

Case Advocacy and Active Citizenship

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A Mental Health Social Worker shares her wisdom.

For most frontline social workers, the notion of advocacy can be rather abstract. While we may recognize it as part of our mandate and code of ethics, we may either take it for granted or think that we don't do "it". You must think of yourself as capable, and indeed well positioned, to do case advocacy. To be an effective advocate for your individual clients you need to be creative, politically astute and socially diplomatic. You also need to think of yourself as both an agent and active participant of your community.

Cause Advocacy/Case Advocacy

Advocacy is from the Latin, *advocatus*, "one that pleads the cause of another". In its earliest origins a representative would go before a tribunal or judicial court and beg/plead to his authority to extend justice to the individual. Given this history it is not surprising today that formal advocates performing "cause advocacy" are often lawyers. Here the focus is on pleading the case of injustice and recommending changes to laws and legislation to meet the needs of specific groups.

"Case advocacy?" pleads favor on behalf of the individual, family or small group. It tends to be less formal. By "less formal", I do not want to give the impression that it is less significant or less worthy of value. Generally, though, case advocacy takes less time and fewer resources. Whether it is less sophisticated or complicated, I haven't yet decided.

Case advocacy is the action of first, collaborating with a client, then going with them to the site of injustice and assisting them to navigate other systems, public servants, and the general public.

For example, before the MHR office in my community was closed, I would often go to the office with my clients. This helped both the client and Employee Assistance Worker feel both more at ease, because I have established myself as a negotiator/mediator and they both had learned, over time, to trust me.

What does Case Advocacy look like?

As a social worker in a rural mental health centre, I attempt to advocate for my clients who have been diagnosed with severe and persistent mental illnesses. My clients are as individual as you or I. They do though, share some common features: (1) they are poor and because of ideologically based legislation, they are becoming poorer; (2) they have experienced severe emotional and cognitive hardships; (3) the broader community and many of the social service sector looks the

When I do this, I think of myself as being a translator, tension manager, mediator, representative and encourager/tweaker of more just and humane interactions.

other way and prefer that they be made invisible; (4) ignorance, stigma and misinformation collide so that dominant ideology/social discourse suggests that they are bad, deserve to be poor, are lazy and really could work for pay full-time if only they accepted

responsibility and conformed to the right rules. Many have internalized their oppression. Many have been so repeatedly beaten down by society politics and economics that they have "earned helplessness". This is not to say that they are absolute victims or that they are incapable of taking action or performing as agents of their own destinies. I attempt to plead their cause and desire for housing, employment, finances, and to be treated with the same decorum, courtesy and dignity with which you or I would expect to be treated.

One of my clients is R., a middle-aged woman who has experienced multiple horrific abuses, and suffers from symptoms of complex multiple post-trauma. A few years ago she had felt so distressed during an encounter at the MHR office that she cut herself deeply with a knife while at their counter.

To suggest to you that Human Resource office staff and R. approach each other with reluctance is an understatement. Whenever R. requests it, I go with her to the MHR office.

R. was at risk of losing her disability status during the recent review. I accompanied her to her review meetings and she gave me written consent to talk to MHR staff in her regard. During this process, R. and I were impressed with the office manager's respectful approach and her investment in trying to provide clients with the maximum entitlement. I phoned the manager, thanked her for the humanity and professionalism that I had observed and asked her to lunch. This lunch and the relationship that we built together launched me forward on a mission of trying to do whatever I could to thwart the closing of our rural MHR office.

I recently went before our municipal council as a public citizen to tell them about the MHR office closure and how this is part of a bigger issue of disproportionate hardship being imposed on rural communities. Any MHR office with 5000 or less files has been closed in BC. Rural persons in need of benefits now have the "option" of communicating with urban-located offices by phone or electronically through computer technology, or they may travel (sometimes without connecting transit systems and sometimes for two hours) to an urban-located office.

I backed up my argument with evidence supplied by the *Romanow Report (2002)* and a report by social economist Marc Lee (*2003, Bleeding the Hinterland*). I asked the council to:

- write pertinent Ministers and our Premier noting our distress at having to bear an inordinate amount of the burden of fiscal restraint and related changes to social policies,
- strongly request that one EAW be placed at our Government Agent's office to ensure some face-to-face contact,
- strongly request that no further cuts to services or programs be made to our rural community;
- form a committee link/partner with other rural communities to track, defend and respond to the unique needs and legislated disadvantages of rural communities (e.g., Kootenaycuts, Rural BC).

You can use your social work theories, contacts, values, education, skill set and training to advantage by behaving as an active citizen

With creative strategies, you can orchestrate information and advocate on behalf of your clients without having to jeopardize your paid social work job.

Many concerned and committed social workers work quietly and collaboratively behind the scenes. I did a lot of consulting and asking of questions. I let my boss, colleagues and people employed by MHR know of my intentions, the information I was accumulating and the recommendations that I would be putting forward. I stayed consistent with established policies and practices.

Even though I was a lone person at that municipal council podium I had many health care and social service professionals, citizens, clients providing me with information, guidance, direction and support.

Council unanimously approved my recommendations. They invited their MLA to come before them and respond to these concerns. As of the writing of this article, the MLA has not confirmed a date to visit.

What are the Barriers to Case Advocacy?

- Artificial barriers to information exchange: only insiders have access to information; most of the gritty details never make it out to the public. So when I have established relationships and am able to access some of this info, I have to be extremely careful where and how I say it. Important not to martyr myself - I could do this only once in a career, and if I did so, I wouldn't be able to stay in the field and fight from within.
- My own fears, hesitations, time constraints (chronically and perpetually overextended): With increasing numbers of unemployed and erosion of unions and their influence, fear losing my job, damaging my reputation with my employer to the point that I won't be promoted.

- The fine line between advocating as a public citizen and as a professional: (doing "for" a client group, vs. doing "with" a client group). Also, helping the broader community become aware of how they have adopted social constructs of people with disabilities as being dangerous, "bad", or malingerers. The persons I work with have injuries to their brains and lack the cognitive abilities/life skills/general knowledge to fully advocate for themselves or to even join in and collaboratively advocate/social activist actions.
- Atmosphere, ideology, draconian and neo-liberal social policies.

Recommendations

- Build relationships: establish them, maintain them, get away from thoughts of who is good, bad, right, wrong. Establish credibility so people have confidence and can trust you and feel safe around you.
- Take courses in conflict resolution to enhance your mediation skills and learn how to more effectively diffuse emotionally-charged situations.
- Get to know each system and its formal rules as well as nuances.
- Take a long term approach.
- Don't get so emotionally involved that you can no longer maintain a broader perspective. Use humor. Be creative.
- Belong to one or two groups, committees or councils; remain an active citizen in your community.
- Think in terms of a continuum of social action, active citizenship.
- Adopt a Buddhist approach/philosophy that suggests that people are doing what they need to be doing at this time; that while there are evil, hurtful behaviours from others and malicious intent should not be our focus of response. We should struggle toward positive things rather than enter into violence and battles.
- Be forever on guard against losses to our social programs; have perpetual diligence.

Bear in mind that as an advocate, you will seldom receive verbal or written acknowledgement that your activities influenced decisions. Your results will seldom be tangible; your victories will not be clear. You may however hear of off-the-record things that inform you that you have indeed made a difference. They may be small and subtle but that doesn't make them less worthwhile.

Do your job, uphold and practice your professional ethics, play a role as a member of the critical mass and to collaborate in shaping dominant ideology. Go forward and don't be afraid.