

# Journal of Social Work

<http://jsw.sagepub.com>

---

## **Developing the Concept of Professional Advocacy: An Examination of the Role of Child and Youth Advocates in England and Wales**

Jane Dalrymple

*Journal of Social Work* 2004; 4; 179

DOI: 10.1177/1468017304044861

The online version of this article can be found at:  
<http://jsw.sagepub.com/cgi/content/abstract/4/2/179>

---

Published by:



<http://www.sagepublications.com>

**Additional services and information for *Journal of Social Work* can be found at:**

**Email Alerts:** <http://jsw.sagepub.com/cgi/alerts>

**Subscriptions:** <http://jsw.sagepub.com/subscriptions>

**Reprints:** <http://www.sagepub.com/journalsReprints.nav>

**Permissions:** <http://www.sagepub.co.uk/journalsPermissions.nav>

**Citations** <http://jsw.sagepub.com/cgi/content/refs/4/2/179>

# Developing the Concept of Professional Advocacy

An Examination of the Role of Child and Youth Advocates in England and Wales

JANE DALRYMPLE

*University of the West of England, Bristol, England*

## Abstract

- *Summary:* This article examines the development of child and youth advocacy through an analysis of the meaning of professionalization and argues that a culture of advocacy is needed to facilitate the development of professional advocacy expertise.
- *Findings:* The fragmented development of child and youth advocacy in England and Wales has accelerated within the modernizing agenda of New Labour. While child and youth advocacy competes with other imperatives in the provision of health and social care services, advocates seek to develop professional status in order to ensure effectively the involvement of children and young people in decision making. The nature of advocacy practice creates resistance to traditional models of professionalization but a committed practitioner model, recognizing advocacy expertise, enables advocacy to develop in a way that does not compromise its role.
- *Applications:* Debates about the professionalization of child and youth advocacy are ongoing, particularly with the publication of advocacy standards in England and Wales. This article contributes to the discussion and suggests a model for developing the theory and practice of child and youth advocacy.

**Keywords** child and youth advocacy professionalization

The need for children and young people living away from home to have access to independent child and youth advocacy was clearly stated by Sir William Utting in the report *People Like Us* (Utting, 1997) and is now written into the Government's priorities for children's social services (Department of Health, 2001; Robbins, 1999) and guidance to social workers (Department of Health et al., 1999). The Government has also recognized the need to strengthen

advocacy for children making complaints under section 26 of the Children Act by placing a duty on local authorities, under the Adoption and Children Act 2002, to arrange to provide advocacy for those who want to make a complaint under Children Act procedures. However, by the Government's own admission, the development of advocacy services has been 'ad hoc' (Department of Health, 2000) and access to them is 'often decided by a combination of geographical and financial factors, which determines the start-up of a project (and its continuation) in a particular area' (Atkinson, 1999: 9). As a result advocates have been analysed as being 'on the fringe of things' but with the potential to 'become a force to be reckoned with' (Atkinson, 1999: 41). On the other hand they have also been described as 'a new breed of professionals' (Willow and Barry, 1998: 6), bringing a 'professional approach' to children's rights (Lindsay, 1998: 5). In this article I will discuss attempts to professionalize child and youth advocacy by examining the meaning of the concept of professionalism through comparisons with other developing professions. I will argue that professional advocacy requires a culture of advocacy before any professionalization may be implemented and that culture requires an acceptance of non-conventional models of professionalization.

Advocacy, Brandon (1992) reminds us, is one of the oldest forms of support. It has developed more formally in relation to legal services, where the role of the advocate in court (solicitor/barrister) is to represent the interests of the client, speak up on their behalf and protect their rights. An emergent theme from dictionary definitions is the description of an advocate as someone who acts positively on behalf of someone else (Bateman, 1995) and is usually someone more articulate or more powerful (Fook, 2002). For children and young people this will often be an adult who has a professional qualification (and is paid as a 'professional' advocate) although an advocate may be a peer advocate or a volunteer (Atkinson, 1999). Within health and social care practice various forms of advocacy have become established as accepted methods of enabling marginalized and oppressed groups to come to voice. In the context of this article, advocacy has been described as one of the 'key mechanisms through which children and young people can be empowered to enforce their rights' (Kelley, 2002: 5). Most literature about advocacy focuses on two types of advocacy: case advocacy, referring to work with individuals or small groups (e.g. families); and cause or systemic advocacy, referring to work with larger groups usually aimed at structural changes in relation to legislation, policy or practice. Clarke (2003) translates these into three generic practices: issue-based advocacy, helping a child/young person on an individual task-centred piece of work; relationship-based advocacy, working on a long-term basis with a child/young person (often vulnerable children/young people); and general-issue advocacy, lobbying on behalf of groups or communities. However, advocacy at both the personal and the structural levels are inevitably inter-related. In summary, the role of independent advocates is broadly outlined in the following core principles, which underpin the National Standards:

- Advocates should work for children and young people and no one else.
- Advocates should value and respect children and young people as individuals and challenge all types of unlawful discrimination.
- Advocates should work to make sure that children and young people in care can understand what is happening to them, can make their views known and, where possible, exercise choice when decisions about them are being made.
- Advocates should help children and young people to raise issues and concerns they are unhappy about. This includes making informal and formal complaints under section 26 of the Children Act 1989 (Department of Health, 2002: 2).

The development of child and youth advocacy during the last decade, however, has been a struggle to legitimate its independent status working with, yet apart from, health and social welfare services. Emerging within the voluntary sector as an innovative service to challenge the oppression of young people, and motivated by a sense of injustice and inequality (Dalrymple and Hough, 1995), youth advocacy has become more of a priority for local authorities within the Government's modernizing agenda (Department of Health, 1998, 2000; Robbins, 1999). The dominance of the social work profession in decision making for children and young people though – particularly with managerialist emphases on the authority of agency (Payne, 2000) and focus by practitioners on the management of risk (Parton, 1999) – is challenged by the concept of advocacy. There is a tension between a view of young people's involvement based on notions of children's rights to participation, and expectations of professional social workers (tied to their statutory tasks) to have their authority recognized (Jordan and Jordan, 2000). As key professionals in the lives of children and young people, social workers have an advocacy role. However, this has become more difficult within increasingly bureaucratic services, and external advocacy services are seen as replacing this element of social work practice (Jordan and Jordan, 2000; Payne, 2000). The role of the child and youth advocate is specific, in that the advocate works with the child or young person to ensure that their wishes and feelings are heard and taken into account. Payne (2000) reminds us that if there is no advocacy service, workers can feel that the best interest of the child must always override their wishes and feelings 'which then get unreasonably ignored' (Payne, 2000: 54). Equally there are a range of other advisors, mentors or befrienders who may at times undertake an advocacy role. The 'natural' advocate in the life of a young person may well be able to fulfil this role in particular circumstances but equally there could be occasions when an independent advocate is best placed to provide the necessary advocacy support, or support the natural advocate in the process. As Payne points out, independent advocacy should not be an alternative but additional – all must be available and interact.

Social work is a relatively new profession and, as such, is competing with

other professions in defining its authority. Child and youth advocacy is also seeking status within the provision of services for children and young people. It has been argued that disciplines that are struggling for status (such as social work) 'need to engage in more open, honest discourse that acknowledges hidden agendas of power within the process of professionalisation' (Playle, 1998: 1). Varying attitudes to independent advocacy perhaps necessitate more honest discourse.

## Early Days: Establishing Professional Status

ASC (Advice, Advocacy and Representation Services for Children and Young People) was one of the early child and youth advocacy services, launched in 1992 with the aim of providing a service which used professional people as advocates. This was narrowly interpreted as those people who had a recognized qualification in a child care-related field. Applicants without a qualification were only accepted in exceptional circumstances, such as a minimum of five years' previous experience of advocacy. The organization developed a code of ethics and had a clearly stated confidentiality policy. There was a rigorous recruitment programme that involved three days' training and assessment of potential advocates before they were accepted as accredited to ASC by the management committee. The rationale for such standards was that since much child and youth advocacy work involves negotiating with other adult professionals it was important to ensure that advocates were perceived to be professional and thus respected by them. The starting point for the advocates then was that they had equal status to that of other professionals (Dalrymple and Payne, 1995). In this way the organization sought to establish a particular power position with service providers as a factor necessary for the success of child and youth advocacy.

In the same year as the launch of ASC a membership organization, CROA (Children's Rights Officers and Advocates), was established to represent the professional interests of children's rights officers and advocates. Its aims are to:

- promote and develop children's rights and advocacy services;
- provide a national forum for professionals working in the field of children's rights to discuss issues of common interest; and
- support, develop and disseminate research and models of excellence in the field of children's rights and advocacy work.

Following the appointment of the first children's rights officer (CRO) in 1987, a number of local authorities appointed CROs who were primarily based within social services departments and therefore lacked independence. CROA recognized and promoted the need for independent advocacy such as that provided by ASC and other local and national services (Willow and Barry, 1998). CROA continues to support and promote children's rights officers and advocates with a commitment to promoting professional methods of advocacy practice.

Varying approaches to defining professions have led to a number of theoretical analyses about what constitutes a profession. Several of the early concepts continue to influence discussion as new professions emerge. The 'trait' theory is one such approach. The essence of this is that certain characteristics constitute a profession, with the following five traits often described as attributes of professionals:

1. They are licensed by the state to perform a certain task.
2. They belong to an organization of similarly enfranchised agents who circulate standards and/or ideals of behaviour and discipline each other if the standards are breached.
3. They have so-called esoteric knowledge or skills.
4. They exercise autonomy over their work, which is work that is not well-understood by the wider community.
5. They pledge themselves publicly to assist people in need and therefore have special responsibilities or duties which are not binding on those who have not made such a pledge (Koehn, 1994).

Examination of these features in relation to advocacy helps to identify how this newly developing occupation has sought to be recognized as professional from its inception. Most advocacy services are funded by local authorities through contractual agreements. While this does not constitute licensing by the state, there is an expectation by local authorities that they will undertake a specific task. There is no register of qualified advocates but the development of CROA goes some way along the road as it seeks to develop policy and practice. National Standards for Child and Youth Advocacy have now been developed in England and Wales as a tool to shape future advocacy practice (Department of Health, 2002; Welsh Assembly Government, 2003). In the Foreword to the English version of the standards they are described as a framework 'to plan, develop and review advocacy practice at all levels' (Department of Health, 2002). However, they do indicate the need for credibility through provision of quality services.

While the notion of 'esoteric knowledge' identified in the second characteristic is a difficult one, the fact remains that many children and young people do not have the knowledge or skills to advocate for themselves. Discussing 'esoteric' knowledge in relation to youth workers, Banks (1996) argues that the aim of practice is to share knowledge and skills rather than retain them as esoteric. Similarly it has been said that advocacy must not 'be narrowly owned by a few "experts" who become super-intervenors. . . . The work of the professional advocate is to provide the individual in need . . . with the necessary advocacy assistance' (Preston, 1995: 6). Child and youth advocates work in partnership with young people to help them develop self advocacy skills and, in doing so, share their own knowledge and skills to a greater degree. It could be argued therefore that this is a dubious characteristic, but the description of an advocate as someone who has to be 'perceived by those making the decision

as someone sufficiently powerful and knowledgeable to equate the imbalance of power between the child and the whole panoply of bureaucratic decision making' (Timms, 1995: 137), would suggest a degree of esoteric knowledge is necessary. The autonomy of advocates is a hallmark of their operation and, since it is a newly developing occupation, it could be said that neither the public generally nor professionals working in public services fully understand the advocacy role.

The ASC management committee agreed their code of ethics (which Koehn would identify as a 'public pledge') in the very early stages of planning and seeking funding. This was a direct attempt to establish professional credibility. While there is no nationally agreed code of ethics there is a statement of advocacy values (Dalrymple et al., 2000) and many advocacy services are managed by major child care organizations that have their own codes of practice. The existence of such codes and articulation of values provides some evidence to suggest that, influenced by the trait theory, advocacy services set out with the aim of professionalizing the occupation. It is important therefore to examine what this means for children and young people who use advocacy services and for advocacy generally.

## **Moving On: Should Advocacy be a Profession?**

The trait approach has been widely criticized (Abbott and Wallace, 1990; Hugman, 1991; Johnson, 1989; Koehn, 1994), not least because there is no real agreement about what are the significant characteristics of professionalism and because the approach is taken from male-dominated occupations such as medicine and law. This has led to analyses of the way in which power structures of occupations develop in understanding the professionalization of organizations. Hugman (1991) suggests a key element of professionalism is power and that a critical approach to the study of professions needs to consider the processes through which occupations emerge as professions.

As child and youth advocacy is a relatively new occupational group, its development can be usefully compared to that of community work, youth work and some professions allied to medicine and alternative therapies. Both community and youth work are underpinned by values which are critical of structural inequalities. The growth of community work in the 1960s and 1970s was sustained by belief in the injustice of poverty and inequality. In the 1970s state-sponsored community work increased and many community workers became involved in conflict with their employers because of their criticisms of service delivery. Popple remarks that a 'strong theme within community work was its dual role as part of the welfare state while at the same time being critical of the state's inability to reach some of the poorest sections of society' (Popple, 1995: 22). This is not dissimilar to advocacy services which, when ASC was launched, were firmly located within the voluntary sector but are now increasingly becoming wholly or partly funded by local authorities (Willow and Barry,

1998). While such funding may be in a partnership with voluntary organizations in an attempt to provide the independent element, advocates can find themselves similarly compromised when criticizing the provision and delivery of services for children and young people.

Child and youth advocacy has many similarities with youth work, not least because the youth worker is, among other things, an advocate. In an exploration of issues regarding youth work and professionalization in the 1990s Sarah Banks (1996) suggests that, since youth workers see themselves as an ally of young people, the power-based analysis of professionalism has influenced their resistance to professionalization. As exclusive elitist groups, professionals create a distance between themselves and users of the service and could even stop young people from defining and resolving their own problems. She notes that professionalizing youth work would mean sacrificing its values, which are based on treating young people as equals and working alongside them to confront oppression. Youth work has traditionally taken place within various settings, with a range of purposes and using a mixture of qualified and unqualified workers. In recent years, though, youth work has changed dramatically as workers are either employed in specialist settings (e.g. health education, drug abuse) or working to government agendas through projects such as Safer Cities or City Challenge (Banks, 1995). Although child and youth advocacy is a newer occupation, the debate articulated by Banks regarding the professional model for youth work resonates with current developments within child and youth advocacy.

The growth of child and youth advocacy is also occurring across a range of settings. Some specialist services respond to young people within certain social divisions, such as looked after young people, black young people, young gays and lesbians, young disabled people or young people using mental health services: others are more generic, responding to all young people who contact them. Some services are wholly reliant on volunteers while others have paid advocates. More recently local authorities are being encouraged, through the Quality Protects initiative, to ensure that looked after young people have access to independent advocacy (Department of Health, 2000) and some are specifically providing advocacy services in child protection conferences (Boylan and Wylie, 1999; Noon, 2000; Scutt, 1995), family group conferences (Wiffin, 2000) or complaints procedures (Templeton and Kemmis, 1998). With such diversity of service delivery the attractions of a professional model are that it could:

- maintain and create an occupational identity to counteract the fragmentation of job roles and settings; and
- be a means of asserting public credibility and status (Banks, 1995).

However, in relation to youth work Banks argues that a broader occupational grouping (around a notion of informal education) would be more useful in that it would acknowledge the varying settings and job roles and would

create a new set of values through dialogue within a *community of practitioners* rather than impose a false commonality of purpose and values. The existence of CROA is, in fact, more compatible with such a model as it incorporates both children's rights officers and advocates in varying settings who could be described as an occupational grouping around a notion of *informal representation*. This is a more accurate conception of CROA than the notion of a professional body, since it does not maintain a register of practitioners, deal with professional misconduct or monitor education and training.

As yet, advocacy does not have any developed education and training. Here Banks along with other writers (such as Howe, 1996; Lishman, 1998; Webb, 1996) is sceptical of the competency-based approaches which dominate much professional training and, drawing on Smith's work (1994), suggests that the starting point for youth work must be as 'an informed committed practitioner' (Banks, 1996: 24). She points out that a committed practitioner (described as working with young people as an ally with a personal commitment to social change) is very different to that of a professional (described as an expert working with young people as clients in a professionally defined role) and that of a bureaucrat or technician (who provides a service to young people as consumers according to agency rules and procedures). The committed practitioner model is one that sits well with the notion of child and youth advocacy, which has been defined as 'a social movement directed to the rights of children' (Paul, 1977: 7), and moves it away from an elitist professional model.

The problem with the committed practitioner model is how far it enhances the credibility and status of child and youth advocates with health, education and social welfare professionals. A comparison with alternative therapies such as acupuncture, homoeopathy and herbalism, which are currently challenging their marginalization by the medical professions, is useful here. This analysis will draw on the neo-Weberian approach to professions which uses the notion of 'closure', a process by which an occupation controls entry into itself so that it can regulate market conditions and raise the price of its labour. This in effect creates a monopoly which ensures high rewards and privileges to the professions. In relation to medicine it can be seen that the occupation has risen through occupational closure, state support and a distinctive body of knowledge (Walby et al., 1994). Saks (2000) points out that the 1858 Medical Registration Act provided for a restrictive medical profession, self regulating through the General Medical Council. The 1911 and 1946 National Health Service Acts meant that the medical profession not only had legally based self regulation but managed to monopolize the market as the public sector developed. At the same time the esoteric knowledge base became fixed in bio-medicine. The consequent decline of alternative therapies lasted until the 1960s when they started to regain popularity. Interesting here is the fact that in seeking to professionalize, groups of alternative practitioners are at different stages. While osteopathy and chiropractice are both legally underwritten, and acupuncturists are serviced by the British Acupuncture Accreditation Board which provides a degree of

unified standardization, reflexologists have many practitioners but diverse training and no agreed standards (Saks, 2000). Parallels can be drawn with advocacy and counselling – the status of reflexologists perhaps reflects that of advocates in relation to health and social care practitioners whereas counselling is a more organized area of practice through the British Association of Counselling.

The status of medicine is now being challenged, possibly by alternative therapies but also by the professionalization of nursing and state regulation of the health service. However, Walby et al. (1994) have identified the inadequacy of theories of professions and occupational closure in situations where inter-professional relations can be both complementary and competitive. A parallel can be drawn with social work practice and child/youth advocacy, although both are relatively new occupations. The legacy of Thatcherism's antagonism towards professionals, criticisms of social work policy and practice from both the New Right and the political left, and current 'advanced liberal' strategies of government (Abbott and Wallace, 1990; Parton, 1999) have resulted in a politics of enforcement in which social work provides a 'proceduralised and legalised service in a bureaucratic way' (Parton, 2000: 460). This then has led to crises of confidence for social work, already a 'fragile' profession (Abbott and Wallace, 1990). The development of child and youth advocacy has been against this background, alongside increasing bureaucratization and resource constraints in the delivery of services to children and young people. The complementarity of inter-professional relations may occur when social workers actively support the presence of an independent advocate because, within the constraints of their agencies, they are unable to act as advocates themselves. They are allies in challenging the structural oppression of children and young people. There are inevitable tensions, though, and competitive relations will occur when young people seek advocacy support for themselves in order to challenge the provision and delivery of services, which may further threaten health and social care practitioners struggling to provide adequate services.

The role of child and youth advocates within varying contexts can at times be either professional or radical. Drawing on models used to differentiate forms of community work (Twelvetrees, 1991), it can be argued that the professional advocate uses particular skills to motivate children and young people to ensure effective provision and delivery of services. The radical advocate will challenge oppressive structures and therefore not necessarily use the mechanisms provided to promote radical change. However, Twelvetrees points out that such simplified versions of the two traditions do not take account of the fact that both 'draw on powerful insights from socialist/feminist theory and are concerned to explore alternative ways of working while at the same time acknowledging the need for coherent skill development in the world as it is today' (1991: 6). The roots of child and youth advocacy, though, are from radical traditions and, arguably, for both professional and radical advocates

their role is more compatible with the model of committed practitioner than other professional models.

## Current Contexts: Professional Expertise

Child and youth advocacy involves working with the context of practice rather than focusing on individuals. Advocates could be described as 'connected practitioners' in that they work within the whole context in which they are situated (Fook et al., 2000). Fook and her colleagues suggest that expertise in social work is characterized by the ability to handle uncertainty and change, contextual ability and the ability to work with complexity. Constructing a new discourse about professional expertise, they suggest that expert practitioners do not see themselves as defined by a given position. They do not limit their responsibility, either professional or personal, to a particular job or time. A 'rights' perspective can therefore be limiting in having a narrow focus, in this case on children and young people as a disadvantaged group, rather than considering the complexities of the whole situation and promoting change in the system. Youth advocacy is informed by a rights perspective but there is emphasis on systemic (cause) advocacy as the primary goal in order to initiate change in the systems that impinge on the lives of children and young people (Richart and Bing, 1989). This equates to the notion of advocacy as a tool for challenging social injustice (McCall, 1978: 207). It can be argued therefore that child and youth advocacy fits well into the theory of professional expertise promoted by the work of Fook and her colleagues.

The major feature of professional expertise is contextuality (Fook, 2000). In child and youth advocacy the context is that the process is the child's agenda, in which the primary role of the advocate is to listen and enable the child or young person to tell the story, in order to select appropriate action. The knowledge and experiences of the child or young person are legitimated and this therefore challenges the traditional authority of adult professional knowledge (Fook, 2002). Outlining the skills of advocacy, Rayner and Hashagen (1992) note that the skill for the professional advocate in joint forums with decision makers is to facilitate and utilize the skills of the young person. While the skill of the advocate then is to assist positively in the process of negotiation the expert advocate understands the whole context, avoiding adversarial advocacy and understanding how to use incremental pressure and argument to achieve the desired outcome. Models of active (rather than radical) advocacy try to develop dialogue to enable joint resolution of problems although confrontation may be necessary in extreme cases. However, even in confrontational situations 'today's adversaries are tomorrow's allies on a different issue' (Taylor, 1987: 115). Additionally there is the skill of 'networking' which relates to what Rayner and Hashagen call 'the advocate's general and local knowledge of where the buttons are' (1992: 14), allowing assistance from appropriate people and 'targeting', using the most appropriate forum and gaining the attention of

the real power holders. Advocates have to remember that what happens to the young person is the important issue.

The following example demonstrates some of these points. At a conference organized by Xpress Advocacy Service and SCOPE in Hastings 19-year-old Toby, who had been diagnosed with cerebral palsy when he was a year old, spoke about his experiences with health and social care professionals and services. The conference was set up by the advocacy service, which used its networks and knowledge of local services, in partnership with a national service, SCOPE, to bring together 17 young disabled people and 22 service providers. Using the knowledge and experiences of the young people the advocacy service was able to facilitate dialogue between them and service providers. Toby stated that all he wanted was to have similar opportunities to everyone else:

I want to finish my education properly. That's more difficult than you may think. No one seems particularly interested that it took me nine years to learn to sit up – so no wonder I am behind with the three Rs! Then I want a job and a home like everyone else does. I want a life. The only question really is now – will all the systems and bureaucracy that surround people like us allow me to live a normal life? Will they allow me to have the same opportunities as everyone else? (Dalrymple, 2000)

As a keynote speaker at the conference Toby found the experience of telling his story and posing the questions was an empowering one. The advocates and young people together had created an opportunity for all the people involved to consider both the context of the lives of the young people and the context of practice (both advocacy and health and social care practice). Service providers were confronted with the reality of the lives of the young people and together they explored what changes were needed to improve services. This was not a one-off event but part of a process of change as advocates continued to work with individual young people to inform the systemic advocacy.

Often advocacy services are provided for children and young people in formal decision-making processes (such as family group conferences or child protection case conferences) as a way of encouraging the dialogue necessary to resolve issues. However, in developing advocacy for young people in child protection conferences Newport and Torfaen Advocacy Service found that attempting to increase the participation of children and young people in such a systematic way meant that they ran the risk of slotting participation into established stages of the child protection process. The advocacy service itself is also part of the context of operation. The true 'client' is the *context* and in this respect the advocate who perceives their own service and way in which it is delivered to young people as part of the context is the advocate who has professional expertise. The advocates in this situation therefore identified a number of principles to ensure child-centred advocacy practice and worked on the premise that advocacy needed to be two-pronged – influencing and improving the system alongside individual work, or enabling the young

person to participate while at the same time making the process more participative (Wylie, 1999). The professional expertise here involved recognizing the complexity of managing case and systemic advocacy in order to transform the dominant adult-centred decision-making structures. By conceptualizing professional expertise along post-modern feminist lines and challenging modernist notions of professionalism Fook et al. (2000) offer an analysis which characterizes expert practice in a way that helps develop an understanding of professional advocacy in work with young people. They suggest that:

. . . expertise, as demonstrated by experienced professionals, is characterised by an ability to work in complex situations of competing interests, and to prioritise factors in ways which allow clear action. In so doing they are open to change and uncertainty, able to create the theory and knowledge (often in a mutual way with service users) which is needed to practice relevantly in differing contexts, and to locate themselves squarely in these contexts as responsible actors. (Fook et al., 2000: 113)

For advocates, working with complexity and uncertainty, needing to interact and respond reflexively and reflectively, recognizing varying points of view and conflicts, and open to change, this is a useful starting point. Advocates have to be flexible and able to engage at different levels with various players, using a range of skills and a range of options. Crucially they are creative in the way that they use knowledge and transfer it, as relevant, to other contexts. Such an approach, however, may call into question the efficacy of a legislative mandate for child and youth advocacy.

## **Towards the Legal Institutionalization of Advocacy**

Despite campaigns over the last decade for a legislative mandate for children and young people to have access to independent advocacy support (Childright, 2000; Dalrymple, 1995; Voice for the Child in Care, 2002), its advancement within government plans to modernize children's services (Department of Health, 2000: 15) should not be embraced uncritically. Attempts to professionalize alternative medicine have been viewed with concern by some writers as 'familiar incorporationist strategies' (Saks, 2000: 185) ratified by the medical profession in order to diminish any threat to that profession. Apprehension about the rapid rise of community development in the modernizing agenda have focused on the fact that incorporation not only denies the structural inequality that exists in the UK (Byrne, 1999; Driver and Martell, 1997; Temkin and Rohe, 1998) but could result in over-professionalization and loss of an independent voice (Anastacio et al., 2000). Such concerns can apply equally to child and youth advocacy.

An additional problem relating to the modernization agenda is its emphasis on key objectives and target-related performance measurements. New child and youth advocacy services in the UK are likely to be funded through money

made available for the Quality Protects programme. In order to secure the following year's funding local authorities have to report on achievements each year. While such activities can reveal useful information about the situation of children and young people to inform service development – such as the fact that listening to children, young people and their families was an area of work that appeared to be 'relatively new' to local authorities in the first Quality Protects Report (Department of Health, 2000, para. 14) – audit regimes can also be restrictive and curtail the voices of young people, challenging the value base of advocacy.

Finally, while legislation might raise the status of advocacy practice, legislation can also be repealed. Lessons can be learned here from the development of child and youth advocacy in British Columbia. The establishment of the office of Child, Youth and Family Advocate in 1995 led to the appointment of Joan Preston as an independent advocate whose annual reports clearly put the issues of children and young people on the agenda of the legislature. However, the Child, Youth and Family Act was repealed in spring 2002 together with the Act that set up the Children's Commission, which accepted complaints from children and young people in receipt of services from the Ministry of Children and Family Development. The office replacing some of these functions will be that of a Child and Youth Officer, which means that there is no longer an independent office to advocate for children and young people and the only external review of complaints is through the Ombudsman's office. Opponents to the repeal of these Acts pointed out that:

... as our societies in British Columbia struggle to protect our children, children will fall through the cracks, and there will be no voice of outrage when that happens. There will be no independent advocate to speak with a clear voice, one of passion and compassion, but an objective voice about the harm done to that future child. There will be no voice of independence who will say: 'Here's where the community could be improved. Here's where the government let us down. Here's where the parents were at fault'. There will be no voice to do that. Instead, we may have to wait until the report is made to the government, and the government decides to release the report. (Hansard, 2002: 3321)

The impetus for the development of child and youth advocacy services was provided by the Children Act 1989 (Clove and Davies, 1995; Jenkins, 1995). However, the lack of any clear legislative mandate means that a range of child and youth advocacy services have become established across the country depending on local resources and political commitment. While this diversity may be disadvantageous in some respects, the development of national standards and the existence of CROA provide some safeguards in ensuring the delivery of quality advocacy services while allowing advocates to develop professional expertise through dialogue with the community of advocacy practitioners and with other health and social care practitioners. Securing a legislative mandate may mean that, as in British Columbia, while advocacy may have a higher profile, if it becomes too challenging of the Government it runs

the risk not of incorporation but of extinction. The legal right for children making a complaint under the Children Act 1989 (Adoption and Children Act 2002) is to be welcomed, but will require professional expertise to ensure that it does not become proceduralized and incorporated or even extinguished. In the absence of legislation in other areas of work with children and young people, a culture of advocacy which accepts non-conventional models of professionalization may be the way forward.

## **Towards a Culture of Advocacy**

Questions for the future of child and youth advocacy can be examined through consideration of the need for a culture of advocacy to become established which recognizes the professional expertise of committed practitioners. A culture of advocacy means that human services accept the role of independent advocacy and respond positively when it is used by children and young people (Payne, 2000). This offers workers a possibility of resistance to the predominant managerialist cultures and agendas within services. While many workers already do challenge these (Fook, 2002), advocacy provides a tool to enable creative use of policies or to instigate changes in policies if necessary. Those who respond to advocacy by listening carefully, explaining and justifying their actions and being prepared to change their mind if necessary are establishing an advocacy culture (Payne, 1995). To promote this culture then means that all adults involved in the lives of children and young people need an understanding and commitment to the beliefs, values and knowledge that constitute the basis of advocacy. This involves understanding the process of advocacy. Drawing on Henderson and Pochin's model of what happens in an advocacy scheme (2001) and models of empowerment practice (Dalrymple and Burke, 1995; Rose, 1990) and advocacy (Preston, 1997), I suggest a model that identifies what happens in child and youth advocacy practice to provide a framework for developing that culture.

Essentially there are three stages in advocacy practice. The first is concerned with trying to reduce the disempowering effect of the personal experiences of children and young people which has led to them requiring advocacy support. Children and young people are enabled to develop confidence through telling their story, being listened to and taken seriously. For Rose (1990) this contextualization will help the child or young person focus on their own understanding of their social being rather than any assumptions by adults or local authority policies. The second stage involves the advocate concentrating on the child or young person's feeling of self worth and trying to enable them to strengthen their ability to control their lives. This will mean that the advocates will help the child or young person to identify all the options or possibilities that might meet their needs – it is helping them to make decisions. At both these stages advocates will be working with young people as individuals – this is case advocacy (either formal or informal). However,

many cases cannot be resolved within current systems. The third stage therefore involves seeking changes in the agency or wider systems that affect them. Since many cases cannot be resolved within the current system, case advocacy at the first two stages provides the data to promote change in legislation, systems and policies. Systemic change should then support better case solutions. Although these stages have been described in a sequential order, the advocacy process is ongoing – change does not occur in an ordered way and the advocate might be working with the young person at all three stages at the same time, each enhancing the other. Advocacy can only be successful, though, if all those involved in the process work within the core values of choice, justice and empowerment (placed at the heart of advocacy by Henderson and Pochin (2001)) and are committed to changing the position of children and young people in society.

Advocacy standards are also a key element in promoting an advocacy culture and these underpin the model. Arguments in favour of national advocacy standards are that they define and protect key advocacy principles, strengthen the identity of the advocacy movement, promote quality assurance and help evaluation of advocacy practice. While there have been arguments against standards (Henderson and Pochin, 2001), advocates with professional expertise will be aware of the challenges in promoting an advocacy culture and will ensure that the standards are constantly reviewed with young people and debated within the community of advocates. Advocacy expertise develops through the experiences of advocates, children and young people working together in an advocacy relationship. It is not an easy task and is a constant process of discovery with an emphasis on the skills of advocates, as critical practitioners, to consider first how professionals may maintain power relations and then, with that knowledge, to contribute to the development of an advocacy culture.

## Coda

The equivocal attitude to children and young people in the UK – evidenced in inconsistent policies between varying government departments (Goldson, 1999; Payne, 1995), and in public perceptions, through the media, of an unruly and out-of-control majority (Franklin, 2002) – mitigates against developing a culture of advocacy while at the same time demonstrating the need for children and young people to have access to advocacy support. Critical dialogue between advocates, practitioners and policy makers is necessary to promote a culture of advocacy. A community of advocates to facilitate that dialogue is being developed through the agency of CROA. Acceptance of advocates as committed practitioners with professional expertise is perhaps more conducive to developing this culture than reliance on more conventional professional models or the legal institutionalization of advocacy.

## References

- Abbott, P. and Wallace, C. (1990) 'Social Work and Nursing: A History', in C. Wallace (ed.) *The Sociology of Caring Professions*, pp. 10–28. Basingstoke: Falmer Press.
- Anastacio, J. et al. (2000) *Reflecting Realities: Participants' Perspectives on Integrated Communities and Sustainable Development*. Bristol: Policy Press.
- Atkinson, D. (1999) *Advocacy: A Review*. Brighton: Pavilion/Joseph Rowntree Foundation.
- Banks, S. (1995) *Ethics and Values in Social Work*. Basingstoke: Macmillan.
- Banks, S. (1996) 'Youth Work, Informal Education and Professionalisation: The Issues in the 1990s', *Youth and Policy* 54 (Autumn).
- Bateman, N. (1995) *Advocacy Skills: A Handbook for Human Service Professionals*. Aldershot: Arena.
- Boylan, J. and Wylie, J. (1999) 'Advocacy and Child Protection', in N. Parton and C. Wattam (eds) *Child Sexual Abuse: Responding to the Experiences of Children*, pp. 56–70. Chichester: John Wiley and Sons.
- Brandon, D. (1992) *Advocacy Power to People with Disabilities*. Birmingham: Venture Press.
- Byrne, D. (1999) *Social Exclusion*. Buckingham: Open University Press.
- Childright (2000) 'Learning the Lessons: The Government's Response to "Lost in Care"', *Childright* 169: 6–8.
- Clarke, P. (2003) *Telling Concerns: Report of the Children's Commissioner for Wales' Review of the Operation of Complaints and Representations and Whistleblowing Procedures and Arrangements for the Provision of Children's Advocacy Services*. Swansea: Children's Commissioner for Wales.
- Cloke, C. and Davies, M. (1995) 'Participation and Empowerment in Child Protection', in C. Cloke and M. Davies (eds) *Participation and Empowerment in Child Protection*, pp. xiii–xxiv. Chichester: John Wiley and Sons.
- Dalrymple, J. (1995) 'It's Not as Easy as you Think: Dilemmas and Advocacy', in J. Dalrymple and J. Hough (eds) *Having a Voice: An Exploration of Children's Rights and Advocacy*, pp. 105–22. Birmingham: Venture Press.
- Dalrymple, J. (2000) *Listen Here, Hear Listen: Bringing Young Disabled People and Service Providers Together*. Hastings: Xpress Advocacy Service and SCOPE.
- Dalrymple, J. and Burke, B. (1995) *Anti-oppressive Practice: Social Care and the Law*. Buckingham: Open University Press.
- Dalrymple, J. and Hough, J. (eds) (1995) *Having a Voice: An Exploration of Children's Rights and Advocacy*. Birmingham: Venture Press.
- Dalrymple, J. and Payne, M. (1995) *They Listened to Him: A Report to the Calouste Gulbenkian Foundation*. Manchester: ASC and the Department of Applied Community Studies of Manchester Metropolitan University.
- Dalrymple, J., Willow, C., Plowden, V. and Gledhill, K. (2000) *Total Respect Training Manual*. London: CROA.
- Department of Health (1998) *The Quality Protects Programme: Transforming Children's Services*. London: HMSO.
- Department of Health (1999) 'Listen Up . . .', *Quality Protects Newsletter* Issue 2.
- Department of Health (2000) *Learning the Lessons: The Government's Response to Lost in Care: The Report of the Tribunal of Inquiry into the Abuse of Children in Care in the Former County Council Areas of Gwynedd and Clwyd since 1974*. London: The Stationery Office.

- Department of Health (2001) *Quality Protects: Work Programme: Children's Participation*. London: Department of Health.
- Department of Health (2002) *National Standards for the Provision of Children's Advocacy Services*. London: Department of Health.
- Department of Health, Home Office, and Department for Education and Employment (1999) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of the Child*. London: The Stationery Office.
- Driver, S. and Martell, L. (1997) 'New Labour's Communitarianisms', *Critical Social Policy* 17(3): 27–46.
- Fook, J. (2000) 'Constructing and Reconstructing Professional Expertise', in B. Fawcett, B. Featherstone, J. Fook and A. Rossiter (eds) *Practice and Research in Social Work: Postmodern Feminist Perspectives*, pp. 104–19. London: Routledge.
- Fook, J. (2002) *Social Work Critical Theory and Practice*. London: Sage.
- Fook, J., Ryan, M. and Hawkins, L. (2000) *Professional Expertise, Practice, Theory and Education for Working in Uncertainty*. London: Whiting and Birch.
- Franklin, B. (2002) 'Children's Rights and Media Wrongs: Changing Representations of Children and the Developing Rights Agenda', in B. Franklin (ed.) *The New Handbook of Children's Rights: Comparative Policy and Practice*, pp. 15–42. London: Routledge.
- Goldson, B. (1999) 'Youth (In)justice: Contemporary Developments in Policy and Practice', in B. Goldson (ed.) *Youth Justice: Contemporary Policy and Practice*, pp. 1–27. Aldershot: Ashgate.
- Hansard (2002), URL (consulted September 2002): <http://www.legis.gov.bc.ca/hansard/37th3rd/h20509a.htm>
- Henderson, R. and Pochin, M. (2001) *A Right Result? Advocacy, Justice and Empowerment*. Bristol: The Policy Press.
- Howe, D. (1996) 'Surface and Depth in Social Work Practice', in N. Parton (ed.) *Social Theory, Social Change and Social Work*. London: Routledge.
- Hugman, R. (1991) *Power in Caring Professions*. London: Macmillan.
- Jenkins, P. (1995) 'Advocacy and the UN Convention on the Rights of the Child', in J. Dalrymple and J. Hough (eds) *Having a Voice, An Exploration of Children's Rights and Advocacy*, pp. 31–52. Birmingham: Venture Press.
- Johnson, T. (1989) *Professions and Power*. London: Macmillan.
- Jordan, B. and Jordan, C. (2000) *Social Work and the Third Way: Tough Love as Social Policy*. London: Sage.
- Kelley, N. (2002) *Minor Problems? The Future of Advocacy and Legal Services for Children and Young People*. London: Office of the Children's Rights Commissioner for London.
- Koehn, D. (1994) *The Ground of Professional Ethics*. London: Routledge.
- Lindsay, M. (1998) Foreword, in C. Willow & T. Barry (eds) *On the Rights Track: Guidance for Local Authorities on Developing Children's Rights and Advocacy Services*. London: Local Government Association/Children's Rights Officers and Advocates.
- Lishman, J. (1998) 'Personal and Professional Development', in R. Adams, L. Dominelli and M. Payne (eds) *Social Work: Themes, Issues and Critical Debates*, pp. 89–102. London: Macmillan.
- McCall, G. J. (1978) 'The Advocate Social Scientist: A Cross-disciplinary Perspective', in G. H. Weber and G. J. McCall (eds) *Social Scientists as Advocates: Views from the Applied Professions*, pp. 201–11. Beverly Hills: Sage.

- Noon, A. (2000) *Having a Say: the Participation of Children and Young People at Child Protection Meetings and the Role of Advocacy*. London: Children's Society.
- Parton, N. (1999) 'Reconfiguring Child Welfare Practices: Risk, Advanced Liberalism, and the Government of Freedom', in A. Chambon, A. Irving and L. Epstein (eds) *Reading Foucault for Social Work*, pp. 101–30. New York: Columbia University Press.
- Parton, N. (2000) 'Some Thoughts on the Relationship between Theory and Practice in and for Social Work', *British Journal of Social Work* 30(4): 449–63.
- Paul, J. L. (1977) 'The Need for Advocacy', in J. L. Paul, G. R. Neufield and J. W. Pelosi (eds) *Child Advocacy Within the System*. Syracuse, NY: Syracuse University.
- Payne, M. (1995a) 'Children's Rights and Children's Needs', *Health Visitor* 68(10), 412–14.
- Payne, M. (1995b) *Social Work and Community Care*. Basingstoke, Macmillan Press.
- Payne, M. (2000) *Anti-bureaucratic Social Work*. Birmingham: Venture Press.
- Playle, J. F. (1998) 'Conflicts Between Patient Autonomy and Professional Respect: Patient Involvement as a Form of "Participative Paternalism"'. Paper presented at the Qualitative Research in Health and Social Care Conference, Bournemouth.
- Popple, K. (1995) *Analysing Community Work*. Buckingham: Open University Press.
- Preston, J. (1995) *1995 Annual Report*. Vancouver: Office of the Child, Youth and Family Advocate.
- Preston, J. (1997) *1997 Annual Report*. Vancouver: Office of the Child, Family and Youth Advocate.
- Rayner, S. and Hashagen, N. (1992) *Advocacy for Children and Young People*. Manchester: ASC.
- Richart, D. and Bing, S. (1989) *Fairness is a Kid's Game*. Louisville, KY: Kentucky Youth Advocates.
- Robbins, D. (1999) *Quality Protects: Transforming Children's Services*. London: Department of Health.
- Rose, S. M. (1990) 'Advocacy/Empowerment: An Approach to Clinical Practice for Social Work', *Journal of Sociology and Social Welfare* 17(2): 41–52.
- Saks, M. (2000) 'Professionalism and Health Care', in A. Bullman (ed.) *Changing Practice in Health and Social Care*. London: Sage.
- Scutt, N. (1995) 'Child Advocacy: Getting the Child's Voice Heard', in C. Cloke and M. Davies (eds) *Participation and Empowerment in Child Protection*, pp. 232–47. Chichester: John Wiley and Sons.
- Smith, M. (1994) *Local Education: Community, Conversation, Praxis*. Buckingham: Open University Press.
- Taylor, E. (1987) *From Issue to Action: An Advocacy Program Model*. Lancaster, PA: Lancaster PA Family Service.
- Temkin, K. and Rohe, W. (1998) 'Social Capital and Neighbourhood Stability: An Empirical Investigation', *Housing Policy Debate* 9(1).
- Templeton, J. and Kemmis, J. (1998) *How Do Young People and Children Get Their Voices Heard? Feedback from Young People and the VCC Services in London*. London: Voice for the Child in Care.
- Timms, J. E. (1995) *Children's Representation: A Practitioners Guide*. London: Sweet & Maxwell.
- Twelvetrees, A. (1991) *Community Work, 2nd edn*. London: Macmillan.
- Utting, W. (1997) *People Like Us: The Report of the Review of the Safeguards for Children Living Away From Home*. London: The Stationery Office.

- Voice for the Child in Care (2002) *Annual Review 2001/2002*. London: VCC.
- Walby, S. and Greenwell, J., with Mackay, L. and Soothill, K. (1994) *Medicine and Nursing: Professions in a Changing Health Service*. London: Sage.
- Webb, D. (1996) 'Regulation for Radicals: The State, CCETSW and the Academy', in N. Parton (ed.) *Social Theory, Social Change and Social Work*. London: Routledge.
- Welsh Assembly Government (2003) *National Standards for the Provision of Children's Advocacy Services*. Cardiff: Welsh Assembly Government.
- Wiffin, J. (2000) Family Rights Group information sheet.
- Willow, C. and Barry, T. (1998) *On the Rights Track: Guidance for Local Authorities on Developing Children's Rights and Advocacy Services*. London: Local Government Association/CROA.
- Wylie, J. (1999) *The Last Rung of the Ladder: An Examination of the Use of Advocacy by Children and Young People in Advancing Participation Practice Within the Child Protection System*. London: Children's Society.

JANE DALRYMPLE is a senior lecturer at the University of the West of England. Prior to this she was director of a national advocacy service. Her research interests are in the field of children's rights and advocacy. Recent publications include co-authorship of the Department of Health Total Respect training programme. Address: Glenside Campus, Blackberry Hill, Stapleton, Bristol BS16 1DD, UK. [email: jane.dalrymple@uwe.ac.uk]