TOGETHER for Children and Young People

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Cheshire East Advocacy and Participation Framework



Cheshire East Council

CHESHIRE EAST CHILDREN'S SERVICES

Advocacy Framework 2026–2029: Enabling children, young people, parents and carers to understand, participate and be heard

Participation is the right and the outcome. Advocacy is one of the mechanisms that enables meaningful participation.

1. OUR COMMITMENT

1.1 In Cheshire East, children, young people, parents and carers should be able to understand what is happening, express what matters to them and participate meaningfully in decisions affecting their lives. They should be supported to ask questions, correct information, express disagreement and challenge decisions where they do not agree.

1.2 Our responsibility is not simply to tell children and families that advocacy is available. It is to create the conditions in which they can participate meaningfully, recognise when additional support is needed, and make sure they can access the right support at the right time.

1.3 For many people, good information, preparation, accessible communication and respectful relationships with practitioners will enable them to participate for themselves. Others may want support from somebody they know and trust. Some will need specialist support or independent advocacy.

2. PURPOSE AND SCOPE

2.1 This framework establishes a consistent Children's Services-wide approach to advocacy and participation. It applies across Family Help, safeguarding and Child Protection, Family-Led Decision-Making, children in care, care leavers, SEND and preparation for adulthood, complaints and other significant decision-making.

2.2 It applies to children and young people, parents and carers, practitioners and managers, and commissioned or partner services contributing to participation and advocacy. It does not replace statutory duties, individual service specifications or professional

responsibilities. It sits alongside the Children and Young People's Participation Strategy 2026–2029, relevant practice procedures and the Multi-Agency Child Protection Team (MACPT) Operational Procedures.

What do we mean by advocacy?

2.3 Advocacy is support that helps a person understand their rights and options, express what matters to them, have their views heard and taken seriously, and challenge decisions where needed. Independent advocacy is provided by someone who is independent of services and professionals making decisions about the person. Advocacy may be instructed by the person, or, in some circumstances, non-instructed where they cannot communicate their wishes in the usual way.

2.4 Advocacy is distinct from, but should work alongside, good participation and relational practice.

3. WHY THIS MATTERS

3.1 Meaningful participation is more than attendance at a meeting or a recorded statement of views. Children and families may face communication, cognitive, emotional, practical or contextual barriers. Statutory intervention can itself create a significant power imbalance.

3.2 Cheshire East's Participation Strategy uses the Lundy Model: Space, Voice, Audience and Influence. It also emphasises accessible participation and feedback. The MACPT model moves safeguarding away from defensive, threshold-led practice towards relational, strengths-based and trauma-informed practice, with a sustained focus on the child's lived experience. Advocacy is one mechanism for making those commitments real when ordinary relational practice is not enough.

3.3 Our approach is grounded in children's rights. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) establishes the right of children to express their views in matters affecting them and for those views to be given due weight. This sits alongside the right to freedom of expression (Article 13) and the principle of non-discrimination (Article 2). Meaningful participation and access to advocacy are important ways in which we make those rights real in practice.

4. WHAT WILL BE DIFFERENT?

4.1 The new advocacy framework shifts our focus from advocacy being something considered mainly when a person asks for it or meets a particular service threshold, to routinely considering what every child, young person, parent or carer needs to understand, participate and be heard – with the right support, including independent advocacy where appropriate, identified and enabled at the right time.

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From	Towards
"Does this person qualify for an advocate?"	"What does this person need to participate meaningfully?"
Advocacy raised mainly when requested	Participation and advocacy are actively considered at key points
Starting with service eligibility	Starting with the person and the barrier
Diagnosis-led thinking	Functional, barrier-led thinking
Referral as success	Understanding, participation, influence and feedback as success
Separate provider pathways	A coherent Children's Services pathway
No eligible service = end of route	Unmet need is escalated and becomes commissioning intelligence
Provider information used mainly for contract monitoring	Advocacy intelligence informs QA, commissioning and improvement

5. OUR PRINCIPLES

5.1 Our approach is rights-based, relational, inclusive and empowering. We will start with the person rather than the service or eligibility criteria, recognising that everyone should have a meaningful opportunity to understand what is happening, express what matters to them and influence decisions that affect their lives. We will presume people can participate with the right support, recognise and respond to barriers rather than labels, respect choice about how someone wants to be heard, and ensure independent advocacy is accessible when it is wanted, needed or required.

5.2 Meaningful participation includes being able to ask questions, challenge decisions and express a different view safely, with those views listened to and taken seriously. It does not mean that every decision will reflect the person's wishes, but it does mean that their view must reach those responsible for making the decision, be genuinely considered and that person should understand what was decided, why, and how their views influenced the decision.

5.3 Our participation principles are:

Participation is the outcome. The objective is meaningful participation, not an advocacy referral.

Start with the person, not the service. Identify barriers to participation before considering which service might meet them.

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Recognise barriers, not simply diagnoses. A diagnosis neither automatically creates nor removes a need for advocacy.

Promote agency and choice. Support should strengthen, not unnecessarily replace, the person's own voice.

People can choose someone they trust. Children, young people, parents and carers should ordinarily be able to identify a trusted supporter, subject to proportionate safeguarding, confidentiality, legal or process-specific considerations.

Independence matters. Independent advocacy may be needed because of the person's needs or because of the nature, consequence or power dynamics of the process.

Advocacy does not replace good practice. Practitioners remain responsible for clear communication, adjustments, listening, explanation and relational practice.

Working together does not mean always agreeing. Where a decision differs from what the person wanted, they should understand what was decided, why, how their views were considered and how they can challenge.

Promote equity of access. People may experience different and intersecting barriers to participation because of communication, disability, neurodivergence, language, culture, identity, circumstance or previous experience of services. We will make reasonable and proportionate adjustments, respond to individual communication and participation needs, and use evidence about access and outcomes to identify and address inequality.

Accessible information and communication. We will make information about participation, advocacy and decision-making available in accessible, age-appropriate and child-friendly formats. This includes ensuring that children, young people and families receive information in ways that help them understand their rights, their options and how they can access support.

Participation is everybody's business. All practitioners and managers are responsible for considering what children, young people, parents and carers need to participate meaningfully within their area of practice. Independent advocacy does not transfer that responsibility to the advocacy provider.

6. CHESHIRE EAST PARTICIPATION AND ADVOCACY CONTINUUM

Our advocacy offer is broader than our commissioned advocacy services.

6.1 The participation and advocacy continuum recognises that people need different levels and types of support to participate meaningfully. This can look like one, or a combination of, the following:



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I can have my say — Accessible information, preparation, time, communication support and reasonable adjustments may be enough.

Someone I trust can help me have my say — A family member, friend, carer or another trusted person can help prepare, understand or communicate.

I need additional or specialist support — Information, advice, navigation, communication or specialist support may enable participation.

I want or need independent advocacy — An independent advocate can help understand rights and options, express views, and challenge where needed.

I cannot tell you about my views in the usual way — Specialist or non-instructed advocacy may be needed so rights, preferences and lived experience remain visible.

6.2 These are not sequential thresholds. Different forms of support can be combined, and a person can move directly to independent advocacy where appropriate or required.

Participation and advocacy choice	What this might mean for me	What we need to do
I can have my say myself	I feel able to express my own views, ask questions and say when I disagree. I may still need clear information, time to prepare or adjustments that make it easier for me to take part.	Explain what is happening, why and what to expect. Provide accessible information, preparation and reasonable adjustments. Check understanding and make sure there is genuine space for the person's views to influence the decision.
I want someone I trust to help me have my say	I want a family member, friend, carer or another person I trust to help me prepare, understand information or take part. I may still want to speak for myself, or I may want them to help communicate some of my views.	Enable the person to identify who they trust and clarify what they want that person to do. Facilitate their involvement wherever possible and provide them with enough information to support participation effectively. Any restriction should be necessary, proportionate and explained.
I need some additional or specialist support to have my say	Something makes it harder for me to understand, communicate or participate. I may need communication support, accessible information, advice, navigation, practical support or another specialist approach.	Use the **participation test** to understand the barrier rather than relying on a diagnosis or label. Identify what function is needed and arrange the appropriate adjustment, communication approach or specialist support.

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Participation and advocacy choice	What this might mean for me	What we need to do
I want or need an independent advocate	I want someone independent from the people making decisions to help me understand what is happening, prepare, express my views, ask questions or challenge. I may want the advocate to support me to speak for myself or, where appropriate, communicate my views on my behalf.	Explain independent advocacy and the person's choices. Check the current advocacy pathway and eligibility and support self-referral or professional referral as appropriate. Do not require someone to try other forms of support first where independent advocacy is appropriate or they have an entitlement to it.
I cannot communicate my views in the usual way	I may not be able to tell an advocate directly what I want or give instructions in the usual way. This does not mean my rights, preferences or lived experience should be absent from decisions about me.	Use appropriate communication approaches and consider **non-instructed advocacy** where relevant. Draw on observation, communication methods, knowledge of the person and their rights and preferences. This is **issue-specific rather than a fixed judgement about the person** and should be reconsidered for different decisions.

6.3 The table sets out what each of these choices might mean for the person and what we need to do in response.

6.4 **The continuum is not a ladder:** the aim is not to move everybody towards independent advocacy, or away from it, but to ensure each person has the support they need to participate meaningfully in the decisions that affect them.

7. RECOGNISING BARRIERS: THE PARTICIPATION TEST

7.1 The participation test helps us understand whether someone can participate meaningfully by considering whether they can understand what is happening, communicate what matters to them, consider the information and choices, influence the decision, and challenge or ask questions – and, where they cannot, identifying what we need to do differently to enable them to participate.

7.2 Practitioners must actively go through the following process to consider whether someone can participate meaningfully:

UNDERSTAND Do they understand what is happening, why, the important information and possible outcomes?

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COMMUNICATE Can they communicate what matters, wishes and feelings, questions and disagreement?

CONSIDER Can they engage with the relevant information, choices and consequences sufficiently to participate?

INFLUENCE Will their views reach the responsible decision-maker and be genuinely considered?

CHALLENGE Can they correct information, disagree, ask questions and understand routes to review or complaint?

7.3 This is a functional, not diagnostic, test. Its purpose is to identify what we need to do differently to enable participation.

8. CHILDREN AND YOUNG PEOPLE

8.1 Children's wishes, feelings and lived experience must remain central. Advocacy should be actively considered and revisited at significant points rather than relying solely on a child requesting it. Declining once should not be treated as declining forever.

8.2 Cheshire East commissions an advocacy provider to deliver Children's Advocacy and Independent Visitor Services. The commissioned advocacy offer covers children in care aged 0–18, care leavers aged 18–25, children subject to Child Protection Plans, specified homeless young people aged 16–17, young carers, children and young people making complaints, children and young people with disabilities aged 0–18 and in transition, and children and young people seeking asylum. Referrals can be made by Cheshire East, directly by the child or young person, or by a parent, carer or professional where independent support is considered beneficial.

8.3 The commissioned Child Protection advocacy offer is designed to ensure children's wishes and feelings can inform the Child Protection process. The advocacy offer is issue-based and outcome-focused and can include explanation of the Child Protection process, gathering wishes and feelings before conference, formal representation where requested, and instructed or non-instructed advocacy.

CHILD PROTECTION ADVOCACY: Cheshire East's commissioned model provides an opt-out advocacy offer for children and young people aged 8–18 in the Child Protection process. Children aged 0–7 can access advocacy by referral.

9. PARENTS AND CARERS

9.1 Most parents and carers should be enabled to represent their own views through clear information, relational practice and appropriate adjustments. However, some parents and carers may require additional support or independent advocacy.

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9.2 Cheshire East has a range of individual, specialist and statutory advocacy provision alongside information, advice, navigation, peer support and collective participation. The strategic challenge is fragmentation, visibility, consistency and gaps between eligibility routes rather than simply an absence of provision.

9.3 During 2026–2029 Cheshire East will use evidence about access, unmet need, and outcomes to consider development of a broader and more coherent independent parent/carer advocacy offer, particularly around high-stakes statutory intervention such as Child Protection, pre-proceedings and care proceedings. Cheshire East will use evidence gathered through implementation of this framework to inform future development of the parent and carer advocacy offer.

10. ACTIVE CONSIDERATION AND TRIGGER POINTS

10.1 Participation and advocacy needs should be actively considered or revisited at significant statutory intervention stages such as:

- Section 47 and Child Protection processes;
- Entry to care;
- Significant plan or placement change;
- Reviews;
- Family-Led Decision-Making;
- Preparation for leaving care;
- Significant SEND decisions or transitions;
- Pre-proceedings or legal proceedings;
- Complaints;
- Substantial disagreement;
- and whenever a person indicates that they do not understand, cannot participate effectively or do not feel heard.

Can this person participate meaningfully in what is about to happen, and if not, what would enable them to do so?

10.2 Participation and advocacy support should be considered and arranged early enough to enable the person to understand, prepare for and influence the decision or process, rather than being offered retrospectively once key decisions have been made.

11. CONSENT, CHOICE AND CONFIDENTIALITY

11.1 People should understand what advocacy is, the advocate's role, information sharing, limits of confidentiality and their choices about engaging. For children, this must take account of age and understanding, relevant consent arrangements, parental

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responsibility, safeguarding requirements and the legal or statutory context. Where somebody cannot instruct an advocate conventionally, specialist or non-instructed advocacy should be considered rather than ending the enquiry.

12. WHEN THE EXISTING SYSTEM DOES NOT MEET THE NEED

A person's need does not disappear because it does not fit an existing service specification.

12.1 Where a significant participation or advocacy need is identified but no existing route can meet it, practitioners and their managers remain responsible for ensuring the need is escalated rather than closed. An individual solution should be considered, with recurring gaps captured as unmet-need intelligence for the Quality, Partnerships and Commissioning directorate.

13. RECORDING IN LIQUIDLOGIC

13.1 Recording should proportionately capture:

participation need/barrier → adjustments/support considered → advocacy considered or offered → person's choice → action/support provided → outcome → unmet need/escalation where applicable.

13.2 A binary 'advocacy offered: yes/no' measure is insufficient because it does not show whether meaningful participation occurred.

14. ADVOCACY, MACPT AND FAMILY-LED DECISION-MAKING

14.1 Advocacy is integral to, not separate from, Cheshire East's relational and family-led practice model. It is particularly important where relational practice, network support and reasonable adjustments are insufficient to overcome barriers or the power imbalance of statutory intervention.

15. QUALITY ASSURANCE AND LEARNING

15.1 Quality assurance and learning will combine Cheshire East practice evidence with commissioned-service intelligence. We will look beyond whether advocacy was offered or provided to understand whether people could access the right support, felt heard, understood what was happening and were able to influence decisions. Contract monitoring of commissioned advocacy services includes monthly case-level data, quarterly outcome-focused reporting, service-user feedback, access and timeliness measures, Child Protection opt-out uptake, co-production and continuous-

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improvement evidence. This intelligence should be considered alongside Liquidlogic data, audit, complaints and direct feedback to identify inequity, unmet need and opportunities to improve practice, pathways and future commissioning.

15.2 Quality assurance will consider:

Access: Are people who need support receiving it, and is access equitable?

Experience: Did they understand what was happening and feel able to participate?

Voice: Were their views accurately understood and represented?

Influence: Can we see how their views were considered in decisions and plans?

Feedback: Where the decision differed, did they understand why?

Unmet need: Who could not access appropriate advocacy and why?

Impact: What difference did support or advocacy make?

System learning: What recurring barriers are children, families and advocates identifying?

15.3 By 2029, we want to see stronger evidence that children and families understand and influence the decisions that affect them; more consistent and equitable access to the support and advocacy people need; fewer unidentified or unresolved participation barriers; clearer evidence of people's views influencing plans and decisions; and advocacy intelligence routinely shaping practice, quality assurance, and commissioning.

16. ADVOCACY AS ORGANISATIONAL LEARNING

Individual experience → advocacy intelligence → quality assurance → commissioning and service improvement → improved practice

16.1 Provider intelligence should be considered alongside Liquidlogic information, audit findings, complaints, performance information and direct lived-experience feedback.

17. GOVERNANCE AND ACCOUNTABILITY

17.1 Strategic ownership will sit within the Quality, Partnerships and Commissioning Directorate, connecting safeguarding, quality assurance and commissioning. Governance will provide a route for themes about access, equity, unmet need, and service quality to move from individual cases into organisational learning and, where



necessary, commissioning decisions. Implementation and impact will be reviewed through the Children's Services Quality Assurance and Governance arrangements.

17.2 Operational leaders across Children's Services are responsible for implementation within their services, with strategic oversight through the Quality, Partnerships and Commissioning Directorate.

18. 2026–2029 IMPLEMENTATION COMMITMENTS

- Establish a Children's Services participation and advocacy pathway.
- Introduce a consistent practitioner approach to identifying barriers to meaningful participation.
- Define points at which participation and advocacy needs are actively considered or revisited.
- Bring parent/carer advocacy, specialist support, information and advice routes into a coherent pathway.
- Develop evidence about unmet parent/carer advocacy need and use it to inform the future offer.
- Establish an escalation route where an identified advocacy need cannot be met.
- Develop consistent Liquid Logic recording and reporting.
- Include access, experience, equity, unmet need and impact within quality assurance.
- Create regular routes for advocacy-provider intelligence to inform QA and commissioning.
- Develop workforce guidance and learning.
- Produce accessible family-facing information and choice tools.
- Review implementation and impact using lived experience.

19. SUPPORTING ARCHITECTURE

19.1 This framework will be supported by a Child & Young Person Advocacy and Participation Procedure; Parent & Carer Advocacy and Participation Procedure; Practitioner Participation & Advocacy Decision Tool; live Advocacy Pathway/Service Directory; family-facing choice tools; and a Liquid Logic recording and QA specification.

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