; a constantly changing picture of service provision as a result of the commissioning relationship with local authorities; and the competitive tendering process acting as a deterrent for agencies to share information with researchers or with each other.

This chapter will explore some of the literature around advocacy services including: a consideration of what is actually meant by advocacy; entitlement and current provision; barriers to receiving services; debates around the provision; and an exploration of the issues of measuring the effectiveness of services. The focus of this report will be on independent advocacy for looked after children. It is beyond the scope of this project to explore advocacy provision within youth justice and health services.

WHAT IS ADVOCACY?

It is generally agreed that advocacy should be: child-led; that advocates should work *with* the child and not *for* the child (Moss, 2011); and that they should provide information and help young people make choices without making decisions for them (Pithouse *et al.*, 2005).

Independent advocacy for young people involves listening, empowerment by helping present young people's views, support, and the protection of rights (Oliver *et al.*, 2006; Boylan and Dalrymple, 2009; Willow, 2013). Brady's 2011 definition encompasses these points:

Advocacy is a partnership between a young person and their advocate. It redresses the balance of power between the adults making the decisions and the young people whose lives they affect (Brady 2011).

Most agencies providing advocacy make a distinction between instructed and non-instructed advocacy. Non-instructed advocacy is used by young people who are unable to give a clear indication of their views due to their age/immaturity or because of severe impairments. Non-instructed advocacy focuses on ensuring that the rights of the child are upheld. Some advocacy agencies have particular expertise in providing non-instructed advocacy. For example, Action for Advocacy state:

In such instances the advocate can take steps to ensure the person's basic human and civil rights are protected and develop a relationship with the person that may lead to a greater understanding of their wishes, needs and perspectives (Action for Advocacy, 2006).

Non-instructed advocacy work may also involve taking observations of the child and information from other people who support a child, in order to determine what the child's wishes are likely to be (Becker, 2011).

Many agree that there is a strong social justice element involved in the provision of independent advocacy (Boylan and Dalrymple, 2011). As Willow (2013) states:

The role of independent advocates is to help children express themselves and make changes. It empowers children to ensure their rights are respected and their views and wishes are heard at all times and is a means of achieving social justice because everyone matters and everyone is heard (Willow, 2013).

Yet young people themselves may have different views on the purpose of advocacy. In a study of children's views of advocacy (Morgan, 2008) some children thought that advocates were there to speak up for them and put their views across, whereas others felt that

advocates were there to fight their corner. This is a complex issue and it is not always clear how far the advocate role should extend. Many writers take the view that advocacy is not just about listening and speaking up for children, but also involves promoting children's rights (Willow, 2013; Becker, 2011; Boylan and Dalrymple, 2011). The national standards on the provision of children's advocacy services (Department of Health, 2002) state that advocacy is 'about empowering children and young people to make sure their rights are respected and their views and wishes are heard at all times'.

Advocates can face a difficult balancing act between views and rights and it can be a challenge to manage their role as a voice for the child, understanding and protecting children's rights, and also safeguarding children. Some advocates take the view that they cannot propose a course of action that the child may desire, if it would put a child at risk of harm. Instead, they would explain to the child why a particular action might be harmful (Becker, 2011). Other advocates state that they would explain to the child why a certain act may be harmful, but would still put the child's views across if the child wished. In order to understand whether a certain act may be harmful, however, advocates themselves will need a positive relationship with the other professionals working with that child. Advocates also need to be careful in pursuing a rights based approach that they do not jeopardise children's relationships with their existing carers (Barnes, 2007).

WHO IS ENTITLED TO ADVOCACY? CURRENT LEGISLATION AND POLICY

Legislation and policy regarding the provision of advocacy is complex and open to interpretation. Currently, children and young people are only entitled to advocacy in limited circumstances that are dependent on their care status, health, or their needs while they are in the youth justice system (Brady, 2011). In England, local authorities have a legal duty to make advocacy arrangements for children who wish to make a complaint about health or social care services¹ and for children who are detained under the Mental Health Act or 16 and 17 year olds who lack mental capacity². A report by the United Nations Committee on the Rights of the Child (2002) went further and urged the UK Government to ensure that every child deprived of his or her liberty had access to independent advocacy. Following the

¹ Adoption and Children Act 2002 and the Advocacy Services and Representations Procedure (Children) (Amendment) Regulations 2004

² Mental Health Act 2007 and Mental Capacity Act 2005

2003 review of child protection and safeguarding conducted by the Prison Service and the Youth Justice Board (see Willow, 2013); independent advocates were introduced into child prisons the following year. However, there is no legal framework for this type of independent advocacy, although they are, of course, still entitled to the same legal rights as other children such as when making complaints (Willow, 2013).

Statutory guidance on safeguarding and care planning³ encourages local authorities to extend the provision of advocacy to other looked after young people who wish it, although there is little detail about how factors such as the child's age should be taken into account. Underlying the guidance is the UN Convention on the Rights of the Child (1991) and in particular Articles 12 and 13, which emphasise the importance of children being able to represent their views in matters that concern them. Looked after children are particularly likely to need an advocate. The majority of children who enter the care system do so because of parental abuse and neglect and often lack a caring and consistent adult in their lives. They are less likely to have family members who can speak up for them or act on their behalf, as would be the case for the majority of children in the population. Recommendations stemming from the NSPCC summits on the theme of 'Advocacy for looked after children' proposed that advocacy services should be available prior to children becoming looked after to ensure that their views were represented (Becker, 2011).

The extent to which children's wishes and feelings are ascertained and taken into account has been acknowledged as an important element in children's wellbeing and has recently become part of the new Ofsted framework for inspecting the arrangements made by local authorities to protect children (Willow, 2013). However, there is still no absolute right to independent advocacy for children in care resulting in the quality and accessibility of advocacy provision remaining inconsistent.

³ The Children Act 1989 Guidance and Regulations, Volume 2; Care Planning, Placement and Case Review, and Volume 3: Planning Transitions to Adulthood for Care Leavers. DCSF 2010. HM Government. Also: Working Together to Safeguard Children. DCSF 2010. HM Government; National Minimum Standards, Department for Education 2011; and 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.

THE PROVISION OF INDEPENDENT ADVOCACY FOR YOUNG PEOPLE

Individual local authorities across England are responsible for the provision of advocacy for children and young people who wish to make a complaint or representation. In addition, there are a few independent, private or voluntary agencies that run fostering and residential services for looked after children who also need to make advocacy provision. There are two models of providing advocacy services currently operating. One model is where advocacy services are provided by employees of the local authority or agency - the employees are often designated as Children's Rights Officers. The second is an 'external market model' where advocacy is provided by an independent provider and this is the dominant model in England. A recent mapping study commissioned from Voice by The Children's Commissioner (Brady, 2011) identified that 70% of the 152 local authorities in England commissioned advocacy from independent providers. Sixty-three percent of local authorities used national independent providers and the majority of these services were provided by just nine large advocacy organisations.

It may be presumed that Independent advocacy services are more effective in presenting the voice of the child than are Children's Rights officers employed by the local authority. The argument is that the independent agencies are more willing to criticise LA practice and argue for more resources. Independent services are also considered to be more reassuring for young people who are mistrustful of the care system (Oliver et al, 2006) and presenting the voice of the child is one of the key National Advocacy Standards (DoH, 2002). However, doubts have been expressed about the 'true' independence of advocacy services, as advocates may be wary of challenging and questioning local authorities when they are dependent on those same authorities for their funding (Oliver et al, 2006; Boylan and Dalrymple, 2009; Brady, 2011). The relative merit of the two different models remains untested.

THE REASONS WHY YOUNG PEOPLE WANT INDEPENDENT ADVOCACY

Little is known about the reasons why young people contact advocacy agencies, although complaints are thought to make up only a small number of referrals. Previous studies (e.g. Oliver *et al.*, 2006, Morgan 2008, Moss 2011) that have used self-selected and small samples have identified that children and young people's main concerns were their placements, their

safety, and support at meetings to help present their views. Less frequently children and young people were reported to be concerned about: maintaining contact with family and friends; making complaints against professionals; problems with housing, welfare benefits and other entitlements; access to education services; legal problems including immigration and child custody; and health related issues.

BARRIERS TO ACCESSING ADVOCACY

There are variations between local authorities in their provision of advocacy services. In some areas, few services exist and these can be limited to the statutory minimum to support children in using the local authority complaints procedure (Morgan, 2008). So that:

There remains a postcode lottery for children attempting to access advocacy, both in terms of availability, independence and accessibility (Brady, 2011, p9)

Research has found few advocacy services for the most vulnerable children such as very young children, disabled children, asylum seeking children and children whose first language is not English (Franklin and Sloper, 2007 and 2008, Franklin and Knight, 2011, Townsley *et al.*, 2011). In addition, even where services exist, many children are not given information on advocacy provision. For example, Morgan, (2008) found that 30% of a sample of 1,113 looked after children said they did not know what an advocate was. Research has also identified that children living in foster care are less likely to know how to access advocacy support than those living in children's homes (Chase, 2006, Ofsted, 2010).

Brady (2011, p 38-41) identified a number of other barriers to accessing services including:

- a) Regional barriers: young people not knowing which local authority was responsible for their care;
- b) Organisational barriers: contracts with local authorities specifying which children could access advocacy (e.g. dependent on age, care status etc.) or the total amount of advocacy hours that could be provided to children; lack of shared information about a child's communication method and little joint working to facilitate a child's involvement in decision-making
- c) Physical barriers: limited opening hours or requiring young people to call in on a number requiring mobile phone credits or a landline

- d) Communication barriers for very young children, those who have communication difficulties, lack the self-confidence to ask for support from other adults, or fear the consequences of approaching another professional
- e) Confidentiality: children's concerns about the disclosure of information

Becker (2011) also noted that children placed out of area were disadvantaged, as advocates had to travel to see only one person, increasing the cost and reducing the availability of support.

Some of the identified barriers affect children's ability to access services, whereas others may affect the ability of advocates to hear and understand children once they have accessed an advocate. The provision of advocacy for looked after children is complex due to the wide ranging needs of children in the care system and points to the need for specialists within organisations to work with specific groups around access, support and legal rights (Becker, 2011). One report (Chase *et al.*, 2006) highlighted good practice in an organisation working with asylum seeking children. The specialist worker identified a number of issues faced by asylum seekers such as the difficulty in convincing them that it was possible to make a complaint without it having a negative impact on their asylum application with the Home Office. Advocates working with children with communication difficulties are also likely to need specialist skills such as art based methods to gather information from young people. As Moss (2011) states:

It is important to recognise that not all young people will have the capacity to share their views verbally, and that asking them questions can be done in a variety of creative ways.

In evaluating the effectiveness of advocacy, it is important to consider how agencies have met the National Standards for Advocacy (DoH, 2002), have overcome barriers to accessing their services and responded to the needs of different children.

LISTENING TO YOUNG PEOPLE

Listening is an essential component of advocacy work. To feel listened to, young people have to be heard. Some of the key factors identified as important to this process are taking time to get to know young people (Jelicic, 2013; McLeod, 2007) without stereotyping or judging them (Laming, 2003). Young people themselves have identified the ability of professionals to avoid making judgements (based on previous information or from reading case files), as a key skill that advocates should possess (Morgan, 2008). It is widely agreed that children's interests are:

better safeguarded, supported and promoted by having a personal champion in the form of an advocate who can support and if necessary speak on their behalf (Becker, 2011).

Advocacy enables children and young people's voices to be heard. This does not mean that children's views always reflect their best interest, but that they need to be able to communicate their views and experiences in order to feel listened to and to feel they have some control over their lives. Evidence shows that if children do not feel a part of the decision-making processes around their care, then they are less likely to be happy with their care arrangements (Oliver et al, 2006). Listening is thought to improve outcomes as it helps young people feel more in control of the situation, assertive and confident, more resilient and therefore less vulnerable to maltreatment (McLeod, 2007, Ward and Kennedy, 1992, Chorpita and Barlow, 1998).

Advocates may also face issues around separating the child's wishes from those of their parents (Oliver *et al.*, 2006). Advocates can face tensions in relation to cases where the child's wishes are not in accordance with their parent's or carer's views, and can risk undermining parents/carers or disrupting children's social networks of support. This can be particularly problematic in relation to family group conference work. Research by Laws and Kirby (2007), found that family members may see advocates as biased if they have not visited and heard the views of parents and those of the extended family, even though this is not within their usual remit. It is widely agreed that in order for advocates to be able to perform this complex role of listening and supporting young people without jeopardising

their other networks and relationships, they need to be very skilled and well trained (Becker, 2011; Moss, 2011; Willow, 2013).

EMPOWERING YOUNG PEOPLE THROUGH ADVOCACY

Looked after young people, can feel intimidated by adults, and may need support to become more empowered in their interactions with professionals. Looked after children can be marginalised and disempowered by wider social structures that have a significant effect on their lives and *'advocacy should go beyond the practical task of enabling voice and agency to promoting active citizenship'* (Boylan and Dalrymple, 2009, p.84).

One of the debates around advocacy and empowerment is whether support should be provided on a short-term or a long-term basis. Advocacy is often commissioned by local authorities to address single issues. However, young people commonly raise multiple issues once their relationship with an advocate develops (Franklin *et al.*, 2011). An argument made for longer term involvement is that all the issues faced by a young person need to be addressed in order to bring about a complete resolution but that it can take time for young people to open up about the problems they face (Townesley *et al.*, 2009). A consistent relationship with an advocate may be particularly important to young people who are experiencing many other changes throughout their care journeys (Moss, 2011, Laws and Kirby, 2007), and could be a key part of the empowerment process. It is also important to recognise that once issues are raised it can take some time for them to be resolved and/or for the outcome to be acceptable to the child. However, long-term advocacy where trust has developed with a particular advocate is not always feasible due to commissioning arrangements. This is because a current provider may lose a contract or the contract limits the amount of support available.

One argument for short-term advocacy is that, young people should be empowered and be able to 'self-advocate', and should not become dependent on a particular advocate. Brief intervention also makes better use of scarce resources. Some argue for a balance where advocacy is issue based but there is the opportunity for children to self-refer back at any point once their initial concerns have been addressed (Becker, 2011, reporting on NSPCC summits). Children and young people often prefer the same worker and complain that they have to repeat their story to multiple professionals. It could be argued that it is only

through longer-term involvement with children that the effectiveness of advocacy work can be fully understood, as it may be that outcomes that initially seem positive may not be so in the longer term.

So far, these issues mainly relate to individual empowerment. Most advocacy organisations also consider ways of bringing about change at a macro level - 'policy advocacy'. Themes that appear repeatedly in advocacy work may be raised with senior local authority staff in order to try to bring about wider change for looked after children. Some advocacy organisations also engage in 'participation work'. This involves working with a group of young people who have had advocacy services and encouraging them to become engaged in the wider process of empowerment for looked after young people. For example, participation groups might provide comments and views on local authority policies. It is important that the groups involved in participation work represent the diversity within the looked after population and do not just become the views of the most articulate children. Understanding the effectiveness of these processes and how change occurs may be another important area around monitoring advocacy outcomes.

Empowerment is a complex issue and draws attention to the need to think about advocacy on an issue, client, group, and organisational level. This is significant in how we think about outcome measures both in relation to resolving specific issues but also with regard to measuring the significance of advocacy work both in building relationships of trust and encouragement of disclosure, but also of building empowerment and independence for young people.

ADVOCATE OR SOCIAL WORKER?

There are debates about whether there is a need for advocates for looked after children alongside the many other professionals (especially social workers) in their lives. It is generally argued that the need for a separate advocacy service is because of the potential conflict between the child's wishes and feelings and the assessments and decision-making processes that the social worker has to undertake (Becker, 2011, Oliver et al, 2006). Sometimes the child's wishes may not always be in their best interest and this can prevent social workers representing their views. For example, a child may wish to return home, but the social worker believes that a return home would place the child at risk of harm. The

issue is complex however, as for social workers to reach a point at which they can decide what is in the child's best interest they also need to discover the experiences and views of the child. Evidence from inquiries into institutional care (Levy and Kahan 1991, Waterhouse 2000) would suggest that some social workers have great difficulty in communicating with children and that failing to listen to children allowed adults to exploit and misuse their power.

It has been argued that as social work has become more focused on case management and bureaucratic, overstretched social workers are unable to take on the role of listening to young people (Boylan and Dalrymple, 2011). Young people interviewed in one study (Oliver *et al.*, 2006) perceived advocates to have more time than social workers and displayed a greater willingness to listen. Social workers are often constrained in their planning by resource issues and young people can feel as though decisions that are made about their care are influenced more by financial restrictions than their welfare or rights. Independent Reviewing officers (IROs) have an important role to play in such processes ensuring that the care plan is delivered and children's wishes and feelings are given full consideration. Whether they are able to be effective in this role is the subject of two current research studies: one led by the National Children's Bureau and the other by Professor Gillian Schofield at the University of East Anglia. Initial findings from the NCB suggest that heavy caseloads and unsupportive working environments prevent IROs being able to monitor cases thoroughly. Advocates may therefore play a crucial role in ensuring children receive the appropriate resources.

For advocacy to be successful in the longer term, there is evidence that there needs to be a good working relationship between the advocate and the social worker (Boylan and Dalrymple, 2011; Jelcic, 2013). To do this, social workers need to reclaim an advocacy role so that they are able to work within a 'culture of advocacy' and do not find themselves positioned against advocates (Boylan and Dalrymple, 2011). Advocates too, need to be more aware of the role of the social worker and the limits of their power. One element of effective advocacy may therefore centre on improving relationships and communication between young people and professionals and between advocates and professionals such as social workers.

It is clear that the debates about the scope and functions of advocacy will continue. To contribute to the evidence base, this study set out to examine the referrals to independent advocacy agencies over a 12 month period to provide a profile of service users. It was intended that this would be the first phase of work leading onto a more detailed evaluation of the impact of advocacy services.

CHAPTER 2 STUDY AIMS AND METHOD

The focus of the first part of the study was on understanding which young people were referred for advocacy services and what they hoped to achieve. We aimed to establish a profile of the young people who had been referred (or self-referred) for advocacy services over a 12 month period. To do this we undertook a national survey of the referrals made to young people's independent advocacy services in England in the financial year 2010/2011 with the aim of:

- Providing information on the characteristics of children using the service
- Understanding the reasons for needing the service and
- Evaluating whether the reasons for the referral were resolved

Knowing which young people access advocacy services, why they do so and how, is an important step towards measuring outcomes. It is also important to know which groups make less use of or do not use advocacy services in order to consider how services could become more inclusive. It was hoped that the research would be able to help organisations understand if there were gaps in the provision of services and to aid in planning service improvements. It was also intended to be the first stage of a project that would later consider an evaluation of advocacy services.

The focus of this research was on independent providers of advocacy, which is the dominant model of provision in England. It was beyond the scope of this research to also explore in-house advocacy provision for young people.

RECRUITING ORGANISATIONS TO PARTICIPATE IN THE STUDY

To establish a national profile of the use of advocacy services we needed to include as many advocacy organisations as possible in the study. Therefore, our first task was to establish the total number of organisations. Voice provided an initial list of 19 organisations taken from their mapping study of independent advocacy services for young people (Brady, 2011⁴).

⁴ 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: London.

These were: Action for Children, Aid Hours, Anglia Care Trust, Barnardo's, The Children's Society, CSV, Jigsaw, Kids Can Achieve, Medway Challengers, No Limits, NSPCC, NYAS, Promises and Advocacy Somerset, Reconstruct, Shout Out (Off the Record), Spurgeons, Upfront, Voice, and Wigan Family Welfare. An internet search for other organisations was also undertaken and this identified six more organisations: Maze, Triangle, VIVA, Voiceability, Wired, and Young People Cornwall. Maze were no longer in operation at the time the research was conducted but it is possible that they provided some advocacy service during 2010/11.

We cannot be sure that we assembled a complete list of advocacy organisations, as there is no national register or single source. A further caveat concerns the age boundary between young people's and adult's advocacy services. Organisations differed in their approach with some limiting services to those aged 18 years or below while others set the threshold at 23 years⁵. Unfortunately, it was beyond the scope of this research to explore the independent advocacy for young people provided by adult focused organisations. Therefore, this study explored referrals from independent advocacy services aimed specifically at young people rather than all independent advocacy services that are available for those who may be defined as young people.

It is of interest to note that three of the organisations that were providing advocacy services in 2010/11 (Maze, Spurgeons and CSV) were no longer doing so at the time of data collection (Summer, 2012). It must be remembered that the provision of advocacy services is a constantly changing picture, as organisations are involved in competitive tendering and smaller organisations that are wholly dependent on one local authority's funding are very vulnerable to changes in the commissioning process.

All of the identified advocacy organisations were contacted throughout January - September 2011 and invited to take part. Two organisations said that they were unable to participate due to a lack of resources. Four organisations failed to respond to efforts to engage them in the study. Some organisations refused to take part because they had misconceptions about the provisions of the Data Protection Act (for example, saying that it was in breach of the

⁵ National Standards for Advocacy (2002) cover advocacy for children and young people (including those leaving care) up to the age of 21.

data protection act to pass on anonymised information about the child) and others refused because they could not see how the research might benefit their organisation.

We were pleased to receive consent from 11 independent advocacy organisations: eight large national agencies and three local providers. These agencies provide the vast majority of independent advocacy services in England and supply approximately 80-90% of independent advocacy services for the 106 local authorities who commission independent services⁶. We also estimated that the referral information we received represented approximately 80-90 % of all referrals to young people's independent advocacy services⁷. We began receiving the information on referrals in May 2012 and the last set of information on referrals arrived in January 2013.

THE SAMPLE INDEPENDENT ADVOCACY ORGANISATIONS (N=11)

All of the participating organisations were asked to provide referral information for their advocacy services from 1st April 2010 – 31st March 2011. Some of the larger organisations did not hold information centrally but instead held it in several satellite organisations, resulting in staff having to co-ordinate the collection of their organisation's data.

We asked organisations to provide only data where the referral resulted in actual *take up* of the advocacy service. We decided this after it became clear at the first advisory group, that not all organisations collected data where there was no actual take-up of the service. For example, some organisations did not record telephone calls from a young person or professional that did not result in the provision of services, even though staff may have spent time resolving issues on the phone. It is important to recognise that this study does not reflect the full workload of organisations with regard to referrals such as signposting to

⁶ Mapping study found that of the 152 LAs, 63% commissioned advocacy from national independent advocacy providers, 26% had in-house services, spot purchase agreements, or a register of advocates, 7% commissioned advocacy from local independent providers and 5% were unable to identify any arrangements (Brady 2011).

⁷ This estimation was derived by asking organisations who were still in operation, but unable to take part in the research, to let us know approximately how many referrals they received for independent advocacy in April 2010 – March 2011. Most responded to this request. For the few that did not respond an average amount (taken from the referral figures already known) was used to get a more complete picture of the total number of referrals.

other services or quick resolutions. It is also beyond the scope of this research to report on the provision of advocacy for young people in the secure estate or of visiting advocacy⁸.

INFORMATION ON REFERRAL FORMS

In order to understand what kind of data we might be able to collect, all participating organisations provided a blank copy of their referral forms. There was no consistent way referral information was collected. Indeed some organisations had different referral forms *within* the same organisation. Since we collected the referral data, at least one organisation has addressed this issue and ensured consistent collection within the agency.

From the referral forms we compiled a list of the information we were interested in. This list was sent to organisations as an indication of the kind of data we wanted them to provide. The most important categories (variables) were gender, age, ethnicity, disability, reason for referral and any information on children's outcomes.

⁸ Some services, provide visiting advocacy services to various locations where young people may be living such as residential homes and schools, and adolescent psychiatric hospitals in order to offer advocacy support to young people who need it.

Figure 2.1: List of information for data collection

Demographics

Identification number for the child
Date of birth
Gender
Ethnicity
Language
Religion
Legal status
Local Authority
Does the child have a physical or learning disability?
Details of disability
Does the child have any mental health issues?
Details about mental health issues
Does the child have an SEN statement?
Immigration status
Was an interpreter provided for the child if needed?
Is the child a care leaver?
What type of accommodation is the child living in (foster/residential/other)

Details of the referral

Date of referral
Who made the referral
Has the referral been discussed with the young person?
Reason for the referral
Does the young person have any preference for a male or female advocate?
Any other issues regarding choice of advocate (e.g. Language)
How was the referral made?
Any previous referrals?
How did the young person hear about the advocacy organisation?

Outcomes of the referral

Status / action
Case opened date
Case closed date
Case closure – details of case / summary of what undertaken
Outcomes and reason for case being closed

Details of Advocate

Gender of advocate
Ethnicity of advocate

Satisfaction with advocacy service

Has the young person completed a feedback form about the advocacy service?
Details on young person's satisfaction with the service

ANALYSIS

Organizations had no standard way of collecting and recording information and this resulted in several challenges for the researchers. A few organisations sent information that was straightforward to understand, in that all the information was listed on one spreadsheet and variables were comprehensive. For others there were a number of complications. The first task was to create one spreadsheet of data from each organisation. This was difficult because many of the organisations had a number of umbrella projects and often the information was held on separate spreadsheets and not always in consistent formats between the different umbrella projects. Some organisations also held the data at different levels. For example, with their demographic data provided at a level of the individual child (i.e. one case line per child), and referral data at an issue level (i.e. one line per issue). This involved restructuring and merging the data. Not all the agencies recorded repeat referrals.

The second task was to create a consistent list of headings (variable names) for each separate organisation so that these could be later merged into one dataset for all providers. This was problematic as similar information was collected in slightly different ways. This resulted in the creation of quite a complex data set with many different variables. Referrals were entered into Excel where the data were cleaned before being transferred into SPSS for analysis. The next chapter will examine some of the potential issues for providers that have become apparent to the researchers through the data collection and collation process.

SUMMARY

- All of the advocacy organizations were asked to provide information on referrals for the year 1st April 2010 – 31st March 2011 that resulted in take up of advocacy services.
- We estimate that the referral information we received represent approximately 80-90 % of all referrals to young people's independent advocacy services.
- We were concerned that some of the organisations who chose not to participate did not appreciate the benefits of research and that the Data Protection Act was misunderstood and used to defend their decision.
- The main information we wished to collect was on the: child's gender, age, ethnicity and disability; reason for referral; and any outcome data collected.
- Each agency had their own referral form and there was little consistency in the way information was collected and recorded

CHAPTER 3 INFORMATION PROVIDED BY ADVOCACY AGENCIES

This chapter considers the quality of the information received from the advocacy agencies on their referrals and raises issues about data collection and comparability.

DEMOGRAPHIC DATA

All the organisations were able to provide information on most of the young people's gender and age. There was very little missing information. There were however issues regarding other demographic variables. These will be outlined below:

CHILDREN AND YOUNG PEOPLE'S ETHNICITY AND LANGUAGE

All the organisations collected information on the children and young people's ethnicity although in some organisations there were substantial amounts of missing data. In collating the information on ethnicity from the different organisations it became evident that there were many different ways in which ethnicity had been recorded. For example, some organisations used the categories from the Census while others used different options. In total, 11% of children and young people who had been referred did not have their ethnicity recorded.

The majority of children (90%) did not have their language recorded. There may have been an assumption that if white or British that English was spoken.

DISABILITY

Most organisations collected information on whether the child had a disability or not. Some organisations used a Yes/No response, whereas other organisations recorded considerable detail. In some organisations, children with mental health or emotional and behavioural difficulties were combined with physical and learning disabilities and in other agencies, these kinds of difficulties were recorded separately.

RELIGION

The majority of children (98%) did not have their religion recorded. Only four organisations collected information on the religion of the child. Even where there was information it was

unclear whether the information collected was the professional's perception or because the child or young person had been asked. Staff in some organisations stated that the reason information on the child's religion was missing was because professionals felt uncomfortable asking the question, especially during their first contact with a young person.

On the one hand this may provide an argument for data systems which are regularly updated over the course of a case rather than just at the start. However, it also raises the question, as to why professionals feel uncomfortable asking a child about their religion. The religion of a child may be more significant to them than their ethnic identity (religion is part of ethnicity, yet not recorded in the ethnic categories). It is just as important to understand if children from particular religions are excluded from services as might certain ethnic groups. It is not clear why professionals feel that a young person would be offended if a professional asked about their religious beliefs.

REFERRAL DATA

RECORDING OF REPEAT CASES

Participating organisations were asked to provide the child's unique identifying code that was used by the organisation (i.e. the ID that would stay the same if the child was referred more than once to the same organisation). This was in order to be able to report the number of repeat referrals to the organisation within the year. There was considerable variation between and within organisations, as to the availability of repeat referral information. For some organisations there seemed to be no repeat cases (i.e. they supplied different ID codes for each case), whereas for other organisations the same ID code appeared more than once showing that the same child had come back to the same organisation. Within one organisation their satellite projects recorded this information differently, with some projects having the one child and one ID number, and other projects having one child and multiple ID numbers. There are a number of possible explanations for these variations in the recording of referrals:

- Organisations may vary in their recording of information - perhaps some held cases open for longer, whereas in others cases were closed more quickly

meaning that a new referral was created again when a child came back to the organisation.

- Some organisations were unlikely to have repeat referrals due to the nature of the work they undertook e.g. work with children with a disability
- Some organisations used multiple ID codes for the same child.

Our original aim was to analyse the information based on the number of children referred - recording for each child their total number of referrals. However, as some organisations created new IDs when a child was re-referred, the analysis will be based on the number of referrals rather than the number of children.

Some organisations work with children with disabilities with particularly complex needs. This affects the number of new referrals such agencies can accept in any one year. For organisations working with such children, collecting data on referrals over a 12 month period does not adequately reflect the services provided. It was not the intention of this research to measure workload, but rather to look at the characteristics of the children referred. We think, however, that it is important to note the different types of advocacy work that are undertaken with children and young people with severe disabilities.

REASON FOR REFERRAL DATA

One of the aims of the study was to understand the reasons why young people requested or were referred for advocacy services. We were pleased that all organisations were able to provide some information on this. There was however considerable variability in the way the reason for referral was recorded by organisations:

- Sometimes, the reason for referral was very broad and gave little meaning. For example, the reason for referral in one organisation was simply 'need for advocacy and representation'. No other details were recorded to understand what the 'need' might be. In another organisation 'children's rights' was often used as a code for the reason for referral and in another organisation, a common coding entry was 'emotional and behavioural wellbeing'. These lack

detail in terms of understanding the reason for referral and therefore it is also difficult to know whether the services provided have met the need.

- For other organisations, even where different coding options were available, a single code was entered for all cases. For example, in one of the advocacy projects, the reason for referral was entered as 'poverty' for *every* case. Perhaps the project specifically provided advocacy only to children who were living in poverty, but this description did not indicate the focus of the work for the advocacy organisation.
- Within organisations there was a lack of consistency around the coding of the reason for referral. This may indicate a lack of shared understanding among staff on the way to code reason for referral.
- Some organisations entered just one reason for referral whereas others entered several. Where there were several reasons entered, there was no indication of which was the most significant.

OPEN/CLOSED CASES

It was not always clear on what date the case was closed and it might be the date that staff did their admin recording, rather than the actual date.

IDENTIFYING SIBLINGS

Only two organisations provided a means of identifying sibling groups. In one organisation, the same ID code was used but suffixed with a letter 'a', 'b', 'c' etc. to identify siblings. From a research and organisational view, it might be useful to know how often sibling groups are referred.

OUTCOME DATA

Six organisations provided some kind of data on the outcomes of the services they provided, but this information was inconsistent and there was a great deal of missing data. Outcome information was influenced by:

LOCAL AUTHORITY MONITORING REQUIREMENTS

Some local authorities required advocacy organisations to supply information on their effectiveness. However, it was unclear how the measures related to children's outcomes or how they had been developed. It was reported that LA requirements frequently changed. Consequently, organisations were unable to collect consistent data over time. In addition, each LA had their own measures and therefore projects within the same organisation were often required to collect different information in order to comply with their service level agreements.

OUTCOME MEASURES OR INDICATORS

Some advocacy organisations had developed their own tools for measuring effectiveness. Further investigation is needed to see if a tool to measure outcomes can be agreed and used by *all* advocacy organisations and for this to be developed in collaboration with local authorities. It will, however, be difficult to develop a set of measurable outcomes when the reason for referral is not accurately and consistently recorded. It is important to develop a system where there is a link between the reason for referral and the outcome of the referral. It would also be useful to have systems where non responses can be recorded, and the reasons for non-responses. For example, where attempts were made to get feedback from the young people but they did not respond.

MISSING INFORMATION

Some organisations collected data through systems which could be updated by professionals throughout the lifecycle of a case. Others collected data at the point of referral and this was not updated until a case closure date was entered. This may be more

likely where both advocates and admin staff have particularly high workloads making it hard to find the time to update systems on a regular basis.

For several of the demographic categories there was a great deal of missing information and it was difficult to understand the reason for this. For example, one organisation collected data about children being unaccompanied minors. There was a 'yes' marked against a few of the cases but the rest were left blank. It was not easy to ascertain if all the other young people were definitely 'no' cases or if it was simply that someone had not entered the information in this category.

SUMMARY

- There was no standard way of collecting and recording information across the organizations, which resulted in a challenging task for researchers.
- There was considerable variation both between and within organizations in the recording of repeat referrals with some using the same ID codes for the same child and others using different ones. Therefore, the analysis was based on the number of referrals rather than the number of children.
- There were many inconsistencies around the coding of reason for referral and outcome data both between and within organizations.
- A consistent approach to the recording of the reason for referral is necessary to develop a set of measurable outcomes so that there is a link between the referral reason and outcome of the referral.
- The differing demands of LAs have made it difficult for agencies to create a consistent set of data.

CHAPTER 4 REFERRALS TO INDEPENDENT ADVOCACY AGENCIES

Eleven independent advocacy agencies supplied information on the referrals they had received over a one year period (1st April 2010 - 31st March 2011). Eight of the agencies participating in the research were independent national charities (six of which were large children's charities) and three were independent local charities. Two agencies specialised in working with children with a disability who tended to provide services over a longer time frame and therefore had fewer annual referrals. Consequently, referrals do not equate with workloads.

All agencies worked with children who were looked after. It was not always clear but it seemed that most also worked with children subject to child protection plans and some with children in need. It also seemed that some extended their services further to those needing support with regards to education and health. Two agencies also provided advocacy services to children in secure settings. Data on this aspect of their work, however, was not collected as part of this research. The majority employed trained and paid advocates. A few also used volunteer advocates. Some services employed many staff, whereas other agencies were small and included one that was operated by a single person reporting over 250 referrals.

The 11 advocacy organisations supplied information on 7,039 referrals including 2,000 referrals where the referrer was signposted onto other services. Given the agencies and size of our sample we estimate this to be about 80% of all the referrals received by young people's advocacy organisations in England during the year. It must be remembered that the data provided was for the year 2010-2011 and that the pattern of referrals may have changed since that time.

All agencies provided some information on the referral region, although this was missing for a small number of referrals (1%). It was not always clear from the data provided whether this was the region that the child was living in or the region of the local authority providing the funding to support the child. One referral case provided had recorded Scotland as the region and one stated it was from the Channel Islands. These have been excluded from the analysis, as it was not our intention to collect data from these areas. Table 4.1 shows the number of referrals received by independent advocacy agencies by region.

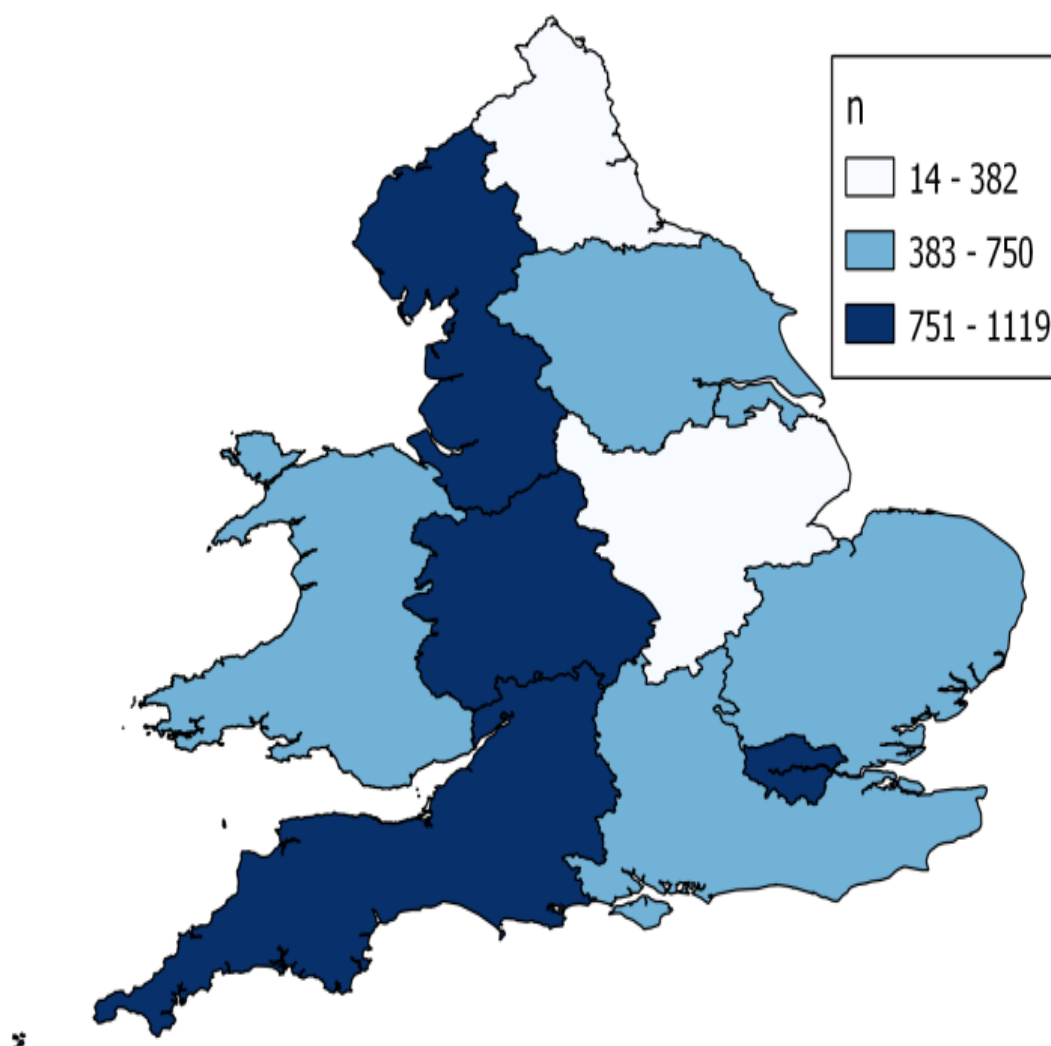
Table 4.1: Number and percentage of referrals by region.

	Number of Referrals	Percentage of total referrals	Percentage of all looked after children living in each region in 2010/11
East	704	11.2	9.6
East Midlands	213	3.4	6.6
London	900	14.3	17.0
North East	369	5.9	5.7
North West	753	12.0	17.4
South East	689	11.0	12.6
South West	1,133	18.0	7.8
West Midlands	1,023	16.3	12.4
Yorkshire and the Humber	495	7.9	10.9
Total	6,279	100.0	100.0
Missing	93		
Wales*	665		
	7,037		

*Wales have been excluded from the percentages in order to make the data comparable to Looked After Children Statistics for English regions.

The highest proportions of referrals were in the South West (18%) and the West Midlands (16.3%). The smallest proportion of referrals came from the East Midlands (3.4%) and the North East (5.9). Table 4.1 shows that the North West, East Midlands, London and Yorkshire and Humberside were the areas with the fewest referrals when compared to the looked after population as a whole in those areas.

Figure 4.1: Number of referrals made to independent advocacy agencies 2010-11 by region



Half of all the referrals came from one independent advocacy agency. The high number of referrals from this agency is likely to reflect their inclusion of calls to their helplines that were likely to have resulted in an onward referral or quick resolution, and were unlikely to have involved face to face work with an advocate. We estimate that approximately 30% of this agency's referrals were of this nature (see later section on referrals – information/signposting for more details). Including this large data set however is interesting as it shows the level of work that will be undertaken by many agencies that does not get reflected in normal recording systems. In addition, the number of referrals also

reflects the size and scope of the agency. Most of the other agencies were only able to provide information on referrals which resulted in an actual take up of services resulting in face to face contact. This would account for the large difference in the number of referrals received in the year (Table 4.2).

Table 4.2: Number and percentage of referrals by agency (2010-11)

Agency	Number of Referrals	Percentage of total referrals
A	3,672*	52.2
B	997	14.2
C	567	8.1
D	483	6.9
E	373**	5.3
F	263	3.7
G	224	3.2
F	175	2.5
H	150	2.1
I	127	1.8
J	6	.1
Total	7,037	100.0

* This agency is likely to have included referrals that may have led to signposting or giving information over the phone and have not necessarily resulted in the provision of face-to-face services as was the information provided by other agencies. If the referrals from that agency which only related to providing information or signposting are removed, then they received around 2,500 referrals

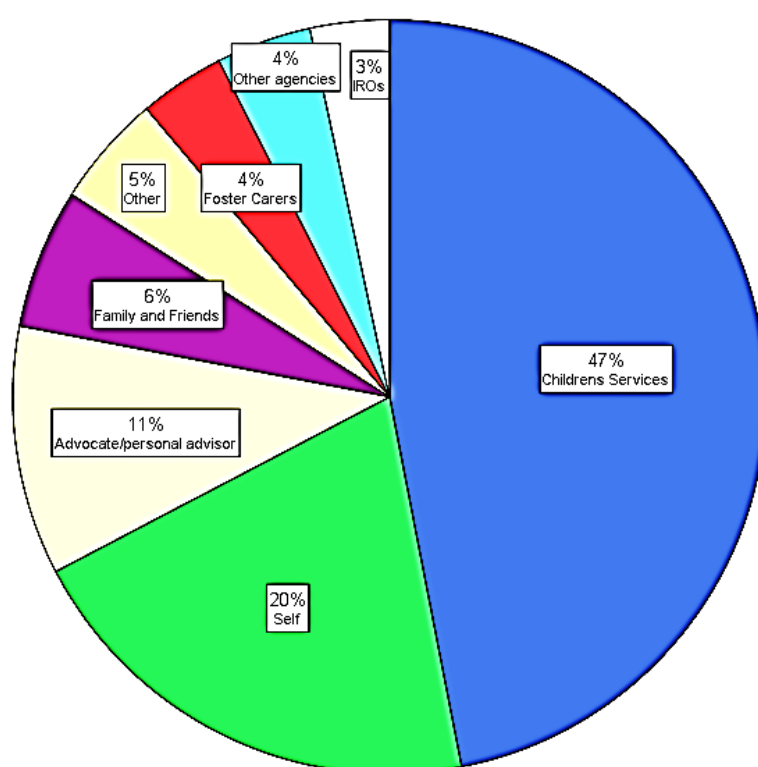
**This agency was unable to provide information on their London based services, so the figure does not include all the agency's referrals.

Source of referral

All agencies provided some information about the source of the referral. Data were missing from 10% of referrals. Almost half of the referrals came from Children's Services, 20% were received from the young person themselves, and 11% came from an advocate or personal advisor. Referrals coming from an advocate or personal advisor may indicate that the young person was being signposted from one agency to another, or after resolving one advocacy issue, the young person contacted the advocate again for help with another issue

and were then re-referred by that advocate. Family and friends were responsible for 6% of referrals and foster carers for almost 4%. Referrals also came from the police, health professionals, teachers, solicitors, children's rights officers, complaints managers and independent visitors. It is clear that there were a wide range of routes through which young people accessed advocacy services (Figure 4.2).

Figure 4.2: The source of the referral for advocacy services



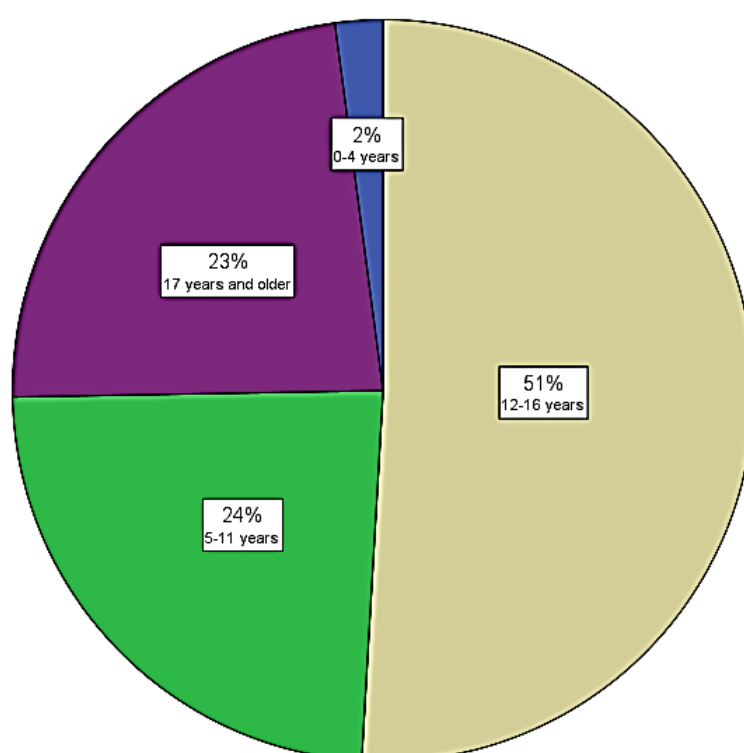
Only four large agencies recorded information on how (i.e. phone, form etc.) the referral was received. However, these agencies were responsible for 61% of all the information we had received on referrals. Three of the agencies received over three-quarters of their referrals by phone. One agency used mainly referral forms. Very few referrals came into agencies by text message but email was used more often by two of the agencies (14% and 36% percent). One agency stated that outreach / drop in methods were the main referral

route in almost a quarter of their cases showing how innovative means of reaching out to young people can be important and might be a way of improving access.

Age and gender of children and young people

All agencies provided some information on the age of the children and young people referred to their advocacy service, although again 3% of the total number of referrals did not include information on age (Figure 4.3). Around half (51%) of the referrals came from or were about young people aged between 12 and 16 years old and more than one in five (23%) were aged between 17-24 years old. Twelve young adults were also recorded as making a self-referral (range 25-35 yrs old). There were very few referrals regarding 0-4 year olds (2.1%).

Figure 4.3: Proportion of referrals by children and young people's age (n=6,836)

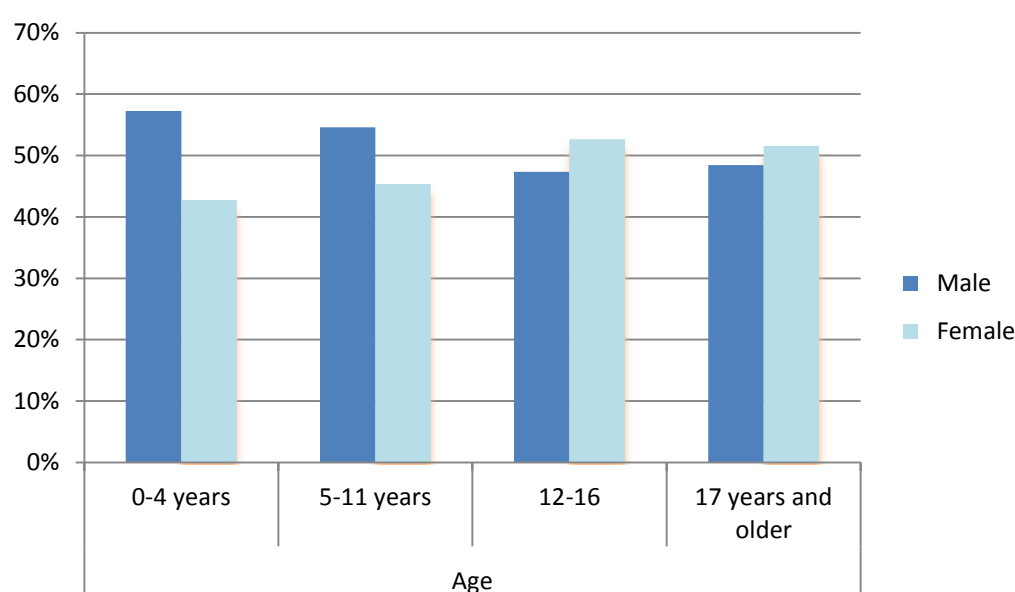


Gender was recorded for 99% of the referrals. There was no overall statistical difference in the gender of young people referred to advocacy services (males 49% and females 51%). However, national statistics (DfE, 2011) on the gender of looked after children consistently report that more boys than girls are looked after. For example in 2011, 56% of the looked

after population were male and 44% female. Therefore, the data indicates a slight under-representation of boys using advocacy services.

When taking both age and gender into consideration, younger boys were statistically more likely than younger girls to use advocacy services (Figure 4.4). Conversely, older girls were more likely than older boys to use services.

Figure 4.4: The percentage of referrals by children and young people's gender (n=6,936) and age (n=6,836)



Ethnicity of children and young people

Although all organisations provided some information on the ethnicity of the children and young people referred to their advocacy services, there was also a great deal of missing information. More than one in ten children had no information recorded about their ethnicity and in some organisations, this was the case for as many as a quarter of those referred.

Where information was available, the majority of young people were recorded as being white English or Irish (78%). This proportion is slightly higher than the proportion of white English/Irish young people (75%) who are looked after children (DfE, 2011). Mixed ethnicity children were slightly under-represented compared with the number in the looked after

population (5% per cent of advocacy referrals compared to 9% looked after). However, this may be because mixed ethnicity children tend to start being looked after slightly earlier than other minority ethnic groups and as we have already seen young children were less likely to be referred for advocacy. Young mixed ethnicity children are also more likely to be adopted than other ethnic minority children and therefore they do not tend to stay in the care system for as long (Selwyn et al 2010). It was also not clear from the data provided as to who made the judgement on the child's ethnic status and whether the young people were asked themselves, or if the advocate or other professionals recorded their own opinion. It is possible that the under-representation could also be due to incorrectly ascertained and recorded information. Previous research has identified how mixed ethnicity children are sometimes recorded as white (Selwyn *et al.*, 2010).

The referral information also indicated a higher than expected representation of those from white European backgrounds (Table 4.3) On closer examination however, it was evident that one agency coded 99% of all their referrals as belonging to this category. The ethnic category of 'white European' included those who were white British. When these referrals were excluded from the analysis only 100, or 2 per cent were of white European ethnicity.

Table 4.3: Number and percentage of referrals by ethnicity of child

Agency	Number of Referrals	Percentage of total referrals
White English and Irish	4,861	77.9
White European	249	4.0
Mixed Ethnicity	306	4.9
Black	364	5.8
Asian	316	5.1
Chinese	8	.1
Any other ethnic group	127	2.0
Gypsy or Irish Traveler	8	.1
Total	6,239	100.0
Missing	798	
Total	7,037	

Religion of children and young people

Only five of the eleven agencies collected referral information on the young person's religion and even in those agencies most of the information on religion was missing. There was only information on the religion of the child for 2% of all referrals. The majority of the 149 referrals where religion was recorded were Christian (67%) and 23% were Muslim. The remaining children were recorded as Atheist (1), Agnostic (1), Buddhist (1), Hindu (1), Jehovah's Witness (4), Sikh (1) and Other (6). There was no further information about the religion of those described as 'other'.

The gaps in information prevent any understanding of whether children from any particular religious background were not accessing advocacy services. The variety of religions that were recorded do indicate the need to consider the potential diversity within the population seeking advocacy support and the need to think about providing culturally competent

advocacy support. Religion can be an important part of young people's identity (more so than 'ethnicity' for some).

Language of children and young people

Five agencies (four of whom were the same as those who provided information on the child's religion) provided information about the language spoken by the child but as with the recording of religion, there was a great deal of missing information. Overall, information on the child's first language was recorded for just 10% (682) of referrals. The young person's first language was recorded as English in 93% of these cases and another language for the remaining 7%. It is not known whether the missing information was because the majority of children were white British and an assumption had been made that it was unnecessary to record the child's language. Sixteen young people were non-verbal and used British Sign Language (BSL) or Makaton. Five spoke Pashtu/Dari, three spoke Tigrinya, three Portuguese, four Farsi, two French, and two Kurdish. The remaining single cases were recorded as Albanian, Amharic, Greek, Lingala, Cantonese, Mandarin, Somali, Spanish, Tamil, Urdu and Welsh. Although information was limited, the 19 different languages spoken by 30 children gives some indication of the significance of the role and skills needed by interpreters. Only 18 children were recorded by a small number of agencies as needing an interpreter. So, either non-English speakers had difficulty using advocacy services and/or if they did, there was a lack of available interpreters. The agency that reported the highest overall number of referrals recorded only 0.4% of all their 3,672 referrals as requiring an interpreter, although it was not clear from the data whether these young people actually received an interpreter.

Immigration

Only four agencies had recorded any of the referrals as concerned with unaccompanied asylum seeking children. The four agencies recorded 25 children in this category representing 1-3% of all the referrals to those individual agencies. At 31st March 2011, 2,720 children (4.2% of all looked after children) were recorded as being unaccompanied asylum seeking children. It is likely that this group of children were under-represented in referrals to advocacy agencies.

Disability

All organisations were able to provide some information on children and young people's disability. However, agencies did vary in the proportion of children and young people with a disability being referred depending on the scope of their service. For example, one agency recorded no children with a disability but in contrast another agency recorded all their referrals as children with a disability. In total 18% of all the referrals were recorded as being for a child with some disability (Table 4.4).

Table 4.4: The number and percentage of agency referrals for children with a disability

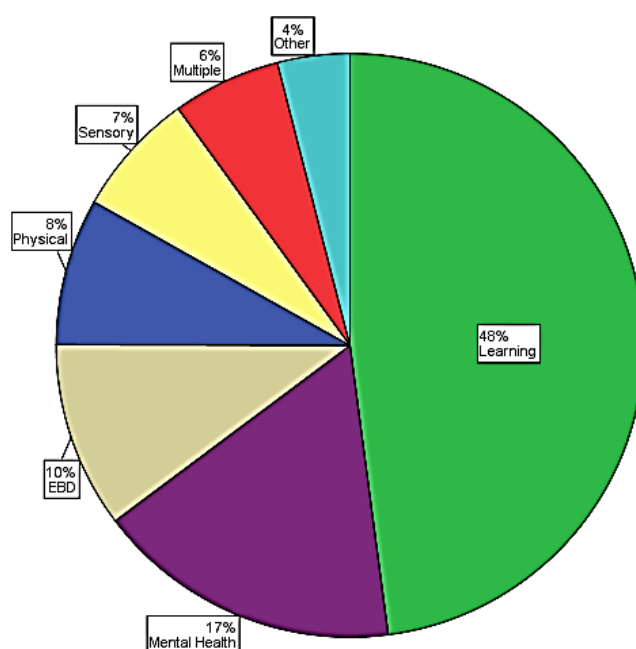
Agency	Number of children recorded as having a disability	Percentage of children within referrals recorded as having a disability
A	602	16
B	229	23
C	122	21
F	101	58
D	101	21
I	48	38
H	34	23
G	33	15
E	28	7
J	6	100
F	0	.0
Total	1,304	18.5

Comparing the data on disability was problematic, as it was clear agencies defined disability in different ways. Some agencies included emotional and behavioural difficulties or mental health problems in the definition of disability while others did not.

Nine of the 11 agencies did provide more detail on the type of disability for 533 children (around 42% of the cases recorded as being disabled). The majority of these were described

as having a learning disability, with the next greatest proportion recorded as mental health and emotional and behavioural difficulties (Figure 4.5). In some cases the specific emotional and behavioural difficulty was recorded. The majority of these children and young people were on the autistic spectrum or were recorded as having an attention deficit/ hyperactivity disorder.

Figure 4.5: The percentage of children and young people with a reported disability (n=1,304)

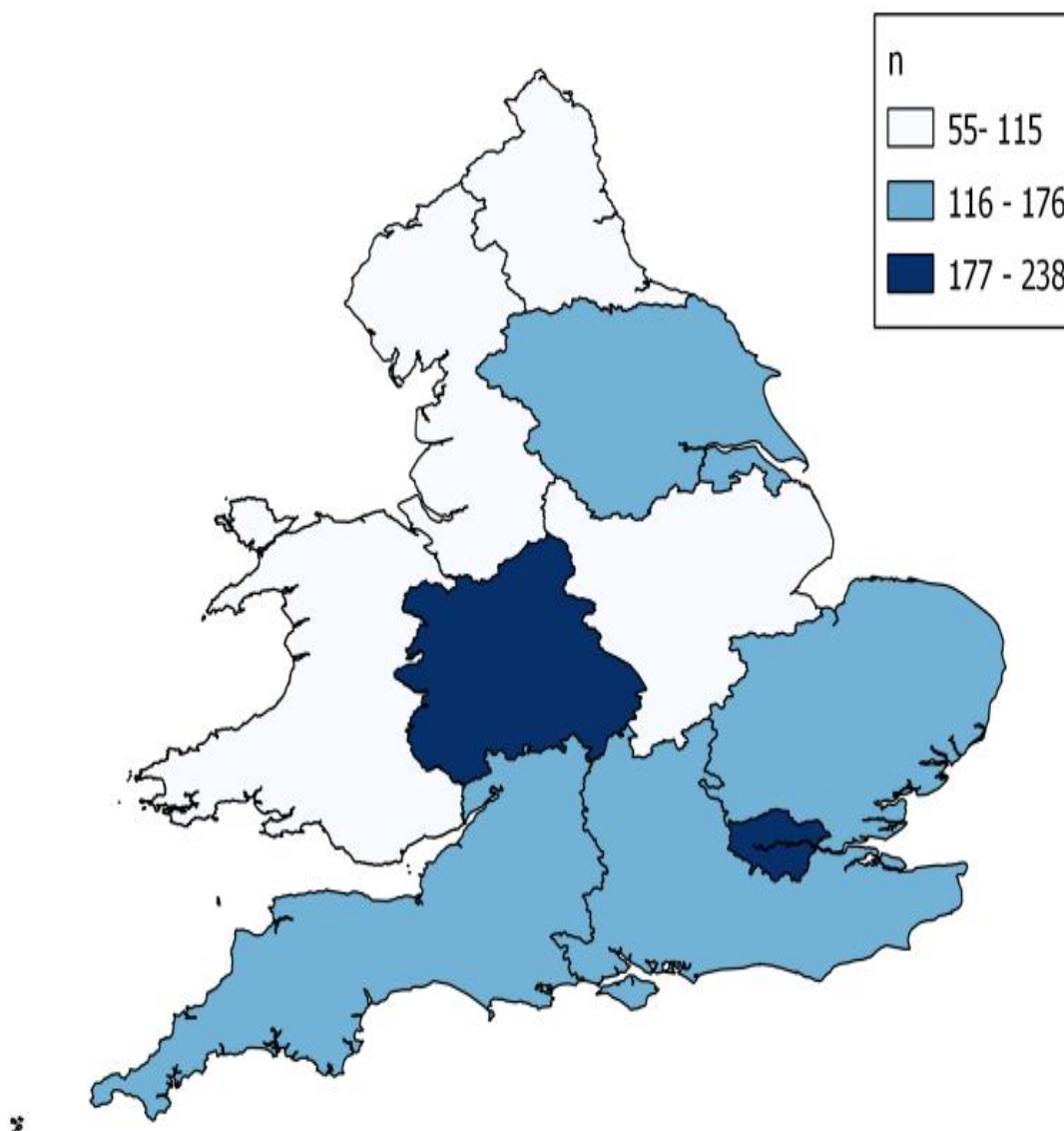


There are no annual statistics on the proportion of looked after children who have a disability. It has been estimated that between 11%-25% of looked after children have some kind of disability (Baker, 2007). Comparisons with looked after children are difficult due to both the variation in definitions used between different advocacy organisations and the lack of systematic data collection on the disability status of looked after children.

Disability by area

The information provided showed that fewer young people with a disability were referred to advocacy services in the North East, North West, East Midlands than in the rest of the country. The greatest number of referrals concerning children with a disability were in London and the East Midlands regions (Figure 4.6).

Figure 4.6: Number of referrals where the child young person or has a reported disability by region

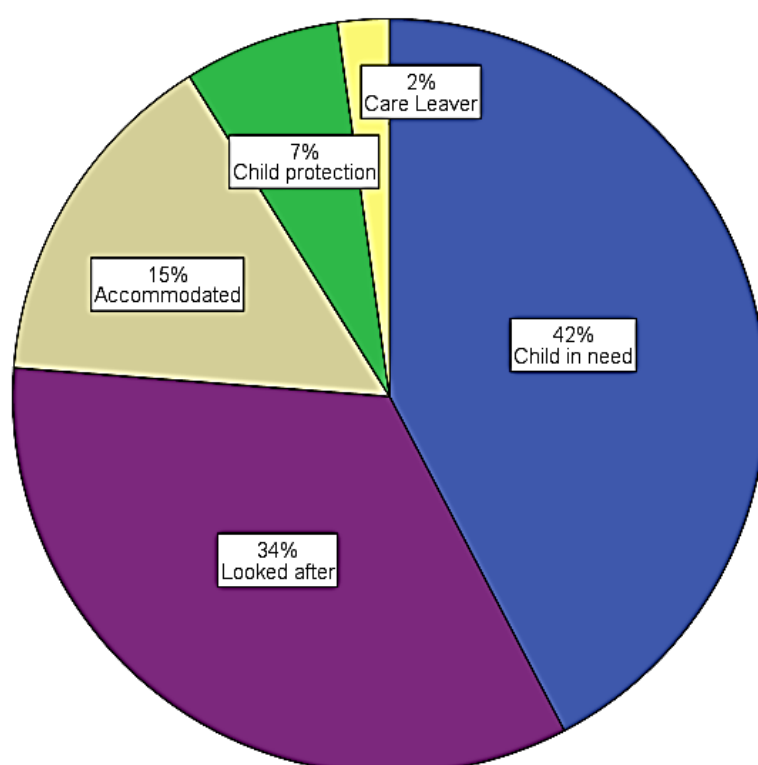


Legal Status

All but one agency recorded the legal status of the child using their service, however data were incomplete on individual referrals. Legal status was missing for 11% of referral cases. Some agencies recorded more detailed information than others, which may either reflect different recording systems, populations using the service, or the requirements of the local authority.

Almost half of the referrals were about children who were accommodated or looked after, 40% were 'children in need' and 7% were recorded as being involved in child protection proceedings. A small minority were described as care leavers (2%) (Figure 4.7). Half of the agencies did not appear to have received any referrals from care leavers. A large agency recorded fewer than 1% as being care leavers whereas another agency recorded over a quarter of referrals as care leavers. The proportion described as care leavers seems particularly low compared to the 23% of young people over 17 years of age. However, this may again reflect the differences in recording rather than care leavers actual access to services. This group of young people may have been subsumed within the looked after group.

Figure 4.7: Proportion of referrals by legal status of the child or young person (n=6,196)



Place of residence

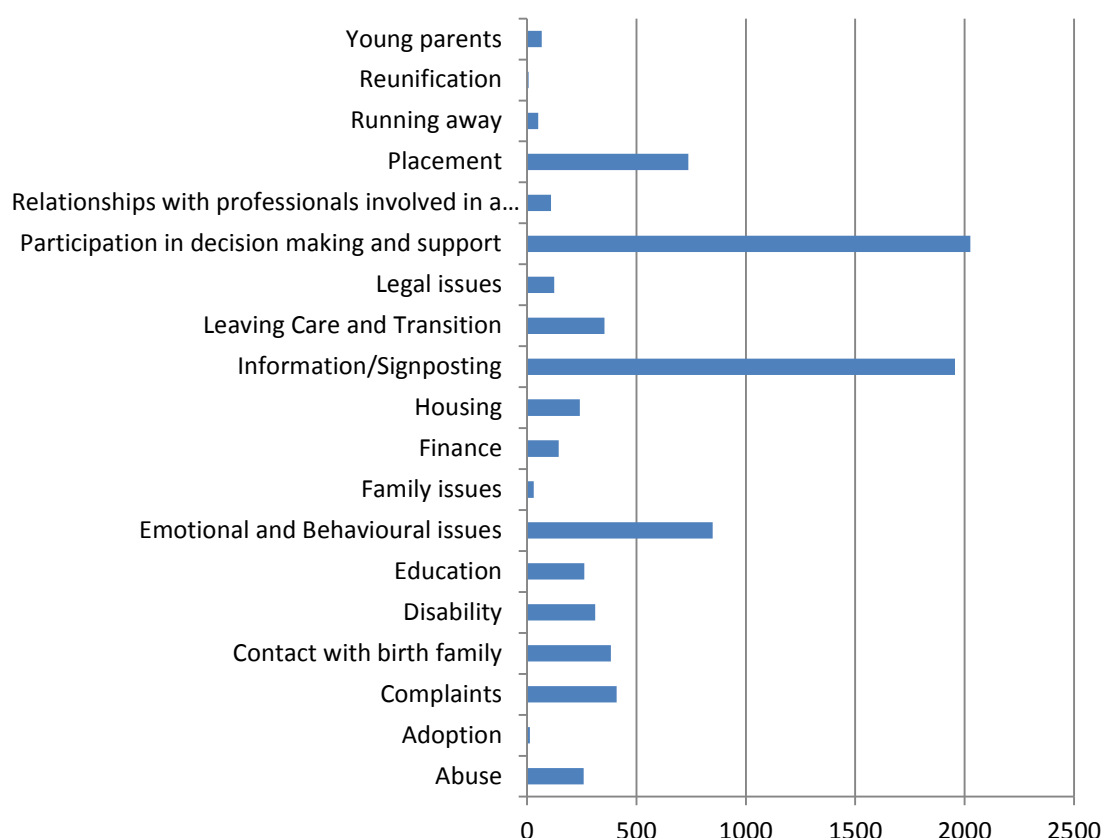
Just six organisations provided any information about the place of residence of the young person referred to their service, resulting in information for only about 15% of all referrals. From the available information, half of the young people were living in foster care, almost a third were living in residential units/schools, and 12% were living with their family. Other young people were homeless, living in hostels, in respite accommodation or secure facilities.

REASONS FOR REFERRAL

All but one agency provided some information on the reasons why young people were referred to their service. Even so, the reason advocacy was needed was missing for about one in five of all referrals. Seven agency's data systems enabled multiple reasons for referral to be inputted whereas three agencies recorded just one reason. However, some of the information (n=127) was not able to be used in the analysis because the reason for referral was simply described as being 'in need of advocacy and representation' and in another 24 cases 'poverty' was the only reason recorded for referral. The following analysis of the reasons services were needed was assembled from the varied information provided.

The main reasons given for needing advocacy services were the provision of information, signposting to services, participation in decision-making and support. Placement issues and emotional and behavioural difficulties were also a concern for many of the children. Figure 4.8 shows the wide range of reasons why young people were referred to advocacy services. The range of issues presented not only shows the multiple issues faced by young people but also the requirements for advocacy workers to support young people with regard to a varied and wide range of concerns.

Figure 4.8: Reasons for referral



Reason for referrals was available for 80% (5,635) of the referrals and these will be considered in more detail below.

Abuse

Five percent (n=258) of the referrals were about issues of abuse. Thirty of these cases specified bullying as the main concern. The remaining referrals were concerned with neglect, emotional, or physical abuse and often a combination of different forms of abuse. Nineteen referrals were recorded as being about sexual abuse and one referral was concerned about trafficking. Just one case mentioned racial discrimination as the form of abuse indicating either that this was poorly recorded or perhaps that young people do not perceive advocacy to be a helpful intervention.

Adoption

Thirteen referral cases stated adoption as one of their reasons for referral. Five of these issues were associated with the breakdown of adoption arrangements, two with contact issues, six were opposed to adoption proposals.

Complaints

Although, legally, complaints are the only reason why young people are entitled to use an advocacy service, only 410 (7%) of all the referrals (where a reason was given) gave complaints as the referral issue. For almost half (190) of these the reason for the complaint was not specified. For the remainder, around three quarters were complaints against Children's Services, 29 (13%) were against the Health Authority, three (1%) were against another young person and two (1%) were complaints against the police.

Contact with Family and Friends

Issues around contact with family and friends were recorded as the reason for referral in 383 (7%) of referrals. Not all the concerns were about contact with parents. Seventy (18%) of the referrals concerned with contact were asking for help and support with sibling contact issues and 43 (11%) contact with other relatives or other connected people. It was not clear from the data whether young people were seeking more or less contact with their families. For example, in one case where more detail was recorded the young person had stated he did not want contact with his parents and the referral information stated:

Jay does not want direct contact with his parents. Parents are contesting this and the LA felt it was important for Jay to have someone in his life to represent his wishes and feelings

Disability

Five percent (n=311) of the reasons for needing advocacy services were specifically related to support for children and young people with a disability. For 75 of these children, detail of the support was not provided. Support with communication (100); education (31); and placement issues (9) were the main areas raised. For example one referral read:

*To advocate for Lucy who is a 19yr old young woman with autism, in residential care.
Lucy needs an advocate so that she can be involved in planning for her future.*

Education

Education was given as the referral reason for 261 (5%) young people. There was no further detail provided for nearly half (n=120) of the cases. Where there was detail 51 young people were dissatisfied with the school they had been allocated and 37 young people had concerns about exclusion. Other young people were asking for educational support. For example, help with returning to education or support through university such as with accommodation or finance including buying equipment such as laptops. For example, educational reasons for referral were stated as:

YP wants to go back to university for another two years. However, the leaving care team wants to close her case

To provide an advocate for Aran for the Pupil Discipline Committee meeting

Eighteen referrals were in connection with the provision linked to an educational statement of need.

Emotional and Behavioural Issues

Fifteen percent of referrals were recorded as being about young people's emotional and behavioural issues. For many (745) of these, no further explanation was given. Fifty-eight young people wanted advocacy services in relation to CAMHS, 24 requested mental health advocacy, 10 were specifically for issues around self-harm, seven for depression, two for help with drug use, and two young people wanted support at meetings set up to manage their behaviour.

Family Issues

Family issues including family illness and parental alcohol and substance misuse were recorded as a reason for 30 of the referral cases.

Finance

Difficulties with insufficient money were mentioned in relation to supporting education but were also of concern for a further 133 (2%) young people. Details on the exact nature of the financial problems were missing for the majority of referrals but, where it was provided, 47 young people needed help with benefits, 21 were concerned with lack of financial support from Children's Services such as accessing a leaving care allowance. For example, referral information stated:

YP wants to receive money for his passport so he can obtain his benefits and money for shopping from SS.

Ten young people wanted help with debt and money management.

Housing

Housing issues were recorded as a reason for referral for 241 of the referral cases (4% of those where a reason was given). Little detail was provided. Quality of accommodation was the reason for 51 referral cases, requests to be accommodated for 49, and for 41, homelessness was recorded as the reason for referral.

Information/ Signposting

For over a third (35%) information/signposting was given as the reason for referral. All but six of these referrals came from the advocacy agency reporting the largest number of referrals. For just over half (1,056), this was recorded as their only reason for referral, which indicates that for this organisation indirect help was included in the data provided. It is likely that the other advocacy organisations were also providing important information to young people but this aspect of their work was rarely recorded and therefore the full extent of the work of advocacy organisations is not reflected in the referral information they currently collect.

Leaving Care and Transition Arrangements

Leaving care and transition arrangements were the reasons given for accessing advocacy support for 354 young people (6%). For 165 of these no further information was given, but

many young people were seeking support with leaving care pathway planning. Nine mentioned specifically wanting support to remain in their existing placement. For example:

Zara will be turning 18 in a few days' time and is worried about the help she will get in the future. She is worried about leaving her foster placement and does not feel ready to live independently.

Legal Issues

Legal issues were a reason for referral for 124 cases and included immigration issues (n=38), advice on court orders (n=16), discharge of Care Orders (n=15), advice concerning criminal proceedings (n=8), claims for compensation (n=8), and change of name (n=8).

Participation in Decision-Making and Support

Over a third (2,026, 36 %) of referrals where a reason was given, was a request for support to enable young people to participate in decision-making meetings. For 18% of these, the type of meeting was not specified. The majority (859, 42%) were requests for support at child protection conferences/reviews, 30% wanted support at LAC reviews or planning meetings, 6% required support at tribunal interviews, 3% at family group conferences and less than 1% (n=3) required support at secure reviews.

Process

A few referrals (n=406) were connected with the process of being looked after, especially care planning. A few referrals (n=32) were about the allocation of a social worker and 27 wanted support in accessing case files.

Relationships with Professionals

The vast majority of young people where the reason for referral was relationships with professionals mentioned difficulties with social workers. Of the 109 referrals about relationships with professionals, 104 were concerned with social workers. Around three-quarters of these were young people requesting help in getting their social worker to contact them and a quarter asked to change their social worker. This shows the important role that advocates can play in supporting young people in managing their relationships with social workers. The others wanted support to change their social worker.

The five referrals that were not about the young person's relationship with their social worker were: two young people had relationship difficulties with staff in their residential unit, two young people had concerns about their foster carers, and one young person requested a change of advocate.

Placements

Thirteen percent of referrals (n=742) were driven by a looked after young person's concerns about their placement. Nearly half (n=243) of the referrals had no further detail. Changing or staying in placement were the main concerns and in 53 referrals concerns about the quality of placement were raised. For example referral information stated:

Simon is due to move to a more permanent placement and he would like an advocate to ensure that his voice is heard through-out this process.

Yasmin would like to live with her auntie but continue to receive support from social services. She wants to be involved in the decision and understand the implications for the support she will receive in the future.

Running away

A small number of referrals (n=51) were for advocacy intervention to help young people who had run away. One agency had been commissioned to provide a 'return interview' for every child or young person that went missing from the local authority's care. That approach should be welcomed and other authorities encouraged to extend advocacy in this way to such a vulnerable group.

Reunification

Just seven referrals specifically mentioned help and support with plans to reunify the child or young person with their family. It is likely that more young people were referred because of this issue, but the specifics of support as we have seen, were often missing. It is important to mention reunification, as recent research (Farmer and Lutman 2010 and Wade *et al.*, 2010) has highlighted how the majority of reunifications fail. Perhaps advocacy services have a role to play in improving the breakdown rate. The level of responsibility and complexity that such work involves illustrates the skilled work that advocates undertake.

Young parents

One percent (n=67) of the referrals were connected with a young person who was pregnant or already a young parent. More specific reasons were only provided for 15 of the 67 referrals. Eight young people requested support through the child protection process for their own child, six young people wanted more support from Children Services and one young mother requested support for herself during her own care proceedings. These few examples show the role that advocates can play in supporting two generations both of whom are legally children - not only the young people themselves, but also the responsibility advocate's hold in relation to protection of the young person's infant. Advocates may face particular issues and dilemmas in dealing with such cases and specific training may be required. Advocates are working with the young person but also have the protection of the baby or unborn child to consider. For example one referral stated:

YP does not want her baby to be taken into care or to have a SW and she wants to have support at meetings

Health issues

Fourteen young people were described as needing advocacy support regarding their discharge from hospital. Three were recorded as 'access to healthcare' and one for access to dentistry.

Other reasons

Some of the responses (n=394) were not possible to code into the main categories as there were only one or two of their type. For example, there was only one instance of a young carer accessing advocacy services. Another singular reason was accessing community and friends. Sometimes the reason for referral information was placed into the other category because they were too vague to be recoded. For example, for 24, 'poverty' was given as the reason, and for 127, 'need for advocacy' was given as the reason for referral.

OUTCOMES

Nearly all of the agencies collected some information on the outcomes of the referrals they had received. However, information was limited and there were many referrals with no

information at all. None of the organisations presented a full set of data on the outcomes of the referrals. A few agencies had made efforts to set up systems to measure outcomes, but these were rarely linked to the reason for referral.

Overall, some kind of outcome was recorded for just 12% of the referrals. Below is the limited information in respect of these 913 referrals with outcome information.

1. 38% stated that the young person was enabled to express their views. Just 18 cases gave more detail in relation to this stating that the young person's views had been expressed resulting in a change of plan and the young person had achieved what they wanted.
2. 21% per cent stated that the case was resolved.
3. 14% per cent stated that the outcome was that the case was closed or it was the end of the service with no indication of whether any goals were achieved.
4. 12% stated that the case was still opened/unresolved.
5. 8% stated that the young person would not engage, or that contact had been lost.
6. Other recorded outcomes included the co-ordination of a family group conference (30 cases); family members preventing the young person's views being expressed (10 cases), the young person's views being expressed to advocate but not being read out (2 cases), and information given/life story work being completed (1 case).

The outcome information supplied seemed to have been recorded by the advocate and we were not given any further information on user satisfaction or outcomes from the perspective of children or young people.

SUMMARY

- The 11 advocacy organisations in the study supplied information on 7,037 referrals which we estimate to be about 80-90% of all referrals received by young people's advocacy organisations in the year 2010-2011.
- The North West, East Midlands, London and Yorkshire and Humberside were the areas with the fewest referrals when compared to the looked after population as a whole in those areas.
- Almost half of the referrals came from Children's Services and 20% came from the young people themselves. There were a wide range of other routes through which young people were referred to advocacy services.
- Over three quarters of referrals were received by phone.
- Only two percent of referrals were for children aged 0-4.
- Boys were slightly less likely to use advocacy services than girls and mixed ethnicity young people were slightly under-represented compared to the looked after population, although this may relate to the younger age of this group.
- There was a great deal of missing data in relation to religion, language and immigration.
- 18% of referrals were recorded as being for a child with a disability, although agencies differed in the way they defined disability making comparison difficult.
- Almost half of the referral cases were about young people who were looked after. 40 per cent were about 'children in need' and 7% were about children involved in child protection proceedings.
- The main reasons for needing an advocacy service were provision of information, signposting to services, participation in decision-making and support. Placement issues and emotional and behavioural difficulties were also a concern for many children and there were a range of other reasons why young people accessed advocacy support.
- Data provided on outcomes was very limited.

CHAPTER 5 DISCUSSION

The previous chapters provide some useful information on the referrals in 2010-11 to eleven independent advocacy agencies. This study had a specific focus on referrals but our findings raise some important questions about service provision more generally. Previous research (Brady, 2011) identified a 'postcode lottery' around the provision of independent advocacy with young people in certain areas being less likely to receive services than those in other areas. This study too, found that a postcode lottery was operating and children and young people in the North West, East Midlands, London and Yorkshire and Humberside were less likely than young people in other areas to be able to access an independent service when compared to the overall number of looked after children within each area. It was concerning that only 20 % of referrals came directly from the young people themselves. This would suggest that barriers to access are still prevalent.

Referral information also showed that very few young children (under 4 years old) used advocacy services. Just 2% of all referrals were for young children. There is limited understanding of the role of advocacy for very young children, and in particular the role of non-instructed advocacy in this process, although there is recognition that there is a need to encourage participation (Copley and Milich, 2008; Laws and Kirby, 2007).

There is a significant amount of literature on the rights and benefits of very young children participating in matters that concern them (e. g. Miller 1997, Save the Children 1999, Alderson 2010). However, one of the difficulties faced by small children is that adult language is prioritised as the ideal form of rational communication. Because small children are unable to communicate on comparable terms, their perspectives tend to be ascribed less weight. Indeed, as Lansdown (2004) points out they are often assumed to have no views worth listening to. However, the Convention on the Rights of the Child poses a profound challenge to these traditional attitudes towards children.

The Committee on the Rights of the Child, in its General Comment No. 7 (Implementing Child Rights in Early Childhood) states that:

As holders of rights, even the youngest children are entitled to express their views.

The Committee stressed that governments should start from a presumption that a child has the capacity to form a view: it is not up to the child to prove her or his capacity. Nor is it necessary for the child to have a comprehensive understanding of an issue affecting her or him: simply that she or he is capable of forming a view on the matter. Children from the very youngest ages are able to form views, even where they are not able to express them verbally.

Advocacy agencies have developed specific skills in non-verbal communication with children with a disability but, from the evidence of the low number of referrals for young children, non-verbal communication methods do not seem to be easily available to enable very young children to participate in decision-making or receive advocacy support.

Teenage boys were less likely to be referred or self-refer for advocacy services. There was also some indication that mixed ethnicity children were less likely to use services but this may be influenced by factors such as their younger age at entry to care. Data on the source of referral was useful in highlighting the wide range of ways in which young people came to access advocacy services.

Recommendation: Advocacy agencies need to investigate a) why there may be gaps in service provision in certain geographical areas; b) the low referral rate for young children; and c) the possible under-representation of mixed ethnicity children and teenage boys amongst service users

The referral information provided showed that independent advocacy support was extending far beyond the statutory duty to provide support to young people who wished to make a complaint. Of course, the lack of precision in recording 'reason for referral' may have resulted in complaints being lodged under a different heading. For example, a complaint about a placement may have been lodged under a heading of 'placement' rather than 'complaint'. Nevertheless, organisations were responding to a wide range of needs including: support to participate in decision-making; issues around young people's

placements and their families; and general support with emotional and behavioural difficulties. The scope of advocacy intervention partly reflects the requirements and emphasis from the commissioning local authorities. They in turn may be influenced by statutory guidance, Ofsted inspections, and the thrust of Article 12 and 13 (UNCRC 1991). It may also reflect the desire of organisations to help young people, even where it may not be in their official remit to do so. Such provision may be dependent on the organisation receiving funding from other sources such as trust funds, donations or from the Department for Education.

Recommendation: At least one local authority had commissioned advocacy services for any child or young person who had been returned to care after going missing. We would support a 'return interview' from an independent advocate for all children and young people in these circumstances. If this service was available nationally perhaps the abuse in Oxford and Rochdale might have been identified earlier.

The range of issues raised by young people also highlights how advocates have to be skilled to manage the delicate issues that they may encounter. Advocates need specific knowledge such as on the statutory guidelines for those who are looked after or knowledge about welfare rights, and have the ability to manage particularly sensitive issues. For example, advocating when family contact is contested or when there are safeguarding concerns for young parents who are also care leavers. Listening and putting forward children's and young people's views on the one hand is important, but there is a risk that advocacy (if handled insensitively) might jeopardise children's existing relationships with family, friends and other professionals. Although this study cannot report on the level of skills advocates employed to manage the referrals they were receiving, it is evident that there is a need for a highly skilled workforce.

Recommendation: Agencies to ensure that advocates are able to access appropriate training and for training to be linked with recognised qualifications. Particular attention may need to be paid to improving relationship based practice

Nearly all the independent advocacy agencies who took part in this study were able to provide some information on the reason for referral. However, there was enormous variation in the way that the same information was recorded. The categories we developed to bring uniformity to the referral information could be used by agencies to implement a consistent and uniform collection of reasons for referral.

Recommendation: Agencies to collaborate and agree a consistent way of collecting information on the reasons for the referral.

In addition to problems with lack of consistency there were also large gaps in the referral information provided.

MISSING INFORMATION

There were a number of young people's characteristics such as their religion where the large amounts of missing information made it difficult to analyse. There were more empty boxes and blanks (missing information) than actual information on a young person's religion and language. These are important elements and organisations should collect data on these areas. For example, it is evident that discrimination in relation to religion can be just as significant, and for some, more so, than discrimination on the grounds of ethnicity. Therefore, it is essential to understand whether particular religious groups are not receiving advocacy services. Requiring information to be collected on religion might spur on the development of training for advocates on religion and spirituality. Training would encourage advocates to be more sensitive to the needs of different cultures and those from different

religious backgrounds. It may also help those taking referral information to become more comfortable in asking questions about ethnicity and religion.

Information on immigration status was also very poor with only four agencies recording any referrals as being for children and young people who were unaccompanied asylum seekers or asylum seekers. There were only 25 such referrals recorded but so many 'blanks' that it was impossible to know if the young person was or was not an asylum seeker. With so few referrals recorded it is hard to make any judgement on whether or not advocacy services were reaching this group. Given the adverse situations these young people would have come from, and added complexity of language barriers, legal issues and need for advocacy in perhaps multiple settings (e.g. health, education, Children's Services), it is particularly important to know whether advocacy services are reaching this vulnerable group of young people.

Young people's first language and the use of interpreters was also inadequately recorded. Just 18 referral cases were recorded as needing interpreters and a large provider reported only 0.4% of all the agency referrals requiring the skills of an interpreter. Unfortunately, for the 47 children, for whom English was not their first language, there was little information as to whether they used an interpreter or not, making it hard to understand if their need was met with the provision of services. There was also limited information on the communication systems used with non-verbal children. The only communication systems recorded were British Sign Language, Makaton and The picture exchange communication system (PECS). There are many other systems in operation examples include Blissymbolics, The Chailey Communication system and Cued speech. This kind of detail is important in order to raise awareness of the range of skills held by advocates and to raise the profile of the profession more generally.

Other demographic data such as ethnicity and disability were collected more thoroughly by organisations, but even so we still had concerns about lack of consistency and missing information. Some organisations included mental health and emotional and behavioural difficulties in their definition of 'disability' while other agencies did not. Without a consistent definition of disability, it is impossible to get an accurate picture of the proportion of young people with a 'disability' who are receiving services. The problem of

understanding whether disabled young people are under or over-represented in those receiving advocacy services is further compounded by a lack of national statistics on looked after children with a disability.

Recommendation: Agencies to agree definitions of disability and lobby government to improve the collection of data from local authorities on looked after children with a disability.

Overall, there was a great deal of missing information on referral forms in relation to children and young people's characteristics, their placements and their legal status. There may be many reasons for this including: a lack of understanding amongst advocates of the value of accurate and complete records and, unlike local authorities, no statutory requirement to produce annual statistics. There are a number of other barriers to good record keeping and these need to be considered in order to improve matters.

A key barrier to improvement is the competitive nature of independent advocacy provision. Advocacy organisations do work together in some limited circumstances, for example, in seeking policy changes and they will also signpost young people onto another agency if unable to provide services. However, as providing data on service provision is a part of the tendering process, those organisations that are more advanced in their recording systems, may be reluctant to share knowledge and progress in this area for fear that it may limit their competitive edge. Many agencies reported that they had recently invested in new and more comprehensive recording systems and therefore in future better data would be available.

A further barrier to the collection of consistent data across organisations are the monitoring reports required by local authorities. Although on the one hand, monitoring reports ensure that agencies collect some information, each local authority has their own requirements and it was reported that local authorities frequently changed their demands. Frequent changes in local authority requirements resulted in a lack of consistent data over time thus making it difficult to see patterns or changes in the data. It may help advocacy organisations and local

authorities to have national guidance on which information should be collected. This could be linked with the National Advocacy Standards (DoH, 2002).

It is also possible that a further barrier could be the nature of advocacy work itself. Advocacy work is essentially about spending time with young people to understand their point of view, and any increase of the bureaucratic element of the work would lack appeal and be put at the bottom of an advocate's 'to do' list .

Yet, agencies and individual workers need to know the outcomes of their actions and the impact of service provision. Have services been helpful? What difference has advocacy made to the life of a young person? Of course, all those working in the field want to make a positive difference but there may also be occasions when advocacy has not been helpful. It is important for service development to be able to identify such areas. Sometimes a very small change results in great improvements. Monitoring information is not just about how many young people have used the service. There needs to be information on who requested a service, why, what was provided, and what was the outcome. The lack of evidence on the effectiveness and outcomes of using independent advocacy services has been highlighted by other writers. For example Willow (2013) has recently commented in relation to safeguarding children and young people:

Simply requiring independent child protection advocacy services to collect take-up statistics will not provide information about why children made use of the service and the results.

The Children's Commissioner's report (2012) on advocacy services in Wales also highlighted the lack of an agreed outcomes framework and argued that a combination of statutory guidance, standards and an outcomes framework was essential in driving up consistency and good practice in the delivery of advocacy services. To begin to consider the effectiveness or the impact of advocacy services, certain systems need to be in place. First, the reason why services are requested should be consistently recorded and be linked to the service provided. We have shown that at present the systems for recording reason for referral are inadequate. For example, one agency in this study recorded 'poverty' as the reason for every referral and another agency recorded 'needs advocacy'. In both these examples it would be extremely difficult to show that an advocacy intervention relieved or

resolved the reason the young person needed help. Consequently, many individual agencies are not able to examine whether the services they are providing are helpful.

In research, evaluations often compare different types of services or models of providing services. However, there is so little consistency among advocacy agencies in the way that information is collected and recorded that a comparative evaluation would be very difficult if not impossible to undertake at the present time.

In our study, information on the outcomes of advocacy was provided for only 12% of the advocacy cases. It is probable that advocacy agencies had more outcome information than they supplied to the research team. It may be that this information was held separately from the referral information and was not linked with the reason services were needed. Alternatively, information might be collected in an ad-hoc way in response to local authority requests. Brady (2011) reported that some agencies do collect information on user satisfaction through the use of helpline questionnaires or young people's and advocate's feedback forms. However, there has been little agreement about *which* outcomes should be measured, *how* they should be measured and *whose* views should be taken into account. In chapter one, some of the complexities around how we think about measuring outcomes were raised. For example, how do we measure if a service is able to reach those who need it? Are advocacy services meeting the needs of a diverse client group? Do resolving short-term issues for children and young people ensure positive longer-term outcomes? How do we measure if young people feel listened to and empowered? Should we measure how effective advocacy is in improving relationships with professionals? Who should define what a successful outcome is- the advocate, the family, the social worker and/or the child? It is beyond the scope of this report to explore the reasons why outcome measures are important. There are several reports which examine this in more detail (Thompson and Akeed, 2009; Barnardo's, 2006).

How best to make the necessary improvements is debateable. Brady (2011) argues for a national database containing regularly updated information from all advocacy providers. We would argue that this approach is unlikely to be successful. It would require significant additional resources and is likely to be quickly out-of-date unless effort was put into regularly updating and checking all the information. There are numerous examples of failed

national information systems. We would recommend that change is more likely to occur if there is a combined approach. This would involve a) establish a working group involving advocacy organisations, local authorities, children's commissioner and young people's participation groups to develop a national agreement on which information should be collected and which outcomes should be measured b) 'fit for purpose' information systems in place in advocacy agencies that would give managers a strong base for the planning of service improvements c) greater awareness amongst staff working in advocacy organisations of the benefits of recording information and of the need to be accountable.

Concluding comments

Advocacy organisations need to work together to plan a consistent collection of information on their services. The sharing of existing knowledge, tools, and developments would enhance the wider profile of advocacy services, and most importantly inform the development of better services for children and young people. In a competitive market, this may be difficult, but improvements in this area could lead to: an enhanced national profile of advocacy services; increased entitlement to advocacy for young people; and greater resources. We are aware that some organisations, have, more recently begun to develop tools to try to measure outcomes. We urge advocacy organisations to continue to work together to make improvements in this area as they are the experts in this field.

SUMMARY OF RECOMMENDATIONS

- Policy makers to consider an entitlement to advocacy services for all children and young people who have gone missing from care and been returned. The role of advocacy in planning for reunification should also be considered.
- Local authorities need to work with advocacy agencies to ensure that services are commissioned that enable all children irrespective of age, gender or ethnicity to be able to express their views.
- Local authorities to consider creating greater stability in commissioning arrangements and the development of common monitoring requirements. Greater collaboration between agencies to agree a common approach to collecting information on the reasons for the referral.
- Advocacy agencies to investigate a) why there may be gaps in service provision in certain geographical areas; b) the low referral rate for young children and c) the possible under-representation of mixed ethnicity children and older boys amongst service users
- Local authorities to consider how young people's access to services could be improved.
- Agencies to enable advocates to access appropriate training and for that training to be linked with recognised qualifications. Particular attention may need to be paid to improving relationship based practice and interventions.
- Agencies to agree definitions of disability and lobby government to improve the collection of data from local authorities on looked after children with a disability.
- Establish a working group involving the children's commissioner, advocacy organisations, local authorities, and young people's participation groups to develop a national agreement on which information should be collected and which outcomes should be measured. It could be the children's commissioner who leads on this work conducting a national review of advocacy.
- Every advocacy organisation to have a 'fit for purpose' information system in place to give managers a strong base for the planning of service

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