Community advocacy – A social work role?

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Abstract

This is the first of two articles on community advocacy. This first article reviews the literature relating to community advocacy from the perspective of a social work practitioner. A second article will report on research that explored the nature of community based advocacy services in Christchurch from the perspective of the advocates themselves.

Introduction

Various studies and commentaries have been written on advocacy services in the health and disability fields. These have led to the development of clearly defined practice standards for advocates in these fields with clear avenues for complaint for consumers. Less attention has been given to advocacy, as a practice issue within social work, and to community advocacy in particular.

This review uses the term 'community advocate' to keep the focus as broad as possible. The traditional term of 'welfare' advocate was seen as potentially limiting and stigmatising with its strong association with poverty. Poverty related issues and access to benefit entitlements are a common issue for many community advocates but it was not considered to be the only issue as advocates regularly work with an increasingly complex mix of issues.

Advocacy within the social work role

Advocacy is not unique to the social work profession but it has historically been regarded as being one of the core practice skills of social workers and part of their everyday activities. (Payne, 2000; Bateman, 2000; and Brandon & Brandon, 2001; Leadbetter, 2002; Weber 2005). The earliest efforts of social reformers committed to the social justice movement were concerned with obtaining and guarding the rights of people. Over time, this concern was articulated and resulted in the emergence of a set of behaviours that have been defined as 'advocacy' (Middleman & Goldberg, 1974). Middleman and Goldberg (1974) defined advocacy as one of the four key roles of the social worker.

There is common agreement in the literature that the purpose of advocacy within social work is to protect and improve the social status of people who may be considered vulnerable or oppressed within a broad range of social settings such as a community, organisation, service system, societal institution or society itself (Freddolino, Moxley & Hyduk, 2004; Payne, 2000; Weber, 2005). The social worker's role as advocate is to:

> …enhance the responsiveness of socio-legal arrangements to people's needs within the context of their lives. Rights to services, adequate income, decent housing, humane treatment by social and welfare organizations, and to participate in society on equal terms are at the core of advocacy (Weber, 2005, p152).

The role of advocacy in New Zealand is clearly defined in the Aotearoa New Zealand Association of Social Worker's (ANZASW) Code of Ethics, Sections 2.3 and 2.4 (ANZASW, 2007).

Definitions and models of advocacy

There are many differing types of advocacy and as result many models of advocacy depending on why the advocacy is needed, in what environment and who is doing the advocating. In the literature there are a variety of terms used to describe the different types of advocacy.

Middleman and Goldberg (1974) defined two types of advocacy. D-type advocacy is where the worker argues for a client's entitlement and is based on individual need. B-type advocacy organises groups of clients and mobilises them to argue for their own entitlement. Davies (1994) describes these two types of advocacy as *personal* (often called '*case*') and *structural* (often called '*class*' or '*cause*') advocacy. The personal focuses on the individual, and the structural on the needs of a group or a community. For example, a structural advocate may assist a self-advocacy group to form and to develop the skills to speak for themselves. This type relates more to a community development model.

The Irish Comhairle Report (2003) described the differences in this way:

> In practice, different forms of advocacy may operate 'to principles that are not only different, but may appear contradictory'. For example, *citizen advocacy* schemes champion the idea of the volunteer advocate, the ordinary citizen who is uncontaminated by service perspectives; *casework advocate* schemes will emphasize the importance of 'knowing the system', so as to champion the user whose rights are threatened by it. (Henderson and Pochin, 2001: 13). *Peer advocates* may emphasize the importance of user-experiences in representing others. *Self-advocacy* schemes underline the importance of empowering the service-user while *professional advocates* may point to a client's increased chance of vindicating his/her rights if he/she has an *expert advocate*. An individual may use two or more forms of advocacy in tandem (Comhairle, 2003, p33). (Note: Italics added for clarity).

Brandon (1995) argues that there are only three types of advocacy: '*self advocacy* by the person affected; *paid or professional advocacy* by someone such as a lawyer, accountant or trade union official; and *unpaid or amateur advocacy*' (Leadbetter, 2002, p201). Amateur advocacy in Brandon's description can be traced back to the origins of Christianity (and many social and community worker advocates today work for church based agencies) while professional advocacy has its origins in legal advocacy by solicitors and barristers (Leadbetter, 2002).

Sosin and Caulum (1983) developed the following way of distinguishing between different levels of advocacy intervention:

1. *Individual level* – addresses specific or group issues in a factual manner. The advocate is not seeking to actively challenge agency rules or processes but presents new information or highlights errors that may have been made by the decision maker.

2. *Administration level* – advocate accepts the basic rules of the agency or organisation. Effort is directed at changing the way the agency applies the rules.

3. *Policy or legislative level* – effort is aimed at changing the rules that affect the client or group (Sosin and Caulum, 1983).

New Zealand models

The question arises: Where does community advocacy, in New Zealand, fit with these various definitions and distinctions between various models of advocacy? There is very little written about advocacy practice in New Zealand in general and only two reports on welfare advocacy (Fenwick, 1999 and Fenwick, Davidson & Briar, 2000). The first study explores the response of welfare advocacy to the social problem of poverty and the later study explored whether advocacy services were actually helping clients to access their WINZ entitlements. Fenwick (1999) argues that community (welfare) advocacy work exists along a continuum as shown in Table One below.

Table one. The advocacy continuum.

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, Davidson & Briar, unpublished, 1999).

Fenwick (1999) states that the reason these activities exist on a continuum is because the political values underpinning cause advocacy must also underpin case advocacy, and vice versa. This reflects the commonly accepted feminist principle that 'the personal is political'.

PAN, the Peoples Advocacy Network based in Wellington, has developed a model based on Ara Tukutuku – the Web. The web has five strands, which radiate from Manaakitanga (respect). The web itself is a spiral, symbolising growth, and the dynamic nature of our lives and relationships, always shifting and evolving. The five strands are:

- Wairuatanga (spirituality, dreams, goals, aspirations, personal vision)

- Whanaugatanga (relationships, interdependence, recognition that all people are taonga – to be treasured and valued)

- Taha tinana – the physical world
- Turangawaewae a place to stand, belongingness and acceptance, a safe place.
- Taha hinengaro (mental and emotional, psychological health, the ability to think critically and creatively) (Lyon 2006).

PAN works with people with disabilities and their practice builds on work developed by disability groups in England and America that promotes self-advocacy, citizen advocacy and advocacy groups based on anti-discriminatory and rights-based approaches.

Advocacy Services South Island is a service provided under the Health and Disability Commissioner Act 1994 for people with issues relating to health and/or disability. The advocates provide a service which is 'rights-based, strengths-based and solution-focused' (Daly, 2006). They also use narrative theory as a practice approach.

The work of these advocates is guided by two codes provided by the Health and Disability Commissioner: The Code of Practice and the Code of Health and Disability Services Consumers' Rights Regulation, 1996. The Code of Practice outlines the purpose of health and disability advocates; independence and accessibility; confidentiality and ethical practice; quality improvement and professional practice (see http://www. hdc.org.nz for details). The Code of Health and Disability Services Consumers' Rights outlines the 10 rights of consumers and the duties of providers (Health and Disability Commissioner, 2004).

Further research is needed to find out the variety of models advocates are using in the community, particularly those that are adapted for the New Zealand context. In 2007, an exploratory study was undertaken in Christchurch by Crean, which will be reported separately.

Skills needed to be an effective advocate

In the study by Fenwick et al. (2000) on the effectiveness of advocacy for clients within 11 agencies (accessing support from Work and Income), they noted the following list of skills regarded as being effective for advocates: listening, empathy, communication, belief in social change, being openly partisan, knowledge (of system processes, legislation etc), courage (in adversarial situations) and conflict resolution skills (Fenwick et al., 2000, p32).

Dalrymple and Burke (1995) comment that the necessary skills for an advocate are in line with the general principles of working in partnership and include the following:

- retaining the flexibility to adapt the process to the wishes of the individual involved,
- ensuring the user feels in control of the process and trusts the advocate only to take action which has been agreed,
- empowering the individual,
- supporting people to speak for themselves,
- ensuring that people are able to make informed and free choices, and
- advising, assisting and supporting, not pressurising or persuading.

(Coulshed & Orme, 1998, p59.)

Theories of advocacy

Two of the main theories that relate to community advocacy are empowerment and rights-based practice. However, there are a variety of approaches, which are also relevant to advocacy practice such as strengths-based practice, client-centred and solution-focused approaches, narrative theory etc.

One of the conclusions of the Comhairle report (2002) was that 'a rights based model of entitlement and service provision was regarded as the ideal climate for effective advocacy'. (Comhairle, 2002, p9). Their argument was that if there is no legal right to a service then an advocacy service can't function effectively. This is due to the level of uncertainty and lack of clarity that sometimes exists with discretionary service provision systems.

Current challenges and issues in the field of community advocacy

There is some debate about whether the advocacy role should continue to be seen as a part of social work practice or whether advocacy should be carried out by independent advocates. In the health and disability field a clear separation has already been made between service providers (including social workers) and advocates. Advocacy is available from a variety of independent and government funded advocacy services in New Zealand, Scotland, Ireland, America and Australia. In New Zealand, Health and Disabilities Advocacy services have their own Code of Practice and Code of Ethics. Consumers' rights are protected by legislation under the Health and Disabilities Commissioner Act 1994, which also provides a clear complaint process for consumers (http://www.hdc.org.nz/files/hdc/HDC-Act-1994.pdf).

The case for independence is partly due to the changes in the funding of social services, which leads to the potential for conflicts of interest to arise. For example, in England where many social workers work for local authorities, they can become torn between their responsibility to their agency and their professional duty to their clients in challenging local authority decisions (Hanley, 2003).

A practice dilemma may also emerge for social workers who support their clients to access entitlements and services from the same government department that funds their agency's work. For example, in New Zealand, the Ministry of Social Development (MSD) funds the Departments of Work and Income and Child, Youth and Family Services. Many social service agencies receive funding from MSD and also need to challenge these agencies on behalf of their clients over entitlements, service and resource issues. Some writers, such as Bateman (2000), Brandon (2000) and Payne (2000), all cited in Hanley (2003) argue that social workers should refer on to independent advocates to avoid potential conflicts of interest.

With reference to general advocacy, Hanley (2003) and Freddolino et al. (2004) argue that there is still much to be gained by having social workers continue in their traditional social work advocacy role. Hanley argues that this can be important when dealing with complex issues and/or with clients who have difficulty forming trusting relationships or dealing with a number of people. Hanley's argument is based on practice experience rather than research. One exception is instances in which the client is advocating for changes within the agency employing the social worker, although even here Hanley is hesitant to be categorical as on occasions a social worker may have more leverage by being an 'insider' (Hanley, 2003).

Freddolino et al. (2004) think that a new way of looking at advocacy in social work is needed to avoid the inherent confusions that can arise from the 'considerable variation' in the purpose, aims and roles of advocacy within the human services. They regard advocacy as continuing to be 'an important practice method of professional social workers' (Freddolino et al., 2005, p127). They have developed a new model to expand the profession's conceptualisation of advocacy. The model is called 'a differential model of advocacy in social work practice' (Freddolino, et al., 2005, p119) and is made up of quadrants, which are all supported by various social work traditions described by the authors. The model is designed to assist a social worker to identify which form of advocacy best matches their clients' situation and capabilities, with an understanding that there may be some institutional constraints to the social worker's choices. This model appears to have been developed with the health and disability community in mind and the authors express a desire to have their model tested in practice. This is 'to document promising practices, examine differential outcomes, document ethical challenges, and identify unexpected consequences, including both positive and negative ones' (Freddolino, et al., 2005, p127).

What has not been discussed in the literature is whether or not community based advocacy – sometimes described as welfare advocacy, also needs to become independent of agencies that provide community services. Leadbetter (2002) comments that there is relatively little research and critical commentary (in contrast with areas like child protection) about advocacy in the professional domain. He explains that this occurred in tandem with the disability movement and mental health survivors taking a lead in advocating for their own interests, resulting in a 'lack of prominence of advocacy in the professional domain.' (Leadbetter, 2002, p206). This doesn't. however. explain why there is a similar lack of commentary and research in the community advocacy area.

Three recent reports were found that explore community advocacy although these are not directly linked to social work. They include two Comhairle (2002, 2003) reports which explore the ongoing development of advocacy services in Ireland and a New Zealand study by Fenwick, et al. (2000) – *Is Advocacy Helping?*

The main issues that emerge in this literature are:

- The need for more comprehensive training for advocates, particularly in regards to legislation related to the advocate's field, including up to date information on changes in legislation (Fenwick et al., 2000),
- Developing a qualifications system that caters for the differing needs of various types of advocacy, e.g. self advocacy, peer advocacy and professional advocacy etc (Comhairle, 2002),
- Developing a code of cthics and code of [ractice to establish a professional base for advocacy to ensure adequate guidelines are in place for advocates in their practice and for the protection of clients. (Bateman, 2000; Comhairle, 2002, 2003; Kendrick, 2002),
- Strengthening networks and supports for advocates; clarifying models of best practice (Comhairle, 2002; Freddolino et al., 2004) and addressing issues of conflict of interest for advocates related to how their positions and services are funded (Comhairle, 2002, 2003; Fenwick et al., 2000; Freddolino et al., 2004; Simpson, 1978).

In New Zealand, community advocates do not have the benefit of protective legislation for their clients' rights, in the way that health and disability advocates do, coupled with the

right of direct appeal to the Health and Disability Commissioner. They do, however, have recourse to general human rights legislation; to government standards and policies around service delivery for departments such as Work and Income, the Inland Revenue Department, and Child, Youth and Family Services; to complaints procedures linked to individual social service agencies and in some cases access to complaints processes linked to the advocates' professional bodies. (e. g. ANZASW). The question for community advocates and their clients is whether these avenues are effective and/or sufficient or whether something more specific or more streamlined is needed within the field of community advocacy.

Summary

There is little literature available exploring or describing the practice of advocacy and community advocacy in particular. There is agreement that advocacy services are needed but there is a lack of clarity on the best practice models for providing these services. A range of issues needs to be explored and discussed by social workers. The issues highlighted in the literature include:

1. The need for induction and professional development for advocates that goes beyond 'agency based' training.
2. The need for recognition of advocacy as a separate profession with clear support networks for advocates and greater interagency work.
3. The need for a Code of Practice, Code of Ethics and clear complaints process for clients.
4. The development of recognised qualifications for advocates with flexible training modules relevant for the differing styles of advocacy (e.g. peer advocacy, professional advocacy).
5. The development of independent advocacy services if there is a conflict of interest arising from the source of an agency's funding.

An in-depth study involving wide community consultation is needed to explore these issues within the New Zealand context. The question raised about whether social workers should continue to view advocacy as one of their core practice skills and whether advocacy should be 'handed over' to independent advocates is a complex issue which needs to be debated fully within the social services field. In a sequel to this article, the authors will present research that explored the nature of community based advocacy services in Christchurch from the perspective of the advocates themselves. The authors hope that this article and its sequel will stimulate discussion amongst social workers.

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