

Understanding how advocacy services support care-experienced young people to participate in decision-making

Intervention Developer	Anonymised Children's Service
Delivery Organisations	Children's service rights and participation service
Evaluator	Children's Social Care Research and Development Centre (CASCADE), Cardiff University
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Study Design	Exploratory Study
Age or Status of Participants	Care-experienced children and young people aged 11-21 legally 'in care' with foster carers (family and friends or non-related), or residential care; left care but receiving support ('care leaver' as defined in the Children Act, reunified with parents, or extended family, Special Guardianship Order granted, advocates and practitioners including social workers and team managers who work with care experienced children and young people as defined above.
Number of Participating Sites	One site
Number of participants	Approximately 20 children will take part in interviews, focus groups, and workshops. A survey will also be distributed to relevant participants. Approximately 20 professionals will also take part in interviews, focus groups, and workshops.
Primary Outcome(s)	Increased representation of children and young people in decisions about their care.
Secondary Outcome(s)	Increased understanding of rights and decision-making processes among children and young people.
Output	An Initial Programme Theory of advocacy services supporting care-experienced young people in decision-making, and a framework for advocacy practice.

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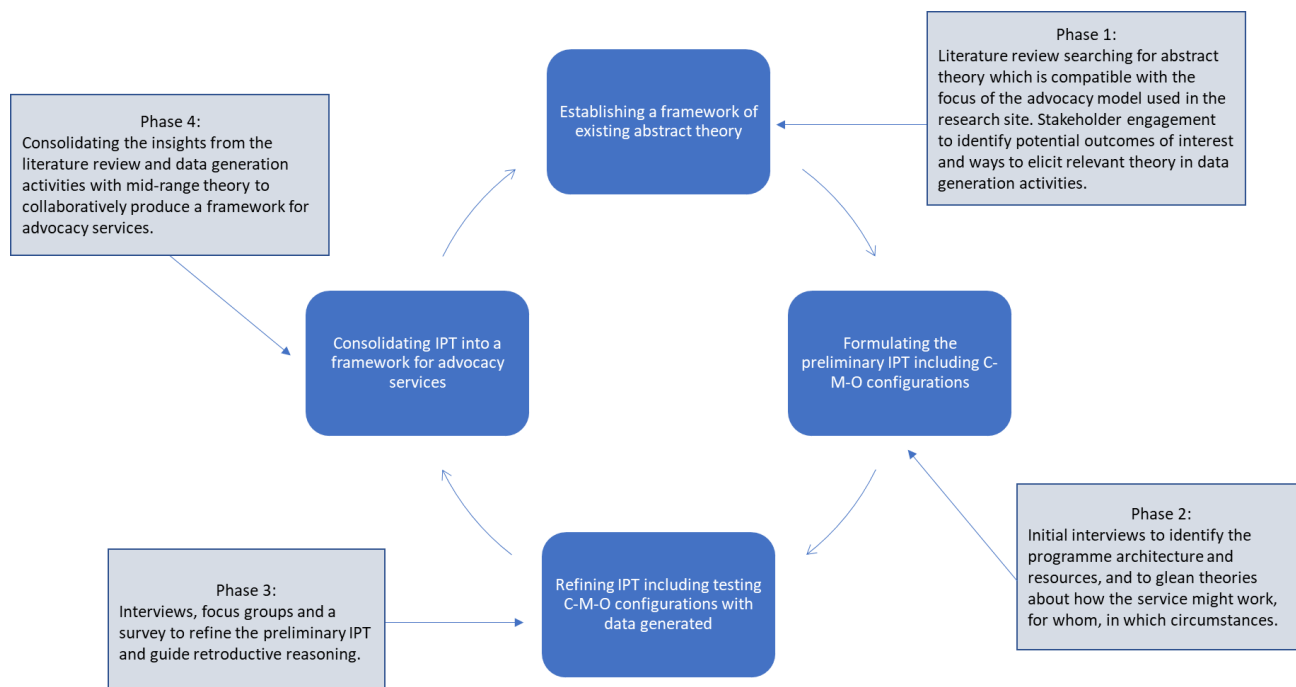
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Summary

This research project is a realist-informed exploratory study of advocacy services for children and young people provided as part of the children’s service within a large Local Authority in England. Participation in decision-making has been found to contribute to increased self-confidence, self-efficacy, and self-worth for care-experienced children and young people. There is some consensus on the need for advocacy services for young people to enable them to participate in decisions about their lives, and legislation and guidance which underlines this.

Despite this, there is little research that explores how advocacy can best lead to positive outcomes for care-experienced children and young people. The service which is the site of this study aims to empower children and young people to participate in decisions affecting their lives, with the advocacy service providing support and representation for these young people independent of the primary social work team. This study will explore the scope, operation, and perceived impact of this service to develop a theoretically informed, collaborative framework to guide the delivery of advocacy services for care-experienced children and young people.

This research project commences in April 2023 and ends in February 2024. The research team will conduct a literature review and then two rounds of interviews and focus groups with care-experienced young people, advocates, and social care professionals. The literature review and first round of interviews and focus groups will aim to ‘glean theories’ about how, why, and for whom advocacy services might work. This data will be analysed and used to develop an initial programme theory (IPT). In realist research, an IPT is an underlying assumption(s) of what works in the ‘programme’, how, for whom, and in what circumstances. The second round of focus groups and interviews then focus on refining the IPT.



Developing and consolidating an IPT into a framework for advocacy services for care-experienced young people – diagram adapted from Smeets et al. 2022

The team will then facilitate workshops with young people who are receiving support from the advocacy service and conduct a survey across the service to consolidate the IPT into a framework for practice. These mixed qualitative methods will enable the study to explore the scope, operation and availability of this service and the mechanisms underpinning its approach. In line with the realist tradition, the programme theory will explore ‘what works, in what context, and for whom’ (Pawson and Tilley, 1997). Based on the initial programme theory, workshops will be co-delivered alongside a peer researcher to consolidate the IPT by collaboratively producing a framework for advocacy practice.

Our key objectives are:

- To map how advocacy services at the study site operate (e.g., how referrals are made, by whom, who receives the service, and what types of activities are carried out).
- To explore the perceptions of those accessing and delivering this advocacy service in terms of the operation of the service, how they feel it might work, and what outcomes might be impacted by the service.
- To understand how advocacy services as a specific mechanism – enabling young people to participate in decision-making – may work in this advocacy service from the perspective of those using and delivering the service.
- To synthesise qualitative findings into a framework to support the delivery of advocacy services in collaboration with care-experienced young people.

Background to the research

Participation in decision-making has been found to contribute to increased self-confidence, self-efficacy, and self-worth for care-experienced young people (Dickens et al, 2015). The Child in Care Review, a regular formal process that reviews the well-being and progress of a child in the care of a local authority, represents an important opportunity to involve young people in decision-making. However, despite increased awareness of the importance of

participation, children and young people in care continue to report limited opportunities to meaningfully engage in decision making in review meetings (Pert et al, 2014; Diaz et al, 2019). Research has also highlighted those children in care's participation in decision-making is often 'tokenistic' in nature (Stabler, 2020). Advocacy services for children and young people have the potential to promote increased participation in decision-making, redress power imbalances and give young people the confidence to engage in a traditionally adult-dominated process (Kennan et al, 2018). Research on advocacy services for children and young people in the general population highlights that access to advocacy can be a vital safeguard for children's welfare and wellbeing (Pona & Hounsell, 2012; Children's Commissioner, 2019), though recognises that more research is needed into individual local authority advocacy arrangements.

Legislation and guidance promote the importance of considering the wishes and feelings of children and young people in care (UNCRC, 1989; Children and Families Act 2014; DfE, 2013; DfE, 2015), and research has indicated that strengthening the rights of children and their families to participate in decision-making is effective to supporting this (Diaz, 2020). However, decision-making is still often perceived to be overwhelmingly dominated by professionals (Diaz, 2020). It is unsurprising therefore that children's participation in review and planning meetings can be inhibited (O'Brien and Ahonen, 2015). Concerns are also noted in the recent Independent Review of Children's Social Care in England (IRCSC 2022), which recommended more widespread focus and investment in advocacy services.

Advocacy programmes can support children and young people to participate in decision-making around their care and welfare (Kennan et al, 2018). However, there is an ongoing gap between legislative provision for advocacy and provision in practice (Stabler, 2020) with children and young people often unaware of their right to advocacy or how to access it (Ofsted, 2010; Children's Commissioner, 2019). Moreover, the scope, operation, and perceived impact of advocacy services for children and young people in care is an area that remains largely under-researched. Existing research primarily focuses on advocacy services for young people in general (e.g., Thomas et al, 2017), exploring the benefits of advocacy (e.g., Pona & Hounsell, 2012), or very minimally mentioned in relation to encouraging participation (e.g., Kennan et al, 2018). More research is therefore needed to explore how to optimise advocacy practices in promoting meaningful participation for care-experienced children and young people.

Intervention overview

Advocacy services for children in care

Various models of advocacy exist for children and young people in care across England. In 2019, a report by the Children's Commissioner found that a significant majority of local authorities (n=80) commission advocacy services from independent providers such as Barnados', Voice, or the National Youth Advocacy Service (NYAS). A smaller number (n=29) operate in-house services for advocacy, including the study site. The remainder offer alternative arrangements, including freelance advocacy, or are currently unknown (Children's Commissioner, 2019).

Independent providers generally consist of organisations that offer advocacy services to children in care, commissioned by the local authority. These services generally include one-

to-one support from a trained advocate who helps the child to understand their rights and express their views and wishes. Advocates may also attend meetings with the child, such as reviews, to ensure that their voice is heard. In-house services are provided by the local authority responsible for the child's care. These services may include a designated social worker or independent reviewing officer (IRO) who advocates on behalf of the child to ensure that their needs are met. Some local authorities may also have specialist advocacy teams or employ independent advocates who work closely with young people. Freelance advocacy involves a self-employed individual who provides independent advocacy support. Freelance advocates may work on a contractual basis with local authorities or may be commissioned by other organisations to provide advocacy services.

All models of advocacy aim to empower children and young people in care and ensure their voices are heard. Advocates in all models may attend meetings alongside the child or young person, liaise with professionals involved in the child's care and provide support with accessing education, healthcare, and other services. However, the models may differ in level of expertise and experience of the advocates, the amount of support and resources available to the advocate and the degree of independence from the local authority. Independent providers may have more flexibility and resources to provide tailored support to individual children, while in-house services may have a more integrated approach to the wider care team.

Advocacy in the study site

The rights and participation service operates within the participating site, a children's service operating within a large local authority in England. The rate of children in care at the participating site is above the national average. The service aims to provide an additional layer of support for children in care, care-leavers and children on child protection plans up to the age of 25. Only a small proportion of care-leavers currently access advocacy services via the participation service, with the majority of support currently provided to children in care. The participation service aims to empower children and young people to participate in decisions affecting their lives. The service works closely with social workers and other professionals to make sure that the children and young people they support are involved in their care planning and decision-making processes.

The advocacy service provides independent support and representation for children and young people who are in care, leaving care, or receiving social care services from the Trust. The service is designed to ensure that the voices and views of those children and young people are heard and taken into account in decisions that affect their lives. Advocates work with children and young people to help them understand their rights and entitlements and to support them in making their own choices and decisions. The advocacy service is independent of the social care system and operates on a confidential basis.

Research questions

This study will explore the advocacy service for children in care in the participating children's service. It will consider its operation, availability, how it works, and importantly, how it might lead to outcomes highlighted as important to children and young people, and what might enable or hinder the achievement of these outcomes. The key research questions are as follows:

1. How and why do people think advocacy services in the participating children's service work, for whom, and what contexts might impact on whether or not advocacy services lead to positive outcomes?
2. To what extent does the advocacy service involve care-experienced children and young people in decision-making, what enables and facilitates this, and what outcomes are important from this participation?
3. How can data from one advocacy service be used to inform the collaborative development of a framework for practice to support the delivery of advocacy services more widely for care-experienced children and young people?

Table 1 below sets out indicators and methods of data collection pertaining to these research questions.

Table 1: Key indicators and methods of data collection.

Research Question	Indicator(s)	Method of Data Collection
1. How and why do people think advocacy services in the participating children's service work, for whom, and what contexts might impact on whether or not advocacy services lead to positive outcomes?	<ul style="list-style-type: none"> • Numbers of children and young people who receive advocacy support and characteristics (including demographics, care status and type of support received). • Services and type of support offered by the advocacy service including boundaries of the role. • How young people are referred to the service and levels of engagement. • Recruitment and training of professionals working within the service. • Reported experiences and perceptions of advocacy from children and young people. 	<p>Document analysis.</p> <p>Interviews and focus groups with children and young people, advocates, and other professionals.</p>
2. To what extent does the advocacy service involve care-experienced children and young people in decision-making, what enables and facilitates this, and what outcomes are important from this participation?	<ul style="list-style-type: none"> • Exploration of methods used by the participation service to include young people. • Reported experiences of inclusion by children and young people. • Reported experiences of inclusion by advocates employed by the service and other professions referring into the service. 	<p>Interviews and focus groups with children and young people, advocates, and other professionals.</p>

	<ul style="list-style-type: none"> • Reported perspectives on the overall delivery of the service. 	
<p>3. How can data from one advocacy service be used to inform the collaborative development of a framework for practice to support the delivery of advocacy services more widely for care experienced children and young people?</p>	<ul style="list-style-type: none"> • Reported experiences of children and young people in accessing and using the advocacy service. • Qualitative perspectives and opinions from children and young people on how the service can be improved. 	<p>Interviews, focus groups and workshops with children and young people.</p> <p>Workshop activities for collaborative framework.</p> <p>Qualitative survey among children and young people and professionals for data-testing purposes.</p>

Research design and methods

Methodology

Research design

Realist synthesis is a theory-driven approach to synthesising data from different sources to develop a theory of how an intervention might work for different people. This approach is based on the idea that interventions are not uniform in their effects but rather work differently for different people in different contexts. Therefore, it is necessary to examine the underlying mechanisms that enable or hinder the success of the intervention in different contexts and for different people.

The Context-Mechanism-Outcome (CMO) configuration is a key component of realist research. This heuristic tool helps to identify the key components of the intervention and how they interact with the context to produce the desired outcomes. The context refers to the broader environment within which the intervention is implemented. This includes factors such as the social, cultural, economic, and political context in which the intervention takes place as well as the specific characteristics of the population that the intervention targets. The mechanism refers to the underlying processes or pathways that produce the desired outcomes. The outcome refers to the desired effect of the intervention, both in terms of short-term and long-term outcomes.

This research will use a mixed-methods realist-informed approach to data collection and analysis, using a combination of semi-structured interviews, focus groups, and survey data to develop a programme theory exploring the contribution of advocacy services for children

in care in the participating children's service. In line with realist principles, this study will seek to identify 'what works, for whom and under what context' (Pawson and Tilley, 1997; 125) with the aim of collaborating to produce a framework of advocacy practice based on lived experience. Realist evaluation therefore provides a useful tool to explore the complexities of participatory practices and will enable us to explore in depth the varied operational contexts, mechanisms, and outcomes of the advocacy service. In doing so, this study goes beyond that of a service evaluation. While a service evaluation primarily assesses the intervention's effectiveness in achieving desired outcomes, a realist exploratory study aims to identify not only what works, but also how and why it works for different people. This approach allows for a more in-depth exploration of the underlying mechanisms and contexts that influence the intervention's potential success and provides a theoretical basis for future research and implementation.

Developing an initial programme theory

In the initial phase of this research, we will conduct a rapid literature review with the aim of identifying and summarising the available evidence base on advocacy services for children and young people in care, identifying how they operate, and how and why advocacy services may lead to particular outcomes for children and young people in care. This will provide a starting point for developing interview schedules and planning initial data collection. The literature review will involve searching various databases and using specific search terms to identify and summarise relevant literature. The quality and relevance of the sources will be critically evaluated through a systematic process. We will consider the methodological quality of each study, assess the relevance of the findings to the research question and consider the potential for bias and the strength of the evidence presented.

The identified theories and themes will then be synthesised into a coherent framework. This framework will guide the subsequent stages of the research by providing a theoretical lens through which we can understand the underlying mechanisms and contexts that influence the potential success of advocacy services for children and young people in care. The literature review will also form part of the final project report. The framework developed from the literature review will be an important starting point for the development of the programme theory, but it will not represent the final programme theory itself. The framework will be a preliminary synthesis of the theories and themes identified from the literature that relate to the potential mechanisms and contextual factors that may influence advocacy services. The framework will provide a theoretical basis for developing interview and focus group schedules and data collection methods and will guide the subsequent analysis and interpretation of data. Overall, the goal of this initial phase is to establish a foundation of knowledge that will inform the subsequent stages of the research.

As part of this process and in addition to the review of the literature, to identify if there are children in care with particular characteristics that might benefit more from advocacy services, we will gather data on the characteristics of children and young people the advocacy service is currently working with via an analysis of reports and documents produced by the service. This might include their age, gender, ethnicity, length of time in care or specific needs, to determine if there are any patterns or associations between these characteristics and the effectiveness of advocacy services. To gather this data, we will work closely with the service manager who will help facilitate access to the relevant data. The analysis of this additional data will be an important complement to the subsequent qualitative

data we will gather as it will provide us with a broader understanding of the characteristics of children and young people most likely to access and benefit from the advocacy service.

Collaborative approach to theory development

We will adopt an iterative approach to theory development that identifies perceived generative mechanisms associated with both successful and problematic implementation of advocacy, and the relationship between these mechanisms and implementation outcomes. To ensure that the study is designed in a collaborative and inclusive manner, we will work with peer researchers from the participating LA and CASCADE Voices, a group of individuals with care experience. Throughout the project, we will incorporate the perspectives of care-experienced young people, engaging in an iterative process of collaboration with advocates and individuals with lived experience. This approach will help us to ensure that the study outputs accurately reflect the perspectives and needs of those with lived experience. Working with CASCADE Voices will also enable us to draw on their expertise and ensure that the research reflects the importance of lived experience. The final framework output will be produced in collaboration with care-experienced individuals from the participating LA, based on their lived-experience and the changes they would like to see. By adopting this collaborative approach to research design and theory development, we will ensure that the research is relevant, meaningful, and impactful for those it aims to support.

Methods

Sample and recruitment

The recruitment of participants will be carried out via the participating children's service, who will act as the gatekeeper for access to potential participants. We will provide a detailed outline of the research project in the form of an information sheet in accessible language (separate information for professionals and care-experienced young people) which will explain the study's purpose, methods and potential risks and benefits. We will request that this information sheet is shared by the participation service with professionals and young people and will have an 'opt in' policy whereby participants can contact us if they are willing to take part in the study. We will also provide an option whereby the service can pass on the details of potential participants who have shown interest in the study for the research team to make contact with (with their permission). No contact details will be shared without the prior consent of the participant. We will ensure that participants have sufficient time to review this information and ask any questions before deciding whether or not to participate in the study. Participants will then be able to opt in if they wish to take part in the research.

Participants will be selected via purposive sampling techniques which will enable participants to be selected on the basis of their lived experience, expertise, and availability to participate in the research. We have chosen this sampling method due to the efficiency of this approach in small-scale studies. In particular, this enables us to select participants based on their relevance to the research question, and therefore focus on a specific subset of the population most likely to provide valuable information relating to the research questions. This will also enhance the data quality as selected participants are likely to have a deep and lived understanding of the topic.

During the first phase of data collection, we aim to conduct ten interviews with care-experienced young people, five advocates and five professionals. In addition, we also aim to conduct one focus group each for young people aged 10-16, young people aged 17-21,

advocates, and professionals, with each focus group consisting of five participants. The second phase of data collection will involve testing the programme theory that was developed in the first phase. The same number of interviews and focus groups will be conducted. Depending on participant availability, the focus groups, and interviews (particularly in phase 2) may include new participants or gain feedback from existing participants. Our inclusion and exclusion criteria are set out in Table 2 below.

It is worth noting that although care-leavers are offered support up to age 25 under current policy and legislation, in practice very few care-leavers access this service compared to the number of children in care who do so. Following discussions on the inclusion age for participants with the Head of Rights and Participation in the participating children’s service, it was agreed that including participants up until age 21 was likely to provide a more representative sample.

Table 2: Inclusion and exclusion criteria

	Inclusion Criteria	Exclusion Criteria
Children and young people	<ul style="list-style-type: none"> • Aged 10-21 years. • Ability to assent/consent. • English language or interpreter support provided by the LA. 	<ul style="list-style-type: none"> • Aged less than 10 years or more than 21 years. • Unable to provide assent/consent. • English not spoken and interpreter not present.
Professionals and Advocates	<ul style="list-style-type: none"> • Any professional staff working within the advocacy service including advocates and other support staff. • Social workers and managers in BCT particularly working in the Rights and Participation Service. • English language spoken. 	<ul style="list-style-type: none"> • Unable to provide consent. • English language not spoken.

In order to explore the mechanisms through which the advocacy service might work, it is important to generate a range of qualitative data from different perspectives, including from those who use the service, those who choose not to use the service, those who provide the service, those who refer into the service, and those who commission it. With this in mind, we will work with the Trust to try and identify young people who were offered advocacy services but chose not to engage with these to understand the reasons for this. This will widen the pool of potential participants and allow us to gain a wider perspective on the benefits and challenges of advocacy for children and young people. We anticipate that this approach will provide valuable insights into the enablers and barriers that young people may face in

accessing the advocacy service and enable us to make recommendations to improve the service's accessibility and effectiveness.

Data collection

The use of various data collection methods is an important aspect of our research design as it allows for a comprehensive understanding of the advocacy service in the participating children's service. Data collection will be split into three distinct phases: theory gleaning, theory refining and theory consolidation. Theory gleaning is a technical term within the realist approach referring to the process of information gathering to identify and refine the underlying mechanisms that may contribute to the operation of an intervention. It will involve gathering data from multiple sources to identify patterns or trends that can help researchers develop and refine theories about how the intervention works. Theory refining is the process of iteratively examining and adjusting the initial programme theory in light of new data and insights gained from data analysis. Finally, theory consolidation involves synthesising the refined programme theory into a coherent and comprehensive framework.

Semi-structured interviews and focus groups will be used to gather qualitative data from different perspectives, including children and young people, advocates, and professionals such as social workers and managers, and build the initial theory and then test this theory. Using a combination of interviews and focus groups will allow us to collect both individual and group perspectives on the research questions, providing a more comprehensive understanding of the experiences and views of care-experienced young people, advocates, and professionals. Interviews can provide in-depth insights into individual experiences and perspectives, while focus groups can generate discussion and debate, which may help lead to new insights and perspectives. In addition, offering both interviews and focus groups allows participants to choose the format they feel most comfortable with, increasing the likelihood of them participating fully and providing rich insights.

Data testing methods including the use of a survey and workshops will then be employed to test and consolidate our initial programme theory and to receive feedback and prioritise findings from interviews and focus groups. By using a multimodal approach, we can extend the breadth and depth of our data collection and ensure that we capture a range of perspectives and experiences from different sources. This approach allows for a more collaborative and iterative process in refining our programme theory, promoting a more comprehensive understanding of the mechanisms through which the advocacy service works, and identifying the characteristics of young people most likely to benefit from advocacy.

Table 3: Data Collection Sample

Method	Sample size	Time point
Interviews	<ul style="list-style-type: none"> Care-experienced young people aged 11-21 (n=10); advocates (n=5); professionals including social workers and team managers (n=5). 	Phase 1 Theory Gleaning (June – July 2023) Phase 2 Theory Testing (September – October 2023)

	<ul style="list-style-type: none"> Care-experienced young people aged 11-21 (n=10); advocates (n=5); professionals including social workers and team managers (n=5). 	
Focus Groups	<ul style="list-style-type: none"> Care-experienced young people aged 11-16 (n=c5) & 17-21 (n=c5); advocates (n=c5); professionals including social workers and team managers (n=c5). Care-experienced young people aged 11-16 (n=c5) & 17-21 (n=c5); advocates (n=c5); professionals including social workers and team managers (n=c5). 	<p>Phase 1 Theory Gleaning (June – July 2023)</p> <p>Phase 2 Theory Testing (September – October 2023)</p>
Survey	<ul style="list-style-type: none"> All young people in care and care-leavers in within the participating children’s service over the age of 11 Professionals and advocates working with the Trust. 	Phase 2 Theory Testing (September – October 2023)
Workshops	<ul style="list-style-type: none"> Practitioners and advocates (presentation of findings) Care-experienced young people (development of collaborative framework) aged 11-16 (n=c5) & 17-21 (n=c5) 	Phase 3 Theory Consolidation (October – December 2023)

Phase 1: Theory gleaning

Interviews

Semi-structured interviews have been chosen as a method of data collection for their ability to provide a balance between structured and unstructured questioning, which can lead to richer and more in-depth data (Adeoye-Olatunde and Olenik, 2021). Interviews are expected to last approximately one hour and will gather perspectives and experiences from children and young people, advocates, and professionals. This format provides a flexible framework for data collection, allowing the interviewer to follow topical trajectories while ensuring a degree of consistency. The interview schedule will be developed in collaboration with CASCADE Voices to ensure relevance and appropriateness to the target population and reflect their lived experiences. The involvement of care-experienced young people in the development of the interview schedule will help to ensure that the questions are sensitive and respectful of their experiences, and that the research is conducted in an ethical and meaningful way.

Focus Groups

Focus groups are useful to encourage and stimulate conversation between research participants and can be particularly useful for exploring experiences, examining what people think, how they think and why they think in a particular way (Kitzinger, 1995). We will use the same semi-structured approach as the interviews to allow for flexibility and the opportunity to delve deeper into certain topics initially during the theory-gleaning stage. Additionally, we will encourage participants to engage in group discussions and to share their views with one another, creating an interactive and inclusive environment.

To ensure a comfortable and inclusive environment for participants, we have chosen to limit the number of participants in each focus group to a maximum of five. This approach will enable all participants to have the opportunity to express their views and share their experiences in a more relaxed and informal setting. Furthermore, for advocate and professional focus groups, we will aim to recruit participants from the same teams or groups, drawing on existing relationships to further encourage conversation. This strategy provides the opportunity to create a sense of familiarity and safety within the group to encourage more open and honest discussions. Additionally, having participants from the same team or group will enable us to gain insights into the group's collective experiences and perceptions, which may reveal more nuanced and in-depth information.

To ensure flexibility and to accommodate participants' preferences, the interviews, and focus groups will be offered either in-person or online. The research team will collaborate with the peer researchers at the participating children's service to conduct the interviews and focus groups. Participants will then have the option to choose the format they feel most comfortable with. Interviews and focus groups will be recorded with the permission of the participants. For in-person data collection, a voice recording device will be used. For online interviews and focus groups carried out via a virtual platform, we will use the recording functions of the online software (Microsoft Teams). Participants will have the option to turn their cameras off before the recording commences. This will ensure that participants feel comfortable and are able to participate in the interviews and focus groups on a way that suits them. Recordings will be saved with an anonymous identifier and saved on the secure university system using a password-protected and encrypted university laptop. This will ensure that the data collected is secure and that the participants' privacy is protected.

Stage 2: Theory testing

Interviews and Focus Groups

During the second stage of the research, we will conduct further interviews and focus groups to refine our theory. The format of these interviews and focus groups will mirror that outlined above. During these interviews and focus groups, we will be further exploring the participants' experiences and views on what works well for them, what outcomes they would like to see and their perceptions of participatory approaches. We will continue to engage in a collaborative approach, engaging with participants as active partners in the research as much as possible, including a further meeting with Voices from Care to discuss interview schedules and data analysis from interview and focus group data.

Survey

In addition to the interviews and focus groups, we will also use a survey and workshops to test and analyse our programme theory. The survey will be distributed to a larger sample of

participants, including care-experienced young people, advocates, and professionals who may not have been selected for interviews or focus groups. The survey will be designed in collaboration with CASCADE Voices and with peer researchers at the participating children's service to ensure the questions and response options are relevant and comprehensive. In addition, we will ensure that the survey is age-appropriate, with accessible versions available for children under the age of 16. The survey will allow us to test our initial programme theory by gathering feedback on the key mechanisms and contextual factors identified in the interviews and focus groups. This will help us to identify any areas where the theory needs further refinement or modification.

We will design the survey on an online survey platform (Qualtrics) and distribute to participants via the participating children's service as a gatekeeper. The use of this platform provides an efficient and effective way to reach potentially large numbers of participants and ensure that responses are securely collected and stored. We will take several steps to ensure the survey is as accessible to participants as possible. First, we will test the survey's accessibility and ease of completion with a few participants before distributing it to a larger sample. This will allow us to identify any potential issues and adjust the survey accordingly. Secondly, we will ensure the survey is designed using clear simple language that is easy to understand and avoid using technical or complex jargon. Additionally, we will provide clear instructions on how to complete the survey and ensure that it is simple to navigate. By implementing these measures, we aim to ensure the survey is accessible, easy to complete and in doing so, that it encourages a high response rate.

Stage 3: Theory consolidation

Workshops

We will also facilitate workshops to share our initial findings and receive feedback from key stakeholders. The workshops will be an opportunity to engage with practitioners and care-experienced young people, advocates, and professionals to present our preliminary findings. We will use these workshops to gather feedback on our programme theory and to refine it based on the feedback we receive. This will enable us to produce a programme theory that is informed by a range of perspectives and experiences and that is, therefore, more likely to be relevant and useful to stakeholders.

Following the development of the final programme theory, we will aim to facilitate additional workshops with young people actively receiving support from the advocacy service to collaboratively produce a framework of good practice. This collaborative approach will ensure that the final framework reflects the needs and perspectives of the people it aims to support. The workshops will provide a supportive environment for young people to share their experiences, views, and ideas on what constitutes good practice in advocacy. This participatory approach will also promote the development of a more collaborative and iterative process of refining our programme theory and final framework.

Analysis

Following data collection, audio files will be saved via conversion to MP3 format before being sent for transcription. Transcripts will be fully anonymised to further protect the privacy of the participants. This will involve removing any identifying information from the transcripts, such as names, locations, and personal details. The anonymised transcripts will then be used for data analysis. Data will be then analysed with the assistance of NVIVO 12, a computer-

assistive data analysis software. This will enable the researchers to manage and organise large amounts of data including transcripts collected from interviews, focus groups, workshops and qualitative responses from surveys. The software allows for data to be coded thematically, which will help us to identify patterns and connections within the data. This will assist in the development of the initial programme theory and logic model.

In the analysis of the data collected for this study, we will use a realist-informed approach to identify and explain the underlying mechanisms and contexts that lead to specific outcomes. Given the time constraints of this study, we will employ a focused form of thematic analysis. This approach will involve identifying key patterns, themes, and concepts that are most relevant to the research questions and programme theory. Initially, we will read through the data to create broad categories that emerge before refining these into more specific themes with the assistance of NVivo. To chart the data, we will then use a data matrix using spreadsheet software. The data matrix will be organised into rows and columns, with each row representing a participant or group of participants and each column representing a specific category or theme. This will allow us to systematically organise and compare data across different participants and categories.

Through this analysis, we will develop an initial programme theory, which is a hypothesis that identifies the underlying mechanisms and contexts that produce the outcomes of interest. The data matrix will enable us to develop a framework from which to formulate the Context-Mechanism-Outcome (CMO) configurations. The CMO configuration provides an indication of how the identified mechanisms interact with specific contexts to produce the observed or perceived outcomes (Pawson and Tilley, 1997). This configuration will be used to develop a logic model that explains how the programme appears to operate in practice. This logic model will be refined through a process of testing and feedback from stakeholders. A series of 'if-then-because' statements will also accompany the logic model. The creation of these statements involves breaking down the CMO configurations into individual statements that explain how a particular mechanism interacts with a specific context to produce a particular outcome. By developing a narrative using these statements, we will be able to provide a detailed and coherent explanation of how the programme operates and achieves its outcomes.

The research team intends to employ several strategies to ensure rigour and quality assurance when conducting data analysis. The use of triangulation techniques, such as the combination of interviews, focus groups, surveys, and workshops, will enable the researchers to compare and cross-validate findings across different data sources to ensure rigour when conducting data analysis. This process will involve identifying common themes and patterns across the different types of data and exploring any discrepancies or divergences in the data.

The use of NVIVO qualitative computer-assisted software will also support the rigorous analysis of data and ensure that it is systematically coded and analysed. NVIVO is a useful tool to enable researchers to organise and categorise data into themes and subthemes and can be particularly useful in helping to identify patterns and relationships in the data. Additionally, the software enables researchers to conduct a detailed analysis of the data by searching for specific keywords or phrases and by using visual tools to explore patterns and relationships in the data.

In addition, the researchers will take a reflexive approach throughout the study, reflecting on assumptions and biases throughout the research process and remaining open and reflexive to alternative perspectives and interpretations. This will involve regular team meetings and discussions where the researchers can reflect on their own assumptions and interpretations of the data and by collaborating with Voices from Care.

The analysis of the data will be written up using the C-M-O (Context-Mechanism-Outcome) framework as outlined above to identify the context in which advocacy services for children and young people in care operate, the mechanisms through which they work, and the outcomes that they produce. To illustrate how these mechanisms work in practice, the analysis will be accompanied by a narrative that provides detailed examples and quotes from the data collected. The narrative will help to make the findings more accessible and understandable to a wider audience and will provide valuable insights into how the mechanisms identified through the CMO framework can be applied in practice.

Project management

Personnel

- **Sammi Fitz-Symonds (CASCADE, Cardiff University):** Principal Investigator for the project, leading on fieldwork, data analysis, report writing and dissemination. Sammi has experience working as a researcher on various mixed-methods and realist-informed studies including parental advocacy and participation in child protection conferences and decision-making for care-experienced children and young people.
- **Lorna Stabler (CASCADE, Cardiff University):** Co-Investigator, supporting with the research design, data collection, interpreting results, and ongoing support with the project. Lorna has been involved in several realist projects funded by the What Works Centre and NIHR and has extensive experience working with care-experienced young people and running consultation and co-production sessions with young people and practitioners.
- **Dr. Clive Diaz (CASCADE, Cardiff University):** Mentor, expert advisor, and member of the research team supporting with collaboration with the children’s service, data analysis, and commenting on written outputs. Clive has extensive experience working on a range of mixed-method evaluations in children’s social care and has led various qualitative studies into children’s participation in children in care reviews and child protection conferences.
- **Rachael Vaughan (CASCADE, Cardiff University):** Facilitating engagement with CASCADE Voices advisory group. Rachael is the engagement manager at CASCADE and works across a portfolio of research projects supporting engagement.

Timeline

Table 4: Key Milestones

Dates	Activity	Staff Responsible/ Leading
31 st May 2023	Programme due diligence: Gain ethical approval from university ethics board and approval from the	Sammi Fitz-Symonds

	participating children's service's Research Governance Team.	
15th May 2023	Completion of research protocol published on the Open Science Framework.	Sammi Fitz-Symonds
31st May 2023	Co-production meeting with CASCADE Voices to draft interview schedule and plan co-production approach.	Sammi Fitz-Symonds; Rachael Vaughan
31st July 2023	Completion of stage 1 data collection and analysis for Initial Programme Theory	Sammi Fitz-Symonds
31st August 2023	Completion of interim report for WWEICSC	Sammi Fitz-Symonds
31st October 2023	Testing of IPT through stage 2 data collection and analysis.	Sammi Fitz-Symonds
30th November 2023	Co-production meeting with CASCADE Voices to discuss data analysis, findings, and approach to producing advocacy framework.	Sammi Fitz-Symonds; Rachael Vaughan
December 2023	Completion of Collaborative Advocacy Framework	Sammi Fitz-Symonds
29th February 2024	Final report submitted to WWEICSC	Sammi Fitz-Symonds

Risks

Risk	Mitigation
Participant recruitment.	<p>The risk of recruitment difficulties is low for this study as the research team has established connections with the participating children's service and has identified a wide range of potential participants. This is due to the research team's proactive approach in building relationships with the Trust and staying up to date with any changes to their policies or procedures that may impact participant recruitment. We will continue to work closely with the Trust throughout the recruitment phase to ensure that we can access a diverse and representative sample of participants.</p> <p>In addition, the research team is aware of the potential barriers that may impact participant engagement in the study. We will take a flexible approach to data collection and take into account participant needs to ensure they feel comfortable engaging in the study. This may include offering alternative methods of data collection or making reasonable adjustments to the study protocol to</p>

	<p>accommodate the needs of the participant. Furthermore, we will maintain open and regular communication with potential participants to provide them with all necessary information about the study and to address any questions or concerns they might have.</p>
<p>Covid-19 or other illness</p>	<p>The risk of Covid-19 or other illnesses impacting the project is relatively low since the study has been designed to adopt a hybrid model with the option to conduct interviews and focus groups online if face-to-face contact is not possible. In this event, we will use virtual platforms (Microsoft Teams) for data collection. This approach ensures that the research can continue even if there are restrictions on face-to-face contact, thus reducing the risk of delays to the study timeline.</p> <p>In the unlikely event that Covid-19 or other illness impacts the project, we have plans in place to mitigate any potential delays in the study. These plans include identifying alternative data collection methods, revising the study timeline, and communicating clearly with all members of the research team to ensure they are informed of any changes and that the study remains on track.</p>
<p>Timescale</p>	<p>The risk of delays to the timescale is low. Our team has established links with the Trust which will facilitate access to participants and relevant resources. In addition, the research team comprises individuals with a diverse range of skills and experience, which will enable us to address potential issues that may impact the timescale of the study. We will communicate regularly as a team to ensure all members remain updated on study milestones and progress. This will help us to identify and address any potential issues as early as possible, thus minimising any risk of delays to the study timeline. We have developed a detailed project plan with clearly defined timelines, milestones, and responsibilities, which will be reviewed regularly and adjusted as necessary to ensure the study is completed on time and within budget.</p> <p>However, we do recognise that given the ambitious nature of this project, there is a possibility that unforeseen circumstances may arise which could impact the timelines of the</p>

	<p>study. In event of any delays occurring, the research team will carefully consider the various options available to ensure the successful completion of the study. For example, we may need to adjust the number of focus groups conducted by combining groups of participants where appropriate. One option may be to combine advocates and professionals into ‘practitioner’ focus groups. Additionally, we may need to consider reducing the numbers of interviews conducted to ensure that we are able to complete the study within the allocated timeframe. The team will remain proactive in identifying and addressing any potential issues as early as possible and communicate regularly to ensure all members are aware of changes to the plan.</p>
<p>Risk of distress or emotional harm</p>	<p>As the research involves working with young people who may have experienced trauma, there is a small risk of causing emotional distress or harm. This risk can be mitigated by conducting a thorough risk assessment and ensuring that appropriate safeguards are in place to protect the safety and well-being of the participants. In addition, participants will be fully informed about the study before any data collection commences, we will remain sensitive to the need for breaks or to terminate interviews if required and participants will be signposted to appropriate support. We are confident that the research team has the necessary skills to work sensitively and appropriately with the participants.</p>

Compliance

Registration

This study will be registered with the Open Science Framework (OSF).

Ethics

Before commencing data collection, approval will be sought from the University Social Science Research Ethics Committee in addition to the research governance team at the participating children’s service. This is important to ensure that the research is conducted in an ethical and responsible manner and that the rights and welfare of participants are protected. The following ethical considerations have been considered in depth throughout the process of applying for ethical approval.

Informed agreement

The informed consent process is a key aspect of ethical research and is designed to ensure that participants understand the nature of research, the risks and benefits of participants and their rights before engaging in the study. To ensure participants are able to fully understand the study, we will provide them with a detailed information sheet, explaining the study in plain language and avoiding technical jargon. We will also provide regular opportunities for participants to ask questions. Informed consent will be obtained from all participants including parents/carers for participants under the age of 16. The minimum age of participant involvement will be 11 years old, as children below this age may not be able to provide fully informed consent (Holland et al, 2010). Where we receive consent from parents/carers, we will also seek assent from children to participate. We will ensure that the assent process is age-appropriate, clear, and understandable for the child. Additionally, we will inform participants that their participation is voluntary and that they may withdraw from the study at any time without consequences. Finally, we will emphasise the confidentiality and privacy of participants' data throughout the informed consent process.

Protecting participants and researchers from harm

The research team has taken several measures to protect participants from harm. The research team includes a co-investigator and mentor who have considerable experience in conducting interviews with care-experienced children and young people and are well-placed to identify and respond to any safeguarding concerns that may arise during the research process. The team has also developed distress protocols to establish safeguarding measures and ensure any potential risks or harms are addressed appropriately. These protocols have been thoroughly reviewed and considered in applying for ethical approval.

When carrying out interviews and focus groups, the research team will ensure participants are fully informed of their right to stop at any point to take a break or terminate the interview. In a case where the participant wishes to terminate the interview, the research team will provide the participant with information about third-party support organisations and/or support within the service. The team will work closely with the participating children's service and the ethics committee to ensure that participants are aware of local support and counselling services that they can access if needed. Participants will also be provided with researcher contact details to ask any questions or raise concerns that may arise during the study. In addition, young people will have the opportunity to have an advocate or person of their choice such as a support worker, trusted adult, or relative present in the interviews.

Although unlikely, if professionals find the content of the interviews particularly difficult or emotional, we will recommend that they discuss this with their supervisor or access support from human resources and counselling services, which are available to them as local authority or advocacy staff. If any young people, advocates, or other professionals raise concerns regarding practice which suggests that vulnerable adults or children are not being effectively safeguarded, we would discuss any concerns with CASCADE's senior management team and decide the appropriate course of action.

It is also important to acknowledge the potential risk of harm that researchers may experience when conducting interviews or focus groups on sensitive topics such as social work involvement. Although this is not the aim of the study, we recognise that discussions around child protection social work and difficult experiences within the system could be

emotionally challenging for researchers. To ensure the emotional well-being and mental health of researchers are not negatively impacted by this study, we will provide debriefing sessions after interviews where researchers can discuss any concerns or worries. Additionally, members of the research team are aware of the University's counselling services that can be accessed if needed. This will help to minimise any potential risks and protect researchers from harm.

Confidentiality and anonymity

Ensuring the confidentiality and anonymity of participants is another critical aspect of ethical research. When reporting our findings, all data will be anonymised in the form of numbers and pseudonyms for interview and focus group participants to prevent identification so far as possible. To ensure anonymity, a securely stored file will be used to link anonymised IDs to participants. The file will be accessible only to the research team and will not be shared with anyone outside the study. The file will be stored separately from the data collected and appropriate measures will be taken to ensure its security and integrity throughout the study including ensuring that it is password protected and encrypted.

We will take all reasonable steps to ensure confidentiality in focus groups, including arranging an activity highlighting the importance of confidentiality and laying out agreed guidelines at the start of focus groups and ensuring all information sheets and consent forms are clear on these guidelines and the risk of data sharing. We will be clear with participants in focus groups on the importance of not sharing names or information they wouldn't want others to be aware of. For individuals involved in the production of the advocacy framework, we recognise that some collaborators may wish to be acknowledged for their contribution. This will not be tied to any specific experiences as any information gathered during the data-collection stage will be anonymised, but recognition will be provided for their contribution to the framework. As such, all individuals who support in developing the IPT and producing the final advocacy framework will be credited for their work where they wish to be recognised, including being named as co-authors on reports and papers where there is a clear contribution.

To ensure that contributors to the advocacy framework are appropriately recognised for their work, the research team will discuss and agree on the specific contributions of each collaborator at the outset of this part of the project. To facilitate this, the team will consider using a contribution framework, such as the Contributor Roles Taxonomy (CRediT), which provides a standardised method for describing and acknowledging individual contributions to scholarly work. The framework includes specific roles such as conceptualisation, methodology, data curation and writing – among others – that can be assigned to individual contributors based on their involvement in the project. The decision on whether to include co-authors on the report and subsequent papers will be made on a case-by-case basis, taking into account the level of contribution made by each collaborator and the relevance of their contribution to the specific report or paper.

Data security

All data will be secured in locations compliant with General Data Protection Regulations. For example, all data will be stored securely on a password-protected computer and any hard copies (e.g., interview transcripts and field notes) will be stored securely in a locked cabinet on university premises. Interviews will be recorded with the permission of the participants

and transcribed using a reputable transcription service. All data will be anonymised at the earliest opportunity and anonymisation keys will be stored securely and separately. We will retain anonymised data in line with the University's Research Records Schedule which is currently seven years after the study is completed. Only researchers working on the study will have access to the data. Data shared between the research team will only be shared through secure Cardiff University networks (e.g., SharePoint). The transcription service will be the only additional recipient of the data. In order to share this securely, we will use Fast File to convert audio files into a secure link which will then be emailed to the transcription service.

Data protection

All data collected as part of this study will be processed and stored in compliance with the UK Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR). Data will be retained until March 2031, after which it will be securely destroyed. The data collected for this study will be gathered from a range of sources as discussed in the methodology section above. All participants will be provided with information sheets and asked to sign a consent form before any data is collected. All data will be anonymised and securely stored, only accessible by the research team. The data will be used solely for the purposes of this research project and will not be shared with any third parties.

The data controller and data processor for this project is Cardiff University. What Works for Early Intervention and Children's Social Care (WWEICSC) will not act as a data controller or processor for any data throughout the duration of the project.

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