Grateful thanks to a student from Rushbrook Primary Academy, for the cover page illustration

Hearing the voices of children: creating an Advocacy Centre in Gorton, Manchester, UK

Final Report

10 February 2025

Our research spans health, social care and education, and focuses on enhancing services, improving outcomes and evidencing impacts on children and families. We work closely with colleagues in the NHS, Local Authorities, the Charitable Sector, and national and international networks. Whilst locally rooted, we are active in several national and international partnerships in the UK, Europe and beyond.

Project team members

University of Salford

Dr Lorraine Henshaw: Associate Professor in Children and Young Peoples Nursing

Caroline Parker: Simulation and Skills Teacher in Nursing University of Salford

Adeela Khan: Research Assistant University of Salford

Prof (Dr) Andrew Rowland: Consultant Paediatrician (Manchester University NHS Foundation Trust) and Honorary Professor (Children's Rights, Law, and Advocacy) at the University of Salford

External Partners

Michelle Berry: Project Manager - ACEs and Trauma Informed Practice
Department of Public Health
Manchester City Council

Matthew Carroll: Principal, Rushbrook Primary Academy, Manchester.

Gareth Nixon: Programme Lead- ACEs and Trauma Informed Practice
Department of Public Health
Manchester City Council

Olivia Schaff: Clinical and Outreach Librarian
Manchester University Hospitals NHS Foundation Trust

Dr Elizabeth Wareing: Consultant Paediatrician
Manchester Local Care Organisation
Manchester University Hospitals NHS Foundation Trust

The children of Rushbrook Primary Academy.

Contents

List Of Figures

Introduction

The project introduces the concept of a children's advocacy centre at a primary school in Gorton, Manchester ("the school"). The project involves the school, Manchester City Council (MCC) and other stakeholders including The University of Salford (UoS). The project follows an earlier co-production project, the results of which described the overarching concept of an Advocacy Centre Model (so-called Advocacy House Model). [1] The findings of that earlier co-production project [2] underpin the development of this new project at Rushbrook Primary Academy in Gorton. This report is supported by a series of academic and other references, including policies. For ease of reading, the authors have decided that the best way of incorporating these references and ensuring that they are inextricably linked to the text they support, is to include the references as footnotes on each page. For this reason, this report does not include a separate references section as all of the references are found in-line on the page to which they refer.

Background

The concept of a Children's Advocacy Centre situated within a school setting was proposed by Professor Andrew Rowland in collaboration with a number of organisations across Manchester, primarily, Rushbrook Primary Academy, Manchester City Council and the University of Salford. The specific characteristics of the school are important to note and include a desire to establish better ways to support both families and the local community. The vision is to see the school as being at the centre of the wider Gorton community. The school has had decreasing pupil numbers due to a declining demographic, and this may mean it can provide space for a children's advocacy centre, including an outside space. Within the families of the school there are parents, and therefore families, who are seldom heard (previously known as "hard to reach" or "hard to access") and under-served. The school has a diverse population with a range of languages spoken. Trauma has been identified amongst children attending the school, which embraces a trauma-informed response to supporting the school family and wider community.

---

[1] Cook, DL., Livesley, J., Long, T., Sam, M. and Rowland, AG. (2022) The need for children's advocacy centres: hearing the voices of children. Comprehensive Child and Adolescent Nursing 2022;45(4):368-382

[2] Livesley, J., Rowland, A. G., Fenton, K., Bowden, L., Grierson, S. I., Hadi, J., ... & Butterfill, R. (2018). Outcomes from the children and young people's advocacy house consultation event–MediaCityUK.

Aspects of an advocacy centre have been integrated in previous projects in the UK, but these are predominantly within a multi-agency safeguarding hub (which although provides access for all child safeguarding concerns locally does not provide direct access to services for children and their families). An advocacy centre in the UK would not only provide such access on a self-referral basis but would be co-produced with children who would be involved in the design decisions, including location, facilities and the services to be provided. It would be a place of support and advice for problems and concerns, including health and wellbeing, social care, child protection, relationship difficulties and bullying.

Aims and Objectives

Wider Project Aim

This project is an initial phase of a wider collaboration aimed at co-designing and co-producing, though working with the community and local children and young people (CYP), an advocacy centre in Manchester. An important part of this aim is determining how this centre would best meet the needs of the community in a trauma-informed approach.

Specific Project Aim

The aim of the project was to engage the children and young people of a school in Manchester in the design and development of a proposed children's advocacy centre for the school and to make clear recommendations concerning the needs, requests, and priorities of the children based on listening to their voices.

Objectives

1.   To explore the children and young people's thoughts and desires regarding the development of an advocacy centre for Rushbrook Primary Academy.

2.   To establish in what circumstances they would contact such a centre.

3.   To establish what such a centre may look like and what should be provided to ensure that it is acceptable to children and young people

4.   To establish the facilitators and barriers in them accessing such an advocacy centre.

Evidence Review

A review of the literature was conducted to explore the current evidence base relevant to the project.

Children's Advocacy Centre Models

There are a variety of models of operation of Children's Advocacy Centres around the world but what appears to underpin the concept is provision of specialised programmes focussed on effective multidisciplinary services for addressing the needs and issues faced by children. [3] Children's advocacy centres (centers) were first introduced in the United States of America (USA) in the 1980s. The National Children's Alliance in the USA is an accreditation body for nearly 1000 children's advocacy centres in 50 States. [4]

The establishment of a model of a children's advocacy centre in the UK was proposed by Professor Andrew Rowland in evidence-based recommendations incorporated in his Churchill Fellowship [5] report, "Living on a Railway Line". [3] The benefits of children's advocacy centres are well known [1] from their use in the USA and the communities they serve hold them in high regard. Therefore, a great value is perceived in adopting this initiative in Manchester.

Co-production Of Projects And Services

There is extensive research highlighting the benefit of co-designing and co-producing projects alongside service users. [1 2 3 6 7 8 9] A co-production and co-design methodology was adopted in the

[3] Rowland, A. G. (2014). Living on a railway line. *The Winston Churchill Memorial Trust, The Pennine Acute Hospitals NHS Trust and The University of Salford.*

[4] National Children's Alliance (2024): *Fact Sheet: About NCA and CACs.* Retrieved November 30, 2024, from https://www.nationalchildrensalliance.org/media-room/nca-digital-media-kit/fact-sheet/

[5] https://www.churchillfellowship.org/

[6] Bell, J., Lim, A., Williams, R., Girdler, S., Milbourn, B., & Black, M. (2023). 'Nothing about us without us': co-production ingredients for working alongside stakeholders to develop mental health interventions. *Advances in Mental Health*, 21(1), 4-16.

[7] Messiha, K., Chinapaw, M. J., Ket, H. C., An, Q., Anand-Kumar, V., Longworth, G. R., ... & Altenburg, T. M. (2023). Systematic review of contemporary theories used for co-creation, co-design and co-production in public health. *Journal of Public Health*, 45(3), 723-737.

[8] Norton, M. (2024). Implementing co-production in traditional statutory mental health services. *Mental Health Practice*, 27(1).

[9] Welsby, E., Hobbs, D., Hordacre, B., Ward, E., & Hillier, S. (2024). Co-design for technology in paediatric therapy: Developing an augmented reality intervention for children with developmental coordination disorder. *Journal of Rehabilitation and Assistive Technologies Engineering*, 11, 20556683241266780.

project. This ensured that the advocacy centre model would be designed around the needs of the community as the children living in that community were able to articulate and communicate this. Work taking place in Salford (UK) in 2018 recommended the continued development of a co-produced advocacy centre initiative to meet the needs of children and young people in local communities. [2] An advocacy centre could bring benefit to wide range of children who could use the centre for advice and support with a variety of problems, including physical and mental health, social care, protection, help with relationship difficulties, bullying, and schooling issues. The involvement of children in the co-design and co-production of the centre is vital to allow them to work alongside adults to access the necessary tools and resources to create an effective advocacy centre.

Adverse Childhood Experiences (ACEs)

At its heart the project involved an assessment of the strengths of the local community, as viewed by the children living in it. The ACEs reported by the young people, as existing within their community, are examples of traumatic experiences (such as abuse or neglect) that can have life long, negative impacts on an individual's mental, physical and social wellbeing through to adulthood. Studies have shown that those living in lower socio-economic positions are more at risk of suffering from ACEs. [10] The more ACEs a child or young person suffers the more likely they are to engage in unhealthy behaviours, suffer chronic illnesses, and have lower life expectancy. [11] Evidence suggests the sooner interventions to combat or prevent ACEs are implemented the better the outcome for the individual. Trauma which starts in childhood, and which is persistent, continuous and enduring is more likely to cause long lasting difficulties and trauma related disorders. [12]

Engagement Of Children And Young People

Children and young people are more likely to engage in health services if they are involved in the planning, design, and implementation of those services. The development of an advocacy centre within a school has been designed with the intention of identifying, and responding to, the individual

---

[10] Walsh, D., McCartney, G., Smith, M., & Armour, G. (2019). Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. *J Epidemiol Community Health*, *73*(12), 1087-1093.
[11] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258.
[12] Waite, R., & Ryan, R. (2019). *Adverse childhood experiences: What students and health professionals need to know*. Routledge.

and community needs from the point of view of children living in that community. The aim (and both hope and hypothesis) is that this would hopefully reduce the incidence and prevalence of ACEs within that community and hence reduce the impact of ACEs on the health of individuals living in that community. Safe, stable, and nurturing relationships support children in acquiring the social and emotional skills needed to thrive and be resilient. [13]

The United Nations Convention on the Rights of the Child (UNCRC), the most widely adopted international treaty, states that children have the right to have freedom of thought, and their views should be respected particularly matters that directly affect their lives. [14] The UNCRC also states it is the right of a child to be protected from maltreatment such as abuse and neglect, have an adequate standard of living and, in effect, to be supported in recovery from any trauma. By developing the advocacy centre in collaboration with the children and young people it is envisaged that children's international rights will be respected by both listening to their voices and by ensuring that the design (both in terms of environment and service provision) of the advocacy centre adequately responds to their needs.

The idea of engagement and the participation of children and young people is not new, [15] however the concept of co-production with service users and the recognition of the meaningful contribution they can make has provided added impetus to the move to actively engage the public in the design and development decisions of public services. [16] The importance of recognising the 'grass roots' social economy helps to ensure better engagement and trust in services, and therefore more efficient, effective services.

Moreover, engagement and co production with service users promotes meaningful improvement and empowers the community, generating equality in partnerships with the community and providing mutual benefits. The social economy and users of services being recognised as a valuable asset; co-production can lead to improved services that are more effective efficient and sustainable. It helps

---

[13] Garner, A., & Yogman, M. (2021). Preventing childhood toxic stress: partnering with families and communities to promote relational health. *Pediatrics*, *148*(2), e2021052582.
[14] United Nations Convention on the Rights of the Child (UNCRC) (1989). Retrieved on 7 October 2024 from: https://www.unicef.org.uk/what-we-do/un-convention-child-rights/
[15] Arnstein, SR. (1969). A ladder of citizen participation. *Journal of the American Institute of planners; 35*(4):216-224.
[16] Boyle, D., Harris, M. (2009). The challenge of co-production. *London: New Economics Foundation*; *56*(18)

to ensure services are designed with those with most need in mind, and to facilitate services that are more acceptable and accessible. Increasing engagement in self-help, enhancing positive behaviour changes and the development of support networks, adding to resilient tendencies and wellbeing are also seen as benefits of co-production and reflect a recommendation from the Royal College of Paediatrics and Child Health (RCPCH) for increasing engagement, co-production and participation of children and young people. [17]

Gorton

Gorton is an area in Manchester, in the Northwest region of England, located in the East to Southeast of Manchester City Centre. Its neighbouring areas include Levenshulme, Abbey Hey and Openshaw. Gorton has a population of around 36,000 residents. 82.6% are from the UK, 5.7% are from the Middle East and Asia, and 2.8% are from Africa. The Office for National Statistics (ONS) reports that for Gorton and Abbey Hey, 5% of the residents have no person in their household who speaks English as their main, or first, language. [18] A lower percentage of residents in Gorton have very good health compared to the rest of Manchester and England, and a higher percentage than average are classed as having bad or very bad health. Around three-quarters of households (>75%) in both Gorton North and Gorton South wards contains people whose social circumstances suggest that they may need high or very high levels of support to help them manage their own health and prevent them becoming high users of acute healthcare services in the future. [19]

The Office for National Statistics (2021) classifies households by deprivation in four dimensions: employment, education, health and disability and household overcrowding. These dimensions provide a method of classification for a household and their level of deprivation based on four characteristics. To be deprived in any one of the dimensions one of the following must be met:

---

[17] Royal College of Paediatrics and Child Health (2017). State of Child Health. London (UK): RCPCH. Available from: https://www.rcpch.ac.uk/sites/default/files/2018-05/state_of_child_health_2017report_updated_29.05.18.pdf [accessed 30 October 2024].
[18] Office for National Statistics (2021). Manchester Local Authority and England Country 2021 Census Area Profile. Retrieved on 7 October 2024 from: https://www.nomisweb.co.uk/sources/census_2021/report?compare=E08000003,E92000001#section_7
[19] Manchester City Council (n.d.). Neighbourhood profile – Gorton (North & South) and Levenshulme. Retrieved on 10 October 2024 from: https://www.manchester.gov.uk/downloads/download/6528/neighbourhood_profile_-_gorton_north_and_south_and_levenshulme

- **Education:** if there is not a household member who has at least a level two qualification, and no person aged 16 to 18 years old is a full-time student.

- **Employment:** if there is a household member who is either unemployed or long-term sick.

- **Health and disability:** if there is a household member who has a long-term health problem or 'bad' or 'very bad' health.

- **Housing:** if the household is overcrowded, the household lives in a shared residence, or the household is without central heating.

The dimensions are then used to classify deprivation, which can be in any of these dimensions from one out of four to all four. [20]

Gorton and Abbey Hey have the fifth largest proportion of households deprived in three dimensions, compared to all other wards in Manchester. There are 58.9% of all households in Gorton which are single family households, the largest household composition in Gorton and Abbey Hey, above the average of Manchester (53.9%). 11.8% of all usual residents in Gorton were born in Africa, markedly above the average of Manchester (6.9%). [21]

In May 2024 the Performance and Research team at Manchester City Council undertook analysis of a variety of different indicators including the following:

- Indices of Multiple Deprivation
- Income Deprivation
- Child and Family Assessments with at least two addition factors (domestic violence, mental health, drugs and alcohol)
- Suspension
- Free School Meals
- Good Level of Development.

These indicators were then combined to produce priority wards to support (see table 1 for key statistics relating to Gorton and Abbey Hey). The Gorton and Abbey Hey ward was identified as one of the top ten priority wards in the City of Manchester.

---

[20] UK Data Service (2021) England and Wales Census 2021 - TS011: Households by deprivation dimensions - Dataset - UK Data Service CKAN. Retrieved on 10 October 2024 from:
https://statistics.ukdataservice.ac.uk/dataset/ons_2021_demography_household_deprivation
[21] Manchester City Council (n.d.). Gorton and Abbey Hey Demography and Migration. Retrieved on 10 October 2024 from: https://www.manchester.gov.uk/directory_record/456593/gorton_and_abbey_hey

N.B: It is important to note that the data used is data that was available to the City Council at the Lower Super Output Areas (LSOA level).

Table 1.

Indicator analysed	Findings of analysis
Indices of Multiple Deprivation	Gorton and Abbey Hey is the 4th most deprived ward in Manchester based on the Index of Multiple Deprivation (IMD).
Income Deprivation	Over 1800 children aged under 16 years in the Gorton and Abbey Hey ward are living in absolute low income families.
Infant deaths	Based on cases reviewed between 01/04/2023-31/03/2024, there were a total of 36 infant deaths (up until the age of 1) in Manchester, with 6 (16%) of these cases from children residing in Gorton.
Free School Meals	36.2% of pupils in primary schools are eligible for and claiming free school meals.
Good Level of Development.	Only 68.3% of children in the Gorton and Abbey Hey ward at the age of 5 years are deemed to be 'school ready' i.e. at a good level of development.
Language	40.51% of pupils in education have a first language that is not English.

Key statistics relating to Gorton and Abbey Hey Ward produced by the Performance and Research team at Manchester City Council (May 2024)

In summary, therefore, the children of Gorton, and the children of Rushbrook Primary Academy in Gorton, live in an area of a lower-than-average socioeconomic positions and are therefore more likely to be at risk of ACEs and have a higher need for support. The demographic statistics of the area in which the school is located provide a useful backdrop to the needs of the local community; but also provide useful insight into the challenges and opportunities to address those challenges that exist.

Children's Voices And Participation

A number of recent studies highlight the importance, benefit and methods of enabling children's participation in projects and in decisions around their own welfare. [22] [23] [24] One such study,

---

[22] Nortvedt, L., Olsen, C. F., & Sjølie, H. (2022). Young peoples' involvement in welfare service development—Is voice enough?—A thematic synthesis of qualitative studies. *Health Expectations*, *25*(4), 1464-1477.

[23] Kangas, J. (2016). Enhancing children's participation in early childhood education through participatory pedagogy. *Helsinki: University of Helsinki. Viitattu*, *8*, 2017.

[24] O'Kane, C. (2008). The development of participatory techniques: Facilitating children's views about decisions which affect them. In *Research with children* (pp. 141-171). Routledge.

undertaken in Sweden, investigated the effectiveness of the "Good Dialogues model", a model which encourages child participation by approaching the child as knowledgeable and capable of sound judgements about their situations and needs. Although the study is limited by its specific context and the participant characteristics, the results demonstrated the case for facilitating children to participate in decisions about their own life by using child-led and child-focussed communication and discussion. [25] What is obvious in the literature is that children have a desire to be listened to [1][26][27][28][29][30] and that children are able to understand and meaningfully participate in decision making. [31] Despite this wealth of evidence there is still a lack of real progress [32] as children's opinions are not invited in health and welfare decisions as often as the evidence would suggest should be the case.

Children have a right to be included in decision-making on issues that affect them individually and collectively [14][33] however there are numerous barriers and limitations to this process, including the focus on adult decision makers; the child's need for support in the decision making process; access to engagement; opportunity to engage; and agency in such decisions. [34] Importantly, such participation can be enhanced by advocacy and support, including in ways that can be facilitated through a children's advocacy centre model. [1][2][3][4] This premise is supported by the RCPCH which also called for the co-production of services aimed at children, so that children are involved in decisions about their design and development and so the services are more appropriate to meet children's

---

[25] Eriksson, L., Welander, J., & Granlund, M. (2007). Participation in everyday school activities for children with and without disabilities. *Journal of Developmental and Physical Disabilities*, *19*, 485-502.

[26] Rowland, A., & Cook, D. L. (2021). Unlocking children's voices during SARS-CoV-2 coronavirus (COVID-19) pandemic lockdown. *Archives of disease in childhood*, *106*(3), e13-e13.

[27] Kettunen, M. (2021). "We need to make our voices heard": Claiming space for young people's everyday environmental politics in northern Finland. *Nordia Geographical Publications*, *49*(5), 32–48. https://doi.org/10.30671/nordia.98115

[28] Lundy, L. (2018). In defence of tokenism? Implementing children's right to participate in collective decision-making. *Childhood*, *25*(3), 340-354. https://doi-org.salford.idm.oclc.org/10.1177/0907568218777292

[29] Stafford, L. (2017). 'What about my voice': Emancipating the voices of children with disabilities through participant-centred methods. Children's Geographies, 15(5), 600–613. https://doi.org/10. 1080/14733285.2017.1295134

[30] Stern, M. (2021). Getting our voices heard: Radio broadcasting and secrecy in Vanuatu. In L. Ó. Briain & M. Y. Ong (Eds.), Sound communities in the Asia Pacific: Music, media, and technology. Bloomsbury Publishing USA.

[31] Coyne, I. (2008). Children's participation in consultations and decision-making at health service level: A review of the literature. International Journal of Nursing Studies, 45(11), 1682–1689. https://doi.org/10.1016/j.ijnurstu.2008.05.002

[32] Peach, D. M., Rowland, A., Bates, D., Long, A. J., Cook, D., Cooper, L., ... & Smith, S. (2018). Not just a thought: A communication model-learning with children, young people and young adults about how we can keep them safe.

[33] Children Act 1989, c. 41. https://www.legislation.gov.uk/ukpga/1989/41

[34] Riádigos, J., & Gradaílle, R. (2023). The Forum for the participation of children and teenagers in Teo: A socio-educational context that enables children's right to participation. *Children and Youth Services Review*, *153*, 107112.

needs. [35] A recent example of co-production of services for young people is in the work undertaken by Shearn et al [36] in a north of England town, who utilised a mixed methods approach to explore and inform the future design of services. Recommendations included services being designed with enablement in mind, to support the growth of life skills, developing positive relationships and emotional wellbeing and providing a safe space. Multi agency collaboration was also recommended in the provision of social opportunities and services, and interventions focused on the strengths of each young person.

Internationally, success of working with service users regarding design and delivery of services has been shown, for example, in the youth justice system in the United States of America (USA) [37] and in a project aimed at ending trafficking of children in South-East Asia. [38]

Bullying

Positive childhood experiences, including those a school and an advocacy centre might provide, are shown to impact bullying. Bullying is an important public health issue, with the consequences of bullying felt not just in the moment, but also long-term. A study undertaken in the USA, in collaboration with the American School Health Association, examined the relationship between seven selected positive childhood experiences, such as having a mentor, feeling safe and supported. The findings highlight a reduction in bullying victimization, and bullying perpetration in children who experienced positive childhood experiences.[39]

Child Health Advocacy

Child health advocacy is an important part of the role of health care professionals in the care of children and young people. Effective advocacy and support can lead to an improvement in child health and wellbeing. Health care professionals can draw upon their influence, networks and

[35] Royal College of Paediatrics and Child Health (2017). State of Child Health. London (UK): RCPCH. Available from: https://www.rcpch.ac.uk/sites/default/files/2018-05/state_of_child_health_2017report_updated_29.05.18.pdf (accessed 30 October 2024)

[36] Shearn, K., Brook, A., Humphreys, H., & Wardle, C. (2022). Mixed methods participatory action research to inform service design based on the capabilities approach, in the North of England. *Children & Society*, *36*(4), 450-471.

[37] Flowers, A. S. (2010). Time dollar youth court 2010 evaluation final report. *Unpublished manuscript*.

[38] Rafferty, Y., (2007) Children for sale: Child trafficking in Southeast Asia. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*;*16*(6):401-422

[39] Crouch, E., Figas, K., Radcliff, E., & Hunt, E. T. (2023). Examining bullying victimization, bullying perpetration, and positive childhood experiences. *Journal of school health*, *93*(8), 669-678.

relationships across organisations to build child focused solutions, partnerships and resources. [40] [41] [42]

Health Assessment

Research undertaken in Sweden explored the role of child advocacy centres and child health and found a high prevalence of mental, dental and physical ill-health, yet only a small percentage of children were referred for a medical examination. [43] Recommendations were that mental health, physical health, and dental health assessments should be statutory in children's advocacy centres. However, this evidence is limited in application due to the child advocacy centre model adopted in Sweden, where the purpose of child advocacy centres is seated in child protection.

Impact Of A Children's Advocacy Centre

The proposed Children's Advocacy Centre in Gorton and the Children's Advocacy Centre model in the USA (and its near variations adopted in numerous other countries) have clear distinctions. The USA model is predominantly a response model to concerns about child abuse. Evidence suggests this model has impacted positively on child protection, case coordination and referral to specialist services but there has been little reported evidence of its influence on child or family centred measures. Recent evidence of advocacy centre impact demonstrates that typical outcomes measured emphasise service outputs (e.g. case prosecutions) rather than person-centred measures (e.g. child mental health). This is a clear oversight, and future research should explore the influence of the organisation and structure of a children's advocacy centre to establish what attributes best meet the person-centred needs of the diverse communities that they serve. [44]

It is vital that any children's advocacy centre service is based on children's views and participation in its co-design should be at its centre. Enabling children to participate in such decisions promotes

[40] Beers, L. S., Williams-Willingham, M. A., & Chamberlain, L. J. (2023). Making Advocacy Part of Your Job: Working for Children in Any Practice Setting. *Pediatric Clinics of North America*, *70*(1), 25-34.4

[41] Sterling, Y. M. (2013). Pediatric nurses as advocates. *Journal of Pediatric Nursing*, *28*(3), 309–310.

[42] Pawils, S., Heumann, S., Schneider, S. A., Metzner, F., & Mays, D. (2023). The current state of international research on the effectiveness of school nurses in promoting the health of children and adolescents: An overview of reviews. *Plos one*, *18*(2), e0275724.

[43] Göransson, L., Ekermann, S., Dovik, C., Klingberg, G., Ridell, K., & Laurell, L. (2022). Children's advocacy centre fails to respond to dental, mental and physical ill-health in abused children. *Acta paediatrica*, *111*(6), 1186-1193.

[44] Westphaln, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., ... & Walsh, W. (2021). Outcomes and outputs affiliated with Children's Advocacy Centers in the United States: A scoping review. *Child Abuse & Neglect*, *111*, 104828.

wellbeing through endorsement of their rights and responsibilities.[45] A recent review explored the effectiveness of processes used to support children's involvement in decision making relating to their care and welfare interests. Interestingly this highlighted the value of advocates in the successful support of children's involvement. Significantly the quality of relationships (in this case between the caseworker and child) was found to influence the success of processes to support children's participation. [46]

It is well understood that many social, economic and environmental factors impact upon child health and that there are many government programmes and laws designed to provide for children's basic needs. [47] Despite this awareness and the programmes developed to meet these needs, there are significant barriers to implementation which leave avoidable poor health outcomes for children. A lack of knowledge, experience, and resources to intervene contribute to this situation and consideration of expert input into alleviating some of the factors impacting on child health are beneficial. The inclusion of free legal advice (for example such as that facilitated by the various law centres [48] including universities [49] [50]) and expertise into a multi-disciplinary care team (MDT) can assist vulnerable children and their families through facilitating access to legal services and advice. Lawyers are important to provide effective holistic care for children. They can enhance the work of the MDT by upholding the rights of children and families where needed through providing direct legal assistance, including for housing, healthcare and education and local authorities, thereby enhancing a culture of advocacy, as well as jointly addressing systemic issues affecting children and families. Until laws to promote health and safety are consistently applied and enforced, paediatricians will

---

[45] George, E., Schmidt, C., Vella, G., & McDonagh, I. (2017). Promoting the rights and responsibilities of children: a South Australian example. *Global health promotion*, *24*(1), 53-57.

[46] Kennan, D., Brady, B., & Forkan, C. (2018). Supporting children's participation in decision making: A systematic literature review exploring the effectiveness of participatory processes. *The British Journal of Social Work*, *48*(7), 1985-2002.

[47] World Health Organisation (2024). Social Determinants of Health. Available at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1 [retrieved 10th October 2024]

[48] Law centres Network (2023). Find your local law centre. Available at https://www.lawcentres.org.uk/get-help [accessed 10th November 2024].

[49]University of Salford (nd). SILKS Law Clinic Free legal advice for the community. Available from https://www.salford.ac.uk/our-facilities/silks-law-clinics [accessed 10th November 2024].

[50] The University of Manchester (nd). Legal Advice Centre. Available at https://www.socialsciences.manchester.ac.uk/legal-advice-centre/ [accessed 10th November 2024].

need lawyers to effectively care for vulnerable children. [51] Previous research exploring families in need of legal advocacy to improve child health provides an insight into the potential benefit of a pro-bono legal service associated with a children's advocacy centre in the Northwest of England. [52]

Children In The UK

Children (i.e. those people under 18 years old) currently account for approximately 18% of the UK population. Many children thrive, achieving their potential and establish a strong basis for their life as an adult. Nonetheless, a significant number of them face challenges that hinder their growth and negatively impact their futures. These challenges are often complex and persistent and whilst some are more apparent, allowing for interventions to be targeted towards obvious needs, others are hidden adding to the complexities and are more difficult to help support and resolve. [53]

In 2020, the RCPCH refreshed the previous State of Child Health Report (2017) which highlighted important deficits in children and young people's health and well-being within the UK. [35] [54] The original report noted a fall in mortality rates (10-19 years). However, the rate of this reduction has fallen behind the rate of decline in similar Western countries suggesting a worrying trend. The original report also noted a clear link between deprivation and life-chances, highlighting that children and young people living in deprived areas are more likely to die. The 2020 figures worryingly expose a widening inequality between the health of children from wealthy and deprived backgrounds, leading to a further call for the UK Government to address all causes of poverty so that **all** children have the best start to life. In general, concerns regarding the health and well-being of children and young people in the UK remains significant and action to address these concerns is vital due to the association between the health and resilience experienced during childhood and adolescence and subsequent adult lives.

---

[51] Zuckerman, B., Sandel, M., Smith, L., & Lawton, E. (2004). Why pediatricians need lawyers to keep children healthy. *Pediatrics*, *114*(1), 224-228.

[52] Rowland, A. G. (2014). Living on a railway line. *The Winston Churchill Memorial Trust, The Pennine Acute Hospitals NHS Trust and The University of Salford. Retrieved 08/11*, 2024.

[53] Barnardo's (2024). Changing Childhoods. Changing Lives. https://www.barnardos.org.uk/sites/default/files/2024-03/Changing%20Childhoods%20Changing%20Lives%20Report_Digital.pdf [accessed 8th November 2024]

[54] Royal College of Paediatrics and Child Health (2020). State of Child Health. London (UK): RCPCH. Available from: https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-ENGLAND-02.03.20.pdf [accessed 8th November 2024].

There has been some important progress made in the pursuit of the original recommendations from the 2017 report [35] but there is still much more progress to be made and the recent recommendations centre around reducing the health disparities in our children, equitable access to health care and its associated services for all. Access to health-based support in education, including enhanced provision of school nurses and counsellors and a focus on public health and preventative strategies including increased budgetary resources for public health interventions and funding for local need.

The RCPCH (2017) identified concern for communication, personal, social and health education, mental health, and poverty as key themes arising from their consultation with UK based children. [35] In the refreshed 2020 report there are worrying increasing trends across a number of these areas, including increasing suicide rates, mental health prevalence, child poverty, numbers of young carers and rate of children on a child protection plan. The RCPCH reiterates the need for adequate financial and other resources to support the health and wellbeing of children in the UK and continues to lobby for improvements to avoid worrying consequences for future generations. The children engaged in the co-production of the report identified hobbies and extra curricula activities; food and drink; health and healthy living; emotional/mental health; and support as the top five factors that keep them happy healthy and well. They also talked about what was important to them,

> "*we want to make sure that they all know their rights to get the best start possible so that they go on to be a healthy child, to a healthy young person, then a healthy adult. We are worried that things can feel really different if you are living in poverty and that this can feel like there are lots of things in the way that stop you from feeling connected to others and like there is hope. We want this to change. Things that help include having someone trusted who you can talk to, having help to be able to look after yourself well, to be resilient and get help when needed, as well as really thinking about how to teach everyone skills for a healthy life and to make sure that it is easy to get to health services and that they are approachable and accessible.*" [54]

This reflects the many supports, advice and services a Children's Advocacy Centre could provide.

Methodology

Introduction To Methodology

The views and ideas from the children were obtained as part of their work during a "Sunshine Day" organised by their primary school in Gorton. The "Sunshine Days" are an initiative developed by the school to support the wellbeing and aspiration of children in the school. They are held regularly, approximately once every seven weeks and usually involve the whole school. The children are facilitated to explore their own wellbeing and undertake activities to bring them together as a family and to teach them how to look after themselves and support each other. Additionally, the days explore what the children and their families need that they don't feel they already have such as heating, food, clothing, access to services, or finances. The children generate these ideas. Furthermore, the children are asked to think about what they would like to achieve in their futures and their aspirations such as careers, wellbeing, vision for later in life are explored.

Project Design

A pragmatic approach, informed by the principles of co-production and focused on inclusive methods, guided this project. This allowed the children to communicate and share their views and opinions as unhindered and free a way as possible. The "Sunshine Day" in question took place in October 2023 and the children's views were collected through various activities. The children were encouraged to record their thoughts, views, ideas and opinions on paper leaves and hang them on a "wishes and worries tree". They were also asked to draw and submit their artwork regarding their worries, needs and wishes and their perception of an advocacy centre. A graffiti floor was also made available for them to write on or draw their thoughts and views. This wide range of data collection methods were used to allow the children to communicate in a variety of ways that best suited their age, abilities and preferences.

Dealing With The Data

There was a large amount of data collected and to manage this data set effectively it was first collated into types, year group and class number, before data extraction was performed, via the research team and the wider partners. This took place on a day, subsequent to the data collection, in January 2024 and involved the immersion and careful scrutiny of the different artwork and media. A data extraction

form was used to record all identified reoccurring and significant themes from the data, relevant passages of text from wishes tree leaves, the type of data and the source of the data (year group). Photographs of the graffiti floor and artwork were also taken for further analysis and to utilise as examples of the children's views. All the data was anonymous with no identifying information included in any of the data types. Prior to data extraction the school had reviewed the data and identified and acted upon all potential safeguarding concerns. If any additional safeguarding concerns arose from the data extraction and analysis these were to be reported to the school who would then act upon these in accordance with their normal processes. There were no additional concerns identified.

A qualitative analysis of the extracted data was then undertaken by the University of Salford. The data was extracted and thematically analysed by a team of researchers, including Professor Andrew Rowland, the original co-creator of the initial project at MediaCityUK, [2] and members of the Children and Young People nursing team from the University of Salford. All researchers / analysts were briefed prior to the data extraction and analytical process. The outcomes of the analysis were recorded using a spreadsheet and the data reviewed repeatedly to identify emerging themes. The themes were categorised/organised, and a synthesis of the data was conducted to provide insight into the needs and wants of the children to inform the further development of the Advocacy Centre and its future ongoing co-production.

Engaging the children in the activities at the Sunshine Day was the most feasible and effective way of obtaining the data from children due to the various age ranges. Using the diamond ranking tool when involving children in research has been shown to be an effective way to obtain data. [55] The diamond ranking tool suggests using creative activities such as drawing, drama and dance are most effective when asking children to express their ideas, thoughts and feelings.

Recruitment And Approvals

The whole school (reception to year six) took part in the Sunshine Day. As the Sunshine Day is a regular curriculum activity at the school, specific consent was not needed for the children's

---

[55] Niemi, R., Kumpulainen, K., & Lipponen, L. (2015). Pupils as active participants: Diamond ranking as a tool to investigate pupils' experiences of classroom practices. *European Educational Research Journal*, *14*(2), 138-150.

participation in the day. The day was supported by the usual teaching staff and led by the headteacher. The whole school is made up of mixed ability young people, some with special needs and others gifted and talented. Some had known health problems (e.g. asthma) and mobility or cognitive processing difficulties. Ethical review and approvals were obtained from the University of Salford (reference 0141).

Participants

A total of 610 Children, aged three to 11 years, participated in the day and of these approximately 50% were entitled to free school meals.

The usual class teachers and teaching assistants facilitated the Sunshine Day, with their roles being to help the children explore their thinking and support including by asking questions. The facilitators were all known to the children and experienced and confident in working with them.

Findings

Several key themes have been identified from the data provided through the Sunshine Day activity. In this section the themes are reported upon and, where necessary in order to protect and promote the young people's voices, context and interpretation is provided. The discussion section of this report will explore these themes, and their links with the literature and evidence gaps, in more detail. The findings are described in separate chapters which can be cut out of the document and used as briefing papers in their own right on a specific topic.
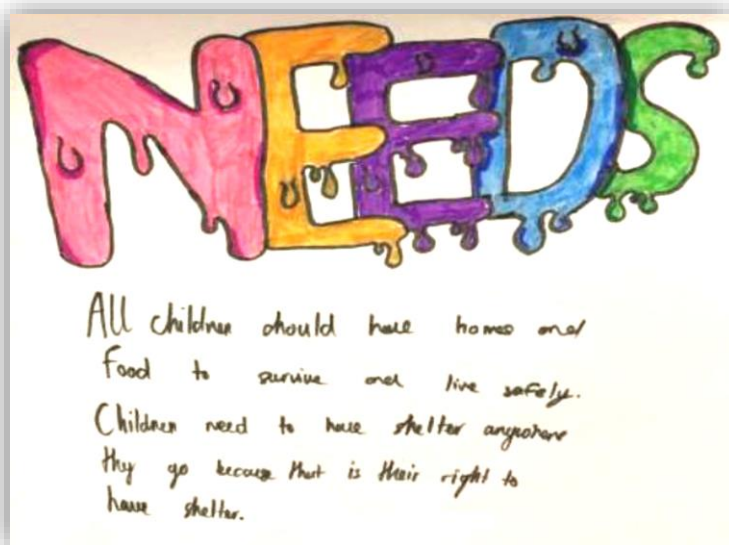
Figure 1: *Individual needs*
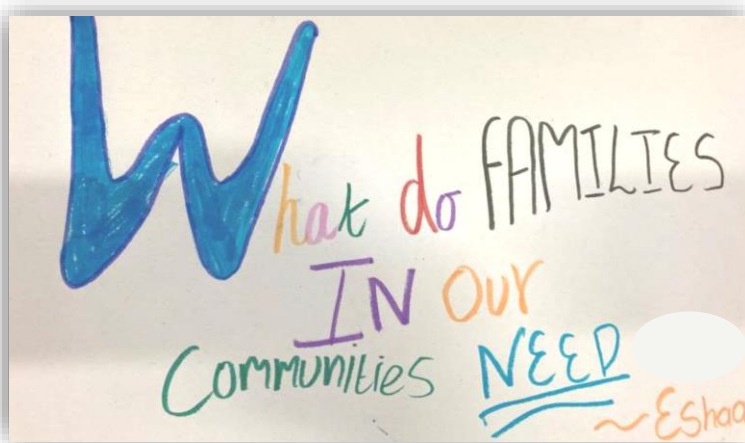
Figure 2: *Community needs*

1.   Food poverty

Food poverty was the theme most identified across all the data forms. Many children communicated their worry around the availability of food in their household, *"we don't have food in the home"* (worries and wishes tree (WWT), year group (YG) 5). They raised concerns about having enough food and worried they will have even less in the future and asked for *"money for food"* (WWT YG2).

Figure 3: Food bank

Many of the children also raised their concern in general about people not having enough money to afford food. They were clearly worried that many people don't have enough food for their families, stating there should be *"food for everyone"* (WWT YG5) and "*no-one without food"* (WWT YG5).

They also asked for 'food help', 'free food', and for a table of nutritional foods, suggesting they see the need for education around healthy eating and cooking, for them and their families.

Some children were worried that they might be wasting food and wanted a place where people could get food support for their families. Drawings of food banks, showing plentiful food, were very common in the drawings and graffiti floor. The children frequently asked for more food, food banks or money for food through their drawings and graffiti.

There were also obvious worries about the current food shortage in different countries. It is also worth noting there were also requests for a garden at the Advocacy Centre, and perhaps this could be used for growing food and for teaching food literacy.

2.   The need for financial support and addressing poverty

This was a significant, recurring theme present in all the data types. The children consistently expressed worries about not having enough money, including but not always in relation to their own parents and families, *"I am worried mum and dad don't have enough money"* (WWT YG3). Sometimes their concerns were more general, about other people not having enough money and this leading to problems for them, *"I wish no one could become poor ever again"* (WWT, YG5).

7t is also apparent they had a good understanding of poverty and how this can adversely impact lives, including on food, housing, health, clothing and the payment of bills, **"I am worried about wasting food" WWT, YG 3)**. They were very worried about the lack of money, risk to housing and homelessness, **"I am worried children might be homeless"** (WWT, YG2) and dreading 'red letters'- highlighting the children's awareness, understanding and worries about incoming bills and how their families might be affected and demonstrating a very adult perspective. A 'red letter' is something from an adult world and the fact children are knowledgeable about this means they are being drawn into that adult world, exposing them to adult stresses and potential negative consequences. [56] The children were worried about their families struggling to pay the bills but also wanted help for people to address financial problems and poverty and wished for there to be support and advice about how to manage the rising cost of living.
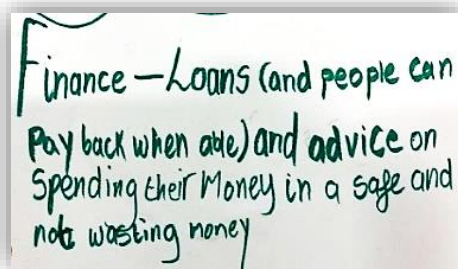
Interestingly the children also frequently mentioned 'giving' and providing for others in the context of poverty and peoples' needs, *"I want to give money to charity to end poverty" (*Graffiti floor). This really speaks of the altruistic nature of the children whose thoughts were often of others as well as themselves and their families.

---

3.   Clothing and other poverties

Figure 4: Clothing

Many of the children brought up the issue around money for clothing and shoes, both for school and more generally, asking for a 'uniform swap' facility and free, or money for, clothes. ***"Clothes for them to wear"*** (Advocacy House). The children frequently mentioned food banks across the data, suggesting a raised awareness of and recognition of how important these are for the community. Along with the need for clothes banks, they also suggested free toys and toy banks and a place where parents could get monetary help for Christmas or Eid presents.

Heating and energy use were also mentioned frequently throughout, with many comments and drawings suggesting significant worries about the winter, ***"worried about putting the heating on"*** (Graffiti floor), the increased use of gas and electricity ***"we need to use less electricity"*** (Graffiti floor) and their families being able to afford heating, **" I am worried that the electricity will run out"** (WWT YG3).

Some children also drew or wrote about washing machines, fridges and fireplaces/heaters, suggesting a need for such items for their families. A ***'free pass'*** (Graffiti floor) was also asked for, to help with transport (taxis, buses, trains and bicycles were suggested by the children for this free pass).

4. Health worries

Figure 5: Medical care

There were significant, very obvious, and frequently mentioned concerns about children's own and their wider family's health. For example, **"*I want my mum and dad to be healthy, my most wish*"**; "***I am worried about my dad being in pain***" (WWT YG3); "***I am worried about my grandma dying***" (WWT YG2). The children expressed worries about the health and wellbeing of their parents, siblings and grandparents and a perceived lack of access to doctors, dental and other healthcare and medicines. ***"There won't be enough hospitals"*** (WWT YG2); "***I wish that people could get better healthcare"*** (WWT YG5). This suggests they see the need for an increase in the number of healthcare facilities and services for their community. Dental care and medicines were particularly highlighted as a need. They wished that their family and siblings could get better healthcare so that they don't get sick and could enjoy a healthier life. Many of the children were also worried about the habit of smoking or excess alcohol use in their family and community and wished that it could be stopped. It is suggested that strengthening access to health education and improving health literacy could be influential here.
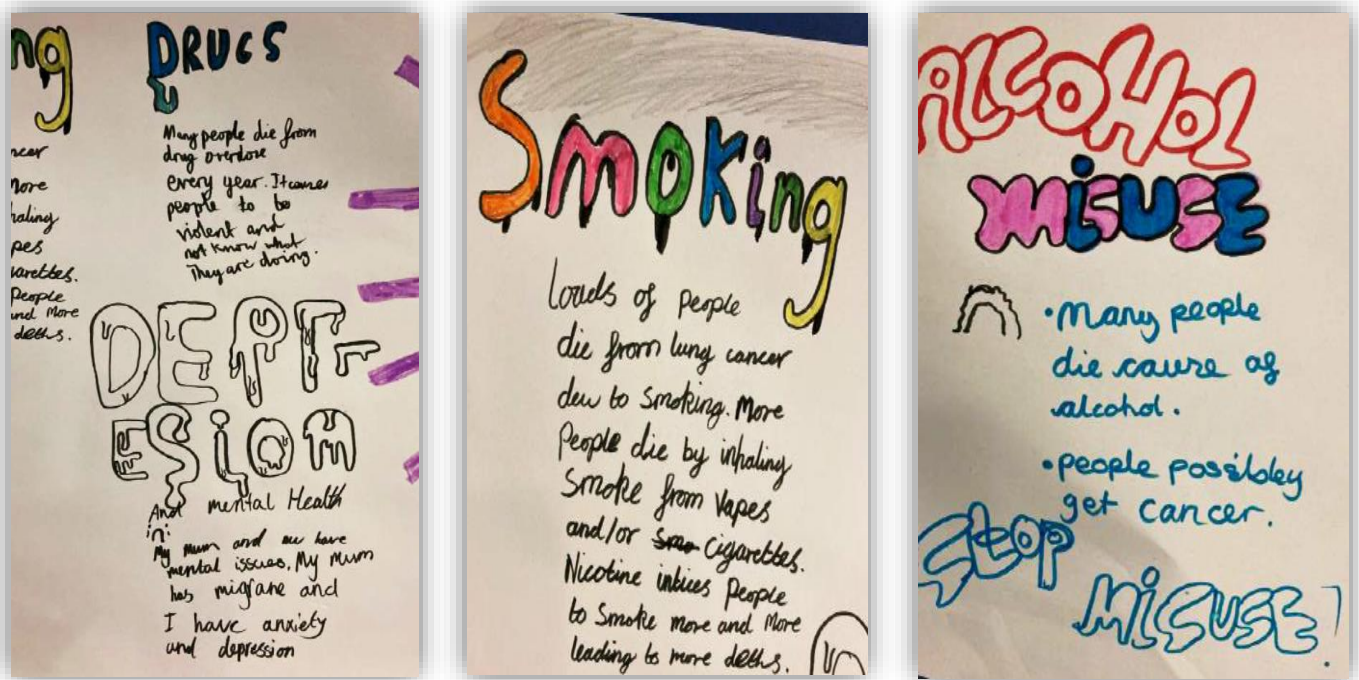
Figure 6: Drugs, smoking, and alcohol

Mental health and wellbeing also stood out as an issue the children are worried about. The children clearly saw the connection with poor mental health and potential impacts such as violence, abuse and being unable to manage important aspects of life. They gave an example of not eating the right food and looking after yourself. They also acknowledged a potential risk to the safety of children whose parents have poor mental health. For the children to make these links between poor mental health and its effects shows a degree of lived experience and raised awareness of mental health. This is supported by the mental health conditions the children have mentioned such as anxiety and depression, some in relation to their family and sometimes themselves.

5.   Community Safety

A striking finding was that the children often talked of feeling fearful and that safety in the city was a problem. They felt safer at home but considered it to be unsafe outside of their homes. They asked for "***a safe place to play***" (WWT YG2).

Some children were concerned about the safety of their family and worried about stalking, being robbed or on one occasion being kidnapped. This could be based on knowledge of other countries, perhaps in some cases based on the experiences of their families, friends or other people they know in other countries. If this is the case it highlights the need for support with these concerns. Other data suggests these fears are based on the locality.
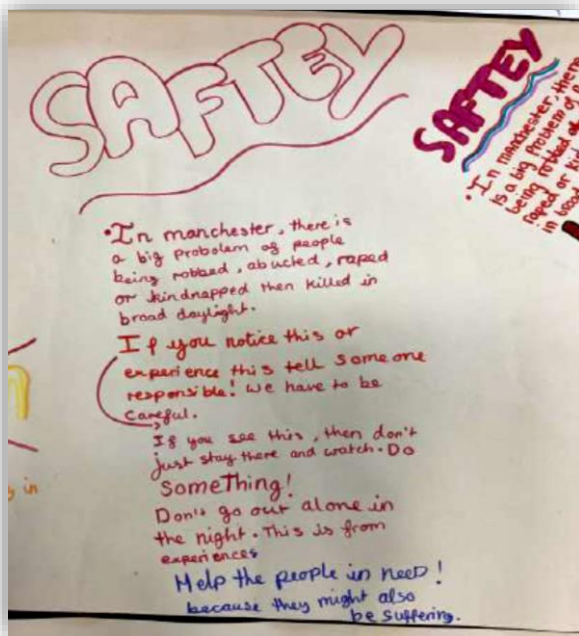
They wished for a bigger police workforce so that their community could be made safer "***need more police". (WWT YG3)*** They worried, "***If I am in danger no one will help me"*** (WWT YG5).

They expressed a need for safe places for them to play and wished for more parks with swings and slides, recreational facilities, basketball pitches and even swimming pools where they could have fun in a safe and secure environment.

Several children also expressed their concern around internet safety and asked for support to be safe on the internet, concerned with hacking and scamming being mentioned.
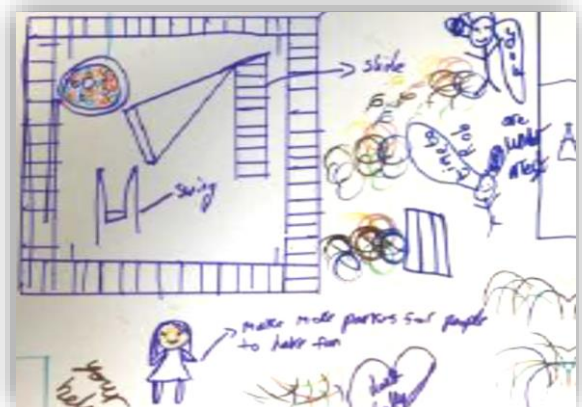
6.   Shelter, Home, and Homelessness

A number of children were worried about losing their house and being homeless, asking for help with finding a home. Many were not happy with their current living conditions and wished for more rooms

in their house or a better house, *"my family need an extra room"* (WWT YG2) Some children were worried about not having heating at their home during winters or worried about turning the heating on. Some children were also worried about other people being homeless and having no shelter to sleep asking that *"homeless people should have a house"* (WWT YG2).
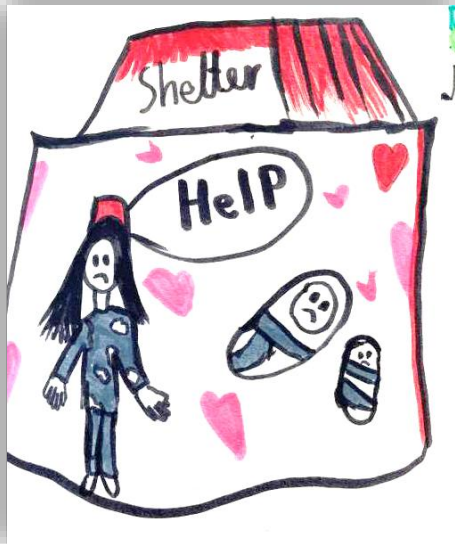
The children asked for food and money for homeless people and more jobs and houses for homeless people. In one of the graffiti floors, they have written the words *"government notice homeless"* (with notice clearly crossed out), possibly suggesting that they feel the government could notice homelessness and act upon this more.
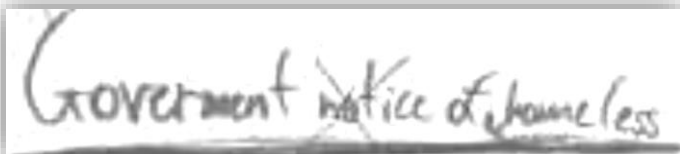
They also asked for help and support for families to find suitable housing. This reiterates their altruistic nature.

7.   Importance of Family
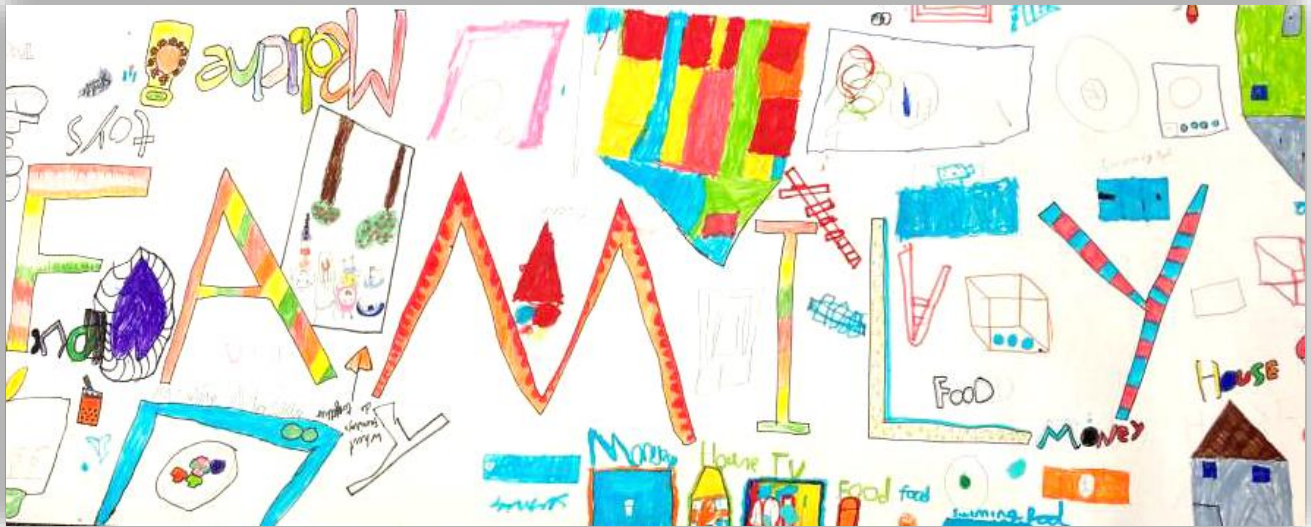
Figure 7*: Family*

Family was a significant theme found throughout the data. It was clear that the children's family were very important to them and many of the children expressed real concern for their family. They had worries about keeping their family safe or that a parent may leave or die, "***I want my family to be healthy***" (WWT YG2); "***I am worried about my family being robbed***" (WWT YG3). Some were also worried about what would happen if they lost a parent, talking about "***when my mum dies***" (WWT YG2). They also worried about their parents, siblings and other family members arguing or their parents being sad "***I worry if my mummy is sad***"; "***I worry about my little brother***" (WWT YG3).

Some children mentioned concerns about their parents needing support to learn to speak English, "***help to speak english***" (Graffiti floor) or that their parent is not in employment "***worried my dad hasn't got a job***" (WWT, YG3) or siblings, parents or grandparents who were unwell.

8.   School

The children were very positive about school and obviously enjoyed and were happy at Rushbrook Primary Academy. "*I love school*" (WWT YG3). Some asked for better school lunches, more playtime at school and more school trips. Some wanted to wear their own clothes to the school instead of the school uniform. The reference to wearing their own clothes could potentially be indicative of the cost of school uniforms, they also called for uniform swaps.

There are clearly concerns by the children about moving schools or transitioning to high schools, *"I might not like my new teacher"* (WWT YG5). They were worried that they will lose their friends and will be alone and lonely. Some also showed concerns that they will not be able to make new friends. *"I might not have any friends"* (WWT YG5), suggesting worries about being lonely or disliked. Other comments suggest they find school a safe place to be as they expressed worries about the school bell going at the end of the day.

9. Bullying

Bullying was identified as a significant issue by some of the children. They were worried about being bullied at school and in the community. The children wished that there was no bullying especially at schools, "*I wish that bullying was not a thing"* (WWT YG5). The children know what to do if they are being bullied and they gave advice about this in their drawings. It is also clear they worry about bullying leading to people being physical and emotionally hurt, showing they understand the consequences of being bullied/bullying. They also recognised that schools are trying to stop bullying.
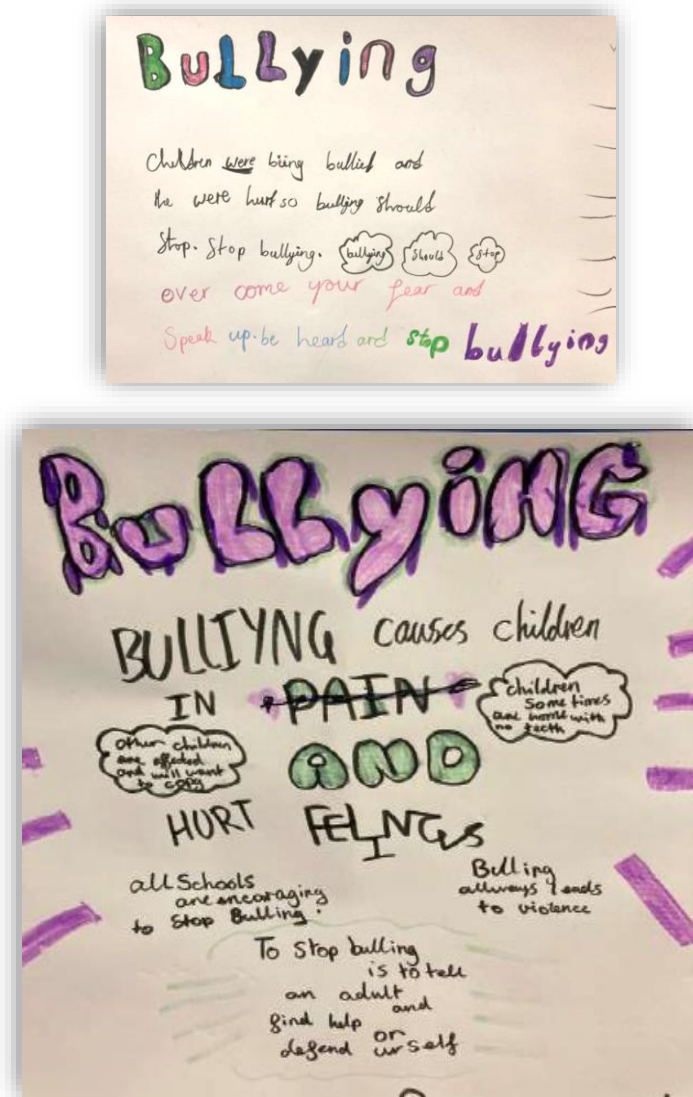
Figure 8: Bullying

10.   Equality and combatting racism
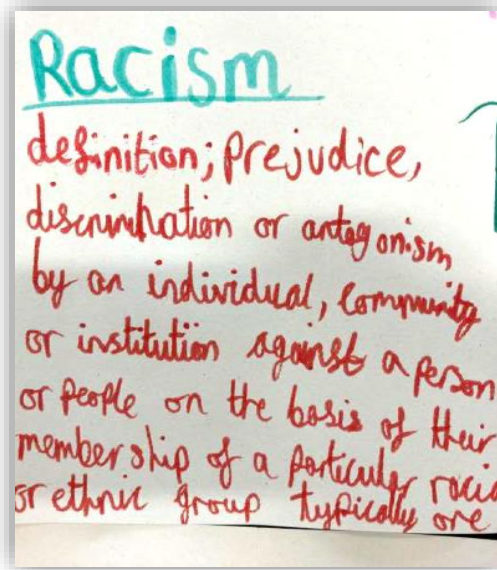
Figure 9: Racism

The racism theme occurred throughout, and the children reported about the need to be inclusive and respectful of people from all religions, beliefs and all ethnicities, stating everybody is equal and there should be no racism.
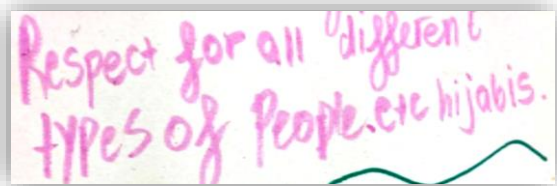
This shows their level of awareness of the issues surrounding, racism, equality and inclusivity and the importance of this and demonstrates their strong values of fairness and respect for others, "*I wish people could care about everyone equally so the world could be a better place"* (WWT YG5).
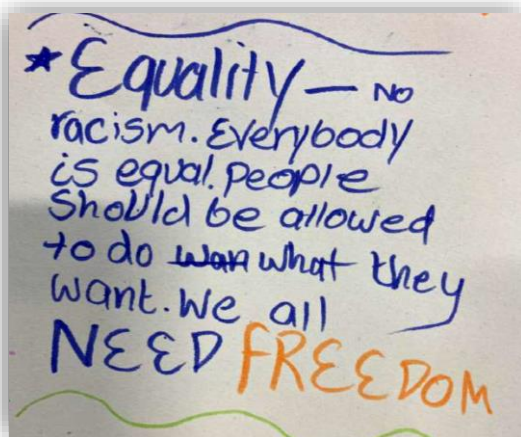
11.   Environment

Environmental and climate issues, both locally and globally were highlighted by the children who were worried about damage to the environment caused by pollution and other factors, *"we need to stop polluting the sea"* (Graffiti floor), showing their concern for the wider world and knowledge of environmental concerns and the need to protect our planet. They reported their concern regarding the damage humans are doing through their actions and showed a striking level of awareness and maturity as they grapple with some distinctly adult and political concepts and ideas.
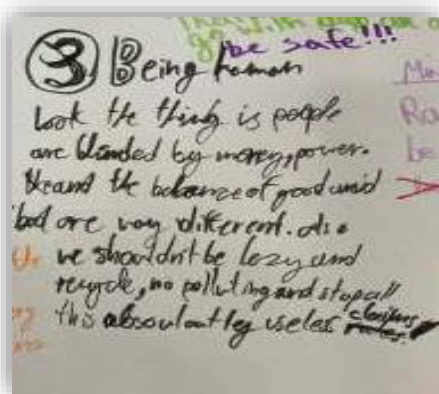
"*Being human- Look the thing is people are blinded by money, power and the balance of good and bad are very different. Also, the thing is we shouldn't be lazy and recycle, no polluting"* (Graffiti floor).

"I wish people would stop cutting down rain forests" (WWT YG5).

They also identified the need for more trees. One child wrote that *"their family needed trees to breathe"* (Graffiti floor). The children also complained about more local issues including the need for green spaces in their community and their dislike of the smoke and rubbish outside their house, *"worried about keeping Gorton clean"* (Graffiti floor).

They were also concerned about food wastage, *"people wasting food and water"* (WWT YG5) and the need for conserving water and food for those who need it. Similarly, concerns were expressed for wastage of electricity and gas and need for more energy for the heating and lighting needs for their houses. Shelters and places for animals were also advocated in the drawings and there were worries about losing their pets/pets dying also being expressed, *"my pets dead and my brother really misses her"* (Graffiti floor).

12.   Community
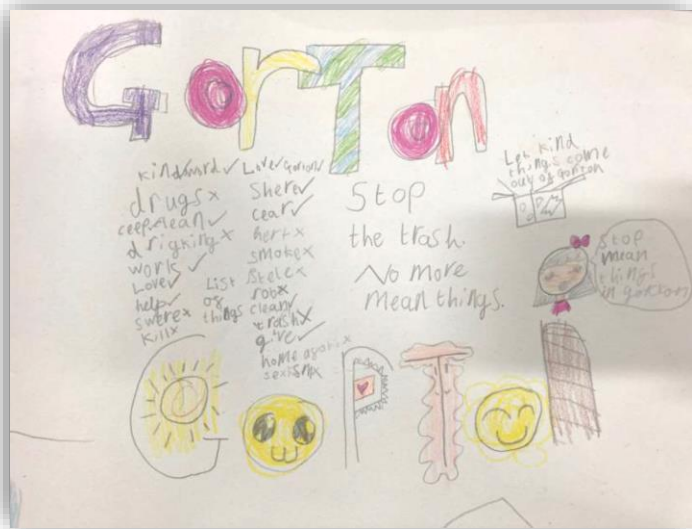
The children regarded Gorton as a happy place to live and seemed proud of their community.

However, they did also have some worries about the area, including concerns about drugs, drinking, smoking and crime in the community.

There was a clear desire to see these issues resolved. *"Let kind things should come out of Gorton"; "stop mean things in Gorton"* (Graffiti floor).

Support for the community, by giving to charity, and donating to food, toy and clothes banks was also clearly important to the children. They frequently asked for support for others in need including homeless people, children without parents and people with poor health demonstrating their considerate and altruistic nature.
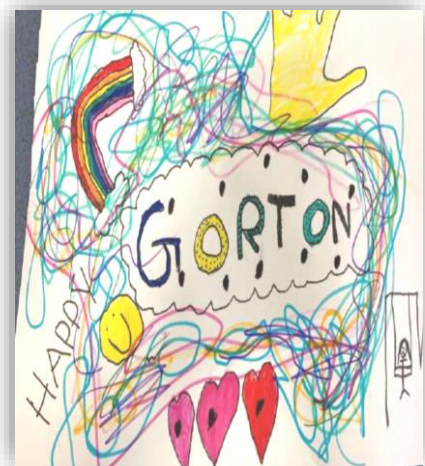
It is also essential to realise the children's perspectives on moral values and the attributes they strive for within their community and their own lives. Several of the images created by the children depicted the values of compassion, empathy, kindness, fairness, trust, honesty and love, striving

for equality and showing the importance of hope. They clearly hold these in high regard.

"*Spend time with people that are alone*" (Graffiti floor), *"Support children with no family"*, "*I hope people have a happy life*" (WWT YG5) "*I want food for everyone*" (WWT YG5).
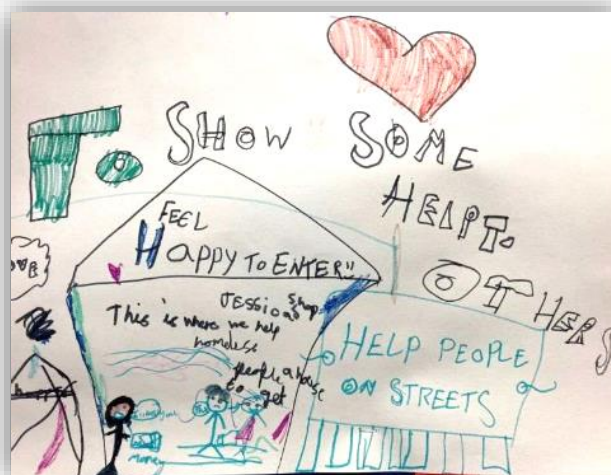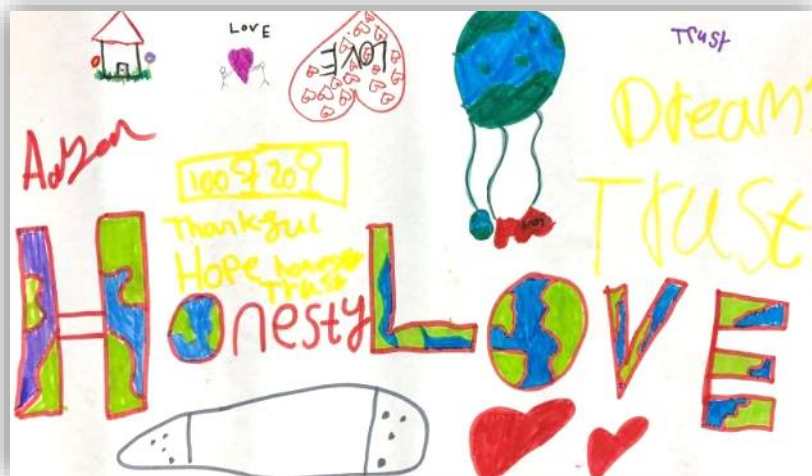
13.   Global issues

Worries about the current situation of world peace were very obvious, *"I wish there wasn't a war"* (WWT YG2). Specific concerns regarding the war in Ukraine and Palestine were raised and some children were worried about family members in places of conflict *"I am worried about my mum's family in Syria"* (WWT YG4).

 Some of the children raised some difficult and adult perspectives on world peace, demonstrating their growing and questioning views of the world.

"Peace- The current condition of the world peace is very heartbreaking. Isreal is really crazy, they've literally killed their own people because of a fake historical theory" (Graffiti floor).

Concerns were also expressed about the environment and climate change but in addition, concerns were also raised about global hunger.

"I wish I could end world hunger and create more for those that don't have much" (WWT YG5).

14.   The Future

The future lives of the children were an obvious focus in the data as they articulated their hopes and aspirations. Their goals were to have a happy, useful and worthwhile life as they get older. In the shorter term, many of the children reported they wanted to do well at school, *"I want to get good grades at high school"* (WWT YG5); "*I want to do well in my schoolwork"* (WWT YG4). In the longer term a variety of careers were talked about in the data, some wanted to pursue careers in sports, *"I want to be a cricketer"; "I want to be a footballer"* (WWT YG4) some wanted careers in acting or as an artist *"I want to go to acting college"* (WWT YG5). Some were thinking about starting their own business in the future and some were aiming to go to university to study; a range of subjects were mentioned including, science, nursing and art. Getting a good job was a clearly a big concern for the children with lots of comments related to this. One individual comment stated, *"I want to get a good job and time for me and all"* (WWT YG5) which potentially could be indicative of a perceived link between a good job and a better quality of life and an awareness of the importance of this. Conversely some of the children expressed concerns and worries about difficulties in finding jobs and not having enough money or earning a living for themselves and their families. Equally it was clear some were anxious about not achieving well and of what their future may hold.

The children also expressed their desire to be able to travel and have a holiday with their family and friends. There were future goals and worries around housing and their homes *"I wish I could have a nice big tall house"* (WWT YG5) and their place in the family and community, *"I want to be a good wife"* (WWT YG2); *"I want to be a good Muslim"* (WWT YG2), showing the importance of family, culture and religion in their future aspirations. Interestingly the future goals also included wider society *"I wish no one could become poor ever again"* (WWT YG5) and *"I wish world hunger failed"* (WWT YG5). It is clear they hoped for a better future, a world where there were no wars or conflict, there was enough food, homes and shelter, health services and money for everybody to have a good and safe life.

15. The Advocacy Centre

The children were asked what they wanted an advocacy centre to look like and what resources and facilities should be included. One of the most poignant requests was that it should be a place where everyone is welcome and feels safe no matter what their background, religion, ethnicity or ability but there were many reoccurring themes in the data which covered a range of needs, amenities and potential services the children felt should be included. These are listed below, thematically categorised by the research team.

Philosophy

• It should provide honesty and love.

• It should reflect Rushbrook's superpowers and values (see **Appendix 1**).

• It should be an inclusive, relaxing, calming and safe environment where everyone would be welcome.

Amenities

• The advocacy centre should be a one stop shop with everything under one roof to meet the needs of the children and their families. It should also welcome others in the community.

• The centre should offer a place for homeless children and adults with sleeping and playing areas.

• The centre also needs to have disabled access so that all can benefit.

• It should have comfortable couches with well-lit rooms and plenty of windows for natural light.

• It should be warm and provide a heated space for people to go to.

• The centre should provide healthy food and drinks for all with fresh food made available.

• It should provide free hot food, clothing and shoes to people who need them.

• It should be a donation centre, with a food, clothes and toy bank.

•	It should have a uniform swap space.

•	It should be equipped with a TV and computers with free Wi-Fi and internet access and access to phones.

•	There should be books, electronic gadgets, toys and games for recreation and learning. A library was depicted in one of the drawings.

•	There should also be free first aid facilities with medicines drawers and freezer for icepacks.

•	It should provide free hot food, clothing and shoes to people who need them.

•	It should have a private room or space where people can talk to professionals who can help them.

•	It should provide a play space, a learning space, educational support, a place to work and an activity space.
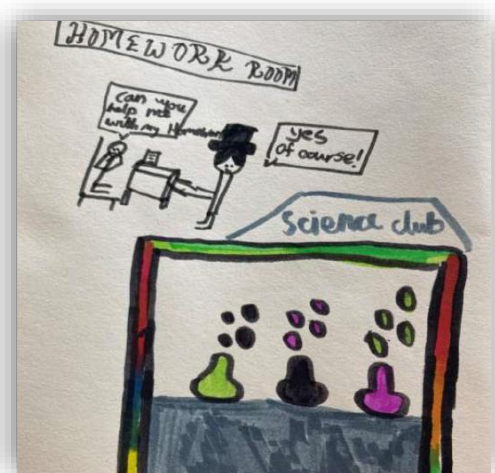
Services

• **Information and advice centre**, including a debt advice service for people who are affected by rising cost-of-living crisis. The centre should provide support and easy loans to people to help them manage their finances and help to get out of poverty.

• **Mental health support**. Some children also expressed the need for services to protect their physical and mental health. They would like to have someone to talk to when they feel lonely and depressed or if they were being bullied or abused. They asked for space where they could openly talk about their needs and worries, discuss solutions to their problems and to get more help if needed. They also asked for mental health support for their families.

• The children asked for **careers advice** for themselves and support for people in their families and community trying to find a job, including **educational support** from the advocacy centre.

• The centre should also provide **access to support agencies** who can help their families with general advice and assistance, including **legal support.**

• **Access to health professionals**. The centre should provide **health education** and support including smoking and vaping cessation and health eating information.

What would an Advocacy Centre look like to meet yours or someone else's needs?
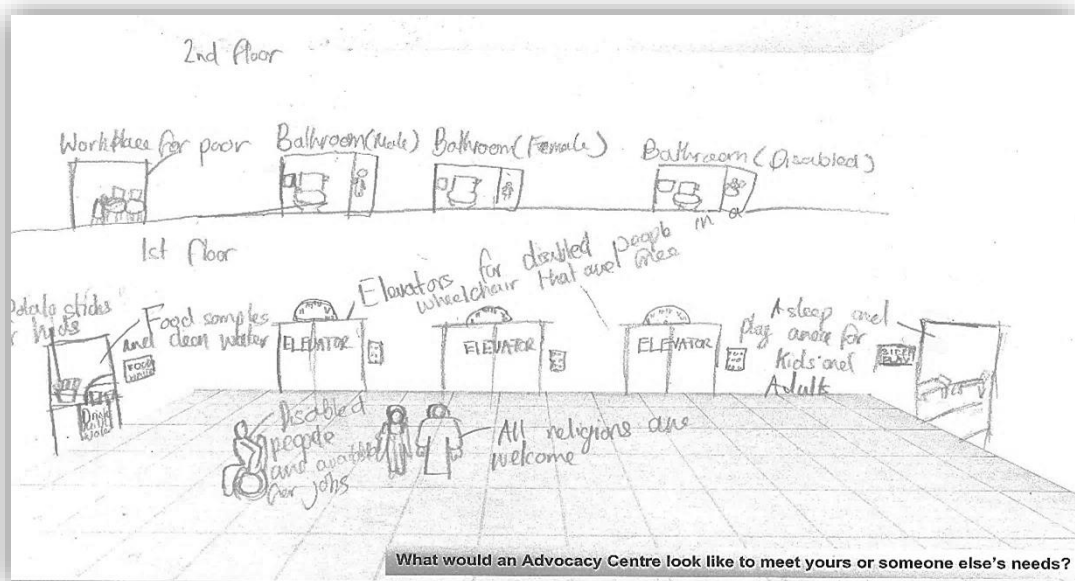
Discussion

This project clearly demonstrates the success of consultation and engagement with children to allow them to use their voices and express their ideas and views about their lives, their worries and their needs effectively. They have also provided a clear picture of their vision for the Advocacy Centre. The key themes have been explored in the findings and these will now be discussed alongside relevant evidence and potential interventions.

It is clear a key concern of the children was food and food poverty or insecurity, with calls from the children for food banks, access to more food and healthy food, alongside nutrition advice and education. Food poverty is considered as a lack of access to sufficient quality food through acceptable ways. [57] The rising cost of living has led to a significant rise in the amount of households in food poverty with 11% nationally identified as food insecure in 2022/23 [58] with 3% of households using a food bank in the previous 12 months. This continues to rise substantially with evidence from the Trussell Trust [59] of a 94% increase in the use of food banks over the last 5 years with over 1.1million emergency food parcels being given to children. Recent figures from the Food Foundation charity suggest that 13.6% of households in the UK were 'food insecure' in June 2024. [60] This is clearly a national problem that requires substantial resources to resolve, however it is important to understand that the benefit of adequate nutrition to the community, the children and young people and their families is longitudinal, with poor nutrition being linked to poor attainment and health. [61]

Locally, in Manchester, the City Council has launched an anti-poverty strategy (2023-2027) which draws upon evidence from residents, organisations, and national research to produce evidence-based recommendations to tackle poverty, its causes, and consequences. This strategy includes reports that people in Manchester have told the City Council that for them poverty can mean one or

---

[57] Francis-Devine, B., Danechi, S., & Malik, X. (2023). Food poverty: Households, food banks and free school meals. House of Commons Library, UK Parliament. Available at
https://researchbriefings.files.parliament.uk/documents/CBP-9209/CBP-9209.pdf [accessed Oct 29th, 2024]
[58] Department for Work and Pensions'(DWP) (2013) Households Below Average Income Survey, updated 2024. Available at https://www.gov.uk/government/collections/households-below-average-income-hbai--2 [accessed October 20th, 2024]
[59] Trussel Trust (2024). End of year stats. Available at https://www.trussell.org.uk/news-and-research/latest-stats/end-of-year-stats#factsheets [accessed October 20th, 2024]
[60] Food foundation (2024). Food Insecurity Tracking, Available at https://foodfoundation.org.uk/initiatives/food-insecurity-tracking [accessed October 20th, 2024]
[61] Hartgen-Walker, S., Lally, C. (2023). Child food insecurity and Free School Meals. The Parliamentary Office of Science and Technology (POST). Available at https://researchbriefings.files.parliament.uk/documents/POST-PN-0704/POST-PN-0704.pdf [accessed October 20th, 2024].

more things, including being unable to afford the basics of food, warmth and shelter, or to be able to keep clean; being unable to adequately care for dependents; being constantly or persistently worried about money; feeling like there is no way to improve your life or to progress; lacking hope in the future, or feeling that it is impossible to make a change. [62] The Council has set out actions it will take over a five-year strategy, divided into four themes. The evidence from the children at Rushbrook Primary Academy is an important contribution to the literature given the synergies with the local anti-poverty strategy but also because this report describes their voices (the voices of children) in detail, showing it is not just adults who want, who can, and who need to be asked to contribute to listening exercises and consultations across the city.

As well as access to a food bank, the children also asked for advice about a healthy diet and nutrition. This is an area where the provision of an onsite qualified school nurse would be particularly valuable. School nurses can provide health education around healthy eating, and support families through referrals to food banks, dieticians, and even cookery classes or gardening, to learn about growing food, alongside providing support regarding budgeting and financial advice, helping families to understand how to provide the best food within their limited budgets.

The issues raised by the children about food poverty are a further important contribution to knowledge in the city not least because over three years ago (February 2021) Greater Manchester, which incorporates the city of Manchester, became the first city-region to support the "Right to Food" campaign following Greater Manchester Combined Authority committing to tackle food poverty with the launch of its "No child should go hungry" initiative in October 2020. [63] That the children are still raising this issue suggests further work may be required to ensure information about food poverty and the active interventions that the city Council has in place to address this issue, reaches children as well as adults.

Qualified school nurses, although in diminishing numbers and in high demand, are crucial to the health and wellbeing of children and young people. Their remit is broad but specialised, providing

---

[62] Manchester City Council. Making Manchester Fairer: Anti-Poverty Strategy 2023-2027. Manchester (UK): Manchester City Council. Available from https://www.manchester.gov.uk/download/downloads/id/28896/making_manchester_fairer_anti-poverty_strategy_2023-2027.pdf [accessed 27 December 2024].

[63] Greater Manchester Combined Authority (GMCA). Greater Manchester becomes first city-region to support "Right to Food" campaign. Manchester (UK): GMCA. Available from https://www.greatermanchester-ca.gov.uk/news/greater-manchester-becomes-first-city-region-to-support-right-to-food-campaign/ [accessed 27 December 2024].

care not only to individuals but to families and the wider community using a public health approach. They are uniquely placed to support all school aged children (not just those that attend school) and lead on the delivery of the Health Child Programme (HCP) [64] (predominantly for 5 to 19-year-olds). A qualified school nurse can support and provide the greatest benefit to, supporting well-being, developing positive health behaviours and minimising risk taking; healthy lifestyles, health inequalities, health literacy and encouraging self-care. Recent reports have called for the implementation of a qualified school nurse in every school, [65] something that the findings of this report wholeheartedly support. Due to the number of qualified school nurses in the NHS being cut by 31% since 2009, a school nurse has an average of 2,850 children on their caseload and are having to prioritise their time on children on a child protection plan, which leaves limited time, if any for healthy child programme. If the school nursing budget were to be ringfenced and allowed for a school nurse in every school, then more time can be allocated to promoting the health needs of the children in the school. [58]

Health Development Co-ordinators (HDCs) who work in the Manchester Local Care Organisation (LCOs) can also provide an important resource. The HDCs bring health and social care professionals, local organisations, and communities together to create healthier, stronger neighbourhoods; and co-produce plans with local community groups and residents, to make the most of local assets, target needs, and promote physical, and mental, health and wellbeing.

Also, highly significant in the findings is the children's worries about not having enough money and a need for financial support for their families. It is clear that the children are affected by poverty in a multitude of ways, with calls for loans, clothes banks, toy banks, travel vouchers, free access to the internet, Wi-Fi and phones and a donation centre amongst others. Again, this reflects the national picture. In 2022, national figures showed that approximately 14.4 million people were living in poverty, if housing costs are taken into account [66] and 4.22 million children were living in relative

---

[64] Office for Health Improvement and Disparities. (2023) Healthy Child Programme 2023. Available from: https://www.gov.uk/government/collections/healthy-child-programme [accessed 20th October 2024].
[65] School And Public Health Nurses Association (2024). A school nurse for every school report [Internet]. Available from: https://saphna.co/about/a-school-nurse-for-every-school-report [accessed 11 November 2024]
[66] Clarke, D. (2024). Poverty in the UK, Statistics and facts. [accessed 20th October 2024].In *Statista* Retrieved from https://www-statista-com.salford.idm.oclc.org/topics/3809/poverty-in-the-uk/#topicOverview [accessed 20th October 2024].

poverty (not including housing costs). [67] Gorton is particularly impacted by poverty, as demonstrated in the introduction of this report, having clear deficits in three out four of the dimensions of deprivation.

With regards to poverty, signposting to appropriate support such as debt advisory organisation, financial planning advice, benefits advice would help to ensure that families are well informed and supported in managing financial worries. There is strong evidence linking poor adult health outcomes with childhood poverty and an identified need for policy development which recognises the importance of interventions to lessen child poverty and reduce its long-lasting effects on health in adulthood. [68] Paediatricians, [69] school nurses and other health professionals have been linked to improving these outcomes [70] but it is also important there should be easy access to other types of professionals with relevant financial, legal, housing, budgetary and benefits expertise.

Linked to poverty and increasing energy costs is the need to recognise the children's concerns over heating in their family homes and for the community. Nationally, community interventions to develop 'warm spaces' began to be established in the 2022/23 period due to the rise in heating costs. [71] These spaces, mostly provided by community groups, charities, and local authorities offer a warm space and additional resources, including advice about energy saving and hot food and drink. In addition, they may help to reduce health disparities although the evidence base supporting this is still being developed. Key to a successful 'warm space' amongst many variables is community collaboration, community need and access which fit well with the premise of the Advocacy Centre.

Concerns from the children about their own and their family's health and the call for better access to health care was also identified in the findings. The health concerns ranged from a need for more

---

[67] Department for Work and Pensions UK. (2024). Number of individuals in relative low income after housing costs in United Kingdom from 1994/95 to 2022/23, by demographic (in millions) [Graph]. In Statista. Retrieved from https://www-statista-com.salford.idm.oclc.org/statistics/282375/relative-poverty-figures-uk-by-demographic/ [accessed 20th October 2024].

[68] Wise, P. H. (2016). Child Poverty and the Promise of Human Capacity: Childhood as a Foundation for Healthy Aging.Academic pediatrics 16, S37-S45 https://libkey.io/10.1016/j.acap.2016.01.014

[69] Plax, K., et al. (2016). An Essential Role for Pediatricians: Becoming Child Poverty Change Agents for a Lifetime. Academic pediatrics 16, S147-S154 https://libkey.io/10.1016/j.acap.2016.01.009

[70] Hunter, W. (2023). Invest in health visitors and school nurses to protect children, government urged. Nursing in Practice. https://www.nursinginpractice.com/latest-news/invest-in-health-visitors-and-school-nurses-to-protect-children-government-urged/

[71] UK Health Security Agency (2023). Warm spaces in England: an evidence review and toolkit for local organisations. https://www.gov.uk/government/publications/warm-spaces-in-england-an-evidence-review-and-toolkit/warm-spaces-in-england-an-evidence-review-and-toolkit-for-local-organisations

medicines, perhaps due to self-care drivers, and specific concerns around individual family members, poor mental health, and substance misuse, such as alcohol and smoking concerns. In turn this demonstrates the importance of providing accessible services to meet these needs. Potentially many of the immediate health needs could be met through an onsite health professional or a drop in clinic design. Input from a health professional could alleviate some of the concerns around access, provide up to date health education to promote health literacy and signpost or refer to specific services or specialities as needed. Again, a qualified school nurse could provide much of this support whilst at the same time reducing the burden of health disparities through signposting and advice around public health interventions. For example, school nurses have been found to be successful in the reduction and short-term abstinence of smoking in young people, [72] vaping, [73] improving health literacy [74] and obesity management [75] amongst others. Until recently smoking cessation was a service school nurses would offer to schools. The need for school nurses to provide this service is now more crucial than ever with the rise in children and young people using vapes. Use among younger children is also rising, with 9% of 11- to 15-year-olds now using vapes. [76] The long-term health impacts of vaping are unknown, and the nicotine contained within them can be highly addictive.

Recent survey data demonstrates that one in five children and young people, aged eight to 25 years old, had a probable mental health disorder, including approximately 20% of eight to 16 year olds. [77] The Children's Commissioner for England (2024) in recognising the current crisis children and young people's mental health services are facing, calls for investment, arguing in support of a moral obligation for immediate action and renewed thinking when it comes to children's mental and emotional health and wellbeing. Almost one million children and young people were referred to

---

[72] Pbert, L., Druker, S., DiFranza, J. R., Gorak, D., Reed, G., Magner, R., ... & Osganian, S. (2011). Effectiveness of a school nurse–delivered smoking-cessation intervention for adolescents. *Pediatrics*, *128*(5), 926-936.

[73] Russell, A. J., Shishani, K., & Hurst, S. (2024). The Role of the School Nurse in E-Cigarette Prevention and Cessation: A Scoping Review. *The Journal of School Nursing*, 10598405231225976.

[74] de Buhr, E., Ewers, M., & Tannen, A. (2020). Potentials of school nursing for strengthening the health literacy of children, parents and teachers. *International journal of environmental research and public health*, *17*(7), 2577.

[75] Tucker, S., & Lanningham-Foster, L. M. (2015). Nurse-led school-based child obesity prevention. *The Journal of School Nursing*, *31*(6), 450-466.

[76] NHS Digital (2024) *Smoking, Drinking and Drug use in Young People. Part 4: Electronic cigarette use (vaping).* Retrieved from https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2023/part-4-electronic-cigarette-use-vaping [accessed 10th November 2024].

[77] NHS Digital (2023) Mental Health and Young People Surveys. Mental health of children and young people in england 2023 wave 4 follow-up. Available at https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up [accessed 10th November 2024].

mental health services between 2022 and 2023 yet only 32% of them had received support. [78] School nurses provide support to children and young people's physical and mental health and wellbeing in a safe supportive environment while using evidenced based interventions. They are on the frontline so are vital in terms of spotting signs of abuse, neglect and the need for psychological support in children and young people. If we want our children and young people to reach their full potential into adulthood it is fundamental we ensure we have enough school nurses that are public health specialists and can provide the necessary early interventions and support children and young people's needs. [79]

Manchester Local Authority is working towards becoming a UNICEF Child Friendly City. [80] Included in this work is progression towards a Healthy Badge (Workstream 2) with the aim to work with partners to understand the engagement around mental health and wellbeing, to inform a specific plan for young people.

To support this, Manchester City Council produced and adopted the Mental Wellbeing Strategic Framework (2024).[81] The purpose of the Framework is to set out system-wide approaches that can promote and improve mental health and wellbeing for Manchester residents of all ages and reduce inequalities in mental health and wellbeing. The Framework has 4 themes – creating the conditions for good mental health and wellbeing, protecting people from the impact of poor conditions on their mental health and wellbeing, supporting people to maintain and improve their physical and mental health and wellbeing, and strengthening how we work together across our systems to prevent mental ill-health. The Framework is intended to support the Making Manchester Fairer Plan (2022)[82] for

---

[78] The Children's Commissioner's office (2024). Children's mental health services 2022-2023.Available at https://www.childrenscommissioner.gov.uk/resource/child rens-mental-health-services-2022-23/ [accessed 10th November 2024].

[79] Local Government Association (2022). School nursing: Looking after the health and wellbeing of school children. Available at https://www.local.gov.uk/publications/school-nursing-looking-after-health-and-wellbeing-school-children [accessed 10th November 2024].

[80] United Kingdom Committee for UNICEF (2024). United Kingdom Child-Friendly Cities and Communities. Available at https://www.childfriendlycities.org/initiatives/united-kingdom [accessed 4th February 2025].

[81] Manchester City Council (2024). Manchester City Council Report for Information. Report to: Health Scrutiny Committee – 22 May 2024 Subject: Mental Wellbeing Strategic Framework 2024-2029. Available at https://democracy.manchester.gov.uk/documents/s47010/Mental%20Wellbeing%20Strategic%20Framework%202024-2029.pdf [accessed 4th February 2025].

[82] Manchester City Council (2022). Making Manchester Fairer. Tackling Health Inequalities in Manchester 2022-2027. Available at Making Manchester Fairer | Making Manchester Fairer | Manchester City Council [accessed 4th February 2025].

reducing health inequalities in the city. The Framework identifies improving awareness of trauma and trauma-informed practice as one of the key action areas for the city.

The children of Gorton clearly feel a sense of pride in their community and a strong sense of loyalty to the people within it, including wanting to support the homeless and ensure everyone has a home, and food to eat. The children value acceptance of all people from all backgrounds, inclusivity, equality and fairness and these values are a real asset for the community of Gorton and wider society, now and for the future. One issue that became clear however is that there are some fears about safety in the local area and more widely within Manchester. It is therefore important for a copy of this report to be provided to neighbourhood policing officers, and it is crucial that Manchester City Council representatives explore this aspect of the report more fully with Greater Manchester Police and community leaders.

School is clearly a significant part of the children's lives and provides a place of learning, development, fun and friendship. There were some concerns noted around the issue of bullying, but these were not specifically linked to the school. It was more that they acknowledged bullying as something unwanted in their community and also suggested that the children had some awareness of potential actions and consequences if bullying is experienced. Bullying can have serious consequences upon future health and is a significant public health issue and so action to prevent bullying and provide support are vital. [83] If there are future, more specific, worries about bullying then support for this is provided by the school but in addition support can again be provided by a school nurse. [84]

The children appeared well informed and conscientious regarding wider issues outside of their community including concerns about climate change, damage to the planet and of the current conflicts in the world. The level of awareness demonstrated about these issues could suggest a need for support for some of the worries in this area, especially around conflict and concerns over family members or friends in areas of conflict which were evident in the findings.

[83] Armitage R. (2021). Bullying in children: impact on child health. *BMJ paediatrics open*, *5*(1), e000939. https://doi.org/10.1136/bmjpo-2020-000939

[84] Kvarme, L. G., Misvær, N., Valla, L., Myhre, M. C., Holen, S., & Sagatun, Å. (2020). Bullying in school: Importance of and challenges involved in talking to the school nurse. *The Journal of School Nursing*, *36*(6), 451-457.

In Summary

It was clear the Advocacy Centre proposal was welcomed by the children and the enthusiasm and thought they put into the consultation and engagement during the Sunshine Day demonstrates the strength of interest in this potential resource. Evidence discussed previously tells us that Children's Advocacy Centres are effective and beneficial and there is no doubt would be of great value to the Children of Rushbrook Primary Academy and help to meet some of their unmet needs and wants. There were three key themes which stood out in the findings, these being the **philosophy** of the advocacy centre, which they want to be inclusive and welcoming to all; the **amenities** they would like included; and the **services** which should be provided and for whom.

The full list of these is provided in the **Findings** section. Realisation of the findings of this report, into practical application within an Advocacy Centre, would require the development of the centre to include the following services and facilities:

- Access to a suitable health professional as a drop-in clinic as a minimum. A school nurse would be well placed to meet the needs or could provide suitable referrals and signposting.

- A mentor or trusted person to talk to.

- Access to an appropriate counselling service.

- Access to careers advisory service.

- Access to debt and benefits advice.

- Access to other services as a regular drop in provision i.e. legal advice, housing advice.

- A quiet space for working or homework etc.

- A chillout or rest space

- A private space for consultations or meetings.

- A space for play/entertainment/games etc.

- Cooking facilities to enable cooking classes to take place.

- Food/clothes/toys/uniform bank and donation centre.

- Language support and access to courses for their families.

- It should also be a 'warm space' to benefit the wider community.

In addition to the recommendation for the Advocacy Centre above, this report also collates a range of known resources in the form of a template Family Wellbeing Leaflet which can be edited and branded by other organisations working in the community. This, it is hoped, will be used as a tool which can be shared with schools and other organisations across the region and can be further developed and personalised. This can be printed for sharing or shared electronically and it signposts to relevant support for a range of issues families may face. This will need to be maintained by organisations using the tool to ensure currency (see **Appendix 2**).

Conclusion

This report provides a detailed commentary and analysis of the results of a consultation with the children of Rushbrook Academy in Gorton, Manchester. The consultation explored the potential introduction of a children's advocacy centre. It involved the school, Manchester City Council and other stakeholders including members of the CYP nursing team at the University of Salford. The Advocacy Centre model that was previously piloted at Media City underpins the development of this project. Following the collection of ideas, and perceptions from the children, recommendations have been made below surrounding the needs of the Children's Advocacy Centre and its future development. Collaborations with a range sectors (such as health, education, law enforcement, social care, charities and voluntary groups) should be initiated to provide the services identified as a need, e.g. foodbanks, financial advice, access to health professionals, mental health services for families, and information about future careers and opportunities, helping them to reach their potential.

Children and young people can be empowered to become agents of change for, and in, their own communities. It is vitally important that children and young people are always welcomed and encouraged to participate and engage in co-production of services. It is clear they want to be involved, have much to offer, and their contribution will lead to the design and development of better services, better suited to them, which will ensure services are more acceptable, accessible and therefore effective.

This research, with children and young people, demonstrates there is a need for an Advocacy Centre and that creation of this within a school, as a first step, followed by evaluation of impact would be appropriate.

Recommendations

1. Priority should be given to meeting the identified needs of the children through the establishment of a Children's Advocacy Centre. Sustained endeavours must be made in developing the Advocacy Centre initiative further to support the children, the seldom heard and other vulnerable groups in the community.

2. In the short term some of the children's identified needs could be met through the provision of a School Nurse and this should be considered as an interim measure, with a plan for permanent role for a School Nurse in the developed Children's Advocacy Centre. Manchester City Council should support the school in pursuing this workforce opportunity.

3. The Children's Advocacy Centre should be based upon the design ideas of the children.

4. Consultation with the wider community in the co-production and design of the further development of the Children's Advocacy Centre should take place and this should be facilitated in partnership between Manchester City Council and community groups, organisations, and leaders.

5. The Advocacy Centre should include collaborative efforts between health, including primary care, education, law enforcement and social care providers as well as community groups, the third sector and (most importantly) the children and young people themselves.

6. The creation of a Children's Advocacy Centre in Gorton should be considered as a first pilot, potentially leading to city-wide, regional, and national roll-out of the initiative.

7. There should be a robust plan and design for evaluation of the Children's Advocacy Centre developed at the outset, with considerations of the outcome measures and data required, short and long-term evaluation.

8. There should also be a robust evaluation plan for an evaluation of any interim initiatives e.g. a School Nurse.

9. The evaluation should include traditional scientific methods but also focuses on the desired and actual outcomes for children and young people.

10. The Advocacy Centre initiative should include a public health approach to safeguarding including a model of empowering and mobilising communities as the central strategy.

11. All providers supporting/ working in the Advocacy Centre should have attended Trauma Informed Practice training.

12. Manchester City Council should support the next steps of this project by the writing of a business case for funding to be obtained to support the development of the Centre, including its design.

13. Pending launch of a substantive Advocacy Centre in Gorton, Manchester City Council should review the findings in this report to determine if there are any services that currently exist which could be relocated, on a cost-neutral basis, to be provided from a school-based pilot Advocacy Centre in Gorton pending full evaluation of the initiative.

Acknowledgements

The authors of this report gratefully acknowledge the support of the children of Rushbrook Primary Academy in Gorton, Manchester. In addition, thanks are given to Beci Ward for the illustrations used in this report which arise from the Children's Advocacy House Consultation [2] event.

Appendix 1

Rushbrook Superpowers
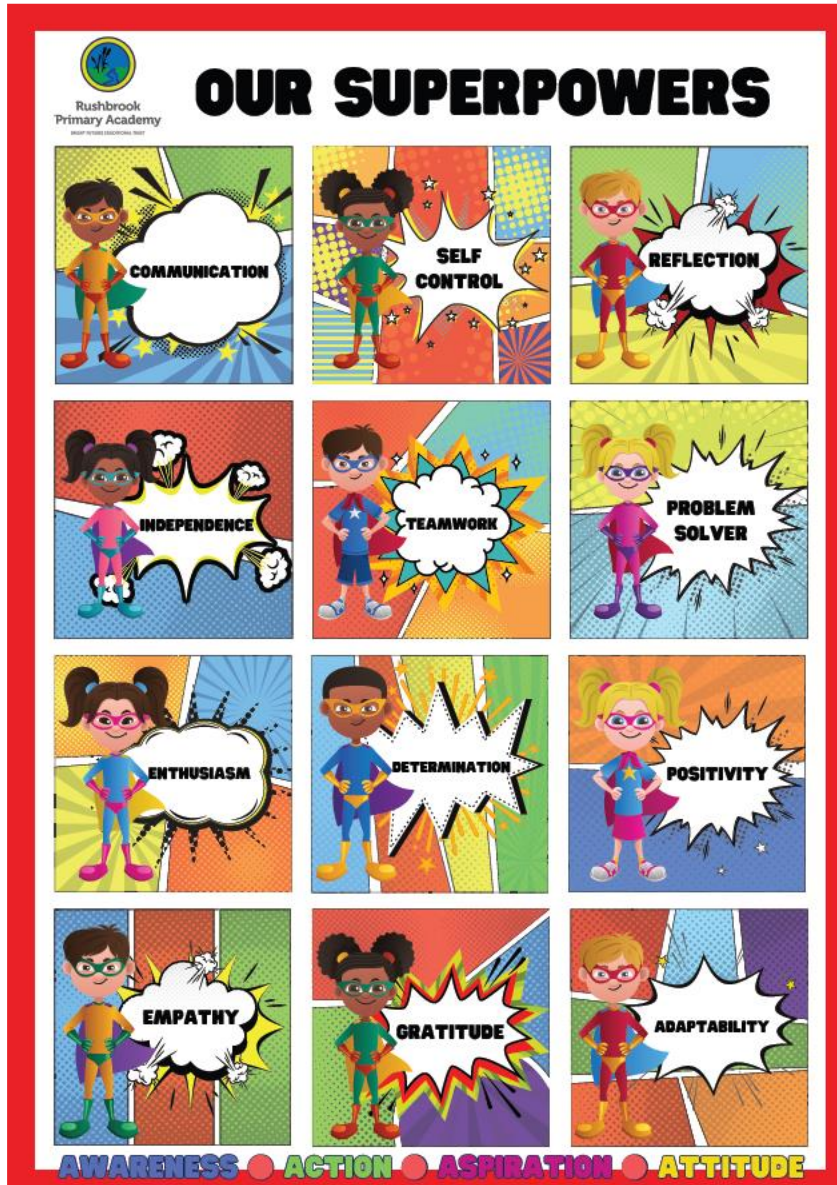
Appendix 2

Family wellbeing leaflet

A draft leaflet for future co-design with children and families

==<insert logo of organisation issuing leaflet>==

Family wellbeing in Manchester

National and local organisations who can support your family

==<insert picture designed by young person>==

Help with income

Support if you are worried about money or debt

	Citizens Advice Manchester Free advice on housing, benefits and your rights. www.citizensadvicemanchester.org.uk 0808 278 7800	
	National Debt Line Free independent debt advice. www.nationaldebtline.org 0800 808 4000	
	Turn to Us Help with benefits, charity grants and finances. Check you are getting everything you should be with their benefits calculator. www.turn2us.org.uk	
	Money Helper Debt advice and tools. www.MoneyHelper.org.uk 0800 011 3797	
	Local Authority Council services, benefits and education. www.manchester.gov.uk 0161 2345000	

Useful resources and contacts

	Healthy Start If you're pregnant or have a child under 4, the scheme can help you buy milk, fruit and vitamins. www.healthystart.nhs.uk	

	Shelter Poor housing or homelessness. Advice, support, legal services. www.shelter.org.uk 0344 5151430	
	Healthy Start If you're pregnant or have a child under 4, the scheme can help you buy milk, fruit and vitamins. www.healthystart.nhs.uk	
	Shelter Poor housing or homelessness. Advice, support, legal services. www.shelter.org.uk 0344 5151430	
	Refuge Freephone, 24-hour National Domestic Abuse Helpline. www.refuge.org.uk 0808 2000 247	
	Sure Start Maternity Grant A sure start maternity grant is £500. Check if you can apply, for child up to 6 months old. www.gov.uk/sure-start-maternity-grant	
	Foodbank Support www.trusselltrust.org **Trussell Trust Manchester Central Foodbank** info@manchestercentral.foodbank.org.uk	
	Greater Together Manchester Map of food aid providers. www.greatertogethermanchester.org/food-find-support	
	Healthcare Travel Cost Scheme If you need to travel to hospital (outpatients) you may be able to claim back costs. https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/	

	Wood Street Mission	
	Provide equipment & clothing to families in need.	
	www.woodstreetmission.org.uk	

Wellbeing support

Mental Health Support

	MThrive	
	For ages 5-18 currently facing mental health and emotional wellbeing issues.	
	https://m-thrive.org/	
	YoungMinds	
	Information and advice to help children and young people make positive choices for their mental health and know what to do next if they are struggling.	
	https://www.youngminds.org.uk/	
	Mind	
	Mental health support for young people and adults.	
	www.mind.org.uk	
	Mind Manchester	
	www.manchestermind.org	
	0300 123 3393	
	Kooth	
	Safe and anonymous online support and counselling for young people.	
	www.kooth.com	
	Manchester University NHS Foundation Trust	
	Self-help resources for people who are struggling.	
	https://mft.nhs.uk/rmch/services/camhs/young-people/self-help-resources-websites-and-useful-phone-numbers/	

	The Mix Advice and support from mental health to money, homelessness, work, break-ups, drugs and more. www.themix.org.uk	
	42nd Street Supporting young people 11-25 years. www.42ndstreet.org.uk	
	TLC: Talk, Listen, Change Supporting safe, healthy and happy relationships. Offer a range of services across domestic abuse, mediation and counselling https://talklistenchange.org.uk/	
	Eclypse helps young people in Manchester who would like advice or support for their own, or someone else's drug or alcohol use. https://www.changegrowlive.org/eclypse/info	
	Health for Teens – online chat feature and advice articles, Manchester and Trafford specific https://www.healthforteens.co.uk/	
	Papyrus Young person's suicide prevention charity, can call or text https://www.papyrus-uk.org/ 08000684141	

Parenting support

	Happy Maps Help with challenging behaviour, sleep problems, bullying, children's mental health and more. www.happymaps.co.uk	
	Home-Start Home-Start's expert staff and trained volunteers work alongside families to give non-judgmental, compassionate and confidential support https://www.home-start.org.uk/	

	YoungMinds	
	Information, advice and support to parents or main carers of children and young people aged 25 or under. https://www.youngminds.org.uk/	**YOUNGMINDS**

Refugee support

	Manchester Refugee Support Network	
	Supporting refugees and asylum seekers. www.mrsn.org.uk	**mrsn** Manchester Refugee Support Network
	Greater Manchester Youth Network (GMYN) GMYN supports young people aged 10-25 across Greater Manchester by offering innovative and exciting opportunities including young refugees and un-accompanied asylum-seeking children. https://gmyn.co.uk/	**GMYN**

Free legal advice

	Greater Manchester Law Centre	
	Free legal advice for housing, benefits and more. www.gmlaw.org.uk	Greater Manchester Law Centre
	LawWorks Legal advice for individuals including free advice clinics. www.lawworks.org.uk	law works

Special educational needs and disability (SEND)

	Local Authority	
	Support for families, children, and young people up to 25 years old. https://hsm.manchester.gov.uk/kb5/manchester/directory/localoffer.page?localofferchannel=0	**LOCAL OFFER**
	Early Help Work with families to ensure you receive the right support.	MANCHESTER CITY COUNCIL

	https://hsm.manchester.gov.uk/kb5/manchester/directory/advice.page?id=Pa30Yklftcs	
	Special education and disability information, advice, and support service Support and information about education. www.iasmanchester.org	

Charities

	Talbot House Charity supporting parent-carers of people with Learning Disabilities https://www.talbot-house.org.uk/	Talbot House
	LiftedMCR Supporting parent-carers of young people with learning disability and autism www.liftedmcr.org.uk	lifted Elevating Parent Carers of Children & Adults with Special Learning Needs.
	Manchester Parent Carer Forum Voluntary group, providing a voice for parent-carers of children with SEND. Deliver workshops and more. www.manchesterparentcarerforum.org.uk	
	Respect for All Various programmes and counselling options for learning disabled/neurodiverse people (including young people). https://www.respectforall.org.uk/	Respect for All Mental Wellbeing Services Supporting learning differences & autistic communities
	National Autistic Society Provides a range of services to support autistic children and young people, aims to improve and enhance education, care and experiences to help autistic children and young people. https://www.autism.org.uk/	National Autistic Society
	Barnardo's National charity offering advice links, various links for practical support and advice for parents and young people.	BARNARDO'S Changing childhoods. Changing lives.

	https://www.barnardos.org.uk/	
	Manchester Settlement Youth – run regular youth club and youth panels for young people to get involved with. Inspiring young people to thrive. https://www.manchestersettlement.org.uk/youth	

Organisations for LGBTQIA+ young people

	Proud Trust – Proud Connections Support for LGBTQIA+ young people here with a live chat feature, youth groups and mentors. https://www.theproudtrust.org/proud-connections/	
	Mermaids UK Not Manchester specific but works across UK, has an online chat, helpline and text support aimed at trans, non-binary and gender-questioning young people. https://mermaidsuk.org.uk/	

Organisations for care experienced young people and care leavers

	National House Project - provides knowledge, resources and support for all young people leaving care, project to support young people leaving care with practical and emotional skills. https://thehouseproject.org/	
	Become Charity for children in care and young care leavers. https://becomecharity.org.uk/	
	Beconnected – an App for Care leavers in Greater Manchester to access support, offers and opportunities available to them, all in one place.	

Social communication pathway (SCP)

	Social communication pathway information	
	Social communication pathway information Access information and signposting links for families awaiting Autism assessment or post diagnosis. https://mft.nhs.uk/rmch/services/camhs/young-people/social-communication-pathway-autism-assessment/	**NHS** Manchester University NHS Foundation Trust

Advice for when your child is unwell

	NHS Healthier Together Lots of advice on child health and wellbeing available in multiple languages https://what0-18.nhs.uk	**NHS**
	HANDiApp Advice for common childhood condition. Search for HANDiApp in your mobile phone app store.	HANDi
	Medicines for children For practical and reliable advice about giving medicines to your child. https://www.medicinesforchildren.org.uk	Medicines for Children

If you are worried about your child, medical advice can be found via:

- Telephone 111
- www.111.nhs.uk
- Your General Practitioner (you can phone your GP surgery 24 hours a day and advice will be given about who to call if the surgery is closed)
- Your local NHS walk-in centre

In an emergency or if you think your child is very unwell call 999 for an ambulance or go to your nearest Accident and Emergency (A&E) department.
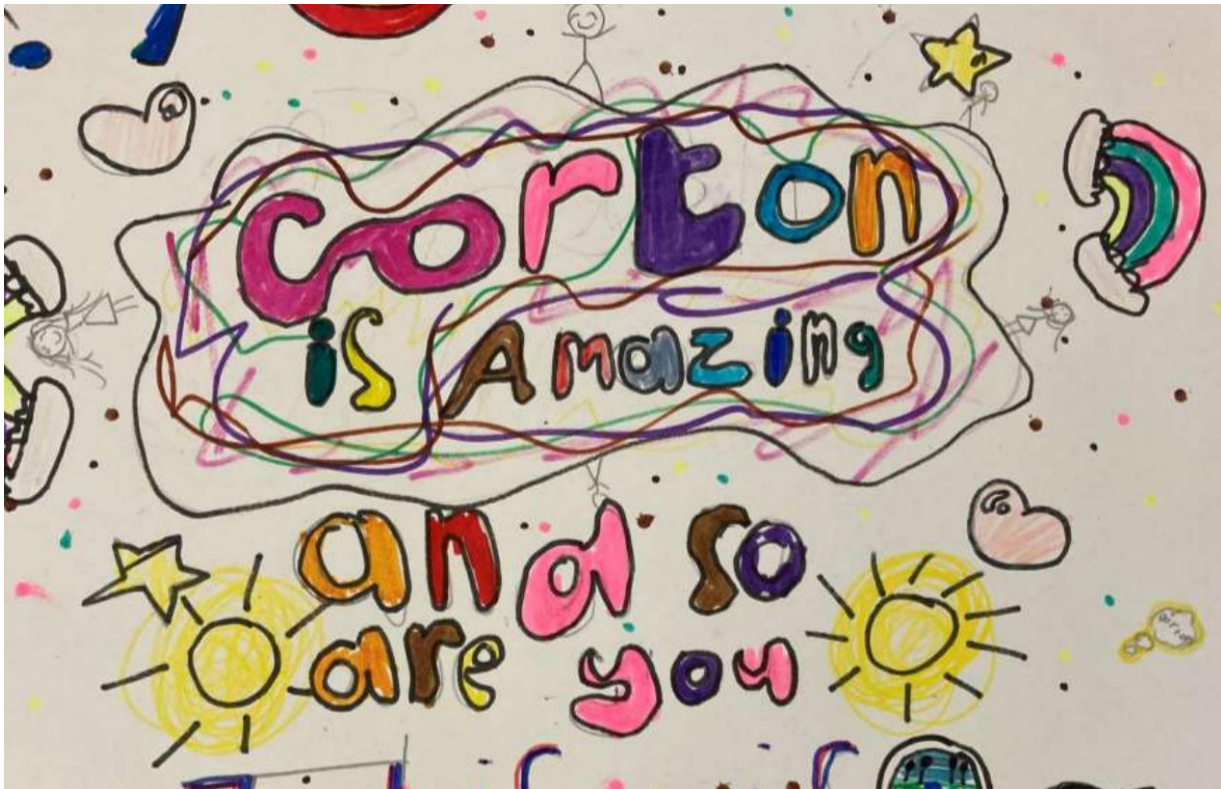
This report can be referenced as:

Henshaw L, Parker C, Khan A, Wareing E, Rowland AG (2025). Hearing the voices of children: creating an Advocacy Centre in Gorton, Manchester, UK. Salford (UK): The University of Salford. ISBN: 978-1-912337-81-1

https://www.salford.ac.uk/research/our-expertise/research-and-knowledge-exchange-centres/centre-for-research-on-inclusive-society