the promise
scotland

Scoping and delivering a national lifelong advocacy service for care experienced children, adults and families

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A note on definition and scope

The promise states that *"care experienced children and adults must have the right and access to independent advocacy, at all stages of their experience of care and beyond."* The Hearings System Working Group Redesign Report, Hearings for Children, was produced in response to the promise's conclusion that the underlying structures of the Children's Hearings System should be redesigned so that they are better placed to listen to children and families. The Redesign Report recommended the extension of advocacy including to children and families 'on the edges of care' or working voluntarily alongside local authorities (see Appendix 2 for further information).

The scope of the model for a national lifelong advocacy service that is described below (and references to 'care experienced children'), therefore should be understood as being inclusive of **all children currently living 'in and around the 'care system,' including those 'on the edges of care' and their families.** The challenges and concern about the definition and interpretation of terminology relating to children and families 'on the edges of care' is discussed further below.

The term 'care experienced adults' refers to adults with experience of all types of care, including informal and formal kinship care, foster care, residential and secure care as well as being looked after at home. More about the term 'care experience' is set out on Page 10 of the promise and the Scottish Government has committed to undertaking a consultation on the definition in Spring 2024 to inform the Promise Bill.[1]

The term 'families' is used in this paper to mean those people close to care experienced children who would also benefit from advocacy. This includes kinship, foster and adoptive parents and carers in addition to parents, grandparents, step parents and — importantly — brothers and sisters.

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[1] Official Report (parliament.scot) Pg 38-39

Executive Summary

The Independent Care Review, which heard the voices of over 5,500 care experienced children, adults and members of the workforce, was unequivocal about the importance of independent advocacy being available for care experienced children, adults and families. Care experienced children, adults and families often face a particularly complex interweb of meetings, discussions, processes and systems in their lives with a multitude of different professionals and forums with different decision-making powers and legal standing. Often, children, families and adults navigate these in the absence of informal peer or family supports that others facing challenges can look to.

The promise, published in February 2020, therefore concluded that there was a need for a renewed and more consistent approach to the provision of advocacy across Scotland. More on the Independent Care Review's conclusions and the actions identified in Plan 21- 24 and by the Hearings System Working Group are set out in **Appendix 2.**

Scotland has a large number of skilled and valued providers of independent advocacy to children and adults. Extensive academic literature and research is available about the effectiveness of independent advocacy, and its positive impact on outcomes for children, young people and adults.[2] More about the important work of advocacy workers, the difference that they make to the lives of children and adults and the rationale behind a specific independent advocacy service for care experienced children, adults and families is set out in **Appendix 1.**

The Scottish Government has committed to supporting The Promise Scotland to scope a national lifelong advocacy service for care experienced people and their families ('national lifelong advocacy service').

This paper therefore **scopes** the core issues and identifies the core principles that should underpin a national lifelong advocacy service. It sets out a **path towards delivery**, identifying **how** it should be operationalised and **what** can be done in order to realise the conclusions of the promise with respect to advocacy and uphold the rights of care experienced children, adults and families.

This approach is careful and deliberate. It aims to set out how some of the long standing issues and challenges to sustainable service delivery can be discussed and overcome so

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[2] For example, basw_94244-5_0.pdf; Independent Advocacy for Children and Young People: Developing an Outcomes Framework - Thomas - 2017 - Children & Society - Wiley Online Library; research_summary_7.pdf (ncb.org.uk); 15.5 Children's Participation in Family Actions – Probing Compliance with Children's Rights Research Report (stir.ac.uk); etc.

that a national lifelong advocacy service can be put in place that meets the needs of care experienced children, adults and families.

The reach of a national lifelong advocacy service should be understood as being inclusive of all children currently living 'in and around the care system' (including children on the edges of care and in informal care settings) and adults with experience of all types of care. It should also be understood as being inclusive of the families of these children.

It is clear that there is progress being made around the broader landscape of advocacy provision, including but not limited to development of a National Care Service and incorporation of international human rights treaties. In relation to the scoping of a national lifelong advocacy service for care experienced children, adults and their families, The Promise Scotland is proposing a **four phased approach** to implementation. The phases include some suggestions about how to consider and operationalise a national lifelong advocacy service in the context of other interconnected and interlinked work relating to independent advocacy in Scotland.

This paper is the culmination of discussions, deliberations and drafting that The Promise Scotland has undertaken alongside advocacy providers and experts. The paper represents, to the best of our ability, The Promise Scotland's understanding of what the advocacy providers we engaged alongside think about how a lifelong advocacy service can be operationalised, building on those voices and experiences heard by the Independent Care Review.

It is important to ensure that this partnership approach is built upon going forward—the implementation of the suggested phases should be undertaken alongside advocacy providers, experts and—where appropriate—care experienced children, adults and families.

The Promise Scotland recommends that each of the four phases are implemented, with Phase One being prioritised alongside interim measures to ensure the sustainability and support of current independent advocacy services while the following phases are planned and consulted upon in collaboration with advocacy providers. The four phases are:

Phase One: Agreeing core principles that would underpin a national, lifelong advocacy service for care experienced children, adults and families

A national advocacy service should be:

1. Independent
2. Cognisant of the unique and bespoke 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

In order to embed these core principles into practice, The Promise Scotland heard consistent support from advocacy providers for an underpinning legislative approach to access to advocacy for care experienced children, adults and families. This could establish advocacy as a statutory right and identify specific points where care experienced children, adults and families must be informed of their right to independent advocacy and how this can be accessed. Children, adults and families must be able to make informed choices about whether or not they wish to engage with independent advocacy services.

The Promise Scotland therefore recommends that access to independent advocacy for care experienced children, adults and families be a statutory right. The upcoming Promise Bill could be the legislative mechanism for the development of a statutory right to advocacy provision and associated redress and complaints processes.

Phase Two: National Strategy for Advocacy Provision: coherence, clarity, leadership

The strengths of existing networks of independent advocacy providers should be built upon and their voices should be part of the development of a national lifelong advocacy service, in addition to the voices of care experienced children, adults and families.

A number of cross-cutting and inter-related workstreams are innately connected to the work to scope a national lifelong advocacy service. This includes the National Care Service, the incorporation of the United Nations Convention on the Rights of the Child (UNCRC), the Human Rights Bill and the response to the recommendations from the Mental Health Law Review and the Hearings System Working Group (see Appendix 1). The role of advocacy is an important feature in all.

As these work programmes develop, it is important to clarify how the different commitments (both policy and legislative) and any ongoing or concluded mapping exercises are connected to each other to avoid confusion, unnecessary complexity and duplication. This does not mean starting to map service provision from scratch, but collating all the different mapping of advocacy provision so that a national and up to date picture of scale of existing provision can be understood and—crucially—the gaps in provision identified.

In order to do this a **National Advocacy Oversight Group** would 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, underpinned by an operational blueprint and a transparent understanding of what resource is required and available at both national and local level to fulfil the various ambitions and commitments relating to advocacy across Scotland.

This could build on existing networks and groups that already exist within the Scottish Government and enable discussion, finding innovative ways of navigating and achieving clarity on the following areas as they relate to **all** advocacy provisions across Scotland:

- National and local commitments, timescales and resources and how they connect to each other.
- Definition and understanding of “independent advocacy”.
- Understanding what advocacy provision is currently available.
- National standards, 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 and access to independent advocacy.
- Codesign and lived experience.

This phase is intended to set the foundations and context for the more bespoke work required specifically for care experienced adults and families described in Phase Four.

Phase Two should be progressed at the same time as Phase Three (expansion of the National Practice Model). Once the above has been agreed there should then be focus on operationalising Phase Four (advocacy for care experienced adults and for families).

In the interim period, during the course of Phase Two, while these discussions are ongoing and services are developed, there should be funding available to ensure sustainable access to existing provision of advocacy services for care experienced children, adults and families.

Phase Three: Expanding the National Practice Model (NPM) for children and adults up to the age of 26 (in line with corporate parenting responsibilities)

The existing operational model and framework within the Children's Hearings System should be expanded so that it operates beyond the parameters of the Children's Hearings System. This aligns with the recommendations within the Hearings System Working Group's Redesign Report (see Appendix 1).

The Promise Scotland's assessment is that the expansion of the existing NPM to those children could extend up to the age of 26, aligning with Scotland's existing corporate parenting responsibilities. This would cover the transition into early adulthood, bridging children and adult's services.

The benefits of this approach is that shared principles, standards and practice guidance already exist and there is a proven and successful track record of providing support in this area. This would harness the collective experience and knowledge of all the current providers and build on the ongoing work to develop outcomes, consistency and a shared learning framework for children.

Scottish Government led the development of the initial National Practice Model and it would be appropriate, therefore, for it to lead the discussion about its expansion. Key areas should be discussed in relation to expansion, including but not limited to:

- 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: Developing a national approach for care experienced adults and for families that is connected to, and coordinated with, the 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. People's lives are not siloed into policy areas, and lifelong advocacy for care experienced children, adults and families needs to be holistic and skilled to meet a range of needs.

With these widespread developments a national lifelong advocacy service has the opportunity to be holistic whilst also recognising the need for a bespoke service to appropriately meet the needs of care experienced children, adults and families. Once the collective work across policy areas (Phase Two) has developed, the following questions should be discussed as they specifically relate to care experienced adults and families:

- How should eligibility for a national, lifelong advocacy service for care experienced adults and families be defined?
- 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, 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?

Once the issues set out in Phase Two and the questions defined in Phase Four have been resolved, and there is clarity across other policy areas, a national lifelong advocacy service can be **operationalised** for care experienced adults and families in coordination and conjunction with the other areas of work to develop independent advocacy in Scotland.

Operationalising the four phases

Duty bearers, including the Scottish Government and COSLA (as representative of Local Authorities), should work alongside advocacy providers, commissioners and others to review the recommendations and consider how to operationalise these phases. The views and experiences of care experienced children, adults and families must inform this process. A partnership approach is strongly encouraged, to take this work forward and appropriately uphold the rights and meet the needs of care experienced children, adults and families in the way envisioned by the promise.

Given the recommendation around expansion of the National Practice Model (Phase Three) and the development of a statutory right to independent advocacy (Phase One), high level strategic leadership and decision making sits with Scottish Government. Clear leadership and operational planning is very much in line with the Scottish Government's work to keep the promise by 2030.

The Promise Scotland recommends that the **steps set out in Phase One above, to agree core principles, are prioritised** so that there is a clear and streamlined understanding of these different commitments and how they will be experienced in practice by children and adults. While conversations relating to funding, commissioning, regulation and definitions will take some time to resolve, **if Scottish Government is minded to expand the National Practice Model (Phase Three), work to develop this can begin at pace.**

In tandem (at the same time as Phase Three), a governance framework should be identified to begin to address the core issues that need to be resolved with respect to Phases Two and Four and securing consistent access to independent advocacy support for care experienced adults and families. This should happen with an understanding that independent advocacy services are currently being provided across Scotland and **these must be fully resourced while a national lifelong service is progressed.**

Once this work has been undertaken there should then be focus on **operationalising Phase Four** (advocacy for care experienced adults and for families). Once a practice and resourcing proposal has been worked through, this should be fully consulted on and tested to assess whether the proposed national lifelong advocacy service is fit for purpose.

In the interim period, during the course of Phase Two, while these discussions are ongoing and services are developed, there should be funding available to ensure sustainable access to existing provision of independent advocacy services for care experienced children, adults and families.

In summary:

Phase **One:** should be prioritised and core principles agreed.

Phases **Two** and **Three** can run in parallel and work to develop Phase Three can begin at pace.

Phase **Four** should focus on the bespoke needs of care experienced adults and families and should begin once the work on Phase **Two** is concluding. This would include identification of what additional targeted/ bespoke independent advocacy support is required for care experienced adults and families and how it should be accessed and identify the operational model to deliver it.

In the **interim period** sustainable funding should be available to ensure access to existing provision of independent advocacy services for care experienced children, adults and families.

Background

There is clear and repeated emphasis throughout **the promise** on the need for a cultural shift in Scotland so that listening and responding to the voices of children and their families is at the heart of the processes and mechanisms for working alongside them. This is based on the views of children, families and care experienced adults who told the **Independent Care Review** that their voices were often not heard, that their views were not sought and that those making decisions about them did not include them in the decision-making process.

The Independent Care Review heard about the value and importance of independent advocacy and the role that advocacy workers play in helping to support and uphold the rights of care experienced children, adults and families (see Appendix 1). The Independent Care Review also heard about inconsistencies in access to advocacy support and multiple stories in which processes and decisions had not been explained to children and young people. This lack of information compounded the stresses young people were feeling. Young people felt particularly frustrated when their voices were not prioritised and questions of what happened to other family members were unanswered.

In order to address this, **the promise** concluded that there was a **need for a renewed and more consistent approach to the provision of advocacy.** It said that families (Pg 62), young people with care experience (Pg 93) and care experienced children and adults (Pg 115) must have the *"right and access to independent advocacy."* It also concluded that *"advocacy workers must be available to **children, young adults and families** who come into contact with the 'care system'"* (Pg 114). Plan 21-24 asks for this to be in place by 2024.

The Scottish Government subsequently committed to:

> *"support The Promise Scotland to scope a national lifelong advocacy service for care experienced people and their families. This will recognise there may be a need for distinct offerings, independent of one another..."* [3]

More detail on why a national, lifelong advocacy service is required for care experienced children, adults and their families and the added value of advocacy is set out in Appendix 1 of this paper.

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[3] Scottish Government, **Keeping the Promise Implementation Plan,** Pg 7

Methodology

This paper has been produced by The Promise Scotland following the publication of Plan 21-24 and the Redesign Report ('Hearings For Children') from the Hearings System Working Group (See Appendix 2). It was developed over the course of this year to scope the development of a national lifelong advocacy service for care experienced children, adults and their families. It proposes consideration of a four-phased approach to developing a national lifelong advocacy service.

The proposals contained within this paper build on conversations that The Promise Scotland has had with advocacy providers and experts as well as the work already completed by the Scottish Government in relation to nationwide advocacy provision for children within the Children's Hearing System. That includes the detailed scoping, planning and delivery of the National Practice Model (NPM) within the Children's Hearings System, with close involvement of many stakeholders, including those in the Expert Reference Group and the National Providers Network. In order to take these proposals forward, a further partnership approach is strongly encouraged to develop the four phases and appropriately uphold the rights and meet the needs of care experienced children, adults and families in the way envisioned by the promise.

The purpose of this paper is to:

1. **Identify the core principles** that (in the view of The Promise Scotland) should underpin the development of a national lifelong advocacy model for care experienced children, adults and families.

2. **Make recommendations** about how a model should be operationalised in the context of other interconnected and interlinked work relating to advocacy in Scotland.

3. **Expose the core systemic and operational challenges and opportunities** that must be addressed in order to ensure a sustainable and successful national lifelong advocacy model.

In order to develop these proposals contained within this paper, The Promise Scotland held regular meetings with Scottish Government colleagues as well as discussing the advocacy-related conclusions of the Independent Care Review with advocacy providers and experts.

An initial overview paper was developed, which described the anticipated process that The Promise Scotland was undertaking and set out the dependencies and emerging developments linked to advocacy support for children and families. This paper identified a number of key questions for further discussion and consideration:

- What is the nature of advocacy required for care experienced adults?
- What is the nature of advocacy required for children who are currently living in the ‘care system’?
- What is the nature of advocacy required for children and young people living in informal kinship care and on the edge of the ‘care system’?
- How might an advocacy service be independent (according to promise principles) from social care?
- How might an advocacy service be resourced so that it is accessible, effective and sustainable?
- What mechanisms need to be put in place to ensure that there is consistent, high-quality provision of advocacy available (including consistent training) and appropriate avenues for complaint and inspection/ scrutiny?

The questions within this paper were explored with advocacy providers at an online roundtable discussion in February 2023. The advocacy providers who attended this meeting were: Barnardo’s Scotland, CAPS Independent Advocacy, East Ayrshire Advocacy Services, Scottish Independent Advocacy Alliance and Who Cares? Scotland. Susan Elsley, an independent writer, researcher and facilitator with significant expertise in advocacy also attended.

After this discussion The Promise Scotland developed a more detailed ‘options’ paper which was sent round to participants for comment and then held a second roundtable at The Promise Scotland’s office in September 2023. All previous attendees were invited. Feedback on the draft ‘options’ paper was received at this meeting, by email and during subsequent discussions.

The Promise Scotland was keen to ensure a broad and open approach to suggestions and comments, offering opportunities regularly for feedback and being open to advice, commentary and thoughts. Those who provided comments on various iterations of the paper, and/ or the final draft, were: Barnardo’s Scotland, CAPS Advocacy, Scottish Independent Advocacy Alliance and Susan Elsley. The draft paper was also shared with Aberlour Childcare Trust, who shared comments from the perspective of Guardianship Scotland.

This final paper is the culmination of these discussions and incorporates feedback and views from advocacy providers, where it was shared. It identifies broad areas of agreement as well as areas where consensus between providers was not reached and therefore indicates where there is a requirement for further discussion and deliberation in order to develop the best approach to uphold care experienced children, adults and families’ rights.

Crucially, it is based on what has already been heard from children, young people, care experienced adults and families, and those working alongside them, during the course of the Independent Care Review and since the publication of the promise. It suggests an overall rights-based approach to ensuring access to independent advocacy, making clear that the development of the national lifelong advocacy service must be coordinated in conjunction with the other concurrent workstreams seeking to develop access to independent advocacy for children and adults in Scotland.

This paper is shared with the Scottish Government with the understanding that, when implemented, the four phases will pave a path towards realising the shared ambition for a national approach to independent advocacy for care experienced children, adults and families. It does not shy away from the need for full and frank discussions alongside advocacy providers to operationalise the recommendations and ensure equitable and sustainable access to high quality independent advocacy. The implementation of the phases must become a reality amidst the current financial and socio-economic realities for national and local Government and must therefore tackle and resolve head-on some of the challenging areas of independent advocacy provision and delivery that have been discussed but not resolved for a number of years.

An evolving political and legislative landscape

It is important to note that the original operating assumption of The Promise Scotland was that it would be possible to produce a broad outline of a national lifelong advocacy service for care experienced children, adults and families based on the voices and experiences of those who engaged with the Independent Care Review. The intention of The Promise Scotland was that this would be drafted and shared with Scottish Government colleagues so that there could be an honest and constructive discussion about how this might be operationalised in practice and what resources would be available to uphold the ambition of a national lifelong advocacy service.

However, since the original request was made to The Promise Scotland to scope this work there have been a number of positive policy and practice changes and commitments which have changed the broader advocacy landscape for children and families. There have also been a number of different discussions, working groups and mapping exercises undertaken with respect to considering how to uphold children and adults' right to advocacy in Scotland which both predates and supersedes this work. This is not limited to, but includes:

- The implementation of the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) and the work relating to My Rights My Say (a children's service supporting children aged 12-15 to access their rights and provide advocacy support). This includes Scottish Government seeking a supplier to provide a demand led service for advocacy support and legal advice to children, aged 12-15.

- Upholding children's right to advocacy and legal support in the context of the incorporation of the United Nations Convention on the Rights of the Child.

- Preparation for the implementation of the Human Rights Bill. **The Scottish Independent Advocacy Alliance's briefing** states that for the Bill to be effective in realising human rights then independent advocacy must be included to enable rights to participation, access to justice and ensure voices are heard.

- Considering how advocacy might be part of a National Care Service and discussions about whether the local authority or a National Care Service might ultimately be responsible for enacting statutory duties in relation to children and families. This includes the creation of working groups or networks to facilitate discussions relating to this.

- Implementing section 259 of the Mental Health (Care and Treatment) (Scotland) Act 2003, which contains the statutory provision that people affected by the Act have a right to independent advocacy, and health boards and local authorities must ensure independent advocacy services are available. Advocacy services are defined as *"services of support and representation made available for the purpose of enabling the person to whom they are available to have as much control of, or capacity to influence, that person's care and welfare as is, in the circumstances, appropriate."*

- Changes as a result of the recommendations from the Mental Health Law Review. **The Scottish Government response to this review** is clear that 'supported decision-making' will be a key focus. The response says that early work will: *"review and build on existing practices, working with partners to support the development and roll-out of effective supported decision-making approaches. Based on learning and evaluation from this work we will consider whether a national framework or approach is needed. We will also work with the Scottish Independent Advocacy Alliance, its members and organisations providing advocacy services as well people with lived experience of accessing services to help identify and address gaps and improvements in provision. This will identify how best to strengthen rights and access to provision. In addition, we will look to develop a consistent definition of 'Independent Advocacy'."*

- The implementation and ongoing work of the Scottish Independent Advocacy Alliance to set out **principles, standards and a code of best practice** that underpins good, independent advocacy practice as well as undertaking mapping work.

- The passage of Part 21 of the Children (Scotland) Act 2020 (duty to ensure availability of child advocacy services: Ministers must make provision to ensure children concerned in relevant proceedings have access to appropriate child advocacy services), which has not yet been enacted.

- The implementation of the Vulnerable Witnesses (Scotland) Act 2004 and other measures to support victims and witnesses in Scotland, including through the provision of special measures and funding for key support, including advocacy support.

- Progressing Scotland's National Human Rights Action Plan, 2023-2030 Scotland Action Plan, 2021-24, which includes an action to *"carry out a mapping exercise of independent advocacy services that enable individuals and groups whose rights are most at risk to participate in decision-making, access justice and realise their rights. Use the findings and recommendations to inform, improve and support the implementation of work to develop, expand and ensure access to universal and specialist independent advocacy services across Scotland."*

A number of cross-cutting and inter-related workstreams are therefore innately connected to the work to scope a model of lifelong advocacy support for care experienced children, adults and families.

With this in mind, The Promise Scotland's approach to scoping a national lifelong advocacy service for care experienced children, adults and families has evolved to ensure this work is fully coordinated with the many other advocacy-related workstreams. For example, it would not make sense for The Promise Scotland to develop a definition of "independent advocacy" when other definitions exist or the definition will need to be agreed and understood in other policy areas too.

The strong view of The Promise Scotland is that this work **must not complicate and confuse an already complex landscape.** A national lifelong advocacy service for care experienced children, adults and their families cannot be envisioned or operationalised on its own. While undoubtedly there is a need to ensure the bespoke and unique needs of care experienced children, adults and families are considered and their rights upheld, the development of a service **must be coordinated in conjunction with the other concurrent workstreams seeking to develop advocacy for children and adults in Scotland.** Children, adults and families lives are not neatly divided into compartments in the way that our services are (for example, with respect to housing, education, mental health or, indeed, care experience) and it must be possible for advocacy to be provided in a holistic way in the absence of arbitrary barriers. The proposals that follow take this into account.

The Promise Scotland is proposing a four phased approach to implementation of a national lifelong advocacy service for care experienced children, adults and families. The four recommended phases are:

Phase One: Agreeing core principles that would underpin a national lifelong advocacy service for care experienced children, adults and families.

Phase Two: National Strategy for Advocacy Provision: coherence, clarity, leadership

Phase Three: Expansion of the National Practice Model for children and adults up to the age of 26 (in line with corporate parenting responsibilities).

Phase Four: Developing a national approach for care experienced adults and for families that is connected to and coordinated with the other ongoing work to develop accessible advocacy support across Scotland.

Phase One: Agreeing core principles to underpin a service

In line with the conclusions of the promise relating to independent advocacy (Pg 115), the recommendations within the Hearings System Working Group's Redesign Report and the discussions that The Promise Scotland has had with advocacy providers, The Promise Scotland recommends that a national lifelong advocacy model for care experienced children, young people and families should be guided by a number of core principles.

There are, of course, specific differences between the advocacy support that children and adults and family members will require and indeed between the specific needs of individual children. However, The Promise Scotland's assessment is that a number of core principles can be identified that should underpin a national lifelong advocacy model for everyone who accesses it. The 'how' of how these principles should be operationalised in practice, including the challenges and opportunities, and the way that the service must differentiate between the specific needs of children, adults and families is discussed later in the paper.

Considering the views and experiences that children, care experienced adults, families and members of the workforce shared with the Independent Care Review and the views of the advocacy providers with whom The Promise Scotland has engaged throughout this process, the following core principles have been identified. These are core principles that—in the view of The Promise Scotland—must underpin a national lifelong advocacy service. However, there will be a need to review and test these further with additional providers, care experienced children, adults and families to adapt them and ensure they are underpinned by voice and experience:

1. Independent

Independent advocacy is distinctly different from other forms of advocacy and has developed in practice over the last thirty years in Scotland. It is recognised in law, including in s.259 of the Mental Health Act (Care & Treatment) (Scotland) Act 2003 and has a strong infrastructure in Scotland.

More discussion on the definition of 'independent' is set out later on in this paper.

2. Cognisant of the unique and bespoke needs of care experienced children, adults and families

Care experienced children, adults and families often face a particularly complex interweb of meetings, discussions, processes and systems in their lives with a multitude of different professionals and forums with different decision-making powers and legal standing. Often, children, families and adults navigate these in the absence of an informal peer or family supports that others facing challenges can look to. Care experienced adults shared with the Independent Care Review that they were not always listened to, informed of their rights or sure about how to access them.

While recommendations further in this paper relate to the need for a strategic, national approach to independent advocacy that pulls together all the different cross-cutting policy work that is currently ongoing relating to independent advocacy, the bespoke and unique needs of care experienced children, adults and families must not be lost. The reasons that the Independent Care Review identified a particular need for independent advocacy for the care community and for families should be at the centre of all discussions about a national approach to independent advocacy.

A holistic approach to independent advocacy provision means taking into account all of the different needs a person may have when requiring advocacy, but the primary need and the priority of care experienced children, adults and families must be front and centre of a national approach.

3. Rights-based

A national lifelong advocacy service must uphold the rights of children set out in the UNCRC as Scotland implements the incorporation of the UNCRC into Scots Law and must consider the importance and relevance of other human rights treaties, including the European Convention on Human Rights and the United Nations Convention on the Rights of Persons with Disabilities. This includes enabling care experienced children, adults and families to know their rights and how to access them and have their voices heard.

4. Accessible

Care experienced children, adults and families must have the right and access to independent advocacy at all stages of their experience of care and beyond.

Care experienced children, adults and families must know and understand that they have a right to advocacy support (see below regarding embedding this into statute) and the choice that they make about whether (or not) to access independent advocacy must be informed. This means that thought must be given to how care experienced children, adults and families are informed of their rights and who helps them to understand what independent advocacy is and what difference it could make in their lives. Members of the workforce (including social workers and family support workers) must be supported to understand the added value of independent advocacy and how they may work alongside advocacy workers.

The offer of independent advocacy should not be a one-time thing, care experienced children, adults and families must be aware of how they can access independent advocacy support throughout their lives, when they need it, for as long as they need it.

There must be no upfront or hidden charges associated with engaging an advocacy worker.

There must be no upper age limit. Independent advocacy must be available for all care experienced children and adults for as long as they need it.

5. Timely

Independent advocacy must be readily and quickly available to all children and families who are in contact with the 'care system', including those who are engaged with the Children's Hearings System. This also includes children and families on the 'edges of care' (see below). Early access to independent advocacy can help children, adults and families to feel supported and enable them to access their rights and amplify their voices as they navigate often complex child support and protection processes or other complex processes. In particular, early access to independent advocacy support (where appropriate) can:

- Make it more likely that there is already an established and trusting relationship with an advocacy worker if more formal processes or statutory interventions are initiated. That existing relationship can then be of particular importance, an enabling voice at what is often a particularly challenging, stressful and important time in the life of a child or young person or an adult.

- Help ensure that children, young people and/ or families understand what is happening, and the unique nature of the advocacy relationship.

- Make it more likely that a child or adult is enabled to make an informed choice about whether they wish to have independent advocacy support, including an understanding that they can return to that decision at any point, accessing independent advocacy when it suits them.

- Lead to better informed decision-making and enhanced agency, reducing costly, traumatic and drawn out decision-making processes. An established advocacy relationship able to straddle different aspects of a child or adult's life, reduces the need to 'go over the same ground' or retell their stories and re-build trust.

6. Purposeful

The purpose of independent advocacy in terms of supporting care experienced children, adults and families to know, understand and advocate for their rights and to have their voices heard must be clear and understood by care experienced children, adults and families and those working alongside them.

Good, informed decision-making that is richly informed by what matters to children, young people and families helps to ensure care experienced children, adults and families understand what is happening rather than feeling that things are being done ‘to’ them.

7. Relational and holistic

Care experienced children, adults and families’ needs in terms of who they can relate best to must be recognised and respected. Independent advocacy must be relationship-based and relationship-led and it must not be split up into different siloes or based on specific funding requirements/ criteria. When trusting relationships form, there must be flexibility within the system for advocacy workers to help manage children transition from children’s to adult services rather than there being an expectation that a child will receive a new advocacy worker when they become an adult.

If a person develops an established relationship with one advocacy worker or advocacy service there must be an expectation that the same person can provide support across a range of processes, whether that be a Children’s Hearing, an education meeting, a pathways meeting, a housing meeting, a mental health meeting or a child’s plan review process.

This means that there should be flexibility to enable advocacy workers to provide multi-disciplinary support. Support should be distinct and individual to the needs of care experienced children, adults and families rather than barriers being put in place that do not enable advocacy providers to work across different disciplines and continue to develop relationships.

It also means that particular thought should be given to the conditions required to facilitate relationship-based independent advocacy. For example, ensuring the timing and location of first meetings help promote good, solid relationship-building; ensuring that children and adults do not feel overwhelmed and that advocacy support interfaces and feels connected to other ongoing processes in their lives; and wherever possible continuity of workers or connections between workers to ensure children and adults are not required to repeat their stories.

8. Equitable, consistent & inclusive

There must be consistent independent advocacy standards across Scotland that are subject to appropriate scrutiny, inspection and regulation. Standards must be consistent across Scotland. This means particular thought must be given around how to deliver advocacy in more remote areas and in the Highlands and Islands.

The diverse and specific needs of care experienced children, adults and families must be met in relation to accessing interpreters and ensuring those with a disability access appropriate support. There must be specialist advocacy workers available to support the specific needs of some children and adults, building on the recent work undertaken in this area. This includes those with disabilities, including learning disabilities or additional support needs, unaccompanied asylum seeking children, Gypsy Travellers, where English is not a first language, those seeking asylum or travelling and others with protected characteristics.

The particular needs of younger children must also be considered—this is discussed in further detail below.

9. High-quality

Independent advocacy provision must be of high quality and there must be a consistent application of training and an approach to developing and applying principles, standards, code of practice/ ways of working, as well as monitoring, professional support, assessment, and oversight.

Advocacy workers must be skilled and knowledgeable about the rights and entitlements of children. The advocacy workforce must be supported, including by receiving training in the impact of trauma, childhood development, neurodiversity and children’s rights, in line with the conclusions of the Independent Care Review.

Data, outcomes and measures must consider what matters to children, families and care experienced adults and consider how to measure voice, agency and the role of advocacy in enabling rights.

10. Sustainable

There must be a coherent, consolidated and consistent nationwide offer of independent advocacy support for care experienced children, adults and families with direct local provision from a number of different providers. Funds must be provided on a long-term basis without the need for short term contracts, which provide a challenge to enabling relationship-based practice.

In order to embed these core principles into practice, The Promise Scotland heard consistent support from advocacy providers for an **underpinning legislative approach to access to advocacy for care experienced children, adults and families.** This could establish advocacy as a statutory right and identify specific points where care experienced children, adults and families must be informed of their right to advocacy and how this can be accessed. The statutory provision for advocacy in the Mental Health (Care and Treatment) Scotland Act 2003 provides a precedent for considering this and The Promise Scotland understands this has been instrumental in ensuring referrals to advocacy support are a routine part of mental health service provision for adults.

Phase One can begin immediately. The core recommendations in this phase are that:

- Core principles are agreed that should underpin a national lifelong advocacy service. There will be a need to review and test these further with additional providers, care experienced children, adults and families to adapt them further and ensure they are underpinned by voice and experience.

- Access to advocacy for care experienced children, adults and families is established as a statutory right. The upcoming Promise Bill could be the legislative mechanism for the development of a statutory right to advocacy provision and associated redress and complaints processes.

Phase Two: National Strategy for Advocacy Provision: coherence, clarity, leadership

The assessment of The Promise Scotland is that there is no need to 'reinvent the wheel' when considering a national approach to independent advocacy for children, families and care experienced adults. There are many examples across Scotland of excellent, innovative and high-quality independent advocacy support where advocacy workers and service providers are meeting the needs of care experienced children, adults and their families.

For children, in particular, there is much that can be learnt and built upon from the development of the existing National Practice Model in the Children's Hearings System (see Phase Three). For adults and families (see Phase Four), lessons should be learnt from the important work of Who Cares? Scotland, who provides advocacy to care experienced children and young people and have developed a national helpline for care experienced adults, and from other independent advocacy providers. **The strengths of existing networks of independent advocacy providers should be built upon and their voices should be part of the development of a national lifelong advocacy service, in addition to the voices of care experienced children, adults and families.**

And, crucially, building on existing practice to develop a national lifelong advocacy service for care experienced children, adults and families where all those who need it can access independent advocacy support must include the other interconnected areas of work currently being undertaken across Scotland to develop advocacy for children and adults. It would be unhelpful to develop a national lifelong advocacy service relating to care experience that does not take into account the other concurrent work that is ongoing with respect to advocacy in Scotland.

The work described above relating to the development of the National Care Service and a Human Rights Bill, UNCRC incorporation and other policy areas such as mental health, education, civil court proceedings and housing should be interlinked with the work to develop a national lifelong advocacy service for care experienced children, adults and families. This is based on an understanding of the shared challenges for all advocacy providers of siloed funding and commissioning and—crucially—the fact that care experienced children, adults and families will often require advocacy support about other issues including substance use, mental health and housing.

It will not make sense for adults to have a multitude of different advocacy workers for each different problem they encounter or for one child to have a UNCRC advocacy worker, a care experienced advocacy worker and a housing advocacy worker, for example. **This work must therefore be firmly rooted in the Scottish Government's broader aims and ambitions for the provision of independent advocacy.**

In order to do this a National Advocacy Oversight Group would 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, underpinned by an operational blueprint and a transparent understanding of what resource is required and available at both national and local level to fulfil the various ambitions and commitments relating to advocacy across Scotland.

This could build on existing networks and groups that already exist within the Scottish Government and enable discussion, finding innovative ways of navigating and achieving clarity on key areas as they relate to all advocacy provision across Scotland.

The Promise Scotland makes this suggestion with respect to **all** areas of advocacy—not just for care experience—with the aim of ensuring that robust discussions happen to resolve some of the core issues relating to service approach and delivery that prevent all children and adults who need it from accessing independent advocacy support.

Unless these issues are resolved together at national level, a national lifelong advocacy service for care experienced children, adults and families will not be able to operate successfully. Accessing advocacy support should not involve navigating a complex set of legal and statutory duties or be dependent on an arbitrary set of criteria linked to funding arrangements.

A National Advocacy Oversight Group could oversee a national lifelong advocacy service for care experienced children, adults and families as part of a broader understanding and implementation of advocacy in Scotland. It could discuss and find innovative ways of navigating and achieving clarity on:

- **Understanding what national and local commitments relating to advocacy have been made and where,** what the timescales and required resources are to deliver on them and how the different workstreams, commitments and mapping exercises that have already been undertaken, or are currently progressing, are connected to each other. This could include a review of the existing mechanisms governing these workstreams to ensure that they are robust and allow for information sharing to reduce siloed working. This could also include an understanding of what national reporting requirements linked to service provision also exist and what learning can be shared nationally. Holding this information at a national level should avoid and reduce confusion, unnecessary complexity and duplication.

- **Further development of a clear and shared national definition and understanding of what is meant by "independent advocacy."** The promise stated that *"independent advocacy organisations must be commissioned to ensure that advocacy is structurally, financially and psychologically separate from statutory organisations and service providers" (Pg 115).*

  The National Practice Model (NPM), developed for children in the Children's Hearings System sets out an agreed definition and understanding of independent advocacy, while similar work to define independent advocacy has taken place in different forums and a legislative definition has been set out in the Mental Health Care & Treatment (Scotland) Act 2003.

  However, from the feedback that The Promise Scotland received, there remains some work to ensure that there is broad consensus across providers about how the term "independent advocacy" is understood and delivered in practice.

  One perspective is that it is important that independent advocacy organisations are as "free" as possible to stand beside and support children and families. Some providers told The Promise Scotland that it is not possible to combine work as an advocacy provider alongside work to support the best interests of families in relation to other services. Their view is that independent advocacy should be provided by an organisation that **only** provides independent advocacy.

  Others have a different view—believing that it **is possible** for those organisations (or local authorities) providing other services to also provide advocacy. They have questioned the evidence base to support the conclusion that advocacy services provided by providers who also provide other types of services cannot be independent within a child or young person's circumstances.

  At present, many service providers do manage their advocacy services separately from other services provided alongside children and young people.

  The Promise Scotland's view is that discussions relating to this should focus on what care experienced children, adults and families experience from advocacy provision. There is a growing body of evidence linked to the effectiveness and impact of independent advocacy and a significant body of international standards and General Comments from the United Nations Committee on the Rights of the Child to draw from. There are separate and distinct needs from advocacy providers for children compared to adults and any agreed definition must identify these specific and unique needs and rights (taking into account the work done to develop the National Practice Model) and ensure that they are acknowledged and met. Creating a clear definition will support care experienced children, adults and families to understand the unique and distinct role of independent advocacy in supporting the expression of their views.

This work should not be particularly lengthy and onerous, given that the stated positions are long-standing and that this was previously discussed at a Scottish Government working group, which led to the publication of the **Guide for Commissioners of Independent Advocacy** in 2014 and updated the National Independent Advocacy Principles and Standards.

However, it is vital so that the parameters and expectations of independent advocacy are clear and that there is a distinction between other important but different service provision for children and adults, including befriending, family support services and mentoring. This discussion should take place in the context of the other ongoing policy areas linked to advocacy (including the National Care Service) so that Scotland has one clear definition, rather than different definitions or understanding for different policy areas.

- **Understanding what is currently available.** The Promise Scotland understands that various extensive mapping work has been undertaken or is being undertaken with respect to mapping out the current provision of advocacy for children and adults across Scotland. This is listed above, but includes the **Mental Welfare Commission**'s, map of advocacy provision across Scotland; The Scottish Independent Advocacy Alliance's **Advocacy Map: Sustainability of Independent Advocacy in Scotland**; and the Scottish Government's preliminary mapping work, including relating to the provision of advocacy for children involved in the Children's Hearings System. The Promise Scotland understands that the Scottish Government is working to publish a review into the broader provision of advocacy by the end of 2023.

  Understanding what is currently available in terms of independent advocacy provision does not mean starting to map service provision from scratch, but collating all the different mapping of independent advocacy provision so that a national and up to date picture of scale of existing provision can be understood and—crucially—the gaps in provision identified.

  Collating this mapping work in this way will help to establish a baseline understanding of current independent advocacy provision across Scotland for care experienced children, adults and families.

- **Consideration of national standards, codes of practice, inspection and regulation.** There is a need to consider whether the existing standards and other mechanisms that govern and support advocacy in Scotland are sufficient and whether additional scrutiny and oversight of advocacy services is required to ensure advocacy is delivered in line with the ambitions of the promise. The Scottish Independent Advocacy Alliance are working closely at present with members to develop more quality assurance, consistent learning and national data.

  There must be a clear understanding of what exists at the moment in terms of standards, codes of practice, inspection and regulation and whether there are any gaps or concerns with regard to ensuring consistent provision of high quality advocacy support. In particular, this must seek to understand whether the needs of all children and adults are being met including those with additional support needs, for whom English is a second language or where there are mental health challenges. It must also understand whether there is a need for a common core of training and skills provided to advocacy workers.

The potential development of a specialised accredited qualification for advocacy workers supporting children, young people and the broader care experienced community could be explored as part of these deliberations.

Of course, there would be additional costs related to increased scrutiny and any proposed inspection and regulation—this would need to be fully considered.

- **Commissioning and procurement.** There must be discussions about the most appropriate way to ensure all children and adults are aware of their rights to advocacy and that it is consistently equitably available for all those who need it. In particular in remote and rural areas where service provision is not always in place. **The Promise Scotland's view is that these discussions should consider whether changes need to be made to existing commissioning and procurement processes and whether there should there be a single national advocacy service (though not a single provider).**

- **Funding arrangements including discussion about a national funding approach.** The different existing funding streams for the current provision of independent advocacy should be reviewed to ensure that there is a more simple mechanism for independent advocacy providers to provide advocacy support without arbitrary barriers and criteria that prevent advocacy support being provided to those most in need, in line with the commitments in the Verity House Agreement. This must include consideration of specific ring-fenced funding and how to ensure funding is sustainable over the longer term and providers are not dependent on consistently applying for short-term funding.

  Advocacy providers must not be concerned about the sustainability of their services. There must be a move away from rigid models of funding to meet the specific needs of children and families. **Thoughtful consideration should therefore be given to how sustainable funding and commissioning models should operate, including a centralised funding mechanism that allows for local service provision and national oversight of this** to reduce unnecessary competition and ensure the provision of high quality services and funding streams that make sense.

  This does not mean that there should be a single provider of advocacy across Scotland, but rather consideration of a national funding approach that would allow an enhanced offer of community- based advocacy support where advocacy providers are flexible to meet the needs of children, adults and families. This is where people live, work, socialise – independent advocacy provided needs to reflect the needs of the specific community.

Learning should be taken from the approach adopted by the Children's Hearings System's National Practice Model where the funding model has enabled a whole system approach. Advocacy providers are actively working alongside each other to tackle the barriers to participation and access to justice for children and families.

- **A national approach to data and outcomes.** Knowing and understanding whether advocacy provision meets the needs of those to whom it is provided, at an agreed and appropriate standard, is vital. There must be an agreed approach to understanding advocacy-related outcomes and what data Scotland is collecting and monitoring with respect to independent advocacy and how that is shared to inform future decisions about service design and delivery. This must align with the promise's conclusion that Scotland must measure (and record) what matters to children and to families.

  The Promise Scotland understands that the NPM within the Children's Hearings System is currently progressing work on outcomes, consistency and a shared learning framework which could be helpful as conversations progress about standards and practice relating to the provision of advocacy for children outwith the Children's Hearings System and for adults.

- **Accessing advocacy.** In addition to understanding better service provision, the various points that children and adults should expect to be informed about independent advocacy must be considered and understood. For many children and adults, the offer of independent advocacy needs to be made more than once and if offered at an earlier stage could prevent escalation of issues. Advocacy service providers that The Promise Scotland heard from spoke about professional "gatekeeping" and the need to ensure there is a clear understanding amongst professionals, children and adults of the benefits of independent advocacy. This work must include discussion of the recommendation relating to 'opt out' advocacy in the Mental Health Law Review and the recommendations relating to asking children and families earlier and often included in the Hearings System Working Group report (see Appendix 2). There is a need for a broader discussion about both of these viewpoints so that there is not a contradiction or confusion in practice for children or adults, or for service providers or members of the workforce in terms of expectations.

- **Codesign and lived experience.** The work set out in Phase Two must be guided by the voices, experiences and insight of those with lived experience of care. These voices must be at the centre of an approach to co-design that listens to what they have to say and shapes a model in line with their views. This includes younger children and children with diverse experiences, as well as ensuring early and ongoing engagement with advocacy providers to gauge appetite and commitment for the next stage of this work and associated costs.

> **This does not mean that children or adults should be asked to divulge personal details of their stories or to repeat what they have already told the Independent Care Review.** Rather, that the views already shared should be taken into account and there should be safe, positive and appropriate ways of sharing various stages of independent advocacy service design with those with lived experience so that they can help inform the design of these services in ways that will ensure meaningful and lasting change.

In the **interim period,** during the course of Phase Two, while these discussions are ongoing and services are developed, **there should be funding available to ensure sustainable access to existing provision of advocacy services for care experienced children, adults and families.**

Phase Three: Expansion of the National Practice Model for children and adults up to the age of 26

Current provision

In the current Children's Hearings System, there is a statutory provision for children's advocacy, enshrined in the Children's Hearings (Scotland) Act 2011 s.122 which was commenced in 2020. A National Practice Model for advocacy in the Children's Hearings System was developed in March 2020. An update report on progress of the implementation of these measures was published in June 2022.

Independent advocacy workers play a crucial role in helping children to tell the Children's Hearing what they want— how they feel, what they think and what they would like to happen. The aim of this is to give children the offer of support of an independent advocacy worker, as and when they need one, in order for them to give their views clearly and definitely, and to have their voice magnified within the Children's Hearing.[4] The Chair must inform a child of the availability of children's advocacy services unless they consider that it would not be appropriate to do so, taking into account their age and maturity.

Aside from this provision, many local authorities, health boards, third sector providers and private providers offer independent advocacy for children, including care experienced children, across Scotland.

Additionally, Guardianship Scotland is a specialist statutory service providing Independent Child Trafficking Guardians to all unaccompanied asylum seeking children, victims of trafficking and children vulnerable to trafficking who arrive in Scotland. This service is broader than advocacy but it includes advocacy provision to children and young people to help them to navigate complex trafficking, asylum, welfare, criminal justice and age assessment processes and helps to uphold children's rights by listening to them and acting as advocates on their behalf. All unaccompanied asylum seeking children in Scotland are referred into the service as there is a mandatory duty to refer, which ensures consistency of access and support.

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[4] www.hearings-advocacy.com

However, local authorities in Scotland, unlike in England, are not currently mandated to provide care experienced children with an independent advocacy worker. The Promise Scotland understands that there is patchy and inconsistent provision of this practice across the country. There is no consistent independent advocacy provision for care experienced children and children ‘on the edges of care’, which is particularly challenging for younger children, children with additional support needs and living in certain geographic areas or children who move many times between care settings.

Some projects have run successfully for a number of years, but struggled to get consistent and sustainable funding or were not rolled out consistently across Scotland. Advocacy providers have spoken about the complexity of funding and commissioning arrangements, about challenges when a child transitions to adult services and about the restrictions placed on them in terms of short-term funding timescales or specific or tight criteria meaning that they could only work with specific groups of children or adults.

Like many parts of the workforce at present there are also challenges with independent **advocacy workforce recruitment and retention** and short-term contracts can mean that children and workers are not able to build the kind of longer and trusting relationships that make advocacy so successful.

This challenging funding and practice landscape means that service providers are often **not able to meet the current demand for advocacy services** due to the limited resources available and the way funding is shared or distributed.

Providers also highlighted to The Promise Scotland that they also **have concerns about the way in which children and young people are informed about advocacy support and how they can access it.** They shared concerns that, in their view, many children did not realise that independent advocacy support was available or that it was offered too late. This was a view also shared with the Hearings System Working Group where there is a statutory duty for the Chair of the Children’s Hearings System to inform the child that they can access advocacy support. The Hearings System Working Group heard that children should be informed of this support much earlier — at the point of referral — and that more effort should be made to ensure they properly understand what is being offered to them.

There is also a worry that some children may not fully understand what an independent advocacy worker does and the role that they can play.

Enabling access to independent advocacy support at an early stage in a child or young person’s care journey remains a significant challenge. The benefits of ongoing relationship-based support from an advocate in different aspects of their lives is often unrealised due to funding constraints and challenges with transitioning to adult services. Access to independent advocacy is often dependent on a particular professional’s own understanding or practice, and many children and young people are not enabled to make truly informed choices about whether they wish to have independent advocacy support. Of course, asking children more often if they would like independent advocacy support and ensuring they understand what they are being asked is likely to further increase pressure on already pressed advocacy services— so this must be carefully considered and coordinated. Children must not be asked if they would like the support of a service that does not exist or is not adequately prepared and resourced to meet their needs.

When considering these challenges, The Promise Scotland has reflected on the strong support from advocacy providers for the Children's Hearings NPM Model and the conclusions of the Hearings System Working Group's Redesign Report, Hearings for Children, which made the following recommendations:

Recommendations:

(There must be) access to independent advocacy for **children and families working alongside the local authority** where there is no Compulsory Supervision Order in place (Pg 78).

For independent advocacy workers to be able to build a relationship with those they are representing, and to do an effective job (in the Children's Hearings System) they need to be **involved earlier in the process.** Children need to fully understand what is being offered to them in terms of independent advocacy support and how it can help them navigate the Children's Hearings System from the point of referral (Pg 119).

If a child does not already have an independent advocacy worker there should consistently be an immediate offer of advocacy at the point of referral to the Reporter. Extension of this offer should be explored for families too, and expectant parents must be offered support of an advocacy worker and a lawyer at the same time or prior to the Reporter's involvement (Pg 112).

The Promise Scotland's work to develop a lifelong advocacy service for care experienced children and adults should include the extension of advocacy support beyond the entry point to the Children's Hearings System to children working voluntarily alongside local authorities and to parents and carers too (Pg 293).

Recommendations for the future

Advocacy providers shared a view with The Promise Scotland that the NPM within the Children's Hearings System is broadly working well and the Expert Reference Group and National Providers Network is operating effectively. There was not an appetite or call for it to be dismantled and replaced with an alternative structure and indeed there was strong support for its model and for this to be used as a starting point for expansion so that other children and young people may benefit from the way this current model is operating.

The National Practice Model defines the advocacy provided in the Children's Hearings System as:

> *"A discrete child-centred service delivered by skilled practitioners, involving a process of advocacy workers being alongside a child or young person to assist them to participate in decision making processes. Advocacy is based on a relationship between a professional advocacy worker and a child or young person. This relationship is entirely voluntary and the child or young person is in control of how their views are shared. As such, advocacy in this context only represents the views, wishes and concerns of the child or young person.*
>
> *Advocacy usually involves spending time with the child or young person to understand their life and what matters to them. It involves listening to them and helping them to understand and exercise their rights and options. It also involves explaining the context and purpose of the meetings or proceedings involving them, and then exploring and understanding their situation from their perspective. At the heart of the advocacy relationship is trust - built through transparent, honest, accountable and reliable interactions with a skilled and knowledgeable advocacy worker.*
>
> *Ultimately, advocacy champions' children and young people's rights, views and wishes, helping them navigate through complex systems and ensuring their voice is taken into account."*

This is a good starting point for a national approach to independent advocacy for children who are on the 'edges of care' and encountering the care system. The Promise Scotland's recommendation is that therefore the **existing operational model and framework within the Children's Hearings System can and should be expanded so that it operates beyond the parameters of the Children's Hearings System.**

The existing thorough, well-researched and evidenced National Practice Model does not need to be rebuilt, but rather expanded upon. This could build on the current network of established independent advocacy providers nationwide and develop the current principles of professionalism and independence. The benefits of this approach is that there are existing shared principles, standards and practice guidance and there is a proven and successful track record of providing support in this area. This would harness the collective experience and knowledge of all the current providers and build on the ongoing work to develop outcomes, consistency and a shared learning framework for children. It would also mean that the agreed definition of advocacy, as set out in the legislation and understood by practitioners, would not require amendment or discussion in the same way that discussions about the definition of advocacy will be required for adults.

The existing infrastructure already in place must be harnessed to ensure more children on the edges of care and care experienced children can access independent advocacy support in a whole system approach. This means, however, that the expansion of the NPM must be fully resourced and that there is a clear understanding of the current gaps in provision both in terms of service accessibility and in terms of helping children and adults understand their rights.

These recommendations are in line with the Hearings System Working Group's Redesign Report, which recommends the consideration of the extension of advocacy support beyond the 'entry point' to the Children's Hearings System to children working voluntarily alongside local authorities. The Redesign Report also recommends that if a child does not already have an independent advocacy worker, there must be an immediate offer of advocacy at the point of referral to the Reporter for all children. This must be fully explained to children in ways that they understand so that they are aware of what an advocacy worker is and the role that they can play.

Embedding these changes and expanding the existing NPM in this way would help to ensure children and young people are able to establish and develop relationships alongside independent advocacy workers. It would also ensure that Children's Hearings are not isolated from other decision-making processes, which was another core recommendation of the Redesign Report.

The Promise Scotland's assessment is that the extension of the existing NPM to those children **could extend up to the age of 26**, aligning with Scotland's existing corporate parenting responsibilities. This would cover the transition into early adulthood, bridging children and adult's services. It would also allow the opportunity for the continuity of advocacy workers and relationship- based working that the promise concluded was important as children move into adult services and transition out of the 'care system'. At present it is understood that wider provision for young people and young adults is very patchy and some Children's Hearings System advocacy providers have been able to source top-up funding while others have not, resulting in an inconsistent service for young people and sometimes a 'cliff edge' where services have to conclude due to a child reaching a certain age.

This provision must be flexible and consistently available to all children up to the age of 26, allowing existing advocacy relationships (with a particular advocacy worker or advocacy service) to continue in different settings or processes, if that is what the child or young person wishes, and through to the age of 26.

Operationalising an expansion of the NPM

In order to do this meaningfully, a number of key areas need to be discussed and addressed. This must be done alongside the National Providers Network, taking into account the views of children and young people and care experienced adults. Scottish Government led the development of the initial National Practice Model and it would be appropriate, therefore, for it to lead the discussion about its expansion. The key areas for discussion identified by The Promise Scotland are:

1. Resourcing

Naturally, expansion of the NPM in this way will be resource intensive and require a significant increase in investment compared to the current resourcing requirements. This is especially the case if there are improved mechanisms for informing children of their right to advocacy support and ensuring that they are asked more than once and fully understand what they are being offered.

Providers have also highlighted the challenge of planning to deliver an independent advocacy service when the potential demand is unknown. This highlights the need for a clear understanding of likely uptake to ensure services are fully resourced in order to meet demand.

Some advocacy providers that The Promise Scotland spoke to thought that their existing provision of adult services may be able to expand to include children with some flexibility in their funding arrangements. However, others highlighted the concern that resources and the way funding is distributed could mean that only those children with the most urgent need or where there is a legislative duty to provide advocacy support will find their needs met. The expansion of the NPM will need to provide safeguards to ensure that this does not happen and that there is a clear understanding of the rights of care experienced children and adults not just at specified points (see below) but throughout their lives.

2. Eligibility

The expansion of the NPM would provide renewed focus on the discussions for a clear definition around terminology such as ‘edge of care’ and ‘care experience’ to ensure all children and adults who need to access advocacy support, in line with the ambitions of the promise, can access it. There must not be arbitrary barriers put in place due to certain types of children’s experiences not being seen as eligible, but equally it is important that there is clarity for providers so that they can plan well for delivery of support.

Specific ‘trigger points’ could be identified where a child is informed about their right to access independent advocacy, for example the allocation of a social worker or the beginning of multi-agency child protection discussions. The provision of independent advocacy could be an integral part of a Child's Plan so it would be prudent to consider whether it is appropriate to consider advocacy support as part of the child's planning process.

This needs careful thinking through so that the offer of advocacy is made early enough to make a difference in a child—or adult's—life and so that children and adults are made aware of their rights regularly. For adults up to the age of 26, it may be possible to keep in touch with those who were engaged in the Children's Hearings System or those formally looked after—but there are information sharing complexities that must be overcome. Some adults may not wish to receive correspondence linked to their experience in care, and others may be hard to find due to moving to a different location. These complexities will require some significant thinking through in order to operationalise the expansion of the NPM.

A legislative approach (as described above) must enhance rather than narrow down the right to independent advocacy, including through a clear definition of 'care experience.'

3. Transitions and engagement of adult services

It is important to note that the needs of older children and young people, aged 16-26 are likely to differ significantly from the needs of younger children. Many of these children will be transitioning to adult services or moving to a new place to live. As such, particular consideration should be given to ensuring that there is flexibility within the model that is developed to ensure the continuation of existing advocacy relationships during the period of transition into adulthood and adult services and support.

Once a child or young person has transitioned from the support outlined above, they must be aware of how they might access additional independent advocacy support.

4. Non-instructed advocacy and younger children

Particular thought should be given to how the needs of younger and non-verbal children or children with communication needs can be met in terms of independent advocacy provision. The ongoing work relating to non-instructed advocacy and to ensuring the voices of these children are fully incorporated into decision making processes should be linked to the discussions around the expansion of the NPM. The Hearings System Working Group heard consistently about the value of non-verbal communication and the rights of babies and infants. Clearly, independent advocacy provision works differently for these children but is no less important, and specific consideration should be given to their needs as the NPM expands.

This is also true for adults between the ages of 18 and 26 who communicate in different ways or for whom English is not their first language.

5. Children's Rights Officers

As work continues to progress the incorporation of the UNCRC into Scots Law, it is particularly important to ensure that this links closely to any proposed expansion of the NPM. In particular, the important role that Children's Rights Officers play in upholding children's rights must be well understood and the links clear between their role and the role of advocacy providers. Further discussion is required to fully understand the linkages and opportunities to further progress children's rights and uphold their right to independent advocacy.

6. The Children (Scotland) Act 2020 and other related legislation

The Promise Scotland is unclear when the advocacy- related provisions within the Children (Scotland) Act 2020 will be commenced, and how these will be resourced and coordinated. However, given that some of the same providers will be providing advocacy for children once these duties commence—and indeed for other children under other pieces of legislation or policy—it is important to understand more about when the duties will commence and how these duties may interlink with changes to the NPM. An understanding of the broader resource requirements and how the changes will be coordinated is essential.

As the model is developed it is important to maintain links to Guardianship Scotland as a statutory service that provides advocacy through the Human Trafficking and Exploitation (Scotland) Act 2015. Many of the children who have Independent Child Trafficking Guardians will be care experienced.

Phase Four: Developing a national approach for care experienced adults and for families

Children and young people in need of independent advocacy support are likely to be more visible to local authorities and universal services and therefore able to be signposted to independent advocacy providers in the way the NPM currently does. Although there remain barriers to accessing advocacy for children and adults up to the age of 26 (as described above), these barriers can be addressed as the expansion of the NPM picks up pace and the experience of the National Providers Network and others, including Guardianship Scotland can be harnessed. For care experienced adults and families of care experienced children, a different approach is required.

The Promise Scotland heard from advocacy providers that there are some services across Scotland that currently provide advocacy support for care experienced adults. Sometimes this provision is well signposted and accessible and working well. In other places, care experienced adults do not know how to access this support, are not aware of its existence or face barriers in terms of the criteria applied to access the service.

Since the Covid-19 pandemic Who Cares? Scotland have been operating a helpline to support care experienced people in Scotland by supporting, signposting and offering choice when there is nowhere else to turn. The helpline offers support on finances, housing and connection enabling those who contact it to connect to Who Cares? Scotland's advocacy and other services.

Lessons can be learned and shared from this operating model, and those of other providers. This learning must be connected to and coordinated with the other ongoing work to develop accessible independent advocacy support across Scotland. As stated above, **a model for care experienced adults and families cannot and should not operate independently from other approaches to advocacy.** This includes work relating to the development of the National Care Service and the Human Rights Bill.

Any care experienced adult who has an existing relationship with an independent advocacy provider should be able to make use of that advocacy support in different aspects of their lives if they so choose on an ongoing or intermittent basis. The principles of holistic, needs-led and relationship-based advocacy provision should enable flexibility if a care experienced adult has an existing advocacy relationship that works for them, as far as possible. Care experienced adults must experience support holistically rather than support being provided (and funded) based on their experience of care. Many care experienced adults will require support relating to housing, to finances, to mental health, for example.

In order to ensure care experienced adults and families are able to access advocacy equitably, the following issues must be resolved in the context of the broader work that is ongoing. As this paper has repeatedly stated, **a national advocacy service for care experienced adults and families cannot operate in a silo**— but broader work must happen to address some of the significant challenges set out in this paper so that the current landscape of confusion, complexity and lack of consistency is avoided.

The model that develops must be cognisant of this work while also recognising the need for a bespoke service that meets the needs of care experienced children, adults and families.

The primary issues for discussion relating specifically to a model for care experienced adults (over the age of 26) and families are identified below. It is worth noting that some providers shared different points of view about how these issues should be resolved. These are flagged in a spirit of openness, with an understanding that further, more detailed partnership work must be undertaken to engage in these issues in further detail and find resolutions rooted in the conclusions of the promise and the broader ongoing work in Scotland relating to advocacy provision.

How should eligibility for a national advocacy service for care experienced adults and families be defined?

As discussed above, particular work must be undertaken linked to the broader Scottish Government workstream on the definition of care experience to ensure that there is clarity over who is able to access this service. A broad understanding of ‘care experience’ should be taken to ensure that all those with experience of the ‘care system’ are able to access advocacy support, including those adults who were placed with kinship carers through informal arrangements. Particular thought should be given to the support required by those adults who were adopted as children.

There is also a need for clarity over what is meant by family advocacy and who would be eligible to access advocacy support as a family member (see below for further discussion about this). Although there is much to consider in terms of thresholds for accessing independent advocacy support, as a starting point if a child is being offered independent advocacy support there should be a working assumption that their family should be informed of their rights and how they can access separate independent advocacy support as well.

How can care experienced adults and families be informed of their right to advocacy?

The Promise Scotland has heard consistently that many children and adults are not aware of the benefits of advocacy support and are not always informed of their right to access advocacy support. Particular ‘trigger’ points have been discussed within this paper with relation to children, but these are perhaps less clear when it comes to adults over the age of 26.

Specific attention must be paid to considering how care experienced adults are informed about their right to access this service, without breaching their right to privacy. It is important to note that some adults do not realise that they are care experienced, or do not wish to be identified as care experienced. For this reason, sensitive exploration and more detailed discussion with the care community is required to ensure that care experienced adults and families are able to make informed decisions about whether or not they may wish to access the support of an advocacy provider.

How might care experienced adults and families first make or experience contact with advocacy support?

Some providers spoke about the challenges that the people they work alongside experience when making initial contact with services. First accessing support can feel intimidating and confusing and there may be financial or personal barriers that can make it feel difficult or impossible.

The Promise Scotland heard clearly that there was a need **for both proactive and reactive options for care experienced adults and families so that, as far as possible, they could access advocacy support in the way that makes the most sense to them.** Advocacy providers spoke about the value of a website, of shared literature with overall information and of the value of a ‘warm’ referral from a support worker or other trusted person who is aware of the local advocacy provision.

One of these options for accessing support could also include a national helpline. The Promise Scotland has heard of the benefits of a national helpline and/or online service to act as a ‘gatekeeper’ for advocacy support for care experienced adults and families. The learning from the existing Who Cares? Scotland helpline and other helplines such as Childline or Parentline could be shared and this approach could be expanded.

However, The Promise Scotland has heard that this should not be the only option for accessing support. Some providers spoke about the importance of ensuring advocacy workers are based in their own locality with a clear understanding of the systems, people and local issues required to support people to have their voices heard and taken into account.

Consideration must be given to ensuring that people making initial contact with services are not asked to retell their stories or needlessly repeat information.

The assessment of The Promise Scotland is that there should be a number of different options for care experienced adults and families to access independent advocacy that are fully resourced and funded that relate directly to local advocacy provision and help people to understand their rights.

How can direct, local in-person advocacy support be coordinated?

The Promise Scotland heard broad support that advocacy for care experienced adults and families should be drawn from a network of advocacy providers, including advocacy providers with specific expertise, for example, in relation to mental health or homelessness if that is what is required.

This must be sustainably funded and be available regardless of a care experienced adult's age or circumstances.

As stated above in relation to children, ensuring all care experienced adults and families are able to access independent advocacy will require a significant increase in investment compared to the current resourcing requirements. This is especially the case if there are improved mechanisms for informing people of their right to independent advocacy support and ensuring that they are asked more than once and fully understand what they are being offered.

Providers have also highlighted the challenge of planning to deliver an independent advocacy service when the potential demand is unknown. This highlights the need for clear understanding of likely uptake to ensure services are fully resourced in order to meet demand.

What role is there for other forms or types of advocacy support for care experienced children, adults and families?

It should also be noted that independent advocacy is not intended to replace other types of advocacy (including citizen, collective or peer advocacy). Children, families and care experienced adults should be aware of their rights and how they may access independent advocacy through a national, lifelong advocacy service—but there must be an acknowledgement that they may not wish to engage with it and as such the provision of other types of advocacy must always be available.

Peer advocacy in particular is referenced in the promise as a particularly important support for many people. Peer advocacy has been proven to support families to navigate their way through a complex system, and reduce the number of children being removed from their families. Groups and providers of peer advocacy must be included in the discussions about advocacy support for families to help shape a meaningful service for them.

How can the specific needs of families be met?

There is broad agreement, including in the conclusions of the Hearings System Working Group's Redesign Report, that enabling access to independent advocacy for families of children who are on the edges of care or who are care experienced would be beneficial. The Redesign Report, in particular, highlighted the importance of extending advocacy support for parents where the Children's Hearings System is likely to become involved immediately after a child is born.

This is, however, a complex area. The practical operationalisation of this ambition must overcome a number of challenges—both those outlined above in terms of resourcing, access and eligibility and some specific to families. In particular:

- There needs to be a **clear understanding of what is meant by the term 'families'** and who would be able to access independent advocacy support. Considering the extension of independent advocacy support to families includes foster carers, kinship carers, birth parents, adoptive parents and brothers and sisters. It may also include grandparents and others who may have an important role in a child's life. There may be multiple members of the same family that would require or like to access independent advocacy support and it is important to be clear about who would be entitled to what.

- There must be further work undertaken to **understand what families require from independent advocacy support** and how this should be provided.

- There must be particular thought given to **how to manage potential conflicts of interest** when the same providers are providing advocacy support to different family members. This must draw on the experience of existing providers who regularly manage this. Measures must be put in place to ensure independent advocacy for children is kept separate from advocacy for families, for example through keeping teams, staff and systems separate and confidential.

  Many adult family members are likely to have other complexities going on in their lives above and beyond their involvement in the child protection system (for example with respect to substance use, financial difficulties, housing and debt relief) for which independent advocacy would be beneficial. The Promise Scotland heard that it would be (and currently is) possible to accommodate advocacy support for members of the same family within the same organisation with clear processes and procedures in place. Potential conflicts of interest are currently routinely mitigated within children's and adults' services - for example when working with multiple siblings or two parents – where each of them has their own advocacy worker and the work is confidential.

There are some real benefits in organisations providing support for both children and adults which can allow for more flexibility and sharing of expertise during points of transition (between children and adult services) and allowing for relationship continuity.

In the current NPM there is the option of an alternate provider where these conflicts cannot be managed—something similar could be put in place for adults and families. It is clear, however, that clear guidelines and parameters for managing conflicts is required.

- Consideration should be given to **how other services engaging alongside family members** should and could interact with advocacy workers, in particular family support services.
- Some family members may be care experienced themselves. For this reason it does not make sense to have two separate services, but rather a ‘single front door’ approach that (as previously discussed) aligns with the other policy areas and takes a holistic approach.

Once this work has been undertaken there should then be focus on **operationalising Phase Four** (advocacy for care experienced adults and for families). Once a practice and resourcing proposal has been worked through, this should be fully consulted on and tested to assess whether the national lifelong advocacy service is fit for purpose.

Next steps: operationalising the four phases

It is important to be clear that The Promise Scotland has engaged with a number of providers involved in providing advocacy support to care experienced children, adults and families but has not been in touch with every single provider. The roundtables provided an opportunity for discussion and consideration of the issues set out within this paper, but further analysis and consideration is required as these proposals are shared. Many others with expertise in independent advocacy will have important views about how to address some of the challenges raised and seize some of the opportunities set out. The other teams and organisations working on core policy areas such as the National Care Service, the Human Rights Bill and UNCRC incorporation, which link to and make commitments relating to the provision of advocacy must be further engaged in addition to local authorities and COSLA.

Duty bearers, including the Scottish Government and COSLA (as representative of Local Authorities), should work alongside advocacy providers, commissioners and others to review the recommendations and consider how to operationalise these phases. The views and experiences of care experienced children, adults and families must inform this process. A partnership approach is strongly encouraged, to take this work forward and appropriately uphold the rights and meet the needs of care experienced children, adults and families in the way envisioned by the promise.

The promise was clear about what needs to happen to meet the needs of care experienced children, adults and families in terms of accessing advocacy support. The broader landscape of commitments and policy and legislative changes relating to advocacy provide an opportunity to ensure that this is operationalised holistically and with a broader understanding of people's needs and rights.

Given the recommendation around expansion of the National Practice Model (Phase Three) and the development of a statutory right to independent advocacy (Phase One), high level strategic leadership and decision making sits with Scottish Government. Clear leadership and operational planning is very much in line with the Scottish Government's work to keep the promise by 2030.

The Promise Scotland recommends that the **steps set out in Phase One above, to agree core principles, are prioritised** so that there is a clear and streamlined understanding of these different commitments and how they will be experienced in practice by children and adults. While conversations relating to funding, commissioning, regulation and definitions will take some time to resolve, **if Scottish Government is minded to expand the National**

Practice Model (Phase Three), work to develop this can begin at pace.

In tandem, a governance framework should be identified to begin to address the core issues that need to be resolved with respect to Phase Two and Four and securing consistent access to independent advocacy support for care experienced adults and families. This should happen with an understanding that independent advocacy services are currently being provided across Scotland and **these must be fully resourced while a national lifelong service is progressed.**

As stated above, once this work has been undertaken there should then be focus on **operationalising Phase Four** (advocacy for care experienced adults and for families).

Once a practice and resourcing proposal has been worked through, this should be fully consulted on and tested to assess whether the national lifelong advocacy service is fit for purpose.

There must be full costings of the model as this work progresses, so that there is a realistic understanding of how much resourcing will be required over and above the funding currently allocated to providers. This will ensure that implementation can be progressed as quickly as possible once the recommendations have been agreed.

In the interim period, during the course of Phase Two, while these discussions are ongoing and services are developed, there should be funding available to ensure sustainable access to existing provision of advocacy services for care experienced children, adults and families. The Promise Scotland recommends that this interim work should:

- Ensure that there is **adequate funding** available for current service providers to provide advocacy support to care experienced children, adults and families. This includes identifying existing gaps and working to understand where funding is insecure, unsustainable or fragile and securing it.

- Ensure care experienced children, adults and families **are aware of their rights** and how to access advocacy support if they require it.

- Ensure corporate parents are **aware of their statutory duties and responsibilities** relating to care experienced children and adults and families.

For further information please get in touch with The Promise Scotland's Policy Lead, Chloe Riddell, via chloe@thepromise.scot.

Appendix 1: Why is a national, lifelong advocacy service required?

The promise is unequivocal that *"children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what they want and need."* In chapter one of the promise, one of the five foundations on which the promise must be built is voice. These conclusions also align with Article 12 of the UN Convention on the Rights of the Child, which is being incorporated by the Scottish Government through the UNCRC (Incorporation) (Scotland) Bill. This states that every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. In particular, children must be given the opportunity to express their views in any judicial and administrative proceedings that affect them, either directly or with the help of a representative. The right to be heard applies to "all relevant judicial proceedings affecting the child, without limitation", including care and protection, criminal justice, health and social care, housing and immigration. Where this right is breached, the UN Committee on the Rights of the Child states that children must be able to complain or appeal against relevant decisions without the risk of punishment for doing so.[5]

There is clear and repeated emphasis throughout the promise on the need for a cultural shift so that listening to and responding to the voices of children and their families, is at the heart of the processes and mechanisms for working alongside them. This is based on the views of the children, families and care experienced adults who told the Independent Care Review that their voices were often not heard, that their views were not sought and that those making decisions about them did not include them in the decision-making process.

The Independent Care Review heard multiple stories in which processes and decisions had not been explained to children and young people. This lack of information compounded the stresses young people were feeling. Young people felt particularly frustrated when their voices were not prioritised and questions of what happened to other family members were unanswered.

In order to address this, the promise concluded that there was a need for a renewed and more consistent approach to the provision of advocacy. The Scottish Government subsequently committed to supporting the development of a model of independent

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[5] Right to advocacy – Article 39

advocacy provision that will set out what lifelong advocacy support looks like for care experienced children, adults and families.

An advocacy worker is someone who provides support to individuals or families in exercising their rights, and helps ensure their voices are taken into account in decision-making processes. An advocacy worker can help individuals access information and advice, and provide support to them as they navigate complex systems. In particular they:

- Enable children and adults to know, understand and access their rights.
- Support a child or adult to share their views and opinions.
- Give children and adults a sense of agency and an understanding that their views matter and can make a difference.
- Support good, informed decision-making that is more equal, understanding, respectful and responsive.
- Empower children and adults to engage in decision-making and to understand what is happening.
- Support access to remedy and redress when rights are infringed.

For example, advocacy workers can attend a Children’s Hearing to help ensure children’s voices are heard. They can help children and adults to understand their rights to education, to health and to ensure they are accessing the benefits that they are entitled to. Advocacy workers can also accompany children or adults to difficult meetings or conversations and help them to make sense of what happened and encourage them to participate in decisions that affect them.

The promise is clear that Scotland must create and enable a culture where children’s rights are respected and upheld as a matter of course. There should not be an over- reliance on advocacy workers or lawyers to enable children and adults to know and access their rights and to ensure their voices are heard and respected. However, it is also clear that there will always be a role for advocacy and legal advice. The purpose of this must be well understood.

Many young people and children told the Independent Care Review that they did not understand the role and remit of an advocacy worker or heard about the service too late. Those who did have an advocacy worker talked about how they played a crucial role in helping them communicate their views without judgement and navigating the processes and systems around them. Young people and children said these relationships were vital in helping them feel in control of their care journeys when they attended meetings and reviews with an advocacy worker present. Many young people explained how they felt they were taken more seriously.

Hearing, and responding to, children's, young people's and families' views is especially vital for those who may be facing significant challenges in their lives, and where others' decisions can have major impacts. Advocacy support for children, young people and families not only improves the quality of understanding, assessment, planning and decisions, but is essential to those involved properly understanding, and realising, their rights.

Extensive academic literature and research is available about the effectiveness of independent advocacy, and its positive impact on outcomes for children, young people and adults.[6]

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[6] For example, basw_94244-5_0.pdf; Independent Advocacy for Children and Young People: Developing an Outcomes Framework - Thomas - 2017 - Children & Society - Wiley Online Library; research_summary_7.pdf (ncb.org.uk); 15.5 Children's Participation in Family Actions – Probing Compliance with Children's Rights Research Report (stir.ac.uk); etc.

Appendix 2: What must be provided to care experienced children, adults and their families?

The promise concluded:

If children are removed from the care of their parents, Scotland must not abandon those families. Families must continue to be provided with therapeutic support, advocacy and engagement in line with principles of intensive family support (Pg 62).

Young people with care experience must have access to independent advocacy and legal representation so that they understand their rights to certain benefits and services and are able to access them. (Pg 93).

Advocacy workers must be available to **children, young adults and families** who come into contact with the 'care system' (Pg 114).

Care experienced **children and adults** must have the right and access to independent advocacy, at all stages of their experience of care and beyond. Their needs in terms of who they can relate best to must be recognised and respected (Pg 115).

Plan 21-24 asks:

All **care experienced children and their families** will have access to independent advocacy at all stages of their experience of care. Advocacy provision will follow the principles set out in the promise (Pg 24).

The Hearings System Working Group Redesign Report, Hearings for Children, concluded:

(There must be) access to independent advocacy for **children and families working alongside the local authority** where there is no Compulsory Supervision Order in place (Pg 78).

For independent advocacy workers to be able to build a relationship with those they are representing, and to do an effective job (in the Children's Hearings System) they need to be **involved earlier in the process.** Children need to fully understand what is being offered to them in terms of independent advocacy support and how it can help them navigate the Children's Hearings System from the point of referral (Pg 119).

If a child does not already have an independent advocacy worker there should consistently be an **immediate offer of advocacy** at the point of referral to the Reporter. Extension of this offer should be explored for families too, and expectant parents must be offered support of an advocacy worker and a lawyer at the same time or prior to the Reporter's involvement (Pg 112).

The Promise Scotland's work to develop a lifelong advocacy service for care experienced children and adults should include the extension of advocacy support beyond the entry point to the Children's Hearings System to children working voluntarily alongside local authorities and to parents and carers too (Pg 293).