



Advocacy Matters: an analysis of stakeholder views

Who Cares? Scotland

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“Thank you to the stakeholders and many care experienced children and young people who shared with us their views on advocacy. We are grateful for the information shared and hope that these learnings can improve access to independent advocacy for all care experienced young people.”

Duncan Dunlop, CEO, Who Cares? Scotland

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1. Introduction

Section 122 of the Children’s Hearings (Scotland) Act 2011 [the Act] sets out a requirement for the chairing member of a children’s hearing to inform the child or young person of the availability of advocacy. The enactment of this part of the Act was delayed to allow the Scottish Government to understand current advocacy provision and the need for it in the lives of care experienced young people.

In 2014 the Scottish Government began a process of developing this knowledge of advocacy provision by commissioning several action research projects in order to explore the current arrangements for advocacy support, as well as seeking an understanding of children and young people’s current experiences.

The intention is that this information will inform the Scottish Government in how to effectively deliver on the policy intention of Section 122 of The Act:

- **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 accept it.**

The current commissioning, and availability, of independent advocacy for children and young people is inconsistent, with no agreed methodology being used to assess local advocacy need and procure appropriate levels of provision. This has resulted in children and young people having access to either robust provision or limited provision.

Who Cares? Scotland [WC?S] 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, we need both the knowledge and support of professionals, supportive adults and young people. Our action research proposal set out to explore both perspectives.

This report presents the findings from research activity with the professionals around care experienced children and young people, exploring their knowledge and awareness of advocacy, as well as how to best understand, promote and access it. An overview of the main findings is presented below.

2. Background

This research aims to explore the understanding of advocacy, and in particular, independent advocacy by various professionals working to support looked after children and young people in Scotland today. The provision of this advocacy by an independent advocacy worker was also explored.

Advocacy is often understood in terms of active support for a cause or idea, or in terms of legal services, for example an advocate who represents the interests of their client and may speak on their behalf. Advocacy can be seen to have developed more formally in terms of legal services, while independent advocacy is a relatively new and emerging activity which has developed from within the voluntary sector as an innovative challenge to oppression.¹

What is common to all types of advocacy is that the person who it is for is always at the centre of the advocacy process. The predominant aim of advocacy is generally agreed to be that of ensuring the individual has their voice heard and ultimately is empowered to self-advocate. Essentially, advocacy informs individuals of their rights and provides them with appropriate support so they can understand and express their views.

We recognise that there is a spectrum of advocacy activity, which covers the formal support provide by a representative through to the informal support from a family member. Social workers and other professionals also believe that they advocate strongly for young people at certain points. Any of these people can help a child or young person realise their rights. However, we also know that, often unintentionally, non-independent approaches can diminish or directly impact on the voice of the young person. This can happen when the individual's own opinion infringes upon the opinion of the young person, or even directly contends with it. An independent advocacy worker's opinion on the other hand, always reflects the young person's views. The Scottish Independent Advocacy Alliance defines independent advocacy as:

“A way to help people have a stronger voice and to have as much control as possible over their own lives. Independent Advocacy organisations are separate from organisations that provide other types of services. An independent advocate will not make decisions on behalf of the person/group they are supporting. The independent advocate helps the person/group to get the information they need to make real choices about their circumstances and supports the person/group to put their choices across to others. An independent advocate may speak on behalf of people who are unable to do so for themselves”²

Who Cares? Scotland [WC?S] believes that all care experienced children and young people in Scotland should know about and, be able to access independent advocacy. This should include all care experienced young

¹ Dalrymple, J. 2004. Developing the Concept of Professional Advocacy. *Journal of Social Work*, 4(2). [online]. <http://jsw.sagepub.com/content/4/2/179.full.pdf+html>

² Scottish Independent Advocacy Alliance. *What is Independent Advocacy?* [online]. <http://www.siaa.org.uk/us/independent-advocacy>

people, regardless of placement; both looked after at home and those who are accommodated away from home. The 'independent' element of this is critical because it ensures that the advocate has no conflict of interests and can focus on supporting the young person to understand their rights, explore their wishes and ultimately express their views. Independent advocacy is distinct from other types of advocacy as it is "structurally, financially and psychologically"³ separate from service providers and other services.

One of our Advocacy and Participation Workers uses the following analogy to describe her role as an independent advocate, to care experienced children and young people:

"My job is to listen to what the young person wants. If they tell me that all they want to do is to live on Mars, I would listen to that and help them think about why they want to live on Mars. I would let them know some details about Mars and some issues they may face living there such as the extreme cold and lack of oxygen. But if the young person still told me they wanted to live on Mars, I would help them present that case, no matter how silly it made me look"

At WC?S we believe that at the heart of every advocacy task is a voluntary relationship between the young person and the advocacy worker. For an advocacy worker to successfully do their job they have to really know what a young person wants and how they feel. This sort of personal information will only be shared when there is trust. The development of a successful advocacy relationship takes time and requires frequent contact. It is generally accepted that higher levels of trust allow for greater participation. **Advocacy is the companion to young people in the care system.** It is a voluntarily relationship which the child or young person can enter into, and it sits out with the scope of statutory appointed professionals around them. It is a distinct discipline, and must be understood as such. It also is dependent on a trusting relationship and these must be allowed to grow over time, and at the pace dictated by the child or young person, if that trust is to be built.

³ Scottish Independent Advocacy Alliance. *What is Independent Advocacy?* [online]. <http://www.siaa.org.uk/us/independent-advocacy>

3. Key Objectives

The main objective of this research was to discover how various stakeholders working with children and young people, such as **social workers, teachers, carers, health staff and other key stakeholders** understand independent advocacy and how it may interact with their role. The survey sought to discover the respondent's views on the following areas:

- **Understanding of advocacy**
- **Awareness of local provision**
- **Experiences of advocacy**
- **Views on the successful promotion of independent advocacy**

We also sought the views of care experienced children and young people, which are contained in a separate report⁴.

⁴ Who Cares? Scotland. 2016. Advocacy Matters: an analysis of care experienced young people's views. [online]. www.whocarescotland.org/what-we-do/policy

4. What We Did

The survey was divided into five sections with a total of 31 questions. The respondents were able to skip questions, and exit the survey at any point.

4.1 Demographic Information

The first section of the survey asked respondents details about themselves, however no personal or identifying information was requested.

4.2 Capturing Knowledge and Awareness Levels

The second section aimed to reveal the respondents' knowledge of advocacy, followed by parts on their awareness and experiences of advocacy.

4.3 Understanding How Information on Advocacy is Accessed/Used

The final sections sought the respondent's views on the various methods used to promote independent advocacy.

4.4 Timeframe and Geographical Focus

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 areas of **Dundee** and **Highland** were selected to inform the research as this combination covers both urban and rural areas. WC?S had robust relationships and assets within both local authorities to support the research activity.

4.5 Respondents

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. This report focuses on the **250 responses we received to our stakeholder survey; 102 from Highland and 148 from Dundee**. 17 survey responses submitted were largely incomplete and have therefore not been used for analysis. This report contains data from **233** survey responses.

For the purpose of this report the responses from both areas are combined in order to construct a general picture, rather than make comparisons between the two.

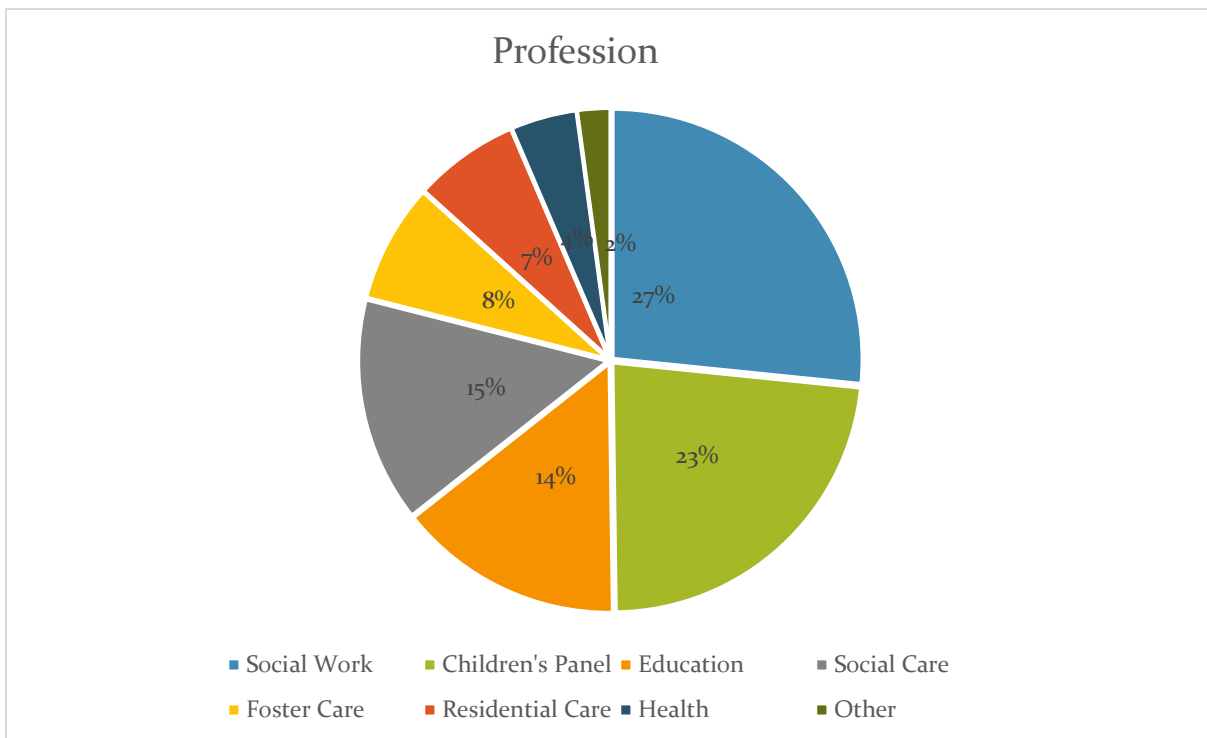
In addition to this, WC?S staff members were invited to attend focus groups to discuss their experiences and perceptions of stakeholder engagement with advocacy. This primarily focused on their direct experience of engaging with stakeholders within structured discussions during the action research. Findings from the focus groups have been included where relevant throughout.

5. Who We Spoke To

We asked the survey respondents for some basic details about themselves, including their profession and how long they have worked with care experienced children and young people. For the purpose of analysis, focus group participants have not been included in the quantitative analysis, instead their views are highlighted where relevant.

We first asked respondents what their profession, or role with looked after children and young people is.

Figure 1: Professions of all respondents

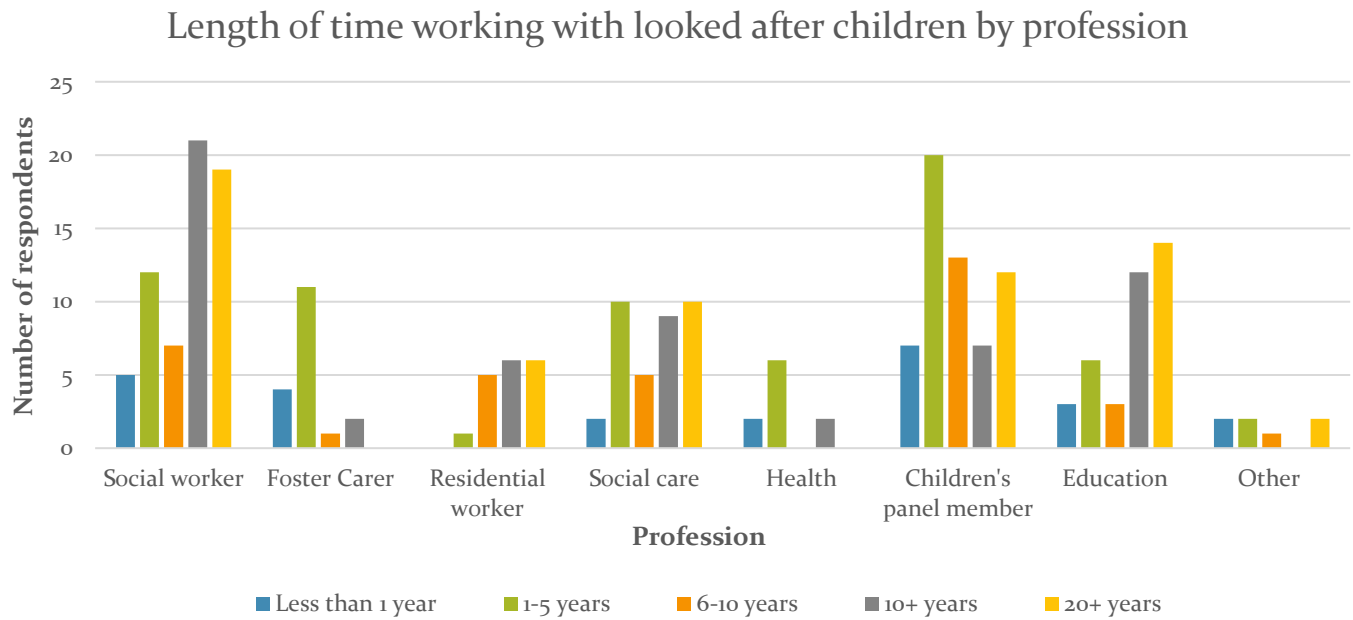


The survey included a drop down selection box with common professions and respondents had the option to use a free text box to name their profession. Many respondents recorded their profession as 'other' and then used the free text box to provide an accurate job title, for example; youth offending, independent reviewing officer, social work assistant, fostering and adoption manager. As many of these as possible were re-assigned when analysing the data to their closest professional group. Some respondents also noted their previous involvement with looked after children and young people in the 'other' section however only their current profession was recorded for analysis.

The majority of professionals in the 'Education' group stated their profession to be teaching; approximately half were Head Teachers. There were also six educational psychology students who have been recorded in the education category. Professionals grouped under 'Health' are all nurses; both Looked After Children nurses and school nurses.

We also asked respondents how long they have been "supporting, helping to support or been involved with looked after children and young people". There was a good spread of experience across all respondents with similar amounts of respondents having worked less than ten years and over ten years.

Figure 2: Comparison of respondents' profession and their length of involvement with looked after children and young people



With regards to profession, those working as a social worker or in education, had a higher number of those with over 10 years' experience of working with care experienced young people.

6. What We Learned

Given the intricacies of the 'independent' element of independent advocacy, we began by first exploring the respondents' basic understanding of general advocacy intention and focus.

6.1 Knowledge of Advocacy

Respondents were asked to rate their understanding of advocacy from having a 'very clear understanding' to 'I don't know'. The **majority of respondents, 75%, believe themselves to have a moderate understanding of advocacy**. Only 18% of respondents stated that they believe themselves to have a very clear understanding of advocacy and a small 6% stated that they do not know what advocacy is.

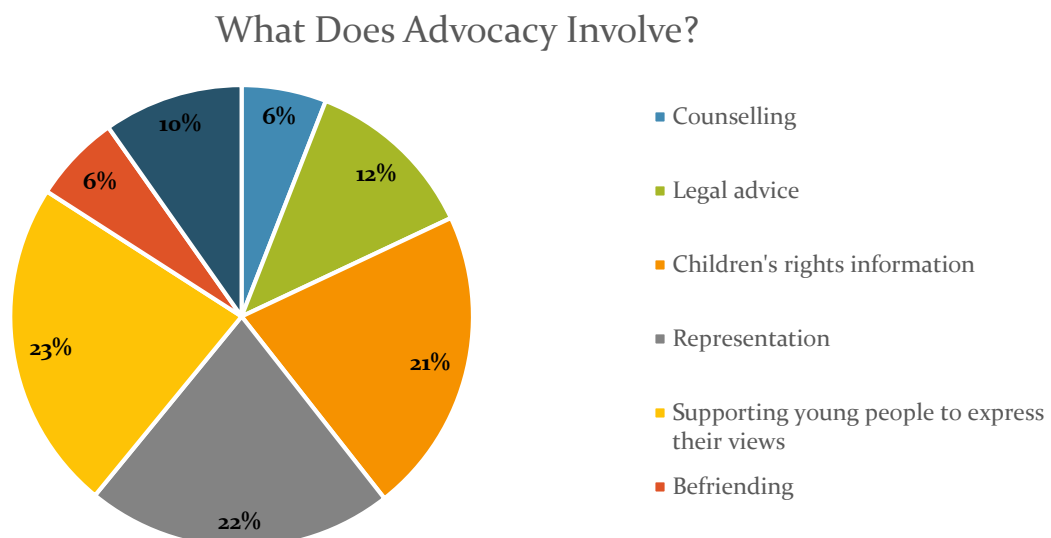
Our own organisational experience suggests that professional's confidence in their knowledge and understanding of advocacy can be misplaced. Differing perceptions of advocacy can occur as professionals often view it as similar to their role because of the important element of building a working relationship. As highlighted above, for advocacy to be effective in the complex lives of children and young people in care, **time must be afforded to support the development of a natural and genuine relationships; ultimately leading to trust**. Sometimes the time afforded to relationship building can dilute understanding of the unique role of advocacy.

With this in mind, the respondents were asked to pick, from a random selection, descriptors that they felt described advocacy. The correct answer to this question would therefore be;

- **Supporting young people to express their views**
- **Representation**
- **Children's rights information**

As figure 3 displays, while the majority of respondents selected the correct three, most also selected several incorrect descriptors. The selection of additional descriptors such as 'counselling' or 'befriending' indicates that the deliberately focused function of advocacy is misunderstood by many.

Figure 3: Respondents' perception of what the role of advocacy does in practice



While 14% of respondents described their understanding of advocacy as ‘very clear’, only 4% of this group selected the three correct descriptors alone. Additionally, 7% of all respondents both described their understanding as moderate and selected the correct description of advocacy. Overall, only **14% of all respondents correctly defined advocacy**.

The most commonly chosen incorrect descriptors can provide some insight into why advocacy is commonly misunderstood. 73% of all respondents selected the three correct descriptors alongside one or more incorrect descriptors. The most common incorrect descriptors chosen were: legal advice, care and support and mediation.

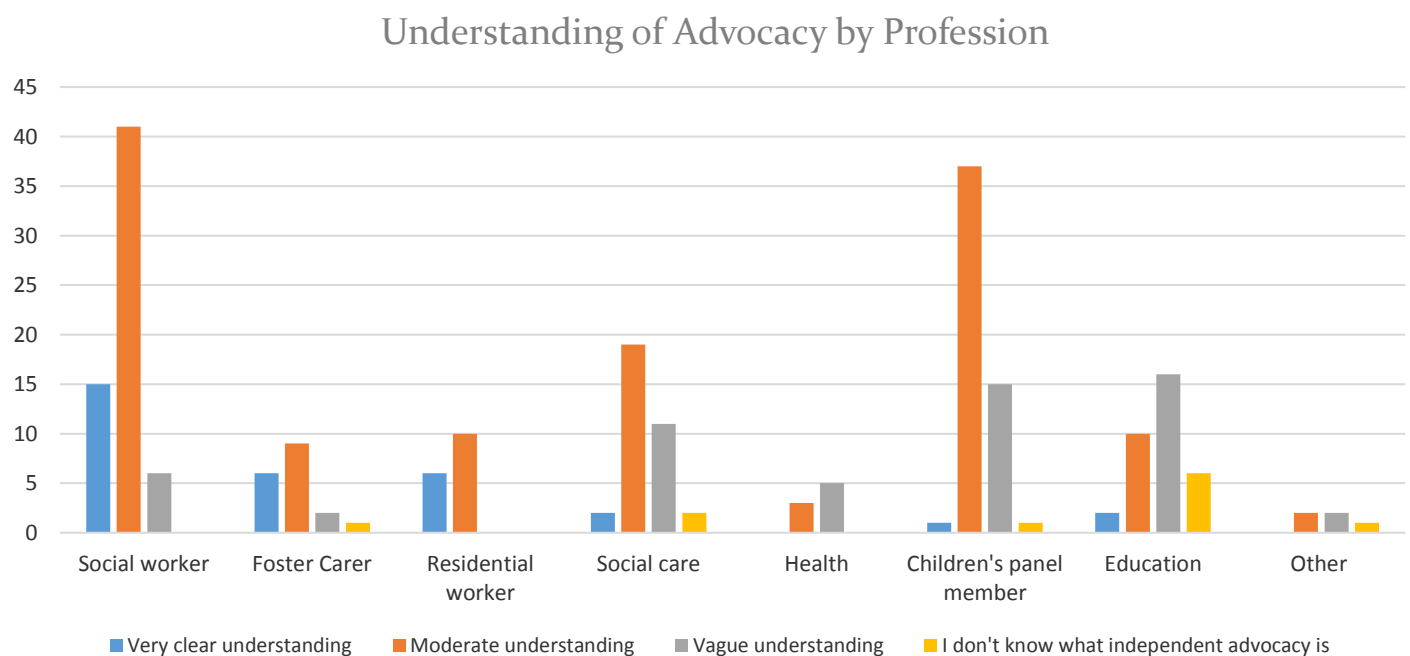
Potentially, the time afforded to building relationships with young people prior to supporting advocacy tasks could be misconstrued as a type of service provision, such as mediation or befriending. While there might be elements of befriending principles involved in any relationship building, the act of ‘befriending’ is in itself a progressive and important service offer that should be understood as distinct.

This concept was supported by WC?S Advocacy and Participation Workers [APWs] during the focus groups. There was a recognition that the time necessary to build trust and ensure young people feel they can share their views and concerns with their APWs, can often be misinterpreted as ineffective advocacy practice. This has led to a focus on task based advocacy, rather than relationship based advocacy.

Professional experiences will also shape and inform an individual’s understanding of advocacy provision and so respondents’ answers were analysed by profession type.

Figure 4 shows that very few respondents felt confident in their understanding of advocacy. However, **41% of social workers and 37% of children’s panel members felt they held a moderate understanding.**

Figure 4: Perceived level of understanding of advocacy broken down by profession



We asked respondents if they think that the ‘independent’ element of advocacy is important. The majority of respondents, **88%**, stated that they believe the ‘independent’ element of advocacy is important.

Only 1% of respondents disagreed and suggested that advocacy does not need to be independent. These respondents were all social workers who believed themselves to have a very clear understanding or moderate understanding of advocacy. Importantly however, none of this group selected the correct advocacy descriptors suggesting that they have a limited understanding of independent advocacy and broader advocacy principles.

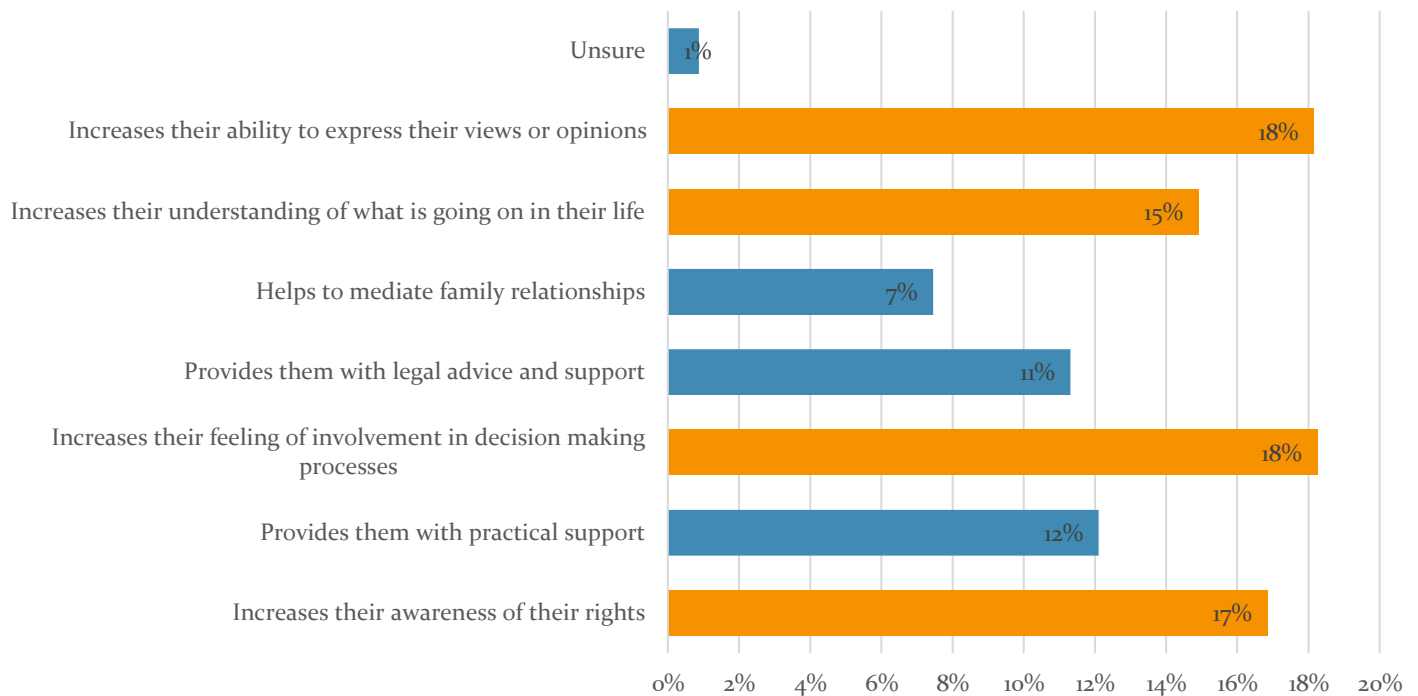
11% of respondents stated they were unsure if the ‘independent’ element of advocacy is important. These respondents were from a variety of professions; their commonality is their self-stated lack of understanding about advocacy.

6.2 Knowledge in Action

In order to distil the perceived impact of advocacy involvement, respondents were asked to select from a list of options what they believe advocacy can do for care experienced children and young people.

Figure 5: All respondents’ perception of the outcomes of advocacy. Note the “correct” responses are shaded orange.

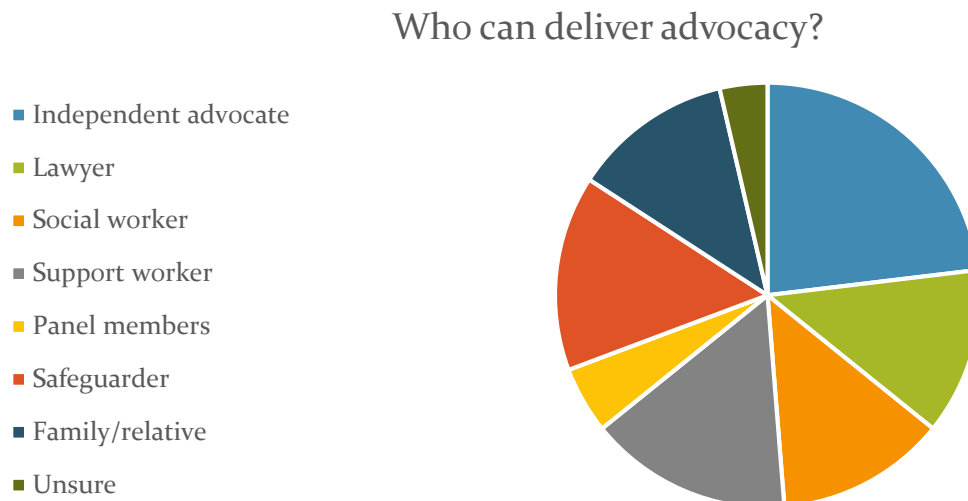
Advocacy Outcomes



Respondents working in **social care, the children’s panel and social work** tended to answer this question **correctly**. While respondents working in education, health, foster and residential care selected a more general spread of the options, with no options being clearly favoured.

As mentioned above, the action of advocating on behalf of someone should not be confused with principled advocacy provision, particularly that of independent advocacy. In order to understand if respondents recognise this distinction, they were asked to specify, from a list, who can deliver advocacy.

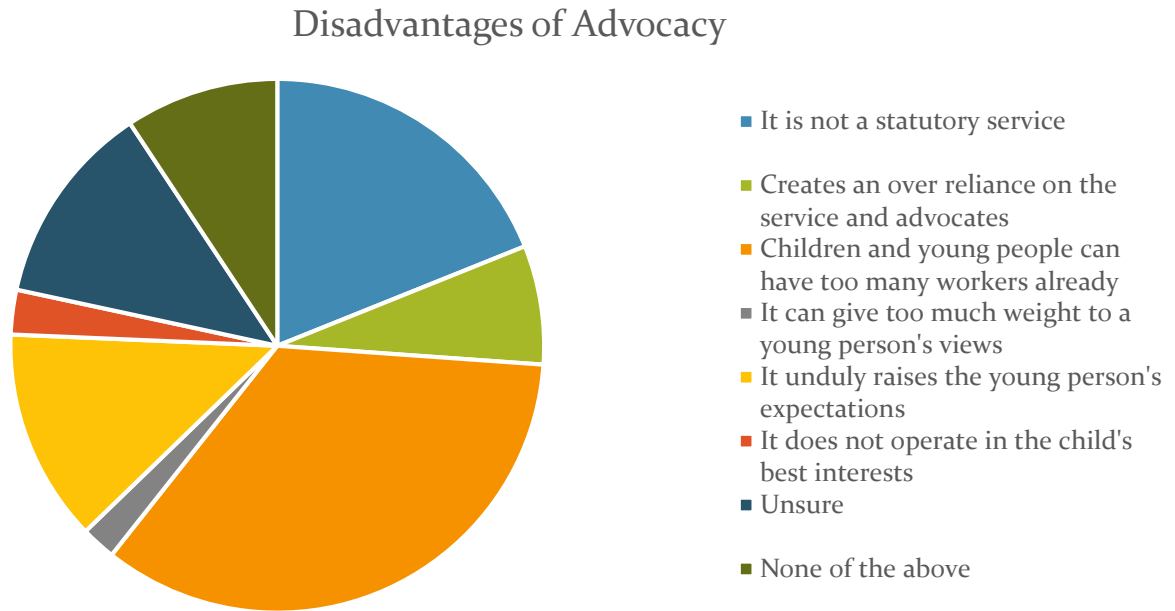
Figure 6: All respondents' selections of professionals they consider are able to deliver advocacy



While **88% of respondents stated that the 'independent' element of advocacy was important, we can see that many respondents selected a range of non-independent professionals who, they believe, can deliver advocacy.** It is important to note that respondents were permitted to select as many options as they deemed relevant and were asked who can deliver advocacy in general, rather than who is best suited to deliver advocacy which may have diluted the responses. Regardless of potential dilution, less than a quarter of respondents chose an independent advocate as being a relevant individual in advocacy delivery.

The perceived disadvantages of advocacy were explored with respondents. Respondents were asked to select their answers based on a list of known concerns often articulated about advocacy provision, however in addition to this, respondents were asked to comment or add any additional disadvantages.

Figure 7: The disadvantages of advocacy as perceived by all respondents



There is little difference between the various professions and their perceived disadvantages of advocacy. The most common disadvantage selected by all professional groups at 35% was **'children and young people can have too many workers already'**. 18% of social workers and 15% of children's panel members stated that advocacy can 'unduly raise the young person's expectations'.

Importantly, both selections suggest a lack of knowledge of core advocacy principles, or an experience which has left respondents with this perception. Advocacy provision is not the same as service provision. It is not a professional appointed by statute, nor is it a service committing to support a young person in a practical or emotional way. It has a distinct role within the life of a child or young person in care; in a system which requires levels of participation and compliance. For this reason, workers supporting children or young people in care work hard to promote the child's best interests; advocacy does not have this as its primary focus. Instead it solely supports the articulation of the child or young person's views in a bid to ensure any decisions made about their lives, meaningfully involve their opinions. Done correctly, this does not raise the young person's expectations, but instead helps them to meaningfully participate in their care journey and their wider life experiences.

Respondents were encouraged to add other potential disadvantages. 9% of respondents felt that there were other disadvantages of advocacy not included within the prescribed list. The examples given can be categorized as: problematic relationships between advocacy worker and young person; fear of poorly trained advocacy workers and lack of access to advocacy due to high caseloads.

"So dependent on rapport - young person and advocate"

“Advocate doesn't always have full picture, stepping in only at this critical stage and not in the lead-up, and can undermine work being undertaken if not willing to liaise with professionals, can be too one dimensional”

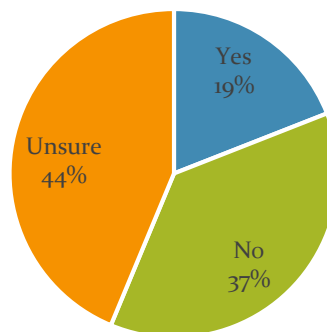
“Scarce resource, big caseload - not every child may have access”

“The advocate would need to be very sure they were following the young person's agenda and clear what their own agenda may be, so they can avoid conflict and not take over making decisions for the young person”

In order to fully understand how the respondents view advocacy provision within the world of a care experienced young person, we asked if there might be situations or examples where such involvement would not be appropriate.

Figure 8: All respondent's views on whether there are times advocacy may not be appropriate

Are there circumstances where advocacy would not be appropriate?



The majority, 44%, of respondents were unsure whether there are circumstances in which advocacy is not appropriate. Almost half of this group stated that this is due to the child or young person's lack of capacity.

“When the child is unable to understand the process due to age or stage of development”

This concern was discussed by WC?S Advocacy and Participation Workers [APWs] during the focus group sessions. APWs spoke about the types of age and stage dependent methods employed to support a child or young person. They also suggested that there might be a lack of external knowledge of how advocacy can appropriately support any child and young person.

Additionally, 25% of respondents who were unsure suggested that this is because a child or young person may not want, or need advocacy due to a high level of confidence.

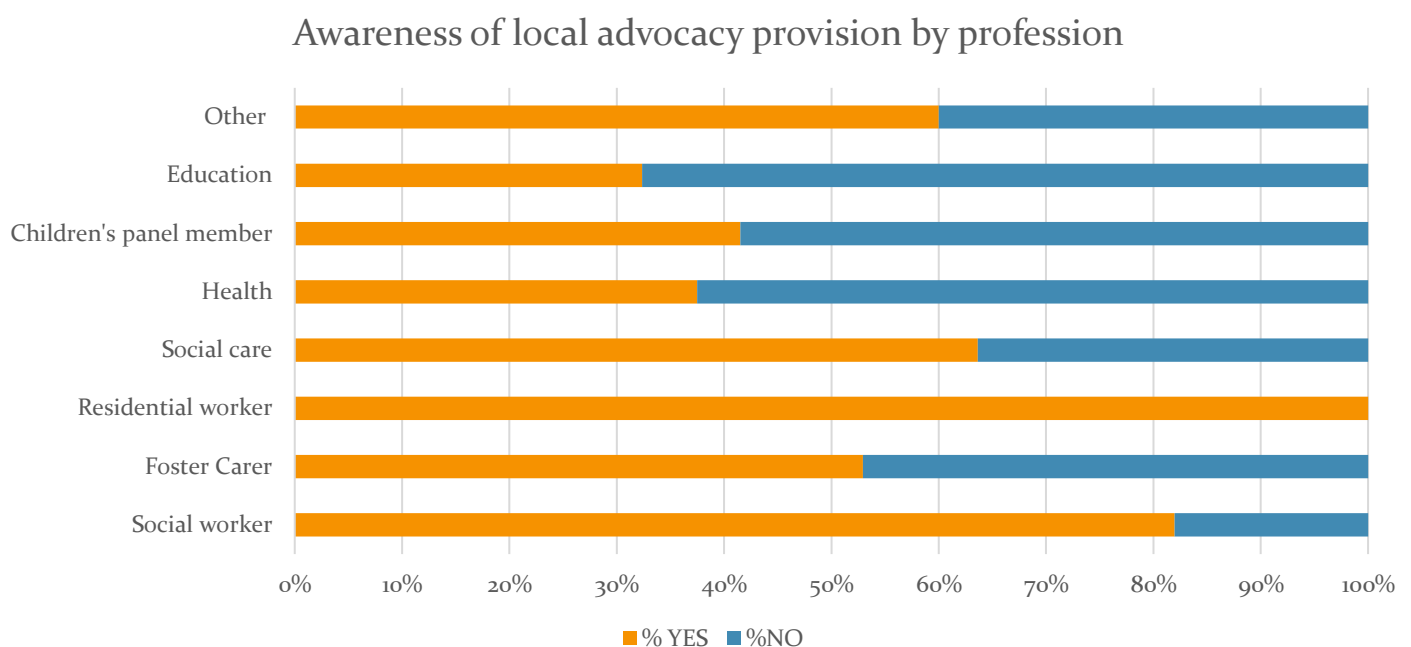
“When the young person did not wish an advocate and was articulate and able to express their views”

This may be a correct analysis of the young person’s ability and opinion. However, any decision not to refer a child or young person to advocacy must be ground in fact and informed judgement after discussion with the young person.

6.3 Awareness of Local Advocacy Provision

We asked respondents if they know who provides advocacy to looked after children and young people in their local area. Please note that we did not specify this to be independent advocacy provision. This question was not intended to decipher if respondents correctly identified local provision, but instead sought out how confident they were in their own awareness. **59% of all respondents claimed to know who provides local advocacy provision** in their area. In order to further understand the breakdown of this knowledge, the responses were analysed by profession type.

Figure 9: Respondents’ awareness of local advocacy provision broken down by profession



All respondents who work as residential workers believe they are aware of local advocacy providers and 82% of social workers are aware. This rate substantially drops for other groups of professionals such as health and education for which 38% and 32% respectively believed they were aware.

Of the respondents who stated that the ‘independent’ element of advocacy was important, 63% stated that they know who provides advocacy in their local area.

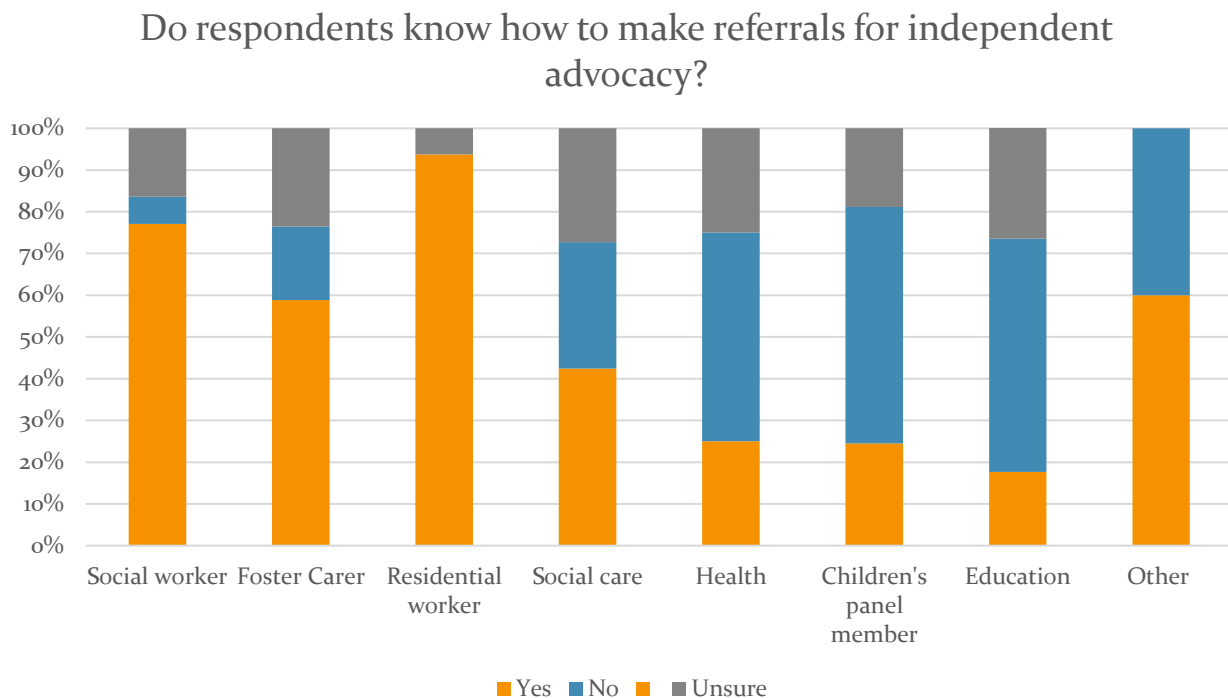
Of the respondents who said that they were unsure if the ‘independent’ element of advocacy was important 70% were not aware of who provides advocacy to looked after children and young people in their area.

It appears that respondents aware of who the provider of advocacy in their area is are more likely to think that the ‘independent’ element of advocacy is important.

6.4 Awareness of Advocacy Referral Options

Professionals within and around the care sector experience high levels of demand on their time. With this in mind, it is recognised that poorly communicated referral information can be a crucial factor in low referral rates. Respondents were asked if they understood how to make a referral for independent advocacy.

Figure 10: Percentage of respondents able to refer a young person for advocacy, compared by profession



It is clear from the figure 10 that there is a distinct difference between the various professionals in awareness of how to refer a child or young person for independent advocacy support. **94% of residential workers claim to know how to do so compared to only 25% of children’s panel members.**

We asked respondents when they think children and young people should be informed about advocacy. Respondents were instructed to select as many options as they feel apply from a list of the common moments that looked after children and young people are informed about advocacy.

Three quarters of all respondents chose the option 'when they become looked after'. Giving young people the option of receiving independent advocacy right from the start of their care journey ensures that the young person is aware of the option to receive advocacy at any point, even if they do not feel they want it at that particular time. Crucially however, this cannot be a one-time offer. It should be a regular offer in a young person's journey through care. This method of promotion ensures that the young person has a chance to change their mind or can reassess their decision dependent on their, often changeable, situation. We also believe that advocacy works best when there is a trusting relationship between the young person and their advocacy worker, this can take time to build but once formed ensures the advocacy a young person receives is useful and successful.

The least popular option was 'in response to a formal process', this was chosen by 36% of respondents. While we know that one of the most common advocacy tasks is support or representation at formal processes, this usually happens and works best when there is an established rapport between the advocacy worker and child or young person. It is also recognised that developing advocacy for children or young people solely in response to formal processes risks reducing advocacy to a tool used within the established stages of formal process.⁵ Our focus group discussions confirmed this concern. **It was felt by WC?S APWs that to introduce an advocacy worker in response to a formal process could potentially be unhelpful and overwhelming for a young person, at a time when they might already be experiencing anxiety or concern.**

There was wide agreement that the earlier the introduction of advocacy in a child or young person's care experience is crucial to their understanding of it, but also it is crucial to ensuring they claim the wider benefits associated with utilising advocacy provision; confidence, faith in professionals, better relationships with professionals, satisfaction with care experience and, ultimately, self-efficacy and autonomy.

6.5 Advocacy and the Children's Hearings System

During the action research project, WC?S engaged Children's Panel members in discussion about the role of advocacy within a children's hearing.

Panel members have been extremely receptive to the increased inclusion of advocacy within hearings during the project. Panel members identified that involving an advocacy worker meant that they were more likely to hear the perspective of the child or young person, especially when they are not physically in attendance. The involvement of advocacy support within the Children's Hearing appeared to increase confidence in decision making, as they were more certain that the young person's views had been elicited and taken account of. There also appeared some recognition that not having advocacy support can result in a minimal and basic participation and contribution within hearings. One Children's Panel member said:

⁵ Dalrymple, J., 2004. Developing the Concept of Professional Advocacy. *Journal of Social Work*, 4(2). [online]. <http://jsw.sagepub.com/content/4/2/179.full.pdf>

“The most common word used by a young person without an advocate is ‘fine’”

When Section 122 of the Children’s Hearings (Scotland) Act 2011 is enacted, it places in primary legislation the right for children and young people to be informed of the advocacy services available to them by the chair of the Children’s Hearing. This is an important responsibility and Panel members should be confident in their role to offer this.

We also asked the survey respondents for their views on the role of an advocacy worker within a children’s hearing. **94% of all respondents stated that children and young people should have access to advocacy within the children’s hearings system.** 5% stated that they were either unsure, or selected ‘other’. However, these respondents also stated they were ‘unsure’ about the importance of the independent element of advocacy and generally lacked confidence in their understanding of the concept of advocacy.

While there was strong support for the inclusion of advocacy within a children’s hearing, as highlighted above, this involvement should not solely be a response to the formal process itself. Instead, young people should be introduced to advocacy early in their care journey to allow a positive and trusting relationship to develop with their advocacy worker.

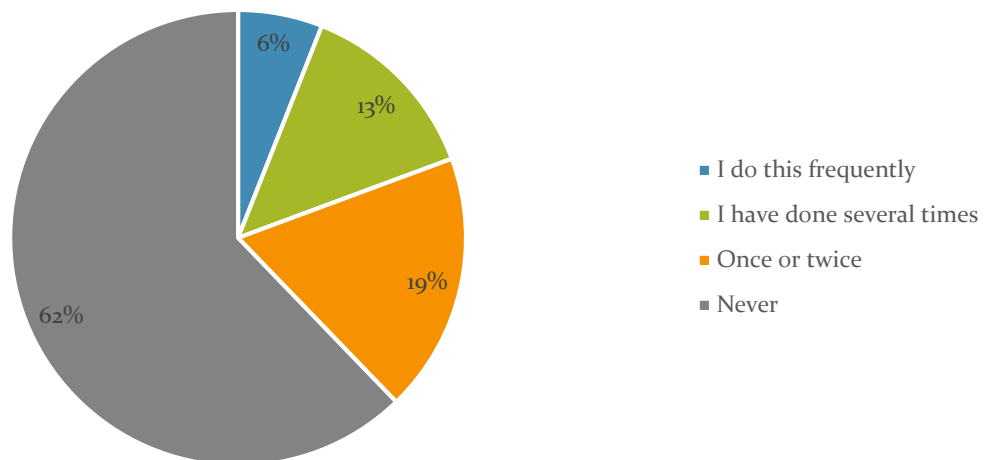
Additionally, the focus group discussion highlighted potential barriers to introducing advocacy during a children’s hearing. It was discussed that by introducing the offer of an advocacy worker near to, or during a hearing, there is the potential for the hearing to be postponed and rescheduled for a later date. While postponing the hearing is legitimate to ensure the young person is supported to articulate their views, the impact of this might present a barrier to professionals and add additional anxiety to the young person. Instead, if the offer of advocacy is made early, it can enhance the children’s hearing process, rather than hinder it. Instead of being attributed to the individual children’s hearing taking place, the offer of advocacy should be applied to the entirety of the Children’s Hearings System.

6.6 Experience of Advocacy

Due to the range of stakeholders approached to take part in this survey, it was important to explore any direct experience with advocacy provision.

Figure 11: Respondents' experience of referring a young person for independent advocacy

Have respondents ever referred a child or young person for independent advocacy support



While the majority of respondents, 62%, have never referred a child or young person for independent advocacy support, further breakdown of referral activity according to profession draws some important results.

Respondents who are **residential workers are most likely to have referred a child or young person for independent advocacy support**. 29% of residential workers claim to do this frequently and 36% state they have referred a child or young person 'several times'. Social workers are the second most likely group to refer young people for independent advocacy; only 10% claim to do this frequently, while 32% have made a referral 'several times'. WC?S advocacy and participation workers generally spend a large proportion of their time in residential homes, this allows them to not only increase their visibility and build relationships with young people, but also with staff. We know that it is important for staff within residential homes to know about independent advocacy and also believe in it, as they can promote advocacy to young people and make referrals.

Professions with over 75% of respondents claiming to have never referred a child or young person for independent advocacy include; health, education, children's panel members and foster carers. There did not appear to be an established practice of these stakeholder groups being involved in signposting or referral behaviour. There was reference to the primacy of the Lead Professional as being the referrer and any other referral behaviour not being appropriate or the norm.

Respondents who have a clear understanding of the positive outcomes of advocacy are most likely to have referred a child or young person for independent advocacy. All respondents who assert they frequently refer young people for independent advocacy have a clear understanding of the outcomes of advocacy. This finding

was supported by the focus group discussion with WC?S APWs, who stated that when professionals understand the principles and drivers of advocacy, and also experience the reality of advocacy in action, then they are more likely to see the provision as complimentary to their own work, rather than an unnecessary add on or problematic addition. This can lead to the emergence of social workers as ‘super’ referrers who see the importance of advocacy being explained and offered to most care experienced young people they are responsible for.

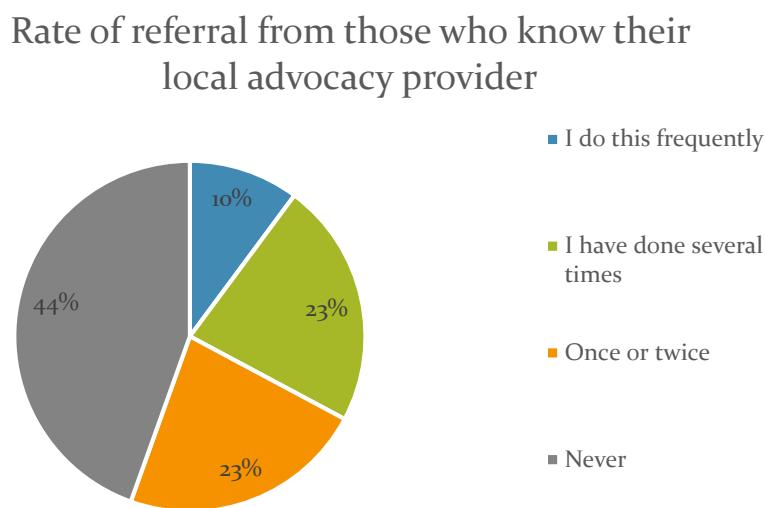
We asked respondents who have never made a referral to explain the reasons behind this. Most respondents put this down to either a lack of knowledge about advocacy, or because they do not believe this to be within their role. One respondent commented,

“I don't know enough about it and not sure if it's my role.”

Again, this finding from the respondents was supported by the focus group discussions. WC?S APWs spoke of a general misconception where professionals believe all referrals must be approved by, or come from, social work. They reiterated the need to ensure professionals around children and young people, clearly understand advocacy and how it can be positive for both them and the young people they work alongside.

With this in mind, we analysed the survey responses to better understand if knowledge about who to refer to, increases referral activity.

Figure 12: Respondents who know their local advocacy provider and their rate of referring care experienced children and young people



There is an **18% increase in experience of referring children and young people for independent advocacy support when respondents know who their local advocacy provider is**. Importantly, 88% of respondents who stated that they did not know who provides advocacy in their area have never referred a child or young person.

The main reasons given for referring a child or young person for advocacy were to provide the young person with extra support and to help them express their views.

6.7 Experience of Communicating Advocacy to Young People

We asked if respondents have ever suggested an independent advocacy referral to a looked after child or young person and the young person has decided not to take up the offer. **76% of all respondents said they have never had a child or young person refuse a referral offer.** Social workers have the greatest rate of experiencing a child or young person refusing the offer at 58%. Respondents were asked to explain why they thought this refusal might have occurred. The most frequent reason given for a young person refusing advocacy is that the young person felt they already had enough workers. Respondents commented that:

“Some young people don't believe they would make a difference, or they don't want to be involved with another worker, or they're not too fussed about being proactive in knowing their rights and working out how to use them”

“They didn't see the point”

“Some children have given up; some are over burdened by the perception of too many people in their lives doing their head in”

We asked respondents to consider past experiences of advocacy and whether they believe that the young person benefited from it. **68% of all respondents said that they believe young people benefit from independent advocacy.** 31% were unsure and only 1% said no. All respondents working in residential care stated that in their experience young people benefit from independent advocacy. The majority of social workers also answered that they believe young people benefit, while there was more division between ‘yes’ and ‘unsure’ in other professions such as social care, education and health.

Respondents were also encouraged to expand upon their response:

“Within residential care the young person can feel too much 'part of the system.' They need to be offered the opportunity to say something critical about their situation”

“Children who have been damaged by their life experiences may feel alone or vulnerable, and good advocacy should help them to know that they have a voice and can affect outcomes”

“It offers a young person the opportunity to speak openly about their circumstances to someone that is independent and there for them”

We then asked respondents if the presence of independent advocacy support has supported or complemented their roles. **42% of respondents claimed that independent advocacy has helped them in their role.** 40% were unsure and 18% responded ‘no’. Respondents were invited to expand upon their answer with most respondents using this space to describe situations in which an advocacy worker helped a young person understand their situation and formulate their own views:

“I value and respect the views of young people in my care but realistically it is not always possible for me to find time for proper open dialogue as there are so many others in the class and school. Having someone I can ask to do this for me is such a relief as knowing I have not given a child or young person the opportunity to have their say weighs heavily on my conscience”

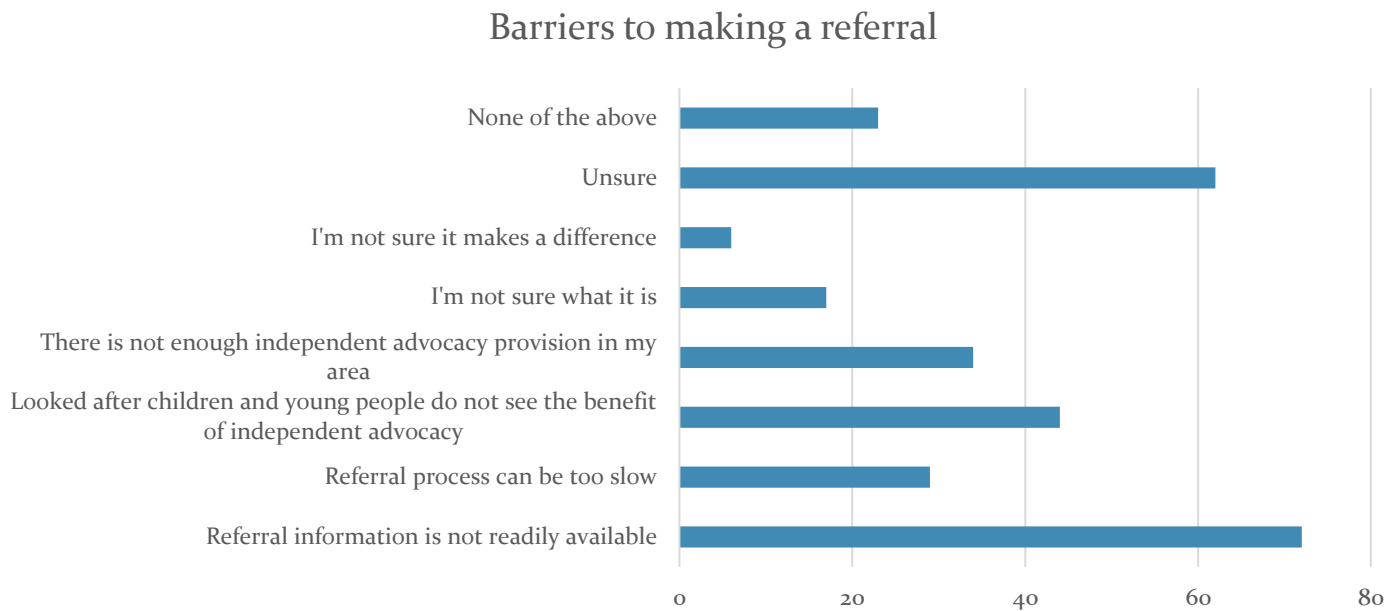
“Has helped formulate the child plan when the young person is able to freely express their views without influence from parents/professionals”

“I can remember the advocacy officer rarely spoke, but because she was there the young person felt secure enough to speak on her own behalf. We clearly heard how the young person felt, I believe the discussions she had had prior to coming into the panel had enabled the young person to formulate what she wanted to say so that she could speak to us clearly and get her ideas across”

6.8 Experience of Barriers to Advocacy

We know that some professionals perceive there to be barriers that prevent them from making advocacy referrals. The survey findings support this with 62% of respondents never having made an advocacy referral. We asked respondents what they perceive the barriers to be.

Figure 13: Respondents' perceived barriers to making an advocacy referral



The biggest barrier respondents seem to face is a lack of referral information, or difficulty accessing referral information. This may mean that respondents feel they do not have the right knowledge or tools to suggest advocacy to young people and therefore feel unconfident in doing so. With most advocacy provision detailed online, this could indicate two things:

- Professionals lack enough information about the purpose and relevance of advocacy that they simply would not think of researching the local provision.
- Professionals require easy to access information to allow them to make a referral without having to search for details online.

The biggest disadvantage of advocacy, which is also perceived by social workers and residential workers to be a barrier to making referrals is that they believe young people do not see the benefit of independent advocacy. However, this may also be connected to the professionals' own fears and lack of knowledge. This finding was supported by the focus group discussion. WC?S APWs recognised that it can be difficult to articulate the principles and purpose of advocacy, and independent advocacy to children and young people. There was agreement that unless the professionals around the young people fully understand what it can do and how it works, then there is the potential that care experienced children and young people across Scotland will have either no, incorrect or incomplete knowledge of what advocacy can do for them.

In ensuring both professionals and young people understand what advocacy is and how to access it, it is crucial that the distinction between disadvantages and barriers is addressed. The disadvantages associated with advocacy highlight a general lack of understanding about the role of an advocate, and therefore can lead professionals to make the decision not to refer based on poor information. Disadvantages seem to be based on a 'fear' of involving advocacy. Conversely, the barriers associated with advocacy are about issues with access such as waiting lists or lack of information around how to refer.

6.9 Promotion of Independent Advocacy

We asked the respondents to identify the methods of promotion they have witnessed being used to promote independent advocacy; 26% said that they had never seen independent advocacy promoted and 13% said they were not sure if they had seen promotion in action. This lack of visible promotion was seen as contributing to an undervaluing of advocacy, with respondents stating that methods were inconsistent and required better publicity. One respondent said:

“Independent workers are the last in the pick of professionals. Need to work on this relationship and value their input”

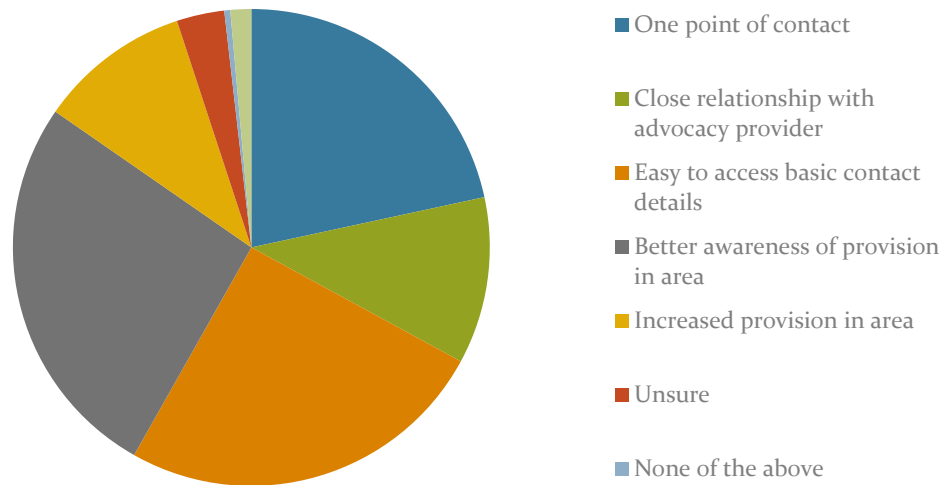
The types of promotion most visible to respondents were testimonials from care experienced young people and ‘word of mouth’ through existing positive relationships. When explored further, respondents were extremely positive regarding the use of testimonies from young people, **recognising the benefit of hearing directly from those who had accessed advocacy.**

While many spoke positively of the current methods used to advertise advocacy, it was also suggested that ‘trust’ and ‘existing relationships’ were integral to ensuring professionals see the benefits of advocacy involvement. Similarly, **recognition of the different types of target audience** was suggested as being important:

“It depends on who is the target audience. Professionals need reminders, training etc. Children and young people respond to different methods of communication”

Figure 14: Respondents' preferred method of accessing independent advocacy on behalf of care experienced children and young people

Preferred method of access to independent advocacy



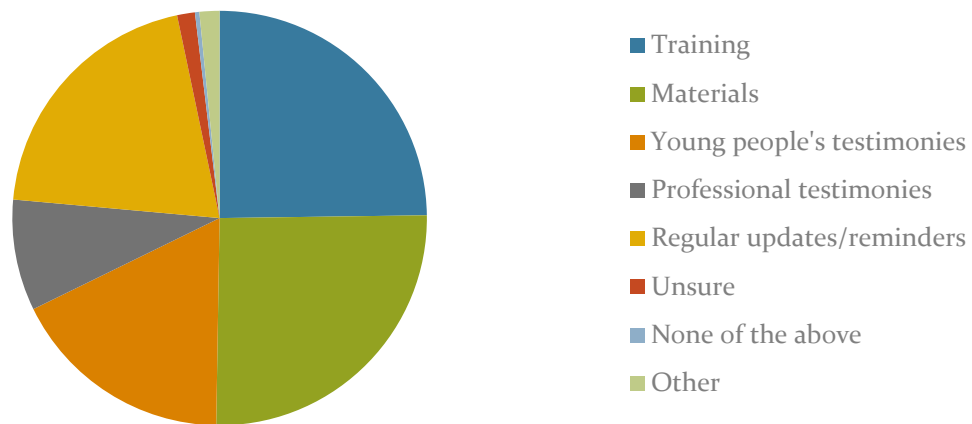
25% of respondents perceive a barrier to making an advocacy referral to be a lack of referral information. To overcome this, respondents suggest that knowing their local advocacy worker and provider would benefit them. This was supported by the focus group discussions. WC?S APWs identified that once they have established a positive relationship with professionals, referral activity increases and continues. They suggested that this was due to improved understanding of the principles of independent advocacy, as well as increased visibility and trust towards the local advocacy workers.

The respondents' preferred method of access to independent advocacy is through **better awareness of provision in the area** and having easy to access basic contact details. It is apparent that professionals would like to know, or know how to discover, who provides independent advocacy in their area and have a working relationship with the individual.

The majority of respondents identified two areas as being the most helpful in helping professionals to understand what advocacy is and what benefits it can bring to the lives of care experienced young people; training (25%) and materials (25%). Respondents were also positive about the idea of hearing from young people about their experiences of using independent advocacy, as well as being provided with regular updates or reminders about the option to involve advocacy.

Figure 15: Respondents' preferred methods to assist professionals in their understanding of advocacy

Methods to help with understanding of advocacy and its benefits



When explored further, it was clear that the visibility of advocacy provision in the local area was important. Several respondents suggested it would be helpful to have regular updates or inputs from advocacy providers at team meetings. Similarly, some respondents suggested that advocacy workers should speak directly to professionals and young people together when explaining how advocacy operates.

When discussed during the focus group sessions, WC?S APWs recognised the overall benefit of peer to peer learning, regardless of target group: young person to young person, social work to social work, foster carer to foster carer. This method of communication and promotion ensures that the importance of independent advocacy is articulated in the most helpful way for each individual.

We asked respondents if they would consider providing information to young people to make them the agent in their own referral. 82% of all respondents stated that they would consider this, 14% were unsure and only 4% answered that they would not consider this.

7. Summary of Findings

A summary of the findings are as follows:

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, misleading them to believe that advocacy involves befriending.
3. Often the action of advocating on behalf of someone can be misunderstood as the same as independent advocacy provision. The latter is a defined discipline with principles and standards.
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. Respondent 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. The professionals least likely to know how to make a referral are children's panel members, only 25% claim to understand the process.
9. The disadvantages associated with advocacy seem to highlight the professional's 'fear' of involving advocacy, while the barriers identified 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 not overlap that of any other worker but complement their work while ensuring that the young person's understands their care journey and actively participates in decisions about it.
12. Three quarters of respondents stated that all young people should be informed about independent advocacy at the point of becoming looked after. Holding an awareness of independent advocacy and how to access it from the start of the care journey allows the young person to choose it when they feel ready, rather than a professional making the decision for them.
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.

8. Conclusion

Care experienced children and young people are subject to high levels of both formal and informal intervention in their lives; from statutory supervision from their local authority to, voluntary, targeted support from third sector organisations. This intervention exists to support and improve their experiences, ensuring that they are able to thrive in life; having the same opportunities as their peers who are not in care. However, this level of intervention can feel intrusive. It can often, unintentionally, render the child or young person a quiet passenger in their care journey, rather than the driver.

Care experienced young people tell us repeatedly that when they are meaningfully involved in their care journey, they feel respected, valued and have a better understanding about the decisions that are made with them. This experience, and these feelings, are the reasons why independent advocacy exists. For this reason, it is crucial that the knowledge, awareness and promotion of independent advocacy provision is understood from both the young person's point of view, and of the professionals around them. While those professionals strive to work with the best interests of the child at heart, the independent advocacy worker strives to ensure this is informed by the perspective of the child.

Appendix 1: what we asked stakeholders in the survey

1. What is your profession or role with looked after children and young people?
2. How long have you been supporting, helping to support or been involved with looked after children and
3. How would you describe your knowledge of independent advocacy for looked after children and young people?
4. What do you think independent advocacy support involves?
5. Is the 'independent' element of advocacy support important?
6. Do you think looked after children and young people should know about and have access to advocacy when in the Children's Hearings System?
7. From the following options, what do you believe advocacy can do for looked after children and young people?
8. What are the disadvantages of advocacy?
9. Are there circumstances where advocacy would not be appropriate for looked after children and young people?
10. Can you explain what these circumstances might be?
11. Who can deliver advocacy for looked after children and young people?
12. Do you know who provides advocacy to looked after children and young people in your area?
13. If so, who provides this service in your area?
14. Do you know how to refer looked after children and young people for independent advocacy support?
15. When do you feel looked after children and young people should be informed about advocacy?
16. In your opinion, do you feel advocacy can help statutory services meet the needs of looked after children and young people?
17. Have you ever referred a looked after child or young person for independent advocacy support?
18. Have you ever made a referral to a Who Cares? Scotland worker who provides independent advocacy in your local area?

19. Have you made a referral for independent advocacy support in the last 6 months?
20. If you have made a referral/s, why have you done this?
21. From your experience, do you believe that looked after children and young people benefit from independent advocacy support?
22. From your experience, has the presence of independent advocacy support helped you in your role?
23. Have you ever suggested an independent advocacy referral to a looked after child or young person and they have decided not to take up the service?
24. If you have never made a referral, can you think of why this is?
25. What do you perceive as the barriers to making a referral to independent advocacy?
26. Would you consider providing information on independent advocacy support to looked after children and young people to help them self-refer or ask for support?
27. What would help you or others understand independent advocacy and its benefits?
28. What would you need to be able to access independent advocacy for looked after children and young people?
29. What would be the best ways to promote independent advocacy to looked after children and young people?
30. What methods of promoting independent advocacy have you seen in action?
31. How well did this/these methods work?



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