1 Advocacy’s Place Within Social Work Practice

In the first chapter of this book, how to do advocacy, how to understand and how to work with it are all addressed (albeit to differing degrees). The main concern in this chapter is defining advocacy or at least trying to understand some of its core characteristics and trying to start to see the types of role it can have in social work. The historical place of advocacy in social work (and the enormous impact of the service user movement on the history of advocacy) provides further background to questions about advocacy within a professional context. One important feature of this text is a concern with skills, and the chapter ends by looking at advocacy issues in practice and an overview of some of the skills needed to undertake advocacy.

Definitions of advocacy

I want to start with what Atkinson (1999 p15) describes as ‘a deceptively simple question’, what is advocacy? As you might guess from Atkinson’s description she did not find it a straightforward question to answer and nor I suspect will we. In fact one of the main features of this book is that it attempts to describe the range and scope of advocacy services, and the picture that emerges from this process is one of the variety and diversity of activities that fall under the heading of advocacy. Advocacy is also a changing and contested field of activity with some disagreement about what should or shouldn’t fall within it. So a single definition may be beyond us. To fully understand what advocacy is requires an appreciation of the context within which it takes place, its aims and purposes, the values which inform it and its historical roots. However, what we can do at this point is to begin to identify some of its core features.

Fortunately not all those writing about advocacy have been as reluctant as me to define it and so a good starting point in exploring advocacy is to look at some of the definitions of advocacy which have been put forward and identify their common features. Although this will not provide a definition it will give us a sense of what the key elements of advocacy might be. I am going to start by considering David Brandon’s definition of advocacy. There are two reasons for this; firstly, Brandon’s influence over
2 ADVOCACY AND SOCIAL WORK PRACTICE

the field of advocacy has been considerable and secondly the definition he supplies us with identifies some its most salient features:

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 outcome of such advocacy should be to increase the individual’s sense of power; help them to feel more confident, to become more assertive and gain increased choices. (Brandon 1995b p1, cited in Brandon and Brandon 2001)

There are a number of key elements of advocacy identified here. The idea of advocates pressing a case is there and the idea that it can be conducted on a group or individual level. Also important is the idea of advocacy as an empowering practice and one which may bring psychological benefits to those involved, giving greater self-confidence and building assertiveness. Let’s look at another definition.

Social work advocacy is the exclusive and mutual representation of clients or a cause in a forum attempting to systematically influence decision making in an unjust or unresponsive system. (Schneider and Lester 2001 p65)

Implicit in Brandon’s definition of advocacy, within the notion of pressing a case, is the idea of trying to persuade decision makers to take a particular course of action. Schneider and Lester make this idea more explicit; for them advocacy is about systematic influence. They also put a name on advocacy at a group level pursuing a collective issue, cause advocacy; more than just working to address group concerns, but actively pursuing social causes. Finally Schneider and Lester introduce the concept of mutual and exclusive representation, of the advocate having the service user’s needs as his or her primary concern (exclusivity) within a relationship where the direction of the advocacy is agreed upon together as part of a shared enterprise (mutuality).

Henderson and Pochin’s (2001) definition of advocacy also addresses the nature of the relationship between advocate and service user:

Advocacy can be described as the process of identifying with and representing a person’s views and concerns, in order to ensure enhanced rights and entitlements, undertaken by someone who has little or no conflict of interest. (Henderson and Pochin 2001 p1)

This part of Henderson and Pochin’s definition introduces the idea of advocacy as representation, as making sure the service user’s voice is heard. This is a slightly different thing from persuasion (although Henderson and Pochin do acknowledge the place this also has to play in advocacy). Action for Advocacy take this idea further in their definition identifying advocacy as ‘taking action to help people say what they want’ (Action for Advocacy 2002). Here the goal of advocacy is not merely to represent the views of another, but also to enable that person to speak themselves. Henderson and Pochin’s definition also clarifies further what the idea of exclusiveness in the relationship between advocate and service user might mean. An advocate needs to be aware of potential conflicts of interest in their advocacy role and to be as independent as possible.
Finally I want to look at a couple of definitions of citizen advocacy. We will look in more detail at citizen advocacy in the next chapter, but it has a very specific orientation, which ought to be included in any consideration of the definition of advocacy. Atkinson (1999 p6) defines Citizen Advocacy in the following way: ‘citizen advocacy is typically seen as a one-to-one relationship between a volunteer spokesperson and their disadvantaged partner’. Citizen advocacy developed as part of normalisation with or for people with learning difficulties and ‘occurs when an ordinary citizen develops a relationship with an ordinary person who risks social exclusion or other unfair treatment’ (Bateman 2000 p24). In citizen advocacy the relationship between advocate and service user is of vital importance. This approach representing the service user’s views goes alongside support and empowerment more generally. What can we learn from citizen advocacy about defining and understanding advocacy more generally? An essential precept of this approach is that the relationship between advocate and the person being represented is an vital aspect of advocacy and, echoing Brandon’s definition, we cannot ignore the important role that advocacy can play in enhancing confidence and self-esteem.

So what does all this tell us about the nature of advocacy? Firstly, I think we can see that advocates can represent the views of individuals, groups and wider communities of interest and that advocacy can also involve campaigning for collective rights. Secondly, advocates can be involved in the process of persuading others to change and also giving voice to the perspectives of service users and ensuring their views are heard. In doing this they can speak for service users and help to enable them to speak. It is also important that advocates are aware of any conflicts of interest which may exist in relation to this role. Finally there is an important emotional and psychological component in advocacy.

Before we leave the definition of advocacy, it is worth thinking about two other related themes which are present in many accounts of advocacy’s essential features, over and above the dimensions we have just considered. The first of these is the relationship between advocacy and empowerment. Thompson (2002 p302), looking at social work with adults, views advocacy as ‘an important form of empowerment in which relatively powerless individuals or groups are supported in their attempts to influence or challenge more powerful elements in society’. In Thompson’s view advocacy has a significant part to play in empowering practice in social care and has the capacity to increase service users’ sense of autonomy and make real changes in the world; to empower people psychologically and structurally. However, advocacy may have the scope to do more than this. It may have a ‘radical potential’ (Boylan and Dalrymple 2009 p2) to play a part in the pursuit of social work’s transformational goals (Payne 2006) ‘enabling disadvantaged and oppressed people to gain personal and social empowerment through changes in society’ (Payne 2006 p14).

A central tenent of anti-oppressive practice has been the belief that social work has the capacity both to empower the individual and, through the adoption of practice approaches sensitive to the impacts of difference, to begin to alter power relationships between individuals, within communities and in society more broadly. Advocacy’s clear links with empowerment, therefore, may offer an approach to practice consistent with these important aims of anti-oppressive practice.
One thing which thinking about the definitions of advocacy tells us is that there is not unanimity about what advocacy is or how it should be carried out (and nor perhaps should there be). The search for a single unifying definition may therefore prove illusory. In Chapter 4 we will look at the value base of advocacy and it may be here where we find the most common ground between different approaches. There is a clear distinction in practice however between those who identify themselves as being advocates and those who undertake advocacy as part of a wider professional brief.

**Advocacy as part of a professional role**

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<th>Discussion point</th>
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<td>Consider the following roles. Most of these describe activities which on the face of it would not be called advocacy. Think about the characteristics of advocacy we outlined when we were thinking about how to define it. To what extent do you think the following roles fit with these dimensions? Could any of them be identified as advocacy? If not do they have elements of advocacy within them? Where you think you can see an element of advocacy you need to think about why this is the case.</td>
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**A mediator who works for a not-for-profit family mediation service** and who works with couples going through the process of separation and divorce. The service provides a safe, secure environment within which couples can discuss their differences together, sometimes in circumstances where domestic violence has been an issue. The role of the mediator does not involve taking sides, but is about enabling both parties to put forward their views and facilitating negotiation between them.

**A worker in what is known in one local authority as brokerage.** She worked for many years as a home care organiser, responsible for managing a group of local authority home helps. The new brokerage role involves liaising with a range of private companies who are approved to provide home care for residents of the local authority, monitoring the quality of those services, or when a service user has a personal budget which they wish to spend themselves, supporting that person to find suitable providers of whatever care services the person requires and monitoring the quality of those services.

**A social worker employed by the local authority who works in a day centre for people with mental health problems** and who is setting up a service user consultation group to contribute towards planning what services should be provided.

**A shop steward working on behalf of the union UNISON,** who represents the views of union members working in a busy children and families division of a social services department. She has been approached by union members expressing concerns about workloads within the authority, and that the pressure of work gives insufficient time and space for social workers to properly assess risk, and perform their duties to the standards demanded by their professional body. She plans to raise these concerns at the regular joint meeting between the union and senior managers within the local authority.

**A group of young service users** who have experience of the looked after children’s system and are part of an advocacy group, who are offering a peer mentoring scheme for
social work students within a particular local authority. They are each paired with a social work student and meet every week to look at how they can develop approaches to practice which are empowering for young people and respect their rights.

The members of a Mental Health Act monitoring group, made up of representatives of the police, ambulance services, social services, health and service users, experts by experience, who meet each month to look at how the Mental Health Act is being applied in their locality and to try and ensure that practice across the board conforms to the legal requirements and respects the rights of service users. Where problems with practice are identified then the group acts to rectify these.

An inspector from the Care Quality Commission (CQC), who is about to undertake an inspection of a residential care home for older people. A number of relatives of elders living in the home have approached the CQC to express concerns about the standards of care residents have been receiving.

A cognitive behavioural therapist who has set up an assertiveness group for women, in a hospital for people with mental health problems. The group aims to make members more assertive in negotiating with psychiatrists about their treatment.

I would argue that there are clearly identifiable advocacy roles in the examples above. Those involved in the inspection, regulation and quality assurance of services are often acting as advocates on behalf of people at their most vulnerable. Aspects of negotiation may involve enabling people to voice their concerns or more forcefully pressing for service users’ needs to be met. Involvement can empower service users and lead to lobbying for changes in the way services are structured and delivered. Work with a psychological focus can empower people to be more effective in advocating for themselves.

Advocacy is not just something social workers do as part of their professional role. The Nursing and Midwifery Council requires nurses and midwives to ‘act as an advocate for those in your care, helping them to access relevant health and social care information and support’ (Nursing and Midwifery Council 2008 p2). Doctors also often take on advocacy (Waterston 2009).

A brief history of advocacy

We have looked at how to define advocacy. Another way of understanding it is through a consideration of its history. I want to look briefly at two, at times, interwoven strands of this history, advocacy within social work and social care, and advocacy without. This distinction is not at all a clear one. Some approaches to advocacy are hard to categorise in this way, Citizen Advocacy for example. However, it serves as a loose framework for an historical overview.

The origins of social work lie in attempts to address the causes of and alleviate the consequences of poverty. One way in which this was achieved was through the efforts of the Charity Organisation Society and the distribution of charitable
Advocacy and social work practice

support to the deserving poor (Payne 2005b). However, as Manthorpe and Bradley (2002 p279) point out, many ‘early amateur social workers...appreciated that social change would be necessary to challenge cycles of deprivation and systems of inequality’. The Settlement Movement, which grew up at the end of the nineteenth century, offered a new way of understanding poverty and attempting to address it. The basic idea of the settlement movement was that students from Oxford and Cambridge colleges would come to settlements to spend time amongst the poor in large cities (most notably in London’s East End) and engage in what modern parlance might describe as community development activities. These included setting up youth clubs and activities, organising and sponsoring holidays, and active advocacy on behalf of the poor. From these rather inauspiciously patrician beginnings some important aspects of advocacy emerged. A notable example, where individual advocacy and campaigning (cause advocacy) were combined, is the poor man’s lawyer scheme, which started at the Mansfield Settlement in 1891 with the provision of pro-bono legal advice and then spread to other settlements. From within the settlement movement a campaign was launched for state support for the provision of legal services, which eventually led to the current legal aid system (Spencer 2009).

It is the more radical tradition in social work in the UK which has been most keen to embrace advocacy as a practice tool. Community development, which can trace some of its origins back to the Settlement tradition (Mayo 1994) has a long tradition of encouraging self-help, advocacy, and community activism and campaigning. Radical social work allied itself with campaigning and advocacy groups such as the Claimants Union (Bateman 2000) and embraced both campaigns and self-help, ‘alternative forms where people can organise collectively to help themselves over particular social problems’ (Wilson 1980 p36). Recent interest in a more radically orientated practice has tried to refocus social work’s attention on poverty (Ferguson and Woodward 2009). Mantle and Backwith (2010) make a strong case for the adoption of a more community orientated social work with advocacy as a central feature.

Jordan (1987 p135) argues that ‘two powerful paradigms of the social worker have dominated the profession’s self-image. The first is that of counsellor – skilful, attentive, accurately empathetic and accepting of the client’s vulnerability. The second is that of advocate, who champions the oppressed, and turns the tables on those who exploit or exclude the client.’ Jordan sees these two approaches as being at the ends of a sort of continuum of practice. Our exploration of history shows us that for certain practitioners at certain points in the history of social work the advocacy end of this continuum has been a very important part of practice.

Advocacy and the service user movement

Moving on to look at the impact of advocacy outside of social work, the role of service user movements has been crucial. The self-advocacy movement, which we will look at in more detail later on in the book, enabled groups of people with learning disabilities to collectively begin to advocate and lobby for greater control over their care. The Independent Living Movement sought and achieved increasing control by disabled
people over their care, first through Centres for Independent Living and then through the successful campaign for the institution of direct payments via the Community Care (Direct Payments) Act 1996. Mental health services were also an important focal point for advocacy and campaigning. These movements, with their dual interest in case and cause advocacy, were driven by some common factors. The move away from institutional care was important as was a critical re-evaluation by service users of what care more generally meant and what assumptions underlaid it.

For people with disabilities this critical re-evaluation came through the development and adoption of the social model of disability. The central thesis of the social model, that it is not impairments themselves which create the disadvantages and restrictions that disabled people experience, but the responses of society to those impairments, has come to have increasing influence on social care in the field of disability (Oliver 2009). In relation to mental health services the anti-psychiatry movement presented an important theoretical backdrop to the burgeoning service user movement in the 1980s. The work of Szasz (1961) and Rosenhan (1973) was influential as was Romme and Escher’s work (Romme and Escher 2000 for example), which destigmatised voice hearing. A central concern of the service-user-led organisations that emerged – UKAN (UK advocacy network) and Survivors Speak Out – was supporting advocacy by service users at the grass roots level whilst at the same time lobbying for changes in policy (the inclusion of a statutory right to advocacy in the 2007 amendments to the 1983 Mental Health Act for example).

Another way of looking at the history of advocacy and social work

I am going to look at another version of the history of social work now and the place of advocacy within it. What I want to do is look at the life of ‘a pioneer of social work’ (Oxford University Press 1992 (DNB) p3330) within the UK, Eileen Younghusband, and to reflect on Jordan’s idea of social work’s dual mandate in the context of one individual’s experience of social work.

Eileen Younghusband was born at the beginning of the twentieth century in Kashmir, where her father, a well-known explorer, was a colonial diplomat and administrator. The wider world beyond Great Britain and global issues were always of concern to her and this international early childhood may have influenced this interest. Socially reformist Anglicanism was also an important influence on Younghusband when young, and the pacifist priest Dick Sheppard’s sermons, which emphasised the social responsibilities of Christians, were important in shaping her life and thinking. Younghusband’s early social work experiences were among the settlements in the East End of London, where she was involved in youth work and later as a JP with a particular interest in young people and crime, an area of judicial and social policy in which she campaigned for changes (Payne 2005).

Younghusband spent many years teaching social work at the London School of Economics and had a profound impact on the development of social work education and
training. Her report on the education and training of social workers (Younghusband 1947) was instrumental in the profession’s development and the models of education and training which we see today. Younghusband’s vision of social work practice was a broadly based one. Her chairing of the committee which produced the 1968 report on the education of community workers is just one indicator of this (Younghusband 1968). She also had a strong interest in the welfare of refugees. ‘Sharing a home with Helen Roberts, a part-Jewish worker with refugees from Hitler’s Germany’ (Payne 2005 p60) led her into this area of work. She was instrumental in the foundation of the first Citizens Advice Bureau during the war, dealing with debt, poverty, homelessness and evacuation. In her later life much of her work was concerned with the international context of social work and she made ‘a significant contribution to the spread of ideas about organisation of services, training and practice beyond the UK’ (Lyons 2003 p3)

Her view of social work was that it encompassed both work with the individual and social activism on a wider level within society as a whole. This quote sums up that philosophy: ‘To a considerable extent the old case work question, ‘who is the client?’ is undergoing a change as social work replies that the client is not only the individual or even the family but also the school, the prison, the hospital, the work place, the neighbourhood, or indeed some power group in the functional or geographic community’ (Younghusband 1971 p. 131)

What can we learn about the place of advocacy in social work historically by looking at Eileen Younghusband’s life? Firstly the importance of working to counteract poverty and the recognition of the role it played in the life of service users is a theme running through her work. Her involvement in the settlements of the East End and her work in establishing the Citizens’ Advice Bureau are good examples of this aspect of her professional life. The Citizens’ Advice Bureau was the origin of much poverty orientated case-based advocacy. Her work on juvenile crime shows a combination of an appreciation of the individual causes of crime, but also a dissatisfaction with the way it was managed by the system which she campaigned to change. Campaigning and cause-based advocacy were consistent features of her work. In her international activities and interest in community work she demonstrated a broad conception of what social work might be and do and its potential to have a more radical edge, both in communities in the UK and in development abroad. In her Eileen Younghusband memorial lecture to the International Federation of Schools of Social Work, Briskman (2008) draws on the example of the advocacy of social workers in response to the detention of asylum seekers in Australia, to argue that social work has the capacity to carry out a role in the political realm, responding to human rights abuses through political activism, a position consistent with Younghusband’s ‘deep sense of social justice and commitment to social reform’ (p13). There is obviously danger in thinking, to paraphrase Thomas Carlyle (Carlyle 1888 p2), that ‘the history of the world is but the biography of great women’, but the life of Eileen Younghusband does exemplify how advocacy historically has been associated with and been a core part of social work.
Discussion point

As social workers we all have our own particular perspectives on which approaches to practice should be at the heart of social work, informed in part by what we think social work is about, what role it plays in society more broadly. Think about Eileen Younghusband. From what we know about her from the brief biographical details I’ve included here, it is possible to get a sense of how she understood social work and why she therefore saw advocacy as important. Think at this point about your own motivations for being a social worker and what you see the profession as being for. Advocacy is important in social work. How would advocacy fit into your personal model of practice?

Advocacy and current approaches to understanding practice

We can see that the history of social work is one in which advocacy features strongly. At this stage I want to move our discussion forward to the present and explore recent understandings of social work and how advocacy might fit with these. Dominelli (2002a) and Payne (2006) provide us with two very similar accounts of the purposes of social work and its function in society. Both present three different competing accounts of social workers’ wider social role. I am going to look at each of these in turn and think about how advocacy might relate to this framework of theories about what social work is about. I am going to start with what Dominelli calls the maintenance approach to social work, an idea very similar to Payne’s individualist reformist perspective. In this account social work is seen as a mechanism for maintaining order in society, for fixing tears in its fabric and helping individuals through problems to a point where they can function successfully. The social workers’ interventions here are marked by pragmatism and a non-therapeutic focus. The primary concern is with the individual and social change which enhances individual strengths and stability.

How would advocacy fit into this framework? Advocacy here would have a pragmatic and personal focus. Martin Davies provides us with the following example. ‘The social worker acts on behalf of a harassed mother in a face-to-face confrontation with a housing manager or landlord wanting to evict her and her family for non-payment of rent’ (Davies 1994 p90). However, the role might extend to lobbying for resources for a local community perhaps, or specific resources to meet particular types of service user need.

Therapeutic approaches are ‘best exemplified by counselling approaches’ (Dominelli 2002a p3) and their primary concern is with psychological functioning. The social worker role is seen as the promotion of ‘growth and self-fulfilment’ (Payne 2006 p12). The relationship between the social worker and the service user is a mechanism through which the service users can explore their lives and through this exploration manage the problems they are encountering more effectively. Within this model advocacy might primarily be concerned with psychological empowerment and spiritual growth. Southgate (1990 in Brandon 1995a) identifies the importance of nurturing
and supporting as part of the advocacy role. ‘Above all advocates must support the inner advocacy and creativity of the individual’ (Brandon 1995a p10). This approach emphasises the undoubted importance of interpersonal skills as a way of facilitating advocacy and empowerment. ‘Empowerment and advocacy in social work are enabled through counselling skills’ (Seden 2005 p89).

Finally we come to what Dominelli calls the emancipatory perspective on social work, that others (Pease and Fook 1999, Payne 2006) have termed transformational. Within this social work paradigm the purpose of social work extends beyond the individual’s psychological make-up and their immediate environment to a broader consideration of the structural factors impacting upon their lives. Promoting social justice and combating oppression are very much to the fore in this approach. It is in this account of social work that the synergies with advocacy are most obvious. The type of advocacy envisaged within this model is one that engages with social campaigns and in which power is firmly in the hands of service users. So user-led approaches to advocacy are particularly important in this context. Advocacy offers the opportunity for service users to come together collectively to pursue a particular cause, something very much in keeping with the ethos of the transformative approach. Finally this type of collective approach to advocacy has the potential to raise political consciousness and produce political change. It is for this reason that ‘advocacy and empowerment strategies have proved attractive in recent years as a development and implementation of critical social work’ (Payne 2005 p313).

The international definition of social work with its emphasis on human rights and social justice seems most closely connected to the transformational account of social work:

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 the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (IFSW 2000)

Certainly advocacy offers an important mechanism ‘to allow social workers to address issues of rights and social justice and to support efforts to help people obtain services and resources in the community’ (IFSW 2000).

**Discussion point**

Before we move on to look at advocacy skills and some case examples of advocacy practice it might be helpful at this point to revisit the question we asked earlier, how does advocacy fit into your personal model of practice? Does the Dominelli/Payne distinction between the maintenance, therapeutic and transformational approaches to practice help you think through this issue?
ADVOCACY'S PLACE WITHIN SOCIAL WORK PRACTICE

Advocacy skills in practice

At this point I want to look at the stories of a couple of users of social services to think about how advocacy might play a part in the support which social workers might offer. Both cases see social workers operating in situations where they have a duty to protect the welfare of vulnerable people, and in both skills in advocacy are important.

Practice example: Sonia

Sonia's story

Sonia is a 21-year-old mixed race woman who has two children aged 4 and 6 years old, both girls. Sonia had an upbringing which was difficult at times. She spent quite a lot of her young life in foster care after her mother was imprisoned for a drug dealing offence. After the birth of her first daughter she left her foster parents and lived in a flat found by her social worker. With a lot of help and support she managed to cope and now lives with her children in a small house owned by a housing association. Over the years Sonia has had some difficulties with her drinking and with the use of cocaine, which has had an impact on her role as a parent. Sonia has sought help with these issues from the Community Drug and Alcohol Team, and although she occasionally drinks too much has been drug free for a couple of years. Sonia’s older daughter attends a local primary school and her younger daughter goes to the nursery there, which runs in the mornings only. Up until this point the girls have been doing well at school. However, the school has recently made contact with the social services department to express their concerns about both girls’ sporadic attendance and high level of sickness. In relation to her youngest daughter this is putting her place in the nursery in jeopardy as there are other children on the waiting list for the place, and Sonia has breached the agreement all parents using the nursery sign up to when their children start there, that they will make sure their child attends regularly.

When Sonia is seen by the duty social worker, Grace, the girls are at home with her. Sonia seems very anxious for the social worker to leave and tries to rearrange the appointment for the following morning. The social worker does not want to do this, and eventually Sonia starts to talk more with Grace about what has been happening to her recently.

About six months ago Sonia’s boyfriend Alex moved into the house. Neither Alex nor Sonia was working when he moved in. Sonia was keen that if they were going to live together they needed to make sure their benefits situation was all clear. So they made a new joint claim for Job Seekers’ Allowance and Sonia thought that she had stopped her old Income Support claim. All her benefits are paid directly into her Post Office bank account. About a month or so ago Alex tried to get a crisis loan for the family. However, when the benefits agency looked into this they found that they had been paying them two lots of benefits and a fraud investigation was started. At this point all the family’s benefits were suspended. Alex also left at this point. The relationship between him and Sonia had been a difficult one, and in many ways she was glad he had left. He had been using drugs and

(continued)
been violent towards her and the children. Since he has been gone he has sent Sonia a number of threatening texts and emails. She did make contact with the police about this, but Sonia says they haven’t done anything.

Sonia feels stupid that she left her bank statements unopened and hadn’t properly looked at letters she had received. Since her benefits have been suspended she has been working cash-in-hand at a pub quite close by. They insist she works an 11am to 5pm shift (which is why she wanted Grace to come back tomorrow) so sometimes she has had to take the girls out of school and nursery to allow this to happen, because she can’t pick them up if she’s working. Sometimes she leaves them at home on their own. But she is nervous about doing this because she worries that Alex may come back. So sometimes they stay with her in the pub when she’s working in a room behind the bar. This hasn’t always worked perfectly and the youngest child went running round the pub on one occasion. The pub is quite rough and used by drug dealers. Sonia has been offered drugs but so far not accepted any. Without benefits Sonia is building up rent arrears. Alex left an old car he was ‘working on’ outside the house and there have been complaints about this. The housing association have written to her about this, but Sonia hasn’t opened the letter.

Sonia’s story is not untypical of referrals to social work. She faces a range of practical problems which she is struggling to deal with. For Grace, advocacy will be an important element in her intervention here. She may want to have some initial contacts with the benefits agency to explore what has happened and see if there is an immediate solution, but also support Sonia in seeking more expert benefits advice, advocacy and legal support. With Sonia’s daughter’s nursery place under threat Grace may need to contact the school to advocate on Sonia’s behalf for the place to be kept open. Equally it might be important for Grace to be pressing for an adequate police response to the threats made by Alex and linking Sonia to agencies which can support her in this area and if necessary advocate on her behalf. It might also be important to address the precarious nature of Sonia’s relationship with the housing association, again presenting a case to them and supporting Sonia to make sure they understand her perspective. Skills in negotiation and in presenting a case will be important in ensuring the protection and well-being of Sonia’s children.

**Practice example: Marija**

**Marija’s story**

Marija is a 66-year-old woman who was born in Croatia but who has lived in the UK for the past 30 years after marrying an English man, Alfred. She worked in a florist store until three years ago. Marija has a long history of mental health problems and has been diagnosed by her psychiatrist as having bi-polar disorder. She has been in the psychiatric unit of the local hospital on a number of occasions since she has been in the UK. She was admitted under a compulsory order and ‘sectioned’ under the Mental Health Act the first time she
went into hospital, but since then has been persuaded to come in when her mental health has deteriorated. She has a good relationship with her psychiatrist, Dr Jones, but he thinks she can sometimes be unreliable in the way she takes her medication, stopping for a few days and then restarting. Crises seem to happen when she stops altogether. Marija has one sister, two years younger than her, but they have not spoken for a number of years. Marija ended the relationship when her sister married a Serbian, shortly before the Yugoslav war, and moved to Serbia. They have not spoken since this time.

Alfred has been becoming increasingly worried about Marija over the past few weeks. She has been speaking less and less English and has taken to shouting in Croatian, a language that Marija knows he can only speak a little. She has had difficulty sleeping and smashed a plate near him. (In the past she has hit him with several other things.) He has approached his GP, just to talk through his concerns. Her behaviour has been a little bit different on this occasion and she seems to be taking her medication fairly regularly and is less talkative and more upset. The GP asks Alfred to ask Marija to come into the surgery to see him, but she refuses to do this. He decides to go out with a trainee GP and a community psychiatric nurse (CPN) to see her after surgery finishes. Both Marija and Alfred are a little bit surprised by the visit. Marija, who opens the door, doesn’t want to let this group of professionals in and after speaking in English at first goes back to using Croatian. Alfred tries to persuade her that she should let them in. Quite a lengthy dialogue ensues between the GP, Alfred and Marija in the hallway, with Marija pacing the hall and occasionally interjecting, and Alfred explaining in a lowered voice that he is worried about her and suggesting perhaps Dr Jones should come out to see her and see if a change in medication would be helpful.

Carol is the duty Approved Mental Health Professional who has been contacted by Dr Smith, a consultant psycho-geriatrician, the following morning. Dr Smith explains that Marija’s GP, who saw her yesterday, has spoken to him and asked him to assess her under the Mental Health Act for compulsory admission to hospital and asks if Carol can be there for an assessment that afternoon. Carol begins to gather information about the situation. She speaks to Alfred, to the community psychiatric nurse at the GPs surgery, and to an occupational therapist, who knows Marija well, in the Community Mental Health Team (where Dr Jones works) that has supported Marija in the past. Everyone is a bit confused that Marija is not being seen by Dr Jones, who knows her well. Eventually Carol is able to speak to Dr Jones, who explains that he is planning to transfer her to the older age psychiatry team (where Dr Smith is the consultant) and that as a consequence he can’t see her or admit her to the hospital beds in Drake Ward, which are for under 65s only (and he explains they’re full anyway). When Carol goes to see Marija with Dr Smith, Marija is able to talk with them with the help of an interpreter, although she breaks off at times to pace up and down the hall. She acknowledges that things aren’t going well and that hospital might be a good idea, although she thinks at the moment things have not reached that point, but she only wants to go to Drake Ward which she knows and has been going to for years and years. At one point she says to Dr Smith, ‘See, see I’ll come, take me to Drake Ward’ and tugs at his arm indicating towards the door. However, Dr Smith remains adamant that she needs to be in hospital and that the only option is to be admitted to

(continued)
ADVOCACY AND SOCIAL WORK PRACTICE

This unit. Alfred is very reluctant for this to happen. He knows that Marija will only go to Dr Smith’s ward if she is under a section of the Mental Health Act, but knows that the situation will get more difficult at home if things continue the way they are. Carol is reluctant for Marija to go into hospital at all, as she feels that it might still be possible to support her at home. She knows that Marija might go willingly if the right bed in the right ward were available so, for both of these reasons, does not think she can support a compulsory admission to hospital.

For Carol now the only option seems to be further negotiation with the doctors involved in Marija’s care. Carol speaks to the GP and Drs Smith and Jones. She draws their attention to their common interest in seeing that Marija’s mental health improves and of the fact that patient choice features strongly in the current culture of health care, and tries to behave in an assertive way. Dr Jones is adamant that Marija must now be treated within the older age psychiatry service and anyway, even if he were to keep her as a patient, he has no beds available in Drake Ward. The end point of the negotiations is to try a more creative solution. Dr Jones concedes that the rules about transferring patients at a particular age do have some flexibility in them. Everyone acknowledges that there is no bed available on Drake Ward but, after exploring all the options, it emerges that Dr Jones can refer patients to a crisis intervention team which works with people in their own homes in an intensive way. Marija and Alfred agree to try this approach. The outcome is a positive one; with intensive support from a CPN and social worker within the team Marija starts taking medication again. However, she is also able to reveal her reasons for thinking things have been difficult for her recently. She has learnt that her younger sister died over a year ago from breast cancer. Her brother-in-law has only recently contacted her by letter to tell her. She had not felt able to tell Alfred as she still feels guilty about their estrangement.

At first sight looking at Marija’s story we might ask where the advocacy is here. This is after all an account of quite a coercive area of social work practice. This not like Sonia’s situation, where the social worker was involved with benefits, housing and securing a nursery place. Advocacy in social work is often seen as being about this sort of thing. However, a closer look at what happened to Marija reveals that advocacy was an important part of Carol’s work, even when working within a framework of coercion. A key part of the work Carol did with Marija was enabling her voice to be heard, when she was in a relatively powerless and vulnerable situation and was finding it difficult to express herself. Carol’s use of an interpreter to try to open up the communication options available for Marija is a good example of this. However, this aspect of Carol’s work also involved a representational element, giving voice to Marija’s views about her treatment and making sure that the doctors, in positions of considerable power, took account of her perspective. The use of negotiation is very characteristic of advocacy and assertive negotiation skills are crucial in doing this successfully. Carol demonstrates – in seeking the underlying shared interest in the negotiation, in looking at external criteria which are relevant to the process and in trying to generate a range of creative options in the search for an agreed outcome – the skills she has in this area. Finally being a guide for a service user through the complex landscape of health and social care can also be
an important part of advocacy, making sure that the information is available to that person to make an informed choice. Social workers are often presenting a perspective within multidisciplinary working which is a corrective to a very medically orientated model of practice, advocating for the social perspective on mental health care. Carol is doing this here in offering Marija support which gives her the space to start to talk about what she sees as being at the heart of her current problems.

Advocacy skills: an introduction

We can see from these case studies that advocacy requires a certain set of skills and I wanted to get a general overview of this area by looking at where advocacy fits into the GSCC key role framework (Topss 2002). The Social Work Reform Board’s proposals for a new capabilities framework (Social Work Reform Board 2010) may have an impact on the types of skills identified as central to practice. However, there is no indication that the proposals will make a radical change to the social work skills base. The starting point of this process should be key role 3, and particularly unit 10 of the framework. This key role to ‘Support individuals to represent their needs, views and circumstances’ relates directly to advocacy. Both unit 10, where advocacy is addressed, and unit 11, in which the participation in decision making forums is discussed, are particularly relevant to advocacy. I want to begin by looking at Unit 10, which covers advocacy ‘on behalf of, individuals, families, carers, groups and communities’.

This unit is made up of three elements:

10.1 Assess whether you should act as the advocate for the individual, family, carer, group or community.

   Here social workers need to be aware where there might be a conflict of interest between their professional role and undertaking advocacy (we will see a little later in this chapter how this might work) and when they might need to seek out specialist advocacy skills. In these circumstances 10.2 will become important.

10.2 Assist individuals, families, carers, groups and communities to access independent advocacy.

   Working effectively alongside independent advocacy is an important part of advocacy friendly practice.

10.3 Advocate for, and with, individuals, families, carers, groups and communities.

   This final unit addresses direct advocacy roles across a whole range of different areas.

However, the relevance of advocacy to social work skills extends beyond unit 10 of the National Occupational Standards. As we can see from our case study advocacy requires a range of skills:
ADVOCACY AND SOCIAL WORK PRACTICE

Information gathering  The analysis of information and its evaluation is important in advocacy (units 2.2. and 1.3). We can see this in the work with Sonia where the social worker is presented with a complex interrelated set of problems.

Negotiation skills and assertiveness  The case of Marija shows the importance of complex inter-professional negotiation as a key element in advocacy (units 6.1 and 6.5). Assertiveness is also important in this context (unit 19.2).

Skills in presenting a case  Again, for social workers undertaking advocacy this is important. Grace is presenting a case for keeping open Sonia’s nursery place for example and Carol is arguing why a particular approach to treatment is the right one for Marija. Units 11.1, 11.2 and 11.4 are all relevant here.

Skills in working with groups  Advocacy can be an individual or group based activity and often the two areas are linked together. So it can be important for advocates to develop skills in participatory approaches to working with groups.

The brief review above of social work skills gives us a sense of where advocacy fits within current understandings of the social work skills base. It is important to remember, however, that advocacy skills have applicability in other contexts. Skill in presenting a case can be important in a wide range of contexts. Negotiation skills and assertiveness have a relevance that extends across social work.

Before we leave this area I wanted to add a little postscript to the work on the two cases we described earlier. Both cases represent instances of intervention in a crisis. (It is interesting that theories of crisis intervention stress the importance of practical assistance alongside psychological support in which advocacy can have an important role (Roberts 2005).) Although advocacy can be important in the short term, it can also be part of providing support in the longer term. To illustrate this, a ‘what happened next’ exercise is helpful.

Sonia

Sonia managed to sort out a number of her problems, and an assistant social worker has been involved in supporting her over the past couple of months. She is linked to a solicitor who has helped her with the fraud enquiry and the possible prosecution. Social services representations to the school mean that the nursery place has been kept open and the girls are attending school. The assistant social worker has helped Sonia with debts accrued when she was without benefits and to deal with the housing association. As a final suggestion before he closes her case the assistant social worker asks whether she would be interested in being part of a mentoring scheme for other young people from the looked after system who are moving into independent living. The scheme involves giving assistance, advice and support based on personal experience.
Marija

Some weeks later and Marija’s situation is much more settled. She is still concerned about being referred on, away from a team and consultant psychiatrist who have been involved in her care for a long time, at what seems to her like the arbitrary age of 65. Carol has formally raised this issue with the health trust following the Mental Health Act assessment and been told informally that the trust might make an exception in Marija’s case. Carol feels that, although she is not an employee of the trust, she is managed by them and that the most effective way of supporting Marija might be to exert pressure from outside the trust as well. She has suggested that Marija also makes contact with the local MIND advice service about this. When Marija does this she discovers that a number of other service users have complained about being transferred from adults’ to older people’s services and a campaign to change the way this works is now under way.

Both of these examples show the potential of advocacy to be more than just a single-issue-based task-orientated approach. It can generate more extensive networks of support. Our postscript shows how this can be achieved through service users themselves becoming involved in mentoring and advocacy and through cause advocacy and campaigning.

I want to finish this chapter by looking at the place of advocacy within practice models. We have looked, when thinking about Dominelli and Payne’s account of social work’s purpose in society, at how a particular orientation to practice can shape the view a practitioner has of advocacy. However, in this instance I wanted to look at an overall model of practice and how advocacy fits within it. Goldberg Wood and Tully (Goldberg Wood and Tully 2006) present a structural model of social work practice which identifies advocacy as one of eight key roles undertaken by social workers: the conferee, the broker, the mediator, the advocate, the therapist, the case manager, the group worker and the community organiser. The pivotal roles in this account are those of conferee, broker, mediator and advocate. It is valuable to look at this approach for number of reasons: it is an unusual thing; a generic model of practice; derived from social workers’ practice experience; with its origins in North America it provides us with an idea of the place of advocacy in an international social work context; it is also of interest because it comes from a particular value base. Underlying it is the view ‘that opportunities and resources are unevenly distributed and that members of deprived populations are structurally victimised’ (Goldberg Wood and Tully 2006 p21). It is a strengths-based model which sees problems as stemming fundamentally from the environment rather than the service user, and emphasises the importance of power in understanding their impacts. A key theme of the model is the link between the individual and the wider world, between actions that social workers undertake at the micro level and those they can engage in with groups to promote social change. Goldberg Wood and Tully (2006 p139) argue ‘that without advocacy the profession [social work] would be like a deodorised skunk – never really able to make a stink about individual victims or classes of victims who are unable to obtain access to basic human needs or human rights’. In the two cases studies we have looked at advocacy is
18 ADVOCACY AND SOCIAL WORK PRACTICE

a conduit to collective engagement and action. Goldberg Wood and Tully’s approach sees making these links between the local and the broader community as essential and as having the potential for leading social work into campaigning and social change.

Key learning points

- Advocacy covers a very broad range of activities which are difficult to encapsulate in a single definition
- We can, however, identify some key dimensions of advocacy and its potential as a force for change in social care
- Advocacy has an important role in social work historically, but service user movements have also been instrumental in the development of what we now understand as advocacy
- Our overall view of social work, how far it can be a force for social change for example, can influence how we think about the role of advocacy within it
- Advocacy in social work can be undertaken in a variety of different contexts and requires a wide range of skills

Further reading