

# Evaluation of Family Rights Group Advocacy Service 2006 – 2009



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## 1.0 Introduction

### 1.1 Overview of Family Rights Group and the Advocacy Service

Family Rights Group (FRG) is a registered charity, established in 1974, which advocates and campaigns for families - parents, carers and other relevant family members - in connection with local authority decision-making about children who are in receipt of social care services. The charity is based on the belief that:

*...children are most likely to do best when the rights and views of families, including that of children, are respected; families are asked what support they want and are given the financial and practical help they require to access these services ([www.frg.org.uk](http://www.frg.org.uk))*

The service provides a free, independent and confidential telephone advice service which is staffed by workers with expertise in advising and advocating for families (often lawyers or social workers). This service aims to increase the voice children and families have in the services they use, and to promote policies and practices that improve children's lives.

During the course of the evaluation the advice service secured additional funding from the Department for Children, Schools and Families as part of their Parent-Know-How initiative. This has allowed the capacity of the advice service (from September 2008) to be doubled and consistent support is now provided via two telephone lines from 10am – 3.30pm Monday to Friday. Families can also contact FRG by email or by letter and a range of advice sheets are available via their website.

The Advocacy service has also received funding to support over 400 families from England and Wales who are involved with local authority children's social care services in relation to care or protection issues. The service is part funded to deliver this service between 2006 and 2009 from the Big Lottery; City Parochial and the Diana, Princess of Wales Memorial Fund and the

London Boroughs of Enfield, Tower Hamlets, Barnet and the City of Westminster (from herein referred to as the 'partner local authorities').

Three types of advocacy are provided:

**Direct (face to face) Advocacy** for parents whose children are the subject of s47 enquiries in the London area when the plan is to convene an initial child protection conference. Cases are either referred by partner local authorities, (Enfield and Tower Hamlets – from April 2007; Westminster – from May 2008; Barnet – from June 2008), or the FRG telephone advice service.

FRG provides a professional advocacy service which targets parents whose children are particularly at risk of suffering significant harm, and being removed from their parental home. Advocacy is provided from the point of initial investigation to the first child protection review conference and the following groups can be offered a service:

- Parents who are seeking asylum, have been refused asylum or have been granted refugee status
- Young parents (under 25 years), including young care leavers
- Parents who have had children removed previously, where a decision has not been made to date to instigate care proceedings
- Parents with a learning disability
- Parents who are misusing drugs or alcohol

In addition to the generic categories specified above, further agreements have been made during the course of the evaluation with individual local authorities to include other case types in the referral criteria to increase the numbers of referrals being made. For example, from April 2008, the referral criteria for cases in Tower Hamlets has been relaxed such that *all* child protection cases can now be referred; In Westminster (from November 2008) and Barnet (from

December 2008) the referral criteria now includes child protection cases involving domestic violence.

**Indirect Advocacy** for parents, carers, or other relevant family members (e.g., grandparents) throughout England and Wales to elicit the services their children need. This is the practice of professional advocates negotiating by letter, email, or telephone on the service user's behalf, or with the service user on an ongoing basis in the name of FRG. Referrals for this type of service include:

- Family and friends (kinship) care
- Child protection
- Looked after children and contact arrangements

**Self Advocacy** for parents, carers or other relevant family members throughout England and Wales to elicit the services their children need. This is the practice of professional advocates drafting a letter or using a pro-forma which can then be used by the service user (in their own name) to contact the local authority. The types of issues covered are the same as indirect advocacy.

## **1.2 Evaluation Contract**

In January 2008, Family Rights Group commissioned an evaluation of the advocacy service from July 2006 – June 2009. The evaluation contract was awarded to Professor Brid Featherstone, Department of Social Sciences and Humanities, University of Bradford who has completed this evaluation with the assistance of Claire Fraser, a freelance Research Consultant who set up Consult Research in 2005. This contract commenced in January 2008, sometime after the project had begun. The evaluation team were not involved in devising the original methodology or aims for the evaluation. This final report presents summary data and analysis for the evaluation period July 2006 – December 2008. It should be noted that the final 'year' of evaluation data represents only half of the year (July – December 2008) to allow sufficient time for the preparation of this report prior to the end of the

advocacy service contract. Three earlier interim reports were produced for the Family Rights Group in June 2008; October 2008 and February 2009.

### **1.3 Original Aims of the Evaluation**

In the original funding bid the aims were outlined as follows:

- To examine the efficiency and effectiveness of the service including the impact of advocacy on outputs and outcomes including parental and practitioner satisfaction, parental contribution to decision making and the likelihood of children being removed from their parents;
- To evaluate the relative merits of face-to-face advocacy, self advocacy and indirect advocacy.

The evaluation that has been conducted has been able to address most of the above aims with the exception of being able to identify the impact of advocacy on the likelihood of children being removed from their parents. The research design did not facilitate the collection of such data. This would require a more robust design and the ability to assess the inter-relationship of a complex range of variables. Moreover, whilst data is available on process outcomes in relation to differing types of advocacy, an enhanced methodology would have been required to do a reliable comparative study.

As the evaluation has developed a number of difficulties with the original methods of data collection have emerged and this is discussed further when considering the evaluation findings. The reliance on postal questionnaires proved problematic in practice.

As one very articulate telephone respondent noted:

*“I know you get surveys through the post, and it’s paperwork, and people can’t be bothered. It’s easier to spend time on the phone. There*

*is too much paperwork, I think if a questionnaire comes through the post, I don't bother really"*

The original questionnaire would have benefitted from piloting. For example, it became apparent when it was used that it was too lengthy and that the language was not always user friendly. Indeed, as outlined later, it was considered necessary to supplement the data gathered by in-depth telephone interviews, but this strategy was compromised by the length of time that had elapsed for some service users between receiving the service and participating in the evaluation.

Only one participant was a service user for whom English was a second language and although provision was made for her participation via an interpreter, the data gathered proved very limited. Further work is needed to ensure that the interpreters are fully involved in understanding the purpose of the exercise and this will require time and planning.

## **2.0 Literature Review**

### **2.1 Introduction**

The advocacy project developed by the Family Rights Group draws upon the evidence of a qualitative research study on specialist advice and advocacy for parents in child protection cases (1997 - 2001) and is informed by the associated protocol funded by the Department of Health (Lindley and Richards, 2002). The authors drew on relevant policy and research literature to inform this work (Lindley, Richards and Freeman, 2001).

A brief summary of key themes from the protocol developed by Lindley and Richards is offered here. For example, key ethical issues were considered and it was advised that:

- It was crucial that advocates were independent of all agencies involved in child protection work. However, independence needed to be worked at rather than assumed and vigilance was required to ensure it was not jeopardised;
- Advocates needed to be clear that while it was not their responsibility to undertake the making of enquiries where there was a suspicion of harm to children, it is essential that they do not conceal information about any continuing or likely harm to a child. Whilst the advocate is not under a statutory duty to report information about such harm to the local authority, advocates with a professional qualification (e.g., solicitors or social workers) are under a professional duty to do so and others are under a moral duty to do so;
- Training and supervision arrangements should be developed by those offering advocacy services in order to support the making of judgements by advocates about harm thresholds;
- The intervention by the advocate is on behalf of parents and not undertaken by the advocate in their own right;
- The advocate must decline to give their opinion about risk or registration or the plans being put forward even if invited to;
- The advocate should not withhold information from the parent;



- Advocates are there for parents and are therefore partisan but should be supported to remain dispassionate.

Much of the role involves supporting, encouraging and advising parents to work with social services requirements. However, becoming over directive is problematic for a range of reasons advanced in the protocol. For example, it is important that advocates do not attempt to force parents to do what they don't want to and parents need to 'own' what they agree to.

The protocol also contains guidance on the conduct of the advocate and advice on dealing with inappropriate behaviour. For example, advocates should adopt a constructive but assertive approach in their dealings with other professionals and Area Child Protection Committees (now known as Local Safeguarding Children Boards) should establish open and objective procedures for challenging an advocate whose conduct is considered to be unacceptable.

This is a brief summary of some of the issues covered in the protocol and is outlined here in order to signpost key themes and also highlight the complexity and tensions attached to the role of advocate.

## **2.2 Policy Developments Since 2002**

This literature review concentrates on policy and research developments since 2002. First a brief outline of legal and policy developments is offered in order to locate key strands of the context impacting upon professionals who work with the families who become subject to decision making processes in social care.

The period in which the advocacy service has been developed has been one of significant change for those delivering services to children and families. The Inquiry into the death of Victoria Climbiè by Lord Laming, published in 2003, and *'Every Child Matters: The Next Steps'* in 2004 facilitated significant legal and structural changes. For example, children's services departments were formed combining education and those services to children and families that

had formerly been delivered through local authority social services departments. Social service departments were split into children's and adult services.

Local Safeguarding Children Boards were established on a statutory basis (replacing Area Child Protection Committees) and the Children Act (2004) placed new duties on agencies to co-operate. *Working Together*, the guidance document which sets out how individuals and organisations should work together to safeguard and promote the welfare of children, was revised in 2006. A further development which appears to have had a significant impact upon workloads was the recognition, through the Adoption and Children Act (2002), of the impact of witnessing domestic violence upon children and the need for this to be understood as a safeguarding issue by practitioners.

The Public Law Outline (PLO) came into force in England and Wales on April 1, 2008. It is designed to promote better co-operation between all the parties involved in care and supervision cases, reduce the need for care proceedings and speed up those which are necessary. In May 2008 the cost of care proceedings was transferred from the courts service to local authorities.

Considerable emphasis has continued to be placed on developing performance management and inspection systems. Timescales have been set for the completion of tasks such as assessments, for example, and these have been subject to regular inspection and audit. A trend has been towards developing computerised systems with the aim of improving recording and information sharing. The Integrated Children's System (ICS) has been introduced and is designed to facilitate case recording, provide a conceptual underpinning for decision making and direct the work carried out by staff in children's services.

### **2.3 Debates about Policy Developments**

The death of Baby P in Haringey in 2007 and the subsequent conviction of his care-takers has prompted widespread review and debate about arrangements

for safeguarding children and more generally the efficacy of many of the developments of the last decade.

Researchers argue that organisations have become centred on feeding policy makers' appetite for hard data at the expense of the complex and subtle information that social workers actually need to form a realistic assessment of child welfare (Munro, 2005, 2008). It is considered that the focus on audit and inspection places too strong an emphasis on what can be easily measured such as whether forms are filled in or meetings held. However, the quality of the discussion at the meeting is harder to evaluate. Completing tasks within specific timescales can also be measured, but it can say nothing about the quality of what is done.

It is increasingly argued that the introduction of the Integrated Children's System has reinforced already existing pressures to spend less time with families. From research conducted in five local authorities, there is evidence that it is overly complex and audit driven (Broadhurst et al, 2009). For example, data must be recorded on complex forms for each individual child. This poses obvious problems where families have multiple children. While there is a mechanism for the generation of a chronology, this is not placed within a narrative and practitioners routinely record difficulty in compiling a good social history. Therefore, the researchers, who had many years experience of reading case records, found it very difficult to understand the cases. This was a common complaint from independent reviewing officers and workers and managers new to cases. The research sites included teams with high staffing levels so the issues are not just confined to those experiencing resource constraints. However, ICS was introduced with no increase in administrative resources and indeed it was argued that it would reduce the amount of time spent on administration. Practitioners, however, reported that much more of their time, than hitherto, was spent in front of the computer trying to fill out the forms. An important point in the context of the review of parental advocacy is that the reports produced by ICS are long and complex and not considered user-friendly. Concerns have been raised about how they can be used productively by children and families.

Further issues, recently highlighted in Lord Laming's (2009) review of child protection systems in the wake of the death of Baby P, concern low staffing levels, staff turnover and the reliance on agency staff within children's services departments.

It has been argued that the PLO is causing delays because there is so much paperwork and it is contributing to a problematic fall in care proceedings (Gillen, 2009). The transfer of costs has also been considered a factor in the fall in proceedings. However, it is of interest here that since the conviction of the adults for the death of Baby P the number of care proceedings has gone up in some areas.

The splitting of services between adults and children has also proved controversial with concerns raised about parents who have mental health difficulties or learning difficulties where communication channels are not kept open and workers from different services work with different agenda in relation to risk and need. This point is returned to below when exploring developments in advocacy services for parents with learning difficulties.

## **2.4 Advocacy for Parents in the Current Context**

A general principle underpinning the Children Act (1989) is that local authorities must work in partnership with families when making any decisions about children to whom they provide services. Government guidance in *Working Together* (2006) emphasises the importance of the local authority working in partnership with parents as one of the fundamental principles underpinning the successful protection of children. An advice sheet drawn up by the Family Rights Group (2008) outlines how this emphasis recurs throughout other aspects of service provision (e.g., in accommodation cases).

However, the current legal position in relation to advocacy is that parents do not have a statutory right to involve an advocate on their behalf when local authorities invite them to attend internal meetings. *Working Together* (para 5.84) states that parents should routinely be given information about how they can access local advice and advocacy services, and that they can bring an

advocate, friend, or supporter to the child protection conference. Local Safeguarding Children Boards are expected to monitor agency protocols covering the involvement of [children and] family members in child protection conferences, and the role of advocates. Case law has also confirmed that parents should be allowed to involve an advocate on their behalf provided the advocate is not too adversarial. Moreover, in cases of child protection, the Human Rights Act (1998) could be interpreted to support the right of parents to independent legal advice and support (see FRG, 2008 for further details relating to other aspects of service provision and the role of advocates).

Lindley and Richards (2002) in their research which underpinned the establishment of the FRG advocacy service found few schemes for parents, no coherence or national direction and little evaluation of the schemes that were run.

A literature search was carried out for this evaluation to update the Lindley and Richards (2002) review. Searches were completed in March 2009 using electronic academic databases (PsycInfo; Social Services Abstracts; Sociological Abstracts) on a range of terms. However, it was found that there had been little new research on parental advocacy since 2002. This is in contrast to a growing literature on children's advocacy (see, for example, Dalrymple, 2004) and government support for advocacy for children and young people (DfES, 2003).

Whilst not addressing the issues in relation to advocacy specifically, there is a broader literature, some empirically based and some more theoretically informed, which continues to debate whether current systems and ways of working can or do offer sufficient opportunities to parents and children to exercise choice and voice. Whilst it is more common to explore the issues for children and young people (see Parton, 2006; Featherstone and Evans, 2004), Holland and Scourfield (2004) do also address those for parents. They explore whether there is any room for the exercise of Berlin's notion of positive liberty (this is freedom **to** in contrast to freedom **from** which is negative liberty) in the lives of these children and their caregivers affected by

state intervention. In relation to parents they make a number of important points; the gendered nature of the processes means that a disproportionate amount of responsibility gets laid upon mothers and the problems with dominant approaches which treat the needs of children and adult family members separately. While they suggest that there will always be limits on how liberating child protection processes can be for family members, there is scope to exercise positive liberty – ‘goal setting, self-determining and being treated as a subject and not an object, there is certainly scope for these in child protection ‘ (p, 31). They argue for a relationship based notion of respect to underpin such activities rather than an exclusively right based (but devoid of relationship) approach. This notion of respect, located in a commitment to supporting dialogue and relationships, has some resonance with the approach promoted in the protocol on the conduct on the advocate as explored above.

Forbat and Atkinson (2005) carried out a review and critical appraisal of the theory and practice of advocacy in adult services and an evaluation of advocacy services in Nottinghamshire. This research, whilst not specifically focused on parents, is of interest as it reviewed the effectiveness of advocacy. They note that there is no universally agreed means of conducting an independent evaluation of advocacy and, moreover, that there are very diverse schemes.

They suggest that any meaningful evaluation needs a dual focus on process and outcomes. Their review of Nottinghamshire advocacy services looked at both process and outcome and evaluated the schemes offered by five providers: Age Concern, Alzheimer’s Society, Home Farm Trust, Nottingham and Nottinghamshire Advocacy Alliance and Nottingham Advocacy Group. These providers offered services to the carers of people with dementia; older people; people with learning difficulties and people with mental health difficulties and the types of advocacy ranged from paid advocates, issues based short-term advocates to those called citizen advocates. Citizen advocacy is based on a one-to one, often long term relationship ‘between an ‘ordinary person’ or citizen (unpaid) advocate and his or her advocacy partner’ (Forbat and Atkinson, 2005: 322).

Their findings were:

- Advocacy works - it does make a difference;
- There is considerable unmet need;
- Advocates work in what is often a hostile environment (alongside or against health/social care staff);
- Advocates need continuing support to be effective.

Advocacy worked in different ways for different people, but was considered effective across the range of long-term citizen advocate relationships and short-term work on specific issues by paid advocates. A number of successes were reported by advocates: supporting people moving in and out of care, enabling them to make choices and to express their views at review meetings. Advocates gained considerable job satisfaction and sense of achievement and those they worked with (referred to as partners) were predominantly positive about it having made a difference to their lives. It was suggested, however, that educating others, especially health/social services staff about the importance and value of advocacy was a priority if advocacy was to become more effective and available. Indeed a down side to being an advocate concerned the stresses of working in an isolated role sometimes in a hostile environment. A range of support mechanisms had been set up in the organisations reviewed to offer advocates the necessary resources for what could be a 'troubled' position, challenging systems and operating alongside or 'against' professionals.

Forbat and Atkinson (2005) suggest their findings confirm much of the literature and received wisdom that advocacy can be a helpful and beneficial strategy for many people. However, the finding about the stresses faced by advocates especially where they worked alongside, or in opposition to prevailing statutory services, led them to question the assumption that advocacy is always positive.

They reflected, in particular, on how the role of the advocate relates to the role of social worker. They noted that many health/social care practitioners,

especially social workers, also see themselves as advocates. Indeed, a recent article from Australia (Boyce et al, 2009) argues for mental health nurses to act as advocates for mothers with mental health difficulties. However, promoters of advocacy are emphatic on the importance of independence (as was evident in the protocol outlined previously). Forbat and Atkinson reflect on whether a purist stance should be maintained particularly in a context where there is a great deal of unmet need. Moreover, it must be recognised that social workers and nurses often feel that it is important that they advocate on behalf of their service users.

Whilst Forbat and Atkinson make important points about supporting the advocate, an issue that does not seem to be reflected upon in the literature is how social workers feel about others taking on an advocacy role. Moreover, in some children's services, as the findings below demonstrate, social workers may find themselves dealing with an advocate for the child and one for the parents. Again the issues that may emerge do not seem to be reflected upon in the literature.

As indicated it proved problematic to find a literature which looked at the issues faced by service users of this specific evaluation. However, there are clearly points of overlap especially with the growing recognition of the issues for parents with learning difficulties. Services such as the Dorset Supporting Parents Advocacy Network have pinpointed the difficulties these parents can face (Snell, 2006). They noted that when people with learning difficulties have children they either receive no support at all or they are 'swamped' by professionals. They offered examples of case conferences where there were eight professionals involved but nobody pulled it all together. Their view was that parents with learning difficulties are stuck in the middle and not given a chance to care successfully for their children. Another organisation is called Inspired Services and has supported several parents through care proceedings.

As indicated above the splitting of services into adults and children has been argued to intensify dangers of workers not co-operating and rendered



advocates necessary to liaise between them. Protocols have been re-written by councils such as Essex in the wake of damaging publicity about parents with learning difficulties losing their children.

A study from the Norah Fry Research Centre (Tarleton, 2007) has been influential in pointing out that many more parents with learning difficulties could bring up their children if they received the right support. It has been estimated that currently more than half have their children taken into care because of poor parenting and neglect rather than other forms of abuse. Tarleton outlines the views of fourteen parents supported by two specialist advocacy services through the child protection process. They reported being able to understand the process and have their voice heard. They praised the advocates for the emotional support they provided and the way in which they were able to challenge professional practice because of their own experiences in child protection. The advocates did follow the guidance developed by Lindley and Richards, as outlined above, as well as utilizing skills derived from advocacy for adults with learning disabilities. However, it is of interest to note that the author places considerable emphasis on the advocates' role in challenging 'bad' practice. The Family Rights Group advocacy scheme does not see the advocate's role in this way. Where there appear to be common themes emerging in relation to practice in a borough, these are dealt with by dialogue between the manager of the advocacy scheme and managers in the borough concerned. Moreover, the Family Rights Group consider it crucial that services develop effective service user feedback systems.

To conclude, the literature base is underdeveloped in relation to parental advocacy. This underscores the importance of this particular evaluation. However, as we discuss in later sections, this evaluation adds weight to the emerging evidence on the impact on process, but not on outcomes such as, for example, numbers of children being removed from their parents. It does offer a contribution to perceptions of outcomes.

## **3.0 Methodology**

### **3.1 Development of the Evaluation Methodology**

The primary methodology for this evaluation was already in place prior to the evaluation contract being awarded to the University of Bradford in January 2008. Seven questionnaires had previously been designed by the University of Oxford to be completed by service users, advocates, social workers and case conference chairs. The questionnaires were designed for self-completion and administered by FRG staff via surface mail with a freepost return address. Direct advocacy cases are evaluated after the initial (or pre-birth) conference and after the first and second review whilst indirect and self-advocacy cases are evaluated at one point in time at the end of the support period.

At the time of commissioning Bradford University to carry out this evaluation, the questionnaires had been used to collect data from the first year (July 2006 – June 2007) of the advocacy service and data collection for year two was also underway. The evaluation team agreed to analyse the data collected via the self-completion questionnaires each year and, due to a poor response rate from the postal questionnaires, to carry out a number of additional telephone interviews with former service users, advocates, social workers and chairs to supplement the evaluation data. These additional telephone interviews used the existing self-completion questionnaires as a 'script'.

By the end of the second year of the evaluation period (June 2008) it was clear that the surface mail administration method was failing to yield adequate evaluation returns, particularly in relation to indirect and self-advocacy cases. Therefore, during the final evaluation 'year' (July – December 2008), surface mail questionnaires have only been administered to service users, advocates, social workers and conference chairs in relation to direct advocacy cases. Data for the final year from indirect and self-advocacy service users has been collected solely via telephone interviews using the same self-completion questionnaires as a 'script'.

To enable a more in-depth assessment of the impact of the advocacy service twenty additional qualitative semi-structured telephone interviews have also been completed. Interviews have been completed with direct advocacy service users (6); advocates (2); social workers (1); conference chairs (4) and the local authority lead at each of the four partner local authorities (7 – as three authorities participated on 2 occasions during years two and three of the evaluation). This latter stage of data collection attempted to facilitate the collection of ‘outcome’ rather than ‘process’ data due to limitations in collecting the former with the existing self-completion questionnaires. Interviews were tape-recorded and transcribed verbatim to facilitate a thematic analysis of the transcripts.

### 3.2 Evaluation Sample

Table one below details the total service user sample participating in the evaluation during the period July 2006 – December 2008:

**Table One – Evaluation Participants**

Evaluation Year	Evaluation Participants by Service User Type		
	Direct Advocacy	Indirect Advocacy	Self Advocacy
<b>Year 1</b>	4	15	13
<b>Year 2</b>	9	11	23
<b>Year 3</b>	6 (+ 6 in-depth)	7	12
<b>Total</b>	<b>25</b>	<b>33</b>	<b>48</b>

With the exception of year three (direct advocacy), when six in-depth telephone interviews were also completed to supplement the existing data collection, the figures in table one above indicate completed questionnaire returns. As noted previously, these were either self-completed by the service user and returned to FRG or completed during a brief telephone interview with a member of the evaluation team. In total, 106 advocacy clients have participated in the evaluation.

Using data from FRG on the actual numbers of service users supported (i.e., not simply those participating in the evaluation), the response rate for each of the service user types can be calculated as illustrated in table two below:

**Table Two – Evaluation Response Rate**

<b>Service User Type</b>	<b>Numbers supported by FRG (July 2006 – December 2008)</b>	<b>Numbers Participating in Evaluation</b>	<b>Response Rate (%)</b>
<b>Direct Advocacy</b>	69	25	<b>36%</b>
<b>Indirect Advocacy</b>	199	33	<b>16%</b>
<b>Self Advocacy</b>	316	48	<b>15%</b>
<b>Total – all s/users</b>	584	106	

Thus, although fewer direct service users participated in the evaluation (when compared to indirect and self), as lower numbers of this type of client are supported by the advocacy service, the response rate is higher and represents just over a third of the total service user group.

However, it must be noted that the direct service user response rate was considerably increased by the six additional in-depth interviews and rates are all still very low. Response rates for postal questionnaires can often be problematic, even with the provision, as in this evaluation, of a Freepost return address.

As noted previously, evaluation data has also been collected from the advocates representing service users and staff involved in the conference process – social workers and conference chairs. The administration method was the same for professionals as for service users with a self-completion questionnaire being sent to each advocate, social worker and conference chair with a freepost return address.

Response rates were again relatively low for professional participants as detailed in Table three overleaf and thus, additional in-depth interviews have been completed as indicated to supplement the data from questionnaire returns:

**Table Three – Professional Participants**

Evaluation Year	Evaluation Participants by Professional Status			
	Social Worker	Conference Chair	Advocate	
Year 1	2	3	5	47 cases: 8 direct 14 Indirect 25 self
Year 2	13 (+ 1 in-depth)	9 (24 cases) (+ 4 in-depth)	11	130 cases: 28 direct 33 indirect 69 self
Year 3	3	3	8 (+ 2 in-depth)	17 cases: all direct
<b>Total</b>	<b>19</b>	<b>19</b>	<b>26</b>	

Finally, in-depth interviews have been completed with the designated local authority lead at each of the four partner local authorities. In the case of three authorities, interviews were completed on two occasions, the first time during year two and the second during year three of the evaluation. One authority lead participated on one occasion during the final year of the evaluation.

### **3.3 Demographic Statistics**

Information on gender and ethnicity for the service users participating in the evaluation was sought from the Family Rights Group. This information was not readily accessible to the evaluation team as service users are identified by a unique reference number on completed questionnaire returns to protect their anonymity.

Information on gender was provided for 80 of the 106 evaluation participants and therefore information is missing for 25% of the sample. Of the remaining three quarters of the sample, the majority (70) were female and ten participants were male.

Information on ethnicity was provided for 87 of the 106 evaluation participants and therefore information is missing for 18% of the sample. Of the remainder,

63 (59% of total sample) described their ethnicity as White, the majority (61) choosing White British with two others choosing White Irish (1) and White European (1). Sixteen respondents (15%) described their ethnicity as Black – Black Caribbean (7); Black British (5) and Black African (4). Two respondents (2% of the total sample) described their ethnicity as Asian, with one choosing Asian British and another, Asian Bangladeshi. Five (4%) described their ethnicity as dual heritage and one further respondent as other – Kurdish.

## 4.0 Findings

### 4.1 Service User Findings

#### 4.1.1 Direct Advocacy Service users

During the three year evaluation period **19 direct service users** who had received support from the advocacy service completed the evaluation questionnaire. Eight of these completed and returned a postal questionnaire and the remaining 11 questionnaires were completed with the aid of the evaluation team during telephone interviews.

The case descriptions for direct service users participating in the evaluation can be broadly categorised as relating to children in care; sexual abuse; domestic violence; drug misuse and support for a parent with a learning disability. Residents of all four partner local authorities were represented amongst the 19 direct service user participants.

#### ***What did the advocate do for you?***

Respondents were first asked to describe what the advocate had done for them and all but one was able to describe the type of support received in some detail. This included **information provision**:

- explaining the child protection and local authority processes;
- requesting (previously unavailable) documentation and information from the local authority;
- providing information on family support services;
- providing information on specialist domestic violence services;
- providing details on specialist legal support;
- providing information on legal rights and responsibilities

*“She explained things to me so I understood and she advised me of possible things which might happen”*

### **Support and empowerment:**

- helping the service user state their views and 'have a voice' at meetings and case conferences;
- supporting the service user at meetings, including speaking on their behalf;
- writing letters on the service user's behalf;
- generally providing a source of support and reassurance during a very difficult process

*"She made me feel there was someone there to help me and to support me"*

*"The best thing they do [is] take the children's feelings [into account] which is very important and [they] gave the best help that I could ever ask for. Just to say to all of you thank you so much."*

One respondent was unable to recall the specific support received from the advocate during a telephone interview with the evaluation team as some time had passed since they had accessed the service.

### ***In your opinion, was the experience of advocacy helpful?***

Respondents were asked whether the experience of advocacy had been helpful and 18 of the 19 direct service users said "yes". Reasons for this response included the advocates' level of knowledge:

*"She had lots of information and advice and she was very knowledgeable about the legal position"*

The advocates' ability to explain complex procedures and put service users at ease:

*"Because of my learning disability she explained things to me and made sure I understood, like when they used long words"*

*"She explained my rights and made me feel more comfortable throughout the meeting"*



The advocacy experience was also judged to be helpful for the way in which it empowered service users and gave them a voice:

*“The advocate went through how the meetings would go and helped me put my point across”*

*“It was someone on our side, giving the family information. It was really good”*

*“The advocate acts and can communicate on your behalf. It was very useful to have that support network”*

*“She (advocate) was pushy and that got the right kind of response from social services and forced the social worker to back up her allegations”*

One respondent, whilst describing the advocacy experience as ‘helpful’, felt that the extent of help was limited as the advocate was *“only allowed to come to some of the meetings”*.

One other respondent was also unsure of whether to rate advocacy as helpful or not as she had received support from two different advocates and whilst the first had been ‘very helpful’ the second experience had been less so:

*“The first one was brilliant, really supportive but the second just gave me some leaflets and didn’t say anything at the meeting”*

***Did you feel you could trust the advocate?***

Respondents were asked if they felt they could trust their appointed advocate and all 19 indicated they could. One respondent noted that this trust was built on their awareness of the advocate’s level of training and experience and highlighted how this could help her as a mother:

*“Yes I could [trust the advocate] because they train for many years and have years of experience. I put my life in their hands and they gave me strength and made me work as a better mother, which is what I hope to be with the right advice...they have put me on the right track so I can do the right thing for my children”*

Another respondent highlighted how it can be difficult to build trust, especially when there are issues such as domestic violence:

*“I did trust her eventually but at the beginning it was quite frightening; all these professionals are trying to help but it can be a bit overwhelming and the nature of it [domestic violence] means you don’t want to open up and disclose”*

***Did you feel the advocate was independent of children’s services?***

To assess service user opinions on the independence of the FRG advocacy project, respondents were asked to indicate whether they felt the advocate was independent of the local authority. All but one (95%) felt the service was independent. One further respondent was ‘unsure’.

***On a scale of 1 to 5, where 1 is poor and 5 is excellent, how well do you think the advocate represented you?***

Respondents were asked to rate how well their advocate had represented them in local authority proceedings using a five-point rating scale. The majority (15) described the advocates’ representation as ‘excellent’ with the remainder (4) describing it as ‘good’

***Were you aware of the reporting threshold outlined in the Family Rights Group’s Protection of Children Policy?***

Respondent’s awareness of the FRG ‘Protection of Children’ policy was assessed by asking whether they were aware of the reporting threshold. This states that confidentiality is normally assured to service users accessing the service except for when information is disclosed or circumstances arise that a child is suffering or is likely to suffer significant harm and the relevant statutory agencies are unaware of this information.

Fourteen (73%) of direct service users consulted were aware of the reporting threshold; three (15%) were unsure of whether they recalled being briefed on this policy but indicated they understood the concept of the policy document and FRG’s necessary reporting procedures. Two respondents did not recall any reference to the policy.

***In your opinion, did the involvement of the advocate influence the outcome?***

In attempting to ascertain whether advocacy impacts on outcomes, respondents were asked to indicate yes, no or don't know to the question above. Just under half of the direct service user evaluation sample (47%) felt the advocates' involvement had influenced outcomes; seven (37%) felt it had not influenced the outcome and three (16%) were unsure of the influence.

***In what way (did it influence the outcome)?***

For those who felt the advocate's involvement did influence the outcome this was felt to be for some because it aided understanding, increased confidence and provided an opportunity for the parent/carer's views to be heard:

*"Because she went through the report with me and helped me get my point across"*

*"It built my confidence because she spoke on my behalf when I was unable to. I was so emotional at the meetings and she fought my corner"*

Another direct service user noted that the involvement of the advocate had enabled her to see that some of the concerns raised by the local authority were legitimate in relation to her children's cleanliness, prompting her to take action:

*"When I first heard all I wanted to do is sleep and the advocate let me know once that my children didn't look clean and at the time they were right, so they made me see so I can look at things like that and it made me realise..."*

For the respondents who felt advocacy did not influence the outcome (or were unsure of the influence), this was because the advocates had only provided initial advice and the respondents were now being supported by a solicitor (two ongoing cases); because the case was ongoing but the respondent had been advised that the advocate could only attend one further meeting; or because the advocate had failed to say anything at the meeting. Three further respondents felt the advocacy influence had been limited as care proceedings

had in fact been pursued by the local authority and there was a belief that the local authority has often already 'made their mind up':

*"I was glad she [advocate] was there but my daughter went into care anyway and she couldn't stop the local authority doing that"*

*"She represented my view that two of my three children should not be on a child protection plan, but the conference decided to do this anyway"*

*"Social Services had already made their mind up before the advocate got involved."*

***If English is not your first language, was an interpreter present?***

This question was not applicable for any of the 19 participating direct service users completing evaluation questionnaires.

**Did the advocate help you to:**

**a) Understand your legal position and rights?**

Eighteen of the direct service user respondents answered this question and indicated that their understanding of their legal position and rights had been enhanced by the presence of an FRG advocate:

*"She made sure I understood, explained the choices and told me what social services had to do"*

*"Because they give you guidance, advice and support when you need it when you and your family are in crisis"*

*"More than anyone out there the advocate is the only one who has shown care and put me on the right road. Thank God that we have those people out there who know what they are talking about is 100% right"*

**b) Express your views to the local authority or have them represented for you where necessary?**

Sixteen of the direct service user respondents indicated that the advocate had expressed views to the local authority on their behalf. One service user was particularly grateful for this support:

*“I just like to say how lucky we are to have these people that are trained and that care for children in the best way they can.”*

Three further direct service users consulted could not recall if the advocate had expressed views on their behalf.

**c) Identify services that children’s services could provide for you?**

Thirteen respondents (68%) recalled the advocate identifying services provided by the local authority which might further support the family and nine of these were assisted directly by the advocate in obtaining these services.

**Do you think that you were treated fairly by children’s services?**

Just over half of the direct service users consulted (52.5%) did not think they had been treated fairly by Children’s Services; six (31.5%) felt they had been treated fairly and three (16%) were unsure.

Respondents who did not think they had been treated fairly noted:

*“They don’t give people a chance to prove anything before putting children’s names on register. It feels like the kids who do need help don’t get it”*

*“Social Services just don’t listen to a word I’m saying and they are full of false promises. The level of service is unbelievable, they say they will come and see you and then they don’t turn up!”*

*“They made me feel like I’d done something bad”*

Another respondent acknowledged that whilst the intervention was probably fair, the late arrival of the report had undermined her case as she was without vital information.

One other respondent who felt they had been treated fairly by Children’s Services noted:

*“I didn’t understand at first why they wanted to put the baby on the register, but they did explain and in the end I understood”*

***Do you have any suggestions for improving our service?***

Finally, the direct service users were asked if they wanted to make any suggestions for how the advocacy service might be improved. All of the respondents were very positive about the service received, and were often keen to use this opportunity to praise the individual advocates concerned:

*“She was respectful, confidential and reliable; she treated me really well. Anything she said she would do, she did and she always turned up when she said she would.”*

*“She covered everything and explained herself and my situation really well. I’m really grateful for her advice”*

*“I felt the advocate was very nice and down to earth and it was great meeting her.*

*“You don’t need to make any improvements. The advocate was really helpful and good keep up the good work“*

During the first and second year of the evaluation some comments were also made in relation to the need for greater publicity to raise awareness of the service. These comments were addressed by FRG during the course of the evaluation and were not repeated during the most recent direct service user consultations in year three.

**Direct Service User Telephone Interviews**

In March 2009 six additional qualitative semi-structured telephone interviews were completed with direct advocacy service users. The purpose of these additional interviews was an attempt to gain a greater narrative or feel for the project as the evaluation team felt that the pre-existing questionnaires had failed to fully capture the essence of the advocacy project and any impact on outcomes. The interview schedule appears at Appendix Three.

Four female and two male direct advocacy service users who had accessed the service during the final year of the evaluation period (since July 2008) participated. Two of the service users were White British; one was White Irish; one was White European; one was Kurdish and the final participant was Black

African. This latter participant, whose first language was French, participated via an interpreter.

The interviews began by exploring the initial referral process, how the service user had first found about the FRG advocacy service and their initial thoughts about using this service. All but one of the respondents had been told about the advocacy service by the local authority. One other respondent had been given the advice line number after initially contacting another voluntary organisation for support. All were very willing to engage with FRG and perceived the service to be independent of Children's services which was very much welcomed.

The majority of the respondents had the opportunity to meet with their advocate before meeting with the local authority and to use this opportunity to review the conference documentation and child protection report. This opportunity was very much welcomed since prior knowledge of the conference process and local authority procedures were scarce:

*"Well we didn't know what was going to happen, actually, so that's why it was handy the advocate being there with us, y'know. They pointed to all the people that would be there, saying all the names and saying who they were"*

Many of the respondents seemed to be empowered simply by the presence of the advocate and the knowledge they brought to the meeting:

*"It is difficult to say how it made me feel more supported; it was just good to have them there"*

*"It is about having someone on your side; she was very good, she brought up some good points"*

The style and approach of the advocates certainly seemed to underpin these positive appraisals of the advocacy support received. Advocates were noted to be *"on the ball"*; *"very helpful, a very nice lady"*; *"a good person"*. Just one

service user had less to say about the advocate as *“he didn’t really say anything, he was just there”*.

The advocates were also perceived to be reliable, punctual and a confident, knowledgeable presence during the conference process:

*“They were punctual...if they said they were gonna phone me back, they’d phone me back. They didn’t give any false promises, and they didn’t forget about you. They were an amazing organisation and everyone I spoke to was very proficient at how they spoke, and how they found out information. They were all very good – excellent. It was absolutely amazing – the woman who actually came to the Conference with me, she was totally direct, and totally knew her stuff one hundred per cent, and advised things that I wouldn’t have had the knowledge of whatsoever”*

The advocates’ knowledge and presence had increased service users knowledge of the process and in turn, their confidence. They ensured that service users knew exactly what to expect during meetings with the local authority; knew who everybody present was and what their role was in the process. They could also help in interpreting the child protection plan and local authority reports:

*“It was very good because she actually pointed out that the report made out a very black side of the family, and didn’t put any positive things. That was a good point that she actually identified with her experience...so she made quite a few comments, which I wouldn’t have been able to make; so that was very good”*

This was particularly welcomed by service users for whom English is an additional language such as one Kurdish interview participant:

*“They gave me ideas and helped me to explain what I should say, what I should ask for. Because I never did feel this before, I didn’t have enough idea, didn’t really know what to expect”*

By feeling more confident and knowledgeable and ultimately, empowered, service users had been more able to participate in the process:

*“I felt more able to express myself with the advocate there”*



The conference process could be intimidating and it could be difficult, even for the White British participants to articulate one's views in this context. The advocate ensured that:

*“they put our point across, let them know what we thought, y’know?”*

In addition, the advocates' presence was felt to impact on local authority staff:

*“the social worker was more inclined to listen when the advocate was there”*

*“I feel like they knew that I’ve got someone there to say, ‘we’ll do this’, y’know to know you’ve got a second opinion on things”*

*“I got in touch with FRG because I felt that the LA, the social worker and the manager of team never understood me; I felt bullied by them; I felt pushed into a corner by them; I felt that they were not listening to anything I had to say, not listening to my end of the story.*

Challenging perceived discrepancies or inaccuracies in the local authority approach could be extremely daunting for a service user who is unfamiliar with the process and faced with a room full of professionals. This is where the role of the independent advocate can have a powerful effect:

*If you’re there on your own, you don’t know if you’re causing a bit of...you could be looked at as not really speaking decently, or whatever; it’s hard to say criticism and stuff like that, and to object...I know you have to go through the chair, or whatever, but it’s very hard in a Conference like that to say, ‘Excuse me, you know, that’s not at all true, and can I have a right to say my view here’. It’s very hard not to get anxious. Whereas an independent person, an advocate, is there to encourage and help the parent to say the right thing.*

The evidence above suggests that advocacy support does have a significant impact on the service users' ability to participate fully in the process, to engage and ensure their views are considered and on their ability to understand local authority policy, procedures and documentation. However, most of those consulted did not feel that the advocates' presence could

impact on outcomes since the local authority decision making process was felt to be immune to such influences:

*“Well they [advocate] can’t do anything about it [local authority decision] can they? What they [LA] are going to do, there are going to do anyway”*

*“Once they’ve made their mind up what they’re gonna do, then that’s it you know”*

But this did not diminish the perceived impact of advocacy support and nor should it. If service users are supported and empowered to fully participate in the child protection process as a result of advocacy support then this is a powerful ‘outcome’ in itself:

*“I don’t think it is going to be different, what happens, but I do understand more now and at least I can trust them [FRG], they are the one thing on my side”*

There is also evidence from the qualitative interviews that advocacy support can empower service users longer term, beyond the point at which FRG is actively providing support. For example, one service user, who was at first disappointed that she could no longer receive support from her advocate noted:

*“What I would have hoped is that it carries on; I was left a bit high and dry at first...but now I feel I’m empowered to deal with it, ‘cos now I understand what my rights are”*

This service user had also continued to receive telephone support from her advocate after the point at which direct support could be provided at meetings which had been very much welcomed, although this was not as valuable as the face to face support and there was some suggestion that the local authority’s attitude towards the service user had changed when she had resumed attending meetings without advocacy support.

#### **4.1.2 Indirect Advocacy Service users**

During the three year evaluation period **33 indirect service users** who had received support from the advocacy service completed the evaluation questionnaire. Eleven of these completed and returned a postal questionnaire and the remaining 22 questionnaires were completed with the aid of the evaluation team during telephone interviews.

##### ***What did the advocate do for you?***

When asked what the advocate had done to support them, indirect advocacy service users described a range of cases relating to kinship care; extended family access to looked-after children; accommodated children; respite provision and services for children with a disability; issues related to adoption and foster care; alcohol misuse; child behavioural issues; families in crisis; mental health issues and child protection.

A range of support services were provided to these indirect service users:

- advice on the phone
- advice on legal rights and local authority policy
- information sent via surface mail, e-mail and the FRG website
- writing letters to social services and children's services on the service user's behalf or helping them draft their own letters
- general support and reassurance
- helping negotiate payments for kinship care
- helping negotiate access to respite services
- providing information on specialist solicitors

##### ***In your opinion, was the experience of advocacy helpful?***

When asked if their experience of advocacy had been helpful all but one of the thirty-three respondents (97%) agreed as it had enabled them to:

- feel supported and listened to in a non-judgemental and impartial way;
- to discover legal rights that they were previously unaware of and effect changes in procedure as a result;
- speed up previously slow response times from local authority departments;
- obtain payments due to the parent/carer

***Factors that helped the advocacy process:***

Factors considered to have helped the advocacy process included the experience and knowledge of the advocates, their independence from the local authority and their supportive, non-judgmental approach. In addition, many respondents felt their contact with the local authority was bolstered and strengthened by FRG's support such that requests were more likely to be responded to. It was also easy to contact the advocate and queries were responded to quickly:

*"The advocate was easy to get hold of and easy to talk to. It was great to know there was someone there I could talk to"*

*"The quick response and negotiation with social services on my behalf. They got a response from social services after 3 weeks – I had been trying for 18 months!"*

***Did you feel you could trust the advocate?***

When asked if they had felt they could trust the advocate all but one of the indirect service user respondents (97%) agreed and the following additional comments were offered:

*"She was so completely unbiased it was impossible not to trust her"*

*"I trusted her because she was very prompt, efficient and reliable"*

*"Yes, I trusted her because it is clear they are impartial"*

***Were you aware of the reporting threshold outlined in the Family Rights Group's Protection of Children Policy?***

Respondents were then asked if they were aware of FRG's 'Protection of Children' policy and just over half of the indirect service user sample (10 respondents) indicated they were aware. However, it is important to acknowledge that this policy will not always be relevant for some indirect (and self-advocacy) service users, for example, when the level of support does not go beyond responding to an initial telephone query. Where a decision is made to undertake advocacy on behalf of a family the policy on the protection of children is always highlighted:

*Confidentiality will normally be assured to anyone seeking advice or advocacy...However, there is one exception to this general principal. If information is disclosed or circumstances arise in which an adviser or advocate thinks that a child is suffering or is likely to suffer significant harm and that the relevant statutory agencies are unaware of this information, then the adviser/advocate will encourage the client to pass this information to the relevant statutory agency. If the client is unwilling to pass on this information themselves, then the advice and advocacy worker may inform the relevant agency and will inform the client of the information they have passed on...Our policy will be made clear on publicity materials relating to the advice and advocacy service. In addition, it is our practice that as soon as a caller gives any information which raises concerns about the safety of a child or an adult, we will ensure that the caller is aware of this policy, before continuing the conversation...an agreement will be drawn up with families for whom we undertake direct advocacy. This agreement will describe the confidentiality policy...<sup>1</sup>*

***In your opinion, did the involvement of the advocate influence the outcome?***

When asked to consider the impact of advocacy support, 48% (16) of the indirect service user respondents felt that the advocates' involvement had influenced the outcome. 36% (12) did not feel it had impacted on the outcome and 15% (5) were unsure.

***In what way did it influence the outcome?***

For respondents who felt the advocate's involvement had influenced the outcome this was because of the parent/carers' increased confidence as a result of FRG support:

*"Because I could not have done it without your help...it gave me the confidence to deal with social services"*

*"Because it provided the confidence to enable the challenge to the local authority"*

Because FRG was considered to hold more sway than a parent/carer acting alone:

*"Because the FRG letter headed paper holds more sway – I had suffered alone for 15 years before I got help from FRG"*

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<sup>1</sup> Source: FRG Protection of Children Policy, July 2008

*“FRG’s involvement ensured that certain matters were taken care of that otherwise wouldn’t have been”*

*“FRG helped Social Services realise that we were serious...they [FRG] added weight to our argument after initially being ignored by social services”*

And because of the increased knowledge and information that the advocate could bring to the case:

*“The advocate’s involvement meant that I had information on what social services were meant to be doing. It really saved time, we got the report sooner and the case was closed sooner”*

***In what way did it not influence the outcome?***

Where the advocates’ involvement was felt to have had less influence this was because it was too early to judge as cases were still ongoing at the time of participating in the evaluation; or because the advocate had been unable to challenge the local authority decision, for example, where no further rights/support were available in the case. Two kinship care cases illustrate this point:

*“She confirmed that I was not entitled to foster carer money as a grandparent”*

*Because my rights were limited by the fact that I had volunteered to take on kinship care”*

In two other cases the advocate’s involvement was felt to have potentially negatively impacted on the local authority’s response to the parent/carer concerned:

*“I don’t think it did influence the outcome as social services were not happy that FRG were involved”*

*“I’m not sure it helped because the social worker would not talk to the advocate”*

**Did the advocate help you to:**

**a) Understand your legal position and rights?**

Respondents were asked to consider if they had been helped to understand their legal position and rights as a result of the support received from the FRG advocate. Twenty-eight (85%) of the indirect service user sample felt this to be case whilst a further five (15%) were 'unsure'.

*"If it was not for the advocate sending me out the information they did, I don't think I would have been any further forward"*

*"Yes, they sent out helpful information sheets"*

**b) Express your views to the local authority or have them represented for you where necessary?**

Twenty respondents (60%) indicated that the advocate had expressed the parent/carers' views to the local authority:

*"She wrote a letter which expressed my views more coherently than I could have done"*

**c) Identify services that children's services could provide for you?**

Fourteen respondents (42%) recalled the advocate identifying services that could be provided to the family by Children's Services.

**d) Obtain the services identified that children's services could provide?**

And ten of the fourteen indicated that the advocate had helped them obtain the services identified.

***Would you use the advocacy service again?***

The indirect service user respondents were then asked if they would use the advocacy service if they had need again in the future and all but one (97%) indicated they would. These respondents were asked to indicate why they would use the service again and a range of positive quotes were recorded:

*“Because they taught me a lot – I know more now than I knew seven months ago”*

*“Because they are very helpful, friendly people”*

*“Because it is an excellent service and it is nice to be able to go somewhere independent with your questions”*

*“They got down to the nitty gritty on my behalf, cut through the jargon. They did everything possible for me and more than my solicitor did. I wouldn’t hesitate to go back or recommend them to others”*

*“The advocates are all superb, absolutely fantastic...I can’t find the words to describe the service it is that good”*

*“I would advise anyone who has any concerns to contact family rights as it is a very friendly, confidential service”*

*“They are the only people that have got me to see things more clearly...before I phoned I knew nothing [about] what I should have been getting or whether I was entitled; maybe this will get the ball rolling in the right direction”*

*“You people do a marvellous job and my husband and myself salute you for being so understanding and caring and taking the time to listen to our case...I would like to thank you very much for your time and kindness”*

*“Because I found it very helpful and they work very well and express the service user’s view very well”*

*“Because of the understanding and help they gave over the phone”*

*“I can’t rate the service enough. Where does the ‘family’ come into children and family teams at social services? Only FRG care for the family side of things”*

***Do you have any suggestions for improving our advocacy service?***

Finally, respondents were asked if they had any suggestions for ways in which the advocacy service could be improved. All respondents were generally very keen to praise the service but some suggestions for improvements relating to staffing (to enable quicker response times) and publicity (to raise awareness of the service) were raised.



Some respondents had struggled to get through initially on the telephone advice line and wondered if the staffing of this could be increased or supported via the provision of an answer phone at busy times. However, respondents were keen to point out that the service is understandably busy *“as they are so good at what they do”*.

One respondent would have liked FRG to have their own in-house solicitor that could be used by advocacy service users and another would have liked a face to face drop in service.

One respondent felt that the full remit of the service provided was not clear from the publicity materials seen:

*“They need clarity in the flyers about what the service does because the name suggests it is just a legal service”*

Finally, one respondent, although very satisfied with the service overall, noted she had felt encouraged down a legal avenue which was not her desire:

*“I was left with a feeling that I had come to a dead end. I wanted to get social services to do their job but the only option was a legal battle. I wish FRG could have supported me in a way that didn't leave me with another battle to fight”*

### **4.1.3 Self Advocacy Service users**

During the three year evaluation period **48 self-advocacy service users** who had received support from the advocacy service completed the evaluation questionnaire. Twenty-five of these completed and returned a postal questionnaire and the remaining twenty-three questionnaires were completed with the aid of the evaluation team during telephone interviews.

#### ***What did the advocate do for you?***

The self-advocacy service users described a range of cases relating to kinship care; care proceedings; domestic violence; family breakdown; looked after children; drug/alcohol misuse; abuse allegations; mental health issues; children's behavioural issues;

A range of support services were provided to these service users:

- advice on the phone
- providing information on legal position and rights
- helping service user draft a letter to children's services
- making phone calls to agencies on behalf of the service user
- advice on funding for kinship carers
- Information and leaflets sent via surface mail
- advice on how to present oneself in court
- general support, reassurance and empowerment
- providing information on specialist solicitors

#### ***In your opinion, was the experience of advocacy helpful?***

Self-advocacy service user respondents were asked whether their experience of advocacy had been helpful and all but one (47) felt it had been.

Advocacy was perceived to be helpful as it was an important source of information and advice:

*"I found them very helpful because before I was not aware of what money was available to me [for kinship care] or what to expect in court as I was not getting any advice from Children's Services"*

*"They sent me lots of information and their website is full of advice; I still visit it nearly every day"*

*“It was just very practical and logical advice [from FRG]. I was so overwhelmed by social services so FRG were wonderful, that is the only way I can describe them”*

*“The advice was helpful because I felt that although I had written my letter in rough I felt that my feelings and thoughts was all mixed up. The advice helped by making my letter more clear”*

It helped service users build their confidence to assist them in their interactions with the local authority:

*“It gave me the confidence to deal with social services; it can be a frightening prospect taking on the local authority”*

*“They gave me really helpful, constructive advice – it is an intimidating process complaining to social services so it was good to have their support”*

*“The help we were given gave us as a family the confidence and strength to carry on fighting to get our young relatives back”*

In addition, the FRG advocacy service is free, independent and non-judgemental and can seem like a lifeline to vulnerable families who have previously struggled to cope with the situation:

*“I cannot afford a solicitor and the lady I spoke to gave me excellent advice and sent me fact sheets”*

*“I was feeling very sad and vulnerable before I spoke to your advocate, once she had spoken to me I felt there could be an answer to this nightmare my family was in”*

*“I was at a loss and didn’t know where to go next before I stumbled across the FRG website. People started to listen to me after FRG got involved.”*

*“They listened, advised, calmed & encouraged me...really helpful during a difficult time”*

*“Without this service I would have felt isolated and wouldn’t have known what to do...the service helped me put my point across”*

The FRG staff are also perceived to be helpful due to their skills, expertise and knowledge:

*“It was a shock to be able to speak to someone who knew exactly what they were talking about and whose communication skills were second to none. Knowing my rights and how the system works regarding accommodated children left me feeling empowered and confident”*

*“She was wonderful, very knowledgeable and understanding of the situation”*

***Did you feel you could trust the advocate?***

Respondents were then asked to consider whether they had felt they could trust the advocate and all but one (98%) indicated they did. No explanation was given by the one respondent who did not feel this was the case.

***Were you aware of the reporting threshold outlined in the Family Rights Group’s Protection of Children Policy?***

Less than half (19) of the self-advocacy service user sample were aware of FRG’s Protection of Children policy. However, it is important to reiterate, as noted earlier, that this aspect of policy will not always be relevant for some service users (see pages 36 – 37 for further detail).

***In your opinion, did the involvement of the advocate influence the outcome?***

Respondents were asked to consider whether the involvement of the advocate had, in their opinion, influenced the outcome. Twenty self-advocacy service users (42%) felt it had influenced the outcome, 14 (29%) did not and a further 14 were not sure.

***In what way did it influence the outcome?***

Reasons for advocacy influencing the outcome of individual cases included service users feeling more empowered and supported at meetings and better prepared because of the information supplied by FRG: improvements in the sharing of information between the family and agencies; increased confidence on the part of the parent which had enabled greater progress to be made; increased clarity in proceedings as a result of support with letter writing and knowledge about parent/carer rights; and the stamina to continue with often drawn out cases as a result of the support received:

*“It really helped to have her there because I felt that they listened to me when she was there”*

*“It made me realise that there were other avenues to be explored and I went to Children’s Services armed with information”*

*“From the information provided because it gave advice on how to complain and as a result we made a complaint about social services”*

*“I felt it was the letter that your advocate drafted on my behalf that got my daughter back. I also found the courage to put some questions to social services myself”*

***In what way did it not influence the outcome?***

Where advocacy was felt to have had no influence or where respondents were unsure, this was largely because it was too early to assess as the case was still ongoing or because contact with FRG had been limited to the supply of information via leaflets.

Two respondents felt that the support of the advocate had not influenced the outcome as FRG were powerless to challenge the local authority decision-making process:

*“They knew their stuff and gave good advice but you can’t fight the local authority...they are too powerful for one person to take on”*

*“Social Services had already made their mind up so it was too late”*

In one further case, support was felt to have arrived too late in the proceedings to influence the outcome:

*“Because I still lost my baby. By the time I realised what FRG could do it was too late in the proceedings”*

**Did the advocate help you to:**

**a) Understand your legal position and rights?**

Respondents were asked to indicate whether the advocacy support received had helped them better understand their legal position and rights. The vast

majority (42) felt it had and offered the following additional comments in support which highlight the importance of this service:

*“Absolutely! I could not have gone through this process [kinship care] without FRG’s help”*

*“Yes, I am now claiming money that I didn’t even know I was entitled to claim before I spoke to FRG”*

*“Before I spoke to the advocate I did not know what to do and if my daughter or my husband or myself had any rights”*

*“They always give good legal advice. Really there is nowhere else for families to turn to”*

***b) Express your views to the local authority or have them represented for you where necessary?***

Twenty-five (52%) of the 48 self-advocacy respondents recalled the advocate expressing views on his/her behalf to the local authority and this was noted to be “very helpful”.

***c) Identify services that children’s services could provide for you?***

Twenty-two respondents (49%) recalled the advocate identifying services that could be provided to the family by Children’s Services.

***d) Obtain the services identified that children’s services could provide?***

And fourteen of the twenty-two indicated that the advocate had helped them obtain the services identified.

***Would you use the advocacy service again?***

All 48 self-advocacy respondents (100%) indicated they would be happy to use the FRG advocacy service again if they had the need in the future and this affirmation is supported by a wealth of positive comments:

*“Because she was just fantastic and did her job very well and efficiently”*

*"It is really important when you are working full-time and struggling for time to have this kind of help"*

*"Because as a result of their help I was able to march into social services armed with information!"*

*"It's probably one of the most remarkable services I have ever used. I did use it several years ago and the advocate was just remarkable then. The 0800 number is an added bonus as times can be hard"*

*"They are very helpful and listen to people like me who don't know which way to turn. Without these people to help I don't know what I would do or know my rights"*

*"At the deepest, darkest point in my life, they listened. They were just so helpful and knew what they were doing. Knowing it was confidential too really helped"*

*"I cannot speak more of the advocate. It is rare in any line of business to find someone who is so eloquent, succinct and personable who can project such a level of professionalism in just a few phone calls. Thank you"*

*"Because of the understanding and help they gave over the phone"*

*"Because they do know what they're talking about, they really know their stuff. The option to contact by email is really helpful"*

***Do you have any suggestions for improving our advocacy service?***

Finally, respondents were asked if they had any suggestions for ways to improve the advocacy service. Self-advocacy respondents, like their direct and indirect counterparts were generally very positive about the service and only wanted to see it expanded with more funding and staffing to support an extension of the telephone advice line, for the (direct) service to be available nationally and for the service to be advertised more widely so that more families could benefit from the advocates' expertise:

*"I hope they can expand if their funding increases – it would be great if they could be there [in meetings] to give their opinion rather than just advice on the phone and the web"*

*"I think they're very good but it is a shame we couldn't have had the face to face service, a direct caseworker would have been great...we don't live that far out of London"*

*“I was told last time I called that nothing further could be done to help me because the [direct] service is not available nationally...it is such a postcode lottery”*

*“Perhaps more telephone lines to make the service more accessible - I think this is such an imperative service and [it] should be available for longer periods of time in the day also”*

*“The phone lines are really busy – you have to start ringing 10 minutes before they open. You need more funding!”*

*“Service needs more advertising. It was a fluke that I found the number in a magazine on the day I really needed help”*

*“It should be advertised on television; lots of people are in mine and my daughter's situation and need to have somewhere to go and seek advice help”*



## 4.2 Advocate Findings

During the three year evaluation period **26 advocates** who had supported either direct, indirect or self-advocacy service users completed evaluation questionnaires in relation to 194 cases which were drawn from all four partner local authorities. Further information on the cases reviewed is detailed in Table four below:

**Table Four- Type of Cases Reviewed by Advocates**

Type of Advocacy	Year One	Year Two	Year Three	Total
Direct	8	28	17	53
Indirect	14	33	0	47
Self	25	69	0	94
Total	47	130	17	194

Twenty-four of the advocate participants completed and returned a postal questionnaire and two participated in a telephone interview with a member of the evaluation team. In these two interviews the role of the advocate and the benefits (and limitations) of the advocacy process in general were discussed rather than specific cases. However, specific case examples (anonymised) were sometimes used to illustrate the points made.

### ***Case descriptions***

The case descriptions described a range of issues affecting the families concerned including domestic violence; homelessness drug/alcohol misuse; disability (physical/learning); mental health issues; asylum seeker/refugee status; homelessness; teenage parents; young care leavers; looked after children, s20 and contact arrangements; s31 care orders; s25 secure accommodation; allegations of sexual, physical and emotional abuse and possession of indecent images; child neglect; inappropriate sexual behaviour; child behavioural issues; teenage pregnancy and kinship care.

### ***Description of advocacy provided***

A range of support services were provided to the sixteen families including telephone and email advice; drafting letters; providing information and advice

on legal rights and child protection procedures; contacting local authorities on behalf of the service user; reading social work reports and explaining contents to parents/carers; attending conference, core group and review meetings and helping service users to present their views at these meetings; home visits to explain the outcome of registrations where parents had failed to attend meetings/ follow up visits to ensure understanding of child protection plans; and assisting families with accessing financial support.

The following section presents responses from all 26 advocates in relation to the 194 cases reviewed. All figures relate to the number of cases.

***Do you feel that you helped your service user?***

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
Yes	141	72.5
No	7	3.5
Don't Know	46	24

In 72.5% of cases, advocates felt they had helped their service user by:

- increasing the confidence of the parent/carer to enable their full participation in the child protection process
- providing information and explaining procedures in order to ensure the parent/carers' full understanding of the child protection process and his/her legal rights

*“There is a real need for advocacy; the child protection system is very sophisticated and I think it would be difficult for many [parents/carers] to deal with it without the support of FRG”*

- encouraging the parent/carer to attend meetings and engage in the process
- ensuring the service users' views were aired during meetings

*“They feel empowered just by being heard”*

- helping parent/carers remain calm, relaxed and receptive during meetings
- providing an independent, non-judgemental ‘listening ear’ and an opportunity to ‘offload’
- raising parent/carers’ awareness of the need to address child protection concerns
- providing specific support where parent/carers’ disability would have prevented full understanding
- ensuring parental strengths as well as weaknesses were recorded during the conference process
- reading the report to ensure issues could be raised during the meetings and to ensure the plan was appropriate
- providing support which ultimately resulted in a positive outcome for the family

Where advocates felt they had not been able to help a particular service user (7 cases) this was felt to be due to:

- difficulties in making contact with the parent/carer
- the unavailability of an interpreter
- the service user’s late arrival at meetings
- limitations on support that could be provided (indirect/self rather than direct advocacy) as the service user lived outside of the London Boroughs
- the case had been resolved prior to the advocate’s input
- the social worker’s ‘defensive stance’:

*“The case became more argumentative and contentious. The social worker was on the defensive and providing more and more damning evidence against client. If I had known beforehand I would have had a different tactic but felt there was very little that I could do”*

In a quarter of the cases reviewed the advocate was unsure whether advocacy had helped the service user. The following reasons for this assessment were offered:

- limited expertise on the part of the advocate (in relation to secure accommodation)
- the service user's unwillingness to co-operate, share details or respond to advice given
- difficulties in making contact with the parent/carer and limited opportunities to meet to discuss case
- the case outcome was not what the service user had hoped for
- the case was still ongoing and therefore it was too early to assess the helpfulness of advocacy
- difficulties communicating with the service user due to the service user's learning difficulties/limited spoken English

*"I was not sure that service user had a full understanding of what was occurring within the review conference"*

*"Both parents are very young and tended to rely on maternal grand mother who was very vocal having had her own children subject to child protection procedures in past. Not sure how much they took in, they kept saying everything was fine"*

### ***What helped or hindered the advocacy process?***

Factors which are considered to help the advocacy process include:

- the advocate's extensive practice knowledge from their former role as a social worker
- the independence of the advocates' role
- openness on the part of the local authority – for example, willingness to share information and ensure the parent's views are heard

- all parties willingness to acknowledge parental strengths as well as weaknesses
- service user's insight and willingness to engage with the process, particularly when the service user is considered to be 'articulate'
- prompt responses from the local authority and timely availability of conference reports
- straight-forward cases that are 'easy to challenge'

Factors which are considered to hinder the advocacy process include:

- the lack of provision of an interpreter
- advocate's part-time role which can delay response to service users' requests for support
- cases where it is felt the Chair has already 'made a decision' or where there is a 'refusal to budge'
- time constraints on the conference process and insufficient understanding of the advocates' role by other professionals
- last minute cancellation of, and non-attendance at meetings by service user and inability to attend due to childcare needs
- difficulties in contacting service users due to insufficient/inaccurate case information or lack of permanent address
- inability to support service user sufficiently due to geographical location (i.e., not within London Boroughs and therefore not eligible for direct advocacy support)
- late availability of conference report and insufficient time to prepare for meetings
- service user outbursts during meetings
- lack of clarity from service user on desired course of action
- lack of response from local authority staff in response to advocate queries
- limited expertise in case area (e.g., secure accommodation)
- Service users' unwillingness to take on board advice given

***Do you feel you were able to build a trusting relationship with the service user?***

Advocates were asked to consider if they felt they had built a trusting relationship with the service users supported:

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
Yes	143	74
No	15	8
Don't Know	36	18

In the 74% of cases where advocates felt they had built a trusting relationship with the service user this was believed to be because:

- there was honesty and openness on the part of the service user and a willingness to engage with the advocate
- there was the opportunity to carry out a home visit to meet with the parent/carer before the conference and regular contact throughout the case process
- of sufficient time to meet and engage with the parent/carer before the conference process and/or previous engagement between the family and FRG
- of full understanding of the conference process due the advocate's former role as a social worker
- of the independence of the advocate

Where a trusting relationship was not thought to have been achieved this was considered to be because:

- an interpreter was not available to facilitate engagement with the service user
- there had been only minimal involvement in the case as it related to brief contact via the advice line
- the service user was in a distressed state

- the service user gave contradictory information about drug use
- the service user refused to take on board FRG advice

Where advocates were unsure of whether a trusting relationship had been built this was because:

- the service user said little and failed to engage with the advocacy process
- circumstances prevented a meeting with the service user prior to conference
- of minimal involvement with a case as it related only to brief contact on the advice line
- the service user arrived late for meetings
- the advocate was unable to support the service user due to the referral criteria not being met
- the service user's first language was not English

***Was your intervention with the local authority...?***

The participating advocates were asked to consider whether their intervention with the local authority was facilitating, challenging or something other than this (this question only appears on the direct advocacy evaluation form but was also completed in relation to 9 indirect/self advocacy cases suggesting that the wrong evaluation form was administered to the advocate):

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
Facilitating	49	79
Challenging	3	5
Other	10	16

The intervention was described as 'facilitating' when the service user was willing to accept the group's assessment; when professionals were willing to note positive changes made by the parent/carer; and when the service user was able to fully understand the process and air their views.

*“Both the social worker and the Chair were open and respectful towards the client and myself and were willing to allow me to liaise and speak on behalf of [the] client. I was also able to use my knowledge of local services and practice to facilitate an appropriate plan”*

Another advocate noted that advocacy could be facilitating for both the parent/carer and the local authority as it often enabled the social worker to *“get a better sense of the parent and his/her strengths”*.

The intervention was perceived to be challenging when the advocate had been required to challenge the local authority:

*“I had to challenge aspects of the social work report and the Chair on one occasion”*

The intervention was described as ‘other’ when there had been no opportunity for a prior meeting with the service user; when the service user had brought alternative support to the meeting (e.g., solicitor) and when it was too early in the case to assess the intervention.

***On a scale of 1 to 5, where 1 is poor and 5 is excellent, how well do you think that you represented your service user?***

Respondents were asked to consider, on a scale of 1 to 5, how well they had represented their service user ((this question only appears on the direct advocacy evaluation form):

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
5	7	12
4	28	47
3	20	34
2	4	7

Advocates who rated their involvement in a particular case as ‘5’ indicated this was because of the family’s willingness to engage with FRG and statutory



agencies and because of the openness of the social worker and their willingness to share information.

Reasons for a rating of '4' included:

- limited or no opportunity to meet with the parent/carer prior to conference or the late/non-arrival of the parent at conference
- the service user's refusal to engage outside of statutory meetings
- the late arrival of the social work report (e.g., immediately prior to meeting) and/or difficulties making contact with the social worker
- the conference was *"chaotic and the decision-making process confused"* as, *"all had agreed that the registration criteria had not been met but the child was still registered"*.
- the Chair leading the conference in *"an inappropriate manner, asking leading questions"*;
- the client becoming *"quite angry and distressed during the meeting"*
- the advocate's own nerves as it was *"a while since I had done a direct case"*

Lower ratings of '3' and '2' were due to limited involvement or contact with the service user; failure of the local authority to provide an interpreter; lack of information from the social worker (including late reports); lack of understanding by other professionals of the advocacy role such that inadequate time was made available for advocate input; and *"service user personality"* or *"misinformation"* from the service user.

***Did you invoke the reporting threshold in the Protection of Children policy?***

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
No	191	98.5
Yes	3	1.5

In two of the cases where child protection concerns were raised it was noted by the advocate that this had been understood and accepted by the parent/carer as illustrated by one quote below:

*“The parent understood why it had been raised as the protection of children policy had been explained beforehand so she understood the course of action necessary. It didn’t affect the relationship between us and it is important as it reinforces that the child’s needs must always come first”*

***In your opinion, did your involvement influence the outcome of the case?***

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
Yes	31	16
No	43	22
Don’t Know	120	62

Advocates were asked to consider whether their involvement in a case had, in their opinion, affected the outcome. In the 16% of cases where this was felt to be the case, this was because:

- the advocacy process ensured the plan included practical measures to improve family circumstances
- the parent was supported to raise issues and achieve a child in need outcome
- the child and parent were able to achieve desired outcomes

- advocacy increased service user understanding and knowledge of rights
- advocacy prevented children being registered
- support from advocate enabled client to speak at conference
- advocate support enabled client to achieve positive and calm presence at conference
- FRG involvement speeded up agency responses and opened doors previously closed to service users

*“I believe the caller was able to make informed decisions and act upon these as a result of advocacy support”*

*“My positive support allowed the client to express positives in the family and secure child in need provision”*

*“Prior to involvement caller did not understand rights regarding s20. Knowing rights led to decision-making and son’s return home”*

Where FRG involvement was not felt to have influenced the outcome, this was because:

- the family disengaged from FRG support or there was difficulty making contact with the family
- care proceedings had already been instigated and/or the children were in fact registered
- the decision had already been made and the care plan was in progress
- FRG are not able to influence the courts
- the Chair based his/her decision entirely on the social work report and did not allow the advocate to speak openly
- no feedback has been received as to outcome or there was minimal involvement on the part of the advocate
- the outcome, which was considered appropriate, would have been the same with or without the advocacy process
- there were no real concerns and the children were not being recommended for a child protection plan
- the service user was happy to accept the child protection plan

In the majority of cases where respondents were unsure of the influence this was because of a lack of feedback/further contact with the client or because of unrealistic service user expectations:

*“Service users sometimes think you can do more than you can; they want more than a professional viewpoint, they want a direct influence on the local authority and outcomes”*

*“Advocacy is very useful to explain the process and procedures but I’m not sure service users always really understand the nature of advocacy and that we can only advise, provide information and ensure procedures are being followed”*

Although one advocate was keen to note that part of the advocate’s role was about ensuring that the parent/carer understood what could be reasonably expected during the child protection process and likely outcomes.

***Please can you tell us what problems, if any, you have experienced as an advocate in this case?***

To fully understand the advocate’s perspective during the advocacy process, respondents were asked to share any problems they had experienced. Problems encountered related to communication difficulties, making contact with the family in need of support, role confusion, inflexibility around meeting arrangements, social work staff changes and insufficient preparation time for meetings due to late documentation.

Communication difficulties stemmed from the lack of provision of an interpreter in one case, and in another, limitations on the level of support that the advocate could provide due to the parent’s learning disability. Poor communication with social workers and ‘chaotic conference and decision-making processes’ were also highlighted.

Making initial contact with families could also be problematic as contact details received from the local authority could be out of date and families did not always update the advocate when they changed their mobile telephone number after support had commenced. In addition, some families would fail to

attend scheduled meetings at pre-arranged times. Where English was an additional language contact could be further delayed due to the reliance on interpreters.

Confusion regarding the role of the advocate had sometimes been apparent when the parent/carer's solicitor and/or support worker had also attended the meeting, such that the advocate felt somewhat redundant. In such cases, the attendance of other professionals had been arranged by the parent/carer directly in addition to the request for advocacy support. As a rule, FRG would not normally provide advocacy support at conference if they are made aware that a client's solicitor will also be attending. Another respondent felt that the Chair had undermined the advocate's role by suggesting that the advocate should not contribute other than to advise their client during breaks.

Inflexibility with regards meeting arrangements on the part of other professionals could sometimes be a problem, for example, in one case the social worker was reluctant to take into account the advocate's part-time role when agreeing a date for future meetings.

Staff turnover could also affect consistency and the provision of information sharing as in one case where three different social workers were assigned to one family during the child protection process.

Finally, advocate respondents noted that there could be insufficient time to prepare adequately for meetings due to difficulties contacting local authority staff and the late arrival of social work reports, such as when the report was issued literally immediately before the meeting commenced:

*“The reliance on information sharing can reduce the success of advocacy; reports can be issued at the last minute which is a shame when so much is invested in it. So much can be lost just by the lack of time to prepare adequately”*

**Did you feel that the service user was helped to:**

**a) Understand their legal position and rights?**

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
Yes	162	83.5
No	4	2
Don't Know	28	14.5

The majority of cases assessed (83.5%) were felt to have led to greater understanding by service users of their legal position and rights:

*“On more than one occasion the client commented that she felt clearer about her rights having had a discussion with me”*

Where respondents were unsure of service users' understanding of their legal position and rights explanations were not always given. However, in two cases this was felt to be due to the service user's first language not being English and in a third case to the service user's inability to recognise changes that needed to be made:

*“This is difficult to comment on as service user's first language is Lingala and even using an interpreter I did not believe the interpreter was able to extract the salient points to get across to the service user”*

*“I think the service user did understand her legal position/ rights more than she had done but I think she did not fully appreciate the expectations that she needs to fulfil – e.g., to demonstrate improvements - and more work needs to be done with her about this”*

***b) Express their views to the local authority or have them represented for them where necessary?***

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
Yes	125	64
No	13	7
Don't Know	56	29

In the majority of cases reviewed, the advocate had expressed views on behalf of the service user to the local authority:

*"I prepared a typed response to the social work report for the service user so this could be presented to the conference. She (parent) said she found this extremely helpful as did the Chair"*

Where the advocate did not feel they had helped the service user to express their views to the local authority this was not always explained but one advocate noted that it was because the service user had taken a solicitor to the meeting who had spoken on their behalf.

***c) Identify services that children's services could provide?***

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
Yes	100	51
No	46	24
Don't Know or N/A	48	25

Identified services included respite care for disabled children; housing support; financial support anger management, counselling and parenting classes. Where services were not identified this was because the parent/carer was already accessing relevant services where necessary.

***d) Obtain the services identified that children's services could provide?***

<b>Response</b>	<b>N (no. of cases)</b>	<b>%</b>
Yes	24	12.5
No	43	22.5
Don't Know	127	65

In the many of the cases reviewed the advocate did not know whether available services had been accessed as they had simply passed information to the service user. It was also noted by some respondents that service users often fail to take up suggested services because of a “*lack of trust of Children's services*”.

***Have the objectives agreed in writing at the outset been met?***

The majority of respondents (81.5%) from direct advocacy cases (to which this question relates) felt the agreed objectives had been met in the cases reviewed. In the remaining cases it was too early to assess as the case was ongoing or the case had ceased as the parent/carer had left the country.

***Do you feel that the service user was treated fairly?***

Over two thirds of respondents (72%) from direct advocacy cases (to which this question relates) felt the service user was treated fairly although some caveats were noted which were felt to undermine the perceived fairness of the case, e.g., late arrival of report; lack of provision of interpreter; over-cautiousness on the part of Children's Services.

Factors which supported the fair treatment of the service user included the Chair's approach and social worker understanding of the Service user's situation, for example, in one case the social worker was a former domestic violence support worker and was able to fully understand the mother's current situation in an abusive relationship. The advocacy process was felt to be a



key part in ensuring that service users were treated fairly by the local authority:

*“Personally, I think the presence of the advocate forces the social worker to explain themselves better and this ensures they are treated more fairly by the local authority”*

Where the service user was not felt to have been treated fairly the following reasons were given:

- the conference was convened unnecessarily as there was not significant cause for concern
- failure to give a considered proportionate response to concerns raised by the parent about the child's carer
- service user was effectively excluded from advocacy support as no interpreter was provided
- failure to recognise mother's needs and provide ongoing and intensive support to enable parenting to improve

The following quotes also illustrate examples of how the fair treatment of the service user may have been undermined by local authority processes:

*“I feel the client was not given full opportunity to understand the process and participate. Chair should have allowed more time for the interpreter but was clear that it had to fit into 1.5 hour timescale”*

*“I felt that the decision was already made in the case. The Chair, for example, before allowing vote stated that he would be voting for registration and could overrule the conference”*

*“After the core group...the client was asked to agree to s20 due to the LA not immediately acting on their tasks in the protection plan. This was unfair to the child and family and placed undue stress on the family”*

*“In my view there was no need for youngest child to be placed with her father during the investigation given that the injury was sustained by elder child and he remained in the home. More consideration should have been given to the poss domestic violence issues”*

### **4.3 Social Worker Findings**

Data is summarised below for feedback from **18 social workers** who completed the questionnaire during the course of the three year evaluation period. One additional in-depth telephone interview was also completed with a social worker in year two.

#### ***Case description and advocacy provided***

Cases reviewed related to allegations of physical and emotional abuse; child neglect; domestic violence; drug/alcohol misuse concerns about parenting ability; children's behavioural issues; mental health and teenage pregnancy.

The support provided by advocates included providing guidance, support and advice; attending pre-conference meetings and the child protection conference; and generally assisting the parent to understand local authority procedures and to present their views at meetings.

#### ***In your opinion, was the experience of advocacy helpful for the parent/relative?***

All but one of the 18 social worker respondents felt that advocacy had been helpful for the parent/carer in the cases reviewed. The reasons for this included because advocacy enables the parents to have more confidence to raise their views, or have views raised on their behalf during what can be a very intimidating process. It is also felt to increase parental understanding of the conference process and awareness of their rights and provides good support to vulnerable people, for example those for whom English is an additional language or those with learning difficulties:

*"I'm not sure the mother would have coped without the support she received from the advocate"*

#### ***Was the style of the advocate suitable (e.g., too challenging or not challenging enough?)***

Sixteen of the social worker participants (89%) considered the style of the advocate to be suitable as they had sought to empower the parent/carer without minimising the concerns raised about the child(ren), they had

contributed to the discussion without speaking over the parent; were questioning without being challenging; requested clarity of issues on behalf of the parent to ensure understanding; and were supporting, objective and empathetic:

*“She made sure the mother was treated well”*

The two respondents who had not found the style of the advocate suitable noted that the challenge to the conference discussions was *“too legalistic”* in one case and in the other, *“the advocate had simply expressed the client’s views”*.

***On a scale of 1 to 5, where 1 is poor and 5 is excellent, how well do you think the advocate represented his/her service user?***

Seven respondents (38%) rated the advocate representation as *excellent* (5); eight (44%) rated it as *good* (4) and two rated it mid-scale or *average* (3). One further respondent who, throughout their submission, raised a number of criticisms of parental advocacy noted:

*“If the client was the mother [I would] rate [the] advocate at ‘5’, but for the child – ‘1’. In children’s services the child’s needs takes priority”*

This respondent appeared to have considerable concerns that the provision of parental advocacy could somehow undermine the needs of the child and the overriding need to protect the child. However, these comments were only expressed by this one respondent.

***What helped or hindered the process?***

Factors that social workers believed helped the advocacy process included advocates’ understanding of the case as a result of pre-meeting preparation and meetings with the parent/carer; advocates’ prior relevant experience (e.g., previous role as a social worker); advocates’ communication skills and demeanour and the fact that the advocacy process is independent and objective facilitates a greater understanding of the conference process for parents/carers.

Factors which can hinder the process related to a lack of parental co-operation, for example, when parents/carers failed to turn up or arrived late for meetings:

*“The lack of cooperation or involvement of the mother who failed to attend or stay at scheduled meetings for long. Also parents failing to turn up for meetings”*

***Were you aware of the reporting threshold outlined in the Family Rights Group’s Protection of Children policy?***

The majority (11) of the social worker respondents were aware of the FRG Protection of Children policy. Seven respondents additionally noted unprompted that they were confident that the advocate would adhere to the reporting threshold and report any concerns. Five respondents (28%) were not aware and two further respondents were ‘*unsure*’. However, this policy is always sent to social workers when advocacy involvement is notified to the local authority so it is not clear why more were not fully aware.

***In your opinion, did the involvement of the advocate influence the outcome for the parent/relative?***

Nine respondents (50%) felt that the involvement of the advocate had influenced the outcome for the parent/carers in the cases reviewed. Reasons for this included the impact on parental confidence during the conference process, which in turn increased the likelihood of parental attendance; the advocate’s ability to raise the conscience of parents and encourage appropriate action; and the advocate’s role in increasing parental awareness of their rights and opportunities to raise issues at conference.

*“It made the conference a more positive experience for the service user; she was more involved and did not feel intimidated”*

*“It may have better helped the service user to understand the outcome and what it would mean to them”*

Where the involvement was thought to have limited impact (9 respondents) only two reasons were cited which both related to parental cooperation with the conference recommendation:

*“The parents were not overly objecting to the plan so there was no strong role of advocacy needed”*

*“The recommendations were discussed with the family and the family agreed to the recommendations”*

***Did the advocate adhere to the principles of anti-oppressive practice?***

Fourteen respondents (78%) felt the advocate did adhere to the principles of anti-oppressive practice. Two respondents were unsure and two failed to answer the question.

***Did the advocate have adequate knowledge of child care law and social work practice?***

Ten respondents (55%) assessed the advocates' knowledge of child care law and social work practice as adequate. Six other respondents were unsure and one failed to answer the question. The final respondent noted:

*“The child's need for emotional stability/ security was missed”*

However, it should be noted that advocates will sometimes make the decision to limit their input during conference to prevent unnecessary intervention, providing support to the parent/carer only when needed in line with FRG policy.

***Would you refer to the advocacy service again?***

Sixteen respondents (89%) said they would refer to the FRG advocacy service again and praised the service offered as illustrated by the quotes below:

*“Using your service was very beneficial to our service and the family appeared to have benefited from it. I will definitely be using your services again in the near future. So thank you”*

*“I think it is very important for parents to be supported when faced with a child protection conference”*

*“Very good service for parents and allows them to not feel pressured by professionals and to have more of a voice”*

***What do you think are the strengths of the advocacy service?***

The strengths of advocacy were noted to be the independent support it provides for parents through an unknown process; its ability to empower, impart knowledge and give parents a voice; and its role in challenging the statutory process, prompting parents to ask questions. The FRG service was also noted to be efficient and quick to respond to referrals and successful in providing a *“professional and balanced approach”*.

***Any weaknesses?***

One weakness was felt to be the restricted referral criteria for direct advocacy support:

*“I still wish that the referral criteria was wider so we could refer more people”*

One social worker had also felt that the communication between the local authority and FRG in *“acknowledging acceptance of the referral and in reviewing the child protection report with the mother as stated in policies”* could have been improved. Another noted the need for a *“better ethnic/language mix”* in advocacy support. Finally, one respondent in the first year of the evaluation noted:

*“As a social worker I had never heard of the service – more publicity is needed”*

***Do you have any suggestions for improving our advocacy service?***

Finally, social worker respondents were given a further opportunity to raise any other issues or suggestions for improvements to the parental advocacy service. Three suggestions were made:

- the referral criteria should be widened to include domestic violence cases (this has now been actioned)
- increased publicity to advertise the service
- extend advocacy support beyond the first review conference

### **Social Worker Telephone Interview**

As noted earlier, one additional telephone interview was completed with a social worker from one of the partner local authorities. This respondent described very positive experiences of referring to, and working with FRG advocates and very much supported the concept of parental advocacy.

*“I have found the advocates very helpful, the way they act on behalf of the parents. The parents are very much overwhelmed by the conference experience and the advocates provide important support and help them understand the child protection process”*

This additional support for the parents was felt to be important in ensuring parental views and feelings were aired and also in enabling parents to understand the concerns being raised about their children by local authority professionals.

*“From what I have observed, when a family has an advocate, they feel that there is someone there acting on their behalf. It helps them think about the concerns being raised and talk about their own feelings”*

Advocacy support could also improve parental preparation for the conference process as the advocate has provision to meet with the parent/carer in order to review the report:

*“I think it is useful that the advocates have a copy of the reports before hand and the fact that they meet with parents before conference to go through the reports, allowing the parents to make comments and making their view clear to the advocate, so that everyone is prepared when the conference takes place”*

#### **4.4 Conference Chair Findings**

Data is summarised below for feedback from **15 Conference Chairs** who had completed the postal questionnaire in relation to **30 cases** during the three-year evaluation period. Four additional telephone interviews were also completed with Conference Chairs during October 2008.

##### ***Case description***

The cases reviewed concerned domestic violence; drug/alcohol misuse; sexual, physical and emotional abuse; child neglect; children's emotional well-being; parental mental and physical health and teenage pregnancy.

##### ***In your opinion, was the experience of advocacy helpful for the parent/relative?***

In 27 (90%) of the cases reviewed, Chairs felt the experience of advocacy was helpful for the parent(s) for the reasons summarised below:

- Advocacy supports parents and increases confidence levels to enable expression of wishes and feelings. This is particularly important with domestic violence and abuse victims who may lack the confidence to fully participate without this support
- Advocacy supports parents in asking for resources, e.g., help with re-housing and helps them negotiate on the child protection plan
- Advocates are able to summarise on behalf of the parents and intervene when appropriate
- Advocates are able to support parents through a distressing and stressful process which helps to mitigate against parental differences and allow both sides to be presented in cases of conflict
- Advocacy empowers parents and ensures their voice is heard during the process
- Advocacy assists parents/carers to present their views in a calm and collected manner
- Advocates are able to meet with parents before the conference which provides consistency and ensures parents are briefed on the conference process to reduce potential anxiety



Where the experience of advocacy was not felt to be helpful this was due to the non-attendance or late arrival of the parent.

***Was the style of the advocate suitable (e.g., too challenging or not challenging enough?)***

In 27 (90%) of the cases reviewed, Chairs felt the style of the advocates was suitable. The following factors about the advocates' style were highlighted:

- demeanour was calm; succinct; thorough; thoughtful and sensitive
- raised relevant issues on behalf of the family in an appropriate and fair manner
- challenged appropriately when necessary
- related well to client and seemed to have built a good client-advocate relationship
- supported client when upset
- ensured parental views were discussed and incorporated
- articulate and able to offer alternative ways of thinking
- developed professional understanding of the parental situation

Where the style of the advocate was not considered suitable it was because the advocate expressed emotion and was confrontational; was too challenging or simply did not comment:

*“The advocate expressed emotion on behalf of herself and client by her manner and facial expression, e.g., disapproval, anger. This did not help the conference to communicate with client. The advocate was over confrontational at times”*

*“[The advocate was] too challenging”*

*“Advocate made no comment so not possible to comment on style”*

***On a scale of 1 to 5, where 1 is poor and 5 is excellent, how well do you think the advocate represented his/her service user?***

In 20 (67%) of the cases reviewed the advocates' representation of the service user was rated as *excellent* (5 on the scale) or *good* (4). In three cases it was rated as *average* (3) and in two cases as *below average* (2). In five other case reviews this question was not answered.

***What helped or hindered the process?***

A number of factors which can *help* the advocacy process were noted:

- parental willingness to engage and participate in the process
- parental openness and honesty
- parents being able to express themselves clearly
- advocate operates in calm and clear manner
- advocate knowledge of case and pre-conference preparation
- opportunity for advocate and parent to meet prior to conference

Factors which are considered to hinder the process include:

- displays of emotion by advocate
- advocate intervening inappropriately
- lack of opportunity for pre-conference meeting between advocate and client
- late arrival of client and/or social work report
- non-attendance at conference by parent
- argumentative style of parent and intervening inappropriately
- parents' unfamiliarity with social work report

On one occasion difficulties had also arisen due the advocate's previous role within the local authority and prior difficulties with members of the social work team. In another case a Chair noted that an advocate had been unhappy after the Chair had not allowed a parent to leave the conference when upset.

***In your opinion, did the involvement of the advocate influence the outcome for the parent/relative?***

In 12 of the cases reviewed (40%) the advocates' involvement was considered to have influenced the case because:

- it helped the client express their views and focus on the issues such as risk to the child
- it empowered the client and increased understanding of the process
- it provided much needed support for service users, particularly given the potentially intimidating nature of a room full of professionals
- it increased client confidence, especially where the client's first language was not English
- the recommendations reflected the advocate's suggestions

However, in almost as many cases (11), the advocates' involvement was not felt to have influenced the case. Reasons were not always given but in two cases this was because:

- *it was a pretty clear case for registration*
- *"it was not appropriate to bring the case to conference [and therefore the case did not proceed]"*

Even when the advocates' involvement was not felt to have directly influenced the case it was noted that it was still a positive addition to the process as:

*"it did stimulate an open and honest discussion in the meeting"*

*"the advocate gave sound advice"*

One Chair did raise a query regarding being asked about the advocate's role in *influencing* given the nature of the case being reviewed:

*“The role of the advocate was to support not to influence - the conference decision was unlikely to be anything other than a child protection plan for the unborn baby given the concerns.”*

In seven further case reviews respondents did not know whether the advocates' involvement had influenced the outcome.

***Did the advocate adhere to the principles of anti-oppressive practice?***

All advocates in the 30 cases reviewed were noted to have indeed adhered to the principles of anti-oppressive practice.

***Did the advocate have adequate knowledge of child care law and social work practice?***

In 26 (87%) of the cases reviewed the Chairs felt that the advocates had adequate knowledge of child care law and social work practice. In the remaining four cases Chairs were *unsure*.

***Would you refer to the advocacy service again?***

All respondents indicated they would happily refer to the advocacy service again as the positive comments below illustrate:

*“Child protection can be a frightening process to women who have been through domestic violence and the support from an independent person who has a good understanding of the law and practice helps the mother who is left behind having to deal with all the aftermath”*

*“I think this is an excellent service, important and helpful to parents and the local authority”*

*“The process of child protection is very frightening for parents and often they don't really understand when things happen and why...having that independent support is vital”*

*“I like the fact that advocates are independent and knowledgeable so they can support parents in a number of aspects and matters”*

*“The child protection process is complex and often social workers are not good at explaining it to parents in a meaningful way, so the service can bridge this gap. It also offers follow up independent conference support which is essential”*

*“All parents in my view should have advocates, as they need this additional support in understanding child protection processes and help in putting forward their views in the conference”*

*“It is important for parents to be supported through a very difficult process. I feel strongly parents should have this”*

***What do you think are the strengths of the advocacy service?***

The key strengths of the FRG advocacy service were noted to be its independence from statutory services, its ability to reassure and calm parents and provide empowerment and support and the opportunity it provides for parental views to be aired during the conference process. In addition, the service was noted to be of a “high quality” with “knowledgeable and good humoured staff”.

***Any weaknesses?***

Weaknesses were noted in four areas – referrals, the length of support, the balance between child and parental needs and support for service users from diverse communities.

It was noted that there was a “low take up of referrals, such that the service is not always used by those who need it most”. In addition, it was felt that parents attending the initial child protection conference were not always aware of the advocacy service.

Support throughout the process would also be welcomed (advocacy is currently provided from the point of initial investigation to the first child protection review conference):

*“I would like the service to attend subsequent child protection conferences if possible”*

*“Can advocate please remain involved until first CIN review? Feel that having [been] to the planning so far it will help having her input in terms of focussing the parents”*

As noted earlier in this report, the need to balance child and parental needs has also been highlighted:

*“Sometimes the focus is totally on the parents rights and I understand that as this is the nature of the project but conferences need to think about the children – It is a hard balance to reach I feel sometimes”*

*“There is possibly some conflict between the role of the advocate for the parent and the conference remaining child-centred”*

Finally, two respondents felt the service could be enhanced via the addition of “more advocates from diverse communities”, including a Bengali speaking advocate.

### **Conference Chair Telephone Interviews**

Responding to the question on the postal evaluation form, seven Conference Chairs agreed to participate in further data collection with the evaluation team via a telephone interview. Attempts were made to contact all Chairs but it was only possible to complete interviews with four Chairs from two local authorities.

Respondents were first asked if they had felt adequately prepared for advocacy involvement in the conference process and all four confirmed they had. All were very clear about the role of the advocate and had considerable experience of chairing conferences with advocacy input:

*“Yes, absolutely, I felt fully briefed on the process; I knew what their role should be and how they would support the parent”*

*“Yes, I’ve worked with advocates quite a lot now; they are often quite involved in the conference process...a useful addition to the process”*

One Chair also made specific reference to their experience of working with Children’s Advocates:

*“The biggest contribution to recent conferences has been from the advocate for the child from Barnardos Children’s Rights Service...this has resulted in some very vivid portrayals of children's views, which would otherwise not be heard in conferences”*

Thoughts on the role of advocates more generally were then explored to highlight positive aspects and any areas for improvement. All four respondents were very positive about the FRG service, noting that it increased parental confidence and ensured parents were better prepared for the conference process, particularly as advocates were able to meet with parents beforehand:

*“I think it’s an excellent idea because without it the parents would not be prepared for the conference, especially the initial conference. It is such an anxiety-provoking process for parents. Plus the advocates are able to meet with the parent(s) beforehand which helps with preparation because, as Chair, I don’t get to meet the parent beforehand.”*

*“The fact that it is there and is offered of itself increases the confidence of parents to attend conferences. This is important for parents coming to their first conference, who will have a lot of fears and preconceptions about the process...it should be a forum where parents feel comfortable and empowered to participate”*

The Conference Chairs demonstrated a clear understanding of the reality of the conference process for parents/carers and the importance of the role of the advocate in this process:

*“As professionals we have to remember that we can’t fully take away that pressure and stress, what it feels like for parents to walk into a room of professionals, to hear the police tell the room about your criminal convictions. I always invite the parent into the room first and make the professionals wait outside so they (parent) don’t have to walk into room full of professionals but however well we do it; we’re never going to take away that horribleness”*

Because the service is so highly valued it is perhaps inevitable that comments about limitations on service availability were expressed. Two respondents in particular noted they would like to see advocacy support available to all parents/carers in the child protection process and not just those who met the current referral criteria:

*“I’m very much in favour of advocacy. I wish we could have them for all child protection conferences, available for all families. I realise that is*

*not possible due to funding etc. so limits have to be set but it is such a good, important service”*

Chairs were also keen to see advocacy support extended beyond the first review:

*“I would like to see advocacy support extended – at the moment it is just at the initial conference and up to first review but I think it needs to be ongoing, parents need longer term involvement and support. It hasn’t happened as yet but I will be interested to see how those who had support (from advocate) early on fair later in the process (when no advocate support)”*

One respondent wished to raise one area of concern, in relation to the need to prioritise children’s needs over and above the parent’s, similar to the concerns raised by a social worker earlier in this report:

*“One thing I will raise, is that advocates do sometimes have a tendency to put across the child in need remit, when it is clear the case is one of child protection. I know their role is to support the parent but that needs to be balanced with the child’s needs and safeguarding children”*

The respondent was then asked for an example to illustrate this point:

*“At the first stage we get lots of promises, e.g., a drug user who has made an appointment with treatment services – this is put forward as cooperation & positive step forward, well yes it is, but in my mind it is not enough. I want to see evidence of adherence to treatment, evidence of commitment to parenting over a sustainable period of time, negative urine tests etc. Attending one conference and making an appointment to see a drugs counsellor is not co-operation.”*

In order to explore further how to safeguard children whilst supporting the child and parent/carer, respondents were asked to reflect on the possible implications for conference of the notion of ‘multiple advocacy’ – where the parent and child each have their own advocate present. This was, in principle, welcomed by two of the Chairs, though the need for the process to be well-managed was stressed:

*“I’m very much in favour of advocacy support for all involved in the conference process. We currently use Barnardos advocacy service for kids as well as the FRG service for adults. If there is more than one advocate present at conference I think we need to think through*



*carefully how we work with that process, it really needs thinking through but I think in principle it is a good thing”*

*“We currently use the children’s advocacy service from Barnardos...and in certain situations it can be helpful for each parent to have advocate representation because each parent has specific needs. In this situation it is important for the Conference Chair to be quite well prepared. Speaking as a conference chair I have experience of multiple advocacy and I’m all for it”*

However, the remaining two respondents were concerned that the Conference process could become unmanageable as a result of ‘multiple advocacy’:

*“Gosh I think it could be very complex, a huge conference as a result. As it is some parents bring family members, solicitors and so the group can be quite large. The Chair of course has to manage all this and we have to think about this, about the numbers, the capacity, what is manageable – it could end being double figures attending and that will impact on the length of the conference as well. At the end of the day people don’t want to sit in meetings for hours on end”*

*“I do have some reservations...firstly the room can become very full and conferences become unwieldy above 8 or so attendees. For everyone to have an advocate also implies that a conference is not a safe meeting for anyone to attend without an advocate, and might make the conduct of conferences more like a Court, and less focussed on the needs of the child. I think there are also difficulties where family members disagree, or have different agendas, and start responding to each others issues in the conference. What would the role of the advocates be in this situation?”*

## **4.5 Partner Local Authority Lead Telephone Interviews**

Telephone interviews were carried out with three local authority partner leads in Year 2. These three were also interviewed in Year 3 as well as a further partner lead. The following issues emerged:

### **4.5.1 Criteria for referrals**

The restricted criteria for referrals was an issue for local authorities at the beginning although FRG were perceived to be flexible in how they operated the criteria, so the social workers were encouraged by the local authority to ring and discuss the case with FRG. Criteria have been changed in some instances to include domestic violence since the start of the evaluation period and as outlined below, other changes have been made when contracts have been re-negotiated.

The requirement from FRG that parents' permission was sought to make a referral was considered to have impeded referral making. This had been revisited with one authority and it's now agreed that if FRG are a partner organisation commissioned to do a service on behalf of the local authority, that information sharing was part of that agreement. Thus referrals can be made directly by the local authority to FRG and they will contact the family who can then choose whether or not they wish to receive advocacy support.

One authority had agreed to continue the service but also extended it to provide for families where there are entrenched poor relationships between the family and the service:

*“The kind of families where children may be subject to a Child Protection Plan but they have been stuck, coming up to two years, that we've made very little progress.... and we haven't met the threshold for any Court proceedings, and so we're really stuck because we can't get the family to work with us”*

When extending the contract with another local authority, it has been agreed to do a specific piece of work with up to five families where they appeared 'stuck', whose children have been subject to child protection plans for

between fifteen and eighteen months. This seemed to have been influenced by concerns arising from the death of Baby P and thresholds linked to the PLO.

#### **4.5.2 Is this yet another demand in the current climate?**

Given the debates outlined in the literature review about the demands placed upon workers in the current climate, it was considered important to ask about how the advocacy scheme might be perceived by workers and managers.

A number noted that ICS was causing a lot of problems:

*"I have to say that the whole kind of ICS thing, and the bureaucracy and the additional stuff that kind of reined in and look at, it does at times take up your whole thinking, and it is the kind of thing that you talk about the most"*

Another said:

*"ICS is a nightmare in terms of the system that we have, and the directives from Central government about one report for each child' The documents are adding up to one hundred pages for each conference"*

However, this respondent felt that the parental advocacy project was not affected by this as advocacy should be located within the working with families process not the administrative process.

*"It's not perceived as another tick box exercise here [partly because of the way it operates] given that it is a case of giving out the leaflet to parents and encouraging them to refer themselves, or filling in relatively brief referrals"*

However, this respondent did note that if it was part of ICS in any way there would be problems:

*"It can be therefore yet another thing they've got to do, but I don't see why that in itself should impede the advocacy process"*

One local authority lead did say it could be seen as another box to tick by busy social workers. Another made direct reference to the impact of Baby P noting they had the highest number of children ever subject to a child protection plan and there had been a significant increase in referral rates. They felt that there was a possibility that the advocacy project could get 'lost' in such a context.

#### **4.5.3 Impact upon outcomes**

One local authority lead felt it was difficult to see the benefits practically though they could be understood conceptually. *"How does somebody give somebody a sense of feeling more in control, and more able to think about things?"*

However, another felt that an outcome of advocacy support had been clients *"being calmer"* and that it had definitely aided communication. This respondent was also someone who chaired case conferences.

One local authority is itself doing research on the outcomes, although they acknowledge *"it's really hard to say whether involvement has made a difference or not"*.

#### **4.5.4 Role of advocates**

It was not felt that social workers felt 'threatened' by advocates generally. Only one instance was raised of where it was felt that one advocate was very adversarial and the social worker felt it undermined her/his work with the family.

Another said *"advocates have been completely appropriate"*. This included challenging when necessary – particularly around giving families enough time to understand what is going on. It was seen as important that the advocates were professional – *"for example, former social workers understand the social worker role"*. Another commented on how skilled the advocates were and how professional.

One made reference to the other initiatives in specific boroughs such as Family Intervention Projects that may impact upon social workers. They may feel overwhelmed by differing workers with differing perspectives or emphases. In such circumstances they have to define what their role and emphasis is:

*“At the end of the day, we are the people that would take you to Court and take your children away you know”*

A further issue is where there is also an advocacy scheme for children. In one local authority three letters go out to the family in one envelope – a letter about parental advocacy, another about children’s advocacy and one about the conference.

#### **4.5.5 Embedding**

‘Embedding’ advocacy support within the local authority day to day approach appeared to be an ongoing struggle and needed champions. Senior managers talked about having to chase workers up which they felt was unsustainable and had subsequently sought to enthuse team managers. Once the service was used, however, social workers were very positive and wanted to use it again:

*“Once the social workers have used the service, I’ve had nothing but positive feedback. But I think it’s been hard work on the managers’ part to keep everyone reminded of it”*

The question of high levels of staff turnover was raised. There are a lot of things workers have to be told about on their induction and advocacy become yet one more.

#### **4.5.6 Cost**

One local authority contrasted the FRG advocacy scheme for parents with another one they were involved with for children – *“it’s a Rolls Royce service and actually what we’re offering children is a Mini service”* – the Children’s Advocate is literally the voice of the child and she des not give her own views

at all. She sees double the number of people and is very much a presence (i.e., embedded) in the authority. Cost of the advocacy service to the local authority appeared an issue for some more than others.

## **5.0 Summary and key themes**

This section summarises and reflects on the themes emerging from the findings outlined above and is also informed by discussions with key informants within the Family Rights Group.

Service user feedback has highlighted the importance of the FRG advocacy service in supporting parents/carers. Advocates provide much needed information and clarity on legal rights and local authority procedures and they provide an important source of empowerment and support. Advocates are viewed as trusted, knowledgeable professionals who are fully independent of Children's Services and parents/carers rated them consistently as 'excellent' or 'good'.

In assessing whether advocates' involvement had influenced the case outcome similarities across the three service user types were observed with 47% of direct service users, 48% of indirect service users and 42% of self-advocacy service users believing this to be the case. Advocacy was felt to influence process because it aided understanding, increased confidence and provided an opportunity for the parent/carer's views to be heard. In one case the advocate's involvement had enabled a service user to see that the local authority's concerns in relation to her child were legitimate, prompting the parent to take appropriate action to safeguard the child.

Advocacy had a more limited impact when parent/carers were primarily receiving support from another professional (e.g., solicitor) or when it was believed the local authority had already 'made up their mind'. In this sense the local authority was perceived by some to be all powerful and neither parents nor advocates could influence this process. Influences on outcome were similar regardless of advocacy type. Those indirect and self-advocacy service users involved in child protection processes would still very much value the type of service available to those living in the four London Boroughs.

Advocates provided evidence of helping service users to engage with the child protection process by increasing understanding of legal issues and rights

and providing a trusting, independent source of support which could increase parent/carer confidence. Advocates were largely unsure of their involvement in influencing the outcome of the case. They were able to highlight factors which help or hinder the advocacy process and discussion of the overall strengths and weaknesses of the service highlighted similarities with the feedback from service users such that the service appears to be highly valued but could benefit from an expansion of the service supported by additional funding.

It is clear that parental advocacy can be viewed by some professionals as supporting the parent at the expense of the need to safeguard the child. However, the evidence from this evaluation challenges this view in the main. For example, quotes from parents ( above) illustrate that it was the advocate's support which enabled them to see the true reality of the situation at home and what needed to be done to meet the child's needs.

Overall, social workers were very supportive of the parental advocacy service. Advocates were considered to be helpful and 'excellent' at representing their service users and facilitating parental engagement. Benefits to the local authority, for example, calmer parents, were noted and an expansion of the service would be welcomed. Half of those consulted felt that parental advocacy influenced outcomes in relation to engagement in the cases reviewed.

Conference chairs highlighted many positive aspects of the parental advocacy service which was underpinned by the professional status of the advocates and their knowledge of policy and practice. The difficulties faced by vulnerable families engaging with the child protection process appeared to be well understood. The provision of increased understanding and empowerment for parents as a result of advocacy support was welcomed.

The evaluation has focussed particularly on the role of direct advocates in child protection cases. It is very important to acknowledge, however, that advocates work across a range of processes (for example, advising on



kinship care payments). There is evidence from this evaluation of the importance of providing advocacy support in relation to writing letters, advising on entitlements and good practice more generally.

As outlined in the literature review advocacy for parents has not achieved the level of support that advocacy for children has. It continues to be a post-code lottery nationally. The evidence from service providers is that it requires effort to embed, but that the specific types of advocates (in terms of their backgrounds, training and adherence to the protocol) provided by the FRG service were valued highly. The contexts in which providers are operating are very challenging. It was pleasing to note that advocacy was not considered as another administrative burden. Indeed, the contribution it could make to enhancing parental ability to engage was welcomed and valued. It is also important to highlight that supporting parents did lead in some instances to them being able to more fully appreciate the adverse impact of their behaviour on children and to their recognition of the importance of engaging with services. This provides a useful corrective to views which counter pose attending to the safety of children and supporting parents. Indeed it may be that the provision of advocacy services for parents has been impeded by such views and it is hoped that this evaluation might make a contribution to re-thinking in this area.

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