Exploring the implication of the demise of citizen advocacy as a form of volunteering

Abstract

This paper seeks to understand citizen advocacy as an outlying form of volunteering that has distinctive characteristics and implications for the ways in which volunteering is framed. It does so by tracing the history of citizen advocacy and exploring how its intention and exercise can be understood through Kant’s enunciations on dignity. It further explores how this type of volunteering comes under specific pressure in a UK public policy regime, based on neoliberal rationality. To assist in the analysis, the paper draws on a study into the scale of and need for citizen advocacy in local communities. What emerges is that advocacy has fallen subject to pervasive market principles that erode recognition of its significance by reducing its value to that which is measurable, usually construed as short-term and outcomes-led interventions. In this way, citizen advocacy has become subsumed into the scope of formal services.

*Introduction*

This paper seeks to understand citizen advocacy as an outlying form of volunteering that has distinctive characteristics and implications for the ways in which volunteering is framed. It also seeks to demonstrate how the growing expectations of advocacy in public policy has coincided with the demise of citizen advocacy. In relation to this, attention is drawn to some of the obstacles and challenges faced in supporting the socially marginalised in the context of current commissioning practices, in what is a neoliberal policy regime. This is a regime both framed and buttressed by a pan-economic reading of social reality which – albeit sometimes covertly – unfailingly enthrones profit, with detrimental consequences for the socially marginalised and informal volunteering roles like citizen advocacy.

Citizen advocacy’s core features include a willingness to make a long-term commitment to a partner, and preparedness to promote their human rights and help redress social injustices when there is an “absence of committed personal relationships and membership of community” (Hunter & Tyne 2001: 555). In turn, the citizen advocate has to have the freedom to “to understand their [partner’s] situation in life and to stand with them, one with one”, as an amateur, without any professional conflict of interest associated with identifying with formal welfare services (Wertheimer 1998: 7). This is about offering their partner what a respectful family member or friend would, even if this was contrary to a professional’s understanding of ‘best interests’ (Hardwick 2014).

Citizen advocacy emerged out of the USA, in response to a 1966 conference convened by and for parents of people with cerebral palsy concerned with the parental dilemma: ‘What will become of my child when I’m gone?’ (Butler et al 1988: 1). The deliberations led to the recognition that individuals who were socially marginalised - those without the taken-for-granted ability to speak up for themselves or without family or friends to do so on their behalf - needed someone outside of professional services to come alongside them. In turn, this recognition led to citizen advocacy schemes becoming established, steered by the practical guidance provided by the Citizen Advocacy Program Evaluation (CAPE) (O’Brien and Wolfensberger 1979). The approach was strongly influenced by Wolfensberger’s (2011) work on social role valorisation, and laid out key principles and practices for both the individual volunteer and their scheme.

Citizen advocacy arrived in England in the period leading up to the NHS and Community Care Act 1990, and virtually coincided with major changes to the organisation of welfare provision, in particular, the wholesale shift of people with learning disabilities and mental health problems from remote Victorian institutions into community care settings. The citizen advocate was initially established in two London hospitals with the aim of managing these transitions into the community. Given, however, that the notion of citizen advocacy depended on its independence from formal services, having the scheme associated with a hospital for its patients caused a number of difficulties. These included: advocates being expected to follow a service model approach and process cases with a view to closure, rather than with a view to sustaining long-term commitments; professionals feeling threatened by the interference of amateurs in the field; and advocates feeling coerced into having to consider the needs of the formal service alongside those of their partner (Hunter & Tyne 2001; Jackson 1999). As a result of these difficulties one of the schemes re-established itself in the community (Hunter & Tyne 2001). The idea quickly spread, with 200 or more predominantly community-based schemes becoming established under the practical guidance offered by the organisation Citizen Advocacy Information and Training (Hanley and Davies 1998).

*Expectations of citizen advocacy in public policy*

These developments were happening in the context of the fragmentation of the public sector and the New Public Management agenda (NPM). The trend was towards more ‘business-like’ practices, with tighter fiscal controls and the setting of target and performance indicators, as well as the introduction of systems for auditing and evaluating outcomes (Dorey 2014). The idea of personalisation soon became established, with the service user/patient re-positioned as a consumer with greater choice and control over the services received, and entitled to having their voice heard throughout the process of engaging with statutory services (Lymbery and Postle 2015).

In this way, independent advocacy became conceived as a useful means of giving voice to ‘vulnerable’ service users/patients. This was manifest in the Valuing People strategy (DoH 2001) where £1.3 million was made available for advocacy services through grants administered by the British Institute for Learning Disabilities (BILD). With this wave of funding a spectrum of advocacy began to emerge inclusive of: citizen advocacy, informal advocacy, and formal paid advocacy roles (Monaghan 2007).This interest in advocacy in policy terms coincided with what has been argued to be the point when advocacy began to “merge its identity with that of social provision” thereby threatening its independent status as an activity outside of formal services (Henderson and Pochin 2001: 41), although, as has been argued, the roots of this merger were apparent from the outset with the first hospital-based schemes.

The move beyond formal to professionalised advocacy followed with the first statutory requirement to provide independent advocacy under provisions of the National Health Service Act 2006, and the creation of the Independent Complains Advocacy Service (ICAS). The first statutory right came under the provisions of the Mental Capacity Act 2005 with the creation of the Independent Mental Capacity Advocate (IMCA) (Rapaport et al 2006). The IMCA was designed to facilitate the safeguarding of people who lacked capacity to fully understand their situation and have their voice heard, by ensuring they were appropriately supported to make decisions about their future treatment. The role, however, strengthened the trend away from advocacy being a long-term commitment and excluded “informal or voluntary patients” (Newbigging et al 2015: 320). It was feared that statutory advocacy would place an increased “pressure on scarce advocacy resources” and lead to “the emergence of a two-tier service” with informal, community-level advocacy becoming the Cinderella service (Manthorpe el al 2008:159). The introduction of IMCAs also marked a significant change in “the nature of advocacy” (Marcus et al 2011: 1066), undermining the advocate’s freedom to act independently and outside a formal service model, and marking a significant shift away from informal advocacy for many of the groups.

The IMCA role was swiftly followed by the Independent Mental Health Advocate (IMHA) and then the Care Act Advocate, under the respective provisions of the Mental Health Act 2007, and the Care Act 2014. The emphasis of the Care Act 2014 was on promoting people’s independence and wellbeing and giving more choice and control of services to those receiving social care. Yet this, unfortunately, coincided with the tidal wave of austerity measures across the UK following the financial crisis of 2008, and thereby its ambition was constrained (Beresford 2014).

What was common to these statutory advocacy roles was the emphasis on promoting people’s rights and wellbeing only in very specific circumstances, excluding those that fell outside of these tightly circumscribed conditions.

The paper will now situate citizen advocacy in volunteering literature and demonstrate how it represents a form of volunteering that coalesces with Kantian concepts of dignity, in stark contrast to the ‘neoliberal rationality’ evident in the public policy regime (Brown 2015). To assist in the analysis, it will draw on a study into the scale of and need for citizen/informal advocacy in local communities (XXXX 2016), to further highlight the uncomfortable fit for this type of volunteering support, in the current public policy regime.

*Situating citizen advocacy in volunteering literature*

When the Home Office Citizen Survey was circulated 2001 to 2010-2011, it distinguished three broad volunteering activity types: civic participation, also conceptualised as activism, (Billis 1993); informal volunteering (caring for someone other than a relative); and formal volunteering, or unpaid work (Salamon et al 2011; Billis 1993). Many policies related to volunteering, particularly following NPM agenda being introduced into the public sector, have favoured formal volunteering, the ‘dominant paradigm’ of volunteering, common in welfare organisations where service model type volunteering activities are encouraged (Rochester et al 2009). While, in contrast, activities involving “’unmanaged’ informal volunteers within “non-bureaucratic organisational settings” (Rochester 2013: 2016), or ‘below radar’ volunteering that allow less service-orientated activities, have been side-lined in policy terms (Rochester et al 2009; Harflett 2011).

Paine et al, (2010:23) identify three key temporal dimensions of volunteering: “How much? How often? And How long?” With these inevitably being influenced by the stages of the course of a life (Hogg 2016), and social factors influencing availability (Gil-Lacruz et al 2017). Thus, motivation for volunteering is recognised as a dynamic interaction between temporality and socioeconomic circumstances, in turn linked to altruistic, instrumental or social motives (Clary et al 1998), and values of: solidarity, reciprocity, and social justice (Rochester et al 2009). These are seen to indicate moral dispositions associated with religious (Yeung 2017), altruistic and/or humanitarian outlooks (Musik and Wilson 2008).

Situating citizen advocacy in this literature, we can see it as informal, long-term and flexible. It is coordinated through “non-bureaucratic organisational settings” (Rochester et al 2013:216), that are not restricted to a service model approach. In this way it can act as a critical gaze upwards from the partner/service-user/patient’s perspective (Hunter & Tyne 2001; Jackson 1999). It lies between the boundaries of informal volunteering and activism and this allows for a flexible understanding beyond “activities that are ‘unequivocally volunteering’ and ‘unequivocally activism’” (Musick and Wilson 2008:517). The relationship with the partner assumes the same commitment to stand alongside them as would a family member or close friend…not something expected of other volunteering roles. And it requires of the volunteer a commitment to the values of social justice, as well as motivation to act on these values, so as to be able to challenge professionals and institutions when the partner’s rights and views are overlooked.

*The moral disposition of the citizen advocate*

The values and moral disposition of the citizen advocate deserve further investigation, and here it is helpful to draw on Rosen’s (2012) exploration of Kant’s moral philosophy and his enunciations on dignity. As Rosen points out, Kant’s work on dignity has become the touchstone for human rights discourse because it recognises that dignity exists within us as an “inner transcendental kernel” by virtue of being human, irrespective of status or circumstance (Rosen 2012:75). This is nothing to do with the spiritual idea of the transcendental but a matter of logic, *a priori* condition that exists independently of experience and actions. This means dignity is something that exists as a given, and this constitutes “not merely a relative value, that is, a price, but an inner value” (Kant 4:435 cited Rosen 2012: 21). When recognising and respecting our own inner value, we can begin to recognise this same essence in others, and this inevitably influences attitudes and actions towards others, regardless of status or circumstance. This is about not merely treating others as means, i.e. instrumentally, but in ways that give “independent weight to their interests (their desires or their well-being)”, in other words as ends in themselves (Rosen 2012: 83-4).

This is where an alignment between Kant’s idea of dignity and citizen advocacy occurs. The citizen advocate recognises and respects their partner’s ‘inner transcendental kernel’: the inner value that is not reducible to economic value nor such ‘marks’ of status or cultural wealth. This motivates the citizen advocate to come alongside their partner when they require support to have their voice heard, or when they require action to redress any imbalance in the way their interests and desires are considered and acted upon.

For the citizen advocate, acting on behalf of someone who is socially marginalised is an imperative because an affirmation of the existential facts of the matter, and it stands in stark contrast to neoliberal rationality that only recognises things reducible to economic worth, including people. As Brown argues: “neoliberal rationality disseminates the *model of the market* to all domains and activities – even when money is not at issue – and configures human beings exhaustively as market actors, always, only, and everywhere as *homo oeconomicus*”(2015:31) [original emphasis]. Viewed through this lens, the inner value of the partner is overlooked, and the gaze is instead firmly focused on what is in deficit, the drain to society of an economically unproductive person. As Brown states:

“No longer are citizens *most importantly* constituent elements of sovereignty, members of publics, or even bearers of rights. Rather, as human capital, they may contribute to or be a drag on economic growth; they may be invested in or diverted from depending on their potential for GDP.” (2015: 110) [original emphasis].

*Methods*

To further understand citizen advocacy as a distinct, if outlying area of volunteering, and the forces that have contributed to its gradual demise, this paper will draw on some of the findings from a study into the scale of and need for citizen/informal advocacy in local communities (XXXX 2016). The study was commissioned by the National Coalition of Advocacy Schemes (NCAS) as a way of evaluating the future of citizen advocacy from the perspective of their associated groups. NCAS was established in 2001 for groups seeking citizen advocacy partnerships as either their sole purpose or to supplement other activities. Initially there were approximately 200 loosely associated groups, but by 2016 this had depleted to around 50 due to groups folding or assimilating into more professional type advocacy organisations without volunteers. All associated groups were asked if they were willing to identify a representative to participate in the study, and this led to seventeen being interviewed (usually the volunteer coordinator or manager, some of whom had been or continued to be citizen advocates) and one commissioner (providing an alternative, although not necessarily representative, perspective). The groups were all located in urban areas with one representative respectively from groups in: Greater Manchester, Shropshire, Hampshire, North Wales and Dorset. Four representatives came from the North West, three, respectively, from the North East and Midlands, and, finally, two from Greater London.

Four of these groups had continued to offer citizen advocacy while, in contrast, five only offered formal and statutory advocacy, although they had originally been established as citizen advocacy groups. Others had not followed the citizen advocacy approach when originally established, but evolved towards the approach. For example, one was originally set up to provide a community service for people from a black and ethnic minority (BME) background with mental health problems, and another as a self-advocacy group. Inspired by a Kings fund study, one group was established by older people for older people to provide information, advice, and support. While yet another was originally established as a befriending service but changed to citizen advocacy, and another started out as an art group but, in 2005, successfully applied for funding to BILD to offer citizen advocacy.

Some of the groups exclusively supported people with learning disabilities, while others offered support to a wider range of socially marginalised people inclusive of people with mental health problems, minority groups, or those living with cancer, older people etc.

The interviews were semi-structured with themes considering, with the development of statutory advocacy services, whether the need for informal and citizen advocacy had increased or diminished. The advantage of using interviews was that it allowed participants to develop points and ideas significant to their specific group and experience (Bryman 2016). Relying solely on interviews, however, potentially limited the reliability of the findings, as did principally interviewing representatives from groups who were members of the NCAS, as they were an association of groups that had, at least historically, committed to the concept of citizen advocacy. Another significant limitation, which it is hoped will be addressed in a future study, is the omission of the voice of advocate partners.

The interviews were transcribed, anonymised, and stripped of any identifying information, before being analysed by a process of ‘indexing’, ‘charting’ and then ‘mapping’ to facilitate the emergence of key themes (Richie and Spencer 1994). The emergent themes were: the challenge of the citizen/informal advocacy role and problems coordinating volunteers; changes to the commissioning culture; and, the pressure to professionalise advocacy. Ethical approval for the study was received from the University Ethics Committee in February 2016.

*The findings*

*The challenge of the citizen advocacy role and problems coordinating volunteers*

Many of the participants had themselves originally been citizen advocates and have continued their partnerships until the death of their partner.

“*I had 4 advocacy partners as a volunteer. My last one just died, they’ve all died now, I’ve worked with these people for 20 odd years*” (Interviewee 14).

These partnerships continued even when their group ceased supporting citizen advocacy.

“*I continue to advocate for someone now. I’ve know her for 20 years and we still meet regularly. In theory I’m an informal advocate, but not supported. I’ve always accepted meetings with social services who invite me to reviews, but I’m not sure where I stand”* (Interviewee 2).

Citizen advocacy was not seen as a job or volunteer role that might ‘come and go’, but more a vocation.

“*It’s a little bit like Hotel California – you check out but you can never leave*” (Participant 7).

An example of the kind of support offered is given below:

“*There’s a person who I’ve partnered for a long, long time who will just buzz on the door and come in and talk through issues and then she’ll shoot off again. I think this support is the only support she’s got. There isn’t anyone else to sound off to or put her ideas to or tell her she’s doing well.**Like she’s had a phone call and she doesn’t understand it and I clarify things for her. It helps her to continue managing her life, really”* (Interviewee 1).

Participants reported this role was seen as too challenging for many volunteers due to its unconventional nature, requiring what could be a life-time commitment to a partner. Also, participants felt many volunteers found ‘the challenging for redress’ aspect of the role very demanding, particularly if it meant having to stand up to health professionals.

From the volunteer coordinator’s perspective, the matching process was seen as organic, slow, and methodical, and often necessarily predicated on their ‘gut instincts’ and values, and this limited numbers that could be recruited at any one time, and meant the service was small-scale and had limited reach into the community. The majority of groups, however, offered a range of other informal advocacy, often with a more flexible brief than citizen advocacy, with shorter-term commitment, including befriending, lunch groups, and issue-based interventions. Funding however, for this crucial volunteer coordinator role was increasingly under threat, or already slashed.

“*We always wanted - and looked for - funding for a dedicated volunteer coordinator because - if you don’t have that person – the other work will come first and you’ll lose your volunteers – and that’s happened to us to an extent*” (Participant 14).

*Changes to the commissioning culture*

Changes to the commissioning culture were raised in relation to the tighter fiscal constraints making commissioners pay more attention to measurable outcomes that mapped out social and financial benefits of the volunteers.

“*I hate to use that word but if it's going to be funded at all, it has to demonstrate its value. And some of those things you can't demonstrate. It's so subtle so you can maybe do it with a case history but you can't say informal advocacy has helped that not to happen…. It’s so target-driven, there’s no room to let a project breathe because they have to come in with targets and outcomes*” (Participant 4).

This was seen as inevitably placing citizen and informal advocacy at a disadvantage compared to other interventions, even if recognised as an important support service. It was felt that evidencing that looking out for a partner in the long-term could be life-enhancing was far too nebulous to count as a measurable outcome, whereas evidencing the resolution of a specific issue was achievable. This was not so say that the former ‘softer outcome’ was not recognised as important, but because it could not be evidenced in this prescriptive way, it ceased to officially count as of value.

“*More and more [it’s realised] that softer outcomes are the valuable ones and that this type of advocacy can have quite an impact - but it’s measuring it! The only way you can do it is by asking the service user and traditionally that’s been done through questionnaire, quite often done by the advocate, so it’s not really got any credibility as an assessment”* (Participant 17).

Many participants reported having continued to receive grants from local authorities until very recently, despite the contract culture having taken hold years before, but now feeling the full impact of competitive tendering in a climate of limited resources, particularly when in competition with large ‘business- focused’ advocacy organisations. The majority of groups reported having had good relationships with local commissioners, but budgetary constraints and competition from big providers were jeopardising this. It was felt commissioners were increasingly expecting smaller groups to work together, in a large ‘business-focused’ consortium, or lose out on contracts to bigger organisations. Not only were the large ‘business- focused’ advocacy organisations seemingly securing most of the contracts, but, from the perspective of the smaller groups, they were out-of-touch with community-level need and compromising on the quality of advocacy offered in an effort to keep costs down.

“*We found that in areas where there used to be smaller advocacy projects, they just don’t exist anymore because you’ve got the big, large ‘advocacy businesses’ coming in and taking their contracts from them. They’ve got this ridiculous notion that advocacy can be done with hardly any face-to-face contact because it doesn’t cost as much. The priority is getting the contracts, full stop*.” (Participant 9).

It was felt there were pressures on commissioners from stakeholders to provide one straight-forward, one-stop shop to deal with the spectrum and complexity of what advocacy has become, especially since the emergence of professional advocacy. Large, business-focused advocacy organisations were considered to be in a better position to provide this central comprehensive coverage.

*“…...They want one service to do all their advocacy - there’s a pressure to provide a service whereby if you want advocacy you just ring this one number. Social workers and stakeholders are confused …. So, for some people, all this advocacy is a real mess so let’s have one service, one phone number, and just do it”* (Participant 17).

In a climate of budgetary constraints, local authorities were inevitably prioritising statutory advocacy over informal advocacy, especially as the former was financed through central government budgets. But, despite this, it was felt that commissioners were still looking for informal advocacy for the most isolated in the community, despite not always proffering funding for it.

“*The local authority is finally pulling the plug on funding us this year on it. But they're expecting us still to do it because they know it's valuable. They know it adds things to the community and to vulnerable people who are outside of the statutory services, who are outside of everything but they don't want to fund it – it’s not in the tender*” (Participant 5).

Cuts for welfare provision were felt sharply by advocacy groups working in low-income communities, with some feeling they were expected to fill gaps in welfare.

“*Advocates weren’t supposed to replace resources…. they were supposed to support people to access them”* (Participant 2).

*Pressure to professionalise*

With these changes to funding arrangements and the culture of the voluntary sector, many of the groups reported feeling under pressure to become more professionalised in order to ‘play the game’ needed for securing contracts. Part of ‘playing the game’ entailed going down the statutory advocacy route in order to safeguard funding, although many reportedly did so reluctantly because they saw it as something different from independent advocacy.

“*I think statutory advocacy is detracting from the spirit or the principles of advocacy. By making it statutory you’re then saying we will only look at these set things and not everything else that is going on”* (Participant 6).

Statutory contracts were seen to encourage the adoption of a service-model approach and to distance the advocate role from being an unpaid member of the local community willing to offer long-term, relationship-based support.

“*There is a need for some kind of statutory advocacy, but it tends to operate to a service model and people aren’t just service users”* (Participant 7).

Although a statutory advocacy contract was often sought to secure survival of the group, it was also recognised that they did have a place in facilitating support to marginalised groups that would otherwise be unreachable.

“*We’ve got involved in places that we wouldn’t have got to – for instance the dementia units which is where most of our statutory work takes place”* (Participant 5).

Even those not necessarily looking to offer statutory advocacy felt pressure to get advocates formally trained, although the majority of groups believed training qualifications did not instil the values, ethics and personal qualities that were important for an advocate. Also, training qualifications encouraged thinking like a professional insider, rather than being consciously outside of formal services.

“*If you’re an informal advocate it’s better if you’re not formally qualified because then you’re less likely to get into the service-way-of-thinking – but there are some people who don’t recognise the difference*” (Participant 7).

For many groups, the mid-2000s were the period of Independent Mental Capacity Advocate (IMCA) and Independent Mental Health Advocate (IMHA) services being introduced into their provision. It was reported that IMCAs found it very difficult to close cases when their statutory involvement was over because of a recognition that solving one specific issue did not in itself ensure that, more generally, someone who was unconnected had their rights protected and their voice heard.

“*We end up doing so much work above and beyond because we just can’t let it go. You can’t walk off on this person because who’s going to follow it through?”* (Participant 14).

When it came to the role of the IMHA, similar issues arose with advocates finding it really difficult to stick to the limited remit expected, and finding the engagement process very mechanistic and geared more around demonstrating that targets and outcomes have been met than around person-centred practice.

“*The IMHA role is so rigid now – we used to look at the whole person. Now it’s figures and everything quantified – what section are you on? Two weeks later – have you any housing issues? Two sets of statistics and recorded as two people. All to satisfy expected outcome targets and nothing to do with the process”* (Participant 6).

Although statutory advocacy was considered important for people in very specific circumstances, its ascension at the expense of informal advocacy was felt to leave a huge void in holistic provision for the socially marginalised not entitled to an IMCA, IMHA or Care Act advocate.

“*I think the whole ethos that's drummed into us is about short-term quick fixes. Getting people on their feet, getting them resilient, getting them able to cope with their own situations. Well, yes, that's what we would all want to see with clients but when you've got clients who are incredibly vulnerable, have ill health, often poor mental health, cognitive decline, you can't just jump in and out of their lives like that. They actually need much more long- term support. They need that person who is there to support them on a long-term basis”* (Participant 4).

It was felt that marginalised social groups were just not supported sufficiently because they were not properly valued.

*“[They] are not as valued as everybody else is and they know that and they feel they’ve got to go along with what somebody says - they don’t hear what a person says and they’re not heard so they need someone who can use these power relations to act in their interests - say things and use information for them”* (Participant 14).

It was argued by some participants, if not sufficiently valued then it was an easy next step for the socially marginalised to become invisible to service providers, a scenario that was acknowledged to be increasingly the case for many carers, people with learning disabilities, people with enduring mental health problems, and the homeless.

“*In our area, there’s no vulnerable person’s team! Apparently, there are 4 homeless people – really? If they don’t recognise need they don’t have to do anything about it. It’s a hidden society.”* (Participant 15)

*Discussion*

The findings confirmed that citizen advocacy is declining with fewer volunteers willing to take on this long-term challenging role, and fewer groups able to secure the funding needed to sustain them. This is because neoliberal rationality, with its stretching of market principles into the social and caring spheres, has forced commissioning practices into complying with instrumental imperatives that favour economic yield, above activities that address the wellbeing of the socially marginalised. Welfare services and volunteers have been reduced, compounded by austerity measures (HM Treasury 2010) where the socially marginalised have been targeted for fiscal economies, with local authorities downsized and the off-loading of responsibility for managing and distributing reduced budgets onto frontline voluntary sector organisations (Hastings el al 2016; Beatty and Fothergill 2014; Curry et al 2011). As a consequence, many voluntary organisations, especially small community-level ones like many of the advocacy groups in the study, have had to face severe funding cuts (Curry et al 2011). Neoliberal rationality or ‘neoliberal orthodoxy’ (Bourdieu 1994), as applied by McGovern (2017) to the voluntary sector, has conditioned an acceptance of the dilution of features once considered sacrosanct the sector. Features such as: independence of purpose, innovation, and responsiveness to the community, as opposed to responsiveness to government agendas, and more business-like practices that demonstrate capability of delivering public sector services according to current prescriptions (Rees and Mullins 2016; Ellis Paine and Hill 2016).

Kantian inner value of partners/service users is being overlooked for the measurable: a reductive process that, in advocacy terms, centres on short-term quantitative outcomes. How can you measure – in purely rational, quantitative terms – citizen advocacy’s impact upon a life that might otherwise not be known and valued by another living person, and demonstrate that the advocacy partnership has helped secure a better life lived than would have been the case? Common sense tells us, however, that, for the most marginalised, having someone looking out for them and ensuring their voice is heard and rights safeguarded, has to be better than a life isolated and unconnected to civic society. Ultimately this is a subjective rather than objective evaluation. And with ‘neoliberal rationality’ there is no space for the subjective, even if it applies to the wellbeing of individuals who are “incredibly vulnerable, have ill health, often poor mental health, cognitive decline” and need support “on a long-term basis” (Participant 4). As Metcalf (2017) observes, neoliberal rationality treats society: “as a kind of universal market (and not, for example, a polis, a civil sphere or a family) and human beings as profit-and-loss calculators (and not bearers of grace, or inalienable rights and duties)” (Metcalf, Guardian 2017).

From the findings it is clear the divide between informal and statutory advocacy is ever-more pronounced in the effort “to regularise, accredit, train, approve and legitimise advocacy for selected service clients” (Hunter and Tyne 2001: 558; Henderson and Pochin 2001; Atkinson 2000). As Ellis Paine and Hill (2016) observe with voluntary organisations that take on the delivery of public sector services, expertise has transferred from volunteers to qualified professionals by: making advocacy a statutory right in certain circumstances; the encouragement of formal advocacy roles taking on the features of a professional role; and allowing less formal volunteering advocacy roles to gradually disappear. With citizen advocacy it has been compounded by it becoming harder to get volunteers willing to take on the long-term commitment, or preparedness to challenge institutions and professionals. The imperative to come alongside another in order to recognise their inner value is depleted, with more service orientated roles preferred. These service orientated roles, like statutory advocacy, have the laudable intention of recognising the need for inclusion of the voice of the socially marginalised, but are limited in scope, compromised, and, usually, only a one-off intervention. This is a far cry from acting like a concerned relative or friend.

Those groups that have statutory contracts have achieved some funding security but at a cost, because, as with other areas of voluntary sector organisations, such voluntary/statutory partnerships involve a trade-off of financial security for loss of autonomy (Jacklin-Jarvis 2015: Macmillan 2010). Also, a move to activities that are “safe, non-controversial” (Musick & Wilson 2008: 521) because it is difficult to effectively challenge a formal service you share the same paymaster with. This loss of autonomy has been compounded by commissioners looking to offer contracts that cover all types of advocacy under one roof, thereby favouring large ‘business-focused’ organisations, or encouraging smaller organisations to collaborate as a consortium. As with other voluntary sector welfare, this alignment and streamlining of provision has led to the erosion of community-level specialist knowledge and expertise (Tilki et al 2015; Atkin 2014; Ishkanian 2014; Towers and Walby 2012).

What is apparent is not that citizen/informal advocacy ever succeeded in providing comprehensive support, as at best its scope and reach have been piecemeal, but that its presence has focused awareness on the imperative for recognition of the kernel of inner value that exists in those requiring someone “to stand with them, one with one” throughout their life time (Wertheimer 1998:7). This is something that is in danger of becoming eclipsed in policy terms where it is increasingly apparent that if you are not in receipt of a statutory service you are not visible to service providers.

Although the ambitions of citizen advocacy have been curtailed, this has not been without some resistance from advocacy groups. Even in the early days, one of the first hospital-based schemes fought to establish itself away from the hospital grounds and become inclusive of the local community (Hunter & Tyne 2001). In the study, participants spoke of the need to find ways to “play the game”, in order to resist some of the forces curtailing informal advocacy. The tactics used coalesce with some of those identified by Prior (2009) in public services: attempts to modify contracts by working over and beyond terms of engagement, or refusing to seek statutory contracts even though this could lead to funding insecurity. Engaging in the kind of stealth volunteering involved in working ‘over and beyond’ is, however, a counter-productive strategy in the long-term as it depletes organisational resources and leaves commissioners unaccountable for gaps in provision to the socially marginalised. What it does show, however, is the imperative enacted by some advocacy groups and individual citizen advocates, not to compromise on standing alongside those who have no one else to support them, even if this show of solidarity occurs outside their formal job role.

*Conclusion*

It has been argued that citizen advocacy is an overlooked subsection of volunteering with its own distinct characteristics, values and philosophical disposition. What emerges from a historical analysis of citizen advocacy in England is the threefold pressure it has faced: as a specific form of volunteering; faced with growing expectations of it in public policy; and also facing the changing funding environment in which it takes place. Its history acts as a metaphor for the consequences of the gradual marketisation of welfare provision, and, more recently, a cautionary tale regarding the implications of this process in times of austerity. With the incipient adoption of market principles to social and caring spheres it has been subsumed into the orbit of ‘neoliberal orthodoxy’ (Bourdieu 1994), threatening its independence from the state, and, as with so many other volunteering activities, becoming valued only in measurable terms, a reductive process that limits activities to short-term interventions that are outcomes-led. This causes damage to the accountability of formal services that lose out on its independent critical gaze, leaving advocacy subsumed into formal policy provision where it can be managed, contained, and, also, rendered ineffective in challenging structural injustices.

Worse still, the demise of Citizen Advocacy reflects a lack of respect for the intrinsic worth of the socially marginalised, those who need long-term support to ensure their interests and desires are heard and acted upon. In Kantian terms, this damages not only the socially marginalised but also ourselves because if we fail to “act in ways that express our esteem for the inner value that we carry within ourselves” we lose respect for ourselves as well. (Rosen 2012: 149).

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