



British Association for  
Child & Adolescent  
Public Health



British Association for  
Community Child Health

# **CHAMPIONING THEIR FUTURE: A Guide for Child and Family Advocacy**



**Matthew Quinn and Simon Lenton**

**May 2026**

# Contents

<b>TITLE</b>	<b>PAGE</b>
<b>Summary</b>	2
<b>Introduction</b>	3
<b>Structure</b>	4
<b>Section 1: Clarity of Purpose</b>	
• Identify goals with tangible outcomes	4
• Develop a compelling case	5
• Identify stakeholders	6
• Understand political mapping	6
• Know both sides of your argument	7
<b>Section 2: Knowledge</b>	
• Assemble the evidence	7
• Tailor your presentation to your audience	7
• Communication	7
<b>Section 3: Intervention/Proposal</b>	
• Develop an action plan	8
• Marshal your resources	8
• Value team cohesion and wellbeing	9
• Ensure congruence and credibility within the team	9
• Target timings	9
• Effective media engagement	9
• Images and Soundbites	10
<b>Section 4: Evaluation and Learning</b>	
• Identify what worked and what didn't	11
• Determine which factors influenced outcomes	11
• Share learning to benefit future campaigns	11
• Identify your next priority	12
<b>Conclusion</b>	12
<b>Useful Further Reading</b>	12
<b>Appendix: RCPCH Progress Plus Curriculum – Advocacy</b>	14

# Summary

The 2025 NHS 10-Year Plan and the 2019 NHS Long-Term Plan<sup>1</sup> each recognised advocacy as an essential element of health service delivery, both to help individual patients improve their own lives and to improve the lives of groups of people at a community level. This paper focuses on advocacy for policy change at a community/population level, although many of the principles will hold true at an individual patient level.

Health professionals are one of the most trusted groups in society and are in a unique position to advocate for change, especially within the local communities they serve. However, improving health at population level is a complex process frequently involving multiple and cumulative health determinants. Often the most effective way to reach a consensus and achieve positive change is by forming an alliance with other interested parties and the people most likely to benefit. These may include patients, professionals, organisational representatives and local leaders.

The opening questions in health advocacy are ‘*what is it that you want to change?*’ and ‘*why now?*’ The answers should produce a clear focused achievable goal with precise and tangible outcomes. Further questions then consider the case for and against action and the practicalities to advance your advocacy strategy.

The next stage is harnessing the power of evidence. Ensure that you have a concrete grasp of all the qualitative, quantitative and economic evidence available. When presenting evidence, select the focus according to the priorities and interests of your audience. Political mapping enables you to identify the allies, neutrals and opponents and is a critical step in informing the best strategic use of time, energy and focus to achieve your desired outcomes.

Before proceeding to action, first start by appraising your resources. You can categorise resources according to the ‘4S’ headings of ‘staff, stuff, systems and space’. Take care of your teams’ wellbeing and aim to create team synergy and alignment in thoughts, words and deeds. Establishing shared values and narratives will promote credibility – an essential element in effective advocacy. Current congruence with events, meaning timing, may positively influence when action is taken; this includes public concern, media interest and political cycles. Effective engagement with media requires preparation and the crucial steps include producing ‘fascinating facts’, creating ‘illustrative images’ complemented by ‘sonorous soundbites’.

Finally, reviewing and reflecting on experience along the way should inform later stages of the advocacy process. Evaluating your efforts’ overall success or failure at the end of the campaign is an essential part of learning how to make advocacy more effective, and sharing this learning widely will benefit the future campaigns of others.

Policy advocacy can be challenging but also immensely rewarding. We wish you all the best with your endeavours.

[1] While referencing legislation and structures in England the principles of advocacy apply across all UK nations.

# Introduction

The World Health Organization defines health advocacy as ‘a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme’. Advocacy is now an integral part of clinical responsibilities, and is included in GMC guidance and the paediatric Progress Plus core curriculum (appendix) which states the capability as being ‘able to utilise local, national and international health information in order to advocate for systems and policies which promote health and improve equity’. Advocacy reinforces children’s rights as described in the UN Convention on Children’s Rights particularly those Articles relating to personal autonomy, participation, promotion–protection and high-quality provision<sup>2</sup>.

Advocacy within Integrated Care Systems encompasses all activities to influence policy and practice that improve wellbeing and resilience for individuals, groups and communities. Advocacy has many elements, ranging from improving the determinants of health, ensuring cultural competence within service delivery through to advocating for policies that improve equity of access, experience and outcomes of services.

The relevance to health professionals of engaging in advocacy that tackles health determinants goes beyond a moral one; the 2019 NHS Long-Term Plan introduces the concept of ‘population health management’ as part of core NHS business. The third mantra of the 2025 NHS 10-year Plan, ‘from sickness to prevention’, recognises the importance of health and care professionals in engaging at a systems level to modify the ‘upstream’ determinants of health in their communities, as well as enabling patients to modify the more ‘downstream’ determinants that affect their lives.

The term ‘policy’ describes an explicit organisational course of action. It applies beyond government and politics, to all organisations that are involved with the planning, delivery or improvement of health services. Policy may therefore relate to a range of topics that provide opportunities for advocacy. This includes: legislation (and regulations to interpret legislation), macroeconomic policy, public or professional education and establishing a relevant research agenda to better understand a health issue.

This advocacy guide is a tool for health professionals to use to effect policy change, particularly relevant in the realm of child and family health. What has often been missing in the past is formal training in advocacy and this guide is intended to go some way towards correcting this omission.

[2] Described in CoE: Child Friendly Health Care <https://rm.coe.int/guidelines-of-the-committee-of-ministers-of-the-council-of-europe-on-c/16808c3a9f>.

# Structure

The intention is that advocacy should be used with a specific ‘ask’ or purpose in mind and this guide is structured into four sections. It will use both theoretical and real-life examples throughout to illustrate each section.

- **Clarity of Purpose** - what is it that you are trying to change, who benefits and why now?
- **Knowledge** - where are we now, what is the evidence supporting the change?
- **Intervention/Proposal** - what is proposed, what will change and by how much?
- **Learning** from advocacy action, implementation and evaluation

---

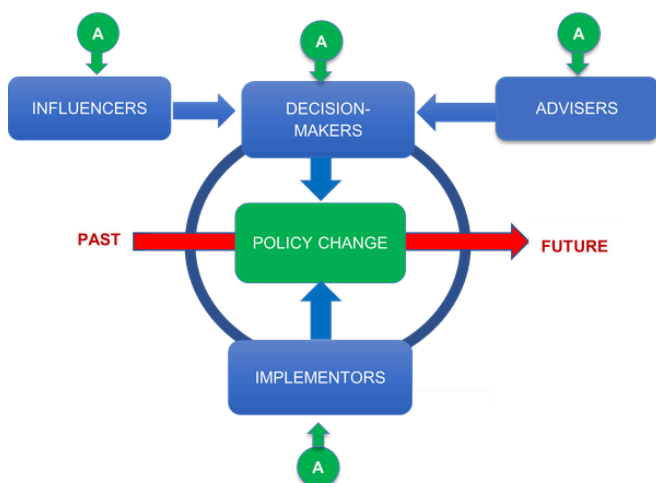
## SECTION 1: CLARITY OF PURPOSE – CONSIDER WHAT IT IS THAT YOU WANT TO CHANGE OR PRESERVE

- **Identify a clear, focused goal with precise and tangible outcomes**
- **Develop a compelling case**
- **Identify stakeholders**
- **Understand political mapping**
- **Know both sides of your argument**

### Identify a clear, focused goal

What is it that you want to change or preserve? Ensure that you have a clear, focused, practical goal with tangible outcomes. For instance, ‘solving inequity’ is a laudable ambition, but an imprecise advocacy objective. Choose something that people can relate to, that you are involved with and are ideally passionate about and for which there is good evidence for the proposed policy.

At this early stage it is worthwhile to consider for advocacy opportunities: who has most influence over the issue of concern (*Figure 1*) For example, is it a problem relating to professional practice, access to services, equity of outcomes or a legislative issue? Establishing a clarity of purpose and understanding spheres of influence then determines your subsequent strategy.



**Figure 1:** Advocacy opportunities - significant stakeholders and potential spheres of influence for advocacy.

- **Influencers** may be users, providers, researchers.
- **Advisers:** civil servants or officials often the knowledge base for decision-makers.
- **Decision makers** from service leads, chief executives through to Ministers.
- **Implementors:** those responsible for implementation.

**A** = Advocacy opportunity

## Develop a compelling case

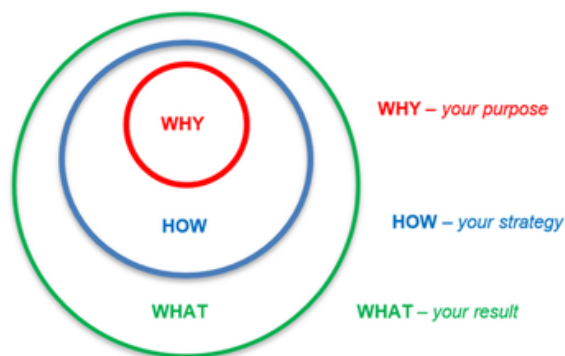
Your initial aim must be to develop a compelling argument for your cause. It is helpful initially to commit this to paper and to test it with friends and colleagues to ensure that it is precise, persuasive and watertight.

### The Case: Permitting Children to Cycle on Pavements

Active travel in childhood has a range of health benefits, but parents have to weigh these against the risks posed to their child by other vehicles. This is an understandable concern as in 2020 141 cyclists were killed, 52 were children. 1 in 10 cyclist casualties are under the age of 16 and cyclists are 23 times more likely to be involved in an RTA than motorists.<sup>[3]</sup>

Cycling infrastructure in the UK is poorly developed and an effective public health intervention could be to introduce new rules that allow children under 14 years to cycle on pavements. This requires a change in legislation – the advocacy goal – with MPs and Ministers having the most influence.

A useful tool for this is called ‘the golden circle’, which can be applied to many aspects of interpersonal and media communication (see Figure 2 below). It is important to open with the ‘why’ of what it is you want, explain ‘how’ you wish to achieve this, and then show ‘what’ is the change you want to achieve.



**Figure 2:** the Golden Circle – act, think and communicate from inside out.

To learn more about this concept, [Simon Sinek delivers an excellent 15 minute talk](#) on the importance of selling your agenda ‘to the heart’ as well as ‘to the head’. The next steps will be to engage the ‘hips and hands’ for the strategy and action plan.

### Example

*A campaign for changing laws to enable children to cycle on pavements*

**WHY:** death and injury of children from car collisions with bicycles is preventable and as a society we are not doing enough to save lives.

**HOW:** it is illegal for children in England to cycle on pavements – instead our laws push them into the road, competing for space with fast moving traffic. This rule is archaic, poorly evidenced and should be changed.

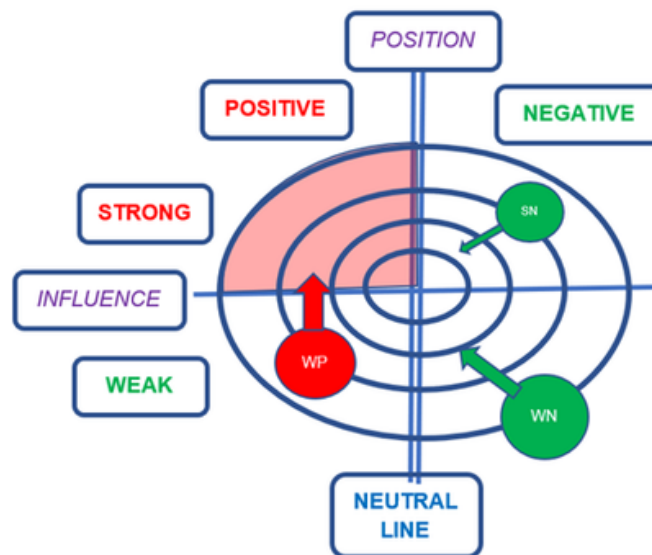
**WHAT:** we propose changing the law to make it legal for children under the age of 14 to cycle on pavements when dedicated cycle lanes are not available.

[3] Department of Transport, Reported Road Casualties Great Britain: 2019

Define precise objectives and ensure that your objectives are achievable both in number and that they are all SMART – specific, measurable, achievable, responsible and time-bound. Plain English should always be used with short, sharp, clear sentences, ideally with a memorable soundbite!

### Identify the position and influence of stakeholders

A stakeholder is: any person, group or institution with an interest your subject. A stakeholder may not necessarily be involved/included in the final decision-making process, but has some influence towards the final goal. They may be positive or negative and should be identified in terms of their size, roles and influence. Stakeholder analysis is sometimes called political mapping, illustrated in figure 3 with the intention to move minds to the top left (strong support).



**Figure 3:** stakeholder analysis by position and influence. The central double line represents a neutral position with those supporting the proposal from the left and those opposing on the right. The degree of influence is represented by the horizontal line with strong supporters above and weak supporters below. The size of the colored circles can represent numbers in each group.

SP – strong positives. SN – strong negatives. WP – weak negatives. WP – weak positives.

### Understand political mapping

Political mapping is a key element for understanding where stakeholders stand within the policy environment and where you can best influence (see Figure 3 above). It is vital that you understand:

- 1. Who are your allies (SP)?** – Who are the people that agree with you and who can provide support to further your goals. You should not waste time or energy trying to convince these groups of the veracity of your arguments, but rather understand their strengths and weaknesses in launching a successful advocacy campaign.
- 2. Who are the neutrals or weak opposers (WN)?** – These people are your core audience. You need to be able to win over these individuals and groups to your cause and here you will be competing with your opposition to convince them.
- 3. Who are your opposition (SN)?** – The strategy here is different. You will have no hope of winning these groups over, but instead your focus must be on neutralising their arguments and discovering the weak points in their arguments in order to expand your influence to those in the middle who have yet to choose where they will side on this issue.

Identifying allies will also enable you to build stronger strategic coalitions or alliances which can then bring credibility, digital media and influence as well as potentially providing both experience and practical support for campaigning.

## Know both sides of your argument

Understanding your opponents' point of view is an essential part of advancing your advocacy goals – this will become more of an asset in the 'implementation' part of your campaign, but it is wise to make a point of understanding and learning how to counter your opponents' arguments.

In addition, addressing the concerns of potential supporters which can also sway them more to your side and also prove an asset when dealing with the media. Finally, it might be necessary to reach a compromise – knowing where your opponent's argument is weakest can serve as an invaluable information in the negotiative process.

## SECTION 2: KNOWLEDGE – UNDERSTAND THE STRATEGIC USE OF EVIDENCE AND POLITICAL MAPPING

- **Assemble the evidence**
- **Tailor your presentation to the needs of your audience**
- **Communication**

### Assemble the evidence

As a health professional one of your biggest strengths lies in your ability to access and interpret evidence. Ensure you have a concrete grasp of both the qualitative, quantitative and economic evidence available to you.

### Tailor your presentation to the needs of your audience

Evidence can be a powerful tool, but it comes in many forms and your presentation should be tailored to the needs of your audience. Perhaps the most persuasive to the lay public, but least academically robust, is an anecdotal narrative evidence, illustrating your core arguments with tangible examples that people can relate to in order to generate an emotional response. This is a method of particular utility in the realm of child health and has been powerfully demonstrated in past formal and informal advocacy campaigns.

Less tangible, but perhaps more convincing to a policy-maker, would be the numerical evidence regarding the impact of the change in policy or intervention. A core part of this evidence would be cost-benefit analyses, which can provide a compelling argument for policy change.

#### **Example: neonatal hearing screening**

*Congenital hearing occurs in between 1 and 3 out of every 1,000 children. Late diagnosis results in poor language development. Early screening is possible using portable automated devices that detect transient-evoked otoacoustic emissions.*

*Universal screening detects congenital hearing loss, at a cost of approximately £10,000 per case.*

***This example brings together narrative experience, numerical evidence and cost-benefit analysis.***

### Communication

Communication should be one of your strengths – it's what you do every day explaining to patients the complexities of disease management. Media communication is no different! Keep it to 3 points, and it helps to have a real-life story and auditory and visual aids to reinforce the message. The mnemonic of the 3 Vs is helpful: *Verbal* (the words used), *Vocal* (tone, pitch, and speed of voice), and *Visual* (body language and gestures). Practice in front of your friends with a video camera and ask for feedback.

## SECTION 3: INTERVENTIONS - DESCRIBE THE ACTIONS NEEDED TO TURN ADVOCACY INTENTION INTO ACTION FOR POLICY CHANGE

The following considerations are key to a successful implementation:

- **Develop an action plan**
- **Marshal your resources**
- **Value team cohesion and wellbeing**
- **Ensure congruence and credibility within the team**
- **Target timings**
- **Effective media engagement**
- **Images and soundbites**

### **Develop an action plan**

Developing an effective plan of action should be your next port of call after assembling your team and key priorities. Develop a small set of specific SMART goals that will provide an effective initial action plan. Depending upon the topic, the action plan might include:

- Drafting policy briefings (the detailed case for change)
- Media briefings (synopsis of the policy briefing)
- Survey design, distribution, analysis and dissemination,
- Question and answer sessions to prepare speakers
- A business case for the campaign
- Clarifying relationships with coalition partners

### **Marshal your resources**

In a similar way to any project, you can divide the practical aspects into four elements:

- *Staff*

It is important to develop a cohesive competent team with all the skills and capacity required for a successful campaign. Creating an alliance with other similar campaigning organisations can both share both the costs and the skills for success. Leadership, management and communication skills are all essential.

- *Stuff*

'Stuff' covers the more tangible elements of the campaign from sustainable financing, office space, internet access, campaign materials and the day-to-day support.

- *Systems*

This is your process – how are you going to manage your advocacy efforts? Who is responsible for what? Setting out clear roles may not be necessary when you are developing an idea, but when it comes to implementation it can prevent confusion and role creep.

- *Space*

This is how you physically locate yourself – are you a disconnected group of activists, working from your respective bedrooms via Teams? Or are you an established policy unit with the funding and frameworks to match? If you are working remotely and digitally, as is often the way initially for idealists with a policy ask, it is important for you to have a platform for uploading and sharing

materials. This can take the form of simple repositories for shared resources, such as Dropbox or Google drive, or more specialised software designed for project management, such as Asana, Trello or Slack. Many of these platforms are free for small teams, although they can come packaged with a steep learning curve.

### **Value team cohesion and wellbeing**

Advocacy is a unique undertaking in that campaigners are often driven by passion and zeal rather than any kind of financial or personal career aspiration. It is very easy therefore to become personally overinvested in the success or failure of the campaign and spend a great deal of additional time and energy on the task. The team may need to be flexible at different stages of the campaign and individuals may extend their commitment above and beyond their capacity. This can lead to burnout and advocacy leaders may need a mentor to help support their teams through the difficult times.

### **Ensure congruence and credibility within the team**

Credibility in all aspects of advocacy is essential. Credibility creates trust and is reflected in thoughts, words and deeds throughout the campaign. Using the analogy of ‘head, heart, hips and hands’ is helpful – the ‘head’ represents the academic evidence behind the campaign, the ‘heart’ represents the values and emotions that motivate individuals, the ‘hips’ represent the strategy – a clear direction of travel, with actions represented by the ‘hands’.

### **Current congruence**

The most effective advocacy campaigns come from arguments that are in-step with either wider public opinion and/or mainstream specialist opinion. This does not mean that you cannot campaign against popular opinion – but it will just be a more challenging context. For example, when lobbying Ministers on health issues an alliance or partnership between patient groups, clinicians and Integrated Care System (ICS) leaders, who can then present both the problem and the solution, is far more influential than single groups possibly only representing their own interests.

### **Target timings**

Timing is important – for instance, riding the crest of a wave of a personal story getting mainstream attention can make the difference between getting your campaign noticed by politicians or not. In addition, longer term planning around political all budgetary cycles can be important – a new government or campaigning opposition is much more likely to pick up innovative policy ideas and run with them.

#### **Example: Action Days**

‘Action days’ dedicated to your topic can be a targeted time; for instance, World Cycling Day would be the perfect time to launch a campaign about changing cycling legislation, as it is far more likely to receive media attention.

### **Effective media engagement**

Engaging with the mainstream media is a core part of getting your message out into the wider world. A key step in preparation is to prepare a media cheat sheet of key facts for your campaigners; this might include three objectives, with supporting statistics and memorable soundbites.

## Example: a Soft Drinks Levy

### 1. Why a levy?

The levy directly targets the producers and importers of sugary soft drinks to encourage them to remove added sugar, promote diet drinks, and reduce portion sizes for high sugar drinks.

### 2. Will the levy increase the costs of soft drinks?

This is not a tax on consumers, if companies reduce sugar content, they will be cheaper to produce.

### 3. What will the money raised be spent on?

A special fund will be used to encourage activities for children.

### 4. Why soft drinks in particular?

Sugar consumption from drinks puts children over the recommended limits.

### 5. Is obesity really a major problem?

The UK has one of the highest obesity rates among developed countries, and it's getting worse. The estimated obesity-related cost to the NHS is over £6 billion.

### 6. What is the expected cost to the NHS for obesity?

£30 billion by 2030.

### 7. Does a sugar tax work?

It has in many countries including France, Finland, Hungary and Mexico.

### 8. Is there support for the levy?

60 public health organisations have called for a tax on sugary drinks including the Chief Medical Officer for England.

### 9. Will sweets and confectionery be next?

No plans at present but depends on how successful the drinks levy is in reducing obesity.

## Images and soundbites

Effective engagement with media requires preparation and the crucial steps include producing fascinating facts that grab attention, memorable images and sonorous soundbites so you are able to deliver a pithy one- or two-line summary of your position with three reasons why it is important. This will aid in giving you air-time and attention and get your message across in an effective manner. This is called an 'elevator pitch' and is a concise, persuasive 30-to-60-second talk that introduces and highlights the value of your case.

## Example: Fascinating Fact

'The average 5-year-old consumes their bodyweight in sugar each year.'

The same principles apply to social media – keep your messaging short and punchy and try and entice your most influential followers to re-share your message (regardless of platform). There is a role for sponsored content but this should be used with caution – the reach is often far less than intended and the content is not guaranteed to reach the correct audience.

## SECTION 4: EVALUATION AND LEARNING – SHARED LEARNING SHOULD INFORM CURRENT AND FUTURE CAMPAIGNS

- **Identify what worked and what didn't**
- **Determine which factors influenced outcomes**
- **Share learning to benefit future campaigns**
- **Identify your next priority**

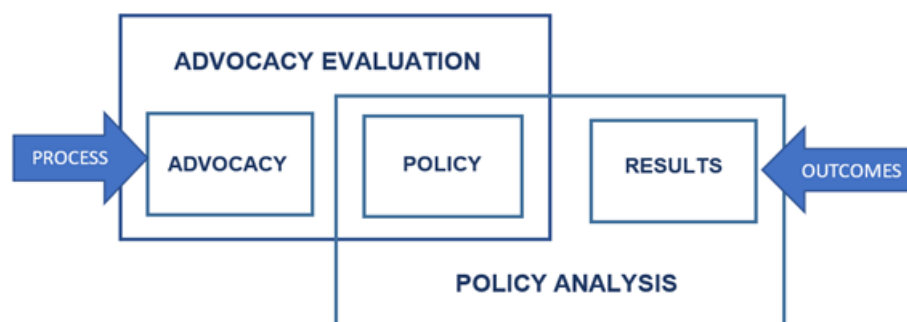
### Identify what worked and what didn't

Advocacy is very rarely an instant success! Celebrating small steps in your strategic milestones is important for team morale and the energy to keep moving forward. Partial gains, like ministerial acknowledgement, gaining an alliance partner, having media airtime or more social media followers, may be strategic progress.

Ideally, learning is a dynamic process and should take place throughout the course of your campaign so that you can adjust your message to influence the right people, at the right time – so seek feedback on what works best for different audiences. This will allow you to update your methods and adapt to new or evolving situations or new information.

Evaluation of the overall success or failure of your advocacy efforts is one of the most important parts of making future advocacy more effective. There are two elements of reflection. The first is policy analysis – were you advocating for the right outcome, at the right time? The second is advocacy evaluation – how well did the campaign go? These overlap as illustrated in figure 4. A key part of engaging in your next campaign will be evaluating your objectives and strategy – what worked and which didn't? Can you pinpoint why? If so, you will be in a far better position next time.

Figure 4 below illustrates the overlap between evaluating the advocacy process (what worked well and what did not) from the advocacy impact in terms of policy change and eventual results.



**Figure 4:** the overlap between advocacy evaluation and policy analysis

### Share learning to benefit future campaigns

Advocacy is an area without a strong evidence base – often groups which achieve policy change either do not want to vocalise the role they played, or feel that sharing strategies may undermine their efforts in the future. However, that should not be a rule. Try your utmost to share your successes in order to uplift the efforts of others and preserve an element of institutional/organisational memory from your own efforts.

## Identify your next priority

Often policy change is an incremental process. Have you succeeded completely? If so, congratulations! If, however, you've met with only partial success, it is important to define what your next objective will be and how to go about achieving it.

## Successful examples in child-related policy:

- Soft landings under public playground equipment
- Letter writing to parents after clinic consultations
- Development of children's palliative care services
- Introduction of neonatal otoacoustic emissions hearing screening
- Back to sleep campaigns
- Promotion of breastfeeding
- Reduction of smoking in pregnancy
- Sugar reduction in processed foods
- Free school meal programmes
- Child restraints on medicine containers
- Child Friendly Health Care

# Conclusion

The 2019 and 2025 NHS Plans have given a green light to advocacy to achieve the Fit for the Future aspirations of 'from sickness to prevention' and 'from hospital to community' which all contribute to 'creating the healthiest generation of children ever'. Tackling health determinants and lifestyles, particularly to improve the equity of health service outcomes is a legitimate and necessary extension of professional responsibilities for clinicians.

Clinicians now have the opportunity to work within strategic ICS structures, with patient groups and local communities to tackle the factors that are important in peoples lives, whether it be increased exercise, more green spaces or improved nutrition and better food choices. We hope that this guide proves useful to potential patient advocates and campaigners wishing to start making policy change in their area of choice. Advocating for 'change for the better' should become part of trainees' core competences to prepare them for an ever-changing future health and care system.

The intention is to update this guide in the light of your experience and feedback. Please send us examples of your experience that others may benefit from. We look forward to hearing from you.

**Release date:** May 2026

**Contact Us:** [info@bacaph.org.uk](mailto:info@bacaph.org.uk) | [bacch@rcpch.ac.uk](mailto:bacch@rcpch.ac.uk)

**Websites:** [www.bacaph.org.uk](http://www.bacaph.org.uk) | [www.bacch.org.uk](http://www.bacch.org.uk)

[Click here for a weblink to this guide](#)

[Click here for Simon Lenton's accompanying presentation on advocacy](#)

# Useful Further Reading

Aynsley Green A et al: *Who is speaking for children and adolescents and for their health at the policy level?* BMJ 2000; 321:229–232 <https://pmc.ncbi.nlm.nih.gov/articles/PMC1118224/>

British Institute of Human Rights: *Human Rights for Community Groups Raising a human rights issue: tips and tools*. Bringing rights to life. 2012.

<https://www.bih.org.uk/Handlers/Download.ashx?IDMF=157a9513-871c-4448-9728-c4c3f931018c>

Chapman S: *Advocacy for public health: a primer*. J Epidemiol Community Health 2004;58:361–365. doi: 10.1136/jech.2003.018051 2004

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732774/pdf/v058p00361.pdf>

Council of Europe: *Child Friendly Health Care* <https://rm.coe.int/guidelines-of-the-committee-of-ministers-of-the-council-of-europe-on-c/16808c3a9f>

D'Eath M, Barry MM, Sixsmith J: *A rapid evidence review of health advocacy for communicable diseases*. Stockholm: ECDC; 2014.

<https://www.ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/Health-advocacy-technical-report-January-2014.pdf>

Devakumar D, Spencer N, Waterston T: *The role of advocacy in promoting better child health*.

<https://adc.bmj.com/content/101/7/596>

Fallada R: *Using narratives to impact health policy-making: a systematic review*. *Health research policy and systems* (2019) <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0423-4>

Global Education First: *The Advocacy Toolkit* <https://plan-international.org/publications/advocacy-toolkit#download-options>

International Council of Nurses: *Promoting Health Advocacy Guide for Health Professionals* (2008) <https://www.whcaonline.org/uploads/publications/ICN-NEW-28.3.2010.pdf>

Lansdown G: *Implementing children's rights and health*. Arch Dis Child 2000; 83:286–288 <https://adc.bmj.com/content/83/4/286.long>

Lenton S, Finlay FO: *Public health approaches to safer cycling for children based on developmental and physiological readiness: implications for practice*. BMJ Paediatr Open. 2018 Apr 5;2(1):e000123. doi: 10.1136/bmjpo-2017-000123. eCollection 2018.

<https://pubmed.ncbi.nlm.nih.gov/29637180/>

MIND: *The Mind Guide to Advocacy* (2010). <https://www.mind.org.uk/media-a/2901/advocacy-2018.pdf>

Rudolf MCJ, Bundle A, Damman D, Garner M, Kaur V, Khan M, Robinson G, Ruge S, Waterston T: *Exploring the scope for advocacy by paediatricians* Arch Dis Child 1999; 81:515-518  
<https://pubmed.ncbi.nlm.nih.gov/10569972/>

Sinek, Simon: TED talk

[https://www.ted.com/talks/simon\\_sinek\\_how\\_great\\_leaders\\_inspire\\_action?language=en](https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action?language=en)  
<https://simonsinek.com/commit/the-golden-circle>

UNCRC - Summary: [www.unicef.org/crc](http://www.unicef.org/crc)

Waterston T, Tonniges T: *Advocating for children's health: a US and UK perspective.*  
<https://adc.bmj.com/content/85/3/180>

Waterston T, Haroon S: *Advocacy and the Paediatrician.*  
<https://www.sciencedirect.com/science/article/pii/S1751722208000231>

Waterston T: *Teaching and learning about advocacy.* <https://ep.bmj.com/content/94/1/24>

Webb E: *Health Services: who are the best advocates for children?* Archives Dis Child 2002; 87:175-177 <https://adc.bmj.com/content/87/3/175.long>

World Health Organisation: *A Practical Guide to Successful Advocacy* (2006).  
[http://apps.who.int/iris/bitstream/handle/10665/43513/9241594462\\_eng.pdf;jsessionid=07142D9291DAA0CD4BB5EE532BB66929?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/43513/9241594462_eng.pdf;jsessionid=07142D9291DAA0CD4BB5EE532BB66929?sequence=1)

# Appendix: Competencies Relating to Advocacy in RCPCH Progress Curriculum

## **Level 2 Curriculum Learning Outcome 5:**

This domain encapsulates duty of care, legal and ethical frameworks, advocacy, accountability and responsibility. The trainee now at ST3-4 will draw upon the knowledge and experience gained at ST1-2 and build upon this. The trainee can now perceive situations as a whole and apply a range of professional values and behaviours in an advanced way.

- Independently applies knowledge of quality improvement processes in order to undertake projects and audits that enhance clinical effectiveness, patient safety and patient experience.
- Applies knowledge of how cultural, social, religious, environmental and economic factors impact child and family health.
- Applies knowledge of the health system to promote child physical and mental health and disease prevention.

## **Level 3 Curriculum Learning Outcome 5:**

Demonstrates leadership in the promotion of health and well-being practices in the wider community.

- Considers how to contribute to local, national and international initiatives (including advocacy) aimed at reducing inequalities in child health and well-being.
- Uses healthcare and other statistics, reports and the literature to make a case for health service developments.

