

Helping children get the care experience they need

Independent advocacy for children and young
people in care

May 2016

Introduction

Professionals are often required to make life-changing decisions for children in their care. When they do, it is vital that they take into account the views of the child. But too often children and young people in care say that decisions are made about their lives which they do not feel they had a say in.

The Children's Commissioner's Children in Care and Care Leavers Survey 2015 found that whilst many children in care had positive experiences of their time in care, a significant number are not getting the care they need - just over 50% did not understand why they came into care. They identified being listened to, understood, believed in and encouraged, and having continuing relationships with carers and professionals as among the key things that would make care better.

There are situations where children and young people may lack the knowledge, confidence or maturity to express their views; for children in care who don't have their family around them to give help and guidance, an independent advocate is designated to ensure that children's views and wishes are communicated clearly and taken into account. Advocates can also broker additional help and protection if needed.

The National Standards for the Provision of Children's Advocacy Services¹ define advocacy as follows:

'Advocacy is about speaking up for children and young people. Advocacy is about empowering children and young people to make sure that their rights are respected and their views and wishes are heard at all times. Advocacy is about representing the views, wishes and needs of children and young people to decision-makers, and helping them to navigate the system.'¹

Children have a right to an advocate to speak on their behalf in their dealings with the care system. Children in other situations such as those in custody or in secure mental health facilities can also benefit from advocacy.

The Children's Commissioner has investigated and found that many children who have used advocacy services have derived immense value and benefit from advocates at key times such as when plans were being made for them by adults in charge of their care. Children reported to us that advocates listened to them and conveyed their views, spoke for them when they were either too shy or embarrassed to speak and made them feel like they were worth something.

The Children's Commissioner's advice line for children in care regularly receives enquiries from children and young people about their entitlement to advocacy and the difficulties they have experienced in finding out how to contact an advocate. In 2014/15 the advice line made 34 referrals to advocates for children in care or care leavers.

However our research shows that many children in care do not know about advocacy services or their right to them. It is also clear that the availability of advocacy support is inconsistent around the country.

This report puts forward a number of proposals to strengthen advocacy support and so improve the quality of the care experience.

1. National Standards for the Provision of Children's Advocacy Services (2002) Department for Health

2. Independent Advocacy. Impact and Outcomes for Children and Young People, UCLan and NCB (2016) Office of the Children's Commissioner

UN Convention on the Rights of the Child

Article 12 of the UNCRC says children have the right to express their views and have these taken into account, when adults are making decisions that affect them. It is built into law, statutory guidance and standards for the care of children. The importance of the voice of the child is recognised in social care reforms and plays an important part in improving the quality of the care experience.

Research

Research on the recording and measurement of outcomes was commissioned from the University of Central Lancashire and the National Children's Bureau.²

The views of young people with experience of advocacy, including a 'young expert' advisory group guided the project.

The research asked children and young people what they think about advocacy. We also used information gathered by our national survey of children in care, State of the Nation, and consulted children and young people in different situations, including in care and mental health facilities, many of whom had experience of having the support of an advocate.

Children's access to advocacy - key points

- In interviews and focus groups with children and young people in care undertaken for the Children's Commissioner across six projects, it was clear that young people in general value the advocacy relationship and advocates' approaches highly. There was also considerable evidence that advocacy had impacts on young people's lives and policy and practice.
- A commitment to listening to and taking into account children's views on their care through the provision of high quality advocates is important to driving up standards in children's experiences of care.
- Many children in care do not know about advocacy. 55% responding to a question in the Children's Commissioner's national survey of children in care, *State of the Nation*, did not know, or were unsure, how to get an advocate.
- There are wide inconsistencies in children's access to advocacy support across the country; with wide variations in numbers of children supported, in groups of children considered eligible, in funding and in the availability of advocates. Numbers of children accessing advocacy varied widely: for looked after children this was between 4 and 289 over one year.
- Half of local authorities supported less than 1 in 14 of the children they considered eligible for service. There are wide differences in the budget allocated and unit cost of to advocacy support. The lowest per head budget was £2 and the highest £668.
- There were low levels of advocacy access by children in care and care leavers yet they have entitlements to do so and may need support when important decisions are made about them. 10% or fewer accessed a service in half of local authorities.
- Children placed out of their area are dependent on their 'home' authority service for advocacy. Given the potential distances involved in travelling, this could make access harder.
- 67% of local authorities which responded provided advocacy for all three of these groups: looked after children, care leavers and children needing protection. There was a wide variation in any further groups of children considered eligible for advocacy support.
- Young children and disabled children are less able to use advocacy as not all areas provided services to assist them. 28% of services provide no access to non-instructed advocacy (advocacy for those who have not requested it because they have communications needs).
- In the secure estate every young person is able to access advocacy through a visiting service but there are limitations on the linking of data systems.
- In mental health settings levels of access by young people in care is not known and indications from research are that children have unequal access to advocacy.
- Children and young people who use advocacy place importance on the relationship and on the learning and empowerment that they gain from having an advocate as well as on the resolution of their problems.
- There is scope for much greater consistency in the recording and measurement of outcomes for advocacy. This has the potential to inform wider improvements in children's care experience.

Children and young people's perspectives on advocacy

Children and young people were often aware that some children do not know what advocacy is or that they are entitled to it. Others said that they did not feel comfortable or able to approach advocates to ask.

'[A good advocate is] someone you can talk to, feel comfortable with.'; 'They make (sic.) a relationship with you.'

'Instead of just coming on the ward and having a chat [they should be] explaining what an advocate can do and how they can help them a lot, when someone hasn't got a lot of confidence.'

'Don't know what to say, embarrassing – don't like asking for help'; hate complaining'; 'never want to talk about your problems'; 'lack of money of travel and credit on phone, no phone to call them'; 'parents, foster carers lack awareness.'

They were also clear about the impact advocates can have, commenting that they were there to help them put their views across but also had their best interests at heart.

In addition to problem resolution they valued the learning gained, the strengthening of their voice and the relationship:

'Some young people haven't had such a good experience and they're not that trusting, they won't easily talk and a lot of people [other professionals] come on the ward and have a chat.'

'It makes you feel happier and more equal. It makes it better for you'

'They listen.'; 'They understand your needs; 'They put your views across word for word and won't misunderstand what you said.'; 'Advocates give young people more power.'

Access to advocacy

We wanted to establish the advocacy available to children in care, secure mental health facilities and the youth justice system, what proportion of children have access to advocacy and in particular, how many looked after children and care leavers get this support.

Though some local authorities provide high quality, accessible advocacy services, the overall picture is that provision is inconsistent. There is a wide variation in in advocacy support, numbers of advocates available and groups of children served, meaning children in different parts of the country get different levels of support with some areas providing for wider groups of children than others. The amount spent on advocacy in a local area also varies considerably across the country.

Nearly all local authorities reported that advocacy was available to children they looked after and around **90% provided services for care leavers**; though only around 10% of children in care used these services. **Many local authorities also provided advocacy for children in need of protection – around 77% did this.**

Of considerable concern is the low number of disabled children using advocates, those with communication needs and younger children, all of whom may need non-instructed advocacy (taking affirmative action with, or on behalf of, a person who cannot give clear direction on their views). Our research found that 41% of local authorities provide no access to non-instructed advocacy for younger children and only 61% said they provided advocacy to disabled children who were receiving services.

Children placed out of area and in need of advocacy appear to be dependent on outreach support from their 'home authority' service. Physical distance from the source of advocacy provision could make it harder for contact, so this needs further consideration.

Reciprocal and collaborative arrangements between local authorities, of which there was some evidence in commentary from local authorities,

could help overcome difficulties with access due to distance.

Only a third of children appear to have had an advocate when making a complaint.

Advocacy providers report that the commissioning of advocacy through short-term contracts can make it difficult to plan and deliver services.

The secure estate and mental health units

Advocacy support is available to all children in the secure estate and Independent mental health Advocates are provided in mental health units.

Advocacy for children in Secure Training Centres (STCs) and Young Offender Institutions (YOIs) is commissioned by the Youth Justice Board (YJB) with Barnardo's currently holding the contract to deliver it.

Though the number of young people in secure settings has reduced considerably in recent years – and now it is less than 1,000 – there was an increase in referral and take-up and it was apparent that many young people make multiple requests for advocacy.

Advocates visit secure units at least weekly and newly arrived young people are visited within seven days of arriving.

In addition, young people are able to telephone the advocacy service free helpline in private and there are no limitations placed on any issues which arise.

The potential exists for improvements to the way issues involving advocates are recorded. However, the regular visiting model that was employed was a helpful one for increasing access and could be helpfully extended to more residential settings for children.

While independent advocacy is provided within in-patient units, determining commissioning responsibility and details of access about advocacy services proved difficult as there is no central directory of advocacy providers in this context.

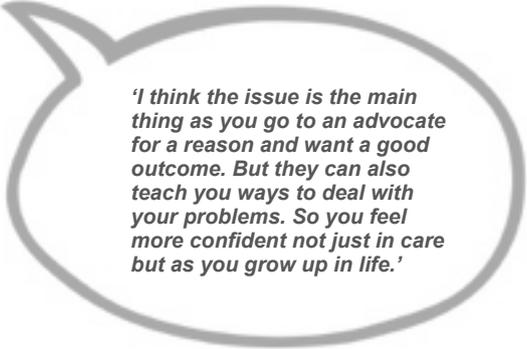
There is a need for clearer information about the responsibility for commissioning advocacy for children and young people in these settings.

Analysis of mental health units by the University of Central Lancashire and the Social Care Institute for Excellence in 2012 found that different in-patient mental health units for children provided different

levels of advocacy and that few children and young people accessed it.

We concluded that it is important the advocates in secure mental health settings have specialist experience in work with young people.

Issues, outcomes and effective recording



'I think the issue is the main thing as you go to an advocate for a reason and want a good outcome. But they can also teach you ways to deal with your problems. So you feel more confident not just in care but as you grow up in life.'

Previous research on advocacy has pointed to the importance of an effective and consistent approach to the gathering of information - on who requested a service, why, what was provided - the potential use of reports and records and the need to address outcome measures.

Greater consistency in gathering basic data would help improve the measurement of outcomes, as would goal setting with young people themselves about what they are seeking from advocacy involvement.

This report is accompanied by a research report commissioned from the University of Central Lancashire (UCLan) and the National Children's Bureau (NCB). This supports a consistent approach to recording and provides a helpful measure comprising:

- short term outcomes for individual children
- long term outcomes or impact for individuals
- wider impact on systems and services

The research by UCLAN identified a number of different approaches among advocacy agencies but a wide agreement on the importance of recording outcomes. There was a greater emphasis from commissioning agencies on outputs rather than outcomes.

UCLAN found many examples which evidenced the wider impact or 'outcomes' of advocacy on groups of children and on organisations, but there was no systematic way of capturing this information.

One finding was that advocacy had shifted the culture in some areas so that children were perceived as service users with entitlements and professionals were held more accountable.

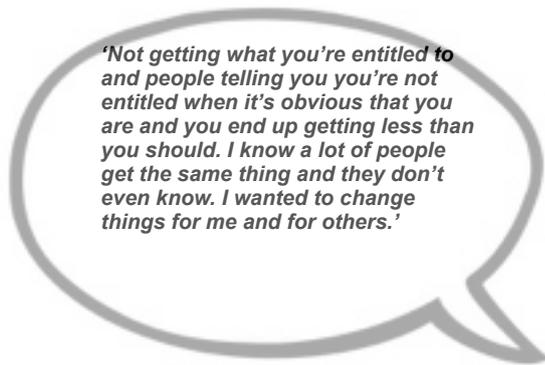
This was highlighted by one stakeholder:



'I think that the way we have done (child protection) conferences has been [affected] by the power of children's voices ... we are talking about changing the culture.'³

Young people were not found to be involved in reporting or engaged with methods of capturing or using outcome information. However, there was some appetite for this and it was recognised that such practices should make a difference for young people. Children's own views on outcomes indicated the wisdom of jointly setting goals at the outset and talking through what is important and what has helped.

They emphasised the relationship with the advocate, being listened to and having their views represented clearly as well as the resolution of the problem. The overall experience of advocacy had led young people to feel they had learned how to sort out their own problems, understand processes better and have a wider impact:



Methods of getting feedback from young people presented a range of challenges. 'Satisfaction' was one measure used in feedback but it was not helpful to conflate this with getting a resolution to the problem as it might relate to the advocacy service itself. UCLAN's research indicates the importance of looking at different perspectives on outcomes – and how gains and losses/risks might be differently viewed by young people, by advocacy agencies and by other stakeholders. For outcomes measures to be effective and supported there needs to be agreement that negative comments have validity as well as differences between the value placed, for example, on issue resolution or personal growth.

Conclusions and the way forward

The children and young people who contributed to this study have made clear their expectations and the value they place on the advocates who have supported them. The data study found that there is a need for improved consistency of access for young people to advocacy, underpinned by a more coherent approach to the analysis of need and to commissioning on that basis.

The research concluded that there are strong arguments for a consistent and standard system of recording and measuring outcomes. This would enable greater consistency of service provision for children and young people and it would also make it more possible for all involved – commissioners, providers and policy-makers – to compare the effectiveness of different service models. It would still provide scope for local measures and innovation.

Advocacy has the potential to make a difference both to individual children's lives and to wider services for them. In service terms, it has the potential to better safeguard children and to prevent problems from escalating; thereby having benefits in the longer term – in human and in financial terms.

Recommendations

1. That advocacy is recognised as a vital way to ensure that children's voices and understanding of care are heard and is acknowledged as an important aspect of the care system.
2. The Government's vision for social care reform and strategy for improving the outcomes and experiences of children in care sets out an ambition for a strong and well understood statutory framework delivered through local best practice. It is recommended that the National Standards and range of guidance addressing advocacy are reviewed and embedded as a key aspect of the national framework.
3. Practice guidance on 'what works' in delivering high quality advocacy support is produced by Government including best practice on commissioning.
4. That advocacy is included in the framework of inspection by Ofsted.
5. Local authorities and mental health providers should ensure that all children and young people are aware of their entitlement to and the availability of advocacy support.
6. That availability and take up of advocacy support is monitored by local authorities and that they ensure that children who are least likely to benefit from support - younger children, disabled children and those placed out of their home area - are getting the help they need.
7. Local authorities should review their commissioning of advocacy to ensure they are meeting the requirements of statutory guidance, based on full and accurate information on those eligible for support, on need, demand and outcomes, and are linked to complaints processes. Contracts should ensure stability of provision. Children in care councils, Lead Members and corporate parenting bodies as well as advocacy providers will have valuable contributions to such a review.
8. As part of the management framework, the Youth Justice Board should review and take account of the issues raised by young people, and particularly those affecting children in care and care leavers, through advocates and the outcomes of involvement to improve practice and quality. This will be assisted by changes to reporting systems.
9. With regards to advocacy support in mental health settings, it is recommended that NHS England, in conjunction with the Department of Health and the Department for Education, consider how best to collect and collate information about access to and commissioning of advocacy to children and young people in mental health settings, and specifically to those who are in care or care leavers; that relevant bodies, including the Care Quality Commission (CQC) should ensure that advocacy services to young people in in-patient settings follow the Code of Practice so that that the requirements for Independent Mental Health Advocates (IMHAs) are met; and that Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards assess the advocacy needs of young people in the area to inform commissioning and ensure that young people are aware of their entitlements.

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