TOGETHER for Children and Young People

Together we will make Cheshire East a great place to be **young**

Children and Young People's Participation and Advocacy Procedure



Cheshire East Council

Supporting children and young people to understand, participate and be heard

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

This procedure sits beneath the Cheshire East Children's Services Advocacy Framework 2026–2029.

1. PURPOSE

1.1 This procedure sets out how practitioners should recognise, discuss, arrange, review and record advocacy and other participation support for children and young people. It is intended to make access proactive and consistent while preserving the child or young person's agency and choice.

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

1.3 The procedure does not replace statutory advocacy duties or the eligibility rules of commissioned services. Where legislation, statutory guidance or a commissioned pathway creates a specific entitlement or referral requirement, that requirement must be followed.

2. PRACTICE PRINCIPLES

Start with participation, not referral. Ask what the child or young person needs to understand, participate and be heard.

The child remains at the centre. Advocacy should strengthen the child's voice rather than substitute an adult view.

Choice matters. Children should be supported to choose how they participate and what help they want.

Independence matters when it adds value. A child may need someone separate from the professionals' making decisions.

Declining once is not declining forever. Advocacy should be revisited when circumstances, decisions or the child's wishes change.

Advocacy complements good practice. Practitioners remain responsible for clear information, accessible communication, preparation, listening and feedback.

Working together does not mean always agreeing. Meaningful participation does not mean every decision will reflect the child's wishes. It does mean their views must reach the responsible decision-maker, be genuinely considered, and that the child should understand what was decided, why, how their views were considered and how they can challenge where appropriate.

3. WHAT COUNTS AS ADVOCACY?

3.1 Advocacy helps a child or young 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 independent of the services and professionals making decisions about the child. Advocacy may be instructed by the child or, in



some circumstances, non-instructed where they cannot communicate instructions in the usual way.

3.2 Advocacy is not the same as ordinary information-giving, counselling, befriending, legal advice or a practitioner simply speaking for a child. Those forms of support may still be important and can sit alongside advocacy.

4. THE PARTICIPATION AND ADVOCACY CHOICES

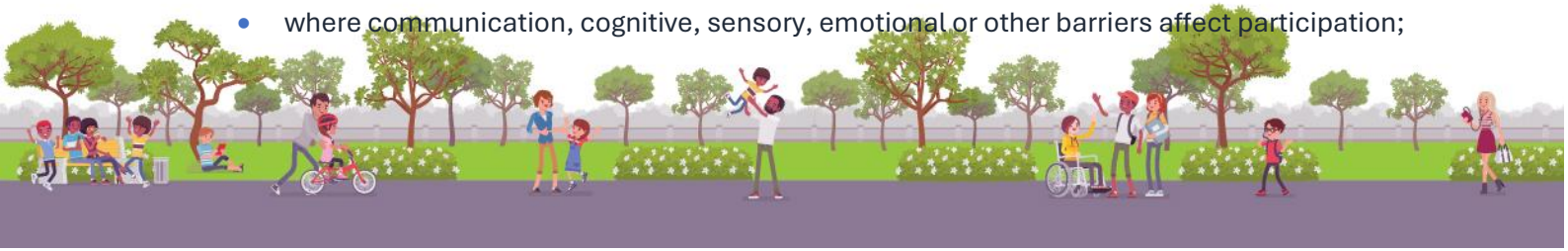
Child/young person's position	What practitioners should do
I can have my say	Provide accessible information, preparation, time, communication support and reasonable adjustments.
Someone I trust can help me	Enable a family member, friend, carer or other trusted person to support participation where appropriate.
I need additional or specialist support	Identify the function needed: communication, information, advice, navigation, practical support or specialist input.
I want or need independent advocacy	Use the current eligible advocacy route and support self-referral or professional referral as appropriate.
I cannot tell you my views in the usual way	Consider specialist communication approaches and, where appropriate, non-instructed advocacy.

4.1 These are not sequential thresholds. A child does not need to try a trusted supporter or specialist service before independent advocacy can be appropriate.

5. WHEN ADVOCACY MUST BE ACTIVELY CONSIDERED

5.1 Meaningful participation is an everyday practice expectation. In addition, practitioners should actively consider or revisit advocacy at significant points and do so early enough for support to influence the process or decision, including:

- when significant statutory intervention begins, including Section 47 and Child Protection processes;
- when a child enters care, has a significant placement or plan change, or takes part in a review;
- during Family-Led Decision-Making where independent support would help the child participate;
- when preparing to leave care or during significant transition planning;
- where a child is homeless or at risk of homelessness and an eligible advocacy route applies;
- when a child makes a complaint, strongly disagrees with a decision, or says they do not feel listened to;
- where communication, cognitive, sensory, emotional or other barriers affect participation;



- where the nature, consequence or power imbalance of the process means independence would add value;
- at any statutory or commissioned trigger point specified in the current service directory.

A trigger point requires active consideration. For Child Protection, the commissioned pathway goes further: children and young people aged 8–18 are within an opt-out advocacy model; children aged 0–7 can access advocacy by referral.

6. THE PRACTITIONER PARTICIPATION TEST

UNDERSTAND Does the child understand what is happening, why, the important information and possible outcomes?

COMMUNICATE Can the child communicate what matters, wishes and feelings, questions and disagreement in a way that works for them?

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

INFLUENCE Will the child's views reach the responsible decision-maker and be genuinely considered?

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

6.1 This is a functional test, not an assessment of worthiness, intelligence or diagnosis. Where participation is not yet meaningful, the question is what adults need to change or provide.

6.2 Consideration of participation and advocacy needs should be recorded within relevant assessments, plans, reviews and case recordings. Practitioners should clearly record the barriers identified, the support offered, any advocacy discussions, and the rationale for decisions made.

7. TALKING WITH THE CHILD ABOUT ADVOCACY

7.1 When advocacy is being considered or introduced, explain it in language and a format the child can understand. Children and young people should be in charge of their advocacy as much as possible, choose what they want help with and be involved in decisions about how support is provided. In the Child Protection opt-out pathway, this child-led engagement follows the proactive offer; it should not depend on the child first requesting advocacy.

- Explain who the advocate is and that they are independent from the people making decisions.
- Explain what an advocate can and cannot do.
- Ask what the child wants help with rather than defining the issue for them.
- Explain confidentiality and its limits in an age-appropriate way.
- Discuss how and when the child wants to be contacted.
- Check whether the child wants the advocate to help them prepare, attend, speak, or support them in another way.
- Do not assume that a previous refusal still applies.



8. CONSENT, PARENTAL RESPONSIBILITY AND INFORMATION SHARING

8.1 Advocacy should be child-led and children and young people should be involved in decisions about how support is provided. The commissioned service requires clear explanation of the advocate's role, informed consent and confidentiality at initial engagement. For children aged 8–18 in the Child Protection process, the opt-out model means advocacy is proactively brought to the child; it does not mean advocacy is compulsory. The child retains choice about whether and how they engage. Practitioners must follow the current commissioned pathway and share only information that is necessary and appropriate.

8.2 Where a parent, carer or professional makes a referral, the child or young person should be involved as far as possible and the advocate will clarify consent, confidentiality, wishes and the support sought at initial engagement. Any legal, safeguarding or information-sharing issue should be addressed proportionately rather than used as a reason to end consideration of advocacy.

CHILD PROTECTION OPT-OUT ADVOCACY: Children and young people aged 8–18 in the Child Protection process receive an opt-out advocacy offer through the commissioned advocacy service. Children aged 0–7 can access advocacy by referral.

8.3 Where consent is complex, or there is disagreement about referral, practitioners should seek management and/or relevant legal or information-governance advice rather than simply abandoning consideration of advocacy.

9. NON-INSTRUCTED AND SPECIALIST ADVOCACY

9.1 Some children cannot communicate instructions to an advocate in the usual way. This may relate to age, disability, communication need or the particular issue being considered. The need for non-instructed advocacy should therefore be considered in relation to the specific decision, not treated as a fixed label attached to the child.

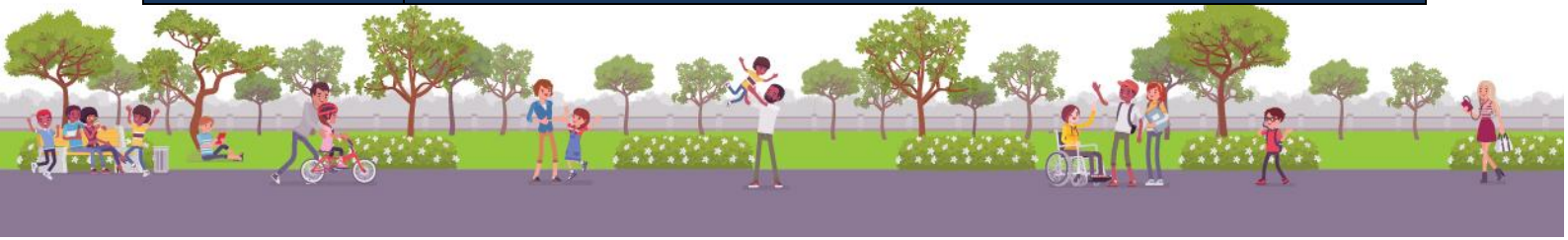
9,2 Where non-instructed advocacy is appropriate, the advocate's role is to keep the child's rights, preferences, wishes and lived experience visible. Practitioners must continue to use direct work, observation, communication aids, family knowledge and professional curiosity; an advocate does not replace those responsibilities.

10. REFERRAL TO INDEPENDENT ADVOCACY

10.1 Use the current Advocacy Service and Referral Directory for operational contact details, referral forms and current eligibility information. Cheshire East commissions independent advocacy for defined groups of children and young people, including children in care, care leavers, 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 and those in transition, and children and young people seeking asylum. Referrals may be made by Cheshire East, by the child or young person through self-referral, or by a parent, carer or professional where independent support is considered beneficial.

10.2 For general issue-based advocacy, the contract sets access expectations of referral allocation within 3 working days and initial contact within 5 working days of allocation. Child Protection referrals should be allocated in line with conference timescales.

Route	Procedure



Child Protection advocacy	Ages 8–18: use the commissioned opt-out Child Protection advocacy pathway so advocacy is proactively brought to the child in line with conference timescales. Explain the offer and preserve the child's choice about whether and how to engage. Ages 0–7: advocacy is available by referral.
Other eligible independent advocacy	Eligible children and young people can self-refer or be referred by Cheshire East, a parent, carer or professional. Use the current service directory for live contact details.
Child wishes to contact the service directly	Support self-referral. The contract expressly provides for direct referral by the child or young person; a practitioner should not become an unnecessary gatekeeper.
Eligibility is unclear	Check the current service directory. If the referral is not accepted or a significant need remains outside the commissioned route, return to the participation test and escalate the unmet need rather than closing it.

10.3 When making a professional referral, provide information that is necessary and proportionate for safe and effective advocacy, in accordance with the current referral pathway, information-sharing requirements and the child's circumstances. Do not share information simply because it is available.

11. PREPARING FOR MEETINGS AND DECISIONS

11.1 Where an advocate or trusted supporter is involved, practitioners should make arrangements early enough for participation to influence the meeting or decision and should ensure, as appropriate:

- the child and advocate/supporter know the purpose, date and format of the meeting or decision;
- relevant accessible information is provided in sufficient time;
- the child has an opportunity to prepare privately;
- the meeting structure allows the child's views to be heard, including alternatives to attending the whole meeting;
- the advocate/supporter can communicate the child's views without being treated as the decision-maker;
- the chair or decision-maker understands any agreed communication or participation arrangements.

12. DURING AND AFTER THE DECISION

12.1 The presence of an advocate does not remove the responsibility of the chair, practitioner or decision-maker to create a safe and inclusive space, listen and respond.

12.2 Afterwards, ensure the child receives feedback in a way they understand what was decided, why, how their views were considered and influenced the decision, what will happen next and what they can do if they remain unhappy. Where the decision differs from what the child wanted, explain this clearly rather than treating the recording of their views as sufficient participation. This reflects Cheshire East's Lundy-based participation approach and the Full, Friendly, Fast and Followed-up feedback principles.



13. IF THE CHILD DOES NOT WANT ADVOCACY

13.1 Respect an informed decision wherever possible. Explore whether the child wants a different way to participate, a trusted supporter, another advocate or no additional support. Record the choice without presenting refusal as non-engagement.

13.2 Revisit advocacy where circumstances change, a new significant decision arises, the child indicates they do not feel heard, or a statutory/commissioned requirement requires reconsideration.

14. IF NO ADVOCACY ROUTE MEETS THE IDENTIFIED NEED

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

14.1 Where a referral is not accepted, eligibility is unclear, or a significant advocacy or participation need otherwise remains unmet, do not close the issue as "not eligible". Return to the participation test, consider what alternative or individual solution would enable meaningful participation, and escalate through the agreed Children's Services route where the need cannot be met. Record the unmet need and ensure recurring gaps are available to Quality, Partnerships and Commissioning as service-development and commissioning intelligence.

15. RECORDING IN LIQUIDLOGIC

15.1 Record proportionately:

- the participation need or barrier identified;
- adjustments and other support considered or provided;
- whether advocacy was considered or offered and at what trigger point;
- the child's wishes and decision;
- the advocacy/support route used;
- any referral outcome or unmet need and escalation;
- the relevant participation outcome and feedback provided.

15.2 Recording should evidence meaningful participation, not create a binary compliance measure.

16. ROLES AND RESPONSIBILITIES

16.1 Participation is everybody's business. Operational leaders are responsible for implementation within their services, while strategic oversight sits within Quality, Partnerships and Commissioning. The involvement of an advocate does not transfer professional responsibility for good participation practice.

Role	Core responsibility
Lead practitioner / social worker	Recognise barriers; explain choices; actively consider advocacy at trigger points; support referral; record; revisit; provide feedback.
Chair / reviewing or decision-making professional	Create meaningful space for participation; ensure the child's views reach the decision; check advocacy/support arrangements; explain how views influenced the outcome.
Manager	Support complex consent/eligibility decisions; ensure unmet need is escalated; challenge gatekeeping or drift.



Advocacy provider	Deliver advocacy within its role/specification; preserve independence; support the child's chosen advocacy goals; raise systemic themes through agreed routes.
Quality, Partnerships and Commissioning	Oversee access, equity, quality and unmet-need intelligence and use learning to inform service improvement and commissioning.

17. QUALITY ASSURANCE

17.1 Quality assurance should consider access, timeliness, experience, voice, influence, feedback, equity, unmet need and impact. For the commissioned advocacy service this includes monitoring referral allocation and initial contact, whether children and young people feel heard and understood, confidence in advocate independence, empowerment, issue resolution, presentation of views at key meetings, Child Protection opt-out uptake, feedback on closure, co-production and continuous improvement. Provider intelligence should be considered alongside audit, complaints, Liquidlogic data and direct feedback from children and young people. The central question is not simply whether advocacy was offered or provided, but whether the child could participate meaningfully and influence the decisions affecting them.

