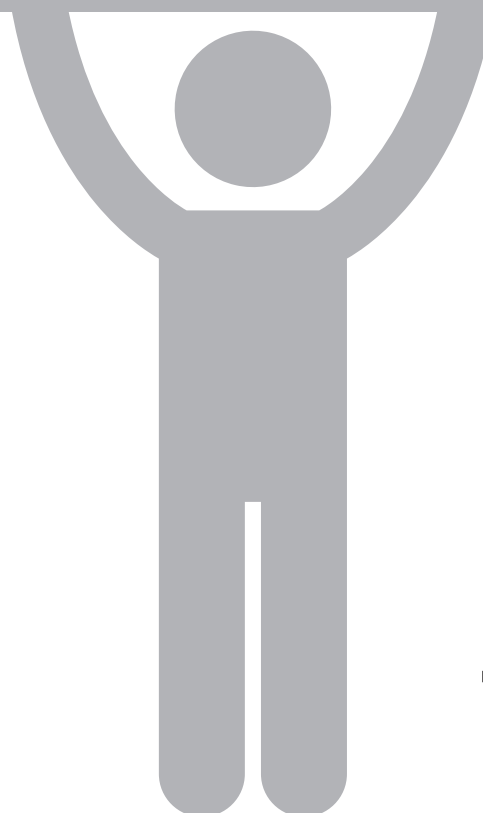


**EFFECTIVE  
ADVOCACY  
IN SOCIAL WORK**

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# 1

## What is Advocacy and How do we Use it in Social Work?

### Overview

- Context of social work advocacy
- Defining advocacy in relation to professional practice
- Social work advocacy
- Models of advocacy
- Commentary
- Summary
- Discussion questions

Advocacy has been described as being ‘at the heart of social work’ (Sheafor and Horejsi, 2003: 57), a key function of social work practice in terms of helping service users and carers become independent from service providers and in the process developing the skills to advocate for themselves (Haynes and Mickleson, 1997) and an important element of social work practice (Payne, 2000a). Advocacy can be defined in many ways, but the following definition is a useful starting point. This definition is part of the guidance for Independent Mental Capacity Advocates introduced through the Mental Capacity Act 2005 in England. It relates to people who use mental health services and are deemed to lack capacity – a group who can struggle to have a voice in the systems and structures that impact on their lives:

Advocacy ... promotes equality, social justice and social inclusion. It can empower people to speak up for themselves. Advocacy can help people become more aware of their own rights, to exercise those rights and be involved in and influence decisions that are being made about their future. (Lee, 2007: 7)

We see here that advocacy involves ensuring that service users are able to have a voice in decisions that concern their lives – to make their views known and be heard. However, there is also a broader meaning to advocacy at the start of this definition which echoes social work values in relation to promoting equality, social justice and social inclusion.

The notion of advocacy as a mechanism to promote social justice is an element of other advocacy definitions from various sources. Social justice reflects the activism of advocacy and has been explained as ‘an idea that mobilises people to act in order to bring about change’ (Newman and Yeates, 2008: 2). While the concept of social justice is contested, the important element here is its ‘mobilising’ potential which has been fundamental in efforts to challenge inequality and injustice: for example, motivating social workers to engage in social action (Hare, 2004). Social justice has been defined as ‘an ideal condition in which all members of a society have the same basic rights, protection, opportunities, obligations, and social benefits’ (Reamer, 1998, cited in Hare, 2004: 416). Advocacy therefore works to ensure that service users and carers, who are often denied these basic rights and opportunities, are empowered not only to regain voice and agency but also to be recognised as citizens. This is reflected in a definition of advocacy by the Scottish Executive, which states that:

[Advocacy is] a crucial element in achieving social justice. It is a way to ensure that everyone matters and everyone is heard – including people who are at risk of exclusion and people who have particular difficulties in making their views known. (SIAA, 2010: 4)

Later in the chapter we will see that this principle is also fundamental to social work practice. However, before thinking about social work advocacy we will first consider models of advocacy more generally, going on to consider the origins of social work advocacy. Finally, the chapter will examine the role of advocacy within social work practice.

## Models of advocacy

A way of understanding social work advocacy in contemporary practice is to consider a number of theoretical frameworks which have developed within generic advocacy practice. These are examined below.

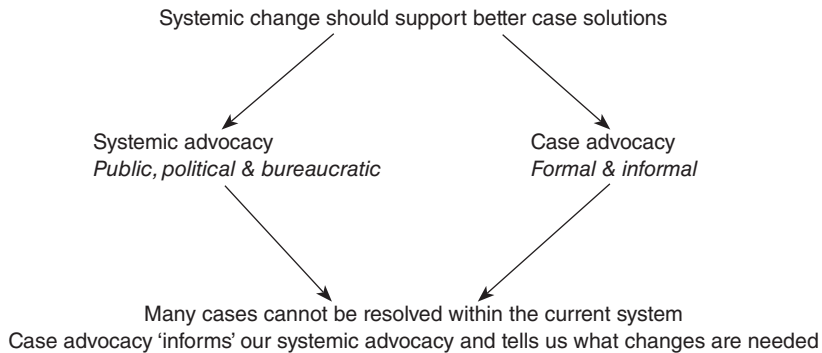
## Case (or issue-based) and systemic (or cause) advocacy

This model identifies two elements of advocacy:

- Case or issue-based advocacy (where work is focused with individuals or small groups such as families in a task-centred way).
- Systemic or cause advocacy (where knowledge from individual cases contributes to collective advocacy for systemic change to legislation, policy or practice).

For many social workers case advocacy is more likely to be part of their day-to-day practice. The empowering potential of advocacy can best be understood in terms of the relationship between case and systemic advocacy, which identifies how advocacy can contribute to changes at both individual (case) and structural (systemic) levels. However, advocacy at both levels are inevitably inter-related (Mickelson, 1995). Social work advocacy aims to promote change, and a model for understanding advocacy that links both case and systemic advocacy (see Figure 1.1) demonstrates the necessity of this inter-relationship since individual situations provide the information required to promote changes in systems, policy and legislation (Office of the Child Youth and Family Advocate, 2000).

Root causes of many problems experienced by service users and carers are systemic



**Figure 1.1** Framework for understanding advocacy

### Case advocacy informing systemic advocacy

The UCAN independent advocacy project was set up in 1994 and worked closely with the local authority until 2005. The work of the project focused in the early days on children and young people involved in child protection and the project worked from the premise

*(Continued)*

CASE EXAMPLE

*(Continued)*

that since many children and young people start being 'looked after' (Children Act 1989) through the child protection process, they needed to be able to experience 'a fair and just process at that stage, with opportunity to be heard, take part in decision making and have an understanding of their own protection needs' (Wyllie, 2002: 6).

In relation to child protection, one way of promoting systemic work was that every time a child or young person used UCAN they had the opportunity for their views and experiences about advocacy, and the processes/systems they found themselves in, to be recorded. With their permission, these views were used anonymously to influence the child protection and 'looked after' systems (that is, an ongoing, systematic process at the time that it is important to children and young people) (UCAN, 2001: 15). In this way the organisation was able to identify how advocacy became a tool for promoting change:

Advocacy is a process for change, a process for learning. It stimulates respect for children's and young people's rights and promotes participation in the planning and challenging of the systems that impact on their lives. Acting on children's and young people's experiences and views, the advocacy extends beyond individual casework. (UCAN, 2005)

Combining the promotion of rights with changes in policy and practice required the advocacy project to:

- Listen to and hear the views of individual young people who had presented feedback about their experiences of case advocacy, the advocacy service and the systems they were involved in.
- Use the views of young people to inform cause or systemic advocacy.
- Liaise closely with the child protection co-ordinator, independent chairs of Child Protection Conferences and social work teams.
- Work together with project staff to facilitate practical ways of working towards greater participation of children and young people.
- Involve children and young people in this process.

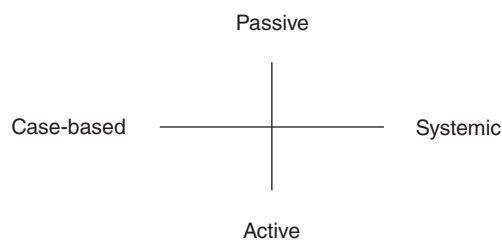
These actions helped to shape a number of changes, such as an invitation letter sent to young people about their conference, minutes of the meeting sent to young people, and ensuring that young people had the opportunity to enter the conference room before any of the professionals.

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## Active and passive advocacy

Another way of understanding advocacy is in terms of active and passive approaches (Jenkins, 1995). The two approaches relate to perspectives of service users either as individuals requiring provision or protection or as citizens and active participants. Passive advocacy involves the advocate speaking up for someone else, and active

advocacy is applied to speaking up for oneself. However, these approaches can also be seen as part of a continuum (Hodgson, 1995), since advocacy in practice is likely to combine both approaches. Furthermore, advocacy is contested, which means that it is difficult to identify what constitutes advocacy. For example, some independent advocates do not necessarily view social work advocacy as ‘proper’ advocacy or recognise social workers as having an advocacy role. Some argue that the advocacy role of social workers is only located at the passive end of the continuum. Hodgson also makes the distinction between case and systemic advocacy, and notes that these are all linked (see Figure 1.2).



**Figure 1.2** Hodgson's (1995) model of advocacy

## Active and passive advocacy

Mika (age 5) and Alec (age 7) have been living with foster carers for just over a week, having been brought into the care of the local authority because of concerns relating to emotional abuse and neglect. Their parents both have learning difficulties. There is a close bond between them and their children. Alec told the foster carer that he wanted to see his parents. He explained to the carer that he was worried that Mika was not well because he was normally very noisy and lively and he thought that this was because he missed his mother. Alec said that his mother was not well and that he understood that she could not look after them properly but that they needed to see their parents. The foster carer realised that while Alec had some understanding of the situation, Mika was finding it more difficult. The carer contacted the social worker and asked her to visit the children to explain what was happening and to arrange for them to see their parents as soon as possible. The social worker visited Alec and Mika and tried to explain to them why they were living away from their parents. In talking with the children she observed that Mika was very withdrawn as a result of not seeing his parents, and she listened to what Alec had to say about the situation. He said 'It's OK living here and we like it. But I'm worried about Mum and Dad 'cos they will be unhappy now. I used to help them and I love them very much. I want them to be OK too. It would be nice if they could live here.' At a review<sup>1</sup> of the placement the social worker represented Alec's views and felt that regular contact would be in the best interests of the two boys. However, the professionals

*(Continued)*

*(Continued)*

involved were not in agreement about what should happen. The social worker spent time with Alec to promote his involvement in the decision making by looking at ways he could present his views and ensure that they were heard at the next review meeting. The options included Alec attending all or part of the meeting, Alec drawing a picture or making a wishlist that either he or the social worker could present to the meeting, or the foster carer supporting him either to attend the meeting or by presenting his views. Alec wanted to go to the meeting with the social worker so that he could tell people what he wanted. He drew a picture which he took to the second review to explain how he felt. Before the meeting he practised what he wanted to say with the social worker and his foster carer.

In this situation both passive and active advocacy were used to support Alec and his brother:

- The foster carer advocated for Alec and Mika in asking the social worker to visit to explain what was happening.
- The social worker represented Alec's views at the first meeting.
- The social worker enabled Alec to have a more active role where he was supported to be engaged in the decision-making process and was encouraged to self-advocate.

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## External and internal advocacy

This model fits well with social work advocacy. 'External advocacy' refers to advocates working outside a system, while 'internal advocacy' relates to advocacy by social workers and other professionals working within a system. In the early development of advocacy theory, external advocacy was defined as 'an independent movement of consumers ... and their allies to monitor and change human service agencies' (Bicklen, 1976: 310). Internal advocacy was described as 'a continuous and cooperative process of interactions' between service users and professionals guaranteeing the rights of service users to appropriate services. Internal advocacy has been identified as 'a critical component' of the partnership relationship that needs to exist between service users and social workers or other professionals (McLoughlin et al., 1979).

### CASE EXAMPLE

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## External and internal advocacy

Parents for children and young people with specific needs will come into contact with a range of professionals and often find that they are the only people fighting for their children's rights. They also work with professionals to ensure that their children receive the services they need and that they are supported as carers. The co-operative process (internal advocacy) can sometimes be challenging for the professionals involved. It has been suggested, for example, that after a series of negative



experiences with professionals, parents may be categorised as either ‘resistant’ (afraid of professionals and sceptical about procedures) or ‘compliant’ (agreeing with anything that professionals say, agreeing with decisions and letting professionals take the lead). The challenge for social workers in such situations is to defuse any resentment and defensiveness with those parents who may be finding it difficult to work with professionals and to encourage participation of parents who tend to follow the professional lead. Social workers without advocacy skills in such situations may ‘drive the resistant parent to anger and the compliant parent home’ (McLoughlin et al., 1979: 55). Figure 1.3 demonstrates patterns of interactions that may occur.

	Advocate behaviours		Non-advocate behaviours	
	Verbal	Non-verbal	Verbal	Non-verbal
‘Resistant’ type parents	‘Please explain your concerns further.’ ‘How can we help?’ ‘Could I tell you what we’ve found?’ ‘Let’s consider all the alternatives.’ ‘Let’s look at the pluses and minuses of each alternative.’	Listens with no interruptions. Keeps eye contact. Sits next to a parent or at a round table.	‘We know what’s best ...’ ‘We have decided ...’ ‘The alternative is ... or else ...’ ‘Your child just won’t respond ...’	Looks at papers, avoids eye or body contact with parent. Sits far away from parent, often has a physical barrier. Appears agitated or in a hurry, e.g. looking at a watch or clock.
‘Compliant’ type parents	Constantly asks questions about the child or young person concerned. ‘Let’s talk about the options/ recommendations – please tell me what you think.’ ‘What thoughts/ ideas do you have about what is best?’	As above. Takes as much time as necessary to ensure that parent’s and children/young people’s rights are respected. Does not show signs of impatience, e.g. watching clock.	‘We have decided ...’ Nothing else needs to be said because the parents want to get the process finished as soon as they can.	Avoids eye or body contact. Moves quickly through the process to get things finished.

**Figure 1.3** Patterns of interactions of Social Worker and Parent (adapted from McLoughlin et al., 1979: 55)

## Welsh model: advocacy jigsaw

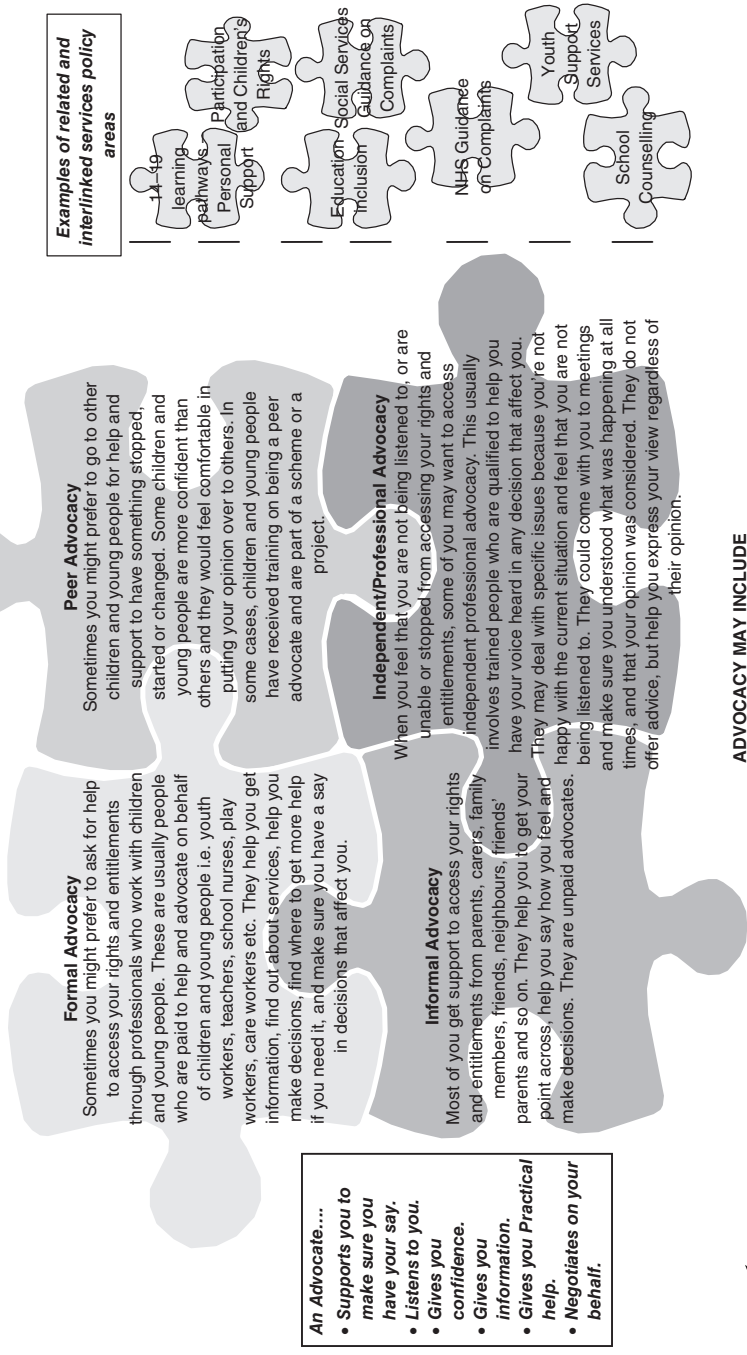
The Welsh Government has developed a model for providing advocacy services for children and young people which recognises that there are different ways of providing advocacy and a range of people who can be advocates. In particular it identifies the advocacy role of professionals as a key part of an advocacy jigsaw – where all



Llywodraeth Cymru  
Welsh Government

**ADVOCACY JIGSAW**

There are many different ways of providing advocacy, and many people who can be advocates. However, there is a difference between Informal Advocacy, Formal Advocacy, Independent/Professional Advocacy and Peer Advocacy. The following jigsaw shows these differences and how they interlink.



**Figure 1.4** Advocacy jigsaw (WAG, 2009)

Source: Welsh Assembly Government (2009) *A Guide to the Model of Delivering Advocacy Services to Children and Young People*. Cardiff: Welsh Assembly Government. Republished with kind permission of the Welsh Government.

parts of the jigsaw interlink. Professionals are recognised as ‘formal advocates’ who are paid to help children and young people – which includes advocacy. The advocacy role of key people in the lives of children and young people (such as parents, neighbours and friends) is also recognised as important but is identified as ‘informal advocacy’. The other two parts of the jigsaw are peer advocacy – which recognises that often children and young people prefer to talk to their friends rather than adults (Butler and Williamson, 1994; Hallett et al., 2003) – and independent professional advocacy.

This model clearly acknowledges the importance of all forms of advocacy and that the edges of the different parts of the jigsaw are blurred. It recognises that children and young people may need to use any or all parts of the jigsaw either separately or together. Importantly, it brings into focus the need for access to different forms of advocacy support and puts the advocacy role of professionals firmly in the mix. Furthermore, this is enhanced by statutory guidance produced to support the implementation of the model.

## Social work advocacy

Advocacy in social work has its origins in the ‘casework’ element of professions and in the Mutual Aid movement. The former is based on an individual model of representing someone’s interests. The term comes from the Latin word *advocatus*, which means the function of an advocate is to give evidence by supporting verbally or making arguments for a cause (Woodrow, 1997). It is historically allied to law, with lawyers advocating for their clients within the judicial system. While primarily case advocacy operates at an individual level, it also involves representing the wider interests of service user groups within the judicial systems. For social workers the advocacy role takes on some of the qualities that might be used by a lawyer, described as ‘preparing the way’ for a service user, ‘arranging a deal’ with another agency or profession or ‘organising resources’ for a service user (Payne, 2000b: 46). For Payne, advocacy involves careful and complete representation of the views of a service user or a carer in decision-making processes.

The Mutual Aid movement of the 1800s advanced social change and community action. Mutual Aid is fundamentally about self-help. The Mutual Aid movement developed to support people with low incomes to save regular amounts from their wages to cover expenses such as funerals. We might recognise the underpinning philosophy in credit unions, which enable people to save and borrow without having to pay massive rates of interest. If people cannot borrow money from the usual channels, Mutual Aid is an important safety net to protect individuals from loan sharks. Despite the individualist focus, Mutual Aid is also a collective method of mutual support. However, there are tensions in the concepts of individualist and collectivist approaches to society. While by definition they appear to be oppositional, there is an association between them that creates some tension and ambiguity in understanding Mutual Aid. In a similar way there are tensions in understanding the concept of

advocacy. At an individual level, there are commentators who feel that the ultimate goal of any advocacy should be self-advocacy (Brandon, 1995), while for others systemic or cause advocacy (to change policy and practice to promote macro change) may be the ultimate goal of any advocacy work (see Box 1.2).

### **Box 1.2 Advocacy and promoting change**

[A]dvocacy organisations attempt to change the status quo. (Young, 1992: 4)

Social work advocacy works to 'effect changes in policies, practices and laws that affect all people in a specific class or group'. (Litzelfelner and Petr, 1997: 393)

Advocacy is 'a political act with consequences for both individuals and the community as a whole, challenging inequality, opposing racism, preventing abuse, or even introducing someone to a new opportunity or social setting – all constituting steps towards a more civil and just society'. (Henderson and Pochin, 2001: 15)

To assist clients in upholding their rights to receive resources and services or to actively support causes to change programs and policies that have a negative effect on individual clients or client groups. (Sheafor and Horejsi, 2003: 57)

These two origins of social work advocacy mean that advocacy operates in what Adams (2002: 180) calls the 'contested space' between informal self-representation and professional help and support. In some instances social workers might be supporting service users or carers advocating for themselves, either individually or as a group. In other situations a social worker or other service professional may be advocating on behalf of a service user or group of users. In very specific circumstances it involves a professional advocate with specific knowledge and expertise. Such a person will be independent of any health or social service system. This independence is important in certain situations. For example, legislation to protect the rights of people using mental health services provides for Independent Mental Health Advocates (IMHA) to support some people within the remit of the Mental Health Act 2007 and Independent Mental Capacity Advocates (IMCA) to protect the rights of some people within the remit of the Mental Capacity Act 2005. These roles are discussed further in Chapter 8. There are also a number of other situations where independent advocacy services are important and necessary to support service users or carers to have a voice in decision making. The skills for social work advocates in such situations are to have the knowledge and understanding to work with and support independent advocacy.

## Framing definitions of advocacy in social work practice

The international definition of social work (adopted by the British Association of Social Workers in 2002) is generally used as a starting point to consider what social work does. The definition states that:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (IFSW and IASSW, 2001)

While we will use this definition to examine the advocacy role of social work, it is important to note that it should not be accepted uncritically. A number of commentators note that it is an essentially western and colonial perspective that does not take account of other cultures (for example, Coates et al 2006; Hutchins and Taylor, 2007) with concepts that are open to interpretation within and between countries and professional communities (Leung, 2007). Yet it has been argued that for western social workers the definition does not take account of their prescribed role within statutory settings (Asquith et al., 2005; Welbourn, 2011). Definitions are never static; they reflect debates, emerging discourses and varying contexts of practice. However, while social work cannot and should not be constrained by definitions, there is a need for social work to be clear about its identity (Rogowski, 2010) particularly, perhaps, for those who predominantly work in the statutory sector and are therefore under the scrutiny of the public gaze. In a critical analysis of the international definition from a relational approach, Folgheraiter (2012) recasts the definition above, while continuing to follow its structure. He also acknowledges the complexity of social work, recognising that, as a discipline, it cannot be reduced to an abstract statement. At the same time he notes the need to ‘fix essential coordinates from which to approach and savour’ (2012: 107) what he calls the ‘mystery’ of social work. He offers a very short definition as an example of portraying social work from a relational perspective which, since we will refer to the relational perspective throughout this book, we have found helpful:

Social work is every professional activity whose ultimate purpose is to transform people’s concerns about their lives into human energy to change them for the better. (2012: 105)

For the purposes of examining advocacy in social work in the UK we are using the original international definition, while mindful of its limitations, as it is widely used in understanding contemporary social work practice, and is a useful tool to consider this very particular aspect of social work practice.

Adams et al. (2009a) note that three dimensions of social work can be seen in the international definition, which also equate to Payne's (2006) account of approaches to social work:

- Promoting social change.
- Promoting problem solving.
- Empowerment and liberation.

Social work advocacy is weaved through these dimensions. The first dimension (social change) relates to transformational social work (see, for example, Allan, 2003; Adams et al., 2005, 2009b), whether with individuals, groups or communities. Principles underpinning approaches to critical social work theory and practice relate to this aspect of social work. At an individual level it involves advocacy on behalf of service users' and carers' needs within health and social care services. Social work advocacy also involves enabling people who use services to understand the oppression and disadvantage they face and to use this knowledge to promote change. In work with groups or communities, social work brings people together for mutual help and support to promote social transformation through changing structures and challenging inequality and injustice in society. This aspect of social work advocacy is less about direct advocacy and more about supporting self- or collective advocacy with service users and carers and attempts to mobilise people to challenge the impact of oppression in society (Payne, 2009b). Many definitions of advocacy refer to promoting change and transformation (see Box 1.2).

## CASE EXAMPLE

### Promoting social change

Rav worked as a social worker with a national voluntary organisation that provided services for older people. He had been working with older prisoners in two prisons in his local area and became aware that a number of the prisoners had serious health problems which were not being met by the National Health Service (NHS). Rav was aware from working in the prison that many of the prisoners seemed resigned to the fact that they had lost their rights by being in prison. He therefore set up a monthly meeting for them to which he invited guest speakers. Rav contacted a local Independent Complaints Advocacy Service (ICAS<sup>2</sup>) who specifically worked with people who wanted to make complaints in relation to the NHS. An ICAS advocate spoke to the men and explained what advocacy is. The advocate told them that while ICAS could not support them to challenge the prison system, prisoners do have rights about making a complaint if they feel that they are being failed in relation to their health care treatment. While the prisoners initially had to use the prison complaints system, the advocate explained that if they were not satisfied they had a right to an advocate to support them through the NHS complaints process. An independent advocacy service was set up to enable the men to make a free call to ICAS using their PIN card. Leaflets and posters about the advocacy service were put onto every wing. As a result one man, who had been in prison a long time and had felt unable to complain about his serious health problems, felt able to improve his situation.

The advocacy skills of Rav in this example involved promoting change in the prison system to:

- Promote the rights of prisoners.
- Ensure that older prisoners had access to information about their rights to health care.
- Ensure that prisoners had access to the independent advocacy service if they wanted to make a complaint in relation to the NHS.

Hutchins and Taylor (2007) note that promoting change is not always easy for social workers employed by the state. This is because of the tensions in the social control elements of social work which are particularly relevant for statutory social workers in the UK (Dickens, 2011). Inevitably, this highlights the tensions for social work advocacy in statutory social work. Social workers in non-governmental organisations (NGOs) can find it easier to challenge state decision making but may also be dependent on either local or national government structures for their funding (Boylan and Dalrymple, 2009; Pithouse and Parry, 2005). In Rav's case, he promoted change by establishing a group which was welcomed by the prison governor and linked into a service (ICAS) that the prisoners had a statutory right to access.

The second dimension (promoting problem solving) is the process of providing help, advice, support and packages of services to enable people to manage the difficulties they face in their lives. Social work advocacy here involves supporting service users and carers to participate in decision making and ensuring that their wishes and feelings are promoted within health and social services (Payne, 2009b). A number of advocacy definitions recognise that empowerment and voice in decision making are important elements of advocacy practice (see Box 1.3).

### **Box 1.3 Advocacy and voice**

Advocacy means amplifying the voice. (Samuel, 2002: 9)

It is a way of enabling those who may have difficulty speaking up for themselves to do so and thus can be key to involvement in decision making. It generally means representing the view of a person or supporting them to exercise their rights. (Nua Research Services, 2001 in Weafer, 2003: 7)

Advocacy involves a person(s), either an individual or a group ... or their representative, pressing their case with influential others, about situations which affect them directly or, and more usually, trying to prevent proposed changes which will leave them worse off. (Brandon, 1995: 1)

## Problem solving

Charlotte is a 19-year-old learning disabled black young woman. She lives with her parents, and attends college where she has a number of friends, some of whom she also went to school with. The college is quite near to where she lives and so normally one of her parents or her older sister will drop her off and pick her up afterwards. Recently Charlotte has found out that a number of her friends have a 'personal budget'<sup>3</sup> and have been telling her about going to regular activities they have been attending at a community centre in another area of the town. Charlotte is keen to join her friends but her parents are a little disconcerted by this and ask social services for more information. Her social worker, Denise, provided Charlotte and her family with accessible information about personal budgets and explained how she could help them. However, Denise also became aware that Charlotte's wishes were rather different to those of her parents, who felt that Charlotte did not have enough experience of going out alone. They were worried that she would be 'easily led' by other young people. While they understood how a personal budget could be used and felt that this could be helpful for Charlotte, they did not feel that she should be able to use it in this way and were concerned about the autonomy this would give her. They were especially worried that Charlotte felt that the money would help her to travel to the community centre by bus. They had identified that there were other leisure and social activities that they felt would be better for her which were nearer home.

In order to support Charlotte, Denise's advocacy role in this case involved:

- Developing a relationship with Charlotte to ensure that she was able to have a voice in the decision making.
- Talking with Charlotte and her parents about possible risks and how to manage risk.
- Negotiating with Charlotte's parents to help them manage their anxiety and recognise that Charlotte was at an age when she could start to make informed decisions for herself – even if she needed the support of her family and social worker to do this.
- Identifying that Charlotte had strong and supportive relationships with her friends at college.
- Enabling Charlotte's parents to understand how Charlotte needed to continue to feel secure within her social network. This would then help her to develop her confidence and become more independent.

The third dimension (empowerment and liberation) is about empowering therapeutic practice (see Box 1.4). It involves the use of relationships and interpersonal skills to help the personal growth of people who are having a particularly difficult time and may be disadvantaged. The aim here is to enable service users and carers to find ways of dealing with the situations they are experiencing.



### Box 1.4 Advocacy and empowerment

When people are denied or unable to gain access to a fair share of what's on offer in society – when they are denied information or opportunities to take part in decisions concerning their lives – when they are dispossessed of insight, dignity, self confidence – then it becomes necessary in a caring society for more powerful people to act with integrity on their behalf or wherever possible to enable them to move to a point where they can retrieve control for themselves. (Advocacy in Action, 1990)

Advocacy involves a person(s), either a vulnerable individual or group or their agreed representative, effectively pressing their case with influential others, about situations which either affect them directly or, and more usually, trying to prevent proposed changes which will leave them worse off. Both the intent and the outcome of such advocacy should increase the individual's sense of power; help them to feel more confident, to become more assertive and to gain increased choices. (Brandon, 1995: 1)

Many people in society are disempowered by systems which have a significant effect on almost every aspect of their lives. These are people who are disempowered to such an extent that they are unlikely to be able to fulfil their basic human needs, or demand their basic human rights. A person's initial hopes and dreams can be severely limited by this. Independent advocacy can help to widen a person's horizons and enable them to become active members of society. (Advocacy 2000, 2002: 49)

## Empowerment

Mr Evers was a white 76-year-old male who was admitted to hospital under Section 2 of the Mental Health Act 1982. He was diagnosed with late onset of Huntington's Disease. After three months on the ward Mr Evers' condition was being assisted with medication and he became an informal patient under Section 131 of the Mental Health Act 1983. Isla was a social worker who had known the family for some time. When Mr Evers was ready to be discharged from hospital his family felt that he could not return home. Huntington's Disease is a degenerative condition and Mr Evers' aggressive behaviour and lack of insight into his condition (manifestations of the disease) meant that his wife felt unable to care for him at home. Isla initially discussed with Mr Evers the concerns that had led to the decision that he could not return to the family home. She knew that he needed to be aware of the consequences of his situation even though he might lack the capacity to understand it. She then needed to find a placement that acknowledged Mr Evers' views and would

*(Continued)*

CASE EXAMPLE

*(Continued)*

also meet his specialist needs. It was also important to Mr Evers that wherever he lived he would be able to take part in meaningful activities. Finally, Isla had to present a request for funding to the Trust's Funding Approval Panel of placement options. She was aware that she would have to put a strong case to gain funding approval.

Key aspects of Isla's social work advocacy role involved:

- Talking to Mr Evers on the ward in order to obtain his thoughts on placement options and find out his needs and wishes.
- Liaising with his family to ascertain their views. All were agreed that they wanted a placement in an accessible location so that the family could visit regularly.
- Researching Huntington's Disease in order to understand how it develops, the impact this would have on Mr Evers' caring needs and the best options for placement.
- Researching a range of housing options, thinking about the risk that accompanied various options both to Mr Evers and to others. She arranged for providers to assess Mr Evers on the ward.
- Throughout the process Isla kept Mr Evers and his family informed about what she was doing as she liaised with the Huntington's Disease Association, ward staff, psychiatrists, residential and nursing home care staff in order to achieve a positive and informed outcome for Mr Evers.

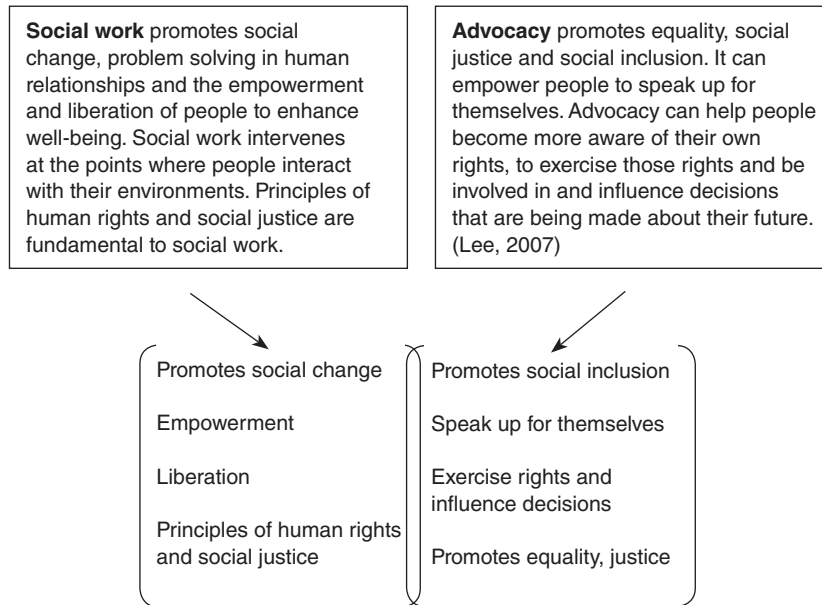
While Isla initially identified her advocacy role as ensuring that Mr Evers' wishes and feelings were taken into account when planning provision, her advocacy role went beyond this in the process of finding appropriate accommodation. She also found that she had to challenge the responses of potential providers to 'labelling' Mr Evers. Mr Evers was declined by one residential home because of his mental health diagnosis. Another home would not even assess Mr Evers regardless of the fact that he was receiving medication, was in the early stages of Huntington's Disease and was therefore still quite independent. Isla felt that it was important to challenge such views as they could negatively influence the outcome.

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## Commentary

Definitions of advocacy incorporate many of the principles that underpin social work (see Figure 1.5). In this chapter we have considered the roles of social work and advocacy as a means of promoting voice and empowerment at a more individual level and challenging social injustice and promoting change at a systemic level. The process of seeking to define advocacy in the development of social work has been ongoing and has been criticised by Kutchins and Kutchins for appearing to expand the meaning of advocacy 'to encompass the full range of social action

for worthy causes’ (1978: 22). They go on to state that advocacy is merely a technique, even though it is a good technique, for promoting social, political and economic change.



**Figure 1.5** Social work and advocacy

At a systemic level advocacy should encompass ‘a strategy aimed at changing social systems, institutions and structures’ (Flekkoy, 1998: 246). Systemic advocacy has also been identified as ‘people-centred advocacy’, which is described as ‘a set of organized actions aimed at influencing public policies, societal attitudes, and socio-political processes that enable and empower the marginalized to speak for themselves’ (Samuel, 2002: 9). Social workers are in a unique position because they are able to advocate and challenge the systems from within. They may be influencing decision making by the way they are working with a service user or carer, but at a structural level they may be working to change and inform the system. This could mean advocating *for* the person but *against* the system they are located in. However, while definitions of systemic advocacy identify its potential to question the dominant and powerful position of providers of health and social services and policy makers, it is not always easy for social work advocates to confront the professional power of the organisations within which they are located. Nevertheless, while it may not make social workers popular either within their own agency or with other professionals, it has been argued that ‘what is right is not always popular’ (Dominelli, 2009: 57). In promoting the rights of service users within the institutions of health

and social care practice, social workers may well need to prepare themselves for the possibility of unsupportive and hostile responses. Reflective social workers will critically analyse their work which may enable them able to promote structural change through using a 'critical reflexive lens' (Dominelli, 2009: 24).

In view of this it is perhaps unsurprising that within day-to-day practice 'social workers continue to focus on micro level interventions while forgetting the meso and macro levels because they seem out of reach. At the individual (micro) level, they can gain a sense of personal satisfaction and be appreciated by service users for practical help that eases their lives' (Beresford et al., 2006). The reality of practice is that while they focus on social work advocacy with individuals, and the daily priorities and demands of practice, they often have little time to address structural issues. Ultimately, this results in structural issues being left for others to address (or not, as the case may be) and service users and carers to struggle. Social work advocacy at an individual level can perhaps more easily be identified and integrated into the social work role. However, there are still tensions for social workers who may have to make decisions in the 'best interest' of a service user and will find it difficult to truly represent their views, or indeed go against what the service users or carers may want.

**CASE EXAMPLE**

## Michaela's reflections

Michaela was a student social worker working in a local authority children and families team. She attended a meeting to discuss the placement of a baby, Noah, with substitute carers. The meeting was held at the hospital and was attended by his mother Carla (18) (who had just had Noah). Jed (23), Noah's father, had a history of violence and was also a Schedule 1 offender.<sup>4</sup>

Michaela reflects on the process:

The balance of professionals against the couple felt wrong, the meeting was conducted efficiently and procedurally correct. However, in my opinion, the information went straight over Carla's head. I had worked closely with the couple before the baby was born, meeting with them three times a week. It appeared to me that Carla did not fully understand a lot of the decisions being made. However, as she was present at meetings that had been held prior to the birth of the baby, it was recorded that she had been given information and understood what was happening. Despite trying to advocate for Carla to be given the opportunity to keep Noah and to have her views considered in the decision-making process, I felt the case was progressing towards adoption without her fully comprehending the process, what her rights were or possible options open to her. Carla moved to a hostel at one point but without support she quickly left and returned to Jed. For me it felt that the outcome was determined regardless of Carla's efforts, and Noah was going to be placed for adoption. Reflecting on the case it seemed that following procedure was the most important thing and we were losing sight of the needs of a young mother.

On the other hand I was also very aware that there was a baby who needed protecting and I was committed to ensuring that I sought the best outcome, bearing in mind that the safety of Noah was the paramount consideration. But it did feel difficult. Reflecting back, I feel that Carla would have benefited from an independent advocate – someone neutral to talk to about letters, possible options, information about her rights and to provide relevant information so that she could understand what was happening. The outcome may have been the same, but Carla will have to deal with any decisions made long after Noah has been removed and I feel that we left her on her own. In the end I just did not feel that I could advocate for Carla but I knew that she needed someone to do that.

We can see from Michaela's reflections that social workers recognise their advocacy role as an integral element of their practice and are aware of the dilemmas this can present in practice. While acknowledging that social work as a profession is committed to inclusive practice, 'the concept of the social worker as expert purveyor and assessor of requisite services is in conflict with the concept of the social worker as advocate' (Timms, 1995: 135). We have seen that social work advocacy operates within competing and sometimes contradictory values. Essentially it can be understood as 'the exclusive and mutual representation of a client(s) or a cause in a forum attempting to systematically influence decision making in an unjust or unresponsive system(s)' (Schneider and Lester, 2000: 65). This brings together both case and systemic advocacy, although this is complex if social workers find themselves part of an unjust or unresponsive system. The challenge for effective social work advocacy is knowing when to act as an advocate and understanding the limitations of the social work advocacy role, and when to find other ways of supporting people through access to independent advocacy.

## Summary

- Changes in the delivery of welfare services have had an impact on how far social workers feel able to directly act in the advocacy role.
- Social workers are rethinking their advocacy role as part of the process of ensuring that service users and carers have a voice in the planning and delivery of services.
- Advocacy works to ensure that service users and carers are empowered to regain control of their lives and to be recognised as citizens.
- Advocacy is about promoting change and challenging injustice at both individual level and systemic levels.
- Social workers need to be reflective and reflexive if they are to be effective advocates in social work.

## Discussion questions

- 1 What do you feel is the purpose of advocacy in contemporary social work?
- 2 What are the benefits of social work advocacy for service users and carers?
- 3 Reflecting on the stories of Rav, Isla and Charlotte, identify ways in which they were able to promote change, enable voice and work in an empowering way.
- 4 Thinking about advocacy for Mika and Alec, how can social workers ensure that the views of younger children are fully represented in decision making?

## Notes

- 1 Legislation requires that foster placements are regularly reviewed. The first review takes place within twenty days, the second is three months after the first review and thereafter at six-monthly intervals. The specified frequency of reviews is a minimum standard. A review should take place as often as the circumstances of the individual case require. Where there is a need for significant changes to the care plan, then the date of the review should be brought forward. No significant change to the care plan can be made unless it has been considered first at a review, unless this is not reasonably practicable (Department for Education, 2011: 88, para 4.5).
- 2 The Independent Complaints Advocacy Service (ICAS) supports patients and their carers wishing to pursue a complaint about their NHS treatment or care. This is a national statutory service which was launched in September 2003.
- 3 The Local Authority circular 'A vision for adult social care' (DH, 2010a) promoted the need for people to have more choice and flexibility in terms of services through the increased use of personal budgets.
- 4 Schedule 1 offenders are persons convicted of an offence listed in the first schedule of the Children and Young Persons Act 1933. The serious offences listed in Schedule 1 include murder, manslaughter, assault, cruelty and a number of sexual offences.

## Further reading

- Brandon, B. and Brandon, T. (2001) *Advocacy in Social Work*. Birmingham: Venture Press.
- Schnieder, R. and Lester, L. (2001) *Social Work Advocacy: A New Framework for Action*. Belmont, CA: Brooks/Cole.
- Wilks, T. (2012) *Advocacy and Social Work Practice*. Maidenhead: Open University Press.