

A national lifelong advocacy service: Scoping and delivery

Overview briefing

What does the promise say about independent advocacy?

One part of the promise is that **care experienced children and adults must have the right to independent advocacy.**

Care experienced children and adults:

- must have the **right** to independent advocacy, and
- must be able to **access** independent advocacy.

This must be true at all stages of their experience of care and beyond. (*Independent Care Review promise report, p115*)



Why is a national lifelong advocacy service important for care experienced people?

The “care system” is extremely complex, and this means that it can be confusing for care experienced people to navigate.

Care experienced children, adults and families have several **meetings, discussions, processes** and **systems** in their lives. These often interconnect in ways which anyone could find confusing.

Some of them have particular legal powers, and others don't. Some have the power to make life-changing decisions.

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When we face a system which is **confusing** and **has power over us**, all of us can do with some support.

Some people have peers who can support them, and others can be supported by family. But often, children, families and adults navigate the “care system” without informal support of this kind.

This is why the promise says that care experienced children and adults must have access to **advocacy**.

What is advocacy?

When we are able to make sure a person has a voice in a situation, we are **advocating** for them. The role of **advocacy** is to do this when a person might struggle to do it for themselves.

For example, a care experienced person might not know the details of the laws and policies that make up the “Care System.” Nobody would, unless they’d taken time to learn them all.

But because an **advocate** *will* have done this, they will be able to argue in that care experienced person’s interest.

They can help make it more likely that person has their wishes met.

And they can help the person they represent to understand some of the complexities which they might face.

Why has The Promise Scotland written a report around advocacy services?

In 2022, The Scottish Government committed to support The Promise Scotland in scoping a *national lifelong advocacy service for care experienced people and their families*.

As a result, The Promise Scotland developed a report around this in December 2023.

Creating it involved consideration of the following questions:

- What might an advocacy service for care experienced people look like?
- What might need to happen to create such a service?
- How might this service work in practice?

- And what would help make sure this specific part of the promise is kept?

What does this report say should happen next?

Planning should happen over four phases

The report proposes a **four phased** approach to planning a national lifelong advocacy service.

Work to put all of these phases into place should happen with input from:

- **advocacy providers,**
- **experts, and**
- **care experienced children, adults and families, where appropriate.**

Phase One can begin right away

Phase One would agree the **core principles** which would underpin the service.

It should be prioritised, along with interim measures which:

- **support** existing independent advocacy services while remaining phases are planned, and
- make sure these existing services are **sustainable**.

Phases Two and Three can both happen at once

Phase Two involves creating a **National Strategy for Advocacy Provision**.

And **Phase Three** involves expanding the **National Practice Model**, so that it covers children and adults up to the age of 26.

These phases can run at the same time, and **work to develop Phase Three can begin now**.

Phase Four can begin as Phase Two is ending

Phase Four should focus on the **specific needs of care experienced adults and families**. It should begin as work on Phase Two is ending.

Phase One: Agreeing the core principles of an advocacy service

A national advocacy service should be:

1. Independent
2. Aware of the needs of care experienced children, adults and families
3. Rights-based
4. Accessible
5. Timely
6. Purposeful
7. Relational and holistic
8. Equitable, consistent and inclusive
9. High-quality
10. Sustainable

The Promise Scotland heard consistent support from advocacy providers that **access to advocacy for care experienced children, adults and families should be underpinned by Scots law.**

This could both:

- establish advocacy as a statutory right, and
- identify specific points where care experienced children, adults and families must be informed of it.

And it could be used to make these ten principles a core part of practice.

As such, The Promise Scotland recommends that access to independent advocacy for care experienced children, adults and families be a statutory right.

This could be developed in the upcoming Promise Bill.

Phase Two: Creating a National Strategy for advocacy provision

Existing networks of independent advocacy providers already exist.

Their strengths should be built upon.

And their voices should play a part in developing a national lifelong advocacy service— as should the voices of care experienced children, adults and families.

The Scottish Government is currently working on many issues which are connected to scoping a national lifelong advocacy service.

These include:

- the **National Care Service**,
- the **incorporation of the United Nations Convention on the Rights of the Child (UNCRC)**,
- the **Human Rights Bill**, and
- the responses to recommendations from both the **Mental Health Law Review** and the **Hearings System Working Group**.

This list takes in multiple policy and legislative commitments. As these develop, it's important to understand how they connect together— to avoid **confusion, duplication, and unnecessary complexity**.

This doesn't mean that existing advocacy services have to be mapped from scratch.

Instead, it means collecting together the mapping which has already taken place, so that a **national** and **up-to-date** picture can be created of:

- what advocacy provision exists, and
- where there are gaps in provision.

A National Advocacy Oversight Group would develop a strategic plan

In order to do this, a **National Advocacy Oversight Group** would be created to support clarity and connection.

It could bring together:

- **core agencies,**
- **advocacy providers,** and
- **different Scottish Government teams** leading on advocacy.

This group would oversee the development of a **national strategic plan for advocacy.**

This plan would be built around **asking what's needed** to fulfil Scotland's various ambitions and commitments around advocacy.

It would be underpinned by:

- an operational blueprint,
- a transparent understanding of **what resource is required** at national and local levels, and
- a transparent understanding of **what resource is available** at national and local levels.

It could build on existing networks and groups which already exist in the Scottish Government.

And it would allow discussion around **navigating** the following areas, and **achieving clarity** around them:

- National and local commitments around advocacy.

This includes **timescales** around these commitments, resources around meeting them, and **how they all connect** to each other.

- The definition of "independent advocacy," and the extent to which people understand the term.
- Understanding what advocacy provision is currently available.

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- National standards around advocacy, as well as codes of **practice, inspection and regulation**.
- Commissioning and procurement.
- Funding arrangements, including discussion about a national funding approach.
- A national approach to data and outcomes.
- Informed choice around independent advocacy, and access to it.
- Codesign and lived experience.

Phase Two is intended to set the foundations and context for **Phase Four**, which would look at work around advocacy services which are specifically for care experienced adults and families.

As Phase Two is ongoing, there should be funding available to make sure care experienced children, adults and families can sustainably access the advocacy services which are already provided in Scotland.

Phase Three: Expanding the National Practice Model

The National Practice Model (NPM) should be expanded to cover children and adults up to the age of 26. This would be in line with corporate parenting responsibilities.

As well as this, the existing **operational model and framework** within the Children's Hearings System should be expanded beyond the Hearings System itself.

Covering people up to 26 in the NPM means the Model would cover a child's transition into early adulthood. By doing this, there would be a bridge between child and adult services.

The NPM already contains **principles, standards and practice guidance** around independent advocacy.

And it already has a proven and successful track record of providing support around advocacy provision.

So this approach would harness the **collective experience and knowledge** of current advocacy providers, while building on ongoing work to develop:

- **outcomes** for children,
- **consistency** for children, and
- a **Shared Learning Framework** for children.

Expansion of the NPM should be led by the Scottish Government

The development of the initial National Practice Model was led by the Scottish Government— so it would be appropriate for it to lead discussion about the Model's expansion.

Some of the key areas which should be discussed around this are:

- **resourcing**
- **eligibility**
- **transitions and engagement of adult services**
- **non-instructed advocacy and younger children**
- **children's rights officers**
- **The Children (Scotland) Act 2020 and other related legislation.**

Phase Four: An approach for care experienced adults and families

Phase Four involves developing a national approach for both care experienced **adults** and **families**.

This should be connected to – and coordinated with – all other ongoing work to develop accessible advocacy support across Scotland.

An independent advocacy model for care experienced adults and families should operate alongside advocacy provision in relation to:

- the National Care Service,
- mental health,

- drugs and alcohol, and
- the development of the Human Rights Bill.

This would give a national lifelong advocacy service the opportunity to be **holistic**— while also recognising the need for a specific service which meets the needs of care experienced children, adults and families.

Advocacy for care experienced adults and families: Specific questions for discussion

Once **Phase Two** has established how ongoing work around independent advocacy interconnects, the following questions should be discussed:

- What should the criteria be to be **eligible** for a national, lifelong advocacy service for care experienced adults and families?
- How can care experienced adults and families be informed of their right to independent advocacy?
- How might care experienced adults and families first **make or experience** contact with independent advocacy support?
- How can **direct** and **local** in-person advocacy support be coordinated?
- What role is there for other **forms** or **types** of independent advocacy support for care experienced children, adults and families?
- How can the specific needs of families be met?

When would Scotland start building this service for care experienced adults and families?

Scotland can start building a national lifelong advocacy service for care experienced adults and families once:

- the issues set out in **Phase Two** have been resolved,
- the questions defined in **Phase Four** have been resolved, and

- there is clarity around independent advocacy across other policy areas.

This service would be put in place alongside the other areas of work to develop independent advocacy in Scotland.

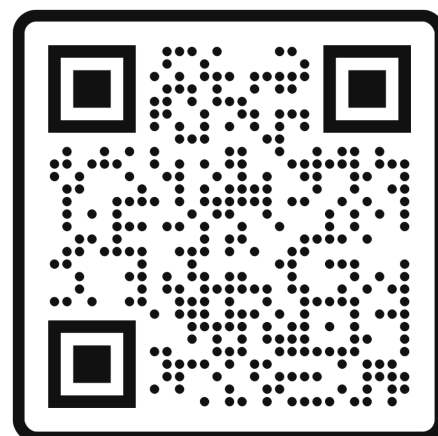
What should Scotland do with this report's recommendations?

Duty bearers – including the **Scottish Government** and **COSLA** – should work alongside **advocacy providers, commissioners, and others** to:

- review these recommendations, and
- consider how to put their four phases into practice.

The **views** and **experiences** of care experienced children, adults and families must inform this process.

A partnership approach is strongly encouraged by this report.



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