



Leading education  
and social research  
Institute of Education  
University of London

**BRIEFING PAPER**

# **Advocacy for looked after children and children in need: achievements and challenges**

Christine Oliver, Abigail Knight and Mano Candappa

October 2006



THOMAS CORAM RESEARCH UNIT  
Institute of Education, University of London

## Introduction

This briefing paper offers a summary of the key findings of 'Advocacy for looked after children and children in need: achievements and challenges', the first national study of children's advocacy in England. The study was prepared for the Department of Health and the DfES.

The study was undertaken for a number of reasons: despite the relatively rapid increase in the number of advocacy services for children and young people over the last decade or so, relatively little is known about the extent to which advocacy makes a positive difference to the lives of individual children or to developments in children's services more generally. Evidence also suggests that, in order to reduce the scope for conflict or confusion, there is a need to raise awareness about the principles and practices of advocacy among practitioners and policy makers working in the field of children's health and social care. This study sought to address these gaps in knowledge and to create a platform for an evidence-based debate about the future of advocacy for children and young people.

The study also speaks to wider debates concerning the social and political status of children, and of childhood. The UN Convention on the Rights of the Child<sup>1</sup>, for example, reflected and reinforced the increasing importance attached to notions of children's rights. In particular, Article 12 is widely cited as upholding children's rights to participation in decision-making about matters of concern to them, and also as justifying children's need for advocacy. At a national level, a number of key policy initiatives have reflected a general interest in the value of 'listening' to children and young people, as well as a more specific focus on children's advocacy<sup>2</sup>. However, while notions of children's rights and children's participation might be said to pertain to all children as a social group, historically, children's advocacy services have tended to focus on children in public care and those considered 'in need', including disabled children. Consequently, in the current social and policy context, children's advocacy is associated with forms of multiple disadvantage and social exclusion.

## Aims

The overall aims of the study were to investigate the role of advocacy in facilitating the participation of looked after children, and children in need, in decision-making in the context of attitudes and beliefs about children's capacities at different ages, and according to their mental health status, and level of disability. More specifically, the study aimed to:

- describe the variety of advocacy services in local authorities in England;
- compare ten advocacy services, selected for their diversity in terms of geographical location, and groups of children targeted;
- describe and compare the process and impact of advocacy from the perspectives of looked after children, advocates, health and social care professionals, and parents and carers;
- investigate the impact of advocacy at the level of the child and at the service level; and
- identify policy and practice recommendations in relation to advocacy for children and young people.

## Research methods

Following a review of the literature (Oliver, 2003), the empirical stage of the research was conducted in two related stages: in stage one, a telephone survey was undertaken of advocacy services for children and young people in England (N=75). In stage two, an in-depth qualitative investigation of a sub-sample of ten advocacy services was conducted. Semi-structured interviews were completed with: 48 children and young people of varying ages, disabilities and ethnic origin; 18 advocates, 40 health and social care professionals; and 13 parents or carers of children and young people. Respondents were selected on the basis of their experience of one of the selected advocacy services included in the sample.

Data from the telephone survey of advocacy services and the subsequent in-depth investigation of ten selected advocacy services, were analysed to illuminate key themes concerning the principles and practices of advocacy with children and young people.

<sup>1</sup> Ratified by the UK government in 1991.

<sup>2</sup> See Recommendations

## Findings

### What is advocacy?

How advocacy is defined is an important issue, since consistencies or differences in understanding are likely to influence advocacy practice, as well as stakeholder responses to it. Consequently, the study explored understandings of the concept of advocacy in some depth. Overall, advocates, children, parents and carers tended to offer broadly similar definitions of advocacy, whereas social care professionals were more divided in their views.

Although there were some variations in emphasis, dominant understandings of advocacy among advocates combined elements of representation, support, empowerment, and protection of rights. The advocate's role was widely described as 'speaking up' on behalf of children or enabling them to 'have a voice' or 'put their views across'. Ensuring that children were actively listened to and taken into account in decision-making was also a common theme. However, less emphasis was given to securing young people's access to needed services which might be considered an important function of advocacy.

*'For me, it's about representing wishes, views and feelings of children to a wide variety of audiences to enable them to take their views actively into consideration in decisions, and to voice disagreements in plans for them'.*

(Jackie, advocate)

Children and young people, and parents or carers, were more likely than other stakeholders to say that they were initially confused about the meaning of advocacy, but that they developed an understanding as a result of working with an advocate. Most young people grasped that the role of the advocate was to act firmly on the side of the young person: an advocate was described as someone who would be 'on my side', 'fight my corner', 'stand up for me' or 'back me up so that others listen and take notice'. Advocates were valued for being emotionally supportive as well as action-oriented. Advocates were also seen as a link to the care system, explaining procedures, offering information on their rights and entitlements, and helping to achieve a better balance of power in decision-making arenas. Young people placed a high value on the confidentiality and independence of advocacy services.

*'Advocacy is a person who helps children who are in care. They make sure the social worker is listening to them, that they're getting what they are entitled to, making sure they are not being abused in care, and helping if they have any complaints'.*

(Ismail, 19 years)

Compared with other respondents, social care professionals offered more varied and equivocal definitions of advocacy. Some were positively disposed to advocacy, perceiving it as a means for enabling children's views to be heard and for protecting their rights. This group acknowledged that this could be a difficult role, and that often the advocate had to be prepared 'not to be the most popular person'. Those social care staff that were more critical of advocacy tended to view it as encroaching on their perceived role as 'children's champion'. A further group tended to lack awareness of the principles of advocacy, often believing that the advocate's role is to act in the best interests of the child, or to broker agreements between children and the care system.

### Advocacy and related roles

A wide range of adult professionals may be in contact with looked after children (such as complaints officers, guardians *ad litem*, social workers, Connexions service advisors, Independent Persons, among others). Consequently, the distinctiveness of advocacy, as compared with other professional roles, is an important issue. Informants were asked how they would compare the role of advocates with that of other professionals. Most respondents focused on comparing advocates with social workers and complaints officers, although Connexions personal advisors, CAF/CASS personnel and Independent Visitors were also mentioned.

In relation to social work, advocates commonly distinguished their role by emphasising their focus on representing the child's wishes, and not their 'best interests'. Nevertheless, they also tended to perceive their role as complementary, rather than in opposition to, that of the social worker, and even, on occasion, as an ally in challenging decisions concerning children's care. Some social care professionals concurred with this view, and stressed that the role of the advocate was to offer an independent source of support for the child.

*'The advocate has to represent children's wishes and views, even if they disagree with them. The social worker has to take account of the child's wishes, but work to the best interests of the child, and may not agree with the child'.*

(Peter, service manager, performance review)

These informants tended to see advocates as less bound by the constraints of the social care system, and as having more scope to ask challenging questions and to provide a check on poor social work practice. Others were overtly critical of advocacy, arguing that there was little difference between advocacy and social work, excepting that advocates had more time to devote to young people. A perceived overlap between advocacy and social work was most likely to be expressed by social care staff working with disabled children and young people, who sometimes questioned the 'added value' of advocacy.

*'I think there is sometimes a slight dilemma because some social workers would see themselves as working as an advocate for the young people they work with, but it is a question of how the **young person** sees their role – whether the **young person** sees them as their advocate'.*

(Sally, Policy Officer)

Most young people interviewed, however, drew clear distinctions between the role of advocate and social worker. Advocates tended to be described as more accessible by telephone or that they responded more quickly. Most importantly, advocates were perceived as having more time and willingness to listen to young people than social workers.

*'A social worker – they can listen and they can get things wrong, but an advocate, they take your views and do what you say, and listen to you...She (the social worker) wouldn't believe me. She wouldn't listen to me.'*

(Susan, 11 years)

Relationships between advocates and complaints officers were described by both advocates and social care professionals as most positive where a clear separation of roles had been achieved. A general

preference was expressed for complaints to be resolved informally. The formal complaints procedure was generally regarded by all stakeholder groups as overly-bureaucratic and time-consuming. Reliance on formal procedures was also perceived as a symptom of organisational cultures that did not accept the value of listening to children, or of using their feedback as 'free consultation'. Many young people used the terms 'problem' and 'complaint' interchangeably; they valued advocacy for making their complaint 'more formal' without necessarily going through a written complaints procedure, and for helping them to 'sort out' their problems relatively swiftly.

### **Do family and friends make good advocates for young people?**

In some local authorities, 'significant others', such as parents, carers and friends, have been welcomed as potential advocates for children and young people. However, some reservations have also been expressed concerning this practice. Each stakeholder group was therefore asked for their views on this topic.

There was a general consensus across all informants that involving friends and relatives as advocates for young people was neither advisable nor appropriate. It was doubted that friends and family members would be sufficiently impartial, knowledgeable, or assertive to support young people effectively. It was considered generally preferable to have someone who was both neutral and trained in the advocacy role to represent young people. Family members were perceived as more likely to take a 'best interests' views of the child's needs and wishes, rather than conveying the young person's own views.

Children and young people in particular were almost unanimous in their rejection of the notion that friends or family members could make effective advocates. Young people stressed the value they placed on the confidentiality, expertise and independence of advocacy services, and many reported that they did not discuss the fact that they were in care with their friends because of the stigma involved. Indeed, children, parents and carers were generally in agreement that friends and family were 'too close to home', and were more likely to be 'too emotionally involved' and to 'take sides'.

*'I wouldn't want my friends knowing about it...and an advocate has been trained. If someone was in your family as your advocate, they might not do it properly. Like, it's different. They wouldn't be fair.'*  
(Peter, 12 years)

### Advocacy services: key characteristics

Having explored understandings of the term 'advocacy', the report will now describe how advocacy services for children and young people are delivered. Data from the telephone survey of advocacy services revealed that the majority (78%) of advocacy services were established between 1996 and 2000. Most advocacy services were delivered by national children's voluntary organisations (54% N=41), while just under a quarter (23% N=17) were delivered directly by the local authority, and a fifth (20% N=15) were delivered by local voluntary organisations.

The four national voluntary organisations most frequently cited were the Children's Society (13% N=10), NCH (12% N=9), Barnardo's (9% N=7), and the NSPCC (8% N=6).

Just over half of advocacy services (56%) were funded by the local authority only. Almost a quarter (23%) received core funding from the local authority, plus a contribution (typically between 20-30%) from the voluntary organisation delivering the service.

The majority (83%) of advocacy services recruited individuals with particular qualifications and experience. Almost half (47%) required a professional qualification in social work, youth work, education, childcare or law, as well as direct experience of working with children and young people. Access to initial training and continuing professional development in advocacy was a key issue; advocates reported that they were trained by their own organisation (29%), or from external sources (23%), or from both (20%). About a quarter of respondents had received no in-service training on advocacy at all.

In relation to the development of socially inclusive advocacy services, some action had been taken to address issues of racism and disability, but less attention was given to questions of gender, mental

health or sexuality. Internal and external barriers to taking action on issues of equality were also identified, including lack of resources in terms of staff time and skills, and boundaries placed on the work of the advocacy service by commissioning bodies. Overall, advocacy services have attempted to respond to social diversity among their service users by:

- making referrals to specialist advocacy services, workers or voluntary organisations;
- making links with other targeted services;
- setting up support groups;
- recruiting a socially diverse workforce; and
- producing relevant publicity.

Advocacy services worked with a wide range of children's services providers. While all advocacy services had worked with social services, the vast majority (88%) also had contact with other service providers, such as education services (83%), health services (72%), mental health services (65%), and juvenile justice (59%).

A majority (59%) of respondents reported a generally positive relationship with providers of children's services.

*'There is mutual respect, but we're not too pally, which is as it should be'.*

Pat (advocate)

However, more than a third (35%) described their relationship as in a perpetual state of flux. A small minority (5%) described their relationship with service providers as generally negative.

### Access to Advocacy

Young people's access to advocacy services represented a key theme in the review of the literature; children in foster care and children with communication impairments or other disabilities being identified as having particular difficulties in gaining access to advocacy. The study therefore sought to explore which groups of children were targeted by advocacy services, and why.

The telephone survey of advocacy services showed that the vast majority (96% N=72) were targeted at specific

groups of children and young people. 85% were targeted at looked after children: over a third (37% N=28) offered advocacy to looked after children and care leavers *only* while just under half (48% N=36) offered advocacy to looked after children *and* children in need.

There was considerable variation in the age groups targeted by advocacy services, with some setting their upper age limit at 18 years, 24 years, 25 years or 26 years. Lower age limits set by advocacy services also varied: in a small minority of cases, under 5s were included as a target group. In most cases, however, lower age limits were set at 8, 10, 11 or 12 years. A small minority of advocacy services prioritised young offenders, or children with mental health problems (7% N=5) and a further category worked with disabled children and young people only (5% N=4).

In in-depth interviews, this pattern of service delivery was attributed to a range of factors, including staffing levels, the communication skills of advocates, funding contracts, and the physical location of the building. Social care professionals justified the targeting of advocacy services at looked after children and children in need in terms of the corporate parenting responsibilities of local authorities, and by reference to looked after children's perceived vulnerability. It was generally agreed that advocacy could benefit a wider constituency of young people, but that looked after children represented a priority group.

*'It's targeted at looked after children because they often don't have a parent acting on their behalf and because often they don't have the benefit of a stable and secure relationship'.*

(Norman, policy manager)

Young people's access to advocacy is also influenced by the extent to which they are aware of advocacy services available to them. The telephone survey of advocacy services showed that the main methods for increasing awareness of advocacy among children and young people entailed the distribution of publicity, including newsletters, leaflets, posters, and information packs. Publicity was also directed at health centres, libraries, pubs, schools, and youth clubs. Just under half of advocacy services (49% N=37) relied upon social workers to distribute publicity to children, and over a quarter (29% N=22) identified foster carers as an important means of raising awareness of advocacy

among children in their care. Visits to residential children's homes, secure psychiatric settings and juvenile justice units were also undertaken. A fifth of advocacy services reported that young people heard about advocacy from their peers.

Findings of the in-depth investigation showed that the most common way for young people to find out about advocacy was through publicity distributed by advocacy services and visits made by advocates to residential children's homes. Staff working in children's homes and foster carers were also important sources of information on advocacy. However, as many young people had experienced multiple foster placements, they found that some foster carers were more positively disposed to advocacy than others.

*'My present foster carer doesn't think advocacy for children and young people is a good thing, because they would be against her. But that's not so, they're there to support children'.*

(Saul, 17 years)

Children living in the two secure units included in the study had regular contact with advocacy services commissioned to work in those settings. Children using a dedicated child protection advocacy service were also offered the support of an advocate as a matter of procedure. Parents and carers found out about advocacy from a range of sources, most commonly from social workers.

### **Why do children and young people ask advocates for help?**

Little systematic data is available on the main reasons why children and young people approach advocacy services for help. This theme was investigated via the telephone survey of advocacy services and in the subsequent in-depth investigation.

Data obtained from interviews with young people suggest that young people who contacted advocacy services often had multiple problems that varied in complexity. In line with the findings of the telephone survey, the most common reason reported by young people for contacting an advocate concerned placement issues (19% N=9).

*'Social services took me out of care for no reason and put me into the home of a person who was supposed to be my cousin. Nine people already lived there, and the conditions were filthy. I was eight months pregnant at the time'.*

(Marlene, 17 years)

Young people's concerns about child protection (15% N=7) and bullying, including racial and sexual harassment (13 % N=6), were more evident in in-depth interviews and this cannot be wholly attributable to the inclusion of a specialist child protection advocacy service within the sample. Other issues of concern to young people (in order) included:

- maintaining contact with family and friends (13% N=6);
- complaints against social workers or residential care staff (10% N=5);
- problems with housing (10% N=5);
- welfare benefits and other entitlements (10% N=5);
- access to education services (10% N=5);
- legal problems, including immigration and child custody (10% N=5);
- health-related issues (8% N=4); and
- complaints against foster carers (8% N=4).<sup>3</sup>

### Advocacy in practice: key issues

This section of the report will consider key issues in advocacy practice with children and young people, including debates about the independence of advocacy services, confidentiality for children and young people, the extent to which advocacy is child-led, tensions between parents' rights and children's rights, interpretations of children's capacities to engage in decision-making, and the extent to which children's welfare and children's rights are separate or related concepts.

### Independence of advocacy services

The literature indicated mixed views concerning the influence of funding contracts on the work of advocacy organisations, citing their potential to assist in clarifying expectations of the service but also to constrain the activity of advocates. In addition, while some advocacy services are externally commissioned, others are provided directly by local authorities to children in their care. Consequently the issue of independence tends to represent a key theme in debates about the future of advocacy services.

The survey of advocacy services suggested mixed views: over a quarter (28%) of informants reported Service Level Agreements (SLAs) as having a generally had a positive effect on their service; just under a fifth (19%) reported that funding contracts had no obvious influence on their work, and a similar proportion (17%) described SLAs as negative in their impact<sup>4</sup>.

In in-depth investigation, most advocates and social care professionals agreed that advocacy services operated in an independent way, citing advocates' refusal to 'back down' in the face of pressure or criticism in evidence.

*'Because we are funded by the local authority, we see ourselves as working in partnership, but also independently. The advantage is that we meet regularly with people who make decisions and give us a clear mandate for our actions. They accept our role, though sometimes they say we are a thorn in their flesh!'*

(Gill, advocacy service manager)

Although various steps were taken to protect the independence of local authority-run advocacy services, advocates and social care professionals acknowledged that such advocacy services were vulnerable to internal pressures, such as changes in resources, departmental priorities and personnel.

*'The service should be moved out of the local authority to protect the independence of the service. We are under enormous pressure to tow the party line. The role also becomes very confused, being in-house'.*

(Petra, advocate)

Doubts were also expressed by advocates and social care professionals that children and young people would perceive local authority advocates as independent. Indeed, the independence of advocacy services emerged as particularly reassuring for children and young people who were mistrustful of the care system.

### Confidentiality

In the literature review, confidentiality thresholds for children and young people emerged as a highly contested issue, with some claiming that standard confidentiality policies may inhibit young people from disclosing information about risks to their safety.

<sup>3</sup> Figures cite the percentage of young people citing the factors specified. Some young people cited multiple reasons therefore percentages add up to more than 100%.

<sup>4</sup>These were responses to an open question. Responses were not obtained from 36% of respondents.

Findings from the telephone survey of advocacy services indicated that the vast majority offered limited confidentiality<sup>5</sup> (92%). Most respondents (64%) had experienced no problems in this regard. Similarly, in-depth interviews, the vast majority of informants were satisfied with the standard of confidentiality offered by advocates, especially where clear role boundaries and expectations had been achieved between advocacy agencies and social care professionals.

Advocates emphasised the importance of explaining confidentiality policies to children and young people at the outset, so that they could be in control of disclosing information. A further view, shared by some young people, advocates and social care professionals, was that social care professionals were sometimes at fault for sharing too much information about young people with other professionals. The standard of confidentiality that could be offered and understood by young people with disabilities was also an issue for debate, particularly where their sexual behaviour or identity was at issue.

*'At first, it's like you don't trust them because you think they're part of the system. Then you realise they're not part of the system at all. It's all confidential and you can say what you want and he won't be shocked or offended.'*

(Mark, 18 years)

### Is advocacy child-led?

The literature review highlighted debates concerning the extent to which both the process and objectives of advocacy are child-led, some claiming that hitherto, children's advocacy has been largely passive in nature. The vast majority of advocates accepted that advocacy should be 'child-led' and that this principle offered a valuable guide to their practice.

*'A lot of the young people expect us to do the work for them, but we worked on this together. He came in and we did the latter together at the computer...I felt quite proud of that case because he did a lot of the work himself.'*

(Carole, advocate)

Nevertheless, the need for flexibility was also acknowledged, particularly where very young, or hyperactive children, or children lacking in confidence were concerned. Young people expressed a similar

view and their descriptions of advocacy practice suggested that 'child-led' represented a continuum that shifted according to the approach of the advocate or the circumstances of the young people concerned. However, in a minority of cases, young people complained that their advocate had exercised an inappropriate level of control over the process and the desired outcome.

*'I felt the advocate was not listening to the solutions I wanted to put in place (ie. supervised contact with her sister). Nobody was listening to me.'*

(Kath, 15 years)

Social care professionals tended to be more equivocal in their views, some seeing advocacy as having too much influence on decision-making, or encouraging young people to have unrealistic expectations.

*'I feel that the children were overly heard – sometimes children need to know that responsible adults make decisions and why...'*

(Nigel, social work manager)

### Mind your language?

Advocates generally felt that, as far as possible, they should use of young people's own words to express their views to social care professionals. However, some advocates said that they would only use abusive or 'inflammatory' language if a young person had thought through the likely consequences of such action. Social care professionals were also mixed in their views, some valuing the authenticity afforded by the verbatim delivery of young people's opinions, while others felt that such a practice subjected social care professionals to unnecessary abuse, and prevented young people from learning how to challenge adult decisions more effectively.

*'We will say it in dialect, or if the grammar is wrong, we will say it the way it is said. And that is one of the things that makes it powerful.'*

(Joan advocacy service manager)

### Children's rights vs. parents' rights

A key issue for advocacy practice concerns the ways in which advocates intervene where there are differences of opinion, or potential conflicts of interest, between children and their parents or carers. The literature

<sup>5</sup> Most advocacy services reported that their confidentiality policy identified the circumstances in which advocates were obliged to breach confidentiality (eg. where the child was perceived to be at risk of significant harm).



review highlighted trends towards the greater acceptance of consulting young people about their care, but concurrent with an increased emphasis on parental rights.

In in-depth interviews with stakeholders, broad agreement emerged between social care professionals and advocates concerning the value of advocacy in providing support to young people, particularly in relation to child protection arenas. Parents and carers of young people involved in child protection processes were generally supportive of their child's need for advocacy, although advocates and some social care professionals tended to view their compliance as attributable to fear of challenging the child protection system.

Most social care professionals agreed with advocates that disabled children's views and wishes should be listened to. However, some social care professionals thought that advocates risked undermining parents and social workers in decision-making, while a further group thought that advocates needed to be more assertive in expressing children's views. Separating the child's wishes from those of the parents was identified as a particular challenge for advocates.

*'..You have to say, 'look, I'm an advocate for your child, not for you. I can only deal with what she wants to tell me, not what you want to tell me. I can take your views into consideration, but I'm only here for her'.*

(Citra, volunteer advocate)

Both advocates and social care professionals tended to agree that effective advocacy involving maintaining a balance between assertiveness and tactfulness, and that care should be taken not to disrupt children's networks of support. Most parents and carers of children with disabilities expressed positive support for advocacy and did not report feeling that their own needs were overlooked. Most children and young people interviewed expressed appreciation for the role of advocates in allowing their views to be heard, and in helping them to negotiate tensions in cases where their wishes were not in accordance with their parents' views.

Only two cases were identified where advocates cited children's legal rights as a way of asserting the views and wishes of young people. In one case, a young

woman won custody of her child against the wishes of the local authority. In a second case, the 'Gillick' ruling was successfully argued to support a young woman to apply for a job without her mother's consent.

### **Children's capacities to engage in decision-making**

The literature review highlighted that national and international law links children's capacity to engage in decision-making with their age and 'maturity', leaving considerable scope for interpretation on the part of social care professionals and other adults. In-depth interviews with stakeholders indicated a range of views on this issue. Advocates were most likely to reject a deterministic association between age and capacity, citing differences in confidence and experience as important factors that needed to be taken into account.

*'It's not just about age – it's about how confident they are with adults. I've seen young ones who can be assertive, and older ones who can't. A couple of youngsters here are very forceful'.*

(Bea, advocate)

Advocates also tended to believe that children and young people were entitled to be consulted on matters of concern to them as a point of principle. Social care professionals highlighted issues of 'maturity', understanding and experience, but also perceived a child's capacity to anticipate or understand the likely consequences of their choices as important considerations.

*'Weighing choices and consequences is a key living skill and some don't have that. So, listen to the kid, but be realistic about what we can make choices about'.*

(Sarah, social work manager)

Advocates identified a number of barriers to involving children in decision-making, including a lack of resources, insufficient skills to work with different communication needs, and attitudinal barriers on the part of social care professionals. By contrast, social care professionals stressed that, while it was important to have a repertoire of communication skills to work with disabled children, it was more important to make a realistic assessment of their capacity to understand, and to engage in decisions that were meaningful to them.

Identifying the wishes of children without speech was identified by advocates and some social care professionals as one of the most challenging aspects of advocacy practice. Advocates sometimes doubted that they had fully understood the child's wishes and we therefore uncertain about the extent to which they represented their wishes or their 'best interests'. In these circumstances, advocates tended to justify their intervention in terms of their mandate to protect children's rights. Equally important, the quality of the relationship between advocates and young and disabled children was identified as a key factor in facilitating their successful participation in decision-making.

*'When you don't have something directly from the young person...then we could say, 'any young person of this age in this situation would be entitled to this, so what is happening about it?'*

(Joan, advocacy service manager)

### **Children's welfare and children's rights**

Tensions between children's welfare and children's rights emerged as a key theme in the literature, with some commentators arguing against a polarity between rights and needs. These themes were reflected in responses given in stakeholder interviews.

Most advocates perceived rights and welfare as related, rather than mutually exclusive concepts, citing a number of case studies in support of their argument. Nevertheless, advocates were aware that social care professionals were often required to make difficult decisions and weigh the consequences. This theme was taken up more forcefully by some social care professionals who felt that advocacy could create lead to an over-emphasis on young people's rights at the expense of their welfare. By contrast, many children and young people expressed frustration when they were not listened to or taken seriously and tended to agree with advocates that, when decisions were taken on the basis of their perceived best interests, they were routinely excluded from the decision-making process.

*'Often, 'best interests' doesn't involve the child, or they are not listened to, but it doesn't work if they don't engage the child in the process.'*

(Elsa, advocate)

Advocates identified children without speech and young people seeking asylum as in particular need of advocacy, although it was also acknowledged that communication difficulties could create difficulties in protecting their rights. In this context, a rights-based model, whether based on legal rights or from their inalienable rights as children, was identified as a valuable guide to advocacy practice.

Finally, a key theme to emerge across interviews with advocates, social care professionals and children and young people concerned the barrier posted by the market of care services to a better synthesis of children's welfare and their rights. Some young people believed that decisions about their care were sometimes resource- rather than welfare- or rights-led.

*'I think it (a move to a new children's home) was because it was cheaper. Because I was in full-time education where I was, and I wasn't involved with the police or anything. And now I don't have any education.'*

(Laura, 15 years)

### **Can advocacy make a positive difference?**

#### **Impact on individual children**

Findings from the telephone survey of advocacy services identified a range of perceived practical and psychological benefits for children as a result of advocacy. These included enhanced self-esteem, improved care packages and the reversal of decisions perceived as contrary to young people's wishes or welfare.

*'We have been able to speak up for (young people in temporary agency placements) and to stop this to ensure their stability over and above the allocation of local authority resources ... We got compensation for one young person who had had twenty-four placements in two years'.*

(Carol, advocate)

Over a third of telephone survey respondents reported that they had achieved decisions in young people's favour (35%). Similar views were expressed by advocates in in-depth interviews. It was widely believed that advocacy empowered children and young people, even if they did not always get what they wanted.

*'Same old words – empowerment. But it's true. It empowers young people. And what they've got to say is important.'*

(Penelope, advocate)

Social care professionals and parents also attributed advocacy with enhancing individual young people's involvement in reviews, increasing their self-confidence and communication skills, in overturning or improving care plans, and with increasing young people's opportunities for socialising with their peers.

### **Children's satisfaction with advocacy**

The majority of young people reported a high level of satisfaction with their experience of advocacy: on a scale of 1-10, 86% (N=31) of those who responded (65% of the whole sample) gave advocacy between 8-10 points. Most young people were able to identify important emotional and practical outcomes of advocacy, such as feeling more confident and less stressed, and that their views were taken more seriously. 38% (N=18) of young people reported that their requests had been fully met and these practical outcomes were important and far-reaching, such as retaining custody of a baby, achieving contact with family and friends, tracing siblings, remaining in a placement of their choice, and obtaining access to housing, counselling and welfare benefits.

*'(The advocate) has done such a lot for me. He got money from the Prince's Trust charity...He also helped me with Income Support, with college...I can't even think now of all the things whizzing around in my head...He helps me get resources I didn't think were within my reach.'*

(Tracey, 22 years)

### **Impact on children's services**

In the telephone survey of advocacy services, a majority of respondents could identify policy changes that were achieved as a result of advocacy interventions. However, just over one fifth of advocates were also frustrated by local authorities' resistance to learning from the lessons of individual advocacy, and applying them to children's services on a strategic level.

*'We end up fighting the same issues repeatedly because the policy doesn't change. We try different ways, but we are still at their mercy...'*

(Catherine, advocate)

Barriers to achieving better outcomes for children were identified as including an over-reliance on the part of social care professionals on bureaucratic procedures, and some professional resistance to young people's participation in decision-making.

*'We work in two local authorities and in one, we have had a big input into service development, particularly where the Leaving Care Team is concerned. There have also been other changes – on overnight stays, police checks on friends, and an increase in the Leaving Care Grant. In the other authority, it's difficult to tell.'*

(Shaheen, advocacy service manager)

Social care professionals' perceptions concerning the impact of advocacy on service development were mixed. Some social care professionals felt that broader participation work was more influential in this respect, although this view was most evident in local authorities that appeared to be less willing to learn from casework advocacy.

In those authorities that used casework advocacy as a form of internal audit, advocacy was credited with encouraging a range of new policy initiatives, including the allocation of pocket money, improved financial support for care leavers, a relaxation of procedures on overnight stays, raising the leaving care age from sixteen to eighteen, and suspending care reviews while young people were sitting school examinations. In a more general sense, advocacy was also attributed with fostering cultural change towards the development of more child-centred services.

*'We've moved from being an organisation that met our needs to one that meets young people's needs.'*

(Gilly, manager, children's services)

## Recommendations

This section is divided into two parts: the first makes recommendations of direct and immediate relevance to current policy concerns; the second highlights a number of key questions as a means of stimulating debate concerning longer-term policy developments in relation to social care for children and young people.

### Part One

The recommendations that follow are relevant to a number of government policy initiatives, most recently the Green Paper, *Care Matters: Transforming the Lives of Children and Young People in Care* (DfES, 2006). Other initiatives include *Every Child Matters* (DfES, 2003), *Every Child Matters: Change for Children* (DfES, 2004) and the *Quality Protects* (Department of Health, 1998) initiative, which all seek to involve children and young people in decision-making and to achieve greater parity between the outcomes for looked after children compared with children living with their families. The recommendations are also pertinent to the *National Standards for the Provision of Children's Advocacy Services* (DfES, 2002), *Learning to Listen: Core principles for the involvement of Children and Young People* (Children and Young People's Unit, 2001) and *Get it sorted: Providing effective advocacy services for children and young people making a complaint under the Children Act 1989* (DfES, 2003).

Findings may also assist in the work of the Children's Commissioner for England, which focuses on promoting the involvement of vulnerable children and young people in service developments, and the Commission for Social Care Inspection. Additionally, the recommendations are relevant to a number of current government policy initiatives, including the *Common Core of Skills and Knowledge for the Children's Workforce* (DfES, 2005), which aims to improve the status of professionals working with children and young people, and the quality of the service they deliver.

### Equity of access

Currently, there are wide variations between different local authorities in numbers of looked after children and children in need and advocacy services are more available in some areas of the country than others. Overall, the research reported on here shows that there

are differences in terms of the children and young people targeted by advocacy services: lower and upper age limits vary; disabled children and children in need are entitled to advocacy support in some services but not others. Children in out-of-area placements, residential institutions, and secure units have limited access to advocacy services. Children seeking asylum were also reported as experiencing particular difficulties in gaining access to advocacy support.

The research underlines the importance of improving children's access to advocacy services by raising awareness of their existence among looked after children and children in need, carers and parents, and social care professionals who work with them. Arguably, looked after children and children in need should be entitled a comparable standard of service wherever they live as a matter of equity. Both providers of children's services and advocacy services have an important part to play in this regard, and their collaboration should make a significant contribution to ensuring that children's access to advocacy services is a matter of choice, and not solely the result of chance.

It is recommended that:

#### For policy makers

- Greater consistency and equity is worked towards in children's access to advocacy support according to their age, disability, and status as looked after or in need.
- Reciprocal arrangements between existing advocacy services are encouraged so that children and young people in out-of-area placements and in residential settings have access to advocacy services.

#### For the providers of children's social care

- Up-to-date information is provided to advocacy services on the number and contact details of looked after children so that they can be given information on advocacy services.
- Information on advocacy services is provided to all children and young people as soon as they enter public care, before reviews, at the initial stage of the complaints procedure, and before involvement in child protection processes.

### For advocacy services

- More diverse methods for disseminating information on advocacy services are developed using different media, via direct work with groups of looked after children and children in need, and through the use of new technology (such as dedicated websites).
- More attention is given to the sharing of good practice between advocacy services in relation to the advocacy needs of specific groups of looked after children and young people, including young children, Black and minority ethnic children, and children seeking asylum. Similarly, more information and awareness is required in relation to gender, sexuality and mental health status as they affect the advocacy needs of children and young people.
- More attention is paid to recruiting advocates from diverse backgrounds, including young advocates, Black and minority advocates and advocates with disabilities.

### Listening to children and young people

Findings indicate that some local authorities have made progress in developing a culture of listening to children and young people but that positive change in this respect has been uneven. The need for greater receptivity on the part of care providers towards advocacy in particular and, more generally, towards an acknowledgement of the value of listening to children's views and experiences, was highlighted. This might be achieved by increasing awareness among providers of children's services of the potential benefits of advocacy in monitoring service delivery and in promoting broader change at the level of policy. Individual advocacy is also likely to have the greatest impact on children's services where it operates in synergy with broader participation strategies.

It is recommended that:

#### For the providers of children's social care

- Mechanisms are established to utilise advocacy as a form of internal audit, to collect information on trends in advocacy casework and to enable this information to contribute to strategic policy developments in children's services.
- Support is provided for both individual advocacy and broader participation strategies to enable children

and young people to 'have a voice' in the development of children's services.

- Information on the role of advocates is included in initial and in-service training provided for foster carers and social care professionals.

#### For the Commission for Social Care Inspection and the Children's Commissioner

- Advocacy services are included in inspections and other investigations of social care services as a source of evidence concerning practice and policy development in children's services.
- Advocacy services are invited to provide evidence in any evaluation of the policy drive to provide children's services on the basis of a closer partnership between health, education and social services.

### Making complaints and sorting out problems

Although the Adoption and Children Act 2002 established a statutory obligation for local authorities to provide advocacy for children making formal complaints under the 1989 Children Act procedures, the value of formal complaints procedures for children and young people appears to be limited.

The research shows that formal complaints processes are widely perceived by social care professionals and advocates as an inappropriate and ineffective way of resolving concerns raised by young people and that resolving complaints informally and at an earlier stage is generally regarded as a more child-friendly approach. Formal complaints procedures were also reported by social care professionals and advocates as less accessible to young children, disabled children, children engaged in child protection processes and children seeking asylum.

It is recommended that:

#### For policy makers

- The role of advocacy in supporting children to make complaints is monitored to ensure that advocacy provision is not restricted solely to supporting children through formal complaints procedures and continues to afford young people an informal means for addressing problems and resolving complaints.

## A trained advocacy workforce

The research identified wide variations in the level of initial and continuing professional development. While considerable interest in and need for further training was expressed, the current availability of provision was described as geographically patchy, or as requiring regular and considerable time away from their professional duties. Yet, adequate training is required if advocates are to develop their skills, address key issues and dilemmas in advocacy practice, and achieve proper recognition from other professionals. A skilled advocacy workforce is also required if equity in children's access to advocacy is to be made a reality, particularly for young children, and children and young people with disabilities. In relation to professional development in advocacy, a need for the wider availability of training courses geographically, and targeted at different levels of experience, was identified.

It is recommended that:

### For advocacy and training agencies

- Accredited training courses in advocacy, incorporating initial and on-going professional development are developed and made available on a regional basis.
- A core training curriculum is developed, that may be supplemented by training in areas of specialist knowledge and practice.

## Funding

In order to achieve equity in access to advocacy services and improvements in the delivery of advocacy services, consideration needs to be given to the funding of children's advocacy in relation to issues of sustainability, independence, equal opportunities, and inter-agency collaboration. Evidence also suggests that single-worker services suffer from professional isolation, stress and inadequate resources (in terms of time and skills) to provide a service that is inclusive of different needs, and that consideration could therefore be given to establishing a minimum standard of service delivery.

It is recommended that:

### For policy makers

- Consideration is given to the funding of advocacy services on a regional basis, taking into account both generic and specialist provision.
- Single-worker advocacy organisations are phased out in favour of a minimum standard of service delivery, comprising a minimum of two full-time members of staff.

## Part Two

This section explores the potential relevance of the research to longer-term policy developments for children and young people. These considerations are framed in the form of two key questions:

### Should looked after children have access to independent advocacy as of right?

In his investigation into the abuse of children in public care, Utting (1997) concluded that looked after children needed independent advocacy as a source of protection, and as a means of ensuring that their voices were heard within an otherwise closed system. This view has been echoed in subsequent research into the experiences of disabled children (Morris, 1998).

Current government policy places the family in general, and parents in particular, at the core of programmes designed to improve the education, health and general well-being of children and young people. It might be argued that, if parents are regarded as children's natural advocates, then looked after children are doubly marginalised by such a trend (in that they lack positive parental support and are frequently failed by the public care system). The provision of focused support that demonstrably makes a difference to the lives of looked after children and delivered in a way that is valued by them, might help to reduce their social exclusion. The research offers promising evidence that advocacy can foster looked after children's participation in decision-making and assist them in gaining access to needed services. Advocacy may therefore not only enable children to have a voice in matters of concern to them, but also encourage service providers to be more accountable to young people in their decision-making. The right to advocacy may therefore protect children's welfare *and* their rights.

### **Is an ethical framework, or set of principles, needed to guide professional practice in children's social care?**

In recent years, there has been a significant shift in the role of social work and other care professionals towards a greater emphasis on the development of procedures for the assessment of care needs and packages of care for children and young people. This trend has been underpinned by the notion that the concept of care itself can be separated into its various components, 'delivered' and measured according to a set of common standards or criteria. It might be argued that, as a corollary, social workers in particular have been deprived of both elements of professional autonomy in decision-making and the time to form positive relationships with young people in their care. Is it possible that advocacy has emerged to compensate for a care system that tends to construct children as passive objects, rather than active subjects wishing to participate in decisions about their care?

Many social work and other care professionals strive to achieve the best they can for children in the context of limited resources. Yet the research also highlights some ambivalence among social care professionals concerning the extent to which children should be involved in decisions about their care. A number of professional and financial constraints were also identified as posing a barrier to achieving the best possible outcomes for looked after children; in these circumstances, independent advocacy was sometimes enlisted by social care professionals to influence decision-making in children's favour.

In order to achieve better outcomes for looked after children and to improve their everyday experience of the public care system, might it be time to develop an ethical framework, or set of principles, which will not only place children's involvement in decision-making as a central tenet of professional practice, but also encourage a qualitatively different relationship between social care professionals and children in their care?

Findings show that children appreciate being genuinely listened to, even if their wishes are not fully met, and that sometimes their involvement can lead to significant changes to care plans. An ethical framework for decision-making might allow for the development of professional accountability to an agreed set of principles, while also providing a context for examining how and why care decisions are made. Such a development might foster a more general acknowledgement of the complexities of decision-making. It may also promote greater awareness of the ways in which notions of children's welfare and their rights are not always polarised, but rather occupy areas of common ground.

## References

Children's Commissioner for Wales (2003) Telling Concerns. A Report of the Children's Commissioner for Wales' Review of the operation of Complaints and Representations and Whistleblowing procedures and arrangements for the provision of Children's Advocacy Services. Wales: Children's Commissioner for Wales Office.

Children and Young People's Unit (2001) Learning to Listen: Core principles for the Involvement of Children and Young People. London: Children and Young People's Unit.

DfES (2003) Get It Sorted: Providing effective advocacy services for children and young people making a complaint under the Children Act 1989. Available HTTP: <http://www.dfes.gov.uk/consultations2/24> (accessed 6 October 2003)

DfES (2003) Every Child Matters. London: DfES

DfES (2004) Every Child Matters: Change for Children. London: DfES

DfES (2005) Common Core of Skills and Knowledge for the Children's Workforce. Available online at <http://www.dfes.gov.uk/commoncore/ad.shtml>. (accessed 1st October 2006).

DfES (2006) Care Matters: Transforming the Lives of Children and Young People in Care. London: DfES. Available at: <http://www.dfes.gov.uk/consultations>. Accessed October, 2006.

Department of Health (1998) The Quality Protects Programme: Transforming children's services. London: HMSO.

Department of Health (2002) National Standards for Agencies providing Advocacy for Children and Young People in England. London: Department of Health.

Morris, J. (1998) Don't Leave Us Out. Involving Disabled Children and Young people with Communication Impairments. York: Joseph Rowntree Foundation.

Oliver, C. (2003) Advocacy for Children and Young People: A Review of Literature. Understanding Children's Social Care Series No 7, London: Institute of Education, University of London.

Utting, W. (1997) People Like Us: The Report of the Review of Safeguards for Children Living Away from Home. London: HMSO/Department of Health/Welsh Office.

## Acknowledgements

The authors would like to thank the Department of Health for funding this study. Thanks also to Caroline Thomas at the DfES, Professor Peter Aggleton and Professor Peter Moss from the Thomas Coram Research Unit for their helpful advice throughout the life of the project, but particularly during the preparation of the final report. The support and guidance offered by the study's advisory group and the Department of Health's Research Liaison Group, were also appreciated. Thanks are also extended to Penny Mellor and Tracy Walpole for their administrative support and Jenny Stratford for her assistance in production of this report. Last, but not least, we would like to thank the children, advocates, parents and carers, and social care professionals who participated in this study and who gave so generously of their time and enthusiasm. We hope the findings presented here will be of benefit.

## Contacts

For further information please contact:

Christine Oliver  
Thomas Coram Research Unit  
Institute of Education  
27/28 Woburn Square  
London WC1H 0AA  
[c.oliver@ioe.ac.uk](mailto:c.oliver@ioe.ac.uk)  
020 7612 6957

The report can be downloaded at [www.ioe.ac.uk/tcru](http://www.ioe.ac.uk/tcru) and from the DfES at [www.dfes.gov.uk/research](http://www.dfes.gov.uk/research)

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education and Skills.