

This essay aims to critically explore whether advocates should join The British Association of Social Workers and Social Work (BASW). Within the exploration, it will critically evaluate the professional standards associated with working in a contemporary service provider organisation as an independent advocate, how current and emerging legislation meets the need for professionalism, and how to establish professional boundaries to safeguard both an advocate and a service user. The essay will establish how within different models of care, the advocate is governed, and how that may differ or create conflict in professional practice. This essay will also highlight the differences between social workers and advocates, their relationships with power, and asks, would BASW create a sense of support and protection for an independent advocate or would the organisation stifle their efforts, depreciate their professionalism and undervalue the context of independence whilst delivering their services with a client. It will conclude with a judgement based on the evidence gathered.

The British Association for Social Workers and Social Work (BASW) (a) (2020), define itself, as a UK wide membership organisation devoted to the sharing and development of best practice in the social work landscape, and for an advocate, there are many factors to consider when deciding whether or not to join. A definition of the practice of social work as delivered by a professional and qualified social worker is provided by the International Federation of Social Work (2020), who states that the principles of human rights and social justice underpin all professionalism in social work practice, adding that the promotion of social change, enhancement of relationships and the encouragement of empowerment within social environments are fundamentally what drives the responsibility. In comparison, the definition of advocacy provided by the Advocacy Charter (2014), states that advocacy is an action to aid the securing of rights, the representation of interests, and the securing of services needed, underpinned by social justice, inclusion, and equality. It can be seen when comparing the roles that they are similar; however, while a regulated social worker may legally advocate for their client within their professional capabilities, an independent advocate can not lawfully perform as a social worker. It can also be argued, that the need for separation on social work and advocacy services is due to the potential conflict between emotions or feelings and the requirement of decisions needing to be made by social workers, allowing for the understanding that wishes are not necessarily represented by the social worker community within best interest approaches (Becker, 2011). Bateman (2000), agrees that careers in the social work sector can be alike, allowing for a certain degree of crossover in terms of duties and that social workers often have a necessary obligation to advocate for their clients. However, with the Social

Services and Well-being (Wales) Act, 2014 confirming its dedication to providing the vulnerable in Wales with advocacy services, the role of an advocate is becoming increasingly exclusive and separate from the role of a social worker, who, up until the new act, have been responsible for speaking up on behalf of the individuals they support.

Both social workers and advocates operate in the social work landscape, and within the social work field, however, regardless of role, there are commonly two leading theoretical models of care for individuals who face any kind of required assistance and require support with one or several aspects of their life. The medical model is concerned with a power over approach and therefore attributed to a more statutory mandate, a knowledge of structure to bring about curing or fixing a person's need to enable them to better fit into society (Teater, 2014). The social model, in complete contrast, supports society changing and evolving around the service user, removing barriers to participation and potential. This gives an advocate a choice within which model to practice within and to determine whether a ridged and institutionalised package is of preference or a more flexible and accommodating ideal is preferred (Healy, 2014). In their article, Haegele and Hodge (2016), present the argument that one model is not better or worse than the other, neither reflect good or bad practice, however, that dependent on the model used changes the perspective of the practitioner and therefore how interactions are made and relationships formed. Whereas a social worker is required to get the job done, holding all the power, an advocate can work independently of statutory constraints, creating a partnership of equality and empowerment. The University of Leicester (n.d.), acknowledge that the most important aspect to remember is that a client holds the expert knowledge of their self, their own support needs, and therefore their power, while Forbat and Atkinson (2005), encourage us to remember that the distinguishing factor between a social worker and an advocate is best interest. Where a social worker works in a person-centred way, focusing on outcomes and cures, assumed to be in a client's best interest, an advocate will adhere to the feelings and wishes of the client should that be different to the outcomes expected by the social worker. Wilks (2005), defends this viewpoint adding that a social worker will have multiple loyalties towards their profession, colleagues, and employers, in contrast to the advocate who remains loyal to the supported individual above all else, arguing that an advocacy client has much more control over the work carried out and can remove themselves from the partnership at any time. He continues the point, stating that social workers normally carry out their duties within statutory agencies with law enforcing capabilities, with independent advocates usually working within a more service user-led environment, (Wilks, 2005). It can be seen, therefore, that there

are many reasons why independent advocacy is incompatible with the organisational model. Lipsky (2010), confirms that the fundamental deliberation which stands out when considering whether to practice within the medical or social model is that while the organisational medical model is bureaucratic and mass-produced, the social model is personalised and individual.

According to Tajfel and Turners (1986), social identity theory, within human nature, there is an inherent need to belong to a group to feel secure within our professional circumstances. To achieve a sense of purpose and a feeling of pride there is an aspiration to belong, via membership to an elite group where practitioners are recognised and empowered, paying homage to the old saying *there's safety in numbers*. This can be seen as a very medical model when attributed to the social care field, and this is evident when considering the twenty thousand members BASW (b) (2020), claim to have. However, this theory is argued by Zimbardo (1970), who states that becoming hidden within the in-group, and meeting the expectations of collective behaviour, leads to negative professional performance and attitudes when less concerned with responsibility and ownership. Parker and Doel (2013), also suggest that the managerial approach reduces independent decision making and therefore a de-professionalized approach by an individual independent of the services being offered is of greater importance. These theoretical viewpoints suggest that a standalone approach should be interpreted as enabling and inspiring for an individual engaged in social work practice. Parker and Doel (2013), argue that in order to be effective and empowered in social work practice, the layers of bureaucracy and hierarchical structure need to be eliminated to give a transparent and tailored service to a client who is suspicious of a professional body. From the perspective of an individual in need of advocacy support, any apparent link to social services, social workers and any such organisations attached may be perceived as a threat. Henderson and Pochin (2001), favour complete independence of advocates over their regulated practitioners for the benefit of service users and maintain that in order to be identified as trustworthy, competent and loyal, complete separation from a medical institutionalised pattern of support is required. This is highlighted within the statutory code of practice alongside the Social Services and Well-being (Wales) Act 2014, part ten, claiming that 'current practice in Wales is to achieve independence by commissioning advocacy services from an external provider which reinforces the perception and the experience that the service is independent'. This is similar to, the Quality Performance Mark (QPM) (2014), code of practice which is structured in design for use by providers of independent advocacy.

If the constitution of the BASW (c) (2020) as viewed on the BASW website, is to be believed, then section 3, item 1, subsection 26 demonstrates that a key objective of BASW is to

‘Co-operate and collaborate with other organisations with similar aims. These include but are not limited to, service user and carers agencies, organisations concerned with the promotion of social welfare, health and human rights, and groups with a specific interest in social workers.’

Within this description, it can be viewed that an independent advocacy provider meets all of those objectives and on the exploration of the BASW website, it can be seen that there is a large weight given to the importance of advocacy. The organisation holds the practice of advocacy in high esteem stating that in uncertain changeable times ‘advocacy can meet the fundamental human need to make choices-through which we define ourselves in the world’ (BASW, 2012). Contained in its advertising are explanations, resources, and suggestions for advocacy best practice, however, despite the wealth of information provided, it appears that it only applies to the role of the social worker positioning themselves as generic advocates, rather than for practitioners who identify themselves as independent advocates. This is evidenced upon the realisation that despite BASW being a platform for both dependent and independent workers of social work practice, BASW (d), (2020) it is impossible to join the association if you are already, or training to become, an advocate of any definition. Dropdown menu’s in the application process do not allow for any other qualification other than those pertaining to a social worker. Neither does the menu recognise universities offering advocacy degree courses in its list of qualifying academic institutions. Appendix A evidences emails sent by Gwynn (2020), requesting advocate support information to various different BASW membership departments, for example, the *English Network*, its *Welsh Department*, or the *General Enquiry* address, are ignored after a generic courtesy reply promising to deal with your enquiry within three to five days. Phone calls are also not returned when messages from advocate students are left regarding hard copy membership applications. This can be seen as an observation that BASW does not consider the profession or practice of independent advocacy as having similar aims to social work and therefore refuse to co-operate and collaborate as suggested in the governing document.

The career advisor agency Ranstad (2019), suggest that the statutory, public social care domain is characterised by a standard, medical model approach, a hierarchical system with clear structures for policy, procedure, and practice. This is evidenced by Thompson (2016), who confirms that the traditional view of professionalism is that of power held over an uninformed

individual in need of services, by a practitioner who is seen to be superior. He adds that this can be seen as 'misleading and oppressive' and is directly opposing the aims of independent advocacy, the promotion of self-advocacy and the relationship with power. According to Foucault (1980), power is not a product that can be passed down from person to person, leading to the empowerment of one and the disempowerment of another, however, as Dalrymple and Burke (2006), write, a mutually beneficial process within the partnership of a service user and their practitioner. More specifically, referring to independent advocacy, the QPM (2014), code of practice, reminds us that the end goal of the advocacy process is self-advocacy and that unless in the instance of uninstructed/lack of capacity advocacy, or a disabled model of care, all people accessing the service of an advocate are entitled to the level of involvement and authority they feel capable of. This is a fundamental concern when considering a membership to BASW as for any advocacy and client partnership to work effectively and for an advocate to enhance a client's journey to speaking for themselves and asserting their own views, it is evident that an advocate must have and display adequate self-advocacy skills themselves when mandated by an individual in need of support. On critically exploring the British Association of Social Workers and Social work, it is evident that their goal is to create a dependence on them by social workers who need to feel safe in the knowledge that they are guided and supported, not an encouragement of self-advocating advocates empowering service users to advocate for self. Strengthening this point, the Scottish Independent Advocacy Alliance (2020), confirm a fundamental difference in the roles of independent advocates and social workers is the relationship with the client. An independent advocate will not make decisions on behalf of whoever they are supporting, neither will they work in a solution-focused way to the detriment of feelings, wishes, and concerns. An independent advocate may speak up on behalf of a client to put across choices and opinions despite them not always being in their best interests, or in opposition to the social worker's decision, whilst consistently maintaining what the client would like. Professional practice in advocacy allows for a different kind of relationship with their client than that of a social worker. According to the Advocacy QPM (2014), the person-centred relationship between an advocate and their client needs to at least remain equal, or as Leader and Crosby (1998), suggest, a client must lead, and the advocate must follow. Within the codes of practice for generic social care, social workers and independent advocates, there are guidelines to shape and align the balance of such partnerships, allowing for boundaries to be mutually formed, maintained, and respected.

A final critique of BASW is that aside from the psychological security being a member can achieve, there is little else that BASW can offer that a social worker, advocate, or social care employee could not access independently. For example, BASW offers insurance options, union membership and discounted entertainment possibilities. They agree a magazine, reduced cost shopping and tax rebates, as well as support towards on-going continued personal development (CPD). For this BASW offer to provide guidance on meeting your career advancement options, however, any individual interested in best practice will be conscious of developing a commitment to self-enhancement through training, reflective practice and remaining up to date with policy change. Employers in the social work field are expected to foster an atmosphere of CPD as discussed by Rutter and Brown (2019), who also state that the ongoing pursuit of learning within practice embeds the generated experiential knowledge. However, Alsop (2013), argues there is still a 'personal responsibility' to participate in independent study to achieve individual aspirations and professional competence.

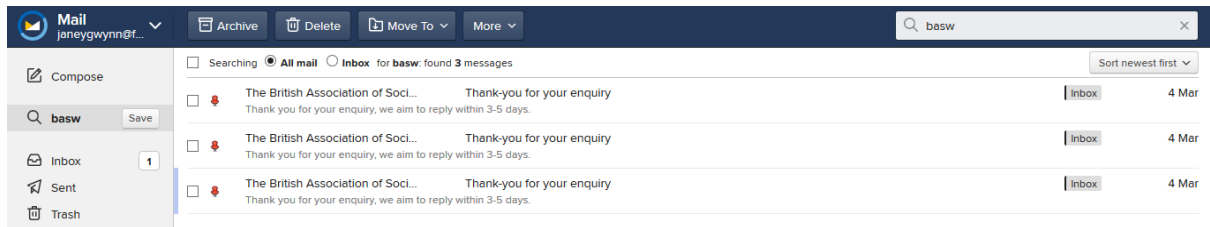
In conclusion, it has been evidenced that an advocate is not a social worker despite the field of practice being somewhat similar. Wilks (2012), writes that there is still a blurred relationship within social care work as to what true independent advocacy currently looks like and how that will evolve. However, it can be seen that advocacy, independent of statutory services is becoming increasingly significant and separate to the registered model of social workers as is historically recognised. It can be seen within this critique of BASW that despite it having attributes that may prove popular with its members, there is little more than a tolerance for advocates within its structure, that as an association they advocate for advocacy but do not welcome stand-alone, independent advocates. Anyone known to be working under the umbrella of such an organisation would be restricted by its boundaries and influenced by its statutory policies leading to a potential imbalance of power. The differences in the relationships between practitioners and clients in the roles of a social worker and an independent advocate are evident, however, it is of great importance to preserve independence to create and maintain the differences and to remain loyal to the mandates given by supported individuals rather than being restrained by features of democracy.

The natural progression of this essay would be to propose the development of an advocacy association or similar, provision of which could serve to enhance the perceptions of advocacy and the advocate's role easing both the conflict between professionals and the confusion externally. There are also several changes that BASW could implement to make their goals clearer within the social work discourse. The association needs to clarify whom its members

are, who membership is available to and what its objectives within the social work field are. There is no evident reason why an advocate can not remain aware of changes and amendments to social worker guidance via the British Association of Social Workers and Social Work for professional knowledge, however, for the very best outcomes in social care, there is a need to preserve the exclusivity of advocacy for those in need of greater support than can be offered by a dependent agency. What BASW appears to be seeking is a dependence on them by social workers. Professional advocates, however, are independent of everything except their client.

Appendix list.

Appendix A



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