



**The value of independent advocacy for looked  
after children and young people**

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By Iryna Pona and David Hounsell

## **Acknowledgements**

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## Executive summary

Children and young people who are in care have a right to have their views and feelings heard and to be involved in decisions made about their lives. When this happens, and happens well, it improves the child's experience in care, which in turn promotes positive outcomes for them in the future.

Independent advocates play a vital role in ensuring that children in care have their views heard and acted upon. However, as this report shows, access to quality independent advocacy is inconsistent, varying by where the child or young person lives or what their additional needs are.

The Children's Society runs nine advocacy programmes across England. They provide support to children living in care, children leaving care and children with Special Educational Needs and/or disabilities. We conducted a review of this practice base, looking at the characteristics of the children we work with, how we support them in practice, how effective we are in communicating their views, how frequently their issues are resolved, and how much this all costs.

The report sets out our methodology, our findings in detail and case studies illustrating the support we have provided to children. We conducted a review of 142 cases from two of our advocacy programmes with the highest number of cases, the **key statistics** are:

- Over half of the cases involved support for young people aged between 11 and 15. We worked with children as young as two and up to 21
- Just under half of cases involved children and young people with Special Educational Needs and/or a disability
- Placement, participation and leaving care were the issues that children and young people most frequently required support with
- In 75% of cases, our advocates effectively supported young people to communicate their wishes and feelings and achieve their desired solution to the issue.
- It costs £31 per hour on average to provide advocacy support. The total cost of a case ranges substantially from an average of £320 for family contact to £3,830 for safeguarding issues.

Overall this review produced four **key findings**:

1. Independent advocates provide a crucial role in enabling children and young people in the looked after system to communicate their wishes and feelings and to play an active role in decision-making about key aspects of their lives.
2. Advocacy services support local authorities to effectively meet their duties as corporate parents to children in care by improving both children's experience of the care system and their outcomes as well as delivering financial savings.

3. Statutory obligations on local authorities and the National Advocacy Standards and guidance are inadequate, resulting in significant inconsistency in young people's access to an independent advocate.
4. Cost of provision ranges considerably depending upon the child or young person's issue(s) and its complexity. These elements are often unknown in advance of support. Commissioners must consider this variation when undertaking assessment of need for advocacy in their area.

We have used the evidence to derive a set of **key recommendations** which are:

1. To improve access to advocacy services for children and young people in the care system the statutory framework for advocacy provision, including the National Standards and statutory guidance, should be revised and strengthened.
2. To ensure that learning from individual advocacy cases leads to improvements in services for all children and young people in local authority care, a monitoring and reporting system for advocacy services should be introduced. The lead members, Ofsted, the Office for the Children's Commissioner and the Children in Care Councils should all have a role to play in this new system.
3. To improve access to advocacy services for all children and young people in the care system, commissioning of advocacy services should take into account the full range of legislation, regulation and guidance and services should be commissioned on a minimum three year basis.
4. To improve access to advocacy services, local authorities should work to make children and young people in the care system and the adults involved in their lives more aware of the advocacy services available and the benefits these services bring.

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## 1. Introduction

Every year around 65,000 children and young people are looked after by local authorities in England<sup>1</sup>. The majority of them enter the care system because of abuse and neglect or family dysfunction. Children and young people's pathways through care determine to what extent they are able to overcome their earlier negative experiences and become successful and independent adults. Despite the high number of changes introduced to policy and practice in recent years, outcomes for children in care lag stubbornly behind those of their peers. In addition, the quality of care and experiences of looked after children vary greatly between local authorities and, as the Education Select Committee observed "seem to be governed by luck to an utterly unacceptable degree"<sup>2</sup>.

Children and young people in care receive a complex package of support. For some this includes advocacy support from a professional who can help young people communicate their views, wishes and feelings when decisions are made about their lives. The right of looked after children to have a say in decisions about their lives is enshrined in the United Nations Convention on the Rights of the Child (UNCRC) and in domestic legislation, such as the Children Act 1989.

In 2010-11 around £20 million was spent on advocacy services, representing less than one per cent of the looked after children social care budget<sup>3</sup>. Yet the number of children benefiting from these services is not known, and there is a postcode lottery of provision, with around one third of local authorities spending nothing on advocacy for looked after children, according to government data<sup>4</sup>. There is also limited published research into the short or long-term outcomes for children who receive advocacy support and little is known about how involving children in decision-making can shape local authority services for all children in their care.

Through this policy study we explore the role of advocacy delivered by independent professional advocates, the range of issues that advocates provide support on and how frequently positive solutions are achieved. The report uses this evidence to begin to build the case for central government and commissioners to invest in advocacy for looked after children, enhancing the quality of advocacy provision and children and young people's access to it.

### What did we do for this report?

Over the past six months we visited three of The Children's Society's advocacy programmes and conducted telephone interviews with practitioners from three other programmes. From these visits and interviews, we have gathered case studies, gathered information on the cost of provision and audited a representative sample of 142 case files from two of our programmes. The information presented in this report relates to the period April 2010 to March 2012. This report provides evidence on the current demand and trends in advocacy provision, the observed benefits for both the children and young people advocated for and the local authorities commissioning the services, and the cost of provision. It should be noted that the purpose of this report is primarily for policy and practitioner audiences, which is reflected in the methods we have used. A full methodology is provided in appendix 2.

## 2. What is advocacy and why is it important?

*“Advocacy is about speaking up for children and young people and ensuring their views and wishes are heard and acted upon by decision-makers.”* (Get it Sorted Guidance, Department for Education and Skills, 2004).

### The role of an independent advocate

Advocacy is instrumental in ensuring that the views, wishes and feelings of children are heard when decisions are made about their lives. Research into the role of advocacy highlights the key elements of an advocate’s role: representation, support, empowerment and protection of rights<sup>5</sup>.

Although many professionals working with looked after children see themselves as advocating for this group of children, there is a clear distinctiveness about the role of an independent advocate:

- The advocate’s role is to make sure that the child’s views and experiences are considered when decisions are made about their future which is different from representing the ‘best interests’ of the child as is the case with other professionals.
- The advocate takes time to develop a relationship with a child and does it at a pace suited to each child. Research highlights that the quality of the relationship between a young person and their advocate is the most significant component in facilitating children’s participation in decision-making and enabling young people to talk about things that they do not feel able to talk about with other professionals<sup>6</sup>. Young people see the independence of the advocate, the respect for their views and their friendship as important characteristics of this relationship. And because their relationship is on a more equal footing, it is quite different from those with other professionals<sup>7 8</sup>.
- In addition to empowering children and young people to have a voice in decisions made about their lives, advocates play an important role in securing young people’s access to needed services where the services that young person receives are of poor quality or not available<sup>9</sup>.

It is important to recognise that not all children will be able to participate in decision making. Many of them find formal decision making settings quite intimidating and many will need help of a trusted adult to make sense of their feelings and to express these feeling to the other adults making decisions about their lives. That is the role of the independent advocate.

### Why listen to children and young people?

Empowerment is important for all children and young people, as recognised in the UNCRC. It is particularly important for looked after children who often report feeling powerless when decisions are made that affect their lives or who experience a lack of stability in their care journey, including frequent changes in the professionals who support them and the adults who care for them. The

children and young people we work with are clear that they often feel powerless because they are not able to influence what happens in their lives. Existing literature also supports this view<sup>10 11</sup>.

The main argument for listening to children and young people is that they are the real experts on their own lives and so they can help adults find solutions that will make a positive and lasting impact for them. Children value the opportunity to have a say about issues that are important to them and also value an explanation about what is happening to them and why certain decisions have been made.

Being able to communicate their wishes and feelings helps children and young people share concerns with adults, stay safe and improve their self-esteem. These factors influence a child's development, their ability to build resilience through childhood and aid their transition to adulthood and independence. Evidence also shows that children and young people are more likely to benefit and participate in services if they understand the purpose of the service and have a role in shaping how the service is run.

It is also the right of children in the looked after system to be involved in decisions made about their lives. Recognition of the role for looked after children in determining their own care journey is already present in statutory legislation and guidance. For example, there is an expectation that the Independent Reviewing Officers (IROs) will enable the child to lead on aspects of their review meetings to enable them to take increased ownership of the meeting, forming part of their preparation for independence<sup>12</sup>.

Box 1 below sets out relevant legislation and guidance on ensuring children are central to decision making in the looked after system and the range of advocacy support that should be offered under different circumstances.

### **Box 1. Legislation and guidance on the child's right to participate in decision making**

Section 22 (4) of **The Children Act 1989**, consistent with article 12 of **the United Nations Convention on the Rights of the Child**, provides that before making any decision with respect to a child who the local authority is looking after or proposing to look after, the authority must ascertain the wishes and feelings of the child. Section 22 (5) says that local authorities should give due consideration to those wishes and feelings.

**The Children Act 1989 Guidance and Regulations Volume 2: The Care Planning, Placement and Case review (England) 2010** makes clear that where children have difficulty in expressing their wishes and feelings about any decisions made about them, consideration must be given to securing the support of an advocate.

**The 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 2010** makes clear that every looked after child has a right to be supported by an advocate whenever they want such support.

The statutory guidance **The Roles and Responsibilities of the Lead Member for Children's Services and the Director of Children's Services** makes it clear that systems must be in place to enable the voices of children and young people to be heard and to help inform the council's strategy for corporate parenting, in particular those who are disabled and living in placements a distance away.

**The Adoption and Children Act 2002** placed a duty on local authorities to make arrangements for the provision of advocacy services for care leavers and other children using children's services that are making or intending to make a complaint under section 24D or section 26 of the Children Act 1989.

**The Children (Leaving Care) Act 2000** requires responsible authorities to make sure young people have access to independent advocacy services to support them through complaints procedures.

The **Mental Capacity Act 2005** and the **Mental Health Act 2007** introduced the roles of Independent Mental Capacity Advocates and Independent Mental Health Advocates.

### Are children in care being listened to?

The responsibility for ascertaining children's wishes and feelings lays with a number of professionals supporting looked after children, however, in practice children's participation in decision making is not yet widely prevalent and it is *"not seen as a priority to see children and involve them but seen as a luxury"* <sup>13</sup>.

The Munro review of the child protection system stressed the importance of listening to children and highlighted the number of factors that hinder children's participation in decisions made about their lives. *"It may seem self-evident that children and young people are the focus of child protection services...treating children and young people as people not objects requires spending time with them to ascertain their views, helping them understand what is happening to them, and taking their wishes and opinions into account in making decisions about them...this is particularly important for some children with disabilities whose needs are such that communication is more difficult for them."*<sup>14</sup>

In 2011 the Children in Care Monitor reported that a significant number of looked after children still have limited involvement in decision making:

- Just over half (54%) of all children felt that their opinions usually or always made a difference to decisions about their lives
- Around two thirds (69%) were usually or always told what was going on when major changes were going to happen in their lives
- Over half the children and young people (55%) knew how to get an advocate to help in making a formal complaint, and under a third (30%) did not know what an advocate was. Disabled children were much less likely than children generally to know how to get hold of an advocate.

The Children's Society's own research<sup>15 16</sup>, showed that only a small proportion of children and young people who are involved in formal decision-making

processes used independent advocacy services for support and that services are not able to respond to all the referrals, particularly for disabled children. The research also highlights that it is the most vulnerable children in the looked after system who experience the greatest difficulties accessing the support of an advocate. These groups are children with complex communication needs, disabled children, very young children and children placed out of their local authorities.

Children in foster care also access advocacy less often than children in residential care. The recent Ofsted report on safeguarding disabled children, for example, states that advocacy is rarely used to ascertain the views and wishes of disabled children even when there are concerns about their well-being.<sup>17</sup>

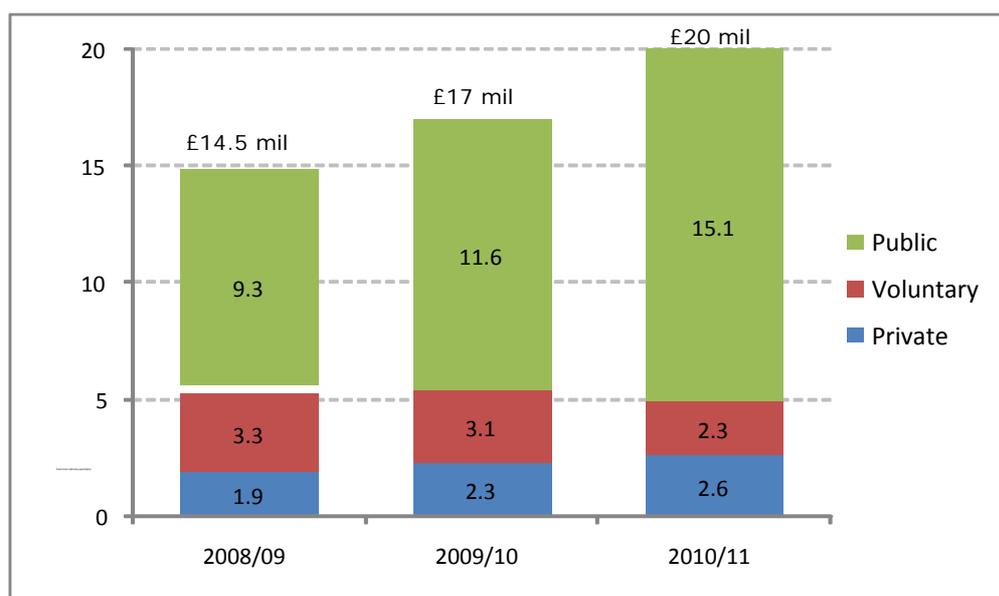
In 2008, the Children's Rights Director for England reported that just over half of looked after children had heard of advocacy and knew about the types of help an advocate could give to a child. The survey also showed that when young people had access to advocacy it was usually a very positive experience. Nine out of 10 (90%) children, who had been supported by an advocate, rated their advocates very positively on listening to them and putting over their point of view, getting others to listen to the child's views, and respecting their privacy. But for many others getting access to an advocate was more restricted and the process for doing so far from child friendly<sup>18</sup>.

### **How much is spent on providing advocacy services?**

Data is not available at an aggregated national level to say how many looked after children have accessed advocacy services in the last year or what issues they required support with. Research suggests that there are around 100 services in England run by local authorities and voluntary organisations<sup>19</sup>. Local authorities with responsibilities for looked after children either commission advocacy from national or local independent providers or deliver it through in-house children's rights services, spot purchasing agreements or a register of advocates.<sup>20</sup>

As shown in figure 1 below over the last three years local authority expenditure on advocacy services has gradually increased from £14.5 million in 2008/09 to £20 million in 2010/11<sup>21 22</sup>. The majority of spending is on services provided by the authorities themselves, and the share of in-house services has risen from 64% to 76% over the past three years. The remaining budget is spent on services commissioned to private, community or voluntary services providers.

Figure 1: Local authority expenditure, by type of provider



There is a large variation in expenditure on advocacy services between local authorities. According to government data, in 2010/11 around one third (52 out of 152) local authorities in England did not spend anything on advocacy provision for children in their area. On 31 March 2011 these local authorities looked after around 21,000 children and young people<sup>23</sup>. In comparison just over one third (61 authorities) spent up to £100,000 on advocacy services. Around 23,000 children and young people had looked after status in these local authorities.

The remaining local authorities (38) spent above £100,000 with five local authorities reporting spending between £900,000 and £3.5 million on advocacy. Around 21,000 children and young people are looked after by these 38 local authorities. There does not appear to be any correlation between the number of looked after children in each area and the spending on advocacy services.<sup>24</sup> This evidence indicates that children and young people's access to advocacy services varies considerably and is dependent upon local authorities' spending decisions rather than on the needs of children and young people for independent advocacy support.

### 3. Analysis of The Children's Society's advocacy cases

Existing evidence on advocacy provision is limited. This section of the report draws on evidence from an audit of cases for children and young people supported by The Children's Society between April 2010 and March 2012. In total, 142 unique cases were reviewed.

Previous research into independent advocacy has highlighted that although advocacy is often delivered on a single issue, it is common that during the course of advocacy support a number of other issues arise that the child or young person requires help with. The case file audit showed this to be true within our practice. For the purposes of the analysis presented in this section each advocacy case was analysed on the basis of the main issue that advocacy was requested for. Examples of multi-issue support are presented through case studies in subsequent sections.

#### What do The Children's Society services do?

The Children's Society runs nine advocacy programmes across England. These programmes support children and young people who wish to voice their views and opinions, challenge decisions about their lives or make representations and/or complaints and who need someone else to help them do it. Our programmes mainly, but not solely, support children who are looked after or who are leaving care. Some of the programmes also support disabled children who may or may not be looked after.

The programmes' key objective is to promote children and young people's central involvement in decisions affecting their lives. The nature of support varies significantly, as this report demonstrates, however each programme follows a set of core principles:

- The advocate should not be directive or judgemental but help the young person to express her/his decision clearly and appropriately to the intended audience
- Young people should be offered full information in making their decisions
- Young people would decide on the best course of action
- The advocate should always remain fully supportive of the young person.

To provide an informative perspective on the case file audit we separated the cases into seven separate categories. These categories were chosen on the basis of interviews with practitioners and literature review that identified the key issues for looked after children. The seven categories are:

1. Legal issues and formal complaints
2. Contact with family/siblings and carers
3. Education
4. Leaving Care and transitions arrangements
5. Participation in decision making

6. Placements

7. Relationships with professionals involved in young person's life.

### **Characteristics of the children and young people supported**

We analysed the cases by the gender and age of the child or young person, and by whether they have Special Educational Needs (SEN) and/or disabilities.

#### **Gender**

Out of 142 cases there was an equal distribution of cases among males and females (71 and 71 in each group).

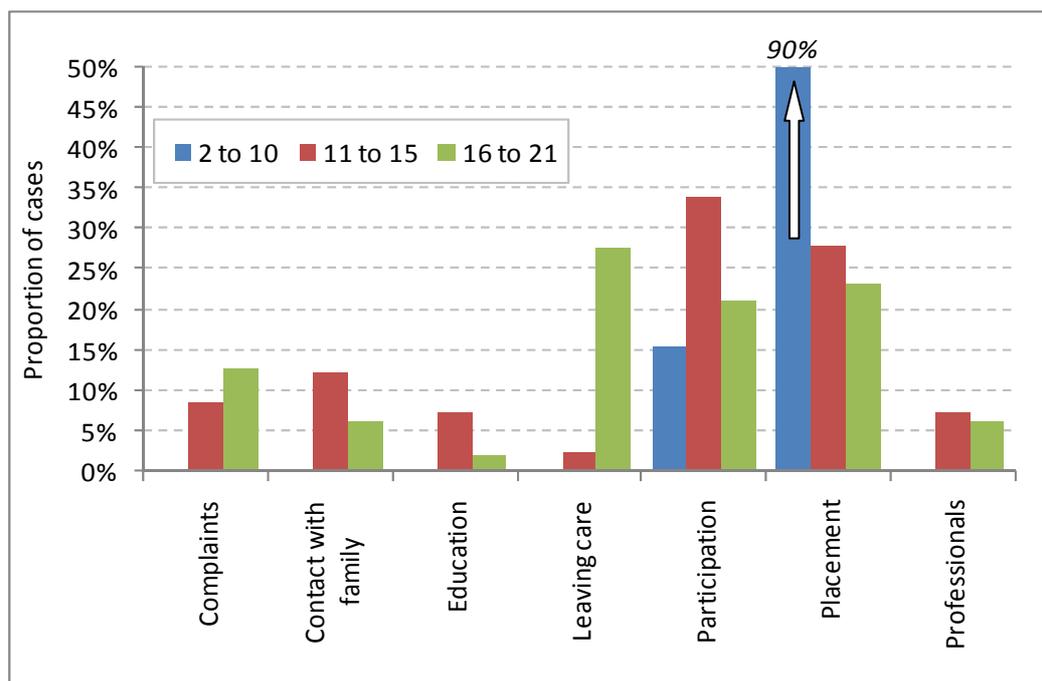
#### **Age**

The case analysis showed that we supported children as young as two and young people as old as 21. To demonstrate the variation in issues faced by different age groups and to ensure anonymity of the young people involved we present the analysis of cases for three age groups: 2 - 10 year olds, 11 – 15 year olds and 16 – 21 year olds. These age bands represent quite distinctive periods in each child's life in terms of their education, development and transition to adulthood. Using this perspective we were able to see whether there are any significant differences between the problems they experienced and issues they needed support for. Figure 2 below shows the breakdown by age and issue type.

Of the 142 cases analysed, 13 were supporting children aged between 2 and 10 years old. From our practice experience we know that it is unusual for children of this age to receive advocacy support. The project staff who supported these children said that in recent years the number of children under 10 self-referring to the projects had increased. There are also instances where services advocate on behalf of younger children if they are supporting their older siblings and need to deal with issues impacting on all the children in the family. The needs of this group of children should be explored further. If advocacy is not provided, or tailored to this group of children their specific needs may not be met.

Over half of the cases related to young people aged 11 to 15. The main issues for which young people aged 11 to 15 were supported were around problems with education and contact with family. The remaining cases, just under a third, related to the 16 to 21 age group, with the majority of these cases focusing on issues related to the transition process when leaving care. The cases involving 16 to 21 year olds were often more complex and the young people in this group were more likely to require advocacy on multiple issues, particularly support with complaints at later stages of the formal complaints process e.g. stage 2 or 3, or even to start legal proceedings against the local authority.

Figure 2: Proportion of cases by issue type, by age



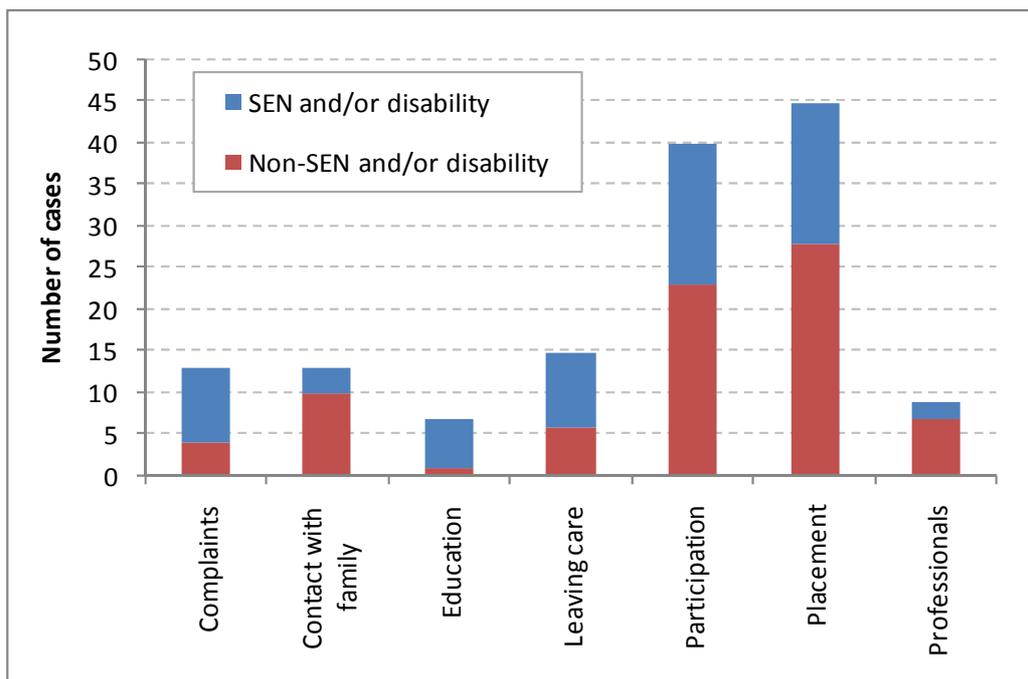
### Special Educational Needs and/or disability

Just under half (44%) of the cases involved children or young people who had SEN and/or disabilities. Although this is high it is consistent with government statistics that indicate that looked after children are three and a half times more likely to have SEN than other children.

The prevalence of SEN/disability was higher among males, with nearly two thirds of these cases involving young people with SEN and/or disabilities. This is also consistent with the national picture, which indicates that boys are more likely than girls to be identified as having SEN. Figure 3 shows the distribution of cases by type of issue broken down by those children or young people with SEN and/or disabilities and those without.

Advocates explained to us that they would not always know whether a child had a disability or SEN. In some cases where a referral is made by a social worker, IRO or any other professional involved with the child this information will be provided. Where a child self-refers to the programme this information may not specifically be asked for. However, the advocate will try to establish the best way to communicate and ascertain views including where a child uses non-verbal means to communicate, or their speech and language is affected by underlying complex health or communications needs.

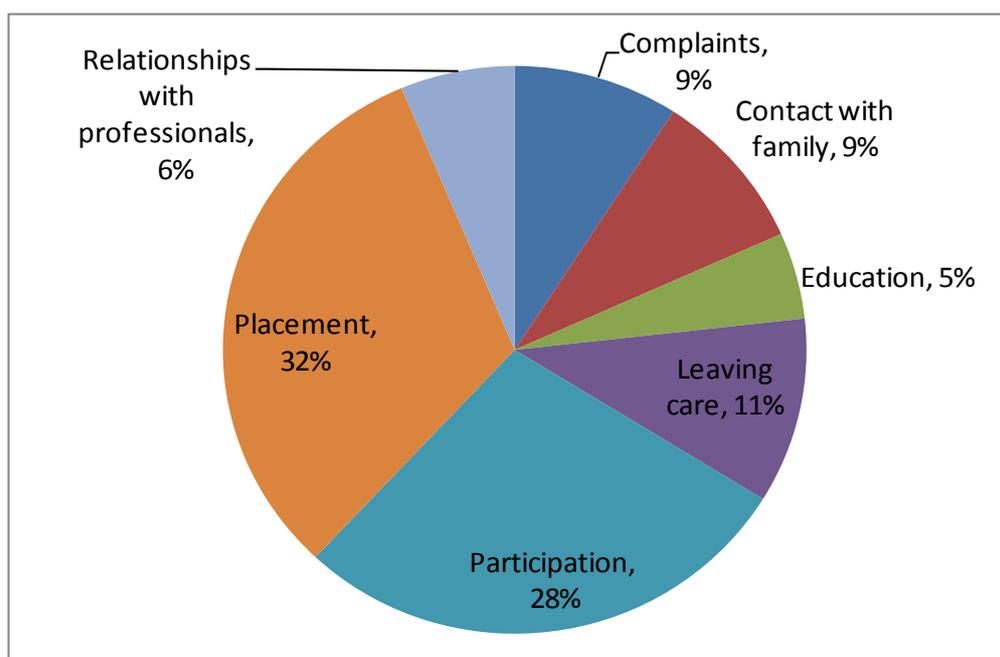
Figure 3: Issue type analysis for children with SEN or disability



### Types of issues that we supported children and young people with

We also analysed the cases by the type of issue that the child or young person had when they were referred to one of our services, as shown in figure 4 below.

Figure 4: Proportion of cases, by type of issue supported



## Participation in decision making

*What is known about these issues?*

As discussed in section 2 of this report it is recognised in law that children should have a say in decisions that influence their care journey. The Children Act 1989 states that the child's wishes and feelings should be ascertained when decisions are made about them. This responsibility specifically sits with the Independent Reviewing Officers (IROs) who have a statutory duty to '*ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority*'<sup>25</sup>. The IROs make decisions about the level of involvement of the child in preparation for care reviews dependent on the child's age, maturity and understanding of the situation. When exercising their duties the IROs should speak to children, check the best way for them to get involved in the reviews and inform them about the advocacy support available. The IRO should always begin from the perspective of the child, listen to his/her views and make sure that s/he is involved as much as possible in the review process.

*What did we find in our services?*

Out of 40 cases that were classified as being focused on participation in decision making in 23 of them the young people had been supported by advocate to take part in care review meetings. Considering the specific focus of the IRO function is to enable children to participate in their care review it was not surprising to see over half of the cases showing this. In 11 of the cases the focus was on ensuring that the child's point of view was heard in decisions about their care or, for those young people who were also parents, the care of their children away from the specific settings of review meetings. The remaining six cases included examples of non-instructed advocacy<sup>26</sup> and situations where advocates were deployed to explain processes and decisions to the young people.

Participation cases ranged in complexity, from cases where the advocate explored with the young person their views and opinions on key issues and helped present them at a meeting, to helping the young person write a letter to the judges making child protection decisions, to supporting young people where they demonstrated particularly challenging behaviours and were not prepared to engage with other professionals.

Around 17 children in this group of cases had SEN or were disabled. The cases involving disabled children demonstrate the specialist skills that advocates need to ensure that the views and feelings of children with complex needs inform decisions, as demonstrated in case study A.

### Case study A

Paul, a 15 year old disabled young person, was living in residential placements on weekdays and with his mother at the weekend. Paul used minimum verbal communication skills. As he was getting bigger and his behaviour started to deteriorate, a new permanent placement had to be found where he could remain all year round.

Using specialist skills to understand Paul's issues, the advocate observed that Paul may have had problems with his eye sight. However, nobody knew whether Paul had taken an eye test. On the advocate's request an eye test was

conducted and a sight problem was discovered, showing gradual deterioration of sight which was affecting Paul's behaviour as he would visualise big shapes and shadows instead of people approaching him, which frightened him and caused changes in his behaviour. As a result, Paul received health support to manage the sight problem.

In addition, once a placement was found the advocate worked with the young person to ensure the transition was smooth, visiting Paul's old and new placements and making suggestions about how to help him settle at the new placement. This included the recording of Paul's mum's voice wishing him good night, which was produced together with photographs from his old school. These helped him become happier and to settle in the new placement.

## **Placements**

*What is known about these issues?*

Placement stability is one of the most important factors determining the success of care experiences and has a significant impact on long-term outcomes for children in care. Frequent placement moves are linked to the inability of children to relate well to other people in the future and develop permanent secure attachments. Children who experience placement instability are also more likely to display behaviour that keeps others emotionally distant. As well as the negative emotional impact, placement instability may mean a change of school and/or the loss of contact with family and friends, which can have considerable detrimental impact on children's well-being. In addition when a move is in the child's best interest, or otherwise unavoidable, where the transition is not managed properly this can foster a cycle of negative experiences for a child or young person.

Recognising the importance of a stable placement for looked after children a 'sufficiency duty' was introduced by the Children Act 1989. This duty requires each local authority to take steps to provide sufficient accommodation within its area to meet the needs of children that it is looking after. However, there remains an issue with a lack of suitable local placements and many children still experience poor quality placements and frequent moves. Of the 65,000 children looked after in England at 31 March 2011, 14,500 children (22%) had two placements during the year and 7,200 (11%) had three or more placements during the year.

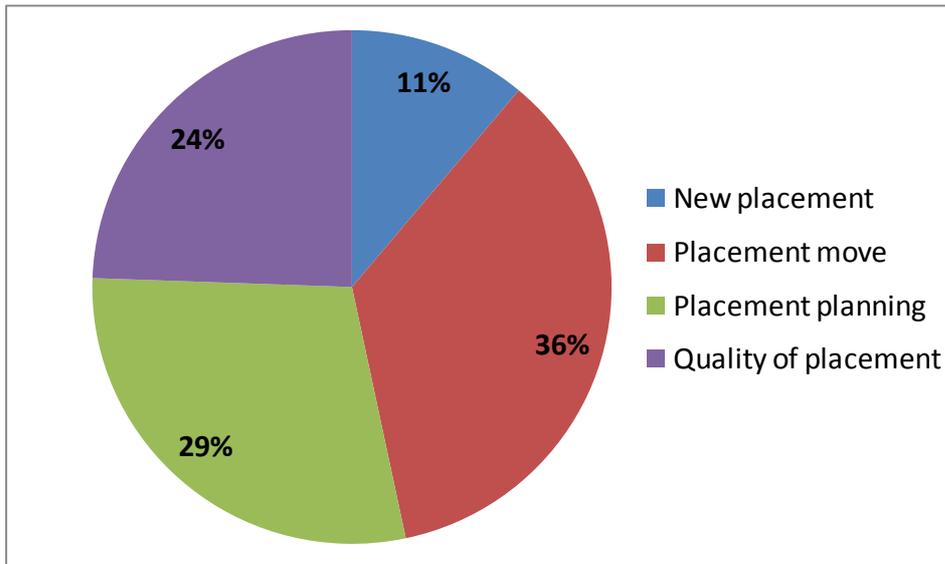
*What did we find in our services?*

Our advocates most frequently supported children and young people with placement issues. Nearly a third of cases involved issues within a placement or in placement transition. To demonstrate the variation within placement issues we broke the data down into four placement issue types. They were:

- *New placement* – where children and young people have recently moved into new placements and advocates worked with them to either help them settle or ascertain their views about their new setting – 5 cases

- *Placement move* – when moving to a new, identified placement was proposed and advocates worked with young people to ascertain their feelings about that move – 16 cases
- *Placement planning* – where children’s wishes and feelings were ascertained to inform future placement moves – 13 cases
- *Quality of placement* – where advocates had to get involved as young people had concerns about their current placement – 11 cases.

Figure 5 – Proportion of placement cases by type of issue



Most of the *new placement* cases involved children moving into permanent placements. Young people involved in these placements on the whole seemed content with their new placements and their level of involvement in decisions made about their living space, planning of activities and their relationships with carers. In these cases our advocates often supported young people with issues that arose because of movement away from their previous living arrangements, such as contact with their friends.

Cases in the *placement move* group, the biggest sub-category, showed a less positive picture. These cases include support for children who had to move because of safeguarding concerns with their current placement, because of breakdown in placements caused by the young person’s difficult behaviour, the loss of possessions and valuable items during transition between placements and the need to move placement suddenly because foster carers are going on holiday. An example of this is shown in case study B.

### Case study B

Gemma, aged 16, was informed by her carers that she would be going into a temporary placement outside her local area in the near future as they were planning to go on holiday for three weeks. Gemma was trying to get in contact with her social worker but was told that her case had been transferred to the leaving care team. Her GCSE exams had started and she was extremely upset

and anxious about her situation, stating that she would not go into temporary placement and would run away and stay off the radar for three weeks.

An advocate was brought in to support Gemma. The advocate approached the fostering team and after discussions, where Gemma's views were heard, the fostering team agreed to find a more appropriate temporary placement. The advocate visited several possible placements with Gemma and supported her to make informed choice of the placement. This improved Gemma's well-being and she became happier with the move into this new placement because she had been able take part in its selection.

Some of the cases in this sub-category involved moving from placements that were originally meant to be short term but where a child had remained for up to two years and formed attachment to their current carers. We found that this situation most commonly occurred amongst the younger children in the cohort. Even though these shorter term placements did not meet the needs of children they found these subsequent moves difficult to deal with as they had formed attachment with the people who had been caring for them.

The advocacy support provided in the *placement planning* cases was more proactive. In these cases advocates worked with young people to explore their expectations of a good placement, helped young people assess their needs, helped them talk about their emotions and communicate their negative experiences in their current placements.

Support provided in the *quality of placement* cases frequently related to the living space that young people had access to and to the boundaries set by the carers e.g. use of the home and free time. Advocates supported young people to communicate their views to their carers and social workers, which often enabled a solution to be found that both the young person and their carers were happy with.

Across all placement type cases the advocates focused on any observed changes in young people's behaviour, such as developing negotiation skills. This enabled them to identify why previous approaches to conflict resolution were not successful and how their approach could change. The advocates observed that many of the young people they were working with gradually became able to self advocate and showed signs that they were more positive about placement decisions as they were able to better understand the reasoning behind these decisions and had contributed to the decision making processes.

## **Leaving care**

*What is known about these issues?*

Children in care often experience accelerated transition into adulthood. Some of them will leave care at the age of 16 or 17, with the majority leaving care at the age of 18. In comparison the average age of leaving home for young people across the population is far older, at 24.<sup>27</sup> This leads to young people who were in care transitioning to independence at a younger age, and also often at a quicker pace, without the same support network that other children might have.

The health and well-being of care leavers is also poorer than that of young people who have never been in care<sup>28</sup>. Many aspects of young people's health have been shown to worsen in the year after leaving care.<sup>29</sup> Young people interviewed a year after leaving care were almost twice as likely to have problems with drug or alcohol use (an increase from 18% to 32%) and to report mental health problems (up from 12% to 24%). There was also increased reporting of 'other health problems' (up from 28% to 44%) including asthma, weight loss, allergies, flu, illnesses related to drug or alcohol misuse and pregnancy.<sup>30</sup>

The *Planning Transition to Adulthood for Care Leavers* statutory guidance<sup>31</sup> for local authorities recognises the importance of proper transition planning stating that it should not start at 16 but that preparation for adulthood should be built into care plans from a much younger age. It states that '*as corporate parents, responsible authorities should provide support to care leavers in the same way that reasonable parents provide support for their own children*'. It also emphasises the importance of the participation of care leavers for effective pathway planning. '*Young people should be central to discussions and plans for their futures and it will be exceptional for decisions about their futures to be made without their full participation. They must be active participants in building their future, based on their hopes and aspirations.*'

Yet despite this guidance the young people we consulted told us that, in relation to planning for leaving care, they experienced a lack of information and a breakdown in communication with their social care teams, a lack of financial support, and feelings of anxiety and isolation.<sup>32</sup> In particular, disabled children and children in local authority placements face difficulties with badly coordinated transition planning, a lack of accessible, comprehensive information about their options for the future and a lack of opportunities to have a say in key decisions<sup>33</sup>  
<sup>34</sup>.

#### *What did we find in our services?*

These issues appeared less frequently than placement or participation issues, however they were more common for young people we supported between the ages of 16 and 21. The types of cases included help with finding new suitable placements, practical support arrangements when leaving care e.g. financial arrangements, support with moving into the adult social care system and moving to temporary, out of county placements. Case study C below highlights the complexity of the decisions made at this stage of change in young people's lives as well as the importance of flexibility required to support young people are supported at the point at which they leave care.

#### **Case study C**

Anthony, aged 17, wished to remain in his current placement post 18 whilst he completed his college course. His existing placement was run by a private provider and his care plan included a planned move to semi-independent accommodation when he reached the age of 18 along with outreach support from the current provider until he finished in education (which was likely to take another two years).

Anthony was supported by an advocate to explore a range of options and the

possible outcomes. He was then supported to present these at a review meeting. As a result the local authority agreed to a more gradual transition between his current and new placement that reduced the stress and anxiety that Anthony was experiencing.

It was agreed that he would remain in his current placement for a further nine months post-18 with outreach support continuing for the remainder of transition period. Anthony felt a lot more confident about his future plan, felt he could concentrate on his education and was satisfied that he was instrumental in influencing the decision made.

Financial considerations are especially important and decisions can often be delayed when there are disagreements on funding between two local authorities, one where the young person was placed and one where a temporary transition placement may be arranged. Of the 15 leaving care cases in our audit, eight related to financial considerations. In half of these cases there was a swift and positive resolution for the young people, whereas in the other half of these cases the local authorities significantly delayed making decisions about financial support as they could not agree on funding arrangements for young people moving across authority boundaries.

## **Complaints**

*What is known about these issues?*

The 2011 Children in Care Monitor showed that a relatively small per cent of children who participated in the survey made a complaint at some stage (23% out of 1,394 children). This represented a big fall from 43% three years before that. The monitor suggested that the decrease in numbers maybe due to the falling confidence that children have in the system, because of those children who made complaints, only 53% thought that their complaints was sorted out fairly and that number is down compared to previous years<sup>35</sup>. The research suggests that informal resolution of issues and concerns raised by young people at an earlier stage is perceived as more effective by both professionals and young people<sup>36</sup>.

*What did we find in our services?*

A relatively small number of cases fall into this category – 13 cases. Most of the cases represent quite complex issues that had not been resolved at earlier stages or where young people strongly felt that they had been wronged by their local authority or had not been listened to when they raised serious concerns. Five cases represent complaints at stages 2 or 3. The issues that young people sought to resolve through the formal process related to the quality of care provided, placement decisions and child protection decisions.

## **Education**

*What is known about these issues?*

Educational attainment of looked after children persistently lags behind those of their peers. Only 13.2% of looked after children achieved the 5+ A\*-C at GCSE or equivalent at Key Stage 4 in 2011 compared to 57.8% of all pupils in

maintained schools.<sup>37</sup> Looked after children are 3.5 times more likely to have SEN and 10 times more likely to have a statement of SEN. The prevalent category of SEN for this group of children is Behavioural, Emotional and Social difficulties<sup>38</sup>. Successive governments have been trying to reverse this trend and improve educational outcomes for children in care. Virtual head teachers for children in care<sup>39</sup> have been tasked with improving their educational attainments but government statistics suggests that the gap seems to be widening<sup>40</sup>.

*What did we find in our services?*

There were seven cases under this category and six of those cases involved children and young people with SEN or disabilities. In the majority of cases, young people needed advocacy support as they felt they the educational provision they received did not meet their needs properly. Advocates helped young people express their views about their education and what needed to change and in most cases resolution was achieved that young people agreed with. But this category of cases also highlighted some negative experiences that children with SEN and disabilities have in educational settings – experiences of bullying, lack of support with developing relationships with their peers, being restrained on a daily basis and not being taken seriously when they raised concerns.

### **Relationships with professionals**

*What is known about these issues?*

Numerous pieces of research highlight the importance of stable relationships and developing secure attachments for child's well-being and resilience building. In relation to family members, the law places a duty on the responsible authority *'to endeavour to promote contact between the child and their parents, any person who is not a parent but who has parental responsibility for the child, and any relative, friend or other person connected with the child, unless it is not reasonably practicable or consistent with the child's welfare'*<sup>41</sup> There is also a specific requirement for the care plan to set out arrangements for the child to maintain contact with brothers and sisters if they are not in the same placement. Maintaining contact with siblings is reported by children to be one of their highest priorities. Children and young people also value good relationships with their social workers and see them as instrumental in achieving positive outcomes for them.<sup>42</sup>

*What did we find in our services?*

The combined number of cases in categories 'relationships with professionals' and 'contact with family' was 22. The cases demonstrate that relationships with siblings is a very important issue for children and young people and that being in different placements complicates arrangements for contact even where they have been agreed. Some of the cases focused on the contact with parents, with some voicing fears that this contact was undesirable. And some involved young people who had developed an attachment to their foster carers and wished to maintain contact even after moving to a new placement. Cases focused on the relationships with professionals paint a negative picture of young people feeling not being listened to, social workers not staying in touch with young people and not turning up to agreed meetings or responding to phone calls.

## 4. Change experienced by children and young people and the value of advocacy

This section demonstrates the change for children and young people resulting directly from the independent advocacy support that they received. 142 case files from two services between April 2010 and March 2012 were reviewed. A full methodology of the case file audit and a review of advocacy costs are provided in appendix 2.

Our practice has identified a number of key outcomes for children and young people who receive advocacy support. These are:

- Resolution of placement disputes (contributing to greater stability)
- Negotiating placement moves or transitions from care to independence
- Establishing appropriate contact arrangements between the young person and their family or friends
- Improved relationships between the child or young person and professionals such as social workers
- An ability for the child or young person to self-advocate which was closely linked to gaining greater confidence and self-esteem
- The child or young person establishing a more positive attitude within educational or residential settings
- Improved care planning and transition from care
- Improved engagement in the review process.

Examples include a young person who was not able to participate in her review meetings as she would get very upset and angry, who gradually built her confidence and increased her engagement from 10 minutes to attending the whole meeting. And another young person who was very reluctant to share her views and feelings, who was eventually being able to do so successfully in meetings.

In some cases advocates reflected on what young people told them of the impact of being listened to and having confidence in decisions made on how they felt about their carers and placements. One young person, for example, expressed the view that she started to invest emotionally with her new foster carers. Something that she could not do for some time since she had been removed without warning from the carers she had previously formed an attachment to.

Comments from young people, as recorded by advocates, suggested that young people see advocates as someone they can trust even when advocates cannot achieve the changes they expected them to achieve. In one case, the young person became very agitated and upset and threatened to self-harm when her advocate could not guarantee the solution she hoped for. But later when the advocate stayed with her until she calmed down, she confirmed that she understood why the advocate could not give her that promise but that she needed to let off steam with someone she felt safe with.

When a young person's behaviour contributed to a placement breakdown, the young person, with advocate's support, could identify a different way of dealing with his negative emotions and the feelings of anger and frustration, and learnt to step away and revisit the situation when calmer. Advocates recorded observed changes in young people's behaviour such as developing negotiation skills and being able to identify why their previous approaches to resolving the situation were not helpful.

The advocates noted that many of the young people they were working with gradually were able to self advocate and were more positive about placement decisions once they could understand the reasoning behind these decisions or contributed to the decision making processes.

These outcomes are achieved through a mixture of short term input, such as helping a young person on a child protection plan compose their thoughts in writing to inform the child protection decision, and long-term intensive support, such as supporting young people who were frequently undertaking risky behaviours such as running away from care or drug and alcohol misuse.

### **Observed change in our services**

There are a number of potential outcomes from advocacy support. Some of the outcomes will be affected during the advocacy process, such as growing confidence and self-esteem. Others will be observed in the longer term as a result of the child's views being heard and in turn influencing the situation the child finds themselves in. Outcomes such as securing a preferred care placement resulting in greater stability through the care system or securing a preferred educational setting resulting in improved stability in the education system and increased likelihood of improvements in attainment.

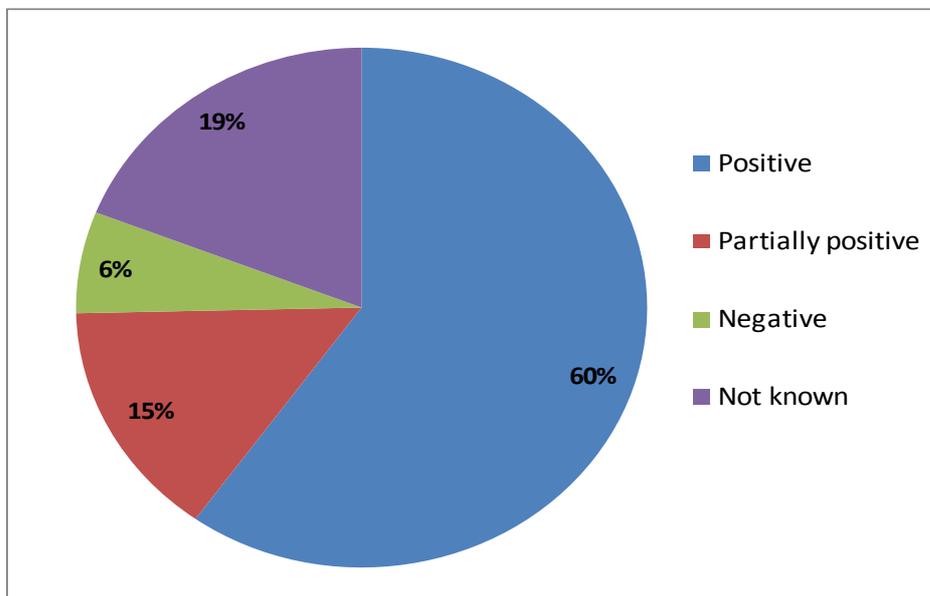
It is the role of advocates to act as an independent voice for the child or young person and therefore the first objective of support is to make sure that their views and feelings are heard when and where they want them to be. We reviewed each case in the case file audit to see firstly whether the child or young person's views had been expressed and heard where required, and secondly whether the solution and course of action taken in relation to the issues that the child or young person needed help with were those desired from the beginning of support.

The timescale of this current project did not allow for robust tracking of the longer term outcomes commented on above. However, this report does demonstrate that effective advocacy regularly leads to a resolution of an issue favoured and/or accepted by the child or young person, resulting in positive longer term outcomes for them as well as others including their families and local authorities.

We categorised the changes observed during the case file audit into positive, partially positive, negative and not known. Figure 6 below shows the breakdown of observed change by these four categories.

- **Positive** – where the young person’s views were heard in decision making and the solution or course of action taken was what the child or young person wanted it to be – 85 cases
- **Partially positive** – where the solution or course of action was not what the child or young person wanted them to be, but their views had been expressed and heard where required and the young person viewed that solution positively – 21 cases
- **Negative** – the solution or course of action was not what the child or young person wanted it to be and the child or young person was not happy with the resolution of the case – 9 cases
- **Not known** – where the case was ongoing at the end of the audit period – 27 cases

Figure 6: Observed short term change in case file audit



There is little external research into the outcomes of advocacy for individual children. Oliver et al (2006) reported that over a third of advocates who responded to their survey (35%) felt that they had achieved decisions in young people’s favour. This is a much lower number than analysis of our cases shows.

### Cost of providing advocacy

In addition to ensuring that the child or young person’s voice is heard in key decisions affecting their lives and aiming to improve the long term outcomes for young people in the looked after system, commissioners, often local authorities, will also be considering whether advocacy provides value for money.

The role of an advocate is not to save money for a local authority and in some cases a solution that is in the child or young person’s best interest may not be the cheapest one. However, by resolving issues early and in line with the child or young person’s wishes, it is logical to assume that potential future issues are avoided at a cost saving to local authorities. We tested this assumption when

conducting the case file audit. The differing impacts on budgets are illustrated through the cost case studies D to F below.

To compare the estimated benefits or savings with the cost of provision, we calculated the unit costs of advocacy provision in our services. We found that the average cost per hour of advocacy support is £31. There is limited evidence on the costs of providing independent advocacy. A study by the University of York in 2002 stated the cost of an independent advocate per hour was £25 (or £32.50 in today's prices)<sup>43</sup>. This supports the validity of our estimate of £31 per hour.

The cost of provision ranges substantially depending upon the issue and the case complexity, ranging from £320 for family contact to £3,830 for safeguarding issues. This range of costs, often due to complexities of cases unknown when support begins, should be considered by commissioners when they are evaluating the effectiveness of a spot purchasing approach. A full breakdown of costs and our methodology are shown in appendix 1.

### Cost case study D

Nadia was not happy with her social worker who did not turn up to three consecutive meetings and wanted to make a formal complaint to the local authority. The Children's Society advocate became involved and began to explore with Nadia her views on what type of social worker she would like to have. The advocate supported Nadia to communicate her views, resulting in Nadia promptly being allocated a new social worker who she was happy with. Nadia felt listened to and decided not to pursue a formal complaint.

#### A cost focus:

In this case study the advocate supported the young person to change social workers, which prevented the young person making a formal complaint to the local authority.

The cost of The Children's Society advocates working on cases relating to relationships with professionals is around £350 (see appendix 1). In comparison a formal complaints can cost local authorities in the region of £1,000 to £3,000 per investigation, including average sums of compensation<sup>44</sup>. It becomes even more expensive if the Local Government Ombudsman becomes involved in resolving the case<sup>45</sup>.

**In this case commissioning the advocacy services is likely to have saved the local authority over £1,000 as the young person no longer wished to make a formal complaint.**

### Cost case study E

Emma had been known to The Children's Society's project for a number of years. She originally became a looked after child because of her mum's illness and her regular episodes of going missing from home. She had several periods of moving in and out of care.

At the age of 16 she became pregnant and when her child was born she requested an advocate from The Children's Society because there was a risk that her baby would be taken into care by the local authority, something Emma did not wish to happen.

Prior to the child's birth, no arrangements were made for a suitable transition placement and when Emma's child was born she had to move to a mother and baby unit in another county. Emma was unhappy because the distance meant that she could not continue with education and she felt isolated.

Emma needed support not just in communicating her wishes to her social worker but also with making practical living arrangements. With the help of her advocate she found suitable privately rented accommodation. She continued to receive support from her advocate after the property was vandalised, leaving Emma and her baby at risk of eviction. The advocate helped explain that the people Emma associated with were responsible for the vandalism. Emma was supported to deal with those relationships and to make decisions enabling her to move on with her life.

Her advocate also helped her to enrol on a scheme supporting young care leavers to find employment. As a result when the advocate stopped working with Emma she was undertaking a work placement with her local library, making good progress with her education and developing her parenting skills.

#### A cost focus:

In this case study intensive advocacy support meant that the mother and new baby remained living together and moved into suitable accommodation.

The total cost of support from The Children's Society advocates in cases involving issues including safeguarding, placement and relationships with others will range between £4,000 and £8,000 (see appendix 1). In addition the mother and baby moving into private rented accommodation will require additional support with housing costs. Housing benefit support is likely to total around £5,700 per year<sup>46</sup>. However the support meant that the mother and baby could remain together and the baby did not need to be taken into care, avoiding an annual cost of foster care, on average, of £36,088<sup>47</sup>.

**The savings to local authorities from not taking the baby into care are around three times as great as the cost of commissioning the service and supporting the mother and her new baby in private accommodation.**

#### Cost case study F

James was placed in a small residential unit and initially requested advocacy as he wanted contact with his dad. The Children's Society's advocate visited James at the unit once a month. The unit did not feel homely and staff appeared unprofessional. The advocate learnt that James ran away from care.

At half term James's advocate managed to meet him outside the unit and during the conversation James was clear how unhappy he was with staff behaviour, for

example the staff made unpleasant comments and provoked the young people until they reacted and even lashed out. The advocate raised the issue with the unit's manager but this resulted in the situation getting worse.

With the advocate's support, James moved to a new placement and made a formal complaint against staff. As a result the unit was dealt with by Local Safeguarding Children's Board and the local authority ceased to use the unit. James is now settled in a new placement and gradually his behaviour has improved and he has stopped running away.

#### A cost focus:

In this case study, the young person moved to a safer placement resulting in greater stability and the young person no longer running away from care.

The cost of support from The Children's Society advocate in placements cases is, on average, £2,250 (see appendix 1). As the young person moved into an identical placement the only additional costs would have been in transition between the two placements which would have been negligible.

However, the prevention of running away incidents saves response costs for the police and other agencies. It is estimated that when runaway incidents cease it prevents on average two further incidents saving £940<sup>48</sup>. The savings from placement stability in this case are harder to estimate. It is estimated that placement stability can save children's services up to £30,000 per year the child remains in care<sup>49</sup>.

**In this case there are greater short term costs of providing advocacy support. However the benefits of placement stability are likely to mean the benefits outweigh the costs in the longer term.**

The cost implications vary from case to case. In some cases advocacy support saves local authorities money in the short term, such as through efficient complaint resolution. In other cases greater costs incurred in the short term could result in benefits to the young person in the longer term and potentially savings to the local authority or others public bodies, such as through greater placement stability. And in other cases the needs of the child or young person may require significant investment.

The scope of this report meant that we were unable to link costs with outcomes. However, in a significant number of cases, advocacy left the young people in situations that were more stable, with less conflict and improved their health and well-being. These improvements are likely to lead to a reduced need for further advocacy support or additional support from other services either in the short or long term.

## 5. Conclusions and recommendations

### Conclusions

This report provides the next step in establishing the evidence base on independent advocacy for looked after children in England by drawing directly from experience in The Children's Society's practice base. It provides decision-makers in central and local government, commissioners of services and practitioners in the sector a guide to the current trends in advocacy provision, both in terms of the coverage of advocacy services and the issues that children and young people require support for.

We found that there is currently an inconsistency in access to advocacy for children in the looked after system driven by variation in spending between local authorities and variation in the skills available to effectively advocate for more vulnerable groups, such as children with communication difficulties and very young children.

Within our practice we have found that our advocates are frequently supporting children and young people with placement issues, helping them to participate in decision making processes and supporting the transition when leaving care. We have also found that the demand for support is changing, with younger children, even children as young as two, more frequently requiring advocacy support.

Also, through drawing on direct evidence from our practice and existing literature, this report makes the case that advocacy services are effective in enabling local authorities to not only meet their statutory requirements, but at the same time achieves positive change for those looked after children in the short term and in certain areas of advocacy practice can also prove cost effective.

### Recommendations

The Children's Society is a member of the National Children's Advocacy Consortium, which has recently developed a number of detailed recommendations to improve access to advocacy for children and young people<sup>50</sup>. The following recommendations reflect those made by the consortium and build on learning from our direct advocacy practice and previous research into this subject. We believe that if these recommendations are effectively implemented the voices of children in care and care leavers can be heard effectively and act as a lever for improving outcomes.

#### **1. The statutory framework for advocacy provision should be strengthened to improve access to advocacy services for children and young people**

- To reduce the inconsistency and post-code lottery that hampers access to advocacy, a change in statutory guidance is needed to ensure that ALL children in care and care-leavers have a statutory right to independent advocacy as part of statutory reviews and child protection conferences.
- The National Advocacy standards should be revised and guidance

published for the local authorities to support and promote effective use of the standards.

- The 'Get it Sorted' guidance<sup>51</sup> should be revised in response to the changes in the Children's Act and Care Planning guidance (2010), acknowledging the right for children to access advocacy as formal government policy.

## **2. A regulatory and monitoring framework for advocacy provision should be introduced to ensure that learning from individual advocacy cases leads to improvements in services for all children and young people**

- Working with the forthcoming principle child and family social workers, lead members should have a responsibility for promoting and locally monitoring availability and quality of independent advocacy provision.
- Local authorities should incorporate into their commissioning arrangements a requirement for advocacy services to produce an annual monitoring report which should go to the chair of the Children in Care Councils, the Director of Children's Services, the lead member, the principle child and family social worker and social work team managers. This report should include information on the number of children accessing advocacy for support in statutory reviews, complaints processes and to make representation to the local authority.
- Sections of the Children Act 1989 Guidance and regulations and sections of the IRO guidance referring to the right to children to have access to advocacy should be implemented in full by the local authorities and monitored by Ofsted as part of their local authority inspections.
- The role of the Office for the Children's Commissioner in monitoring the quality and availability of advocacy services as recommended by the Dunford review<sup>52</sup> should be considered.
- It is fundamental that children in care play a key role in the monitoring of advocacy provision and therefore Children in Care Councils should have a role in informing and/or monitoring of advocacy provision.

## **3. Local authorities should improve access to advocacy services for all looked after children**

- Greater consistency and equity should be achieved in children's access to advocacy through the commissioning on a minimum three year contract of an independent advocacy service in every local authority and improving the capacity to meet the needs of all children including those with complex communication needs.
- Specification for the provision of advocacy services should take into account the full range of legislation, regulation and guidance that related to independent advocacy.

- There should be increased access to, and use of, training to assist advocates to develop their skills in working with disabled children and children with SEN, particularly those with complex needs.

**4. The awareness of advocacy services for looked after children needs to improve**

- Information in a range of accessible formats should be provided by the local authority to children and young people as soon as they enter the care system and before every review. Care should be taken to ensure that the information is understood by the child and that, if they wish to, they have the means to contact the advocacy service.
- Advocacy awareness training should become part of social work training and information about advocacy should be provided by the local authority to foster carers, residential care staff and parents and carers so that they can more fully understand the role of advocacy.

## Appendix 1: The cost of independent advocacy

One of the key criteria for commissioners when assessing the value for money of an advocacy service is the cost of provision. This section presents analysis on the average cost of provision and the range of costs depending upon duration and type of issue.

### Average costs

The service users are children and young people therefore a key metric when determining value for money is the cost per child or young person supported. However, children and young people often require advocacy for multiple issues, therefore an additional metric per unique case is required.

The issues for which children and young people require advocacy support range greatly in nature and complexity. An advocates input can range from, for example, providing support before and during a single Child Protection Plan meeting, to supporting an on-going, lengthy, legal dispute between a young person and a local authority. These lengthy, but less frequent cases will skew the average cost per child or young person upwards. To account for this we have also calculated a measure of cost per staff hour.

Figure x presents the average cost for each of these three categories. These figures are for the 2011/12 financial year and are an average of four services. The average cost per child or young person is £634, per unique case is just over £445 and per staff hour is just under £31.

*Figure x: Average costs of advocacy provision*

	<i>Average cost</i>
<i>Per child</i>	<i>£634</i>
<i>Per case</i>	<i>£445</i>
<i>Per hour</i>	<i>£31</i>

### Range of costs

There are two common approaches to commissioning advocacy, establishing a contract to provide support for a certain group(s), or spot purchasing support as and when the deemed arises. Our analysis shows that the nature, complexity and duration of advocacy support ranges substantially, and therefore so do the costs of support.

Our analysis calculated that the number of hours spent on an average advocacy case is 15. However, there is a substantial range in the number of hours required, in one of the services the number of hours ranged from 4 to over 120. Applying the average hourly cost for that service the case costs ranged from £128 to over £3,840.

One further perspective on the range of costs is by issue type. We collected the average hours per issue type from one service for all of its cases during the 2011/12 financial year. Applying the average hourly cost for the service as a whole we were able to analyse the average cost of advocacy for specific issues, which are presented in figure x below.

*Figure x: Cost of advocacy provision – by issue type*

<i>Issue type</i>	<i>Average range of costs per case</i>
<i>Participation Contact with family Child in need Relationships with professionals</i>	<i>Up to £1,500</i>
<i>Education Placement Leaving Care</i>	<i>£1,500 to £2,500</i>
<i>Complaint/ legal Safeguarding</i>	<i>£2,500 to £4,000</i>

This analysis is presented to demonstrate the vast range in costs depending upon the issue, complexity and duration of advocacy support. These ranges have implications for commissioners considering a spot purchasing approach especially as the duration and complexity of advocacy support often evolves as the support is provided.

## Appendix 2: Methodology

This report aims to demonstrate the value of advocacy services for the children and young people advocated for and for the local authorities commissioning the services. This methodological note sets out our approach to collecting, analysing and presenting the information set out within this report.

The analysis presents evidence on many of the elements considered by a commissioner during a value for money assessment of advocacy. These include evidence on price, desired outcomes and the value added demonstrated by services. The analysis does not attempt to produce a complete cost-benefit analysis of advocacy by placing a monetary value on all of the benefits which occur as a result of advocacy services.

Many of the positive changes resulting from advocacy work, such as greater self-esteem and the ability for young people to self-advocate only result in outcomes for which a monetary value may be available in the longer term. The timescale of this project did not allow us to track those longer term outcomes.

### Case file analysis

For this project we collected evidence on 142 issue-based advocacy case files from two of The Children's Society's advocacy services from the period April 2010 to March 2012. The 142 cases represent only a sample of all cases advocated on by those services during that two year period. In total the two services provided issue-based advocacy support in around 600 unique cases during the period. Given the timescale for this project we asked practitioners to provide a random sample of cases. The cases provided, and reported on in this paper, cover around one quarter of all issue-based cases advocated on by those services during that time period.

For each case we collected evidence on:

- Young person's characteristics (age, gender, SEN/ disability)
- Whether the young person had been supported before or not
- Type of issue, e.g. legal, placement, education
- Description of the case
- Reason for case closure
- Observed change.

The evidence gathered through this sample audit has been used throughout the report to demonstrate the current demand and trends in advocacy provision, the benefits for the children and young people supported, and the benefits for the local authorities who are the commissioners of the service.

- *Analysing the benefits to children and young people* - all outcomes for 142 cases were grouped as either positive, partially positive, negative or not known. The outcomes were evaluated on the basis of whether the solution or course of action taken in relation to the issues that the children and young people needed help with were the same as those that the children

and young people wanted them to be from the onset of advocacy. A positive outcome was one that the child wanted to achieve, a partially positive outcome was one that children and young people were happy with but which was not the same as they were hoping to achieve, and a negative outcome was one that neither reflected the original desire of a child or young person or was perceived by them as a less than satisfactory solution to a particular situation. Some cases were still on going at the time this paper was written. These are recorded as not known.

- *Analysing the benefits to a local authority* – local authorities can benefit from commissioning advocacy services in three ways. These are that they meet a statutory duty, they achieve a self-set objective for children to play a key role in decisions that affect their lives, or that effective resolution of issues can save the authority money in both the short and long term. This report demonstrates the extent to which these three benefits are achieved through presenting the issues raised and perceived change achieved from the case file audit, and by highlighting the potential short and long term cost implications through case studies taken from real cases advocated on by The Children's Society's practitioners over the past two years.

## **Cost analysis**

To demonstrate the value of advocacy it is important to establish the costs of provision. To do this the contract price, caseload and staffing hours for the 2011/12 financial year were analysed across four of The Children's Society's advocacy services, including the two services for which a sample audit of cases was undertaken. This report therefore calculates the average cost of provision per child or young person supported, per unique case (as often young people require advocacy on more than one issue) and per staff hour.

The 'per staff hour' measure is an important complement to the 'per child' and 'per case' measures as advocacy cases vary greatly in terms of issue and complexity, a factor that could skew the 'per child' or 'per case' cost. To demonstrate the range of costs per case this report also presents a minimum and maximum cost of cases from one of The Children's Society's advocacy services. This cost range information is useful for commissioners to consider when they are evaluating the merits of a spot purchase approach to commissioning advocacy services.

There are two important points to note when reviewing these average costs. Firstly, as we wanted to determine the costs from the local authorities' perspective we included the entire contract price. This contract price does include a standard Management and Administration charge, which may not be spent directly on advocacy for children and young people in that locality. Therefore the average costs presented should be read as average costs from the perspective the commissioner and not as a marginal cost of advocacy for one additional child, one additional case or one additional hour.

Secondly, we have not taken an activity based costing approach. The 'per hour' measurement presented includes all hours that practitioners are contracted to. An activity based costing approach would produce a higher per hour cost as only specified types of contact with young people would be included.

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## References

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- <sup>26</sup> Non-instructed advocacy is acting for someone who cannot tell you directly what they think or feel. Typically non-instructed advocacy involves observation, questioning, information-gathering, clarifying the rights of the child or young person and presenting this information on behalf of the child or young person. (Franklin and Knight, 2011)
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