Community-based advocacy – An exploratory study

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Abstract

The article follows on from a previous review of the literature on community advocacy and reports on research undertaken in Christchurch that explored the nature of community advocacy from the perspective of advocates themselves.

Introduction

This research was an exploratory study designed to provide some insights into the research question: 'What is the nature of community-based advocacy in Christchurch?' The six aims of the research were:

1. To explore how advocacy is defined in the community-based sector in Christchurch.
2. To explore if there is a common model of advocacy used or many different ones.
3. To identify the theories underpinning the community advocacy work being carried out.
4. To identify the skills and qualifications regarded as most applicable for this work by advocates themselves.
5. To identify the challenges, rewards and limitations of community-based advocacy.
6. To identify future service directions for this work.

The research was completed in three parts. Firstly, a review of literature related to the research question was undertaken and has been published separately (*Social Work Review, 19*(4)). Secondly, local advocates' perspectives on community advocacy were sought using a comprehensive questionnaire. Content analysis was used to determine common themes and / or differences in the responses. Thirdly, a focus group of seven respondents, including the researcher, discussed and commented on a summary of the survey findings.

Background of participants

Participants were all 'self-selecting' workers in Christchurch who were working as advocates and who felt that their work related to the term 'community advocacy'. A specific definition of 'community advocacy' was not given, as one of the project aims was to explore how advocates themselves defined advocacy.

Of the 11 advocates that completed the survey, seven were male, all over 30 years of age and four were females, all over 40 years of age. The participants' experience ranged from less than one year to over 10 years. Nine were in paid positions, one in a voluntary position and one had worked in a variety of paid and unpaid positions. Seven were in full-time positions and six of these worked solely as advocates. Three respondents worked a minimum of 37.5% to 60% of their time as advocates and one participant spent a small proportion of their time on advocacy.

Seven advocates had formal qualifications, which they identified as relevant to their advocacy roles. These included qualifications in law (2) social work (3) and education (2). Both law and social work have a long tradition in advocacy so these seem a natural fit, in the absence of a specific qualification for community advocacy.

Participants mentioned a variety of previous work roles, which gave them relevant experience. These included prison and court work (2); community work in mental health; working with a Maori community in a small town; practising law (2); working with Salvation Army in community ministries, and being a complaints manager. All positions involved working at the grassroots levels with people and communities.

Some participants emphasised specific work skills gained that assisted with their advocacy role. These included good communication skills (verbal and written), leadership experience, networking / contacts, working bi-culturally and cross culturally, knowing government systems, training in 'critical thinking' and structural analysis, training in mediation and conflict resolution. Participants reported that training provided for their advocacy role was either agency-based or linked to external workshops and courses of a short duration.

Comments made on what attracted them to advocacy work identified several inter-related themes.
1. An interest in working with and supporting people who are disadvantaged in some area of their lives in order to create positive and practical change ('support for the underdog').
2. The desire to help people who don't have the knowledge or skills (yet) to speak up for themselves.
3. An interest in teaching people new skills to enable self-advocacy in the future.

Participants were asked to indicate the main focus of their advocacy work from a list of possible options as shown in Table One below. All participants, regardless of their service focus indicated that they work with disability issues. In addition, all but one participant marked multiple issues with over half of the issues being a focus for the majority of participants. This indicates the variety, inter-connectedness and complexity of issues with which participants are working.

Table one. The main focus of participants' advocacy work.

Issues Addressed	Number	Percentage
Disability issues	11	100%
Interfacing with government departments	9	82%
Access to information/resources in an accessible form	9	82%
Benefit entitlements	8	73%
Employment rights	8	73%
Family/whanau issues	8	73%
Youth issues	8	73%
Addiction issues	8	73%
Access to affordable housing/ emergency housing	7	64%
Information on human rights	6	55%
Education/training issues	6	55%
Children's rights	6	55%
Gender issues	3	27%
Other: Health	1	9%
Animal rights	11	9%

Note: Benefit and housing issues are often linked.

This table raises some interesting implications for future training for advocates. Firstly, all participants indicated that they work with disability issues. This means that advocates require an understanding of disability issues and rights. Secondly, the majority of participants indicated that they deal with a broad range of issues, so it is important for advocates to know how to make comprehensive assessments in order to make appropriate referrals for issues outside of their services' brief or expertise.

Research aims

Aim 1: How is community-based advocacy defined in Christchurch?
The participants' agencies defined advocacy according to two broad, inter-related themes. These were empowerment/self advocacy and support/education, which were supported by respondent's personal definitions. There was no single common definition of advocacy amongst the participants but there was a common understanding of the 'essence' of advocacy within their various practices.

> Enabling others to use and/or develop the skills and confidence to address a concern. It's about empowerment.

The participants' agencies appeared to work in a variety of ways to enable people's voices to be heard and to ensure their rights are respected in the situations or environments in which they find themselves. This is congruent with the various ways advocacy has been described in literature both in New Zealand and overseas.

Aim 2: Is there a common model of advocacy used or many different ones?
The People First's rights-based, self determination model noted was the only clearly defined model identified by participants. Four participants (of nine who worked for an agency)

stated that their agency worked with an explicitly stated model of advocacy. Three used strengths-based approaches and one a 'relational' model.

Strengths-based approaches are not strictly speaking 'models' but this way of working is particularly suited to advocacy, especially when used in conjunction with socially just practice. (McCashen, 2005). Strengths-based approaches incorporate principles of empowerment, partnership, inclusion, self-determination, collaboration, transparency, the sharing of resources and regard for human rights (McCashen 2005; Saleeby 1997).

When looking at how participants described their advocacy work, it became apparent that six different models of advocacy were being used. While they did not use the following terminology, their descriptions matched the following models of advocacy found in the literature:

- Promoting and supporting 'self-advocacy' through education and support.
- 'Case' advocacy in working in partnership with people to achieve solutions to their situations.
- 'Peer' advocacy through providing a specialist service by advocates who have personal experience of the specialist area.
- 'Professional' advocacy by providing assistance/support for people unfamiliar with negotiating their way through various 'systems' e.g. government agencies.
- 'Expert' advocacy – through legal representation.
- 'Cause' advocacy – which involves advocating on behalf of a larger group to bring about change to benefit many.

The participants' definitions also fit with the view by Fenwick, (1999), that community (welfare) advocacy work exists along a continuum as illustrated by the table below:

A framework of community welfare advocacy.

Case Advocacy		Cause Advocacy
Advice	Accompany	Protest action
Information	Argue a case	Lobby
Whanau/family support	Witness, represent	Media
Self advocacy	Support, empower	Petitions, etc

(Fenwick, 1999, p. 9).

Aim 3: What theories underpin community-based advocacy work?
Only two participants stated that their agencies used explicitly stated theories. These were defined as 'Post-modernistic theories' and 'Narrative theory'. It is possible that the remaining participants were working from a practice base without realising the theoretical names for their praxis, but without discussing this with participants it was not possible to draw any valid conclusions.

Clear themes emerged in relation to the personal and agency values underpinning participants' advocacy work. These included a strong emphasis on social justice and equality

with a concern for the disadvantaged members of society. This is compatible with socially just practice, anti-oppressive practice, empowerment theories, rights-based practice etc. Three participants also stated that they worked from a strong Christian values base.

The focus group acknowledged that they did not think of their work in relation to theories and some expressed a concern that identification with particular theories could lead to a restriction in their way of working. There was general agreement on the importance of flexibility and creativity in working in ways that are appropriate for each client. An understanding of theories does not preclude this as many theories actively promote this, for example strengths-based approaches as mentioned earlier. Rather, it may highlight a gap in the training received by advocates on the historical roots and theoretical underpinnings of their work.

Aim 4: What skills and qualifications are regarded as essential to be an effective advocate?
The researcher provided a list of personal and professional skills in an attempt to provide a benchmark of skills (similar to a job description) for two purposes. Firstly, as an attempt to distinguish and name the skills set relevant for advocacy work and secondly to test the researcher's 'assumptions' on what makes an effective advocate against the views of other advocates. Many of these skills are relevant for other areas within the social services but the emphasis here is on exploring the participants' perceptions of relevance to advocacy work specifically. There was room for participants to add to the list but no one did.

All the personal skills listed below were regarded as being 'essential' for a person to be an effective advocate. They are listed in order of rank given by participants.

Table two. Personal skills regarded as essential to be an effective advocate.

No:	Personal skills (N=11)	1	2	3	4	5	NR*	Score
1	Ability to work alongside people				1	10		54
2	Listening				1	10		54
3	Patience				1	10		54
4	Ability to put people at ease			1		10		53
5	Good verbal skills			1	1	9		52
6	General life experience			1	2	8		51
7	Ability to think on your feet			2	1	8		50
8	Empathy			2	1	8		50
9	Ability to handle conflict constructively			2	2	7		49
10	Ability to adapt communication style to match client's mode			3	1	7		48
11	Ability to teach people new skills			2	3	6		48
12	Cultural understanding		1	2	2	6		46
13	Good written skills			2	6	3		45
14	Personal experience of issues clients face		5	3	2	1		32
15	Knowledge of Te Reo		4	5	1		1	24
16	Knowledge of another language	3	3	3	1		1	22
17	Interest/knowledge of politics	2	5	4				22

Key: 1= unimportant, 2 = of little importance, 3= important, 4= very important, 5 = vitally important
NR (no response)* = depends on context.

The four skills that received the lowest rankings (personal experience of issues clients face; knowledge of Te Reo; knowledge of another language and interest/knowledge of politics) may be skills that have particular relevance to specific work areas. For example, personal experience may be more highly valued in services providing consumer/peer, group and/or self-advocacy services. Knowledge of Te Reo or another language may be highly rated in advocacy services with a commitment to bicultural practice and /or working with communities with diverse cultural, ethnic and language mixes. Interest /knowledge of politics are relevant for advocacy at the social policy level or macro level but not all advocates are able to work at this level. This level of advocacy may be handled at management, CEO and /or board level for many advocates working within community-based agencies.

The focus group commented that one possible reason for life experience being rated so highly (93%) was because there are no specific qualifications for advocacy. They also thought that the lack of a recognised qualification for advocacy might be why there were no young people (under 31 years) amongst the sample of advocates. The group also thought that knowledge of Te Reo would become increasingly important in the future.

The professional skills listed below were all regarded as essential for being an effective advocate by participants. They were ranked on a scale from one to five.

Table three. Professional skills regarded as essential for effective advocacy.

No:	Personal skills (N=11)	1	2	3	4	5	O*	Score
1	Ability to support and encourage people to speak up for themselves			1		10		53
2	Broad community networks			2	4	5		47
3	Opportunities for professional development			4	4	3		43
4	Understanding of power structures		2	2	6	1		39
5	Regular supervision	1		2	3	4		39
6	Para-legal knowledge		1	6	3	1		37
7	Links with key personnel in government agencies		2	5	3	1		36
8	Community work training		1	7	2	1		36
9	Knowledge and understanding of political processes		2	6	2	1		35
10	Community development training		1	5	3	1	1	34
11	Links with local iwi		4	3	3	1	1	34
12	Knowledge of NZ social policies		3	5	3			33
13	Links with the Christchurch City Council	3	2	3	2	1		29
14	Links with local MP's	3	2	3	2	1		29
15	Internet search skills		2	8			1	28
16	General computer skills		1	8			1	26
17	Social work training	1	5	5				26

Key: 1= unimportant, 2 = of little importance, 3= important, 4= very important, 5 = vitally important
Other * = depends on context.

As shown in Tables Two and Three, there was a much wider distribution of ratings within this skills list than in the personal skills list. It is interesting to note that training in commu-

nity work and in community development rated much higher than training in social work. There were no clear conclusions on why this was so by the focus group. They surmised that participants may have simply ranked the areas that they were familiar with themselves.

The high rankings for understanding of power structures, knowledge and understanding of political processes and knowledge of New Zealand social policies show the importance for advocates in having a broad understanding of the sociopolitical climate within which they are operating. These, together with the high ranking for links with key personnel in government agencies highlight the importance of advocates understanding the structure and processes of the various government agencies providing services for their clients, in order to establish positive relationships with key personnel for the benefit of clients. One respondent commented:

> The ability to build effective, open relationships with clients and organisations, both government and non-government is essential. The key to being effective is identifying the issues and who can deal with them, so an analytical mind is very helpful. Being non-judgmental is a key to unlocking the client's reserve (if they have any) so you can get the whole picture, not just a brief overview.

Training that advocates think would help a new person working as an advocate included learning about the various models of advocacy available (from adversarial to support); theoretical training in what advocacy is and isn't; training in government / organisational processes and laws relevant to the area of work; and a variety of personal and professional skills relevant to social service work.

It is important to note the frequency with which participants mentioned having a passion for social justice and its value in this work role. This came up regularly within responses to various parts of the survey. One participant expressed this, as follows:

> Advocacy is something of a black art. Some people naturally advocate for others due to their passion for social justice – with them it is just training in processes. Those who are not motivated this way – I'm not sure how you instill the passion in them but you can make a mediocre advocate of them by training in relevant law and processes.

Aim 5: What are the challenges, rewards and limitations of community-based advocacy?
The challenges noted included issues relating to some clients' willingness to do the work to see an issue through to completion; negative attitudes of other professionals; limited resources and / or funding; limited time and difficulties related to negotiating systems and processes of other agencies and in one case limitations imposed by their own agency.

Of the six participants whose sole role was advocacy only one stated that they experienced tensions or clashes in their role and this related to time management and resources. For the five participants in mixed roles, three noted tensions that required attention to boundaries and making choices about what could be offered to clients. In one case this related to the amount of pro bono work that could be offered. In another case it related to decisions on whether or not to offer practical assistance to address the most immediate need of a client when doing so may mean that the client won't return to address the underlying issues.

Only three participants indicated that they had experienced constraints due to obliga-

tions to external funders. Other constraints expressed included obligations to do public education work versus individual client work and the need for more hours than covered by funding.

The issue of receiving funding from government agencies, which advocates on occasion need to challenge (over service provision issues on behalf of clients), was acknowledged as being a tricky area. No overt constraints were acknowledged but advocates were neverthe-less very conscious of the potential impact that challenging government agencies may have on future funding. Whether this is a real threat or not could not be determined in this study but it is an issue that advocates were very aware of. To avoid potential conflicts of interest arising there was support for independent funding of advocacy services with acknowledge-ment that this too can have disadvantages in terms of anxiety about ongoing funding for a service and in relation to job security.

The authors reflected that the tensions mentioned in relation to advocates' work roles were similar to those experienced by other social service workers – choices relating to time constraints, boundary issues, and ways of handling presenting issues.

All participants talked of the satisfaction they gained from seeing good outcomes for their clients and in seeing their clients grow and develop new skills. Several participants mentioned enjoying working with other professionals and networks and two enjoyed the training / educational side of their work. This is consistent with the comments made by advocates in Fenwick's (1999) study on advocacy.

Aim 6: What are future directions for advocacy services?
The recommendations made by advocates for the future were:

- Increased funding for staff – especially funding for independent services to support specialist advocates i.e. mental health, disability, housing and Work and Income.
- Developing a higher public profile so people know services are available.
- Developing a code of ethics / code of practice.
- More emphasis on supervision.
- Increased sharing of ideas and experience amongst advocates.
- Regular interagency meetings.
- More consultation with consumer / self advocates by service providers and involvement in service providers' staff training.
- More funding to build independent self-advocacy services.
- National training set up through the polytech system.
- Develop a formal qualification for advocates.
- Regular training provided at low or no cost.
- Working independently but also collaboratively on specific issues e.g. social housing.

These responses link well with other issues explored within the literature. New issues to emerge in the New Zealand context were: developing specific advocacy qualifications; the need for more input by self and consumer advocates in staff training programmes for service providers; more emphasis on supervision and increased funding for specialist advocacy services.

Summary of issues

Education and training

In this study attention was paid to identifying skills and training necessary to enable people to be effective advocates. This is an area that clearly needs ongoing discussion across the field, as training to date is very ad hoc and basically linked to in-house training. Some participants recommended developing a recognised qualification for advocates. This is an issue currently being explored in Ireland and Scotland (Comhairle, 2003) and discussion there focused on providing a generic base training with flexible training modules to match the differing models of advocacy people may be involved in, for example self advocacy and professional advocacy. The focus group acknowledged the need for flexibility so that potential advocates were not excluded on the basis of academic abilities and to ensure that the training was relevant.

There was also some concern expressed with regards to professionalising the work of advocates, although these comments were concerned more about the suggestions of developing specific qualifications for advocates. One comment made in the focus group was that as people become qualified they expect more money and that this can create an increasing gap between advocates and clients when working 'at the grassroots'. It was thought that a qualification for advocacy could also discourage some good people in becoming advocates.

It would be fair to say that not all advocates are actively engaged in the political dimensions of advocacy, i.e. addressing issues on the macro level (structural and policy levels). However, even working on the micro level with individual clients is an inherently political act through actively seeking better outcomes for clients than they have previously achieved and in encouraging clients to speak out about their experiences and to ask that they be treated differently. It is therefore very important that advocates have an understanding of political processes and of how power structures work in society.

The participants considered that there were mixed but relatively low levels of understanding of the advocacy role by clients, government agencies and within the general community. Even within agencies that had advocacy services the understanding of the role was not deemed high. This shows that there is a need for more community education about advocacy. There was awareness that the political component of some advocacy work may not always be well received by the general public. The suggestions offered by participants on how to improve understanding of the advocacy role included education, networking and through people directly experiencing an advocacy service.

Professional practice issues

Collaboration – There was evidence of collaboration between advocacy services, mediation and legal services with a two-way flow of referrals for the benefit of clients when their needs required specialist services outside the brief of participants' own service. There was an expressed desire to maintain and increase this level of collaboration both for clients' benefit and also as a support and resource for advocates themselves. This came through strongly due to the frequency in which advocates were dealing with multiple and complex issues. A new opportunity for advocates to meet on a regular basis has emerged with the newly formed Canterbury Advocacy Action Forum (CAAF).

Code of practice – The development of a code of practice for community advocates was supported by all but one participant who thought that it would place too many restrictions on practice. Those in favour of a code thought that it would ensure more consistency in services to clients and that clients received a quality professional service. The benefits to advocates also related to consistency and accountability. It was seen as being good for training new advocates, and for developing a professional body.

Another view in support of developing a code of practice is that of Kendrick (2002) who discusses issues of 'public trust' and integrity in relation to advocates' work. He states that because advocates scrutinise and challenge decision makers and those in power, they can in turn expect to be judged by the same exacting standards, hence the importance of having exacting principles to guide advocates and to be judged against.

Complaints – All but one of the participants had a complaints process for clients to pursue if they were not satisfied with the service they received at their agency. Over half the participants had agency-based processes and two used the Health and Disability complaints process. A clearly defined complaints process is a generally accepted principle of best practice in the social services field and essential to protect the interests of clients.

Independence
The issue of moving to independently funded advocacy services was favoured by advocates in terms of increased freedoms for practice options. However, it was seen as having some disadvantages in relation to insecurities around funding and job security, loss of access to additional resources and services currently available, and lack of influence over the development of policies and procedures within their current organisations.

Being independent was not seen as the complete panacea as time and resources still needed to go into maintaining funding through the usual round of funding applications. Suggestions made by advocacy services in Ireland and Scotland (Comhairle, 2003) were guaranteed funding for independent advocacy services by statutory bodies by legislation but with explicit agreements that the independence of the advocacy organisation be maintained at all times and that 'differences of opinion' between the two parties should not affect the funding (Comhairle, 2003). This level of statutory funding for advocacy services is already in place in Australia (Australian Government, 2008) and New Zealand (Health and Disability Commissioner, 2008) under the health and disability umbrella but considerable work would need to occur to reach understanding for the wider community advocacy area.

The issue of independence needs to be more thoroughly explored and is intertwined with identifying the differing models of advocacy. Some models are best provided by independent agencies (e.g. advocacy for mental health consumers) and others may function along a continuum from independence to connection with community-based agencies. This is an issue that needs to be explored and clarified within the setting of community advocacy.

The literature review raised the issue of whether social workers should continue to work as advocates for their clients or whether this work should be referred on to independent advocates. This issue was not addressed in this study as it is actually quite complex and appears (from the literature) to have emerged in relation to work in the disability and mental health fields. In certain settings, such as residential care, there is merit in having a neutral

person act as advocate for a client rather than a social worker employed by the residential care facility. Where a social worker does the majority of work with a client or family, they may wish to refer to a specialist advocate for specific components, e.g. a 'welfare' advocate for benefit entitlements or a health and disability advocate for issues relating to those services. There are complex issues to consider that may offer potential for new partnerships to develop for the benefit of all parties, clients and workers in the social services.

Community advocacy is in its formative phases as a discipline in New Zealand and not enough is known about the advocacy services that currently exist. Research is needed to identify and develop best practice models. This could also explore the issue of potential conflicts of interest. This also links with the need to raise awareness about advocacy. Fenwick (1999) recommended that training modules on advocacy be a core component of social and community work training and education to help combat this. Also, there is a need for social workers to develop a clearer understanding of the differing models of advocacy used in social work to determine which model is appropriate for each client in their given situation as noted in our previous article by Freddolino, Moxley and Hyduk (2004).

Conclusion

This research has stimulated numerous questions about the nature and future of community advocacy. In many ways it has raised many more questions than it has answered, but that seems appropriate given the relative infancy of advocacy services in New Zealand.

The overall impression gained from this research is that advocacy is a vibrant and diverse field of work, which inspires (or attracts) people with a strong passion for social justice issues. Community advocacy is at a point of becoming more conscious of itself as a separate discipline that is supported and informed by the practice wisdom of other disciplines, most notably social work, education and legal practice. Community advocacy has benefitted from the achievements made within the health and disability fields. This has paved the way in terms of recognition of clients' rights and in the provision of independent services. It is now up to the wider sector of community-based advocacy to continue the dialogue on the issues highlighted in this study. It is hoped that this study can offer some beginning snippets of conversation to help in this process of dialogue to increase understanding about the nature of advocacy in Christchurch.

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