



Advocacy Action Research: final evaluation report

Who Cares? Scotland

October 2016

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1. Introduction

The Children's Hearings (Scotland) Act 2011 [the Act] sets out a requirement for the chairing member of the children's hearing to inform the child of the availability of advocacy services, although this is not yet in force. The Scottish Government wished to increase its knowledge of advocacy provision and carry out several action research sites to explore the current arrangements for advocacy support and understanding children and young people's current experiences.

It is intended that this collective information will support the Scottish Government to realise the stated intentions of their policy:

- to ensure that children have access to high quality advocacy provision so that their voices may be more effectively heard and critical decisions about their lives are better informed and understood.
- advocacy support would be available to children if they want it prior to, during and after a hearing so that they are supported throughout the whole process, should they choose to receive such support.

2. Background to Project

The current commissioning, and availability, of independent advocacy for children and young people is inconsistent, with no clear methodology being used to assess local advocacy need and procure appropriate levels of service provision. This has resulted in a spectrum of independent advocacy provision with looked after children and young people having access to either robust, limited or no provision. **At least a third of local authorities have less than 17.5 hrs advocacy support per week for their looked after population.**

In 2015/2016, there were **34,888** Children's Hearings in Scotland involving **15,087** children and young people. Who Cares? Scotland are the recognised national provider of advocacy in Scotland delivering within 29 of the 32 Local Authorities. Our workers only provided advocacy support to children and young people in **539** Children's Hearings in 2015/2016, which equates to **1.5%** coverage of hearings. The vast majority of children and young people encountering the Children's Hearings system will have no knowledge of, or access to, independent advocacy. This lack of robust and available advocacy provision informed the Scottish Government's decision not to fully implement the duties set out in Section 122 of the Act.

Section 122 of the Children's Hearings (Scotland) Act 2011 [the Act] sets out a requirement for the chairing member of the children's hearing to **inform** the child of the **availability** of advocacy services. Our Action Research endeavoured to explore the current **knowledge and information** on advocacy and the **awareness and availability** of advocacy for those who wish it.

Who Cares? Scotland proposed that there were two particular perspectives that required exploration and which currently mirror the pathways which children and young people follow when accessing advocacy support within the Children's Hearing system. To realise the intentions of the Act and the policy, we need both the knowledge and support of professionals, supportive adults and young people. The action research proposal set out to explore both.

Professionals/Supportive Adults

Young people can be informed and introduced to advocacy by professionals. This is the traditional route which young people tend to follow, which initially involves key professionals or stakeholders, currently involved in young people's lives, actively engaged in behaviours which increase the potential for young people to know about advocacy and make an informed decision about whether they want it.

This behaviour can take many forms from sharing information about advocacy, promoting advocacy, explaining advocacy and its benefits and ultimately referring young people to advocacy organisations. These behaviours tend to be more prevalent in local authority areas where advocacy provision is valued, known, robust and available.

Our service experience indicates that children and young people's knowledge and understanding of advocacy is the key determinant of future use of this pathway to support, as they need to make an informed decision about wanting advocacy support. There are challenges within this approach, as many professionals view advocacy as a traditional service offer, which they decide is either needed for the young person or not, rather than an offer that young people need to be aware of and informed about.

Children and Young People

Who Cares? Scotland has some experience of young people informing other young people about advocacy through their own knowledge and experience of receiving this support and their confidence in the impact it had on them. This peer to peer promotion is powerful and we can recognise it from our own experience, as we tend to trust other people's recommendations, if they have their own experiences to reference.

We would view this as a less formal pathway to advocacy support, but more naturally self-directed as it is based on both information and insight, and delivered from the actual experience of another young person. We wished to better understand from children and young people, how this exchange currently happens, does it happen as we understand it, how regular is it and does it feel different hearing about advocacy from another young person?

Who Cares? Scotland Action Research involved the enhancement of core independent advocacy provision in both Highland and Dundee. Highland Council and Dundee City Council had been identified as the two proposed sites for this action research, as they both met the certain criteria, including the existence of strong strategic relationships with Who Cares? Scotland and the two local authorities. Additionally, local authority commissioners in both areas understand, value and support advocacy provision.

3. The Project Planned

The Action Research activity allowed us to focus on improving knowledge, awareness and availability of Independent Advocacy in areas where Who Cares? Scotland had existing independent advocacy provision.

We believed that to realise the intentions of both the Act and the policy, we would need to engage and draw on the knowledge and support of professionals/supportive adults and young people. Our proposal sought to do this through four areas of exploration:

1. What are the most effective ways of informing children and young people about independent advocacy support?
2. What do professionals and supportive adults need to allow them to support access to independent advocacy for children and young people?
3. What do children and young people need to enable them to access independent advocacy?
4. What behaviours are most effective in increasing children and young people's knowledge, understanding and take up of independent advocacy?

4. Objectives and Intended Outcomes

The main objectives/expected outcomes of the Grant were to:

1. Enhance knowledge obtained to aid the future development of policy and ensure equity of understanding and information sharing within advocacy service across the country.
2. Improve access and availability of independent advocacy in areas where Who Cares? Scotland has existing independent advocacy provision.

3. Increase take up of advocacy support within the Children's Hearings System in Dundee and Highland.
4. Improve understanding from children and young people of how they encounter the Children's Hearing system, not just the hearing.
5. Increase understanding from professionals and other stakeholders about how they can contribute to improved understanding and take up of advocacy support.

5. Review of Project Activity

The following activity was focused on during the action research. All findings are highlighted in **bold** throughout.

5.1 Provision of enhanced service information to professionals and carers

We created two main documents to support and promote the action research, an Action Research leaflet providing information about the structure and purpose of the activities. This information was used to brief the Social Work Senior Management Teams in both areas, which secured strategic acceptance and support for our varied activity.

It was evident from this activity that there was limited understanding of advocacy in general and the specific local provision in both areas. The provision of good quality service leaflets is a key requirement for professionals and carers

5.2 Delivery of information and briefing sessions to key stakeholders

Across both sites within Dundee and Highland, we delivered 44 individual information and briefing sessions to different groups of stakeholders.

Within the information sessions, it was evident that **professionals and carers understanding and knowledge of advocacy in general was every limited**, especially the independent element of it. There was also limited day to day experience of observing advocacy in action which also contributed to some uncertainty about its benefits. There were some clear hurdles, identified within these sessions, to young people hearing about and accessing advocacy support.

Professionals believe that the introduction of advocacy could have negative consequences with many expressing concerns that the introduction of advocacy could raise young people's expectations, unhelpfully introduce another adult into a young person's life, promote complaints or undermine the role of key professionals. **Many of these identified negative consequences were anticipated rather than experienced.**

Carers also expressed that they were unlikely to refer a child or young person for advocacy as they saw this as the Lead Professionals role.

The **lack of knowledge and understanding of independent advocacy also appeared to contribute to role clarity or confusion issues** with many professionals and carers viewing the advocacy task as a core aspect of their own role with the child or young person. This led to many viewing the introduction of an advocacy worker as being unnecessary, creating role confusion or presenting a degree of challenge to their own role.

Professionals and carers who had **direct experience and knowledge of independent advocacy appeared clearer about its unique focus and the benefits it brought to the child or young person** and the planning process. They were more likely to refer again and introduce advocacy to a child or young person earlier in their care journey.

It was also evident that professional's previous experiences of advocacy provision informed the view many had of current advocacy provision. Many still believed that advocacy was only available for young people of a certain age or within residential settings. These views could have a direct impact on whether advocacy is considered, explained and accessed for young people. **Lack of knowledge and concerns about the negative impact of advocacy directly impact on referral behaviour.**

More established workers sometimes viewed advocacy workers as providing something that they believe they already do. These views were strongly supported in the survey results, with many stakeholders describing advocacy as something that they did.

Conversely, stakeholders new to positions – especially panel members and social workers – were often overwhelmingly positive within the information sessions about the involvement of advocacy. As people get to know advocacy and what it means, referral activity increased. **Professionals with active experience of advocacy observed and appreciated the benefits of advocacy to the young people and the care planning process**

Finally, it was evident within the information sessions that **professionals and carers appreciated the opportunity to discuss and explore advocacy and its potential benefits for children and young people, and planning processes.** These discussions tended to lead to a “get it” moment, with participants being clearer about the unique role and purpose of independent professional advocacy and how it would complement, not conflict with their role.

The information and briefing sessions appeared to contribute to advocacy being considered as a support to children and young people, which had a direct impact on the incremental increase of referrals during the course of the project.

The timing of introducing and explaining advocacy was an important element of the overall action research, given the primary focus of the proposed duty of the Chair of the Children's Hearing to inform the young person of the availability of advocacy. Introducing advocacy within a Children's Hearing had the potential to stop the Hearing from taking place. Professionals felt that delaying the Hearing may be worse than ensuring advocacy support is provided. This view could be another potential barrier to introducing advocacy.

Many stakeholders believe that they do promote advocacy to young people, however telling young people once about advocacy and what it can do will never be enough. **It needs to be a continual offer, made at different points in a young person's journey through care.** Making the offer during a crisis point in the young person's life is rarely helpful.

These focused discussions and associated activity provided more depth to the information obtained from the stakeholder's survey, which addressed the same areas of exploration.

5.3 Stakeholder survey

A full report on the Stakeholder survey is also available as a separate document.

The survey had a total of 31 questions. The survey was opened from November 2015 to February 2016 during which time WC?S staff members promoted the survey to stakeholders, predominantly via email.

The first section of the survey asked respondents details about themselves. The second section aimed to reveal the respondents' knowledge of advocacy, followed by parts on their awareness and experiences of advocacy. The final sections sought the respondent's views on the various methods used to promote independent advocacy.

Across the entire action research study, we engaged with a number of individuals through two separate surveys targeted towards stakeholders and care experienced young people. In total the surveys received 345

responses. The stakeholder report received **250 responses; 102 from Highland and 148 from Dundee**. 17 survey responses submitted were largely incomplete and have therefore not been used for analysis. The final stakeholder report contains data from **233** survey responses.

Survey findings:

Knowledge of Advocacy

1. While the majority of respondents believe themselves to have a moderate understanding of advocacy, **only a small amount, just 6%, correctly described advocacy**.
2. The need for advocacy workers to spend **time building trusting relationships with young people can potentially dilute a professional's understanding** of advocacy.
3. Often the action of advocating on behalf of someone can be **misunderstood as the same as independent advocacy provision**.
4. Most respondents believe that that the **'independent' element of advocacy is important** however, they **also believe that professionals who cannot be considered independent, can also provide advocacy** to young people.

Awareness of Advocacy

5. **It is not always clear to professionals who provides local advocacy provision**; only 59% of respondents claimed to know who their local provider is.
6. **Respondents who are aware of who their local independent advocacy provider is, are more likely to believe that the 'independent' element of independent advocacy is important**.
7. Respondents are **more likely to have made a referral if they know who their local independent advocacy provider is**.
8. Respondents who are **residential workers are most likely to know how to make referrals**, with 94% claiming to understand the process.
9. The **disadvantages associated with advocacy seem to highlight the professional's 'fear' of involving advocacy**, while the barriers highlight a lack of accessibility to advocacy provision.

Experience of Advocacy

10. The **majority of professionals with experience of advocacy believe young people benefit from it**. All respondents from the residential worker profession believe advocacy benefits young people in care.
11. Some respondents felt that there are disadvantages of advocacy, **the main disadvantage reported by respondents was that young people can have too many workers already**. However, **this suggests a lack of understanding about independent advocacy; the role should complement the work of others**.
12. Three quarters of **respondents stated that all young people should be informed about independent advocacy at the point of becoming looked after**.
13. Respondents suggested that the **worst time to introduce independent advocacy and a new relationship into a young person's life is in response to a formal process**.
14. Children's panel members identified **that involving an advocate ensures a young person's views are heard**, even if they are not in attendance.

Promotion of Advocacy

15. Respondents identified a **need for training and materials to help professionals understand what independent advocacy is, how it fits alongside their role and what the benefits for young people are.**
16. **Many respondents felt that it is important to target promotion materials to different groups of professionals.** The use of young person testimonies was noted as being useful as well as direct contact with the local independent advocate.

5.4 Focus groups with children and young people

Across both sites we engaged in 31 discrete engagement opportunities with young people in relation to the action research. These activities involved bringing young people together to explore their understanding of advocacy, their experiences of receiving advocacy support and its impact. We have also explored with young people how they become informed and knowledgeable about advocacy and how they generally access information, to enhance our understanding of how agencies might better inform young people about advocacy support and whether there are more effective mediums to use.

These focused discussions and associated activity provided more depth to the information obtained from the young people's survey, which addressed the same areas of exploration.

Knowledge

It was very clear within our engagement sessions with young people that the **language associated with advocacy can be challenging and potentially an initial barrier to their understanding and knowledge.** Language is problematic. It can be difficult to introduce advocacy to a child or young person because of the term. Very few young people immediately understand the offer of 'advocacy' unless they have received it before. It was also recognised that advocacy is not something children and young people experience within their normal day to day lives, so it is something that they need to be introduced to and informed about. They will not encounter it in other parts of their life.

Young people tended **to understand advocacy through their experience of receiving it and their relationship with their worker.** For many young people it was about the person and the advocacy relationship, rather than the role or the title. **Unless explained in a clear and consistent manner, the term can be difficult for some to associate with the relationship based service they have accessed.**

While the word could be an initial barrier, young people did feel that **advocacy support was easily understood when explained and experienced.** There appeared to be a need to simplify the term without diminishing its potential importance and impact. The promotion of advocacy is an important element to this. There is already good practice with advocacy workers explaining their unique role in easily understood and accessible terms, for example, "you are my boss". Although young people perceive the word 'advocacy' to be confusing, it was suggested that instead of avoiding the word, **it should be articulated more clearly and consistently by all adults and professionals.**

Young people felt that the point in a care journey where advocacy is introduced is important. Timing was important – early introduction to advocacy is best according to them. However most importantly, this introduction needs to be done by someone the young person trusts.

Some young people expressed some regret at finding out about the existence of advocacy too late in their own care journey. Some expressed the view that if they had been told then their life might have been different. Care experienced young people believe that the timing of introducing advocacy to a young person is important, **believing that they had heard about advocacy too late in their care journey.**

Awareness

Some young people explained that they knew about advocacy while growing up in care but felt that they were never able to access it. They suggested that this may have been related to their social workers or carers lack of knowledge and information on advocacy. Professionals could present the barrier to accessing advocacy, not the young people.

Our engagement with young people indicated that they tended to trust their carers, especially foster carers, more than social work. This might suggest **that more targeted awareness raising activity might be better focused on those who hold the day to day relationship with young people, like foster carers and residential workers.**

Promotion

Young people appeared to recognise the importance of the relationship with their advocacy worker and liked that the worker was there 'only for you'. Using language such as 'You are my boss' and 'I'm here only for you' appeared helpful in conveying **the independent and unique aspect of advocacy.** Young people also referenced, "you are on my side" and "you will say, what I say" as good descriptions of what their advocacy worker does for them.

Experience of Advocacy

Within our engagement sessions we invited young people to reflect on their actual experiences of advocacy to better understand what they thought about advocacy as a service. Several key themes emerged within these explorations:

Advocacy as a source of knowledge and understanding for young people - Young people identified the benefits to advocates as being sources of advice, information and links to other professionals:

"Help to explain things to us e.g. 'who's that?', 'what is this?', 'why?'"

"Choices: young people don't know that they have any, advocates make choices visible"

"Advocates can be a sources of contacts, sign-posting and links to other people and professionals"

Advocacy as a voice for young people - Young people saw advocates as having an important role in speaking out for them:

"Advocates understand us and help others to understand us too"

"Support at children's panels and issues with professionals"

"Not just another professional: Social work share every single details. Advocates listen first and share when I want them to"

Advocacy as a relationship - Young people saw advocacy workers as professionals whom they can develop and hold a relationship with:

"Trust- I've always been able to open up [to my advocate]"

"It's fair: they learn about bits of us and we learn about bits of them"

"Interested in my life"

Advocacy gives you a voice – Young people saw the impact advocacy had on them finding and using their voice.

“Having a voice: that’s what changes things”

“Having someone listen to you helps you find a voice”

“Treating people as equals and listening to them is the human thing to do”

The impact of not being heard – Young people were also aware of the reality of not being heard or listened to.

“Sometimes it’s easier to just shut up and let ‘them’ have their chat”

“Inside I was screaming, outside I was quiet”

“I never thought that meetings were for me”

The fear of speaking out – an unexpected and recurring theme of fear and uncertainty came up during our engagement with young people. This appeared to be related to the consequences of expressing their views and having a voice.

“Fear of saying something wrong that will get grief for afterwards”

“Afraid of what might happen after a meeting. The repercussions of your own opinion”

“Terrified: Like you know nothing you say matters”

5.5 Children and Young People Survey

A full report on the children and young people survey is also available as a separate document.

The survey consisted of six sections with 27 questions. Section one of the survey asked for simple, personal information such as age, gender and current care placement type. No identifying information was collected. The second section of the survey asked general questions about the respondents’ experience and understanding of advocacy. Within this we explored different areas with both young people with and without advocacy experience. Following completion of either section, all respondents were directed to complete the final section labelled, ‘promotion of advocacy’.

The survey was open from January to May 2016 to care experienced young people living in the local authority areas of Dundee and Highland.

Across the entire action research study, we engaged with a number of individuals through two separate surveys targeted towards stakeholders and care experienced young people. In total the surveys received 345 responses. **The young person report focuses on 95 responses; 45 from Highland and 50 from Dundee.** 2 responses were removed as they were duplicates and 2 were removed as they were largely incomplete. As a result, they were not included in the analysis. The final young person report contains data from **91** survey responses.

Survey findings:

Knowledge of Advocacy

1. Some young people, **in particular those who have received advocacy, believe that advocacy does more for them than in reality.** It is likely that this is due to the existence of a strong relationship between the advocate and young person.
2. Care experienced young people with experience of advocacy understand **that it is not about changing decisions made or ensuring they get what they want;** rather they recognise **that advocacy ensures they can effectively participate and influence** with their own views.

Awareness of Advocacy

3. The **majority of care experienced children and young people believe they have never discussed advocacy with their social worker**. It may be that some have, however the timing, frequency of offer or information supplied was not enough to help them understand the concept.
4. Care experienced young people recognise that during their care journey, **they can often receive too much information at the one time resulting in confusion** or lack of understanding about what advocacy is.
5. **Care experienced young people without experience of advocacy are often aware of it through peers**, but do not hold information about how or why they should access it.

Experience of Advocacy

6. **Of those care experienced young people who have had advocacy, 92% believe that it helped them**.
7. **Young people suggested that having advocacy allows them to more effectively participate in formal meetings and feel in control** of their care journey.
8. **76% of care experienced young people who have not experienced advocacy would or would have liked to hear more about it** after reading a short description.
9. **Those without experience of advocacy felt a range of barriers to engaging in their care journey** including lacking in confidence and feeling like they come secondary to adults.
10. **Most young people without experience of advocacy believe there are no associated disadvantages**. Those that did think there were some disadvantages generally became aware of advocacy through a friend, rather than having experienced it directly.

Promotion of Advocacy

11. **Young people suggested that information on advocacy should be clearly presented, actively offered and easily accessible** so that young people can choose whether they want advocacy.
12. **Respondents that had no previous experience of advocacy demonstrated a clear preference for advocacy workers regularly visiting placements** to introduce young people to advocacy.
13. For many care experienced young people, **talking about advocacy is crucial to their understanding and ability to access. They stated they would prefer to do this with someone they know and trust**.

5.6 Increased provision of advocacy support

Since 1/10/15 there has been enhanced advocacy provision in both Dundee and Highland. The Action Research activity funded an additional Advocacy and Participation Worker at both sites to respond to any additional demand for service. While the complement in each team consisted of 3 Advocacy and Participation Workers, it has to be recognised that the core workers also had broader responsibilities and roles for delivering participation work, Champions Board work, influencing activity and residential unit visits.

The original scope of the proposal was based on 9 months of activity, plus a 3-month scale down period but recruitment was only concluded for the additional staff to start near October 2015. The original estimate of **187** new advocacy referrals was altered to **125** to acknowledge the reduced service period.

The additional funding secured for the final three months of the project from April to June 2016 was utilised to support continuing action research activity including the young people's survey, young people engagement activity, survey analysis and transition of the services back to 2 worker services.

The scope of the action research took place between 1/10/15 and 30/6/16. During these 9 months, **130** referrals on children and young people were received across both sites, which was within the anticipated range of advocacy activity. Advocacy is a distinct offer of service and not all referrals develop into active work after the first contact with a worker.

Additionally, not all children and young people wished to become involved in self-assessing their own outcomes with only **98** young people taking part in this process.

In relation to referral analysis, the youngest child referred to the service during the action research was 5 years old, while the oldest referral was of a 22year old. This reflects our organisational experience of advocacy being introduced to children at an earlier age and stage of their care journey. Just over **40%** of referrals were in relation to children aged 12 and under, the age at which children are presumed to have capacity to form and express a view in the children's hearings system.

The referral analysis also confirms our experience that advocacy continues to feature in young people's lives beyond the Children's Hearings system, into early adulthood with the increasing and developing focus on the Continuing Care legislation and the challenges associated with accessing support and services.

Gender did not appear to play any significant role within the accessing of advocacy with an even split within the referral breakdown.

Historically, the offer of advocacy to children and young people within residential settings, has always been robust, with concerns about young people being placed in settings at distance or out with the local authority boundary. The model of advocacy within Dundee and Highland has also focused and directed advocacy worker activity and time to regular visits to Residential Units or Houses, which may account for **43%** of referrals being in relation to young people in residential care.

There is increasing interest across Scotland in the experiences of children and young people within foster and kinship care settings and this is reflected within the referral analysis with foster care and kinship care accounting for **30%** and **13%** respectively.

5.7 Outcome measurement

As an advocacy organisation, we adopted a self-assessment approach to outcome measurement with young people. This was the first robust approach adopted by Who Cares? Scotland in directly measuring specific outcomes associated with the delivery of advocacy support. We invited and supported young people to self-assess across 4 specific areas with 5 scaled descriptions:

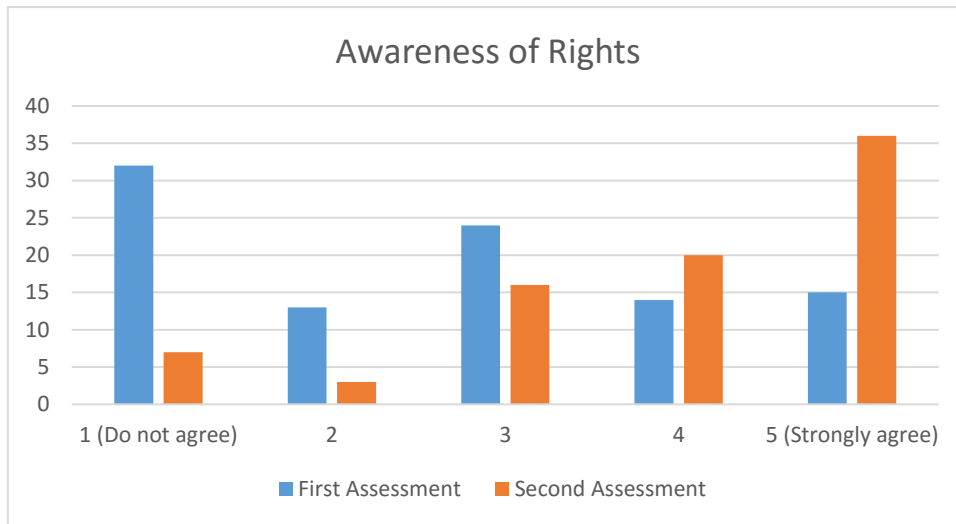
1. I am aware of my rights (awareness of rights)
2. I express my view and opinions (expressing my views)
3. I take part in planning discussions and meetings (feeling included)
4. My views are heard and taken into account (feeling respected)

A total of 98 young people agreed to initially participate in the outcome measurement in measuring their first scaling. This compliance rate reduced to 85% at second assessment stage with 83 of out of the possible 98 completing their assessments. This appeared to be linked to a number of factors, including lack of contact and disengagement of young person.

Impact of advocacy

Within the outcome measurement process we were interested to explore with young people whether the involvement of advocacy had a positive or negative impact on specific aspects of their lives. As an advocacy organisation, our practice experience informed the selection of these outcomes. It is not surprising that these outcomes sit within the Respected and Included domains of SHANNARI. The second assessments were completed at the end of our planned work, or after at least 3 months' activity.

Figure 1: young people's awareness of rights before and then during/after advocacy involvement



It is evident from figure 1 that within the first assessment children and young people’s awareness of their rights is generally low. One of advocacy’s main functions is to support young people to better understand their rights and realise them, within the various day to day informal and formal processes they encounter during their care journey.

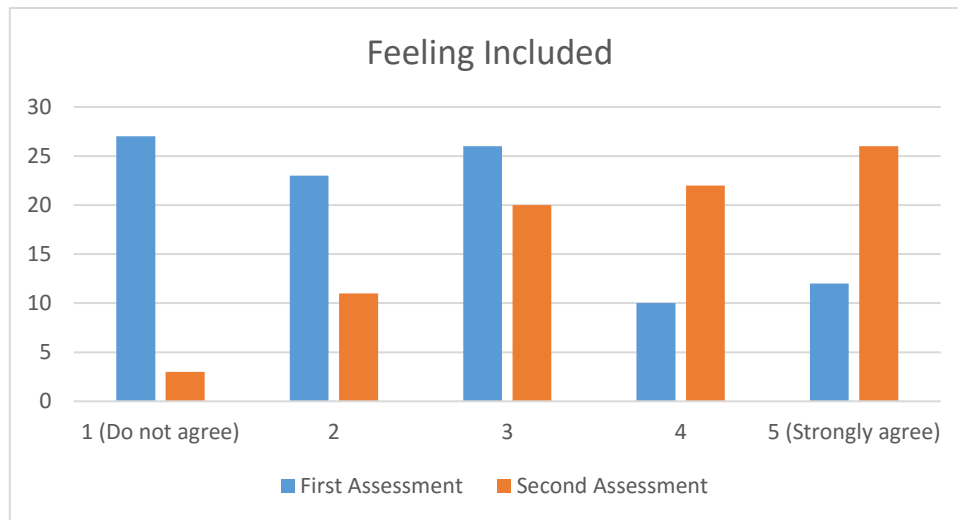
The second assessment clearly evidences a marked improvement in children and young people’s awareness of their rights. This is a significant finding given the project only ran for 9 months and some of the young people would have experienced shorter periods of advocacy support.

Figure 2: young people’s ability to express their views before and then during/after advocacy involvement



Young people's ability and confidence in both identifying and expressing their own views is another key unique focus of advocacy work. Advocacy workers can enable this in two ways, by speaking on behalf of young people or supporting young people to express their own views. Advocacy practice is focused on building the self-advocacy skills of young people. It is evident from figure 2 that young people felt more confident at expressing their own views having received advocacy support, with a marked shift within the second assessments to the majority of young people strongly agreeing that they express their views.

Figure 3: young people's feelings of being included before and then during/after advocacy involvement



Children and young people's active participation within formal processes, like reviews and Children's Hearings is a fundamental aspiration within child care planning processes. These forums and settings can be very formal and the young person is likely to encounter, and have to engage with, a significant number of professionals within these settings. There is a clear difference between the presence and participation of young people within these meetings.

From figure 3 it is clear that the first assessment indicates a very significant proportion of young people within our research did not fully engage with and participate in these processes. In fact, the highest score in the first assessment was young people stating that they did not understand the planning and decision making processes.

The second assessments appear to evidence a shift in young people's feelings, with a very significant change in young people's understanding of the processes, while also seeing more young people actively engaging and participating in these processes.

Figure 4: young people's feelings of being respected before and then during/after advocacy involvement



The final outcome area related to young people’s feelings about whether their views are taken into account when decisions are made. Young people receiving advocacy support are supported to understand that while they may not always get the outcome they wish within some decision making processes, it is important to feel that their views and wishes have been considered and taken into account before any decisions are made. Figure 4 shows that the first assessment score indicated that confidence in this was low, with the majority of young people feeling ignored and not listened to. The introduction of advocacy leads to a significant shift in this feeling, as the majority of young people agreed that their views were being both heard and taken account of.

The analysis of the comparisons between first and second assessments clearly highlight the impact of advocacy within these outcome measurement areas, with the majority of young people feeling an improvement across all four areas.

Satisfaction with Advocacy Outcomes

Who Cares? Scotland workers also asked young people if they are satisfied with the advocacy outcome. This is measured using three descriptors:

- Young person not satisfied - Not desired outcome. Disagrees with reasoning
- Young person satisfied - Desired Outcome
- Young person satisfied - Not Desired outcome but understands reasoning

Since 1/10/15, young people have reported the following satisfaction levels in Dundee (89%) and Highland (88%). This related to them being either satisfied with the desired outcome or understanding the reasoning even when it was not the desired outcome. These satisfaction levels are consistent with the average satisfaction level reported by young people across all services within Who Cares? Scotland, currently at 90%.

5.8 Children’s Hearings Panel Members Feedback

Who Cares? Scotland attempted to elicit feedback from Children’s Hearings Panel members after each hearing they attended. The completion and return of these questionnaires was variable, despite reminders and approaches to CHS and SCRA to assist with completion and collection.

The panel members have been extremely receptive to the involvement of advocacy workers within the action research period, particularly on occasions when the young person has not attended the Hearing. They appeared to place value on knowing they will get the young person’s perspective from the advocate. **The**

involvement and presence of an advocacy worker appeared to contribute to an increase in confidence in panel members that the young person's views had been sought and presented.

The advocacy worker appeared to enhance the content within the 'All About Me' form. In other situations, Safeguarders have also not been appointed because panel members felt they had all the information needed from the advocate and young person.

The absence of advocacy support was also commented on within focus discussions, with some panel members **expressing the concern that young people merely attending their hearings, didn't always equate to participation.** One panel member, concerned about the young person's view not being expressed said, "the most common word used by a young person without an advocate is 'fine'".

Across both sites of activity 59 questionnaires were completed covering 17 individual hearings. The following results were obtained from the experience of an advocate being present and involved in the hearing:

	Panel Members Feedback	
Excellent	Child's views clearly articulated and presented throughout all aspects of the Hearing. Panel members had an excellent sense of the child's views.	51%
Good	Child's views clearly articulated and presented throughout most aspects of hearing. Panel members had a good sense of child's views.	39%
Fair	Child's views were articulated but it was not always clear what the child's views were. The Panel members felt they needed to ask many questions to clarify the child's views.	10%
Poor	Child's views were not articulated well throughout the Hearing.	0%

5.9 Promotion of advocacy – resources and materials

The action research activity was focused on knowledge and availability of advocacy services. This was important as it mirrored the intention in Section 122 of the Act to inform young people about the availability of advocacy support within the Children's Hearing's system.

The research activity outlined that there was a need to explore how we better promote a better understanding of advocacy in general, increase knowledge of local provision and provide greater clarity about how this support is accessed.

Knowledge

The surveys clearly indicate that there is limited general knowledge and understanding with both stakeholders and young people in relation to the unique focus and purpose of advocacy. This knowledge gap appeared to have a direct impact on professionals' approach to when, and if, they considered advocacy as a support to young people.

This knowledge gap has to be met with information. It was evident within the information sessions that affording professionals the opportunity to explore and discuss the unique role of advocacy made a significant difference as it either provided new information or it directly addressed previously held views about what advocacy was, and for whom.

The delivery of information sessions is not a replicable mechanism to deploy nationally, but stakeholders did identify that having better content and materials which explains the purpose and benefits of advocacy would make a difference.

While the Scottish Government and SIAA have provided policy, practice and standards information on advocacy for all client groups and placed this in the public domain, **there appears to be an information gap in relation to the provision of advocacy support to children and young people, especially those who are looked after.**

In response to this, and recognising our role as the nationally recognised provider of advocacy support to looked after children and young people, we have agreed to create new website and promotional materials to explain the purpose, focus and impact of advocacy. Both stakeholders and young people have provided significant feedback that this new content needs to be engaging and presented from the young person's perspective.

Young people have also indicated that different mediums should be used to explain advocacy and its benefits. Young people talked about the importance of hearing about advocacy from a trusted person or other young people who have used advocacy. There is current work underway to create short focused films targeted at young people and professionals, which specifically seek to address hurdles and barriers to accessing advocacy support.

Awareness and accessibility

It was evident from our contact with professionals and carers within both the engagement sessions, and the surveys, that the production and circulation of advocacy service leaflets which clearly explain the purpose and focus of independent advocacy was for the majority of stakeholder respondents, still the preferred method of explaining and promoting advocacy.

As a response to this finding, we are currently in the process of redesigning every advocacy service leaflet for each local authority to explain the specific offer of service available within their local authority area. This approach recognises that the scope and size of the advocacy support available in each local authority area varies markedly.

In relation to awareness, **young people involved in the action research stated that leaflets targeted to them are unhelpful. It was clear that young people do not consume information in this way.** Instead, they like the idea of watching a short film, created by other young people, that would explain advocacy in an engaging way. Young people want more interactive methods of promotion.

Young people did, however, wish to receive some discrete information about what they might expect if they were receiving support from an advocacy worker. They felt this should include contact details and also information about what other supports or opportunities they could access. We are currently working with young people on a more engaging 16 panel folded 'snapfax', which would be provided to them at their first contact with a worker.

During the action research period, young people in both Dundee and Highland were supported to develop and produce ideas about how to better communicate about advocacy. Short films were also produced to test out this potential approach with both young people and professionals. It is evident that young people and professionals respond very well to the delivery of information in short engaging and informative films. We will now use the work created and learning obtained locally within Dundee and Highland to inform the production of national resources, which will be used for website content, peer to peer explanations of advocacy, training and presentations.

6. Actual Expenditure and Resource Usage Against Budget

Budget July 2015 – March 2016 (9 months)

	Budget	Expenditure
Salary	91702	96278.43
Travel	5130	6026.88
Subsistence	2350	642.63
Training	800	800.00
Communication	950	1060.90
Computer Services	1120	1,120.00
Printing	600	390.57
External printing	1200	967.61
Website, Digital, Promotion Costs	3000	3,000.00
Young Person Expenses	2350	1504.64
Recruitment	650	650.00
Employee Benefits	320	280.00
Management and Support	13200	9,468.26
Total Income / Expenditure	£123,772.00	£122,189.92

7. Evaluation of Project Against Objectives and Intended Outcomes

The main objectives/expected outcomes of the Grant were to:

- Enhance knowledge obtained to aid the future development of policy and ensure equity of understanding and information sharing within advocacy service across the country.

The primary objective of enhancing the knowledge base has been achieved through the scale and scope of the associated activities. The report and associated surveys provide a robust and informed analysis on how advocacy is currently understood and experienced by key stakeholders. The traditional access point for looked after children and young people is still the professional's referral. The reports also provide a unique insight into young people's knowledge and experience of advocacy support, which should directly inform policy and practice.

The primary objective was to inform future development of policy but significant learning for stakeholders, commissioners and providers of advocacy have also been identified. The Action Research Final Evaluation Report also contains specific recommendations to inform next steps.

- Improve access and availability of Independent Advocacy in areas where Who Cares? Scotland has existing independent advocacy provision.

There is clear evidence that more children and young people were able to access independent advocacy through increasing the knowledge of advocacy in general, and the promotion of the local services through better information and regular communication. The temporary enhanced advocacy provision in each area allowed for better promotion of the service and provided greater confidence and capacity to respond to increased demands.

- Increase take up of advocacy support within the Children's Hearing System in Dundee and Highland.

On a national basis, Who Cares? Scotland only provided advocacy support to children and young people in 539 children's hearings in 2015/2016, which equated to 1.5% coverage of hearings. During the 9-month period of Action Research, this increased to 5% with advocacy support being provided to children and young people in 60 children's hearings during a time period when approximately 1135 Hearings took place in both sites.

- Improve understanding from children and young people of how they encounter the Children's Hearing system, not just the hearing.

We understand from our established practice experience that children and young people do not just encounter the Children's Hearing as an individual event. The majority of looked after children and young people require to build a better awareness of their rights and a better understanding of decision making processes before they can actively participate in forums like a children's hearing. This evidence comes through strongly within the outcome measurements.

Within our engagement sessions, young people also emphasised the importance of building trust and a relationship within advocacy work. Advocacy for most young people was not viewed as task based, but relationship based. Advocacy supported the child or young person through a number of connected informal and formal processes, not just a single interaction with a children's hearing.

- Increase understanding from professionals and other stakeholders about how they can contribute to improved understanding and take up of advocacy support.

The engagement sessions and surveys highlight the lack of understanding and knowledge currently held by stakeholders in relation to advocacy. This was compounded by concerns and fears about the potential negative impact of advocacy, which did not appear to be rooted in actual experience. It was evident within the referral analysis that while there was an increasing and encouraging trend of young people self-referring for advocacy, the professional referral route is still the primary point of access for looked after children and young people.

Stakeholders appeared to value the importance of independent advocacy and making it available for young people within the Children's Hearings system. 91% said that the independent element of advocacy support is important and 94% said that they thought looked after children and young people should know about and have access to advocacy when in the Children's Hearings System. Despite this, 85% said that they had not made a referral for advocacy in the last 6 months and 63% said they had never referred a looked after child or young person for advocacy. It is evident that referral behaviour needs to change in order to address this gap.

8. Concluding Recommendations

Having advocacy provision in place and accessible to looked after children who formally become looked after each year, means that they are given a chance to develop both an understanding of and a relationship with advocacy throughout their care journey. This allows the child and young person to exercise a level of control over how they are supported by advocacy. At present, we run the risk of dictating to looked after children and young people that they can only access advocacy in a limited set of circumstances – such as for their panel hearing. However, the hearing itself is only one part of the 'system'. If looked after children and young people do not feel prepared or do not develop a trusting relationship with their advocate before and after the hearing, then the benefit of advocacy to the child will never fully be realised.

1. Who Cares? Scotland believes that independent advocacy should be **available to all looked after children**.
2. Until that is possible, it is recommended that **advocacy provision should be in place to accommodate up to 3,200 (75%) of those, on average, formally entering care** each year to be able to access advocacy via the Children's Hearings System.
3. This provision could be **provided as part of the commencement of section 122** of the Children's Hearings (Scotland) Act 2011. Statutory guidance and supplementary regulations can be supported by resources on the standard and quality of advocacy services being prescribed.
4. Advocacy provision needs to be **independent of local authorities and providers of statutory care and protection services**.
5. Independent advocacy must be **professional and relationship based**. It must be provided by **skilled workers**.
6. Looked after children and young people **should have a right to access professional independent advocacy support** from the beginning of their care journey.
7. Looked after children and young people **should be informed of advocacy support** throughout their care journey. They should be **supported to understand** what advocacy support means through a range of appropriate methods including peer to peer information and discussions with trusted relationships.
8. **Professionals and stakeholders should be informed clearly and consistently on the distinct role of advocacy** and how it can improve a young person's participation in their care journey, as well as enhance the role of each professional.
9. **Information on advocacy should be targeted towards those who hold relationships with care experienced young people, such as carers**. It should not be assumed that social workers are the primary target for this information.
10. **Professionals and stakeholders should not determine access to advocacy** on behalf of looked after children and young people. They should provide the young person with the best information and allow them to decide.
11. **Advocacy provision** needs to be consistently commissioned.

Appendix

Focus group discussion example with young people in Highland

- Advocacy as a source of knowledge and understanding for young people

Young people identified the benefits to advocates as being sources of advice, information and links to other professionals:

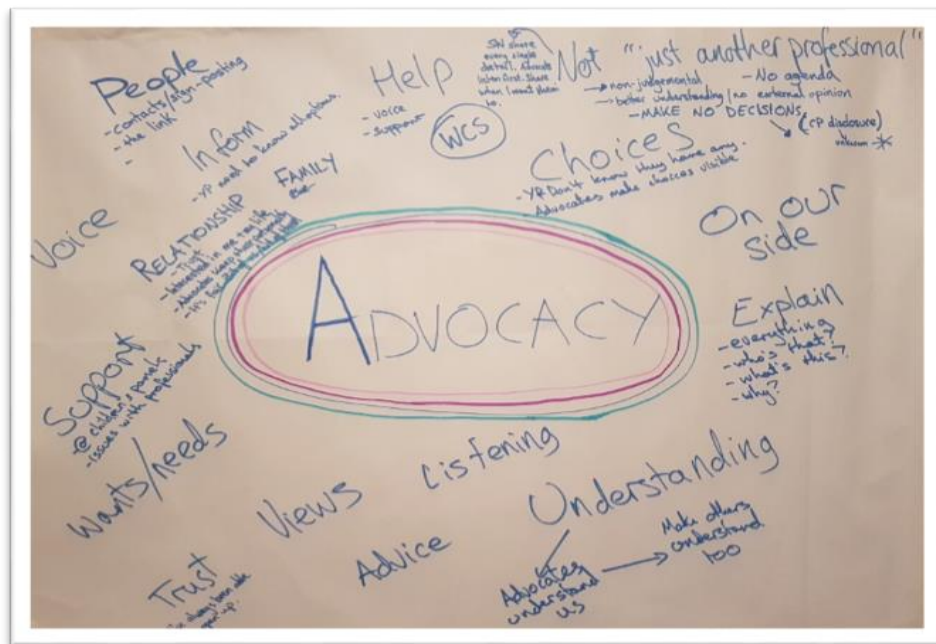
“Help to explain things to us e.g. “who’s that?”, “what is this?”, “why?””

“Choices: young people don’t know that they have any, advocates make choices visible”

“Advocates can be a sources of contacts, sign-posting and links to other people and professionals”

“Advocates can give help and advice”

“Inform: young people need to know all options”



- Advocacy as a voice for young people

Young people saw advocates as having an important role in speaking out for them:

“Advocates understand us and help others to understand us too”

“non-judgemental, no agenda”

“Advocates make no decisions”

“They are on our side”

“On our side”

“Support at children’s panels and issues with professionals”

“Not just another professional: Social work share every single details. Advocates listen first and share when I want them to”

- Advocacy as a relationship

Young people saw advocacy workers as professionals whom they can develop and hold a relationship with:

“Trust- I’ve always been able to open up [to my advocate]”

“Interested in my life”

“Advocates keep their personalities”

“It’s fair: they learn about bits of us and we learn about bits of them”

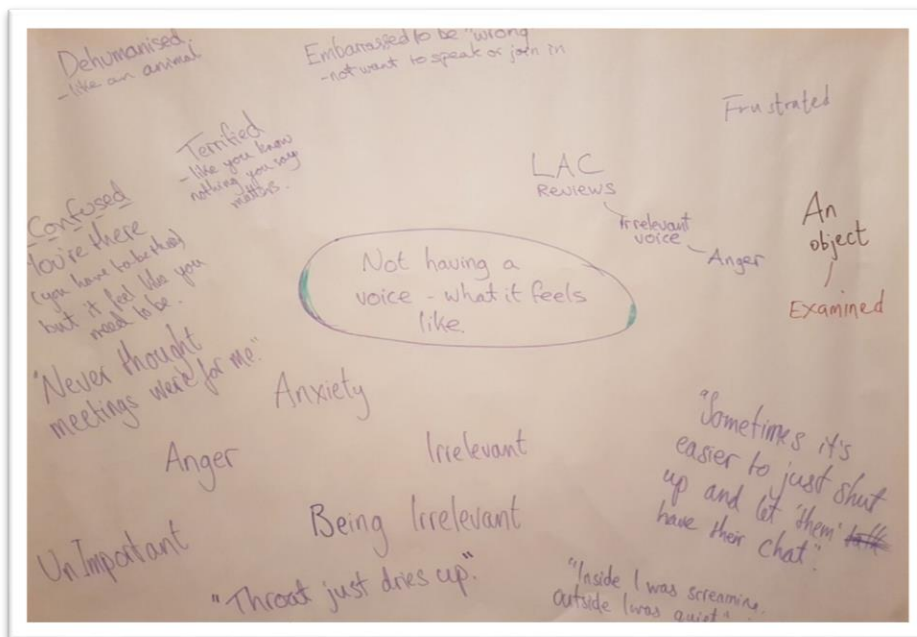
- Advocacy gives you a voice

We asked young people to describe their experiences and feelings of times when they felt like they had a voice:

- “Having a voice: that’s what changes things”
- “Courage that what you want to say is OK”
- “Having someone listen to you helps you find a voice”
- “Treating people as equals and listening to them is the human thing to do”
- “Comfortable: I understood what was happening because it was explained”

- Not having a voice

We asked young people to think of situations and experiences when they didn’t feel like they had a voice.



- “Anger”
- “Unimportant”
- “Frustrated”
- “Anxiety”

- “My throat just dries up”
- “Dehumanised- I feel like an animal”
- “Embarrassed to be wrong- not wanting to speak or join in”
- “In LAC reviews I feel like I have an irrelevant voice which can make me angry”
- “I feel like an object being examined”
- “Sometimes it’s easier to just shut up and let ‘them’ have their chat”
- “Inside I was screaming, outside I was quiet”
- “I never thought that meetings were for me”
- “Confused: You’re there because you have to be there but it feels like you need to be”

- **Fear and uncertainty**

A recurring theme of fear and uncertainty came up during our engagement with young people. This appeared to be related to the consequences of expressing their views and having a voice.

- “Terrified: Like you know nothing you say matters”
- “You have to worry about torn loyalties”
- “You feel like your heart is under the spotlight”
- “Fear of uncertainty- nothing is scarier than the unknown”
- “Fear of being in the wrong”

“Fear of saying something wrong that will get grief for afterwards”

“Afraid of what might happen after a meeting. The repercussions of your own opinion”

“Your friends could change, your home could change, your parents could change, your school could change”

