

# **ANNUAL ADVOCACY REPORT**

April 2016 – March 2017



## INTRODUCTION

Advocacy is about providing individuals with support to help them express their own views, have their voice heard, access information and services and understand their rights and entitlements. Advocacy is based on the belief that all individuals are equal with the same rights and responsibilities.

Every Local Authority is required to provide advocacy services for looked after children and young people and also children and young people who want to make a complaint. The Children and Young People's Act (2008) placed additional duties on local authorities to ensure that the views of looked after children are represented throughout the care planning and review process. This act requires local authorities to provide advocacy support to any child or young person in care that may require it.

## AIM OF THE REPORT

The aim of this report is to explore and review the advocacy provided by the Children's Rights and Advocacy Service to see if it functions effectively and to outline any areas of the service in need of development.

This will be done by:

- Looking at an overview of the advocacy service
- Reviewing statistics on the demographic of young people who have requested advocacy
- Analysing advocacy requests and outlining any common themes
- Reviewing the outcomes of the service, evaluating its effectiveness and looking at areas for development

All advocacy requests from the financial year 2016/17 will be used in the analysis of the service.

## CHILDREN'S RIGHTS AND ADVOCACY SERVICE

The Children's Rights and Advocacy Service (known as Speak Up) promotes children's rights entitlements and provides advocacy for children and young people who are in care, on a child protection plan or wanting to make a complaint against the council, in line with the Local Authority's statutory duty. The service provides issue-based advocacy and only exists for the time it takes to resolve the specific issue. It should be noted however that children and young people often raise numerous issues, sometimes requiring advocacy for a significant length of time. It is a confidential service and is independent from Children's Social Care, in line with the National Standards for the provision of Children's Advocacy Services (2002).

### The role of an advocate:

- ✓ Advocates should work for children and young people and no one else.
- ✓ Advocates should value and respect children and young people as individuals and challenge all types of unlawful discrimination.
- ✓ Advocates should work to make sure children and young people in care can understand what is happening to them, can make their views known and, where possible, exercise their choice when decisions about them are being made.
- ✓ Advocates should help children and young people to raise issues and concerns about things they are unhappy about, including making informal and formal complaints.

*National Standards for the provision of Children's Advocacy Services (2002)*

### THE SPEAK UP TEAM

The Speak Up team are made up of two Advocacy and Participation Workers (each 0.4 PTE), a Project Officer Apprentice and a Children's Rights Manager (0.7PTE). Speak Up also has a small group of trained advocate volunteers who undertake advocacy with children and young people. However due to service pressures and an increased demand, a temporary increase in hours has been agreed for an additional 0.6FTE Advocacy and Participation Worker.

Advocacy referrals can be made directly by children and young people or professionals on their behalf, via telephone, email, Facebook or through the website <http://www.showmethatmatter.com>.

### AWARENESS OF THE CHILDRENS RIGHTS AND ADVOCACY SERVICE

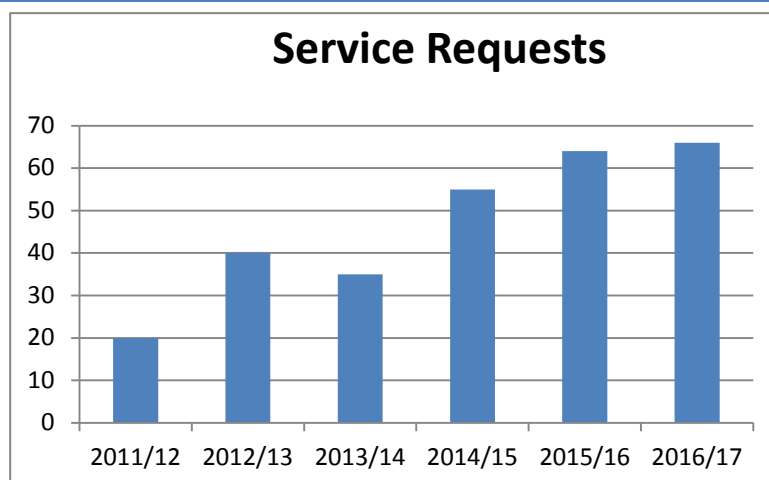
For Speak Up to function effectively children, young people and professionals need to be aware of, and have an understanding of, the service. When a child or young person first comes into care, they are issued with an information pack which includes information about their rights and entitlements and the Speak Up service. Speak Up also send quarterly newsletters to all looked after children and young people aged 5+ which include details of the service, with specific reference to advocacy and how to access this.

Children and young people are also made aware of the service through professionals. All professionals working with children and young people in care should be aware of the service so they can signpost and refer young people who may benefit from the support of an advocate. There is currently a varying degree of knowledge among professionals about when to seek advocacy, so it is important to ensure professionals have a clear understanding so they can make an informed decision about when to promote involvement of the service. The Children's Rights Manager regularly liaises with social work teams and attends team meetings to promote the service to professionals.

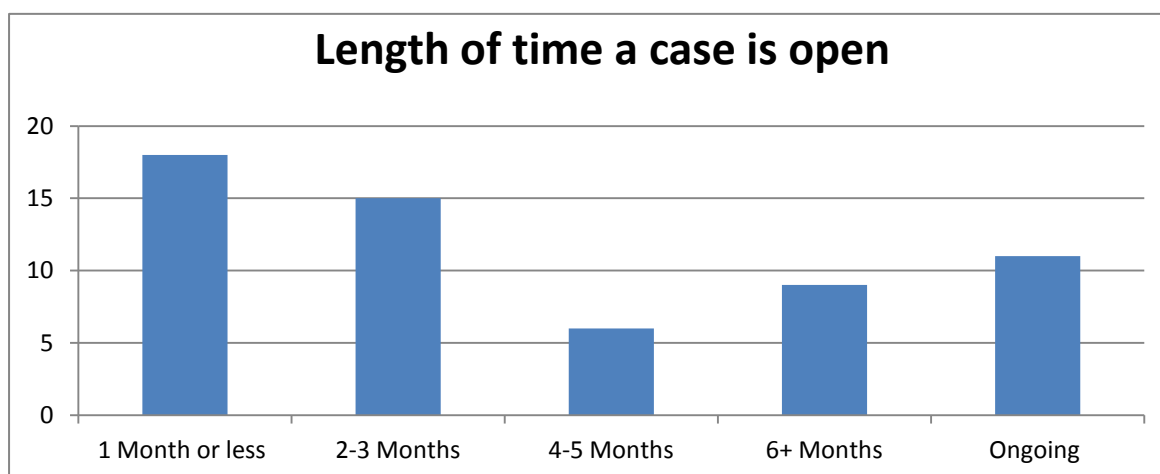
## ADVOCACY REQUESTS- STATISTICS

Recent years have seen a steady increase in advocacy referrals with 2016/17 showing the highest number of referrals to date (66). There has also been a decrease in the number of cases which have resulted in 'no further action' (7 referrals this year compared to 14 in the previous year). This has meant that in practice, the service has

carried out casework in relation to 9 more cases than it did the previous year. During 2016/17, 48 advocacy cases were closed and 11 remained open with ongoing advocacy still being provided.

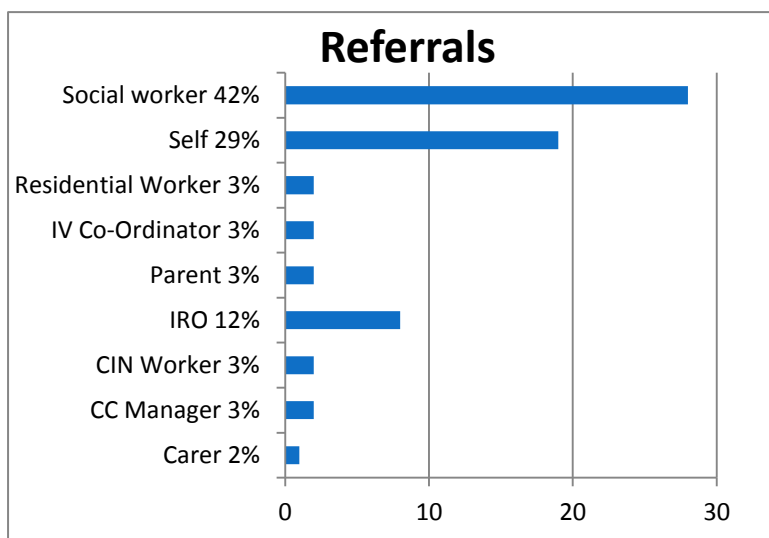


Reviewing the length of time in which cases have been open provides the Speak Up service with valuable information. The following data is based on the advocacy cases in the year 2016/17 not including those that resulted in no further action.



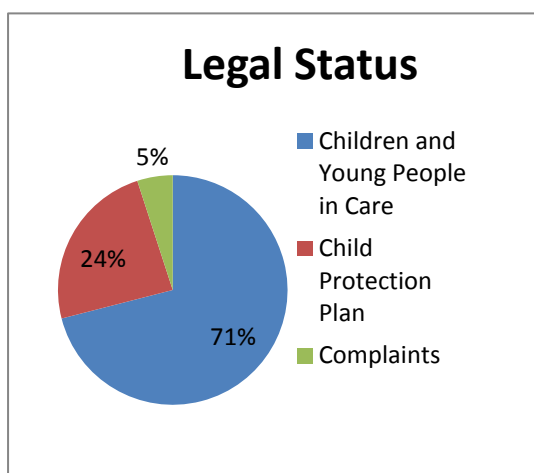
The data shows a varied picture which reflects the individual nature of each advocacy case. The majority of cases were open less than three months although a significant amount of cases have required advocacy for a longer period of time, either as a result of the complexity of the situation or the young person raising a number of subsequent issues.

## REFERRER



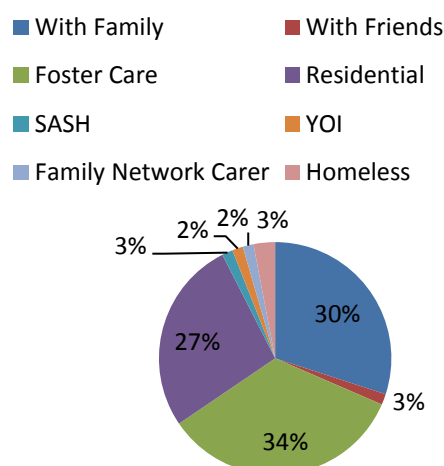
The majority of referrals this year came from Social Workers (42%) young people (29%) or Independent Reviewing Officers (12%), which is similar to the previous years findings. Awareness of the service amongst young people and the social work teams is a real positive, although the absence of referrals from the education sector is an area that should be addressed.

## PROFILE OF CHILDREN AND YOUNG PEOPLE WHO ACCESS ADVOCACY

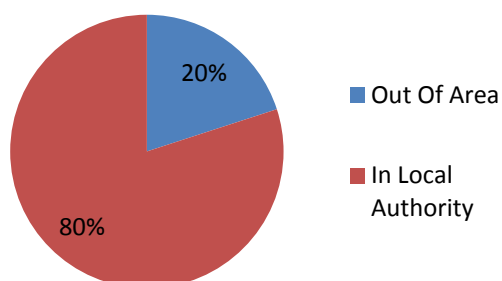


70% of those accessing the advocacy service were children and young people in care (47 referrals), 24% were subject to child protection plan (16 referrals) and 6% of requests were to support children or young people who wanted to make a complaint (3 referrals). It should be worth noting that in addition to these 3 there were a further 3 young people who were in care that went on to make a complaint, therefore the service supported 6 young people in total through the complaints process.

Last year half of the children and young people in care who received advocacy were living with foster carers. This year that has dropped to 34%. This is due to there being a higher number of people living with family (30%) or in residential care (27%) which have both increased from 19% last year

**Living Arrangement**

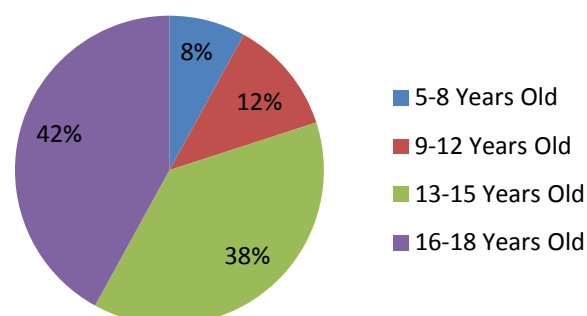
### Geographical Location



The geographical location of the children and young people accessing advocacy has changed slightly with out of area referrals dropping to 20% from 23%. The number of referrals from children and young people residing within the Local Authority has increased from 77% to 80% which may well reflect the drive to ensure more children and young people remain in the city rather than being placed out of area. This does however show that the service is still working hard, not only with children and young people placed locally but also those placed at some distance.

A large proportion of children and young people accessing advocacy were aged 13+ (80%) which is a slight increase from the previous year (78%). The number of children and young people accessing advocacy in the 16-18 age group has increased by 3% whereas the 5-8 years category has dropped by 4%. This may be due to the service raising its awareness and developing young people's understanding of the service. Therefore the older age categories may access the service more due to a better understanding but also due to a difference in circumstances.

### Age



## ADVOCACY REQUESTS

For reporting purposes advocacy requests are categorized into the following themes at the point of referral to the service: disagreement with overall care plan, unhappiness with social work service, placement issues, contact, education and support to have voice heard in decision making process. It should be noted that children and young people often raise subsequent issues during a piece of advocacy so this does not reflect all advocacy issues raised but the presenting themes at the point of referral. These themes are outlined below and then discussed in further detail. It should be noted that NFA cases haven't been included in these results.

Theme	No. of Requests raised	Percentage 2016/2017	Percentage 2015/2016
Support in Decision Making	25	42%	50%
Contact	9	15%	3%
Placement Issue	7	12%	11%
Others	7	12%	6%
Disagreement with Care Plan	4	7%	5%
Unhappy with Social Work Services	4	7%	17%
Education	2	3%	N/A
Access to Services	0	0%	8%

### SUPPORT IN DECISION MAKING

The number of advocacy requests for this theme has dropped from 50% in 2015/16 to 42% this year, although it is still the theme with the highest number of requests. Support in decision making as a theme includes assisting children and young people to attend reviews or other decision making meetings, or attending on behalf on a child or young person and feeding in their views.

Referrals came from both children and young people in care and those subject to a child protection plan. Of the 12 referral for children subject to child protection plans, 2 required supporting a young person to attend conferences and 10 involved the advocate attending on behalf of children. Out of these 10, 7 were of primary school age. Of the 13 referrals for children in care, 12 were of secondary school age and 7 were placed out of area either in a foster placement, residential setting or young offenders institute.

### CONTACT ISSUE

Contact issues refer to any problems that arise relating to the young person's contact arrangements with either relatives or close friends. There has been a significant increase in the number of contact issue cases rising from 3% in 2015/16 to 15% in 2016/17. This is the highest number of contact related request in the last 3 years. Out of these 9 referrals, 8 were in relation to young people in care and 1 was a young person on a child protection plan. 7 of these referrals related to contact with siblings and 2 to issues regarding contact with a parent. One young person went on to make a Stage 2 complaint regarding the issue.

### PLACEMENT ISSUE

12% of advocacy requests were relating to issues with placement, a slight increase from the previous year (11% in 2015/16). Issues with placements included requests to change placement, unhappiness/disagreement with placement rules and regulations and general unhappiness in placement. All young people were in care, placed in a range of different placements. One young person went on to make a complaint that was dealt with at a Stage 1.

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## OTHER

It was felt that these requests didn't fit any of the common themes and therefore were placed under the 'other' category. The referrals under the category of 'Other' were in relation to:

- unhappiness with restrictions relating to internet access
- advice and guidance regarding personal issues
- assistance on accessing funding for a laptop
- support to access personal files
- support during age assessment interview for an unaccompanied asylum seeking young person

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## UNHAPPY WITH SOCIAL WORK SERVICES

There has been a significant drop in the number of cases relating to unhappiness with social work service with the percentage dropping from 17% to 7%, suggesting there has been improvement within this area. The 4 referrals that were received related to young people reporting difficulties in their relationships with social workers or general unhappiness with the social work service they were receiving. All 4 referrals were in relation to young people wanting to make a complaint, one of whom was a young person in care. Two of the complaints were dealt with at a Stage 1 and one was dealt with at a Stage 2. One young person decided not to complain.

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## DISAGREEMENT WITH PLANS

7% of advocacy requests were in relation to children or young people who were not in agreement with their overall care plan, compared to 5% in the previous year (2015/16). These were mainly disagreements regarding placements or planned placement moves. 3 referrals were in relation to young people in care and 1 a young person on a child protection plan.

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## EDUCATION

5% of all advocacy cases in 2016/17 were related to education provision. Requests included supporting a young people who felt that they weren't being listened to in their school setting and another who was unhappy about the lack of support with their education. All 3 of the young people were in care.

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## ACCESS TO SERVICES

During 2016/17 there were no referrals received in relation to access to services. It is worth noting that in the previous year access to service referrals made up 8% of the workload.



## EVALUATION OF THE SERVICE

Direct feedback is obtained from children and young people who have accessed advocacy in an attempt to evaluate and improve the service. During 2016/17, 11 evaluation forms were completed by children and young people. Unfortunately this is a decrease from last year; this could be due to young people being reluctant to complete evaluation forms once the work is concluded.

Children and young people are asked to sign an agreement form before they start work with the service. Within the form there are 3 questions, this allows us to compare how the child or young person felt before accessing the advocacy service and how they felt once the work was complete. This information then gives an indication of young people's experiences of receiving advocacy and how effective the service has been.

### WERE YOU HAPPY WITH THE HELP YOUR ADVOCATE GAVE YOU?

All young people who completed an evaluation form said yes, they were happy with the help they received from their advocate.

### HOW CONFIDENT DO YOU FEEL IN BEING ABLE TO PUT YOUR POINT OF VIEW ACROSS?

Out of the 11 responses, 5 young people felt very confident when asked if they felt able to put their views across, 4 were confident, and 2 did not answer the question.

### ON THE WHOLE DO YOU FEEL LISTENED TO?

9 out of 11 responses stated that on a whole they felt listened to, one response however selected both yes and sometimes and 2 responses didn't complete the question.

## AREAS FOR DEVELOPMENT

### AWARENESS OF THE SERVICE

This is an ongoing area of development for the service as it continues to increase the number of referrals it receives. However there is a very small amount of referrals being received from schools and foster carers, despite these two groups spending the most amount of time with children and young people. Moving forward, the service should focus on raising awareness of the service amongst foster carers and also within schools.

## EVALUATION OF THE SERVICE

The number of evaluations compared to the number of referrals is very low. This makes it difficult to gain a true representation of the efficiency of the service and also the views of children and young people. Historically, it is known that gaining feedback from children and young people after the event is difficult as they often don't return forms or attend final meetings where this would be completed. This may be a result of the child or young person having no interest in taking part in the evaluation or not wanting to complete the form knowing it would be returned to their advocate directly.

One approach to consider would be to change the way in which the service is evaluated. An effective way of doing this would be to ask children and young people what their preferred method of evaluation would be. This could be keeping the current paper form method but alter the way in which it is returned by making it anonymous, using an online survey which would give anonymity, receiving a phone call or attending a meeting with someone that is not the advocate to gain a honest evaluation. By tailoring to what children and young people would prefer, it is more likely that they will complete the evaluation. This will then provide the service with a higher number of responses, so they can evaluate the service and gain a solid understanding of how the young people feel about the advocacy they've received.

Another consideration would be to gather feedback from professionals working directly with the child or young person, to ascertain their views on how effective the advocacy has been.

## SUMMARY

This report has provided an overview of the advocacy service and the casework that has taken place during 2016/17. It has compared different statistics from 2016/17 and 2015/16 and highlighted and explored common advocacy themes, before identifying areas for further development. It is important that next year's annual report looks at the areas of development to ensure that the service is able to establish if progress has been made and evaluate any changes made to the service.

## REFERENCES

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