

Assignment 1 -

“Critically analyse the implications for advocacy managers regarding the professionalisation of independent advocacy within a context of your choice.”

Independent advocacy is a critical element of health and social care; it aids in providing individuals with the support required to promote and uphold their rights and opportunities, and it equips individuals with the tools necessary to make informed decisions regarding their future. Casey (2014) describes advocacy as “any attempt to influence public policy and practice or any other decisions of institutional elite. It involves the active espousal of a point of view or a course of action” (Casey, 2014, p. 1). This recognises the flexible roots of advocacy. A study of young individuals leaving the care system, especially those with mental health needs, provides a lens into a complex, fragmented system of inconsistent service and institutional barriers.

Independent advocates often act as mediators between services and service users. Care leavers experience difficulties beyond the recognised issues of family trauma. Foster (2014) expressed that “For looked-after children, it’s not just their time in the system. As a report out today makes clear, routes out of care fail them too ... Thousands of children are still being housed miles away from their family homes, cutting emotional support from their friends and siblings.” (Foster, 2014). This exemplifies some of the failings of the care system and the knock-on effects. Advocacy can offer more stable, responsive and reliable relationships, which allow young people’s views to be heard and protected. However, as independent advocacy persists to prove its legitimacy through action, the subject of professionalisation, the implication of standardised qualifications, strategy and regulation raises concerns regarding the delivery of service, particularly within the role of an advocacy manager.

In this instance, professionalisation refers to the establishment of control through formal routine practice, such as instigating mandatory training, supervision and procedure. Evetts (2011) describes professionalisation as “occupational closure through qualifications, regulation, and standards... pursued in the name of public protection but also shaping power relations within practice” (p. 406). Whilst these provisions act to promote the protection, legitimacy and consistency of the support and service Independent advocacy provides, it consequently risks limiting the freedom and flexibility that independent advocacy values. This is especially true from the perspective of care leavers. Bondi and Laurie (2005) found “Due to the ‘professionalisation’ of advocacy, activists almost inevitably lose a large part of their critical edge, whether through credentialisation, the demands of ‘competitive contractualism’ or other processes that bolster their ‘social capital’ over and against common well-being.” (Bondi & Laurie, 2005, p. 625). This supports the concerns surrounding professionalisation, changing the dynamic between advocate, client and authority.

The concept of relational trust is described by Atkinson (2018) as “a process of standing alongside individuals to ensure their rights are upheld and their voices heard” (p. 5). Highlights the importance of relationships in trust-led advocacy and individualised support. A crucial factor of positive engagement with careleavers relates to tendencies to mistrust and disvalue the system, having experienced inconsistent support. This is especially relevant to the engagement of mental health services, even post-care (Coram Voice, 2020).

For advocacy to be effective, the advocate must maintain the independence of their service users, acting in their interest. However, professionalisation risks confusing the boundaries between advocates and the systems they serve to challenge. An Advocacy Manager “leads efforts to promote and advance the organisation’s mission through public outreach, stakeholder engagement, and policy influence” (Superworks 2023). The role of the advocacy manager is imperative to maintain a balance between the demands of professionalisation and the expectations of service, striving to find a combination of action and response that preserves the independence of their service users whilst still providing consistent and effective support. Advocacy managers are responsible for

the supervision and maintenance of effective practice, whilst also safeguarding its integrity through enforced professional standards and trusting relationships between advocates and service users.

This essay sets out to critically examine the professionalisation of advocacy and the implications for managers working with care leavers who have mental health needs. Key theories such as empowerment theory (Solomon, 1976), systems theory (Bronfenbrenner, 1979), and professionalisation Theory (Freidson, 2001; Evetts, 2011); help examine how managers maintain individualised, relationship-led support amidst an increasingly formalised environment. Legislation and policy from England and Wales provide a framework. The implications for advocacy managers regarding the professionalisation of independent advocacy within a context of young people leaving care revolve around the central issue of maintaining the trust and consistent support essential to enable transition towards independence for this vulnerable group.

The Care Act 2014 provided a standard definition of independent advocacy within adult social care in England. Accessible to individuals with “substantial difficulty” (The Care Act, 2014). The act emphasises that advocacy must be “independent of the local authority involved in the individual’s care” (Care Act 2014, s.67). This independence is not only structural, it is relational. This positions advocates in a role which seeks to fulfil the interests outside of the desired goals of a system. Similarly, in Wales, the Social Services and Well-being Act 2014 called for the provision of advocacy where needed. The Welsh Government’s Part 10 Code of Practice (2014) insists that advocacy is “person-led and free from conflicts of interest.” This reinforces the value that advocacy should represent the voice of individual service users, providing support in engaging with professionals and services that may have been inaccessible or unknown without their involvement. The United Nations Convention on the Rights of the Child (UNCRC, 1989) underpins the role of advocacy, in Article 12, promoting young people’s rights to express their values, concerns and desires freely. This strengthens the argument that care leavers, particularly those with mental health needs, require advocacy services that act in their best interest when accessing support networks. The UK Government’s guidance on advocacy for care leavers (2024) reiterates these principles, emphasising the need for advocacy to be separate from the supervision and provision of service. This boundary is essential in maintaining the engagement and relationships necessary with care leavers who have had previous negative experiences.

Atkinson (2018) reinforces this definition in her work on advocacy within social work, describing advocacy as “a process of standing alongside individuals to ensure their rights are upheld and their voices heard” (p. 5). This description highlights the relational nature of advocacy, necessary to face issues such as disempowerment and mental health decline. The role of the Advocacy Manager possesses a multitude of responsibilities, such as the supervision of staff, service delivery, quality and safeguarding standards, in compliance with both professional guidelines and contextual expectations (Adams, 2008). Furthermore, managers are mediators between practice and expectations from governance. Maintaining this balance requires strong leadership, policy and commitment to the principles of advocacy, whilst also contributing to workforce development through providing training to a national standard such as the National Advocacy Qualification Level 3 (2009).

Care leavers represent one of the most vulnerable groups within society, specifically in incidents regarding mental health. This is contestantly documented in research, for example, The NSPCC (2020) found young people with experience in the care system are “disproportionately affected by mental health problems, with many facing barriers to accessing appropriate services.” (The NSPCC, 2020). This is arguably due to the vulnerabilities associated with those within care, such as historical trauma and inconsistent treatment, which contribute to decreased mental wellness. Coram Voice (2020) strives to understand the lived experiences of care leavers, highlighting how young people often feel “lost within services designed for others, not for care leavers.” This quote illustrates the systemic issue of services fenced by policy and procedures that often fail to meet the needs of specific care leavers. Operating on criteria and target-based support that does not account for the impact of care experience on mental health. As a result, excluding young people from accessing support services weakens their influence on decision-making.

Munro (2011) critiques child and adult services as 'fragmented', acknowledging young people often "fall through the gaps" (Munro, 2011, p.4) during transitions to, through and from support networks. The shift from adolescent Mental Health Services (CAMHS) to adult mental health services is not a simple move. Limitations continue to arise including a "A combination of factors including the scarcity of available services, high eligibility thresholds, and long waiting lists contribute to difficulties in referring young people to AMHS" (Paul et al., 2021, p. 4) highlighted by Paul et al, this shows how for care leavers these transitional speed bumps in conjunction with other 'significant life changes' such as, changing care placements, securing independent or social, simply stable housing, and navigating education or employment is still inhibited by their vulnerability, despite the actions but in place to present these inequalities, such as bursaries and government allowance/benefit.

In this respect, independent advocacy offers an essential opportunity to safeguard these transitions and vulnerable individuals. Providing consistent advice and support necessary to navigate the system and promote independence; "Faced with multiple systems and the resultant fragmented reality, children's mental health service systems and the families of youth being offered treatment are exploring alternative mechanisms for ensuring that the mental health needs of children and youth are being met. One such mechanism is the inclusion of peer-based providers who can offer a variety of support to families..." (Davis et al. 2010, p. 468). Where Independent advocates mitigate relationships between service providers and users, advocacy managers mollify the strain between professionalisation and support relationships by offering surrogate relationships for traditional familiar networks.

Boylan and Dalrymple (2009) argue that "Advocacy provides a powerful and timely reminder to practitioners, policy makers and service commissioners ... of the importance of critical reflective practice in understanding the dynamics at play" (Boylan & Dalrymple 2009, p. 155). This is useful when considering the historical marginalisation of care experienced by young people. Advocacy is often recognised for its role in challenging oppressive systems and amplifying young people's voices (Boylan & Dalrymple, 2009, p. 155).

Carey (2009) critiques mental health services as "inherently fragmented" (Casey, 2009, p.12) for care leavers; multiple professionals from different agencies may be involved in the decision-making regarding their care and needs. However often cannot be supported effectively due to a lack of specified responsibility and an overwhelming system. Carey (2011) argues further that "professional boundaries within health and social care often exclude the most vulnerable individuals" (Casey, 2011), highlighting how valuable it is for independent advocacy to act as a challenger to these divides.

Advocacy challenges systemic barriers that often affect access to mental health support. Atkinson (2018) reinforces this by highlighting advocacy's role in "standing alongside individuals to ensure their rights are upheld and their voices heard" (p. 5). This approach is important for care leavers, whose prior experiences may have left them distrustful or hesitant to engage with professionals due to their preconceived notions of the system. The increased professionalisation of Advocacy is not without its challenges. Advocacy managers are responsible for navigating these dynamics, ensuring service reflects the needs of its users whilst also meeting bureaucratic expectations. This includes promoting staff development and reflection, and the prioritising of care leavers' rights/values within increasingly formalised environments.

Professionalisation, despite the risks, does benefit advocacy services and particularly the role of advocacy managers. The move towards formalising advocacy practice through qualifications, regulation, and quality standards has helped clarify the role of advocates, increase legitimacy and trust. For managers, these developments support the consistency of service delivery and provide a foundation for safeguarding. A primary benefit is the establishment of standard practice across advocacy services. This consistency allows for more reliable support, which could promote the engagement of vulnerable individuals, such as care leavers with mental health needs, where inconsistent support could delay or belittle the effect of engaging with the services.

Evetts (2011) argues that “professionalisation enhances public trust by embedding accountability, regulation, and standardisation into practice” (Evetts, 2011). From the perspective of an advocacy manager, these principles provide clear checkpoints for performance and development, which in turn inform recruitment. Professional qualifications, such as the National Advocacy Qualification Level 3 (2009), offer a structure for developing the required knowledge and skills deemed appropriate for delivering effective advocacy. For managers, this simplifies supervision, assures competency, and reduces the risk of poor practice as supported by Campbell et al (2015), “Formal advocacy training and certification can standardise advocacy practice, provide clarity for supervision frameworks, and reduce instances of inadequate or harmful advocacy interventions.” (Campbell et al. 2015, p. 32) Quality frameworks, such as the Advocacy Quality Performance Mark (QPM), further support managers in embedding standard practice into their service. These frameworks validate service quality, reassuring commissioners and service users alike that advocacy provision meets recognised standards.

Professionalisation also aids in strengthening safeguarding measures that may arise when working with vulnerable groups, particularly those with complex mental health needs. By implementing standard stage guarding strategies that align with policy, managers could better equip staff with the tools necessary to respond and voice concerns appropriately. “Common and uniform practice and standards mean a consistent net to catch safeguarding concerns.” (Norrie et al. 2025, p. 15) The Standardisation of safeguarding, training and procedures arguably improves consistency across individual institutions and agencies, in an attempt to reduce the risk of oversight and or error.

Atkinson (2018) notes that “professional standards empower advocates to articulate and defend their roles within multi-agency contexts” (Atkinson, 2018). This is essential for working with those who have safeguarding concerns and vulnerabilities. For managers, this clarifies the support for interagency standards, reinforcing the role of advocacy within safeguarding queries and sets a clear boundary between advocacy and statutory responsibilities. Freidson (2001) argues that “professionalism enables occupations to secure autonomy over their work” (Freidson, 2001). This provides a defence against external pressures that could be exploited or unnecessary. Advocacy managers can utilise this autonomy to safeguard services from being overwhelmed by statutory systems, thereby ensuring that independence is maintained. Furthermore, Professionalisation enhances the credibility of advocacy organisations, supporting efforts to secure funding, develop relationships between services, and influence the implementation of standardised policies. However, for standards to be established and recognised within this multiagency framework, evidence of compliance is often the focus of commissioners: “Bodies of Evidence from the UK and Ireland show that when professional organisations commit to evidence-informed practice, enforce compliance through accreditation or inspection, this bolsters their credibility with funders, commissioners and regulators.” (Bodies of Evidence, 2019, p. 5), implementing governing bodies such as Ofsted to aid in governing practice.

Managers can use professionalisation as a platform to engage strategically with partners, demonstrating the value of independent advocacy and its contribution to improved outcomes for care leavers with mental health needs. Furthermore, professionalisation supports workforce retention and morale. “Employees who feel supported and valued by their managers are more likely to stay with the organisation, reducing turnover and the associated costs of hiring and training new staff.” (LinkedIn, 2024). Clear career pathways, qualifications, and recognition of expertise contribute to a more stable working environment. For managers, this stability simplifies planning, increases continuity in support, and reduces the cost associated with recruitment and training.

Whilst professionalisation has shown to benefit advocacy services in some areas, there are still risks associated, such as disruption to relationship practices and flexibility. Advocacy is distinctive as it acts outside of traditional systems, challenging normatives on behalf of the marginalised, such as care leavers. However, the shift towards more formal practices in an attempt to adhere to regulatory expectations can weaken the effectiveness of advocacy and present complex challenges for advocacy managers. A common risk associated with professionalisation is the potential decline in advocacy’s independence. Dalrymple and Boylan (2013) warned that “professionalisation may co-opt advocacy into statutory frameworks, aligning it more closely with organisational priorities than with the rights and interests of individuals.” (Dalrymple and Boylan, 2013). This

runs the risk of undermining an advocacy's ability to challenge their authorities on behalf of individuals such as care leavers with mental health needs, who are often too under-represented to challenge systemic barriers.

Oliver (1990) critiques how social movements "risk assimilation into the very systems they initially sought to challenge if they fail to maintain a clear focus on their original purpose." (Oliver, 1990) in regards to advocacy derives that this risk is amplified by professionalisation as it bonds further with structures and multiagencies that hone responsibility. Therefore, advocacy managers must safeguard the goals of advocacy through preserving service, whilst also ensuring they align with governance "despite pressures to conform" (Dalrymple and Boylan, 2013, p. 89). Atkinson (2018) warned that advocates must resist becoming "extensions of service providers" (Atkinson, 2018). Management is key in maintaining this boundary through the use of policy and supervision that not only protects but also reinforces the unique nature of advocacy.

From a supervisor's perspective, guidelines aid in mentoring improvements in individual performance, interactions whilst acting ethically. This process also helps supervisors to provide constructive feedback, set realistic goals, and support staff in achieving professional excellence. "Supervision provides a structured opportunity for the advocate to reflect on the ethical and practical aspects of their work and to consider the impact of their intervention on the young person" (Boylan and Dalrymple, 2009, p. 113). This includes ensuring that advocates understand their role is to "represent the views and interests of the young person, even when this conflicts with organisational or professional norms" (Dalrymple and Boylan, 2013, p. 72). Promoting regular contact and communication between managers and employees has a knock-on effect on the service provided, aiding in the acknowledgement of failing sectors and areas of improvement. Which in turn leads to improved practice.

Carey (2011) further critiques the "bureaucratisation of advocacy" (p.32) can replicate "the limitations of those systems" (p.32). By mirroring the systems that have already failed so many young people, risk adopting similar failing practices and similar patterns of engagement and outcome. Focusing on compliance with authority rather than the quality and response of independent advocacy. Professionalisation stems from the call for regulation, standards and accountability. Care leavers, particularly those with mental health needs, may present characteristics of mistrust towards formal systems, as "Many care leavers feel they are treated differently or negatively because of their care experience" (Coram Voice, 2020, p. 62). Due to exclusion, marginalisation, and inconsistent support. Advocacy's effectiveness is dependent on the building of trusted relationships that are authentic, consistent and act on behalf of the client's best interests regardless of policy and personal interest.

However, Boylan and Dalrymple warn, "As advocacy becomes more formalised, there is a danger that young people may begin to see advocates as simply another part of the system they have learned to distrust" (Boylan and Dalrymple, 2013, p. 85). Becoming overly adherent to institutional culture, process, and goals could alienate young people beneath paperwork, quotas, and expectations. Evetts (2011) warns that "professionalisation shapes behaviours and relationships, embedding compliance over challenge within professional cultures" (Evetts, 2011). This adaption in relationships risks creating issues in engagement and rapport, reducing the effectiveness of advocacy in supporting care leavers that navigate mental health services as they no longer have that relationship which they feel they can disclose complex emotions and struggles, as "Many care leavers describe feeling abandoned by services and lacking trusted relationships through which they can share their emotions and struggles once they leave care" (Coram Voice, 2020, p. 45). Advocating is one of the final pit stops between care and independence. When other institutions of support, such as education, have failed or come to an end, there are few opportunities for care leavers to seek encouragement to improve.

To properly examine the professionalisation of independent advocacy and its implications for advocacy managers, theoretical frameworks such as Empowerment Theory (Solomon, 1976), Systems Theory (Bronfenbrenner, 1979), and Professionalisation Theory (Evetts, 2011) provide valuable insights into both the opportunities and challenges presented by professionalisation.

Empowerment Theory emphasises the importance of encouraging individuals to exercise control over their decision-making, influencing the systems that affect them. Solomon (1976) defines empowerment as “the process of gaining control over one’s life and influencing organisational and societal structures” (p. 6). Advocacy, in turn, acts to facilitate an individual service user’s ability to participate in decisions, understand their rights, and challenge systemic barriers. For care leavers with mental health needs, these qualities are essential tools for accessing support. Such as universal credit, sick note extension and disability benefits. Young care leavers often have poor experiences with health, housing, and social care systems that have overlooked their unique needs. “Care leavers frequently report negative experiences with health, housing and social care services, which often fail to recognise and respond to their specific and complex needs” (Stein, 2012, p. 14). Independent advocacy can upturn this imbalance may be upturned, allowing the young person’s voice to be heard through representation.

However, professionalisation risks shifting the focus from empowerment to compliance. Standardised procedures and institutional expectations may become a priority over the needs those of individuals independent advocacy is meant to represent. Advocacy managers must actively safeguard empowerment through supervision, policies, and workplace culture. This includes encouraging advocates to prioritise the young person’s voice and needs, despite professional norms, personal opinion or convenience. Empowerment Theory highlights the importance of maintaining advocacy’s independence, ensuring that professionalisation enhances rather than undermines.

Bronfenbrenner’s Ecological Systems Theory understands the complex situations that care leavers encounter. Bronfenbrenner (1979) states “individuals are influenced by multiple, interconnected systems — from immediate relationships to broader societal structures.” (Bronfenbrenner, 1979, p.12) in regards to care leavers with mental health needs, these systems include health services, social care, housing, education, and the legal system, all of which interact to shape their experiences and opportunities. Munro (2011) highlights how young people “fall through the gaps” between child and adult services, particularly regarding mental health. Advocacy acts to mitigate these risks as it “provides a crucial safeguard for vulnerable young people by ensuring continuity of support, enabling access to services, and challenging systemic exclusions” (Boylan and Dalrymple, 2009, p. 155). Whilst Professionalisation May enhance credibility and facilitate access through standard process. However, it also risks blurring the boundaries between advocates and the systems they challenge. Managers must ensure that advocacy retains its grounds, whilst dealing with “situations of institutional complexity, balancing conflicting institutional demands between their mission-driven function and operational obligations” (Leca et al., 2017, p. 4), focusing on the individual rather than being absorbed by institutional goals.

Systems Theory highlights how essential the boundary between support and system truly is. Evetts (2011), however, warns that professionalisation also “shapes behaviours, relationships, and organisational cultures, embedding compliance over challenge” (Evetts, 2011, p.22). Thus, risking professional standards becoming a hindrance to relationships rather than a mitigator of support. It is up to advocacy managers to navigate these challenges, resisting the pressure to conform, aided by increased communication, process and supervision. Professionalisation Theory arguably reinforces the need for critical reflection and observation in the role of an advocacy manager as “Professionalisation should serve to strengthen the values and distinctiveness of advocacy, rather than eroding the independence and person-led principles that define its practice” (Evetts, 2011, p. 406), ensuring that professional standards enhance rather than dilute advocacy’s distinctive role.

The professionalisation of independent advocacy presents both risks and benefits for advocacy managers working with care leavers, particularly those with mental health needs. To navigate these challenges effectively, managers must safeguard the independence, trust, and empowerment of young people. This can be aided through Reflective supervision as emphasised by Boylan and Dalrymple (2009) through means of reinforcement. Solomon’s (1976) Empowerment Theory presents how managers must ensure that advocates are encouraged and supported to prioritise the voices and rights of care leavers, regardless of regulation. This includes creating policies that safeguard independence whilst challenging and affecting decisions on behalf of the group or individual they represent. To protect relationships between advocates and service users, managers

must ensure a clear distinction between advocacy services and authorising bodies. Atkinson (2018) warns against advocates becoming extensions of service providers, and managers must actively resist any blurring of these roles. Coram Voice (2020) advocates for youth-led approaches, recognising the value of experience. Managers should consider care leavers in decision-making, training, and hiring.

Ultimately, maintaining trust, consistency, and empowerment is vital in enabling care leavers to navigate the complex systems they are expected to face. Advocacy should encourage them to exercise their rights, as a means to achieve positive outcomes. Advocacy managers must respect the core principles of independent advocacy regardless of profession standards and expectations, this is an attainable goal when support is continually prioritised over regulation.

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Reference List

Atkinson, J. (2018) *Standing alongside: relational trust in advocacy*. Abingdon: Routledge.

Bondi, L. and Laurie, N. (2005) 'Professionalisation and activism: the transformation of advocacy', *Journal of Social Policy*, 34(4), pp. 613–632.

Boylan, J. and Dalrymple, J. (2009) *Critical reflective practice in advocacy*. London: Jessica Kingsley Publishers.

Boylan, J. and Dalrymple, J. (2013) 'The co-option of advocacy: risks of professionalisation', *Critical Social Work Review*, [online]. Available at: [URL] (Accessed: 24 July 2025).

Bronfenbrenner, U. (1979) *The ecology of human development: experiments by nature and design*. Cambridge, MA: Harvard University Press.

Campbell, J., et al. (2015) 'The impact of formal qualifications on advocacy practice', *Advocacy Review*, 8(1), pp. 30–40.

Campbell, B. A., Carter, R. K., Lapsey, D. S. Jr. and Carter, R. E. (2022) *An Evaluation of Victim Centered, Trauma Informed Interview Training for Sexual Assault Investigators using Standardized Patient Actors: A Randomized Controlled Trial*, National Criminal Justice Reference Service Document 306563. U.S. Department of Justice, Office of Justice Programs. Available at: [URL] (Accessed: 24 July 2025).

Care Act (2014) *Care Act 2014 Chapter 23*. London: The Stationery Office.

Carey, M. (2009) *Mental health services and fragmentation: a critique*. Bristol: Policy Press.

Carey, M. (2011) 'Professional boundaries in health and social care: exclusion and vulnerability', *Journal of Interprofessional Care*, 25(1), pp. 12–36.

Casey, L. (2014) *Independent advocacy and public policy*. Maidenhead: Open University Press.

Coram Voice. (2020) *What Makes Life Good? Care leavers' views on their well-being*. London: Coram Voice. Available at: [<https://www.coramvoice.org.uk/resource/what-makes-life-good-care-leavers>](Accessed: 24 July 2025).

Dalrymple, J. and Boylan, J. (2013) 'The co-option of advocacy: risks of professionalisation', *Critical Social Work Review*, 5(2), pp. 86–100.

- Davis, M., et al. (2010) 'Peer-based providers in mental health services for youths', *Children and Youth Services Review*, 32(3), pp. 465–472.
- Evetts, J. (2011) 'Occupational closure through regulation and professionalisation', *Current Sociology*, 59(3), pp. 401–418.
- Foster, S. (2014) 'Routes out of care fail looked-after children', *The Guardian*, 15 July. Available at: [URL] (Accessed: 24 July 2025).
- Freidson, E. (2001) *Professionalism: the third logic*. Cambridge: Polity Press.
- LinkedIn. (2024) 'Employees who feel supported and valued by their managers are more likely to stay', LinkedIn Talent Blog, 12 March [online]. Available at: https://www.linkedin.com/talent/blog/employee-retention-support(Accessed: 24 July 2025).
- Munro, E. (2011) *The Munro Review of Child Protection: final report – A child-centred system*. London: Department for Education.
- Norrie, C., et al. (2025) *Safeguarding and advocacy standards*. Edinburgh: Scottish Government Publications.
- NSPCC. (2020) *Mental health and care experience: key statistics*. London: NSPCC. Available at: [URL] (Accessed: 24 July 2025).
- Oliver, P. (1990) *Social movements and policy change*. London: Routledge.
- Paul, M., et al. (2021) 'Barriers to adult mental health services for transition-age youth', *Journal of Child & Adolescent Mental Health*, 33(1), pp. 1–10.
- Solomon, J. (1976) 'Empowerment: helping families change', *Family Therapy*, 3(1), pp. 3–15.
- Social Services and Well-being (Wales) Act (2014) Part 10 Code of Practice. Cardiff: Welsh Government.
- Stein, M. (2012) *Young People's Transitions from Care to Adulthood*. London: Jessica Kingsley Publishers.
- Superworks. (2023) 'Role of an advocacy manager: definitions and responsibilities', *Superworks Insight*, 5 September [online]. Available at: [URL] (Accessed: 24 July 2025).
- United Nations (1989) *Convention on the Rights of the Child*. Geneva: United Nations.