

Cheshire East Advocacy and Independent Visitor Service – The Children's Society

Annual Report

October 2024 - September 2025

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The Children's Society Vision

The Children's Society continues to deliver the Children's Rights Advocacy and Independent Visiting Service on behalf of Cheshire East Council. This provision has been in place since November 2014, with the current contract extended in April 2025 for one year.

This annual report outlines the activity and impact of the service between 1st October 2024 and 30th September 2025.

Our	Vision
We are committed to building a society where every child feels valued, supported, and hopeful. Together with young people and our partners, we strive to create an environment where children's rights are protected, and their voices shape the services they receive.	

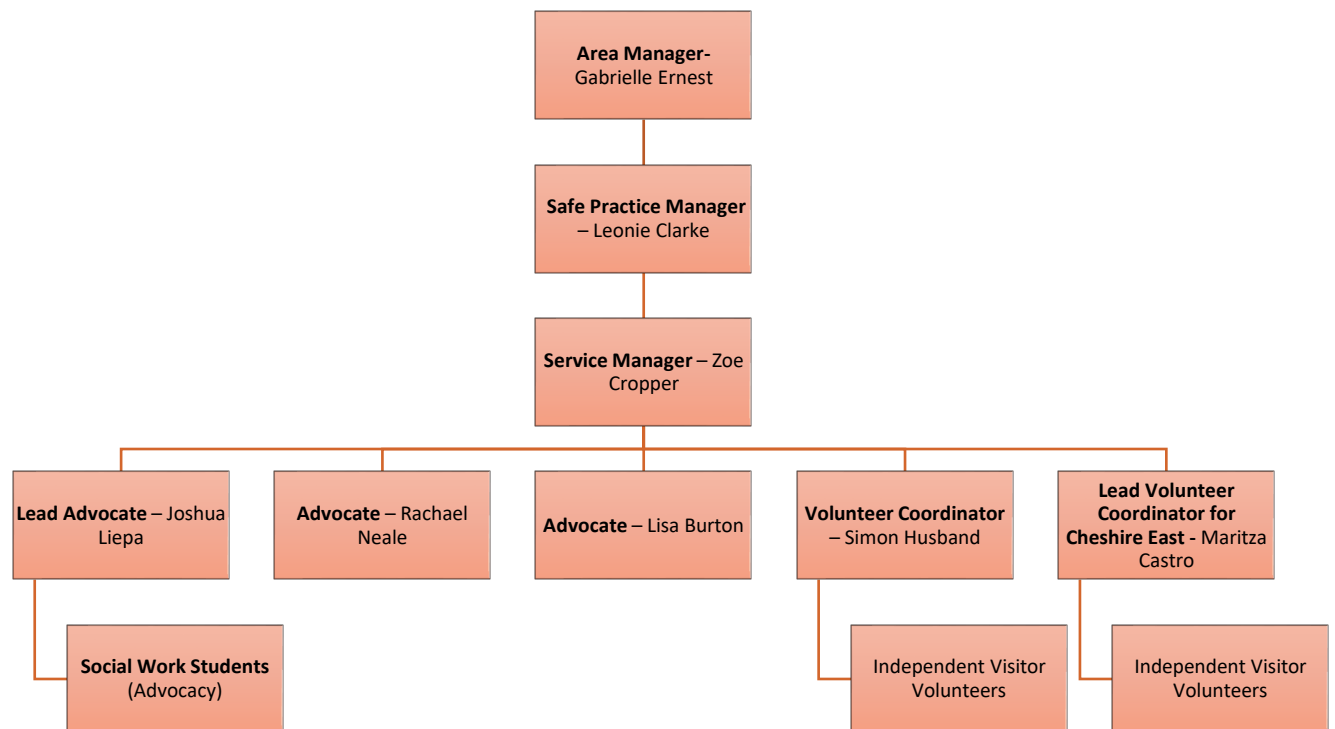
Our	Goal
By 2030, we aim to reverse the decline in children's well-being and lay the foundation for lasting improvement. Our focus is on ensuring that today's children experience a safer, happier childhood and can look ahead to their futures with confidence and optimism.	

Team Structure and Developments

Since the last annual report, we've seen several key staffing changes that have strengthened our service delivery and leadership capacity:

- A former Advocate was appointed as Service Manager, bringing continuity and frontline insight into the leadership team.
- A new Advocate was recruited to join the service from their previous sessional role.
- A new Area Manager joined the team, enhancing strategic oversight across commissioned services.
- We introduced a Safe Practice Manager role, focused on promoting best practice and ensuring quality assurance across the North West.
- A new Independent Visitor (IV) Coordinator was appointed to lead on Cheshire East IV service, working alongside longstanding IV Coordinator Simon Husband.
- A team member returned from secondment and has now taken on a Lead Practitioner role, with responsibilities including supporting staff induction, and oversight of student placements.

The structure of the Cheshire Children's Rights Team as of 1st October 2025



Advocacy

Our advocacy service provides independent support and information to children and young people, helping to ensure their rights are upheld and their voices are heard in decisions that affect their lives. Through advocacy, we empower young people to express their views, wishes, and concerns, and ensure these are meaningfully considered in care planning and service delivery.

We offer independent advocacy to children and young people who meet any of the following criteria:

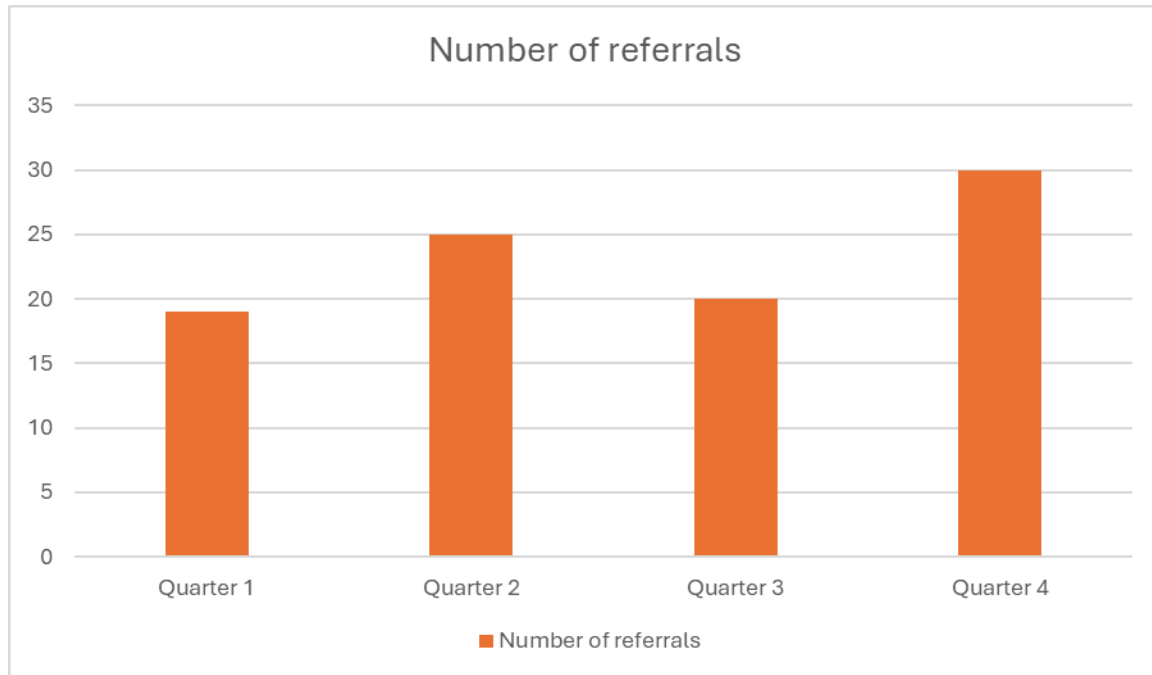
- Are cared for by the Local Authority (ages 0–17)
- Are care leavers (ages 18–25)
- Have a disability (ages 0–18, and up to 25 if transitioning to adult services)
- Are homeless and aged 16–17
- Are in private fostering arrangements
- Are unaccompanied asylum-seeking children or young people
- Are subject to a Child Protection Plan
- Are making a complaint against a social care service

Referrals

We received 98 referrals from 1st October 2024 to 30th September 2025. In the previous year, over the same period, we received 94 referrals. There were 4 referrals not accounted for in the Quarterly Workbook because they were not appropriate referrals and no work commenced.

Children and Young People's Eligibility Status

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Eligibility Status	Quarter 1 Oct-Dec 24	Quarter 2 Jan-Mar 25	Quarter 3 Apr-Jun 25	Quarter 4 July-Sept 25
Cared for child	3	10	8	20
Care Leaver	8	5	4	5
Child or young person with a disability	0	4	7	1
Child or young person on a Child Protection Plan	6	4	1	1
Asylum Seeking Child or Young Person	1	1	0	0
Homeless 16/17 year old	1	1	0	1
Private Fostering	0	0	0	0
ICO with parent	0	0	0	2
Total	19	25	20	30

Please note that some young people fit into multiple eligibility criteria- for example, a child may be an unaccompanied asylum seeker but also be Cared For. In these instances, we have categorised them under the criteria most relevant to their issues. In the above example, if the reason for referral was representation in Social Care meetings, we would list them

as a Cared For Child and if the issue was related to their asylum claim, then they would come under Asylum Seeking Child.

Themes and Trends

We have had 18 re-referrals this year, which is down from 33 re-referrals in 2023-24. We view this as positive, as this indicates that more young people are developing self-advocacy skills through their engagement with the service, as well as building better relationships with the professionals in their lives. These are some of the aims we seek to achieve through advocacy, as they ensure that young people feel confident managing future issues themselves with their existing support network and do not need to rely on advocacy support again. Of course, re-referrals do indicate that young people had a positive experience with the service previously.

We have had a slight increase in self-referrals this year, with 11 young people self-referring compared to 9 last year. It is positive that more young people feel confident to ask for an advocate themselves and that they know how to do this. As we are currently operating a waiting list, self-referrals are given priority in the allocation process, as these are young people who may not have access to other professional support.

We have seen an increase in the number of referrals for Cared For young people this year, going from 37 last year to 41 this year. In the most recent Quarter, we received 20 referrals for young people in this category. Cared For young people were the most common referrals into the service, which is consistent with last year.

Common themes for the Cared For young people referred into the service include:

- Placement difficulties- young people either wanting to move placement or being told they need to leave a placement where they are settled.

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- Young people struggling with the transition to post-18 support and possible moves to semi supported accommodation/other housing options.
- Issues with contact arrangements with family.
- Young people requesting a change of Social Worker.
- Young people who are new to being Cared For and would like independent representation and support to understand their rights and entitlements.
- Care leavers are the second most common referrals into the service, which is also consistent with the previous financial year. Frequent issues for Care Leavers referred into the service include:
 - Support to access their Local Authority records or to help them challenge the length of time it is taking to receive them.
 - Support with understanding their rights, entitlements and finances as a Care Leaver.
 - Support with their Pathway Planning.

We have seen a significant drop in referrals for UASC this year, going from 19 in 23/24 to just 2 in 24/25. This is primarily because in 2023/24, Cheshire East provided additional funding for The Children's Society to provide specialised advocacy support for their cohort of asylum-seeking children. As a result, that advocate was working closely with the Cheshire East UASC team and was supporting with immigration issues such as age assessments and First-Tier tribunals. This funding was not renewed in 2024/25, which has resulted in a decrease in these types of referrals. However, we continue to offer support to Asylum-Seeking children on issues not related to their asylum claim, but these young people have often been categorised as Cared For/Care Leavers. For example, we have supported an asylum-seeking young person to successfully change

their Pathway Plan, but this young person was recorded as a Cared For child in our referral statistics.

We have had no referrals for young people in private fostering arrangements this year, which indicates that these young people may not be aware that they can access advocacy support. We will look to build up stronger links with the Cheshire East CIN teams to ensure they are aware that children can access the advocacy service when in private fostering arrangements.

Achievements and Added Value

We have a stable team of highly skilled and qualified advocates who are committed to supporting young people. Each member of the advocacy team has been with us for over a year, enabling them to build strong, collaborative relationships with a wide range of professionals. This continuity has also allowed them to develop a deep understanding of the services available to young people in Cheshire East, ensuring they can provide informed, consistent, and effective advocacy.

Two of our advocates completed their level 3 'Advocating for Children and Young People' qualification in December 2024. This was a great achievement and means that every advocate on the team now holds this qualification.

During this year, we have supported one Social Work student on his 1st Year placement with us, who was able to support with low level advocacy cases and independent visitor reviews. We were also able to employ previous students to complete some sessional advocacy before they had to start their final year placement in January.

We have worked hard to develop stronger relationships with other organisations offering advice and support to young people, to ensure that we can signpost young people to the best and most appropriate support available. We have connected with the Advocate who works at Ancora

House, a specialist mental health unit, and are looking at looking at how we can work together with referrals to ensure they receive support both as an inpatient and after discharge. We have also built stronger links with CEIAS to ensure young people receive maximum support when their Special Educational Needs are not being met. We have also developed a new relationship with 'Her Place' Charity and have done joint working with their 'Believe Her' Advocates who support mothers whose children are in on Child Protection Plans

We also continue to foster excellent relationships with Watermill House, the YMCA (Crewe), Mococo House and have also developed links with the David Lewis Centre and The Coach House.

The Cheshire Advocacy Team completed a sponsored walk to raise money for the young people we support. We raised £1,400 to support our young people and their families. A proportion of this money was spent on bespoke Christmas hampers for the young people we were working with. The hampers were extended to other family members, ensuring a wider reach of festive support.

The remainder of the money has been spent on 'All 4 One' gift cards which we are giving to our young people. For example, if care leavers are moving into their own tenancies, we have given them a gift card to buy something for their new home. We have also given gift cards to purchase clothes and leisure items, which have improved emotional health and wellbeing for these young people.



Impacts on Delivery and Performance

A reduction in staff from 2023/24 has impacted on the number of cases we have been able to work with in the last two Quarters, which has led to us implementing a waiting list for advocacy.

The waiting list is actively maintained by our Admin Officer, ensuring it remains up to date. The Service Manager continues to meet with the team weekly to provide consistent oversight and support. Additionally, case closures are being reviewed during supervision sessions to identify opportunities for creating further capacity, while ensuring that all closures are managed safely and appropriately. The Children's Society's Safeguarding and Quality Practice team is also actively monitoring and reviewing the list with us to ensure we are managing the list in line with

best practice. Our Lead Advocate rejoined the Team after a secondment at the end of August 2025, which has already impacted on the Team's capacity and the waiting list reduced by more than 50% in the final month of the year.

We are seeing an increase in the complexity of advocacy issues for which children and young people are being referred. These more complex cases often require longer-term support, which can impact the team's capacity to take on new referrals. For example, we have regularly supported young people who are both pregnant and Cared For, with their children subject to Child Protection Plans. These cases can be prolonged due to the time required to complete the plans or navigate legal proceedings.

Advocacy Case Study

Summary of the case

We received a referral for C in August 2025 from his previous Social Worker. The referral asked for support in capturing C's wishes and feelings around his transition to becoming a care leaver. As the service was currently operating a waiting list, C was initially placed on this until there was capacity to allocate an advocate. However, C's referral was discussed at our allocations meeting and RAG rated as RED meaning that he would take priority as a case in need of urgent support. This rating was decided upon due to C turning 18 at the end of September meaning the issue was time sensitive, the increased risk of homelessness if a transition plan was not in place and because C had additional complexities due to being arrested for possession of child abuse images. As a result, C was allocated an advocate at the beginning of September.

I reached out to the referrer for updates on the referral in the few weeks C had been on the waiting list but did not receive a response. Due to the time sensitivity of the referral, I arranged to see C at his placement the next day rather than waiting any longer for an update.

After introducing myself to C and explaining my role, it became clear that C was not aware of the referral but nevertheless consented to my support. I engaged C well and we were able to have a detailed discussion about his life and transition plan, including where he would like to live, despite C admitting he usually struggled with new professionals.

There were positives in C's life. C was settled at his current placement and had good relationships with staff, who were willing to support him however they could. C also had money saved up and was receiving PIP, which meant he would have finances available to help with any transition, such as needing to buy furniture or decorations, on top of his Leaving Care grant and UC.

However, there were also significant worries, mainly that C was turning 18 in just a few weeks and had no idea where he would be going post-18. C had been told to present as homeless but that there was no emergency accommodation available and he might have to stay at B&Bs moving regularly until some could be found. This was particularly difficult for C, as he is diagnosed with autism and shared that he found regular change particularly difficult. C was thinking about exploring the private rented market instead, but did not have a good understanding of budgeting or how to do this.

It was clear that C urgently needed a clear Pathway Plan in place, ideally one which did not result in him having to present as homeless. C needed to understand all his options and entitlements, as he did not know what he was entitled to as a Care Leaver or how to bid on Cheshire Homes. Finally, if a plan could not be arranged for C, I intended to inform him about his right to make a complaint about why a clearer plan was not in place.

On a scale of 0-10, I assessed the situation as initially being at a 2. Although there were positives in the support C had from placement and his willingness to engage with me, the lack of a clear plan left C at clear risk of homelessness. Added to this is the fact that C would leave placement at 18, losing a key pillar of support, and did not have an allocated PA, so it was not clear who would support him if he did need to present as homeless.

What you did that worked well

After my initial meeting to C, I immediately contacted Geri Lafferty, who had very recently been appointed as C's new Social Worker. I raised C's concerns about a lack of a clear plan post-18 and asked if we could have an urgent planning meeting to address the issues. Geri and I arranged a joint visit to C the following day. This meeting was very positive, with Geri managing to arrange a plan where C would move into semi-independent accommodation with Homes 4 Support whilst he was bidding on Cheshire Homes. C was happy with this plan and was willing to work towards this. During the meeting, we made plans to ensure that C was set up on Cheshire Homes to bid on properties, would have access to UC on turning 18 and had a plan for the practicalities of moving the day after his 18th birthday. There was a lot of information for C to take in, so I made notes during the meeting and provided C with an 'Action Plan' Document which covered all that was discussed in a child-friendly way and made it clear what actions C, Geri, placement staff and myself would complete in what timescale. This helped C to understand the plan, particularly considering his autism diagnosis that meant having information in a structured document supported his understanding.

I attended a further professionals meeting to continue planning for C and spoke to C about consenting to share his EHCP, risk assessment and health assessment with his new placement, which C agreed to do.

Finally, C was due to have his final Review meeting as a Cared For Child, but due to professional availability this could only take place on his 18th birthday when C had celebratory plans. At C's request, we did try to rearrange the meeting, but the only other available dates/times did not work. As a result, we agreed that I would attend the meeting on C's behalf and take minutes to share with him. This ensured C's voice was at his Review and C did not have to miss out on birthday plans. I visited C once he had moved into his new property to share the minutes with him. We discussed all discussions and actions from the meeting and once again I made a child-friendly minutes document so that C could process and remember. C had a few questions from the meeting which were shared with his Social Worker to follow up with him about on her next visit.

What the impact was on the child/ young person / family

On a scale of 0-10 I would now assess the situation as being at an 8. C has a clear transition plan in place; he does not need to present as homeless and has clear post-18 support including a newly allocated PA. C clearly understands the plan and what his responsibilities are to ensure he gets into his own long-term tenancy. However, it is not a 10 as C is still not in a long-term tenancy and there is a possibility there could be issues with funding if it takes a long-time to find a property through Cheshire Homes. Additionally, there was the stress placed on C by having to arrange all of this at the last minute rather than preparing the plan several months before he turned 18.

What impact did the child / young person / family feel it had?

C shared “I am very happy” and “the flat is nice” when talking about his transition plan, which evidenced that he was pleased that such a solid transition plan was put in place for him. C also engaged really well with me as an advocate, including reaching out to me himself rather than through professionals, which is significant as C shared that he “doesn’t generally like people”. It was clear from this that C had trust in me as his advocate and was willing to come to me when he needed help sharing his voice. He also trusted me to attend his meeting on his behalf. I did not have contact with C’s family as he is Cared For, but his Social Worker also shared “Thanks for all your hard work this wasn’t easy, but we managed to get a good outcome”.

What can we learn from this piece of work or how can we build on this to inform future practice?

From Social Care’s point of view, there was an acknowledgment from the IRO in the Review that there had been delays in Pathway Planning for C and in arranging planning meetings which resulted in a lack of coherent plan in place for C within a month of him turning 18. From this, we can learn the importance of avoiding such delays and ensuring that planning meetings take place within timescales. If C had an appointed PA, they would have been able to help him with this planning. Nevertheless, Geri and Social Care also demonstrated good practice in how to respond if these delays do take place, by supporting C to get a clear plan in place

very quickly which was in line with his wishes and feelings. There was a lot of hard work from all professionals involved in C's Care Plan to put this together and it demonstrated what can be achieved with multi-agency working and prioritisation of need.

From an advocacy perspective, there was good practice in providing child-friendly action plans to C to ensure that he had a clear understanding of what was going to happen which was also accessible for his additional needs. This can be continued in future work as it was effective in helping C to understand rapidly made plans.

This was also a good example of multi-agency working and how advocates, young people and Social Care can work together to achieve the best outcomes for a young person without needing to be confrontational.

Independent Visitor Service

The Independent Visitor (IV) role was established as a statutory provision for looked after children under the Children Act 1989. Independent Visitors are volunteers who are carefully matched with children and young people in care, typically aged between 8 and 18 years.

These volunteers provide consistent, supportive relationships, offering young people the opportunity to connect with a trusted adult outside of their care arrangements. Each volunteer is asked to commit to a two-year relationship to help foster stability and trust.

The service operates with a key performance indicator (KPI) of maintaining 20 active matches at any given time.

We advertise for the role of an Independent Visitor across the following:

- The Children's Society Webpage

- The University of Chester
- Indeed
- Co-Op
- Cheshire West Voluntary Action
- Cheshire Easy Voluntary action
- Wales Voluntary Action

All Independent Visitors receive comprehensive training, including safeguarding and child protection, and are recruited through a rigorous safer recruitment process. This process includes enhanced DBS checks and reference verification, overseen by trained volunteer managers.

To maintain high standards of support and quality assurance, volunteers engage in quarterly supervision and group support sessions.



Referrals

- **Q1:** October – December 2024- 3
- **Q2:** January – March 2025- 4
- **Q3:** April – June 2025- 3
- **Q4:** July – September 2025- 6

Total – 16

This an increase of 7 referrals from 23/24, where we received 9 referrals. We have matched 5 children with Independent Visitors this year, whilst 6 matches have come to an end. We have 16 active matches at the end of September 2025, compared to 17 at the end of 2024.

Achievements

As part of the Independent Volunteer (IV) role, we ask all volunteers, at point of application, to commit to a minimum of 2 years for this role to ensure longevity and consistency for the children and young people who are referred for an IV. Our longest Independent Visitor matches are over 3 years, and this is extremely positive for these children as they have a consistent adult in their life to do fun activities with.

Our compliance with volunteer recruitment and supervision is extremely high and consistent. All volunteers have DBS checks, and all are within three years. Any volunteers whose DBS checks are coming towards three years old, they are updated. Any volunteer who has a DBS check older than three years is not allowed to continue volunteering until this is renewed. All volunteers have two positive references and have participated in a package of training prior to volunteering. All volunteers take part in supervision every 3 months.

Our longstanding Volunteer Coordinator took partial retirement in April 2025 and has decreased their hours to part time (17.5). We have recruited a new IV Co-Ordinator to join the Service and is now the Lead IV Co-Ordinator for Cheshire East. This ensures that our IV service is now back up to full capacity and they have been working closely together.

Our IV Co-ordinators have set up a Community of Practice group within TCS to share knowledge and to ensure standards are being met across all IV Services. Our IV Co-ordinator also attends quarterly Northwest IV service Networking meetings which allows the service to keep abreast of developments and share good practice.

We attended an event for services supporting young people at Macclesfield Town Hall to promote the service and ensure other professionals are aware of how to refer Young People into both the Advocacy and IV service. The number of IV referrals has increased by 78% from last year, highlighting we are successfully increasing

awareness of the IV Service.

Added Value

Our children, young people and volunteers can apply for additional money from internal funds to improve children's wellbeing. These funds are our Give Hope fund and Golden Ticket. Give Hope is a fund that teams and services within Youth Practice domain at The Children's Society can access to support their emotional wellbeing. We have been able to use this to supplement the budgets for young people to do costlier activities that young people would like to do. These include Alton Towers, Go Ape and Go Karting. Golden Ticket is an additional pot of internal funding which is controlled The Children's Society's internal participation group. Any practitioner or volunteer can apply for up to £150 for their young people to receive an item or participate in an activity to increase their happiness.

Impacts on Delivery and Performance

There currently continues to be a waiting list for the IV service. We have increased the spaces in which we advertise, but it remains a challenge to recruit, train and retain volunteers. We ask for a 2-year minimum commitment to ensure stability for our young people, but this can be prohibitive for interested volunteers who are expecting life changes during that period. We also continue to have a number of young people who are placed out of area and referred for an IV. It can be more challenging to recruit volunteers in these areas, as we do not always have existing advertising networks.

After our IV Co-Ordinator took partial retirement in March 2025, the recruitment of a new IV Co-Ordinator to work alongside them took longer than expected. This left a period where the service was being managed on reduced hours and impacted the number of new matches made during that period. We are confident that the number of matches will increase in the forthcoming year as our new IV team takes shape.

Independent Visitor Case Study

Summary of the case

MS was referred for an IV in the March 2023 by her Social Worker. The referral indicated that MS would like to go on activities with a trusted adult who was not her foster carer or Social Worker. MS only had supervised contact with her dad and no contact with mum, so did not have many non-professional adults in her life

Following the referral, we went to meet MS to introduce her to The Children's Society and learn a bit about her to try and match her with the right IV. We completed an 'All About Me Form' which showed she liked the cinema, crafting and animals. She also shared that she would prefer a female IV. Her foster carer Suzie shared that she was surprised how well MS engaged with this.

At this stage it was clear that there were lots of positives in MS' life. She was very settled with her foster carer, had good relationships with her brother and had lots of things in her life that she liked to do.

However, there were also worries that MS did not have much contact with adults other than professionals and could sometimes struggle communicating her emotions. It was hoped that an IV would be able to improve both of these issues.

On a scale of 0-10 I would assess the situation as being at a 7, as there was lots that was working well for MS. However, the introduction of an independent adult for MS to build a relationship with and hopefully trust to share their feelings with should improve this further.

What you did that worked well

We were able to match MS with a volunteer (A) after around 3 months. A was female which was in line with MS' preferences, and they also shared some of the same interests. TCS arranged a match meeting, and it was clear they had shared interests in crafting and reading, so planned some activities around these interests.

The relationship has been a very stable one as A and MS have been matched for over 2 years with visits taking place regularly. A has been supported with regular supervisions to make sure she is happy and confident supporting MS, and we have done review meetings with MS to also make sure she is happy with how the match is going.

The positive feedback from MS and the length and stability of the match are indicators that the match has been a successful one. Listening to MS' voice in terms of her preference for a female IV and matching her with a volunteer with similar interests has helped to ensure that the match was a success, as was the follow up support.

What the impact was on the child/ young person / family

MS has been supported to build a relationship with a trusted adult over the last few years, providing her with a stable and caring adult mentor who is not a professional. This has allowed MS to become more confident and ensures she has someone to talk to if there is ever conflict with her foster carer.

MS has also been able to enjoy positive activities with her IV such as bowling, trips to the cinema and mini golf which she may not have enjoyed as often without her IV match.

On a scale of 0-10 I would now assess MS as being a 9 as she is in a settled position with good, trusted relationships all around her.

What impact did the child / young person / family feel it had?

In her most recent Review in August 2025, MS was overall very happy with her independent visitor., MS expressed that her visitor is nice and kind and they do a lot of things when they meet, MS shared that her IV is nice to speak to, and she enjoys her company.

MS said that her IV keep her times when visits are arranged. and if a visit were to be cancelled, her IV will let her know.

MS said she feels confident in speaking up with a trusted adult, mainly her foster carer if something were to go wrong.

Feedback from the foster carer was also gathered, the FC said that things are going well and that the IV is pleasant, communicates well, make suggestions and books times for outings with MS.

What can we learn from this piece of work or how can we build on this to inform future practice?

This piece of work provides valuable insight into how to create a stable and supportive match between a young person and their IV. Capturing MS' voice at the beginning of the process ensured that we had a good understanding of the kind of volunteer that she wanted and reasons for this. This helped us to identify a volunteer that was in line with her preferences and shared her interests, which helped ensure the initial match was a success.

Additionally, regular check ins with MS and her IV have ensured both felt supported in the match and allowed us to identify and address any concerns.

Volunteer Case Studies

K

K has been volunteering as an IV for 4 years. K has been matched with three different young people during this time, with 2 of them now closed. K was first matched with a young person in August 2021 and she continued to be matched with them for a further 3 years.

K spent a lot of time building up the relationship with KL and did not look to rush this. K sought to find out what KL was interested in doing and gave her the choice of what activity they did together. KL enjoys going to the theatre and would like to be part of a production in the future, so K arranged a trip to the theatre to support this interest.

When reviewing the IV service with KL, she described K as “someone who is nice and kind and someone I like” because she takes her out on activities. Within the feedback reports after each visit, K spoke about how KL had instigated conversation rather than this being the other way round, which demonstrates her increased confidence. There was also feedback from KL’s foster carers who said “We have seen K confidence grow through the fun activities she has done with K. The recent theatre trip stimulated K as this is what she would like to do”.

Due to a change in circumstances for KL, this match was closed In August 2024.

Whilst supporting KL, K chose to be matched with a second YP and in the April of 2022 she was introduced to A, who was a young person in foster care. K is still making visits to this young person 3 years later. A described K as “being very kind” and he believes that she cares about his wellbeing. They said “K took me to a really fun trip; I find her to be a fun person to do activities with.”

K was matched with another young person AW for a short time once her match with KL ended in August 2024. K made 3 visits with AW. However, then AW had a placement move into a new semi-independent provision. The relationship had not had time to develop, so AW decided that she did not wish K to continue seeing her after the move. Nevertheless, the agreement to match with a third young person demonstrates K’s commitment to being an IV and supporting young people.

K is very dependable, will always make time to see her young people and attends supervisions. K will always contact the IV Co-Ordinator for support if she ever has any concerns.

D

D has been volunteering as an IV with TCS for over 5 years. D is currently matched to two young people who she sees on a monthly basis. One of her matches has continued for 5 years, whilst the second young person she has been visiting since April 2024.

KW, the YP who has been matched to D for 5 years, describes her as being “very nice and kind”. He also said how Ds visits make him “happy” and thinks that she is “lovely”. Their foster carer also shared that that “KH’s relationship with D is strong and he enjoys his time out with D”. The FC believes that the continuity of D’s visits have helped, as she goes above and beyond her role of an IV and this is seen as KH really trusts her.

D made herself available to visit another YP (IW) in April 2024. The introduction took place when IW was in foster care, before moving to a residential placement. Despite the move, IW was keen for D to continue visiting her. IW describes D as being “fun to be with on activities”. She went on to say that “she is nice and makes me happy. I like D”.

D has been consistently good at attending supervision and submitting her contact sheets after each visit. This ensures that we have good oversight of both of her matches and get real insight into how positively they are going.

Our Aims for 2024-2025 and progress made

These were the aims that we set ourselves for this last year and how well we achieved them.

- **To promote the service to children and young people and their families who have Special Educational Needs / Disabilities**

We would like to ensure that children and young people and their families who are not already involved with children's social care are aware of the advocacy service and know how to access the support. We will promote the service to schools and other agencies that support children with SEN and disabilities.

We want to increase the number of advocacy referrals where disability/SEN is the primary referral criteria.

We have developed better links with placements and education provisions which provide specialist support with children with disabilities and have seen increased referrals via these routes. These include Springfield School and The Coach House. We have made sure that staff in these settings have access to our leaflets and information on how to refer into the service. We have had 2 referrals for Non-instructed Advocacy through these routes in the most recent quarter. Whilst referrals for children with disabilities remained relatively consistent (12 referrals this year compared to 13 last year), we believed we have created the correct pathways for these referrals to increase in the upcoming year. To support with this, staff will be receiving additional training in working with children with SEN needs and using communication tools like PECS in the upcoming year.

- **To create a youth voice participation group, who will help us develop as a service and input their ideas.**

We plan to work closely with our internal youth voice team who will lead on this work and be supported by advocates within the team.

Unfortunately, due to the capacity issues described earlier in this report, we were unable to implement this goal, as we wanted to prioritise seeing young people and minimising our waiting lists. We do continue to regularly capture youth voice regularly through satisfaction surveys, IV reviews and direct 1:1 feedback. We have also attended the Children in Care Council and CICC committee meeting to hear views of young people. We have recently updated our case recording to ensure we are better capturing young people's voices and incorporating them into the service.

- **To increase child protection advocacy referrals for children and young people who require an independent person to support them to share their wishes and feelings**

We will work with the child protection social work team and the child protection Independent Reviewing Officers to ensure that we receive appropriate advocacy referrals for children and young people going through the child protection process

We have successfully increased referrals for children on CP plans this year (2 in 23/24 to 12 in 24/25) to achieve this objective. We believe we are building stronger relationship with CP Social Workers and teams who predominantly make these referrals. The Team Manager for the Child Protection Teams recently joined our commissioners meeting to develop closer links to their work. We have been invited to join their team meetings to further raise awareness of our service, once the Child Protection teams are more settled.

Developments for 2025 - 2026

To introduce the use of Goal Based Outcomes to measure impact

- Goal-Based Outcomes (GBOs) provide a structured and collaborative approach to advocacy, enabling children and young people to identify areas in their lives where they would like to see change. This method empowers them to set achievable, meaningful goals and track progress, even within brief or one-off sessions. In the context of an open-access or brief intervention advocacy service, GBOs offer several key benefits:

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- **Structured Support:** GBOs provide a clear framework for engagement, regardless of the duration of the session, ensuring that even short interventions are purposeful and focused.
- **Measuring Progress:** They allow both the advocate and the young person to reflect on the progress made during the session, helping to quantify the “distance travelled” toward the young person’s goal.
- **Safe and Ethical Practice:** The use of GBOs helps maintain appropriate boundaries and ensures that support remains within the remit of the advocacy service.
- **Positive Endings:** Each session can conclude with a clear understanding of next steps, giving the young person a sense of closure and direction.
- **Person-Centred Approach:** GBOs reinforce a strengths-based, collaborative model of support, placing the young person’s voice and choices at the centre of the process.
- **Continuity and Communication:** They support multi-agency working by providing a tangible way for young people to communicate the support they’ve received, which can be shared with professionals.

GBOs are a widely recognised evidence based tool and offer a robust, accessible tool for enhancing the quality and impact of advocacy work.

Embedding Solution-Focused Approaches at The Children’s Society

- The Children’s Society is embedding a Solution-Focused Approach (SFA) across its services to strengthen evidence-informed, child-centred practice. Rooted in Solution-Focused Therapy, SFA is a flexible, strengths-based model proven to improve mental health and engagement, particularly in underserved and complex settings.
- SFA aligns with our **Quality Assurance Framework (QAF)** by promoting consistent, reflective, and accountable practice, and with the **Impact Measurement Framework (IMF)** through its synergy with Goal-Based Outcomes (GBOs). Together, SFA and GBOs

support meaningful, measurable change led by the young person's voice.

- This integrated approach enhances service quality, evidences impact, and ensures children and families receive empowering, effective support.

Removing the Waiting List for Advocacy

- We are streamlining our advocacy processes to eliminate waiting lists and ensure timely support for children and young people. By improving internal workflows, prioritising cases more effectively, and reducing administrative delays, we aim to increase efficiency without compromising quality of service.

Re-evaluating and Updating the Order of Service

- To improve consistency and operational efficiency, we are reviewing and updating our Order of Service. This will ensure that all staff follow a clear, structured process from referral to closure, reducing variation in delivery and improving the overall experience for children and professionals.

Increasing Matches in the Independent Visitor (IV) Service

- With the expansion of our team, we are aiming to significantly increase the number of successful matches in the IV service over the next year. This will involve targeted recruitment of volunteers, improved matching processes, and enhanced support for both young people and volunteers to sustain long-term relationships. Our primary aim for the next financial year is to meet our target of 20 young people matched with Independent Visitors within Cheshire East . We have seen a steady increase in good quality applications for Volunteers so this goal can hopefully be reached by the end of the next financial year.

Feedback Received

Children and young people's feedback captured by our satisfaction surveys

"it was nice to have someone other than people around me to speak to."

"[name of worker] Really helped me feel listened to and helped me get an end result with some closure. I was never left out of the loop and had the appropriate conversations when

"My advocates have been excellent, [names two advocates] have been amazing to work with and worked with efficiency".

"The experience i had with my advocate was unbelievable, I got the support i needed when needed and was also informed about how i can request for an advocate until the age of 25".

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Parent feedback

How was your experience with the Advocate?

"Amazing, lovely people and very caring".

"The advocate for my daughter was incredible. She helped her express her needs and wishes. Although we advocate for her having an independent voice for her assessing what she would express if able really made us feel that our daughter was given the best possible chance to contribute to decisions about her future."

"The advocate was very professional, listened to my concerns and wishes and visited my daughter in different settings to gain a complete picture of her"



Team Contact details

- Area Manager – Gabrielle Ernest
Gabrielle.Ernest@childrenssociety.org.uk
- Safe Practice Manager- Leonie Clarke
leonie.clarke@childrenssociety.org.uk
- Service Manager – Zoe Cropper
zoe.cropper@childrenssociety.org.uk
- Advocates – Josh Liepa (Lead Practitioner), Lisa Burton and Rachael Neale
Josh.liepa@childrenssociety.org.uk,
lisa.burton@childrenssociety.org.uk,
Rachael.Neale@childrenssociety.org.uk
- Cheshire East Lead Volunteer Coordinator – Maritza Castro
Maritza.Castro@childrenssociety.org.uk
- Volunteer Coordinator – Simon Husband
simon.husband@childrenssociety.org.uk
- Cheshire Inbox - cheshirecr@childrenssociety.org.uk