
Children's advocacy in Wales Organisational challenges for those who commission and deliver advocacy for looked after children¹

Andrew Pithouse and **Odette Parry** set out results from a Welsh Assembly Government-funded study of all children's advocacy services commissioned by local authorities in Wales. The results are presented in relation to key organisational themes that include the characteristics of children's advocacy services in Wales and the views of advocacy services held by local authority staff. Particular prominence is given to matters concerning looked after children where it will be seen that (a) advocacy providers tend to deliver case- or issue-based services and do relatively less in the way of cause-based advocacy, (b) most advocacy providers see themselves as both insufficiently funded by and independent of those commissioning their services, (c) local authority staff typically view advocacy as a service of benefit to children and families rather than of any direct benefit to authorities and (d) there remain significant difficulties in providing advocacy for 'hard-to-reach' children such as fostered children, children in respite care and children placed out of the local authority area. The paper concludes that there is a strong case for national government in Wales to promote a step-change in the way children's advocacy is organised so that a more strategically coherent and regional approach is taken that can deliver an independent, equitable, accessible and more uniform quality of advocacy provision for vulnerable children and young people.

core function is to provide independent children's advocacy commissioned by local authorities, typically through that part of their organisation which has social services responsibilities. We do not include education, health or other statutory or voluntary services that may have, as some aspect of their remit to children, a role akin to advocacy and/or other modes of representation. Nor do we examine service-user views of advocacy; these have been charted in the report on the original study where over 50 young people aged between 11 and 21 who were (or had been) looked after shared their experience of advocacy (Pithouse *et al*, 2005a, 2005b).²

In responding to the several aims of the study set by the Assembly Government we sought to:

- identify the type of children's advocacy commissioned by local authorities and identify how many children accessed these in the financial year 2003–04;
- provide a framework (drawn from the literature) of different types of advocacy and identify those which are used in Wales;
- consider the implications of current funding mechanisms and arrangements for the development and delivery of advocacy services for all young children and young people, particularly children looked after.

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Introduction: aims and background

The paper focuses upon the nature of advocacy delivered by services whose

In addressing these aims it was important to recognise the influence of recent reports and policy that, in the wake of the abuse

¹ Throughout the paper the term 'children' refers to people aged up to 21 years; the terms 'children', 'young people', 'children and young people' are used according to context and to avoid repetition; they are not linked to specific age ranges unless specified.

² We very much hope that the original study will be read in conjunction with this paper as it contains a useful benchmark of quantitative and qualitative insights into advocacy thanks to the contributions made by many children, young people and professionals in voluntary and statutory services to whom we are greatly indebted. We also wish to thank Claire Batchelor and Cathy Anglim, members of the research team who assisted in this study, for collecting and transcribing interview data and analysing secondary materials.

of children placed away from home, have shaped the policy terrain in which advocacy operates (Jones, 1999; Waterhouse, 2000; Carlile, 2002). Research and investigations by the Children's Commissioner for Wales (2003, 2004) into the safeguarding of children looked after by local authorities have also been pivotal in advancing the case for effective children's advocacy in Wales. Concern that vulnerable children in care were often not listened to when wishing to make a complaint (see Children's Rights Development Unit, 1994; Utting, 1997; Waterhouse, 2000) helped inform changes to the Children Act 1989, introduced in the Adoption and Children Act 2002, that now provide looked after children and care leavers with a statutory right to advocacy when intending to make a complaint (see Welsh Assembly Government, 2003a).

At the time of writing, the Welsh Assembly Government provides an element of their grant to local authorities that is intended to support the commissioning of children's advocacy. The Assembly Government also part funds ChildLine and Voices from Care (Wales). These two organisations offer services to children across Wales which include aspects of advocacy. Local advocacy for children is typically commissioned by local authorities via service level agreements from the voluntary sector, usually from specialist UK-wide children's services, such as the NSPCC and the National Youth Advocacy Service, as well as the Wales-based advocacy provider Tros Gynnal.

The Welsh Assembly Government (as in England, see Department of Health, 2003) gives instruction and guidance to advocacy providers through a set of National Standards for the Provision for Children's Advocacy (Welsh Assembly Government, 2003b). The Standards are issued under section 7(1) of the Local Authority Social Services Act 1970 requiring local authorities with social services functions to act under the guidance of the Welsh Assembly Government. The National Standards cover advocacy for children and young people (including those leaving care) up to the age of 21. The Standards are informed by Article 12

of the UN Convention on the Rights of the Child (UNCRC) and the Human Rights Act 1998. The Standards recognise that children are not merely 'adults in training' but people able to form and express opinions, participate in decision-making processes and influence solutions (Welsh Assembly Government, 2003b). They set a basic level that children and young people can expect from professionals providing advocacy services. While all advocacy providers in Wales endorse the Standards and seek to inform their services accordingly, we were not in a position to evaluate the application of these to everyday practice or their impact upon service quality and outcomes.

Types of advocacy

The above reports and policy set out a strong case for independent advocacy services for children and young people generally, but especially for vulnerable groups such as looked after children, those in custody, disabled children and children involved in the child protection process. There is also well-documented guidance on participation by children and young people in organisations and the benefits of this for social inclusion and citizenship (Kirby *et al*, 2003). An extensive literature which cannot be addressed here suggests that the aim of advocacy is generally agreed to be that of ensuring another's voice is heard, enabling another to speak up or speaking for another, and that the objective of most advocacy should ultimately be *self-advocacy* by the individual or group of individuals (see Brandon, 1995; Braye and Preston-Shoot, 1995; Dalrymple, 2003).

There are various and sometimes overlapping types of advocacy in existence. In summation, these comprise four approaches:

- individual self-advocacy where we are supported to speak authentically on behalf of ourselves;
- collective/peer advocacy where shared concerns are articulated to promote change at group or system level;
- citizen advocacy where another speaks on behalf of an individual;

Key words: children, advocacy services, Wales

- professional advocacy where trained staff responsible to an advocacy service support at an individual (case-based) level but may also promote a collective or peer interest of their clientele (see also Goodley, 2000).

In essence, advocacy contributes to the empowerment of service users, although levels of empowerment will vary. Thus we may conceive of passive and active features, speaking *for* someone (citizen advocacy) at one end of a continuum to self-advocacy by an individual or group of individuals at the other.

Our interest here is in advocacy as a professional service which may operate at individual or case level, but which may also promote peer or collective action that seeks to challenge injustice and/or influence events at a more systemic level, sometimes referred to as 'cause' advocacy (see Henderson and Pochin, 2001; Dalrymple, 2004a). Professional advocacy systems which promote case and/or cause advocacy can be purchased or set up by providers of services who retain some control over the process. Such services are often seen as problematic when, as we shall see later, commissioning arrangements do not seem to allow sufficient 'distance' between parties, such that contracts and funding are deemed to undercut the independence of the advocacy provider (see also Dalrymple, 2004b, p 8).

The type of professional children's advocacy commissioned by most local authorities in Wales is one that provides mainly case-based support and which seeks to promote self-advocacy by the child and young person. Typically, this is targeted at children looked after by local authorities and those involved in child protection proceedings; to a lesser extent it aims to serve disabled children. These professional advocacy schemes appear much less involved in collective or cause advocacy that might contribute to system change locally or nationally. It is towards these features of children's advocacy in a Welsh context that we turn next.

Research methods and protocols

The methods used to achieve the study's aims outlined above were:

(a) a closed and open-ended questionnaire survey of all 22 local authorities and all children's advocacy services commissioned by these authorities. There were responses from 20 of the 22 authorities and from all advocacy services commissioned by the 22 authorities.

(b) audio-taped interviews with senior staff from all children's advocacy services commissioned by the 22 local authorities and with all complaints officers or other staff designated by those authorities to deal with children's complaints.

(c) secondary data on advocacy (such as monitoring data, quarterly management reports, annual reports and service level agreements) gathered from advocacy providers and/or local authorities.

Data analysis was triangulated and developed through a grounded theory approach (Silverman 2005, pp 171 ff). Full details of our methods, data-gathering instruments and approach to matters of study reliability and validity are set out in Pithouse *et al* (2005b). We involved children and professionals in the design of the research by consulting with them about the sorts of information we wished to gather and sought their guidance on the best way to get it (see Fraser *et al*, 2004). We also acknowledged that researching what might well be emotive issues (for vulnerable children and for professionals too when it comes to discussing complaints) may be potentially upsetting for participants and we sought to ensure that we were appropriately prepared (see Lewis *et al*, 2004). The study also conformed to the principle of 'informed consent' for adults and children (Fraser *et al*, 2004). Assurances of confidentiality were provided to professionals, children and young people. All were informed that the 'passing on' of information may apply based on the concept of 'significant harm' as informed by procedures set out in *Working Together to Safeguard Children* (Welsh Assembly Government, 2000). Protocols on

safeguarding were agreed with relevant agencies before commencing research.

Advocacy providers: key characteristics

As noted earlier, the model of advocacy commissioned by local authorities across Wales appears broadly similar in that it is typically a case- or issue-based, one-to-one professional service that supports children and young people in voicing their rights and wishes (see Ivers, 1998). Additional activities include promoting the advocacy service with targeted groups of children (looked after, child protection, disability); promoting children's participation in various policy and practice development forums; providing independent visiting to looked after children; and offering advice and support often via multi-media techniques. Across Wales, these sorts of services are supplied by three voluntary sector providers that cover between five and seven local authorities each, and two other voluntary providers that work to one authority each. Most projects are small in terms of staff with between one and three full-time advocacy workers, some of whom combine management with the role of advocate. Variation across agencies in relation to staff tenure (full-time, paid sessional, unpaid volunteer), their physical location, their training and qualifications, tend to mark out key characteristics and differences. Of interest is that service user views were typically very positive across the board and not associated with particular schemes and staffing structures (see Pithouse *et al*, 2005a, pp 11–12). However, we would make the familiar point that user satisfaction, while a key indicator of quality, is not the only or most reliable source.

Independence

As in England, the contested notion of advocacy being somehow 'independent' when directly provided or commissioned by local authorities remains a topical and thorny issue (see Wise, 2004). Our interviews with senior staff from all children's advocacy providers indicated their shared agreement that they do not see themselves as independent in any meaningful sense, given their reliance on contracts from local authorities. All would prefer a

more distanced and neutral mechanism for funding advocacy and for arbitrating disputes or concerns that either party to a contract might have about their respective activities. As with other advocacy providers (Boylan and Wyllie, 1999; Dalrymple, 2004b, p 11), several respondents spoke of friction with local authorities when seeking to empower young people in their criticism of services and in a few instances there were fundamental differences over the very purpose of advocacy. Three respondents reported receiving clear 'messages' about the likelihood of a service level agreement not being renewed should they not remedy some aspect of their advocacy work. While these claims of improper influence or unethical practice could not be tested, they were symptomatic of a deeply felt and widely shared view by most providers that independent advocacy was a good idea whose time had yet to come.

Several respondents were concerned that they should remain 'outsiders' and not become inveigled into the care system of local authorities. That is, they should not become incorporated into what Dalrymple (2004b, p 13) terms the 'protectionist discourse' of welfare services, whereby advocates would be expected to attend routinely the reviews of looked after children or to attend child protection conferences to help listen, engage with and represent children, when, arguably, much of that work should be part of the social worker's task. This tension between what is an appropriate social work advocacy role and what is the task of the professional advocate continues to engender some differences of view and confusion within children's services, both in the UK and US (see Litzelfelner and Petr, 1997, p 398; Padbury, 2002; Dalrymple, 2003, p 1046). Being there to assist at reviews and conferences only when a child had a dispute over some significant matter (and when the child explicitly consents to advocacy support) was for most respondents the appropriate means by which a child-focused and rights-led service should be activated.

Competition, contracts and change

The marketisation of advocacy was seen

by most respondents to generate a number of difficulties whereby some advocacy providers were criticised as 'cutting corners' to obtain an 'edge' when competing for local authority contracts which were usually renewed on a three-year cycle. Furthermore, some of these providers were seen by respondents (ie their competitors) as much more 'biddable' by authorities due to their desire to retain existing contracts and win additional ones. The claim that service integrity can be compromised by the desire to win contracts is scarcely news (see Henderson and Pochin, 2001). What was notable in this instance was a distinct air of distrust between advocacy providers, some of whom stated they were wary about publicly sharing good ideas about advocacy practice in case this might lend some commercial advantage to 'the competition'.

Respondents thought three-year contracts that underwrote many service level agreements covered too short a period and promoted uncertainty, insecurity for staff, fractured relations with children if contracts were not renewed, and inhibited strategic planning. Indeed, our interviews with looked after children revealed the frustration (and sense of loss) for some who had been involved in participation groups run by an advocacy provider and who then perceived their investment of time and energy, often over many months, to be discarded along with the provider whose contract was not renewed.

None of our respondents (advocacy providers and local authority staff) described the transition from one advocacy agency to another when contracts changed hands, as in any sense 'straightforward'. On the contrary, most spoke of the lengthy implementation period (several months) to get a new provider up to full speed. Advocacy is not some 'plug in and play' service. It takes time for the recipient of a new contract to recruit and induct professional advocates and managers, vet and train new sessional and volunteer workers, engage with a number of local stakeholders to gain their interest and trust and make contact with targeted children, most of whom will be dispersed in foster care, some living out of the local area.

Service impact: involvement in supporting complaints

Measures of service impact resist simple definition. For example, were we to take the number of children supported by an advocate as an indicator? If so, much depends upon the willingness of social workers and other key staff to refer children to the service. Yet it seems evident in some areas there was a reluctance by social work teams to meet advocates and make referrals, behaviour stemming from a culture of mistrust and a belief that advocacy 'creates complaints' and undermines practitioners' attempts to control risks and pursue organisational and protectionist agendas (see Wattam and Parton, 1999; Payne, 2000; Goldson, 2001).

However, as found in other studies of social workers (see Noon, 2000), many social work teams endorsed strongly the work of advocates. Indeed, some social work staff were said to refer too enthusiastically by assuming advocacy to be a ready source of general support to all children in need, rather than a selective and problem-focused service, typically purchased to support children in the looked after system or those involved in child protection matters.

Were we to take as an index of activity the involvement by advocates in complaints procedures, as provided by the Children Act 1989 section 26(3), and led by or on behalf of children? Our survey returns from 20 of the 22 Welsh authorities revealed that some 678 informal and formal complaints involving children were recorded in the financial year 2003–04. It continues to be the case (see Harris, 1993) that most of these complaints (65 per cent) were brought by adults, mainly parents/carers. Also, it seems to be the case (see Padbury, 2002) that looked after children feature prominently in the distribution of complaints. Thus, 274 (40 per cent) of these 678 complaints were led by or on behalf of looked after children. Of these 274 looked after children, some 38 per cent involved children fostered, mostly in the local authority area, and 44 per cent involved children in residential care, again most in the local authority area. Ten per cent involved local children fostered or in residential settings placed out of the

local authority area. The remainder were in care but living at home or in independent accommodation. Given the much larger population in foster care than in residential settings in Wales (70 per cent of the 4,315 children looked after children in Wales at 31 March 2004 were in foster placements and six per cent placed in residential care – Welsh Assembly Government, 2004), it seems that *proportionately* there are far more complaints involving children in residential settings. Whether children in residential care find it easier to access complaints systems as well as advocacy or other support (and vice versa – they are after all an identifiable cluster for advocates to visit) in order to make complaints than children dispersed in foster care, or whether the older age and different circumstances of children in residential care have a bearing on complaint-making, were areas we were unable to explore.

When we examine involvement in complaints by professional advocacy funded by local authorities we can see they supported 79 (12 per cent) of the 678 complaints, of which over two-thirds ($n = 48$) involved looked after children. Thus, of the 274 complaints involving looked after children, some 18 per cent had the support of a professional advocate funded by the local authority. Whether this relatively small involvement is a function of looked after children not wishing to seek advocacy or not knowing about the service (see Boylan and Boylan, 1998) is not known. Advocates would thus seem less involved in the task of complaints than in advising and helping children more generally to voice their rights and wishes with service providers about case-based issues. Activity around complaints can of course be time-consuming and complicated and may require additional technical/legal expertise. Thus the number of such cases involving advocacy tells us little about actual staff time and other related costs, such as specialist advice.

In brief, there are no agreed unit costs for advocacy that might allow comparison across projects. Thus, at this point we have no way of knowing the time and expense involved in, for example: one-to-one advocacy encounters; supporting

complaints led by children; achieving regular contact with target groups of children; providing phone-lines, websites, leaflets, newsletters and promotion events; and supporting participation by children and young people in various policy and practice development forums. These sorts of activities are attempted to varying degrees by most advocacy providers in Wales, but typically as an issue-based process with limited opportunities to promote or campaign for systemic change from this work, which would be a more ideal combination (see Willow, 2002).

Funding and number of children seen

Most providers claim that their funding offers little margin to respond to an expanding demand for advocacy. The idea of going 'the extra mile' that is expected in many commercial relationships is unlikely according to some respondents in small projects (as are most), because neither their grant income nor their scale of resource allows such flexibility. As social services patterns of activity shift in Wales (eg more children being looked after for shorter periods, more reliance on foster care, more children out of area – see Welsh Assembly Government, 2004), so the challenges and costs for advocacy inflate. In such circumstances, advocacy providers tend to re-target their narrow resource to where risk and visibility combine to shape an agenda around looked after children and child protection. This 'makes sense' to local authorities but, as a consequence, other priorities identified in service level agreements, such as disabled children and other children in need, may get displaced.

Data returned by advocacy providers indicated a total of some 695 children seen by a professional advocate across 20 of the 22 authorities in Wales in 2003–04. Survey returns did not all provide details of the looked after status of service users but we can be confident that a majority, over 70 per cent of the 695 children, were or had been looked after at some point. The total funding that supported advocacy activities was approximately £966,000 according to figures supplied by advocacy providers (around £300,000 of this came as contributions from their

own coffers, the rest through local government). Funding per project ranged from around £25,000 to around £150,000 (Wales average £48,500). The numbers of children seen by an advocate per authority during 2003–04 varied between five in one authority and over 80 in another (Wales average 35). There was no necessary connection between numbers seen and size of project funding.

It is notable that some authorities with some of the lowest numbers of children seen in the year by an advocate (eg authorities with between five and 15 children seen) were those where there had been a change in advocacy provider, or where the authority had introduced a service level agreement for the first time at the beginning of 2003–04. We also noted that those authorities which tended to fund advocacy at a higher level were in the south of Wales (although these authorities did not necessarily have more children seen by an advocate). That said, the below-average numbers of children seen by some above-average funded projects does raise 'value for money' and capacity questions. Of course, low referrals may also be caused by advocacy 'rejection' by professionals, resulting in less access to children and young people and, as Oliver (2004) notes, less influence by advocacy in relation to potential changes to the way social work services are provided to children.

While not part of our study, it was important not to overlook the work of ChildLine and Voices from Care (Wales). The former is a national service with offices in north and south Wales with 20 full-time staff plus counselling volunteers and other voluntary workers – over 300 people in all. They provide 24-hour phone contact available to children and young people to whom they offer advice, support and a gateway to other help. More active and ongoing phone-based advocacy is offered to particularly vulnerable callers who may fall between services (homeless street children, asylum seekers, children in and out of care and those with mental health needs). ChildLine's UK-wide calls and letters concerning children in the year 2003–04 numbered 138,442, (the largest category of which – around 22 per cent – was in regard to bullying). It is estimated

that some ten per cent of this UK total stems from Wales (ChildLine, 2004). The importance and popularity of confidential helplines, particularly for looked after children, has been noted elsewhere (McLeod, 1999).

Voices from Care (Wales) play a more campaigning/policy development role on behalf of looked after children and children in need. With a small group of five or six core staff they do not seek a case-based advocacy function (but they do respond to children and young people who make direct contact). Rather, they engage with children and young people over their individual and shared experiences of care and, in so doing, promote their interests by lobbying key agencies and public figures (www.vfcc.org.uk). While the potential overlap and useful links between Voices, ChildLine and other advocacy providers appear evident, these did not seem much exploited by the various parties. Indeed, respondents reported some insulation across the whole field of providers, with little means of generating a shared or joint strategic approach to service development in residential and foster care.

Issues of scale and opportunity to develop services

Several local authorities have an advocacy service in their area with a local base, others have a service but no base in their area. Most advocacy services operate in multiple settings and different contexts across a local and regional system of provision for children. In this sense, children engage with advocacy services that are often constructed as virtual or network organisations (Powell, 1990). Network organisations by definition need good ITC support to facilitate fast communication and accessible supervision, innovative and flexible use of resources, and durability of well-trained staff who can interact with a constellation of different agencies and interests and can respond to the variable nature and timing of demand (see Knoke and Guilarte, 1994; Norman and Ramirez, 1998; Pithouse, 2003). However, while children's advocacy services reflect some of these characteristics, the small scale of

many projects, with a full-time manager (also an advocate) supervising any number of part-time staff, sessional workers and volunteers, makes these schemes relatively vulnerable to staff turnover. While there were many examples of commitment and durability of staff, there were also several examples of services struggling to meet contract specifications due to the fragile nature of their human resource. Some providers with widely dispersed and sessionally employed advocates, working to offices that might be some distance from other offices or from their headquarters in Wales or England, were unable to deliver a swift and flexible switching of advocacy or managerial staff to solve unanticipated staff shortages.

The need for continuity and commitment by advocacy workers is well made by Cashmore (2002, p 843). However, the marginal and sometimes unpredictable supply of staffing, particularly when reliant on sessional and volunteer workers, did not always provide continuity of contact for looked after children (some of whom spoke of 'never seeing the same person twice'). Also, delivering on advocacy contracts (funded by a modest grant in many cases) provides no foundation to expand into other areas, such as education or health. Nor do the tasks and resources associated with these sorts of service-level agreements allow (much less invite) cause advocacy that might help change systems at local or national level. We might also ask whether such a diversified field leads to duplication of activities around, for example, recruitment, training, advertising, leaflets, phonelines and so forth. Also, should these multiple providers seek to mesh with the case- and cause-based advocacy of ChildLine and Voices from Care (Wales)? The answer is that there appears to be little if any strategic oversight of this field and little 'coming together' of these agencies in order to advance some shared position on policy or practice.

Views from local authorities

All local authorities were sent a questionnaire directed at senior staff with involvement in commissioning and overseeing the delivery of children's advocacy (see

Pithouse *et al*, 2005b). In brief, they were asked to describe the advantages and disadvantages of advocacy and to outline what they perceived to be the key challenges for children's advocacy in their authority. The questionnaires were returned by 20 authorities, mainly completed by middle managers from a range of operational, strategic and commissioning backgrounds. Key challenges were the limited ability by a majority of authorities to fund effective advocacy in relation to disabled children living in or out of area, particularly children who might receive respite services (social services and health) on a regular if short-term basis. While there is no shortage of good advice on the advocacy skills needed to support children with serious disabilities (see Cavet and Sloper, 2004), this was one area where nearly all authorities spoke in terms of aspiration rather than achievement in regard to providing such children with effective advocates.

A majority of authorities (12) referred to advocacy providers joining with complaints officers or other staff appointed to help promote children's rights, in 'reaching out' to children looked after, via a mix of visits, participation forums, newsletters, flyers and care reviews. Time and costs were noted by many as precluding their keeping in touch in any meaningful and regular way with a wide scattering of fostered children and a minority in residential care, in and out of the local area. Regular mail-shots and occasional forums were the more typical way of keeping in touch. As with other services (see Dalrymple, 1998), most provision was task centred and reactive but with some proactive work in relation to key trigger points (becoming looked after, LAC review or child protection conference) that generated contact with the child from a complaints officer and/or advocacy worker and/or leaflets being sent and materials made available to the child or young person offering support.

The importance of evaluation in order to enhance advocacy for children looked after is well made by Dalrymple (2004b, p 6). However, very few authorities evaluated the advocacy service beyond quarterly meetings to monitor activity and

discuss issues. When asked about the benefits of advocacy, five authorities cited clear benefits to the child and young person. Five returns claimed no particular benefits associated with the service at all. Other returns spoke instead of challenges such as extending the service to other vulnerable children not looked after, lack of choice over advocate due to single-person service and getting social services managers and staff to understand and value advocacy. Few mentioned any direct benefits to the local authority or the services they provided.

Views from complaints officers

The questionnaire returns helped inform subsequent audio-taped and structured interviews with staff from all 22 authorities whose remit included responsibility for dealing with children's complaints. These respondents, typically designated as children's complaints officers, were frequently in contact with advocacy providers on a day-to-day basis and often charged with a developmental role in relation to promoting advocacy with operational staff and looked after children in their authority. Having good accessible complaints procedures does not mean they will be used by looked after children (Dickson, 2004), hence the importance of complaints officers in mediating the complaints system to children and supporting them in operating what are complex procedures cannot be underestimated (see Connolly, 2000; Ball and Connolly, 2004). Complaints officers were based in a wide range of non-operational and operational settings and some were line managed by staff with operational responsibilities. As a result, conflicts of interest were not unlikely in several authorities. Several complaints officers carried responsibilities for adults and some stated that this impeded a more dedicated focus on children and young people who were looked after, particularly those hard to reach.

Complaints officers were typically located at basic social worker or administrative grades. Several spoke of status-related difficulties in lacking the seniority to challenge operational staff and/or promote system change. Complaints

officers spoke of the 'culture' within their organisation in respect of the way complaints were understood and dealt with. It seemed evident that some authorities were notably open and supportive in respect of children's complaints. Others were less receptive, particularly in respect of foster care, which was seen as a scarce and precious resource that could be undermined by complaints and needed to be protected from them. Much depended upon key figures in senior and middle management who set the 'tone' over whether complaints were understood as a likely adversarial threat, with potential disciplinary implications, or an opportunity to reflect on provision.

There were also frequent reports from complaints officers about the challenge for some managers and social workers to integrate a 'children's rights' approach to case management (see also Dalrymple, 2004b, pp 10–11). Thus, while social services staff could appreciate there could be tension between their view of a child's best interests and the child's wishes and rights, they could not always appreciate that the advocate was there to help voice the child's wishes rather than moderate these wishes or mediate between parties. The lack of understanding or sympathy for a rights-led advocate role was considered to be more problematic in relation to 'front-line' staff than those more senior management who had 'signed up' to the ethos of advocacy in a commissioning capacity but rarely had any day-to-day contact with children or advocacy. The need for more training in children's rights was noted by respondents, as it has been more generally for childcare professionals who have responsibilities for looked after children (see Boylan and Lebacqz, 2000).

Of some interest to a minority of complaints officers was the matter of financial dependence; these respondents (as with most advocacy providers) considered there to be dilemmas for advocacy agencies in the way their orientation to the local authority and to the child might be compromised by the power of those commissioning the service.

The diversity of need in relation to advocacy has long been recognised (Herbert and Mould, 1992). Respondents

too recognised this and most referred to attempts by themselves and advocacy providers to jointly seek out 'hard-to-reach' groups about their needs for support and advocacy. The gaps in this aspect of the services, notably in relation to disabled children, children out of area, those in short-term respite care and children dispersed in foster care, were noted by many respondents. The financial, logistical and time costs in engaging individually with a large and/or dispersed population of looked after children were noted by several respondents as a major challenge. The 'future-tense' nature of much of the aims and plans in this area suggests some significant underdevelopment of advocacy provision at present.

Summary

Advocacy services in Wales for children who are looked after are typically case based and need to be part of a wider participation strategy that can deal with hard-to-reach children (see also DeVernon, 2001). Various levels and forms of advocacy can be complementary in meeting different types of need. Innovative services and highly committed staff typify much of local authority commissioned children's advocacy services. At the same time there are problems around independence, limited capacity, inconsistency, perverse effects of competition and lack of strategic overview across Wales. Staffing structures can be fragile and impair continuity of service and relationships. Of some concern was that several local authorities perceived little added value through advocacy in relation to its developmental potential for raising service quality and saw it as only relevant to the child or young person. A minority of local authorities believed advocacy to offer a range of benefits to both child and the authority. A few authorities reported a history of quite strained relations with advocacy providers that had led to a change of contract and supplier.

The relatively low level of 'cause' advocacy within the projects we examined raises important questions about the independence and capacity of some small schemes in Wales. Advocacy unavoidably gives and receives mixed messages. Is it

an institutional partner, an 'insider', or should it be 'outside' looking in on behalf of the looked after child? Should advocacy be a residual, highly targeted activity for a small number of children or should it become a more pervasive part of service structures for all children, including those looked after? Should advocacy become part of an integrated, much expanded 'one-stop system' that includes education and health, and as a result possibly lose some of its identity, purpose and value-clarity that comes with smaller project-based voluntary organisations?

Ultimately, the acid test will be whether such services in future can offer a matrix of rights, advocacy and participation that can help local and national government achieve consistency in their aims to improve outcomes for children in Wales. Advocacy is unlikely to help achieve this as currently configured. The need for some fresh thinking about a regional or a national-based children's commissioning body in Wales that can connect and integrate advocacy provision across key service areas and generate more independence for advocacy merits consideration. Either way, a pressing need for change seems hard to refute.

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