



Advocacy Matters: an analysis of young people’s views

Who Cares? Scotland



October 2016

Table of Contents

1.	Introduction	3
2.	Background	4
3.	Key Objectives.....	6
4.	What We Did.....	7
4.1	Demographic Information	7
4.2	Experience of Advocacy.....	7
4.3	Accessing Advocacy	7
4.4	Timeframe and Geographical Focus	7
4.5	Respondents	7
5.	Who We Spoke To.....	8
5.1	Age	8
5.2	Gender	8
5.3	Placement Type	8
5.4	Advocacy Experience	9
6.	What We Learned	10
6.1	Knowledge of Advocacy.....	10
6.2	Awareness of Advocacy	12
6.3	Experience of Advocacy.....	13
6.4	Impact of Advocacy	15
6.5	No Experience of Advocacy	17
6.6	No Experience of Advocacy: Knowledge	17
6.7	No Experience of Advocacy: Awareness.....	17
6.8	No Experience of Advocacy: Access	18
6.9	No Experience of Advocacy: Potential impact	19
6.10	Promotion of Advocacy	21
7	Summary of Findings.....	24
8	Conclusion	26
	Appendix 1: what young people were asked in the survey.....	27

“Thank you to the many care experienced children and young people who shared with us their personal views on advocacy. Capturing information from these young people is never taken for granted; and we are grateful that they trust Who Cares? Scotland with what they said”

Duncan Dunlop, CEO, Who Cares? Scotland

This information was gathered as part of Scottish Government funded action research which took place from September 2015 to June 2016

© Who Cares? Scotland 2016

Who Cares? Scotland is a registered charity SC 026076

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 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 of young people. Our action research proposal set out to explore both perspectives. This report presents the findings from research activity with care experienced children and young people, exploring their knowledge and awareness of advocacy, as well as how to best promote it to those who are looked after.

2. Background

This research aims to explore the understanding of advocacy, and in particular, independent advocacy by looked after children and young people in Scotland today.

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 provided 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 people, regardless of placement; both looked after at home and those who are accommodated away from home. The

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>

'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 advocacy worker:

"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."

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.

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 care experienced young people understand and engage with independent advocacy. We were keen to include the perspectives of a range of young people including **those still in care, those who have left care and those both with and without experience of advocacy**. The survey sought to discover the respondent's views on the following areas:

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

We also sought the views of the stakeholders working with care experienced young people. Their views are contained in a separate report⁴.

⁴ Who Cares? Scotland. 2016. *Advocacy Matters: an analysis of stakeholder views*. [online]. www.whocaresscotland.org/what-we-do/policy

4. What We Did

The survey consisted of six sections with twenty-seven questions. Respondents were not asked to answer every question and were instead directed to questions relevant to their own experiences of advocacy using survey logic.

4.1 Demographic Information

Section one of the survey was entitled 'details about you' and asked for simple, personal information such as age, gender and current care placement type. No identifying information was collected.

4.2 Experience of Advocacy

The second section of the survey asked general questions about the respondents' experience and understanding of advocacy. Those respondents with experience of advocacy were then directed to a section entitled 'you and your advocacy worker'. Likewise, if they stated that they have never had an advocacy worker, they were taken to the parallel section, 'life without an advocacy worker'.

4.3 Accessing Advocacy

Following completion of either section, all respondents were directed to complete the final section labelled, 'promotion of advocacy'.

4.4 Timeframe and Geographical Focus

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

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 95 responses we received to our young person survey; 45 from Highland and 50 from Dundee.** 2 responses have been removed as they were duplicates and 2 were removed as they were largely incomplete, and as a result were not included in the analysis. This report contains data from **91** survey responses.

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

In addition to this, focus groups involving **16** care experienced young people across both local authorities were designed to explore the survey themes in a more creative, engaging and informal way. These focus group discussions were hugely complementary to the survey method and allowed more detailed exploration of key areas to do with advocacy provision. Findings from the focus groups have been included where relevant throughout.

In total, **107** care experienced young people contributed to this report.

5. Who We Spoke To

We asked the survey respondents for some basic details about themselves, including their age, gender, what their placement currently is and whether or not they had or have advocacy. For the purpose of analysis, focus group participants have not been included in the quantitative analysis, instead their views are highlighted where relevant.

5.1 Age

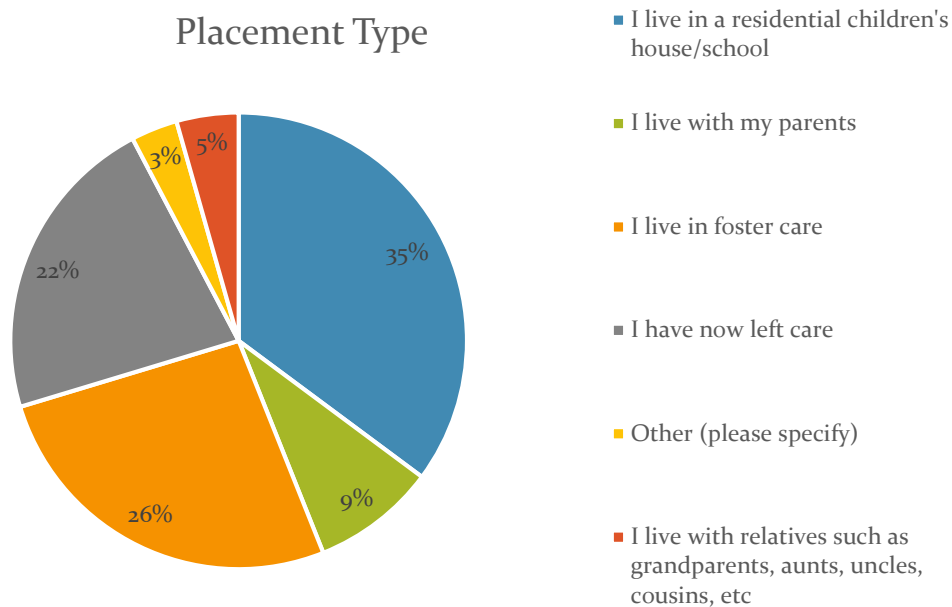
The respondent's ages range from 8 years to 23 years of age. The average age of the respondents is 15 years.

5.2 Gender

There is a nearly equal division of responses by gender, 44 females (48%) and 47 males (52%).

5.3 Placement Type

Figure 1: Breakdown of respondents' current placement types



There are several types of placement that looked after children or young people could be placed in, however these can be categorised into two broad types: looked after at home and looked after away from home:

Looked after at home refers to children and young people who, through the Children's Hearings System, are subject to a Supervision Requirement *with no condition of residence*. This means they will stay living in the family home, but will have regular contact with, and support from, social work and potentially other services.

Looked after away from home refers to children and young people who are looked after somewhere different to the family home including: with relatives or family friends (kinship care); with foster carers; in residential houses or schools; in secure accommodation or with prospective adopters. Such placements are predominantly made through the Children's Hearings System, but equally, some are 'voluntary' agreements in which living away from home is agreed to between the family and social work.

The majority of respondents, 69%, are looked after away from home. Out of this group most live in a residential home or school, followed by foster care and a small amount, 5% of all respondents are in kinship care.

Nearly one quarter, 22%, of respondents are care leavers and 9% are looked- after at home with their parents.

5.4 Advocacy Experience

The survey was designed with the intention of exploring knowledge, awareness and promotion of advocacy regardless of direct experience. For this reason, the majority of respondents, **70%, had no experience of advocacy provision.**

Of the 30% *who had experience* of advocacy, we were interested in acknowledging their current placement type:

Placement type	% in each placement type who had advocacy
I live in a residential children's house/school	28%
I live with my parents	25%
I live in foster care	46%
I have now left care	20%
Other	33%
I live with relatives	0%

It is important to note that respondents were only asked to record their current placement type. It should be recognised that looked after children and young people can often change placement type regularly in their care journey. We know anecdotally that many of the young people in residential houses/schools that engage with our advocacy workers, tend to have experienced other placement types beforehand.

6. What We Learned

6.1 Knowledge of Advocacy

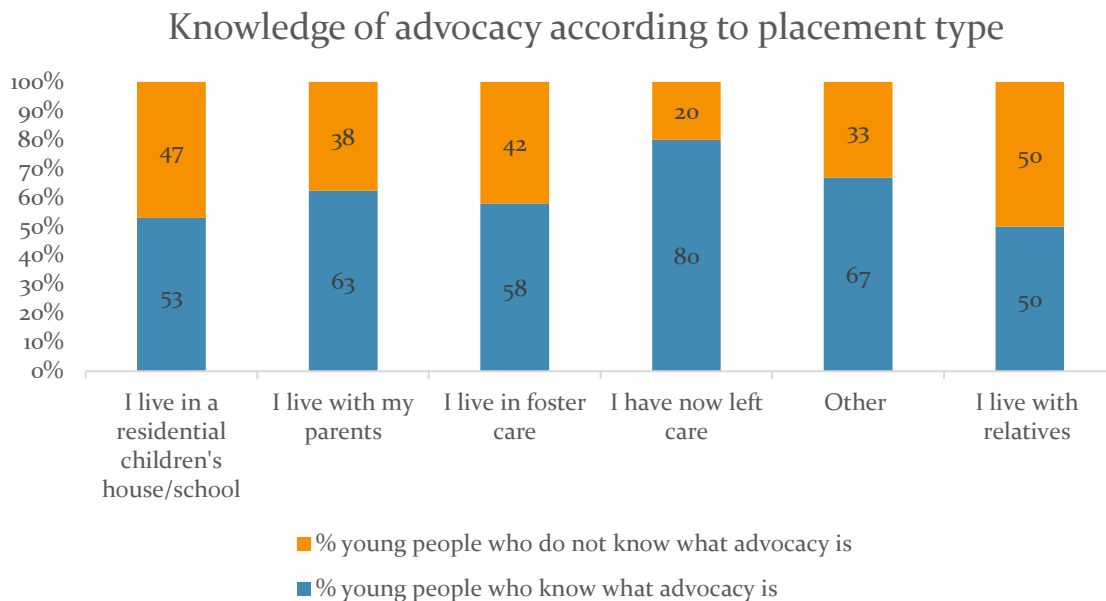
We know that some children and young people who are in receipt of advocacy do not call the provision by its name, instead referring to their “Who Cares? Scotland worker” or using the name of the individual they work with.

This was explored within our focus group session with young people. Some find the concept and even the word ‘advocacy’ confusing and instead only understand it when thinking about what their worker does for them in a personal way, rather than understanding the concept as a provision. The participants within the focus groups were of the opinion that this is less about the word ‘advocacy’ being problematic and more about **the need for a clear, consistent method of communicating what advocacy is and what it can do for young people.**

With this in mind, respondents were asked simply, ‘Do you know what advocacy is?’. **62% of all respondents stated that they know what advocacy is**, while 38% of respondents claimed that they do not know.

Often, a young person’s placement type can dictate the types of services, or other professionals, they might come in contact with. In the context of WC?S’ connection with care experienced young people, this is very dependent on the reason for engagement. WC?S offers advocacy to children and young people regardless of where they live, however, advocacy workers are predominantly alongside young people in residential care. This is due to a need being identified and requested by the individual local authority, but it also reflective of the wider experiences of young people in care. Those in other types of placements, especially in kinship care and those looked after at home, generally have inconsistent or reduced access to any type of advocacy provision. Additionally, our advocacy experience tells us that those in residential care, are more likely to have experienced instability or changes in placement, therefore exhibiting extra need for independent advocacy. With this in mind, we explored the respondents’ knowledge of advocacy by their placement type.

Figure 2: Respondents’ knowledge of what advocacy is compared to where they currently live



Of the respondents involved, the care leaver cohort, at 80%, are most confident in their knowledge of advocacy.

Knowledge and understanding of what advocacy is, can be misguided. Often misguided perceptions occur as a result of the complexities involved in providing and communicating advocacy to children and young people, as well as to those who are tasked with telling them about it. As highlighted above, for advocacy to be effective in the complex lives of children and young people in care, **time must be afforded to cultivating natural and genuine relationships; ultimately leading to trust.** Sometimes the time afforded to relationship building can dilute understanding of the speciality and distinct nature of advocacy.

In order to explore the respondents' understanding they were asked to pick, from a random selection, descriptors that they felt described advocacy. The correct answers to this question would therefore be:

- **Supporting young people to express their views**
- **Rights information.**

The majority of respondents selected the correct descriptors, even if they previously claimed not to know what advocacy is. As mentioned above, the role of an advocacy worker often requires a period of relationship building, which can in turn blur an individual's understanding. For this reason, many young people think that the role of an advocacy worker is more extensive than in reality. While the most selected descriptors were the two correct options above, 'legal advice' and 'befriending' were the joint third most selected.

An advocacy worker's role is to support the young person to understand their rights, this sometimes involves explaining pieces of legislation to a young person and what it means for them. For example, part 11 of the Children and Young People (Scotland) Act 2014 gives care experienced young people the right to 'continuing care', which allows eligible young people to stay in care until age 21. Some young people may regard being informed about this right as legal advice and this may explain why the descriptor 'legal advice' received 13% of the selection. Additionally, many looked after young people are subject to orders or conditions through the Children's Hearings System, as mentioned above. This exposure to legal orders could also explain why some young people chose this descriptor.

Interestingly, more respondents with personal experience of advocacy than those who have not had advocacy tended to select the option of 'befriending'. WC?S believes that strong relationships are essential to success and we strive to ensure that advocacy workers and care experienced young people are allowed time to develop a relationship in which the advocate can perform their duties to the fullest based on trust. Relationships are built between advocacy workers and young people with a purpose in mind; to provide key information on rights, entitlements and the care system, as well as to support young people to express their views. This is in contrast with the important role of befriending services where relationships are generally established for the sole purpose of a positive, social relationship in an individual's life⁵.

⁵ Befriending Networks. 2014. *Befriending in Scotland in 2014: An overview with case studies.* [online]. <http://www.befriending.co.uk/befriendingpublications.php>

Therefore, not only is advocacy required to be a distinct profession, but it also should be as independent as it can possibly be. This independence ensures the child or young person understands that there are no potential conflicts of interest in the way of communicating their views.

6.2 Awareness of Advocacy

We wanted to determine how care experienced young people find out about advocacy. We asked respondents if their social worker had ever discussed advocacy with them, only 3 respondents stated that they have never had a social worker. Of those that have, or have previously had a social worker, **57% said that their social worker had never discussed advocacy with them.** 26% of respondents said that their social worker had discussed advocacy with them, and 14% were unsure.

From our experience of delivering independent advocacy provision, we know that the professionals around young people in care are often their main access point to other services. Social workers, given their role with care experienced young people, are often best placed to introduce and explain the concept of advocacy. During our focus group sessions with young people, they identified that often young people might forget that advocacy had been offered to them. It was highlighted that often young people are given a lot of information at the one time and so it can be hard to carry this information on.

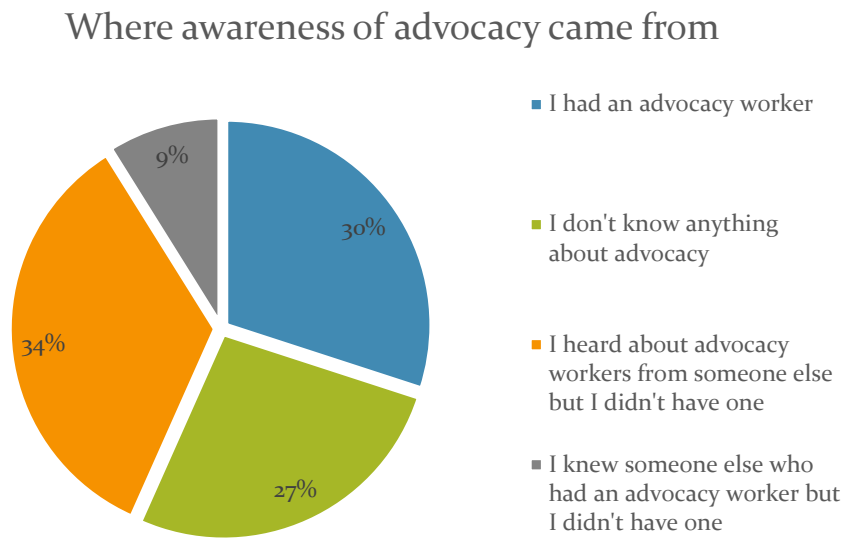
One young person said:

*“I was offered an advocate while I was in foster care in ****. I didn’t want to speak to them though and said ‘no’ at the time. I felt like they were just another professional in my life and at the time I was really unhappy and thought it was easier to say ‘no’. I was never offered another advocate after that but I wish that I had. If I had one, I might have understood my options better”*

With this in mind, it is possible that more respondents had advocacy explained to them, yet perhaps at a time when they were unable to digest the information. The focus group discussions identified that the stage in which advocacy is introduced is crucial. Too many young people spoke of being introduced to the provision too late in their care journey:

*“I was first put into care in ****, 100 miles away from home. I didn’t like being away from my school and my friends so I ran away a lot. I didn’t think I could say I wanted to move back to **** so didn’t tell anyone and wouldn’t say anything in my meetings. It wasn’t until I moved to a Throughcare and Aftercare unit in **** that I met my advocate who helped me at meetings with the staff in my accommodation”*

Figure 3: Detail on how the respondents found out about advocacy



Early introduction to advocacy means that children and young people are given the time to build the skills and confidence necessary to participate meaningfully in their care journey.

Young people in receipt of advocacy understand that advocacy is not necessarily about changing decisions made, but instead, being meaningfully involved early enough to have a say and ensure decisions take their views into account.

We then asked respondents in a more general way 'how did you find out about advocacy?'

Only 30% of all respondents have had an advocacy worker and 27% claim to know nothing about advocacy. The majority of respondents, 61% state that they have never had an advocacy worker but have an awareness of advocacy due to people they know having accessed advocacy provision.

In understanding how advocacy is recognised, promoted and understood from a child or young person's perspective, it was crucial that the survey was directed to a substantial group of young people without experience of advocacy provision in their care journey. For this reason, those with and without advocacy experience were asked a range of different questions within both the survey and the focus group sessions.

6.3 Experience of Advocacy

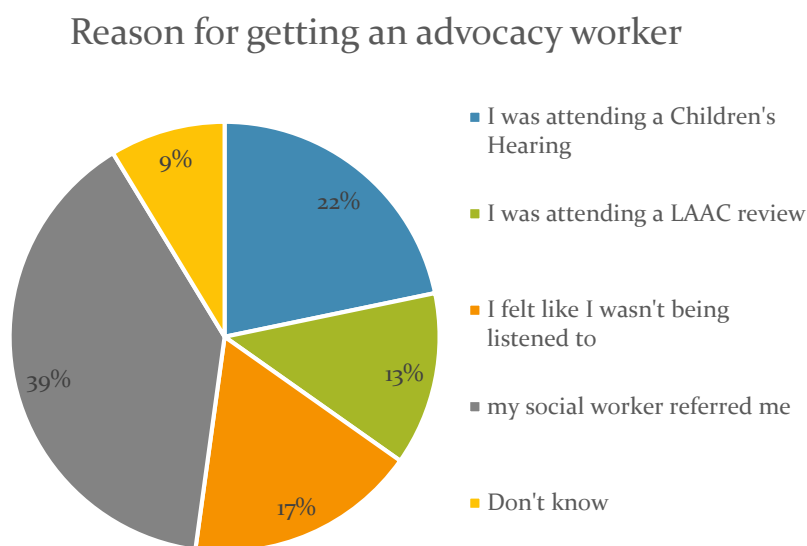
The 30% of respondents who stated that they had, or previously had advocacy were then asked questions about their experience of accessing it.

Respondents were asked to choose the age bracket that they fell into at the time of first referral to advocacy. The majority of respondents were aged between **9 and 16 years when they first met their advocacy worker.** Only 1 respondent was under 9 years old and only 1 respondent was over 21 years of age.

We then asked this group of respondents what the reason for their advocacy worker first becoming involved was. The majority of respondents answered that it was because their social worker referred them. This could suggest that these young people are not entirely sure of the reasons behind the referral. There are a number of reasons why this could be, however our experience of delivering advocacy tells us that it could be down to three issues:

- a lack of involvement in the decision making
- a lack of general communication *or*
- too much information communicated at the one time.

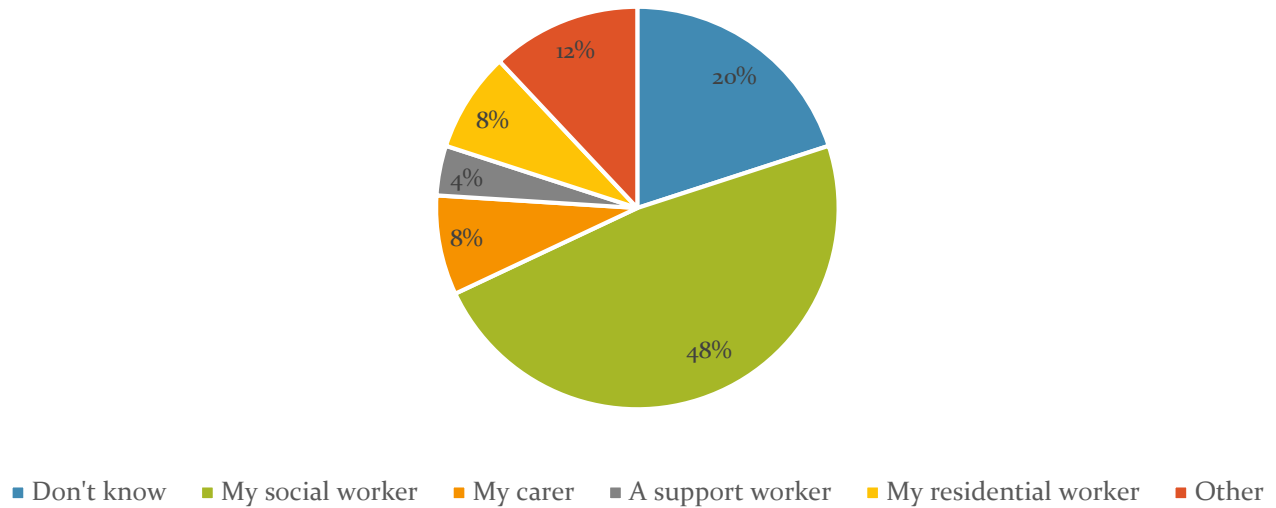
Figure 4: The initial reason for getting an advocacy worker, for those who have had experience of advocacy



We wanted to understand more about how children and young people are involved in the advocacy referral process. Respondents were asked for more information on their first advocacy referral; we asked who referred them. **Nearly half of the respondents, 48%, were referred for advocacy by their social worker** and a range of other workers referred the rest. 20% of respondents who have accessed advocacy were not sure who referred them.

Figure 5: Detail on who referred the respondents to advocacy

Who referred you for advocacy?



6.4 Impact of Advocacy

We then asked respondents to consider how advocacy helped them. **92% of respondents who have had an advocacy worker think that it helped them**; the remaining respondents were unsure.

Respondents were asked to explain in their own words the ways in which having an advocacy worker helped them. The majority of respondents chose to use this space to describe how their advocacy worker has listened to them and helped them express their own opinions either by representing them at formal meetings or by giving them the skills needed to speak for themselves. Examples of responses include:

“I honestly would recommend it to anyone who lacks confidence to say their views in a children's hearing or LAAC review. Because of my advocacy worker, I gained confidence to express my views, either written down or speaking”

“She helps to make people listen to me and helps me in meetings. She goes to meeting and says my views when I don't want to go or they are too upsetting. She explains what is happening so I understand”

“She phones my social worker who I never see and don't like and tells him things for me. She helped me with family contact and made him listen to me”

This experience of not being able to contribute to important discussions is one regularly felt by young people in care. There is a crucial difference between simple presence at formal meetings, and effective participation in them. For many young people, this difference is advocacy.

The feeling of being unable to contribute effectively within a care journey, or at formal meetings, was communicated strongly during the focus groups with care experienced young people. When asked to explore what it can feel like to not have a voice, young people spoke passionately about a range of barriers. These barriers can be grouped into three distinct areas:

Structural barriers – where formal meetings or discussions are designed to suit the needs of professionals and processes, hindering the participation of young people.

“I never thought that meetings were actually for me”

“I feel like an object being examined”

Lack of confidence in self – where young people do not feel they are able to contribute because of anxiety or confidence issues.

“My throat just dries up”

“Embarrassed to be wrong – not wanting to speak or join in”

“Dehumanised – I feel like an animal”

Secondary to professionals – where young people feel their views or opinions are less important than that of the professionals.

“In LAC Reviews, I feel like I have an irrelevant voice which can make me angry”

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

For the majority of the respondents who have had advocacy involvement, there was an over whelming feeling of advocacy ensuring they are more meaningfully involved in formal meetings or in decisions made about their

lives. Ultimately, **it affords them the time and space to, first of all understand what is happening, and then be supported to shape decisions.**

6.5 No Experience of Advocacy

It was important to explore the knowledge, awareness and interpretation of advocacy from the point of view of those who have never had direct access to it.

The 63 respondents who previously stated that they have never had an advocacy worker were directed to questions to explore the reasons behind this. To give the group a basic understanding of what advocacy is, the respondents were provided with the following description:

“An advocate is a professional who is separate from the care system. They are there to help children and young people understand what is happening in their life and support them to voice their opinions and feelings. This support can help a young person in formal meetings such as Children's Hearings or LAAC Reviews, but it can also be there for day-to-day concerns”

After reading the description **76% of respondents who have never had advocacy stated that they would have liked to have heard more about it.** 10% respondents answered that ‘no’ they would not want to have heard more and 14% respondents answered ‘don’t know’.

6.6 No Experience of Advocacy: Knowledge

We asked the respondents what they think that advocacy can do for looked after young people and provided them with options based on the outcomes an advocacy worker would aim to achieve. The majority of respondents selected the following 4 options correctly:

- ✓ **Help them to be listened to**
- ✓ **Help them understand what’s going on in their life**
- ✓ **Tell them about their rights**
- ✓ **Help them feel involved in their care.**

The option ‘help them to be listened to’, was marginally more popular at 28%, however there was an almost even spread across all four options.

6.7 No Experience of Advocacy: Awareness

Despite this group of respondents identifying as having no experience of advocacy, we wanted to explore their awareness of advocacy while in and around care. If respondents had some awareness of advocacy, we asked where and when this happened.

- **32% answered that they were aware of advocacy because they know about WC?S**
- **28% were made aware of advocacy by someone else**

- **17% of respondents answered that they do not know anything about advocacy.**

All of the respondents who answered 'other' identified that they had become aware of advocacy through group activity, be it participation groups or meetings involving other care experienced young people. This finding was supported by the focus group discussions where it was recognised that many young people around Scotland can be engaged in group work activity or 'Champions Boards' where WC?S Advocacy and Participation Workers' are leading or involved in.

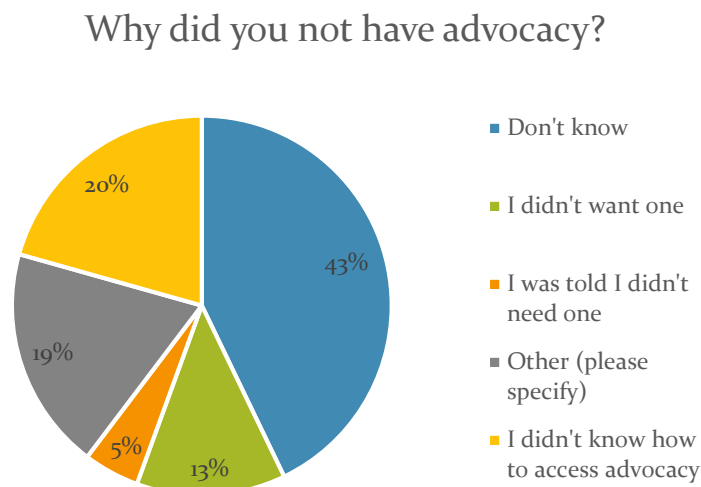
All routes given by young people as to how they had an awareness about advocacy was linked to talking about it. This either occurs because a friend has an advocacy worker, because of participation involvement with WC?S or because an advocacy worker made a visit to a children's house. Each of these experiences have made advocacy provision visible to young people, even if they have not made an offer or provided enough information for the young person to ask for it.

Importantly, what we are not seeing here, is an active search by the child or young person for a service like advocacy. For example, no responses suggested that the child or young person became aware of advocacy after seeking out this type of distinct provision. This is important to consider and highlights the need for information on this type of provision to be **clearly presented and actively offered to care experienced children and young people.**

6.8 No Experience of Advocacy: Access

Following this, respondents were asked to consider why they did not have an advocacy worker. It is important to reiterate that 83% of respondents who did not have advocacy, were still aware of it.

Figure 6: Detail on the reasons for not having an advocacy worker, as perceived by respondents



The most common answer to this question was 'don't know'. There may be many reasons for why these respondents did not have advocacy, but we know that in order to access it, they will have required clear information about what it is and what it can do for them.

While we know that some professionals do inform children and young people about advocacy, it should be recognised that the explanation of advocacy and the timing in which it occurs is crucial to making a genuine offer that makes sense to care experienced young people.

We also know that there might be other reasons for children or young people receiving little or no information about advocacy. This may be because a professional has personal reservations about its usefulness or because they feel that their role in the child or young person's life equates to advocacy. Additionally, some professionals feel that bringing another person into the young person's life is unnecessary. Regardless of reason, **the decision not to pass on information, or to explain it insufficiently, removes the choice from the child or young person.**

The 19% of respondents who selected 'other', chose to use the free text box to explain in their own words why they believe they did not have an advocacy worker.

“Wasn't aware of advocacy workers at the time so didn't have the option”

“I was not told about it and I didn't need it”

“I got told about it but didn't realise how helpful it might have been”

6.9 No Experience of Advocacy: Potential impact

We asked respondents if they believe they would have benefitted from receiving advocacy. 67% of respondents said yes, while 30% were not sure. We recognised that it might be hard for a young person to apply a new concept to their own care experience, especially for those still in care. With this in mind, respondents were asked if they believe advocacy is a good thing for young people to have access to. This question draws thinking about advocacy away from their personal experiences and encourages them to think about how advocacy can exist within and around the care system. **87% of respondents said they believe advocacy is a good thing for young people to have access to.** Respondents were then asked to explain their answer in their own words:

“Because it's helping children. My Granny doesn't tell me anything about all the meetings and she speaks for me. But she doesn't ask me what I want to say. It should be me”

“I think it is good especially younger children who can maybe be a bit frightened to speak to their social worker”

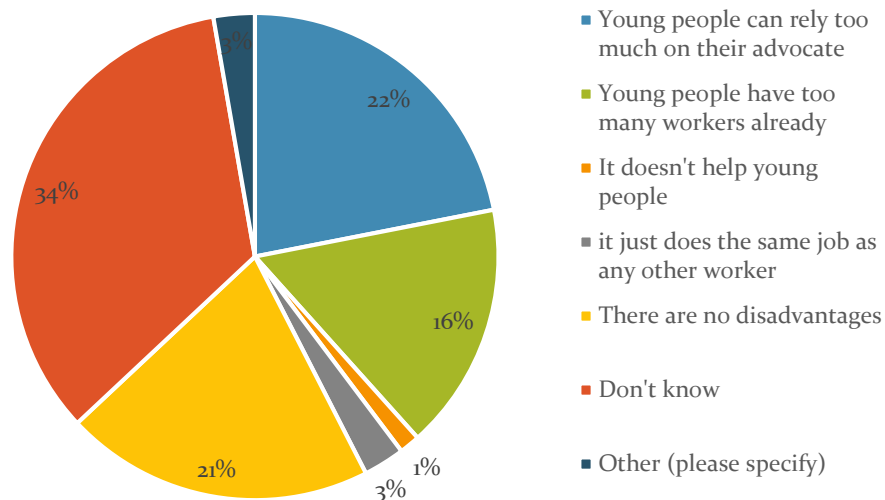
“Gives the young person a chance to tell someone what they want/like, out with the line of professionals and it’s good to help children and young person to put their views across with what they think is best for them and a lot of children don’t as they don’t think they would be listened to or don’t know how to say it”

The responses to this question complement that of those respondents who have had advocacy involvement, with most answers mentioning the importance of being listened to and having someone to prepare them to engage meaningfully in discussions and meetings about them. We know that some children and young people that are looked after feel like it is a process which is happening to them, without their involvement, and that all the decisions are made by people who do not understand them or their life. This can leave care experienced young people feeling powerless and excluded.

For a child or young person to know about, but not access, advocacy there has to be barriers preventing them from doing so. These barriers include not knowing how to access the provision, which was the reason 20% of respondents gave for not having had advocacy. However, the barriers are not always logistical; sometimes the child or young person simply perceives the disadvantages of advocacy to outweigh the positives. We asked our respondents what they think the disadvantages of advocacy are.

Figure 7: Perceived disadvantages of advocacy by respondents who have never accessed advocacy

What are the disadvantages of advocacy?



The majority of respondents at 55% did not know what the disadvantages of advocacy are, however some respondents felt that there are clear, tangible disadvantages or barriers.

The most selected disadvantages were:

- **Being over reliant on an advocate (22%)**
- **Young people already have too many workers (16%).**

There were few patterns or commonalities found amongst the group of respondents that perceive there to be disadvantages to advocacy, except that largely this group first became aware of advocacy through a friend. This might suggest that their understanding of the distinct provision of advocacy is underdeveloped. Additionally, respondents who are looked after at home, in residential care or care leavers were most likely to select the descriptor, 'young people can rely too much on their advocate'.

Importantly, aside from the care leaver cohort, those in residential care were most likely to select the descriptor, 'young people already have too many workers'. We know from our work with care experienced young people, that those in residential care can often be involved with multiple workers at the one time.

Taking into account these two most commonly chosen disadvantages, it is important to recognise the specific role of an advocacy worker. While a young person may work directly with a number of professionals, the advocacy worker is the only one involved with the mandate to help them articulate and form their own opinion; all other professionals should be promoting the best interests of the child or young person. Moreover, the role of an advocacy worker also includes preparing a young person to be able to articulate their views confidently, and eventually on their own. If the advocacy provision is introduced early enough, and is alongside the young person throughout their care journey, the result will be a confident, informed and engaged young adult.

6.10 Promotion of Advocacy

It is clear that respondents need well communicated, and frequently accessible, information on advocacy to be able to recognise its relevance or ask for it. We wanted to explore with all respondents, how to articulate what advocacy is and the methods they felt would be the best way to promote independent advocacy to other care experienced children and young people.

During the focus groups, the best way to articulate independent advocacy to young people was discussed. The participants suggested the following statements best communicated the independent element of advocacy provision:

"I'm only here for you"

"You are my boss"

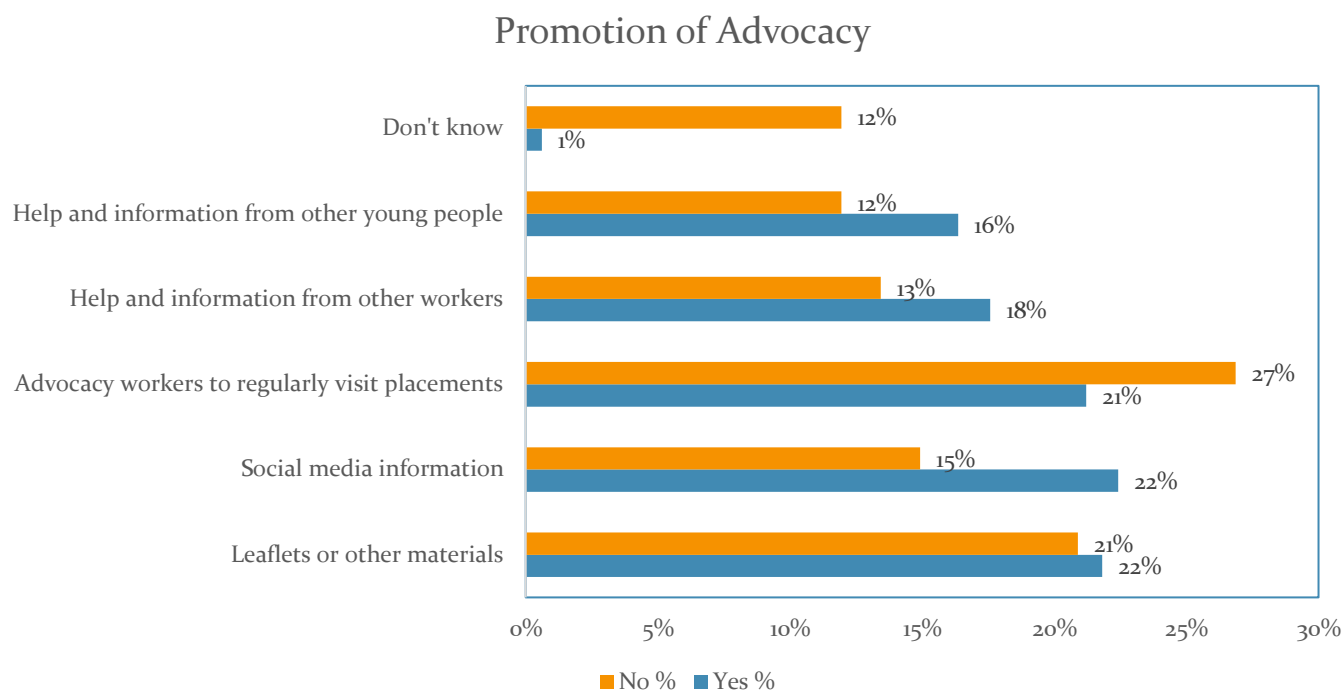
"I will help you articulate only what you want, not what anyone else wants"

Effective communication on how advocacy is distinct from other services, is crucial in ensuring young people recognise its role within the wider provision of care.

We asked respondents ‘what would help young people understand what advocacy can do for them?’ and provided them with a range of options from which they were asked to select as many as they think apply. It is possible that some children and young people understood this question different from others, for example, those who began the survey with a clear perception of what advocacy involves might have considered the question from the perspective of a young person who already understands the basic concept of advocacy but wants to find out a bit more about it. While young people who began the survey with little or no knowledge about advocacy might consider the question from the perspective of having no previous knowledge about advocacy.

With this in mind, the table below compares the promotion methods selected, with the respondents’ self-declared understanding of advocacy.

Figure 8: Respondents’ preferred methods of promoting advocacy to other children and young people



Respondents who claim to know what independent advocacy is preferred a range of options, although there was a slight preference for information that can be accessed at any time, such as leaflets or social media. This was closely followed by regular visits from advocacy workers.

We know from our work with young people however, that leaflets and materials are useful when used as part of a discussion with professionals who the young person knows and trusts. During the focus group sessions, young people suggested that instead of utilising leaflets, more interactive materials could be more engaging. It was suggested that the use of short film clips in which care experienced young people explain what advocacy is. The **peer to peer learning method was popular** within the focus group discussions.

Additionally, young people involved in the focus group sessions suggested that **children and young people on entering care, should be given a welcome pack**. It was suggested that this pack is less about rights and entitlements, which can be too detailed at this stage, and instead focus on explaining advocacy through materials like DVDs, wristbands, pens, etc. It was also suggested that this pack should contain information about local group activity and information on events where young people can connect with others who are in care.

Respondents who stated that they did not know what independent advocacy is, showed a clear preference for advocacy workers regularly visiting placements. We know that most children and young people prefer to gather information and learn new things from existing and trusted relationships. It is therefore important, that the individuals providing the young person with the information are fully informed themselves. This means that an advocacy worker is often best placed to inform young people about the provision, or the professional introducing the provision must be clear and confident in their description of what advocacy can do for young people in care.

There was a similar preference pattern amongst different age groups.

- **12 years and under** selected visits from advocacy workers and leaflets as their top choice. Social media information gained 19%, while information from other people such as other workers and young people only received 13% and 9% respectively.
- The middle age group, **13 to 16 year olds** preferred a range of options, however this excluded information from other workers.
- The final age group, **17 years old +**, demonstrated a preference for information from advocacy workers which received 24%, closely followed by leaflets at 21%.

7 Summary of Findings

A summary of the findings are as follows:

Knowledge of Advocacy

1. For many care experienced children and young people, the word 'advocacy' can hinder their recognition of the provision and their experience of it. 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.
2. Many care experienced children and young people find the concept of advocacy confusing and often understand what their worker does for them in a personal way, rather than understanding the concept as a service.
3. Some young people, in particular those who have received advocacy, believe that advocacy does more for them than in reality. For example, many believe the service to have traits of befriending or mentoring, when in fact advocacy is distinct from both. It is likely that this is due to the existence of a strong relationship between the advocate and young person leading to a misconception.
4. 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 their care experience with their own views.

Awareness of Advocacy

5. 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 actually discussed it with their social worker, however the timing, frequency of offer or information supplied was not enough to help the young person understand the concept and what it can do for them.
6. Care experienced young people recognise that during their care journey, they can often receive too much information at the one time. This can result in confusion or lack of understanding about what advocacy is and how it can help them.
7. Care experienced young people believe that the timing of introducing advocacy to a young person is important. Many young people believed that they had heard about advocacy too late in their care journey.
8. Care experienced young people without experience of advocacy are often aware of advocacy through peers, but do not hold information about how or why they should access it.

Experience of Advocacy

9. Of those care experienced young people who have had advocacy, 92% believe that it helped them.
10. Young people suggested that having advocacy allows them to more effectively participate in formal meetings and feel in control of their care journey.
11. 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.
12. 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.
13. 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

14. 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.
15. 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, rather than the decision being made by adults in their life.
16. For the majority of respondents, the preferred method of explaining and promoting advocacy is through engaging materials, such as short film clips. Young people thought these would be best if they included other care experienced young people; peer to peer learning is preferred.
17. Respondents that had no previous experience of advocacy demonstrated a clear preference for advocacy workers regularly visiting placements to introduce young people to advocacy.
18. 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.

8 Conclusion

Care experienced children and young people are subject to high levels of both formal and informal intervention in their lives, ranging from local authority statutory supervision 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.

From what respondents have said throughout this report, it is clear that advocacy must be an offer made throughout their care journey. Access to advocacy should not exist as a one-time offer and should not be confined to one formal process such as at a children's hearing. Instead, young people recognise that this offer should be made to them early in their care journey, and then again repeatedly throughout it; existing within and out with the wider Children's Hearings System.

We know that when care experienced young people 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 advocacy provision, especially that of independent advocacy, 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 young people were asked in the survey

1. Date of birth
2. Gender
3. What local authority do you live in?
4. Where do you live?
5. Do you know what advocacy is?
6. What do you think advocacy involves?
7. If you had or have had a social worker, did they ever discuss advocacy with you?
8. How did you find out about advocacy?
9. What age were you when you first met your advocacy worker?
10. Why did your advocacy worker get involved?
11. Who referred you to your advocacy worker?
12. Do you think having an advocacy worker helped you?
13. Can you explain in what ways it helped you?
14. After reading this description, do you think you would have liked to have heard more about advocacy?
15. After reading this description, do you think you would have benefited from receiving advocacy support?
16. Do you think advocacy is a good thing for looked after young people to have access to?
17. Can you explain why you think this?
18. In your opinion, what do you think advocacy could do for looked after young people?
19. What are the disadvantages of advocacy?
20. How did you first become aware of advocacy?
21. Why did you not have an advocacy worker?
22. Do you think advocacy is a good thing for looked after young people to have access to?
23. In your opinion, what do you think advocacy could do for looked after young people?
24. What are the disadvantages of advocacy?
25. What would help young people understand what advocacy can do for them?
26. What would help young people know how to access advocacy?



If you wish to get in contact with Who Cares? Scotland, please use the following details:

Email: hello@whocaresscotland.org

Phone: 0141 226 4441

Website: www.whocaresscotland.org