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The Need for Children's Advocacy Centres: Hearing the Voices of Children

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ABSTRACT

Children and young people (CYP) can be empowered to take on roles as agents of change in their own communities. CYP want to be heard and should be actively involved in the co-production, design and development of services aimed at them to ensure that the resulting services are acceptable and accessible. Little analysis of the framing and discourse of co-production in different contexts has been undertaken.

Building on Children's Advocacy Center models from the United States of America (which are held in high esteem by local communities), there is perceived value of such a center in the UK. A service development initiative was designed to work with children from Greater Manchester (UK) to determine the potential for the establishment of a children's advocacy center in the North of England. This report presents the design and outcome of the initiative and contributes to the literature on the co-production of such service development projects with CYP, notably the means of achieving that outcome.

Recommendations are made for the piloting of an Advocacy House model in the UK with collaborative efforts between CYP as well as health, education, law enforcement, social care providers, charities and voluntary groups. A community-inclusive partnership, underpinned by the principles of co-production and co-design, is integral to the further development of this pilot.

ARTICLE HISTORY

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KEYWORDS

Advocacy; child; co-design; co-production; consultation

What is already known on this topic

- There is a strong association between deprivation and life-chances; children and young people (CYP) living in deprived areas are more likely to die in childhood, than those who do not live in deprived areas.
- CYP can be empowered to take on roles as agents of change in their own communities.
- Children's advocacy centres first started in the USA in the 1980s, and there is a wide variety of child-focussed, facility-based programmes with representatives from many disciplines working together to investigate, prosecute and treat child abuse. These centres are held in high esteem and are supported by their local communities.

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What this study adds

- The creation of an Advocacy House (Advocacy Centre) model should be considered as a national initiative in the UK; piloting in one region should be part of the national plan.
- Given the level of unmet need identified by children in this initiative, the concept of an Advocacy House should be examined as a matter of urgency through collaborative efforts between health, education, law enforcement and social care providers as well as community groups, the Third Sector, and (most importantly) CYP themselves.
- Consideration should be given to the Advocacy House initiative based on a public health approach to safeguarding with a ChildSafe UK model of empowering and mobilising communities as the central strategy.
- Sustained efforts must be made in developing the Advocacy House initiative further to achieve and maintain engagement with seldom-heard, marginalised, or service-resistant groups of CYP.
- A community-inclusive partnership underpinned by the principles of co-production and co-design should be integral to further development of the Advocacy House, with CYP brought together with other members of their community and those who are educated and skilled to help them.
- Implementation of the Advocacy House must be subject to robust academic evaluation which includes traditional scientific methods but also focuses on the desired and actual outcomes for CYP.

Introduction

President Nelson Mandela (1995) observed that “*There can be no keener revelation of a society’s soul than the way in which it treats its children.*” A community in which people watch out for children and in which neighborly help is the norm would be a good place to live. UK society (like others) has increasingly displayed reduced community cohesion, resulting in breakdown of relationships and networks, in turn affecting the welfare and safety of its members. Disconnection in community relationships leaves people prone to preventable abuse and harm. In the heart of the community are children seeking love and protection. While some children experience this, others are failed by the community that they trust (Rowland, 2014). Children are entitled to protection from all forms of harm and abuse (Children Act, 1989; United Nations Convention on the Rights of the Child [UNCRC], 1989) and to be included in decision-making on issues that affect them individually and collectively. Throughout this paper the term “child” or “children” is used to represent people under the age of 18 years (Children Act, 1989; UNCRC, 1989); the term “young people” is used to represent people aged 18 to 25 years; and the term “children and young people (‘CYP’)” is used to represent people under the age of 25 years (NHS England and Improvement, 2019).

Many children lead successful lives, reaching their potential and laying solid foundations for their future as adults. However, for a substantial number of children life is difficult. These difficulties limit their potential, have consequences for adult life, and are often multi-

faceted and resistant to improvement. Although some problems are visible and disposed to existing health and social care services, others remain hidden or are resistant to intervention.

The Royal College of Pediatrics and Child Health (RCPCH) has detailed worrying concerns regarding the state of health and well-being of CYP in the UK (Royal College of Paediatrics and Child Health [RCPCH], 2020). This builds upon an earlier report in which communication; personal, social and health education; mental health issues; self-esteem; self-confidence and poverty were identified as key concerns (RCPCH, 2017). The RCPCH reported a strong association between deprivation and life-chances and highlighted that those living in deprived areas are more likely to die in childhood. This confirmed the persistence of earlier findings (Wolfe et al., 2013) that although the death rate in the UK had declined, this had not kept pace with similar countries in the western world.

Active involvement

CYP want to be heard (Blades et al., 2013; Kettunen, 2020; Lightfoot & Sloper, 2003; Lundy, 2018; Rowland, 2020; Rowland & Cook, 2021; Stafford, 2017; Stern, 2021). However, their views are rarely sought in health matters and service design in the UK (Peach et al., 2018) despite it being recognized from research in Ireland a decade earlier that they exhibit a level of understanding and interest on matters that concern them sufficient to qualify them to be partners in relevant discussions (Coyne, 2008). The RCPCH (2017) urged that children should be involved in co-production, design and development of services aimed at them to ensure that resulting services are acceptable and accessible. Success has also been shown, for example, in a project to end trafficking of children in South-East Asia (Rafferty, 2007).

Although engaging with CYP to realize meaningful participation is not new (Arnstein, 1969; Livesley & Lee, 2016; Livesley & Long, 2012), the concept of co-production has added momentum to the international call for the public to be engaged actively in the design and development of public services in Australia (Blomkamp, 2018); USA, UK, and Italy (Nabatchi et al., 2017); Denmark (Torfing, 2019); and South Africa, USA and UK (Vincent et al., 2018). Failure to recognize and support grass roots social economy has long been recognized to lead to isolation, mistrust, and inadequate engagement; resulting in ineffective, inefficient services (Boyle & Harris, 2009).

CYP can be empowered to take on roles as agents of change in their own communities by learning more about research processes. However, empowerment arises from being able to work co-productively with researchers on issues of direct relevance to themselves and framed within a change agenda. Shared values, strong relationships and reciprocal knowledge exchange enabling flexible and relevant responses to real-world problems and questions are needed (Clark & Laing, 2018).

Co-producing services

Little analysis has been undertaken of the framing and discourse of co-production in different contexts. For example, in the French language literature on citizen participation and the social and solidarity economy, the term co-production is little used. Four narratives

have been identified that distinguish French conceptualizations of co-production and of the Third Sector from the dominant English language co-production literature (McMullin, 2019):

- (1) mainstreaming of co-production as part of organizational purpose in the social economy.
- (2) emphasis on formalized involvement of citizens in organizational governance.
- (3) motivation of citizen empowerment and democracy over cost and efficiency.
- (4) use of the term co-construction rather than co-production.

It has been argued that these narratives are shaped by governmental traditions in France which emphasize formal rules, hierarchy, representative democracy, and suspicion of particularistic interests (McMullin, 2019).

Confusion about the concept of co-production persists. Typology may include three levels (individual, group, collective) and four phases (commissioning, design, delivery, assessment). A typology provides policy-makers and public managers with a tool to enhance decision-making about co-production. It frames co-production as a dynamic experience, enabling practitioners from commissioning to assessment. Because it provides language for describing and explaining variations in co-production, it facilitates examination and comparison of cases and experiences. It may improve transparency. It can also assist practitioners to attract, engage, and retain participants (Nabatchi et al., 2017).

Tokenism, limited impact, unsustainability, and reluctance in professionals to share power with communities can challenge co-production. Regardless of the challenges, co-production continues to hold the most potential to be meaningful, effective and sustainable (Kay & Tisdall, 2017). The involvement of political decision-makers who shape strategy was found to be important in the UK (Bovaird, 2007). In Denmark, policies of co-production involving under-represented citizens raised the voices of people who would not otherwise be heard (Hjortskov et al., 2018). Minority groups are often excluded from priority-setting exercises, with this exclusion sometimes purported to be due to language difficulties when attempting to access communities. However, it has been demonstrated in the UK that such inclusion is possible and essential (Manikam et al., 2017).

Adults must listen to children and then act accordingly to shape policy and practice such as to promote positive difference in their lives (Dixon et al., 2019). Work in Canada emphasized that the citizen co-producers must not be overly burdened with a disproportionate share of risk and responsibility compared to government or professional co-producers (Levasseur, 2018). When co-producing initiatives with vulnerable groups, protection and participation need to be balanced, but CYP can be skilled in setting their own boundaries. Whilst young people leaving foster care and residential care are frequently perceived to be vulnerable, a wide-ranging international review by UK researchers found that they assert their agency and desire to be visible, with some experiencing efforts to protect their confidentiality or safety as oppressive (Liabo et al., 2018).

A pragmatic approach to co-production with procedural rather than substantive standards for activities should allow for varied manifestations of practice in differing contexts. Services may then meet the needs of service users, allowing context-bound adaptation (Kaehne et al., 2018).

Advocacy

Children's advocacy centers started in the USA in the 1980s, with a wide variety of child-focussed, facility-based, multi-disciplinary programmes to investigate, prosecute and treat child abuse (Children's Advocacy Centers of Texas, *n.d.*; Cross et al., 2008; National Children's Advocacy Center, *n.d.*; National Children's Alliance, *n.d.*). The advocacy center locations are child-focussed and are designed to create a sense of safety and security for child victims. These centers are held in high esteem and are supported by their local communities (Cross et al., 2008).

Rowland (2014) suggested the establishment of a children's advocacy center in the UK. Some projects in the UK have integrated aspects of an advocacy center but a full service is not provided currently. A children's advocacy center is more than a multi-agency safeguarding hub (which offers a single point of access for all child safeguarding concerns locally, though without providing facilities and services directly to children and their families). If the model were introduced in the UK, a children's advocacy center would involve children of all ages in deciding its location, design and service-specification. It would be a place where children could self-refer to receive advice, support and help with a wide range of problems including health (physical and mental), social care, child protection, relationship difficulties and bullying.

Based on the perceived value of such a center, a service development initiative was designed to work with children from Greater Manchester (GM) to determine the potential for a children's advocacy center. This paper presents the design and outcome of the initiative and contributes to the literature on the co-production of service development projects with children, notably the means of achieving that outcome.

Aims

The aims were (1) to elicit thoughts from children about the possibility of an advocacy center; (2) to determine how children could be involved in the co-design and co-production of such a facility (design, delivery and evaluation); and (3) to identify variety of methods through which information could be obtained, with the children having independent choice about participation in these and the format of the outputs.

Objectives

The objectives were to (1) explore with children understanding and meaning of advocacy; (2) establish the circumstances in which they would contact an advocacy center; (3) establish what the center might look like, and what should be provided for acceptability to CYP; and (4) establish facilitators and barriers to children accessing an advocacy center.

Method

The approach to engaging with the children was inclusive, flexible and pragmatic. This enabled them to express their views opinions without restriction. When the children preferred to take over control and direction of the work the involved adults complied. From the start, the participants preferred the term "Advocacy House" so this was adopted.

Initiative design

Informed by the principles of co-production, the work brought together children with relevant professionals who had some control over resources to help them. A provisional timetable was prepared for a one-day consultation event, though flexible and negotiable. It was stressed that young participants were to be supported to express their views in diverse ways. The consultation was held in a large open space at the university. The timings allowed for usual school registration. Participants were split into groups of up to ten and allocated group facilitators who spent the whole day with them.

Recruitment and approvals

A whole-class invitation was sent to two GM schools. Both agreed to participate. The schools had robust processes for risk assessment and obtaining parental permission for attendance and the use of appropriate images in the report and on social media.

Participants and facilitators

A total of 56 children participated (Table 1) in a one-day consultation on 8 November 2016. Some children had an identified learning disability however data collected were not stratified according to disability status. Six members of school staff chaperoned these children. Seventeen facilitators from local or national health and social care organizations coordinated the sessions. These included researchers, service providers, service commissioners, and governmental department advisers.

Data collection

The welcome was given jointly by the Ceremonial Mayor of the City of Salford and a local Member of Parliament. Then the facilitators took turns to recount 500-word stories involving work with CYP experiencing physical and mental health problems, bereavement, bullying and abuse. This set the context for the day and helped to demonstrate the level of knowledge and experience held by the adults in working with CYP. The stories provided insight into adult perceptions of when advocacy might be needed.

A group of young participants then performed a drama: “*Steve: A day in my life.*” This had been written by the drama group in one of the schools to communicate some of the frustrations, difficulties, problems or worries facing CYP in their day-to-day lives. It addressed being overlooked to play the lead in a school play, disruptive others in a cinema, and a parent that could not cook, and finished with a child called Steve who missed out consistently on social events with his friends due to repeated hospital admissions for a heart

Table 1. Details of young participants (n = 56).

	School A	School B
Age	11–12 years	13–14 years
Sex		
Male	13	15
Female	16	12
Total	29	27

complaint. A session using Bharatanatyam dance was used to explain the story of Prince Rama and Princess Seeta to demonstrate how good can triumph over evil. Hand gestures and body postures conveyed the dramatic nature of a small prince overcoming the bullying ways of a monster. Learning how to communicate the letters of the alphabet followed, providing a fun opportunity for the children and their facilitators to practise the ancient art of Indian dance and consider alternative means to share stories other than by writing or talking.

The children then went into break-out groups around electronically interactive tables to consider the meaning of advocacy. A raft of strategies was employed to gather information through the young participants' preferred means of communication. These included discussion groups, artwork, filming, writing and tweeting. The young participants were split into groups and predetermined prompts (based on the facilitators' 500-word stories and earlier work (Rowland, 2014)) were used by facilitators to guide conversations but not to direct the responses (Goodman & Evans, 2015). Further spontaneous but relevant prompts were utilized for expansion and clarity on matters as they arose.

The prompts for this group work included worries; who helped the children; where they went for help; and who they approached for help. Issue prompts were also used to expand the discussion into areas that may not have been considered spontaneously and to give permission to talk about issues that other group members had not raised. These included domestic abuse; bullying; internet safety; mental health problems; anxiety and depression; loneliness; caring for children, babies and parents; alcohol and substance misuse; exploitation; abuse and smoking. Mock post cards were provided on which the children were encouraged to write questions and messages to the (Interim) Mayor of Greater Manchester. An audience with the Mayor followed, with the children asking why he had become Mayor, how he felt about this, and how his childhood compared with theirs.

Following a break an opportunity was provided for participants to record their stories. They were invited to write on paper leaves to hang on a "wishes and worries tree" (Robertson et al., 2018). A graffiti floor (Scottish Executive, 1999) was available for them write or draw their comments or thoughts so far. Two digital video cameras were available for them to film "talking heads" and communicate their wants, wishes and views. Some of the children worked with an artist to color and add to her illustrations from the day, capturing the outputs visually. Following this, the small groups came together again to consider the values on which an Advocacy House could be founded using diamond ranking (Clark, 2012), and they worked on incorporating these values into logos for the facility.

The day concluded with a plenary session in which the children offered their final thoughts and asked any outstanding questions. A vote was taken of children and adults in favor of an Advocacy House. Participants received a certificate of participation and were encouraged to feedback to their facilitators when back in school. A de-briefing session was undertaken with the adult facilitators to explore their initial thoughts and feelings about the day and what the children had shared with them.

Data compilation

Audio and video-recorded material was converted to text manually (with additional field notes for video data). These were themed along with the wishes and worries tree items, the views expressed on the graffiti floor, and comments from the Twitter Storify. The young participant voices were privileged by means of simple framework analysis, constructed from

the initiative objectives to derive meaning and synthesis across the diverse range of data (Gale et al., 2013). This included the meaning of advocacy for the children, in what circumstances advocacy might be needed, what an advocacy house for young people might look like, and the values on which such a service should be founded.

Outcomes

Advocacy

The children perceived three aspects of advocacy. The first was that advocacy meant that involved adults should support the agency of children rather than take over entirely. The focus should be helping rather than assuming control. They also saw advocacy being expressed through the provision of a venue, skilled staff, and opportunities for children to express concerns about a wide range of problems. With these established, advocacy would function to provide practical help in addressing problems both through supporting children to manage their own psychological and behavioral responses to problems, and through offering additional expert knowledge. One participant expressed this as *“Help children to work stuff out or help them with their problems. Help talk to them if they have no-one to talk to.”* Many of the children used the term *“helping”* to convey what they thought an Advocacy House could provide. One child wished to start a *“helping hours”* while another wrote that they wished for *“happy children in the house.”*

The need for an advocacy house

While some children expressed their view that they had a voice and could use their voice to make a difference, others wanted somewhere and someone they could go to for help, advice, support and guidance that was not available elsewhere. The main concerns related to poverty, safety at home and on the street, and mental health issues. Concern for others and empathy with their distress was also commonly expressed. Some children wished for more money. One had simply written *“More food.”* A desire for more food was also noted on the worries and wishes tree and on the graffiti floor. One child made a direct plea to the interim mayor for *“more jobs in the future . . .”* on a postcard, acknowledging the impact on children of workless adults in the family. The children raised the issue of their own safety repeatedly. This related mostly to feeling unsafe especially in the evenings and in areas where street lighting was non-existent or poor. They asked for safe streets and suggested more funding for the police and more street lighting.

Keep the streets safe, I want to play out at night (video message)

There is a path on <redacted> with no streetlight at all, which gets extremely dark on nights, now that it's getting darker earlier (postcard to the Mayor)

I think it [Advocacy House] would be safer than playing on the streets or in the park (video message)

For some children, home was not a safe place. *“Home doesn't always feel safe and secure or the right place to be.”* (Video message) Others explained that they would not always go to their parents to discuss their worries, choosing instead to confide in trusted friends:

I wouldn't ask my mum and dad. I'd ask my friend 'cause they know a couple of things about me (video message)

Some of the unmet needs identified related to mental health issues. One child had written that they “*felt sad a lot*” and they also wanted to help others who felt this way, too. Others had written that they tried to think of things that had helped them in the past, such as “*calm breathing to try to get their mind off worries.*” One child had written that they worried that their anxiety would “*spiral out of control.*” Another said, “*Troubled children need people to talk to but in a fun environment; a place to be happy. . .*” (Postcard to Mayor). Bullying was mentioned repeatedly.

A few of the children highlighted the lack of care or attention in hospital. One child had written that they hated that “*no-one ever asked how I felt or if I needed someone to talk to.*” This feeling of lack of attention, interest or concern by adults was expressed in a variety of scenarios. The concern that children had for others was also evident in every activity. High levels of empathy were expressed showing concern for other members of their families and others in their communities. Some children had recorded their desire to help others, especially those that “*needed to feel love.*” Sometimes individual cases were cited: “*Why can’t [child’s name] be treated the same as everybody else?*”

Service provision and design

The children conveyed sophisticated understanding of the need for any such service to be accessible to children where most children spend their time – in school, but also accessible at times of need, such as out-of-school hours and holidays. They wanted one “*near every child.*” They envisioned the advocacy center being something that children could call upon if they were “*being bullied from home or school*” or if “*they had problems where they’d been hurt.*” It would be somewhere for children to go: “*a nice place for children to go and calm down.*” However, the children understood that “*your parents might not let you go, so, someone from the place could come to your house*” (group work). Others suggested that the Advocacy House would be accessible if it had a telephone line with a simple number that was prominent on any media advertising services there. The children envisioned a house that would be fun, full of happy children, but they also wanted a space to be quiet when they needed one. Expressing a prevailing tone of desire for a better lifestyle and the need for a haven, one child dreamed of a house with “*a spa, a swimming pool and water slide and a sleeping room with hammocks*” (video message). Another expressed the view that an advocacy center could help children to be happy: “*Make them happier, more joyful about life, not worried or scared.*”

In summary, they sought a physical venue in an accessible location, with well-advertised remote access by a dedicated telephone line, and preferably outreach facilities for children who could not attend in person. They expected a pleasant building (though within reasonable bounds), which offered room to relax physically and mentally: respite from worry and anxiety. In this scenario they could perceive successful intervention services which addressed practical and emotional problems.

Values

Many children expressed the view that they needed someone to talk to and someone who would listen to them. They expected friends and friendship, but they also required adults to be child-friendly, kind, caring, considerate, non-judgmental, and respectful. They wanted these adults to be responsible, and there was a strong indication that confidentiality was key for them to trust such adults. One child wrote that they wanted adults to understand that it

would have taken them some time to seek help and that they did not want to be rushed into disclosing their concerns too quickly. Another reported that CYP need “*somewhere private so you can express yourself.*” The need for space (both physical and metaphorical) was a common theme. Young delegates wanted the space to be created to help them to feel comfortable. Without this, disclosure would be unlikely, and all involved adults needed to learn how to begin and manage such crucial conversations. They felt that it was adults who had the problem with discussing sensitive issues.

Adult perspectives

Adults that were present at the event wished CYP could “*feel safe and be able to recognise when they needed help.*” This added a perspective that had not been expressed by the children: that some CYP might benefit from learning to identify situations or responses in themselves that should prompt help-seeking action. Others expressed an ideal that in the future all children would be able to find an appropriate person with whom to discuss their worries and that they would all access the support that they needed. This supported the children’s thoughts about accessibility of locally or centrally placed venues. Many hoped that CYP would achieve the futures they wished for themselves and that no child or young person would ever feel alone. In this they captured emotions expressed by the young participants that feelings of isolation from support were central to the need for an Advocacy House. However, some adults raised concerns relating to social media, something that the children had not identified in the same way. Some worried there was “*too much pressure to always be connected, and that mistakes made on social media were very public and could haunt children.*” Being “connected” might require more thought. This introduced the likelihood of problems of this nature being raised in a visit to the Advocacy House, and the need for readiness in professionals to address this.

Discussion

This service development initiative with children offered valuable insight into an area of growing concern and debate of the need to establish children’s advocacy centres in the UK specially to cater for the needs and protection of children in a well-coordinated manner. The participants were knowledgeable and valuable contributors to both the discussions and the decision-making process.

This initiative was carefully planned to give the children the opportunity and flexibility to communicate their opinions freely (Cashmore, 2002). Thus tokenism, manipulation and decoration were discouraged (Wood, 2011). Establishment of advocacy centres in the UK may help to build strong and healthy communities where children feel safe, secure and adequately protected (Rowland, 2014). This might be similar to a “one stop shop” for troubled, abused and victimized children, or those with worries that they want to talk about in a safe place.

Most children who participated in the initiative expressed thoughtful insights, at times with remarkable clarity, into the unmet needs of CYP, and they craved for their views to be considered by policy makers on decisions that would impact on their lives. The children clearly wanted to be heard – and this is consistent with earlier work (Blades et al., 2013;

Kettunen, 2020; Lightfoot & Sloper, 2003; Lundy, 2018; Rowland, 2020; Rowland & Cook, 2021; Stafford, 2017; Stern, 2021). However, it remains disappointing, for example, that children in Local Authority care may not be being consulted about decisions on matters affecting them (Cashmore, 2002) and that their views are not sought as often as they ought to be in health matters and service design in the UK (Peach et al., 2018). This is despite recognition from research in Ireland that the level of understanding and interest CYP exhibit on matters that concern them is sufficient to qualify them to be partners in relevant health services discussions (Coyne, 2008). In future work it will be important to ascertain if there are any differences in responses between those children with an identified disability and those without.

Some of the identified unmet needs included mental health issues, food poverty, bullying, safety issues both in and outside the home. It was held that the proposed advocacy house would provide a haven where CYP could receive help when needed. The children also sought for someone to be available to advocate on their behalf when they face unresolved and challenging issues with parents. Some of the unmet needs correlate with findings from the consultation undertaken by RCPCH in 2017. Evidence suggests that advocacy centers in the USA provide effective collaborative services to children, and the results are cherished by the local communities (Cross et al., 2008).

The participants envisioned a proposed advocacy house as a potential fun place for children to relax and feel happy after unpleasant experiences. They also said that it would be a quiet, safe place for children to go to if needed. The adults that were present at the event agreed with the children and suggested that creation of advocacy house in UK should be treated as a matter of urgency but expressed fears that action might not follow.

Further, many children expressed the need for someone with whom they could talk in confidence and who would listen to them with a kind heart and an open mind. They felt that people with such qualities and those who are selfless would be ideal to run the proposed project. The young participants demonstrated overwhelming sympathy and empathy for other children whose lives are difficult and who do not find someone or somewhere trustworthy to go to for help. Unanimously, the young participants concluded that having an advocacy house would be valuable. There is an existing model of widespread community awareness and support for children who may need protection from a trusted organization: ChildSafe (Friends International, 2005). In this approach, members of a local community are trained to recognize children who may be at risk of harm and to alert the ChildSafe team to intervene. The ChildSafe logo acts as a beacon of sources of trustworthy support, and the Advocacy House (and associated advertisement) could do the same.

The reporting by children of the need to access a place where they could talk to someone about sensitive matters and that this someone would listen to them, is consistent with the findings of Peach et al. (2018) in the *Not Just a Thought . . .* initiative. In that project CYP expressed the importance of adults recognizing the importance of equality, diversity, and inclusion matters as well as respecting the individuality of CYP. This is consistent with the expectation, elucidated by the children in this work, that they required adults to be child-friendly, kind, caring, considerate, non-judgmental, and respectful. The children expressed strong views surrounding the importance of confidentiality: also consistent with Peach's work (Peach et al., 2018).

1. Given the level of unmet need identified by the young people, the concept of an Advocacy House should be examined as a matter of urgency through collaborative efforts between health, education, law enforcement and social care providers as well as community groups, the Third Sector and (most importantly) the children and young people themselves.
2. The creation of an Advocacy House should be considered as a national initiative; piloting in one region should be part of the national plan.
3. Consideration should be given to the Advocacy House initiative based on a public health approach to safeguarding with a ChildSafe UK model of empowering and mobilising communities as the central strategy.
4. Sustained efforts must be made in developing the Advocacy House initiative further to achieve and maintain engagement with seldom-heard, marginalised, or service-resistant groups of children and young people.
5. A community-inclusive partnership underpinned by the principles of co-production and co-design should be integral to further development of the Advocacy House, with children and young people brought together with other members of their community and those who are educated and skilled to help them.
6. Implementation of the Advocacy House must be subject to robust academic evaluation which includes traditional scientific methods but also focuses on the desired and actual outcomes for children and young people.

Figure 1. Key messages from the initiative.

Conclusions

The participants in this study identified unmet needs and recommended that a co-designed, co-produced advocacy house pilot should examine to address these needs (Livesley et al., 2018). Collaboration will be necessary between CYP, the third sector (charities), community groups, social care providers, law enforcement agencies, education and health services in the pilot's development.

A public health approach to safeguarding should frame this service development, and as a key part of its development the specific needs of seldom-heard CYP must be addressed so that they have the confidence and ability to access services provided by or within the house. Implementation of the advocacy house must be subject to robust academic evaluation (Figure 1).






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AGR undertook the initial literature review and collated the background material upon which this paper is based. The advocacy house consultation was conducted by JL, DC, AGR and TL [and other professionals and practitioners who are not authors of this article]. JL led the advocacy house service development initiative. MS contributed further literature and contributed to the first draft of the manuscript. All authors contributed to the development and editing of the manuscript and approved the final manuscript prior to publication.

Ethical approval

As a service development initiative, research ethics approval was not required or appropriate. However, all participants (both children and adults) were fully briefed before engagement in the project, took part voluntarily, and were free to disengage from part or all of the work without needing to provide a reason.

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