ANNOTATED BIBLIOGRAPHY

CHILD ADVOCACY

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INTRODUCTION

This bibliography was developed as a part of the Therapeutic Case Advocacy Project to discover differing views of advocacy and the functions of an advocate. Originally, the focus was directed toward the use of child advocacy on behalf of seriously emotionally handicapped children. However, as the search of the literature progressed, the focus broadened. Only rarely was the child advocacy literature directed toward only one handicapping condition or service system. Therefore, we extended the search to include the literature addressing advocacy on behalf of children in general. Also it was necessary to depart from literature related only to children to find material relevant to ethical and practical issues affecting the advocate. Therefore, this document should be viewed as an exploratory look at advocacy in general, with a concentrated look at advocacy for emotionally handicapped children.

The bibliography is divided into seven sections, each corresponding to the focus of the articles or books. In some instances, the focus was not clear-cut, in which case the abstract is in the section which appeared to be the most appropriate.

There are two major types of advocacy discussed in the literature -- case advocacy and class advocacy. There are also two kinds of targets for advocacy actions: those external to the advocate's own environment; and those we have designated as internal meaning those directed at the advocate's own organization. Therefore, the first four sections group the literature along these four dimensions.

The items in this bibliography are more than annotations. Each entry includes a synopsis of the article, book, or chapter reviewed. These one or two sentences attempt to summarize the main topic of the entry. The synopsis is followed by an abstract, often quite lengthy, which describes the content of the article, book or chapter. We have attempted to make these abstracts as inclusive as possible because many readers will not have ready access to the original documents. Each entry ends with a one or two sentence editorial Comment, which usually defines the audience the author of the entry is addressing.

Content of Chapters

Case Advocacy - Internal contains literature on advocacy for individual children or families where the advocacy action is directed toward the service provider's employer or system. For example, a child welfare caseworker advocates for a foster child to receive additional services from the child welfare agency. Typically, the worker-advocate in this situation is attempting to get accommodations for his client within his own agency.

Case Advocacy - External includes literature on advocacy for individual children or families. The advocacy action is directed toward organizations or systems outside of the advocate's place of employment. For instance, a psychologist working in a community mental health center advocates for a specific child to obtain services from the educational system. This type of advocacy historically has been a part of a social worker's role and is one that many service providers feel they routinely perform.
Class Advocacy - Internal includes literature on advocacy for a class of persons, for example, all emotionally handicapped children. The advocate attempts to change policy or regulations within his own agency for the benefit of all persons in the class affected by the policies of the organization.

Class Advocacy - External contains literature on advocacy for all persons of a particular class directed toward systems outside the advocate's employing agency. For example, a citizen concerned with a lack of resources for all emotionally handicapped children mounts a lobbying effort directed at the state legislature to fund a comprehensive system of services for this population.

The section on Both Case and Class Advocacy includes the literature on advocacy that could not be classified into any of the four previous sections. In general, these articles discuss both types of advocacy and their relation to each other.

The prevailing theme of the items in the section on Children's Rights is the issue of the legal and moral rights of children in our society and advocates' obligations to protect these rights. It includes literature which deals neither with a type of advocacy nor with a particular target system for the advocacy action. We did not conduct a complete search of the legal literature. However, in our judgment, the issues discussed in this section often are used to provide a rationale for organizing or limiting advocacy efforts.

The last section, General Advocacy, is a catch-all section for the literature that could not be categorized into any of the other chapters. This section includes articles on the ethical and philosophical bases for advocacy. It also includes literature on service deficits as a rationale for advocacy, on organizational change techniques (not related to either case or class advocacy), and on characteristics of advocates.

In addition, at the beginning of each section is a list of questions that people interested in doing advocacy often ask and that are addressed by the literature in that section.

Index

In addition to categorizing the literature reviewed into these seven broad areas, the bibliography has been indexed in two ways. First, each entry is identified by a field of practice, i.e., mental health, education, or juvenile justice. Those entries which do not apply to any one particular field of practice are classified as applicable to "All Fields." In the index, the fields of practice are in bold print. The reader can refer to the index and find the page numbers of all the articles applicable to the field of education, as an example.

The second way in which the bibliography is indexed is by areas of interest. Some examples of interest areas are barriers to advocacy, how to advocate, parents as advocates, rural advocacy, and political action, to name a few. The reader can scan the index to identify these areas and then refer to the entries of interest.
CASE ADVOCACY - INTERNAL

This section contains literature on advocacy for individual clients or families when the advocacy action is directed toward the advocate's employer. An advocate in this position may want to know:

- What types of intervention are appropriate?
- What is the role of an advocate in court cases?
- What are the justifications for internal advocacy?
- What are the steps in the advocacy process?
- What are the roles of volunteer advocates for individual children?
- How does an educator implement P.L. 94-142?
- How does a social worker perform an advocacy role in team casework situations?
- How does an advocate deal with the needs of a client and the needs of an employer when these needs conflict?
- What is an advocate's role in relation to medications for the mentally ill?
- How can medical personnel function as advocates for institutionalized youth?
- What is the advocacy role of a school psychologist?
- What strategies can be used in bureaucracies to get services for clients?
- What are the differences between the ombudsman and advocacy roles?
- What types of training are available for professionals related to internal case advocacy?

Synopsis: This article discusses the appropriateness of psychologists as expert witnesses in custody cases and suggests a consultation model as an alternative.

The author questions whether the role of witness is an appropriate one for child advocates. The article describes a case involving six attorneys and six psychologists in a child custody case. The volume of contradictory "expert" testimony related to child development, psychological assessment, rights of adoptees, children's rights to the judicial process, credentialing, and fees was enormous. The author raises the question of whether any of the proceedings were in reality related to the interests of the child.

The author offers the following alternatives: 1) creating an identifiable body of specialists in child development and clinical child psychology; 2) using a consultation model instead of a clinical/adversary one; and 3) broadening consultation services to include direct and indirect case consultation, such as inservice training for attorneys, judges, family court workers, as well as program, process, and advocacy consultation. The aim of this model is that "each unit of psychological input to the courts in child custody equals one unit of advocacy for all children."

Comment: This article is written for psychologists and court personnel.
Case Advocacy - Internal


Synopsis: This chapter describes what advocacy is and the steps involved in the advocacy process.

The authors' definition of advocacy is the "Act of pleading a cause, speaking or writing in favor of, and being intercessor or defender." The role of the advocate is to challenge or seek changes in systems regarded as unhelpful or injurious to children, or to help consumers obtain services. Advocacy concerns both rights and needs. Advocating can put the worker in a double bind if there is a need to advocate against one's own agency; it is easier to advocate against another agency. The justifications for internal advocacy are: 1) one's knowledge of the situation; 2) the necessity to preserve an organization; 3) the obligation to communicate with administration; and 4) political self-interest.

The steps and behaviors in advocacy are: 1) the problem must be recognized; 2) facts must be obtained; 3) facts must be reconciled; 4) the object to be changed should be specified; 5) goals should be specified and recommendations for change made; 6) costs must be computed; 7) timing is crucial; 8) the simplest, most direct approach should be found; and 9) change must be monitored.

Some advocacy tactics are: 1) intercession (pleading); 2) persuasion (convincing); 3) negotiation; 4) pressure; and 5) coercion. Types of intervention are: 1) collaboration (problem solving, joint action, education, mild persuasion); 2) campaign (hard persuasion, political maneuvering, bargaining, negotiation, mild coercion); and 3) contest (coercion, public conflict, pressure).

Restraints to advocacy are: 1) that bureaucracies are supposed to be reliable, consistent, and continuous and therefore are neither innovative nor flexible, nor are they directly accountable to consumers, but to to state, local, federal legislators and other funding sources; 2) that some professionals become offended when others question their judgment, siphon their time, or feel continual follow-up and monitoring pose threats to their professional autonomy and integrity; and 3) that employee labor unions preclude modifications until a contract is negotiated.

"For case advocacy every professional should be prepared, in behalf of and with his client's agreement, to take steps to ensure the provision of all services. Class advocacy may be different; some staff are not good advocates, but they are good practitioners." Involving clients in advocacy is important. Advocates should take into consideration the effect advocacy on a particular case will have on clients who do not have advocates.

Comment: This chapter could be required reading in an MSW practice course. It is clear and persuasive without being militant.

Synopsis: This article discusses the Court Appointed Special Advocate (CASA) project sponsored by the National Council of Jewish Women.

The CASA project grew out of a National Council of Jewish Women (NCJW) report, published in 1975, *Children Without Justice*. This report concluded that attorneys appointed for children often were not attuned to the juvenile court system. Even though child welfare agencies are mandated to represent children's needs, workers are faced with conflict when petitioning the court to remove a child from home. At this point it is difficult for a worker to be objective about the needs of the child. There was a need for an independent evaluation of what is in the child's best interests. The Child Abuse Prevention and Treatment Act of 1974 (P.L. 93-247) requires that states seeking federal funds for child abuse programs appoint a guardian *ad litem* for children in abuse and neglect cases with judicial involvement.

CASA's main role is to see that all adult parties do what they must to establish a permanent home for the child. The CASA volunteer interviews everyone involved: attorneys, psychologists, child welfare workers, school personnel, police, parents, foster parents, and the child. The role of a CASA volunteer is not to duplicate the work of child welfare staff but to ask questions about the social worker's findings that judges would ask if they had time. The volunteer has time that others do not have. She works on one case at a time. Philosophically, CASA volunteers support returning the child to the natural family if at all possible. If this is not possible, they urge freeing the child for adoption.

The CASA program began in 1979 with a 2-year grant from the Edna McConnell Clark Foundation. Project sites were selected on the basis of the strength of the National Council of Jewish Women chapter and the community's demonstrated need for a volunteer-run CASA project. Each site has a chairwoman, an advisory board, and a part-time coordinator. Volunteers need not be NCJW members; they can be recruited from the community. Volunteers receive training about the foster care system, the juvenile court, interviewing, report writing, and special areas such as sexual abuse and cultural issues. Volunteer strengths are assessed so they can be matched with appropriate cases.

Relationships with the child welfare agencies and the courts vary from community to community. In communities where a guardian *ad litem* program exists, the volunteer does the legwork for the guardian. The project coordinator's function is to establish smooth working relationships with the child welfare system.

CASA volunteers have become effective advocates for system improvements because they know the frustrations of workers and the resources available. At the time this article was written, the CASA project was being evaluated by an outside consultant. Comments from the field indicate the project is doing well.

Comment: This article is written for persons who are interested in volunteer child advocacy efforts.

**Synopsis:** Without the support and advocacy of educators, the equal, not separate, rights of the handicapped to educational opportunities mandated by P.L. 94-142 cannot be achieved.

Public Law 94-142 mandates that in order to receive funding, all school systems must have available free appropriate education to all handicapped children, from ages 3-21, regardless of type or degree of the handicapping condition. Implementation of the law requires changes in structure and philosophy in educational programs.

This book consists of articles related to the philosophy behind mainstreaming, the problems of implementing P.L. 94-142, working with children with specific handicapping conditions, developing individualized education plans (IEP's), and developing a successful educational program for integrating the handicapped.

As a result of P.L. 94-142 parents have emerged as active advocates for their children. Educators need to be aware of parental rights and be prepared to participate in educational planning in partnership with parents and other advocates. Teachers experiencing mainstreaming for the first time feel anxious and sometimes threatened. Rather than remove the cause of the problem (the student), they need to change what they do. Educators must accept responsibility for creating solutions and have a willingness to change themselves. An IEP team can help in problem solving and in making teachers become more comfortable with their own skills in working with handicapped students.

**Comment:** This book, edited by university professors of special education, was written for all teachers and educational administrators. It was published shortly after passage of P.L. 94-142.

Synopsis: Social workers, ethically bound to serve as client advocates, may have conflicts in a teamwork approach to delivering services.

There are two sources of conflict in combining teamwork and advocacy. 1) Advocacy activities are based on assumptions of conflict whereas teamwork stresses cooperation and consensus with deference to legal authority. 2) There are no legitimate standards of whether or not a set of activities is appropriate advocacy. The team needs to consider the role of the consumer in planning mental health services and in selecting treatment alternatives. Conflicts between the social worker and other team members occur because 1) the social worker must advocate for a client perhaps against the judgment of one or more of the other team members; 2) there is an actual or perceived "marginality" of the social work profession; and 3) the social worker often attempts to claim tasks and domains not usually afforded to him. "Maybe an essential missing feature of teamwork is legitimate, open and accepted conflict, viewed as essential to the client's welfare, and not maintenance of a smoothly operating team."

The author suggests an interdisciplinary panel be asked to deal with cases of conflict arising from advocacy where all professions are bound by panel decisions. The central focus should be client's rights rather than those of professionals.

Comment: This article is especially appropriate for social workers involved in a teamwork approach to service delivery.

Synopsis: Special education teachers are often in a bind when serving as advocates for handicapped children and are employed by the system charged with implementing P.L. 94-142.

"Advocacy dilemma" is defined as the conflict when professionals must decide whether to actively defend a child's rights when to do so contradicts stated or implied directives of the professional's employing agency. This same dilemma applies to principals, assessment personnel, teacher educators, and consultants.

This article includes an editor's note which states that the professional role and the child advocate role should go hand-in-hand and not be an "either-or" situation. This editor's note states that the views of the Council for Exceptional Children are similar.

Comment: This article is directed toward special education personnel.

Synopsis: Social workers should perform as advocates for mental patients, especially in monitoring prescription drugs.

Historically social workers have accepted the expertise of physicians in relation to drugs. The authors of this article urge social workers to take a more autonomous stance and be more skeptical, and in fact to become an "advocate-consultant." This role requires knowledge of anti-psychotic medications and their side effects, of mental illness, of law, and of principles of advocacy.

While accepting the benefits of drugs, the authors suggest that many physicians, mental hospital staff, and community mental health centers are incompetent, neglectful and even abusive in administration of drugs. The authors maintain that these drugs are effective for acute episodes but less so in chronic conditions. The physical, emotional, and social risks may outweigh the benefits.

The authors define advocacy as the "extent to which social workers act as representatives of patients in dealing with decision-making authorities." An advocate for the mentally ill can monitor progress of patients on drugs, educate patients and their families about benefits and side effects of drugs, and help clients advocate for themselves. The ideal situation would be for an advocate to be independent from other professionals but work in harmony with them.

Comment: This article is appropriate for social workers in mental health settings and especially for those working with the chronically mentally ill in the community.

**Synopsis:** Special education teachers often foster inappropriate behaviors in students which leads to a lack of preparation for adulthood.

The authors present an illustration of teacher behavior which can delay a handicapped child's readiness for independence. A 16 year old mentally retarded boy greeted all his classmates with a kiss. The teacher responded with, "Isn't Joey a lover, though?" The authors suggested the solution to this type of teacher behavior is to offer a class in normalization to future teachers. Each student must locate a handicapped adult living in the community and must engage in a minimum of 25 hours of social interaction, keep a log, record the goal of each meeting, the activity, and a descriptive account of interactions and reactions. Also the student must read popular biographies and narratives in the area of disability.

As a result of this class, the students were surprised at the deprivation endured by the handicapped and became sensitive to social isolation. They realized the expectation of a productive, independent, adult life for the handicapped is bleak and students asked why. At first students were detached and clinical. They later became incensed at community indifference, and then became sensitive to problems of integration. The authors believe students became better teachers in special education and recognized the need to emphasize age-appropriate behaviors and activities in the classroom.

**Comment:** This article is written for special education personnel and teacher educators.

**Synopsis:** This article discusses the role of pediatricians in working for youth, especially those in residential settings.

The author begins this article with a discussion of the reasons youth are placed in residential settings and the arbitrary nature of these placements. She then points out three groups of health conditions of institutionalized youth. The first are acute problems which occur at the time of placement. The physician should offer emotional support, treat and diagnose physical injuries or traumas, identify conditions that need further evaluation, and screen for conditions that may preclude mixing with other residents (infections, parasites, etc.). The second condition is chronic problems which may have been undiagnosed because of inadequate health care. The pediatrician should take a complete health history with nonjudgmental questions about drug abuse, sexual behavior and/or sexual abuse, and psychological trauma. The third condition relates to conditions directly related to an institutional setting including infectious diseases. The physician should be available to deal with individual needs and requests.

Youth need to have a sense of control during their time in an institution. The physician can help in this area by allowing youth to participate in decision making related to health issues, by respecting confidentiality, and by paying attention to content, storage, and transmittal of medical information.

The author suggests that having the physician go to the institution rather than transporting youth to an office or hospital has certain advantages. These include cost savings of transportation, knowledge of the functioning of institutions, participation in policy planning, health education, neutrality of territory, surveillance of physical abuse, and youth advocacy for outside agencies and institutions.

The author concludes with the plea that pediatricians become concerned with the health needs of institutionalized youth and bridge the gap between needs and services.

**Comment:** This article is appropriate for medical personnel and others concerned with institutionalized youth.

**Synopsis:** The school psychologist must be an advocate. This article discusses the rationale and some strategies for advocacy.

The authors state the rationale for an advocacy role for school psychologists. First, the child is the client, not the school system. Second, the role is not one of neutrality (ombudsman) but of advocacy and sometimes adversity. Third, children and parents have rights (due process, availability of records) regarding their relationship with the school system. To insure children their rights on a day-to-day basis, professionals must advocate for children, especially in areas where they cannot advocate for themselves.

What can school psychologists do when there is suspected child abuse? Some recommendations are: 1) identify the battered child; 2) report abuse; 3) sensitize other school personnel of responsibility for reporting abuse; 4) train teachers on how to handle the battered child psychologically; 5) advise the child of his rights and support him in court, if necessary; and 6) follow up on students and parents.

The school psychologist can advocate for children in the area of corporal punishment. Some strategies in this regard are: 1) organize teacher groups to help them vent their frustration and channel their feelings; 2) perform as crisis intervener; 3) determine (through teacher training) what causes explosive episodes; 4) advocate for a quiet room; 5) provide students with "safe" materials to cool off; 6) set up an atmosphere whereby teachers can comfortably express fears to the psychologist; 7) teach teachers positive reinforcement techniques; and 8) institute in-school suspensions as an alternative to corporal punishment.

In the areas of confidentiality and parents' right to know, the school psychologist plays an important role. In relation to advocacy the authors offer the following recommendations for consideration: 1) interview parents before the child is examined and be informed of their legal rights; 2) give parents the right to request that information they offer to help the child be excluded from written record; 3) provide children confidentiality (with the exception of crimes and suicide information); 4) give parents and older adolescents a written draft of the report at the feedback interview and the right to edit material not grounded in fact; 5) if parents wish to challenge the report, provide names of low-cost arbitrator psychologists; 6) inform parents of who will see the report; and 7) always give parents an interpretation of the report.

**Comment:** This comprehensive, pro-child article is appropriate for school psychologists and other school personnel.

**Synopsis:** Even though school psychologists consider themselves to be child advocates, often their idealism diminishes as they face the realities of the school environment.

The authors present a case example to illustrate how a school psychologist can be pressured to exclude children with behavior problems from school or to make classroom placements for the benefit of teachers rather than of the child. Hyman and Schreiber maintain that school psychologists should serve the child and not the bureaucracy. If this involves taking risks, then the psychologist should be prepared to take them. The school psychologist must represent the client but most are relatively powerless in the academic hierarchy.

There are some specific things psychologists in the schools can do to advance the cause of children: 1) inform parents of their legal rights and how to seek recourse; 2) inform parents of appropriate advocacy groups; 3) give parents all the psychological reports in the school record; 4) destroy outdated psychological reports; 5) avoid personality conflicts with school personnel; 6) be willing to inform parents and others about practices detrimental to the welfare of children; 7) work for institutional change; and 8) realize that often advocacy places one in an adversarial role.

**Comment:** This article, written by school psychologists, urges others in their field to take risks as advocates rather than assume the more comfortable role of consultants.

Synopsis: This chapter explores mistakes professionals make and why they make them. It also discusses two developments designed to check the abuse of power by mental health professionals -- the child advocacy movement and the demand for accountability.

Mental health professionals try to help families and children while not disappointing the public or themselves concerning their image as expert, while acknowledging a lack of certain skills or power to help, and while complying with a variety of accountability procedures. Some reasons for mistakes made by professionals are: 1) collective ignorance -- some questions have no known answers; 2) individual ignorance; 3) the professional's need for certainty or oversimplification; 4) professional denial; 5) projection -- to blame some factor beyond professional control; 6) displacement -- the solution is to refer; and 7) frustration.

To make professional practice more positive, practitioners need to be responsible for their decisions. One should be aware of guidelines, codes, and expert opinions. But ultimately, decisions are based on personal conscience and professional judgment. Professionals should be courageous enough to take risks in exceptional circumstances.

There are many situations for professionals to demonstrate their ethical commitment to children and to make a change by advocating for services or treatments which are sometimes outside the stated guidelines.

Comment: Although this chapter discusses mistakes made by professionals, it also offers suggestions on how professional practice can be a positive experience through risk-taking and advocacy.

**Synopsis:** Labeling can have negative effects and workers can reduce its stigmatizing effects while enhancing its social utility.

Labeling is a necessary function of language and facilitates human transactions. Without some labeling, there is nothing on which to base service decisions. However, labeling should be subject to reconsideration and review. Labels facilitate communication and offer shorthand cues. They also elicit expectations, but they can be negative if used to provoke.

Individuals often behave in a manner consistent with the label because of the label. Labels can be potentially destructive and stigmatizing, forcing people into roles which are difficult to exit. At their worst, labels can lead to erroneous expectations and inappropriate treatment or services.

Because of their advocacy mandate, social workers are in a position to buffer negative consequences of labeling. Social workers should not use or respond to labels automatically. People do not "do" what they are expected or purported to do until they do it. Individualization is fundamental to social work. Diagnoses are continually revised working hypotheses. The key word is caution.

**Comment:** This article is appropriate for social workers, especially those working in a mental health environment where labels are frequently used.

Synopsis: This chapter discusses the dilemma of professionals who must weigh children's interests against organizational interests and offers guidelines for professional intervention to effect organizational change.

Increasing bureaucratization of services to children is inevitable. Professionals need to learn to shape organizations so they do not interfere with professional goals or client benefits. Some characteristics of bureaucracies create ethical dilemmas for professionals. First, bureaucracies are built on a hierarchical authority structure. Often this means people are promoted on the basis of seniority and not necessarily on the basis of the most relevant or recent knowledge of the field. What lower-ranking professionals see as appropriate for a client may differ from what a supervisor wants. Secondly, professionals have an ethical obligation to put client interests before their own. Organizations are not bound by this same obligation. Third, a professional's emphasis is on process rather than results, whereas an organization has explicit goals and are expected to achieve measurable results. There are some positive benefits of demanding worker accountability. However, many bureaucratic goals have a strong emphasis on social control and may be so narrowly defined so as to inhibit the provision of a full range of services.

A fourth characteristic of bureaucracies is that staff responsibilities are carefully defined and circumscribed. In contrast, professionals are expected to take total responsibility for their clients. The dilemma is the degree to which one can overstep the boundaries to meet client needs. A fifth characteristic of bureaucracies is that personnel are expected to implement policies in a uniform manner. This can be extremely frustrating for practitioners who are obligated to meet the needs of individual clients.

In evaluating a children's service organization, the professional needs to consider whether the agency permits professionals to use their knowledge and skills to the fullest, whether it responds to the social environment, and what role it assigns to clients. Professionals can design consumer protection mechanisms in their agencies.

When situations arise with bureaucratic policies or procedures, the professional needs to assess the problem, decide whether it can be resolved by any action at the organizational level, document the problem accurately, make an assessment of the factors that may promote or inhibit change, select an appropriate strategy, draw attention to the problem, and use the most direct and honest approach possible.

Comment: This chapter is written for those who wish to change the system from within. The chapter is detailed and offers practical knowledge and advice.

Synopsis: This chapter discusses training for those already involved in some form of advocacy activity.

If advocacy is to succeed, it is necessary to have competent advocates. Because of the size and complexity of our human service delivery systems, it is often impossible for an individual to advocate for himself. Information and power (or access to it) are essential to influencing systems. Even though the concept of advocacy revolves around responding to individual human needs, it is now necessary to make advocacy more organized and structured. The authors believe that the advocacy movement will be limited unless it can merge the efforts of advocates both within and outside the system. There are too few advocacy resources to allow fragmentation.

In general, advocacy training is limited. Training for citizens and volunteers tends to be conducted by consumer organizations in the form of an intensive workshop. Unfortunately, citizen advocacy has had little effect on the service delivery system. The authors maintain that advocacy mechanisms are needed within the system because; 1) external advocates often lack access to information; 2) there are discrepancies between client needs and services; 3) clients have difficulty gaining access to services; and 4) human or legal rights of clients are often violated. There are many potential advocates within the system.

The authors define an advocate within the system as one willing "to move beyond the role for which one is being paid when client welfare is at stake." The in-service advocacy training proposed in this chapter includes an examination of resources, data collection procedures, legal rights of clients, normalization concepts, and negotiation procedures. The authors feel that human service workers should take on advocacy as one of their roles and that "staff who cannot function well as advocates should not be placed in a role of direct service provision in any human service system."

Some organizations have employed full-time advocates. There is no formal training program for this role which could be offered in a university program. Barriers to training offered through a university are lack of contact with the service delivery system and resistance to field-based learning. Nonetheless, advocacy training should be available, perhaps through a university institute detached from a single academic unit.

Comment: This chapter proposes that advocacy training not only develops specific skills, but can strengthen the movement with public and private alliances.

Synopsis: This article considers various ombudsman roles for social workers. An ombudsman is a mediator who protects the rights of individuals and assures that government agencies are fair in dealing with citizens.

Even though the ombudsman was originally attached to Parliament to deal with citizen complaints against government agencies, the role can be modified for social workers. Some characteristics of ombudsmen are: 1) they are external to the system they investigate, but are part of the larger public administration system; 2) they are impartial in their investigations; 3) their only real power is their prestige and the force of public opinion; 4) they are not responsible for solving all problems between citizens and the state; and 5) they can make policy recommendations.

There are a few ombudsman-like roles in social work. Some workers serve in a third-party role to see that disadvantaged clients are connected to services and that agencies adapt to clients' needs. Social workers have served as "legislative ombudsmen" in legislator's offices.

The author suggests some potential situations for a social worker as ombudsman: as a broker for services for the mentally retarded; in welfare offices; and in public housing offices. The problems with this model relate to the previously mentioned characteristic of prestige. Often public attitudes toward the poor or needy preclude a commitment to justice on their behalf.

The author contrasts the roles of ombudsman and advocate. The ombudsman does not serve as an advocate for the citizen or for the agency, but for fairness in public programs. An advocate is not impartial. The ombudsman serves as a mediator or arbitrator. In answering the question of whether or not the ombudsman role is an appropriate one for social workers, the author maintains that the profession will not know until it is tried.

Comment: This article was written to convince social work administrators and educators to experiment with the concept of employing social workers as ombudsmen. This article is included to contrast advocate and ombudsman roles.
Educational Perspectives, 13, 27-29.

Synopsis: Advocacy is emerging as a new role for special educators for two 
reasons: 1) teacher performance is based on student growth, and 2) the 
philosophy of normalization.

Securing improved education programs for students enhances not only their growth 
but strengthens the teacher's professional position. Many teachers face a 
conflict between their own social class orientation and that of some of their 
students. This presents difficulties for an advocate. Another problem is 
conflict of interest when advocates must make demands on their employer. When 
role conflict occurs, teachers must examine their responsibilities as 
professionals and their loyalty to their employer. Teachers need to secure 
their positions without compromising integrity and advocate in such a way as not 
to jeopardize their situation.

Advocacy should become a part of teacher training. When this occurs, teacher 
trainers become involved in advocacy. In training, three areas should be 
considered: 1) sensitivity to value systems which makes advocacy easier, 
especially when students' value systems are different from teachers'; 2) 
knowledge of recent developments in allied advocacy movements which is necessary 
for credibility and decision-making; and 3) strategies for change and skills to 
implement them. It is necessary for trainees to get involved in the community.

Comment: This article is appropriate for special education teachers and for 
those training teachers.

**Synopsis:** The social worker faces problems when seeking institutional change or when functioning as an advocate for an individual client. However, both are essential, ethically and practically.

Social workers presume that clients have the right to self-determination and involve clients in decision making. Advocacy is a binding obligation for NASW members. However, there are three major obstacles to advocacy: 1) lack of technical expertise; 2) timidity of workers in the face of agency and community pressure; and 3) moral dimensions, including whether or not workers really believe in advocacy. This latter obstacle is the main thrust of this article.

First, workers face a dilemma of competing loyalties. Is their first loyalty to the client, the community, or the agency? Historically, workers have come down on the side of the agency. Later NASW changed its position (or clarified it) to one in which the worker's obligation above all is to the client. Secondly, there is the dilemma of priorities which occurs when workers have investigatory responsibilities. In this case workers who have client advocacy as their mission should not work in authoritarian settings. Thirdly, there is paternalism -- making a client dependent on the worker. Clients should be full participants in advocacy if at all possible. The worker should stay with the client and support him in a mutual, not paternalistic, relationship.

Case advocacy is not an issue of dispute; it is an obligation that workers must assume. The argument that by responding to client needs, the spirit is dulled, is fallacious. The issue is one of justice, not one of charity or kindness.

This article is followed by a response written by Max Silverstein. Silverstein points out that the issue of competing loyalties is more complex than Richan presents. Silverstein asks the question, "Who decides what is to be advocated?"

**Comment:** This article, by a social work educator, is written for social workers.

Synopsis: This chapter in a book on child advocacy describes an in-house system of advocacy.

An advocacy system within an institution pursues the rights of residents through whatever means necessary. This approach is often not popular with staff but is viewed as supportive by residents. The advocacy system is an instrument of change and would not be necessary if human need were met appropriately and decently. Historically, there has been no continuing force to focus reform for those whose needs are most difficult to meet. Effective advocacy, when supported and protected, can be the means to maintaining interest in institutional reform. The authors contend that full-time advocates, unencumbered by service commitments, are better able to be objective in setting priorities and selecting needs that demand fulfillment.

Full-time advocates are required in institutions to assure that the true needs of those who cannot speak for themselves are met. These advocates can reinforce the good things happening for the handicapped.

The authors question why advocates have not been included as a basic ingredient in institutions. Some answers may be that staff consider themselves advocates and feel threatened, that advocacy is disruptive of regimentation, or that advocacy is often in conflict with a family-centered approach and demands accountability for a humanitarian approach.

The advocate in an institution must initiate and maintain a personal relationship with residents, be aware of individual needs, be aware of others involved with the child, and must intervene when the resident feels in conflict with the institution. The advocate serves as an interpreter to staff to explain the resident's needs. Often the advocate must adapt the institution to the individual rather than what usually occurs -- adapting the individual to the institution.

The process of advocacy takes many forms including negotiation, interpretation of laws and regulations, confrontation, or litigation. The authors maintain that if advocates are a real and meaningful part of the institution, staff will begin to become advocates themselves.

Comment: This chapter is persuasive in encouraging institutions to employ full-time advocates.

**Synopsis:** Teachers in special education need to be trained in how to advocate for their students.

Since the institutional model of delivering services to the handicapped has been replaced with a developmental model built upon the principles of normalization, the educational system is a major factor in this process, and advocacy by teachers can be used to enhance normalization. Teachers must assume the role of advocates to help the handicapped realize the need for independence.

There are various advocacy functions teachers can perform. They include explaining rights and responsibilities to students and parents, becoming aware of procedures and protections, and acquiring knowledge of ancillary services. To avoid conflict with the educational system which employs them, some teachers urge an "advocate associate" role, which means networking, sitting on boards of allied agencies, disseminating information and so on. Advocacy instruction should be part of teacher education programs.

The authors describe a model program whereby special education teacher and vocational education teacher teams function as advocates. The program was developed by the Vocational Education for Handicapped Professional Certificate Program of Florida International University. An exhaustive curriculum was developed which included a practicum experience of an interdisciplinary nature.

**Comment:** This article was written for special education and vocational education teachers and is geared mainly toward the mentally retarded.

Synopsis: This article focuses on the role of mental health professionals in advocating for patients' rights.

Laws have given mental patients more rights than they previously had. Even though psychiatrists have viewed themselves as advocates, this change in the legal system has led to a change in the mental health professional's role in advocacy. When the concepts of freedom and health conflict, the psychiatrist, as an advocate, must be cautious. When a patient is deemed "dangerous" to self or others, the mental health professional is in a position of advocating against freedom but for the health of the client. The authors maintain that "... a true advocate ... will work for the development and implementation of less restrictive facilities ... in order to allow adequate and proper treatment for patients who may not meet the criteria of the newer laws regarding involuntary hospitalization."

The authors list client rights which they feel are essential to establish a balance between clinical needs and legal rights of patients. These include: 1) the right to be treated with dignity and respect; 2) the right to freedom from unnecessary hospitalization; 3) the right to be free of unnecessary treatment; 4) the right to information about treatment; 5) the right to privilege of confidentiality; 6) the right to quality service; 7) the right to services when and where they are needed; 8) the right to participate in treatment decisions; 9) the right to redress for grievances; and 10) the right to have an advocate.

The authors feel that patient advocates should have legal and clinical experience. If this combination of skills is not available in one person, advocate teams are a possibility. This type of advocacy allows mental health professionals to respond constructively to the delivery of service in a system influenced by legal and consumer demands.

Comment: This article, written by psychiatrists, explores the mental health professional's role in relation to recent changes in the legal rights of patients.

Synopsis: Aside from parents, teachers have the potential of being the primary agents of change for a behaviorally disordered child.

The author states, "The teacher can never neglect or forget his power in the lives of children and youth. He must use his power responsibly for the benefit of the child. He must be accountable for his actions and lack of action." Some people should not teach the behaviorally disordered. Teachers of the emotionally handicapped should possess the following characteristics in addition to knowledge and skills: 1) acceptance of self; 2) maturity; 3) acceptance of children as individuals worthy of respect; 4) commitment to the idea that children will change; 5) acceptance of children's parents; 6) resourcefulness in seeking or creating what is necessary for a child's development; 7) consistency; 8) flexibility; and 9) willingness to risk oneself on behalf of the child.

In addition to teachers, many others work with emotionally handicapped students: resource room teachers, consulting teachers; educational diagnosticians; consultants; aides; administrators; school psychologists; and school social workers. In order for a school program to be successful, it is essential that all these people in the program cooperate both among themselves, but also with non-educational professionals. This may require educators to relinquish some traditional functions and to assume some additional ones.

Comment: This chapter, written by a special education professor, is intended for special education professionals. The thrust of the chapter is a discussion of traits necessary for educators of behaviorally disordered children, including the ability to be a case advocate.

Synopsis: Although advances have been made in ensuring legal rights for children, the lack of services available make enforcement of these rights negligible.

The author states, "For children with emotional problems, advocacy becomes a mental health service rather than a legal service." The mental health professional should serve as the child's advocate in residential settings. Many residential treatment facilities develop a family-like attitude toward children. Administrators are paternalistic and protective of staff, who in turn become parent surrogates of "their" children. This type of setting, although often advantageous to staff, is not always best for the child. Mental health professionals new to this environment often find it difficult to perform the role of child advocate. They cannot rely on their qualifications or academic credentials to get their recommendations accepted. They need to demonstrate that they are a valuable resource.

Mental health professionals need to spend time in cultivating personal and professional relationships with other staff. To be an effective advocate for a child, the mental health professional often must modify the behavior of co-workers through positive reinforcement and support.

Another advocacy issue is that often the needs and interests of the children do not coincide with the needs and interests of the institution. Also mental health professionals must be aware of any conflict between their own interests and those of the child.

**Comment:** This chapter in a book on children's rights is directed toward mental health professionals and case managers in residential settings.

**Synopsis:** This module was developed as part of the work of the Hawaii Integration Project and applies advocacy skill instruction to the integration of severely handicapped students.

The module consists of materials for instructors in four competency areas: 1) understanding the concept of advocacy; 2) factors essential for effective advocating; 3) developing effective advocacy skills; and 4) recognizing elements crucial to implementing an integration program for special education students into the total school environment. This training guide includes activities and materials related to each competency area. The learning objectives of each area are presented along with suggested topics for discussion. Other materials in the module include reprints on advocacy, sample progress reports, and monitoring checklists. (ERIC Abstract, edited).

**Comment:** The module was written to train teachers working with severely handicapped students in advocacy skills.
CASE ADVOCACY - EXTERNAL

This section contains abstracts of articles, books, and chapters on advocacy for individual clients or families when the advocacy target is outside the advocate's employing agency. An advocate in this situation may want to learn:

- What are the ethical bases for advocacy?
- What kinds of local advocacy systems have been proposed or implemented?
- How have advocacy programs been implemented within service agencies?
- How can parents advocate effectively for their own children?
- Should vocational rehabilitation counselors function as advocates?
- What are the advocacy functions of a rehabilitation counselor?
- How can advocacy be implemented in a juvenile justice setting?
- How can university level students be trained to be advocates?
- What is the interaction between advocacy and treatment?
- Where does the advocacy function fit into situations involving interprofessional collaboration?
- What are the functions of a professional as an advocate in rural settings?
- What skills are necessary to function as an advocate?

**Synopsis:** The National Association of Social Workers (NASW) Ad Hoc Committee on Advocacy asserts that advocacy is ethically binding, an obligation of a professional social worker.

Advocacy is important in social work history, but more workers honor advocacy in rhetoric than in practice. The reasons for this are that: 1) workers have a consensus orientation rather than a confrontive one; 2) a combative stance is not natural for many workers; 3) most lack the technical skills and orientation to be advocates; and 4) employee status often restricts advocacy.

The Code of Ethics for social workers makes clear that a worker's obligation to the client takes precedence over her obligation to the employer. However, there are competing interests: 1) the possibility that promoting one client's interests may injure other persons with equally just claims; 2) client vs class advocacy; and 3) the decision of whether to directly intervene or to mobilize clients on their own behalf.

Most workers feel deficient in advocacy skills and knowledge of the law. A proposed curriculum would: 1) sensitize workers to the need for and appropriateness of advocacy; 2) teach techniques of manipulation; 3) teach knowledge of law; 4) teach knowledge of service delivery systems; 5) instill knowledge and skill in effecting institutional change; and 6) teach knowledge and skill in reaching and influencing power systems. The Ad Hoc Committee states that the NASW has an obligation to protect workers that takes priority over their obligation to agencies.

**Comment:** This article is appropriate for social workers and for schools of social work. It is a landmark article frequently quoted in advocacy literature.

Synopsis: Child psychiatrists recognize barriers to good psychiatric services for children which can be overcome with public education, advocacy, and activism.

The author states that there is very little policy related to services for children and families, and that policy which does exist is based on invalid assumptions. He feels that child psychiatrists need to work to change attitudes and institutions. One way to accomplish this is through education -- to speak out about what is known about disturbed children. Children are given lip service but receive inadequate psychiatric services. A second way psychiatrists can help is through advocacy for children's rights in three contexts: 1) institutions--push for the right to treatment, to humanness and to self-governance; 2) schools; and 3) within families. A third strategy for change is to help coordinate and strengthen the services that do exist. Some methods include an information source of the statistics on all forces in a community affecting children so that facts are known; research and development in established agencies to make them try some new ways to work with children and families; better inservice training; promotion of interagency case conferences; and emphasis on consumer involvement in running programs. A fourth way to promote change is to align with others involved in social change. Lastly, child psychiatrists can get their profession in order with peer review, recertification, and training. The author states, "The tricky part of children's rights is that children need protection from their protectors -- the juvenile court judges, the teachers, the mental health professionals, and the welfare workers."

Comment: This article is written by a child psychiatrist to urge his colleagues to help alleviate barriers to good psychiatric services for children.

Synopsis: Integration of three elements -- counseling, family life education and family advocacy -- leads to more effective service delivery.

Family advocacy is defined as helping clients with social problems. Family advocacy can lead from case to cause (system advocacy) by gathering data, by initiating action in concert with affected families, and by working with other agencies. Advocacy should represent an essential purpose of the agency, not serve just as an adjunct to other services.

Counseling, family life education and family advocacy can be viewed as "doors" to the agency. Clients can be routed through other doors if necessary. Advocacy should also be integrated into planning and into the administrative structure of the agency. Most agencies need to focus more attention on education and advocacy (versus just counseling) to become more effective.

Comment: This article, written by an administrator in a family service agency, is relevant for personnel working with families.

**Synopsis:** Legal reform is a necessary part of child advocacy, but it is professionals who must operationalize court decisions.

Professionals should not lose sight of their responsibilities in implementing change. Parents need to be empowered to challenge assessment and treatment decisions. They need to be a part of the assessment process, and they should be informed about the reasons for the assessment and its outcome. Assessments should be multidisciplinary, which can present problems for professionals. Often the availability of interdisciplinary services is limited, or may be available but not linked together to make interdisciplinary work practical. Often parents have to bridge the gap between the assessor and the service provider. Ideally the assessors should aid the parents in finding the most applicable services. Professionals need to be sensitive to what parents are going through.

Parents are the ultimate advocates for their children. They need to be as enlightened as possible about resources available, about the right questions to ask, and about working cooperatively with other consumers. This chapter contains an outline of questions consumers can ask concerning assessment and treatment.

Professionals need to become involved in the development of comprehensive systems of service delivery, in parent self-help groups, and in legislative change.

**Comment:** This chapter from a book on children's rights and mental health offers practical advice to professionals about how they can serve as advocates, and to parents about how to be effective consumers and advocates for their children.

**Synopsis:** This booklet presents guidelines and practical steps for parents who need to advocate for their children.

There are reasons why parents should learn how to become advocates: 1) parents can't rely on someone else to stand up for their children; 2) a special needs child faces a battle to enter the mainstream of life; and 3) parents try but are still frustrated by environmental forces beyond their control. The author lists statistics related to disease, hunger, education, poverty, impermanence, lack of child care, and discrimination that affect children. Children need parents to be their advocates; they need other adult citizens to be their advocates; and it is in parents' self-interest to assure all children grow up to be healthy, productive members of society. Parents can gain power over their own and their family's lives and help ensure our nation's future growth.

The booklet lists how child advocacy is done: 1) be specific, 2) do your homework, 3) join with others, 4) be flexible, and 5) be vigilant. The last section deals with issues of frustration and intimidation that parents encounter and offers the following advice: 1) don't give up on yourself; 2) don't let others get you down; 3) pick a specific problem; 4) break the problem down into small, manageable pieces; 5) get the facts; 6) figure out who is who; 7) put the information together; 8) decide what you want; 9) try to change things nicely; 10) when that fails -- insist; 11) use every advocacy tool at your disposal; and 12) keep watching.

The author concludes by saying that advocacy is not easy but that sharing and asking for assistance can help.

**Comment:** This well-organized and clear booklet is appropriate for all parents and should be required reading for all professionals working with families.
Case Advocacy - External


Synopsis: This chapter is a description of how a neighborhood advocacy network functions to help families.

This chapter begins with a case history of a family in disintegration. The second of three children, a boy, is seriously emotionally handicapped. The mother develops rheumatoid arthritis. She eventually becomes addicted to pain medication and sleeping pills. The oldest daughter, who assumed maternal responsibilities, eventually runs away and is ultimately declared incorrigible and delinquent. The emotionally handicapped boy becomes more difficult and is hospitalized. The author describes how an advocacy network could have prevented the disintegration of the family.

Some steps include early intervention with the emotional handicapped boy, proper medical follow-up of the mother's condition, and counseling resources to help the oldest daughter relieve her anger. The author describes a systems of care approach with the premise that the advocate would know the family well and link them with appropriate resources.

Comment: Although idealistic, this article presents the concept of neighborhood advocacy clearly and vividly and is written for those interested in local advocacy efforts.

**Synopsis:** The author answers the question, "What is a rehabilitation counselor?" with, "The rehabilitation counselor is a client advocate."

The rehabilitation counselor has been defined as essentially a counselor or as a facilitator and coordinator. The author puts himself somewhere between these two extremes. He views a rehabilitation counselor as an advocate. The primary goal of rehabilitation agencies is vocational adjustment. Basically the goals are product-oriented. However, adjustment to work and society is often dependent on psychological functioning.

In most cases adjustment cannot occur through counseling alone. The counselor needs to become an advocate for the client in the larger society. In addition to serving the mentally and physically disabled, rehabilitation agencies are mandated to serve the socially and economically disadvantaged. This requires an even stronger commitment to client advocacy. The counselor often must advocate for the client to obtain client-perceived needs before an effective counseling relationship can occur.

Because both the disabled and the disadvantaged represent variances from the "norm", they often require services beyond the competencies of the rehabilitation counselor, who then needs to advocate for these community services for the client. These clients also experience prejudice and stereotyping from both employers and institutions. Rehabilitation professionals cannot sit idle and expect others to take the lead in removing prejudice.

For counseling to be effective, counselors must devote a considerable part of their time to advocacy in partnership with their clients.

**Comment:** This article, by a rehabilitation counseling educator, is written to encourage rehabilitation counselors to assume a strong advocacy position with their clients.

**Synopsis:** This article is a discussion of the social worker's responsibility and commitment to clients, especially in the area of civil rights.

The author propounds two principles which should become integral to the social work role. 1) The social worker's overriding commitment, taking precedence over all other commitments, is to the civil rights of his client. The rationale is that if a person's rights are infringed upon, this curtails self-determination, which is exactly what social workers strive to foster in clients. Also this principle serves as an antidote to hierarchical professional/client relationships. 2) The social worker's responsibility for his client's rights is not merely that of a passive defender but should be that of an active advocate. Social work clients often lack experience and skill to press their own case or cause and need skilled advocates.

These principles present concern to some; they are perceived as too one-sided, and they do not address a social worker’s responsibility to agencies and society. The author states this is fallacious, that not to seek social justice is social irresponsibility. The social worker's right to act on these principles should be protected. If it is not, the worker is vulnerable.

**Comment:** This article is appropriate for policy makers and social workers. Note: Although this article was published nearly 20 years ago, it presents a persuasive and basic discussion of advocacy.

Synopsis: This article explains why social workers must be willing to make use of the principles of advocacy, especially on behalf of children.

One of the roles of a social worker is advocacy. Advocacy is not a new concept but was usurped for a time (1930-1970) by psychoanalysis, which social workers felt added status, professionalism, and neutrality to their role. There are obstacles to advocacy: 1) lack of technical expertise; 2) timidity of workers; and 3) lack of belief in principles which require advocacy. There are also dilemmas that face advocates: 1) competing loyalties; 2) paternalism; and 3) redress versus reform.

During a therapeutic relationship advocacy can enhance the client-professional relationship by making the client feel the worker cares and by removing environmental barriers to allow therapy to continue. There are also drawbacks to advocacy including dependency, feelings of inadequacy, and resentment on the part of the client, and overinvolvement and power-grabbing on the part of the worker.

There are a number of ways to advocate, including brokering, mediating, and conflict. There are also various advocacy techniques ranging from studies to protests, from coalitions to politics.

Advocacy for children involves challenging and improving systems that deal with children. The child advocate operates under the same guidelines and with the same techniques as all other advocates. However, "child advocacy can only deal with a limited set of problems," and cannot be a substitute for a national family policy, which is something that is now lacking.

Comment: This article presents a thorough overview of the dimensions of advocacy, citing many authorities in this field. It is of interest to those exploring the concept, e.g., researchers, students.

**Synopsis:** This monograph is a discussion of advocacy in a juvenile justice setting.

The author's definition of advocacy is, "Acting on behalf of clients and/or client interests." Case advocacy includes "dyads, triads, and small groups, particularly as they interface with natural helping networks and with public and private social service and social control agencies." The goals of advocacy are 1) linking clients to existing resources; 2) generating resources where they are needed but lacking; 3) changing a process which impinges upon access to resources, and on the manner in which clients are handled by public and private social service and social control agencies. Case advocacy usually focuses on linking clients to resources with a second priority on generating resources and a tertiary focus on changing process.

Commonalities across the different advocacy types are: 1) client interest; 2) client participation; 3) relationship or the ability to place oneself in the role of the other; and 4) tension. The author states that, historically, advocacy in casework has wavered back and forth between emphasis on the environment and emphasis on the individual. When the emphasis was on the individual (psychoanalytic), less advocacy took place.

Steps in case advocacy include: 1) knowing the case and the specific problem facing the client; 2) assessing available resources, both personal strengths and resources available in the social network and community (advocates should develop a relationship with at least one worker at each resource setting); 3) making linkages and gaining leverage (get attention of key decision makers), negotiating (influence, entice, cajole); 4) good timing (know politics of environment); 5) helping others advocate, e.g., teaching parents to advocate for their children and shoring up supportive social networks; and 6) following-up with gentle pressure, or devising new strategies to keep things on track.

Aspects of advocacy practice are: 1) involvement of client/clients as advocates; 2) viewing the process and obstacles from the other person's perspective; 3) providing a stake for supporters and opponents in proposed changes; and 4) engaging in realistic conflict when necessary. "These comments suggest that often the advocate must be something other than the common stereotype--one who rails against the system, who defends his client right or wrong, who sees things in absolutes and in clear cut rights and wrongs. He must be a prodder and a catalyst, but he need not view himself as an adversary to all who disagree with him."

**Comment:** This monograph is written for those working in the juvenile justice system, although there are many parallels to those written for social workers and child welfare personnel.
Case Advocacy - External


Synopsis: This chapter describes the roles of a worker in implementing a plan of action for a client.

The authors use the term "intervention" narrowly to mean actions directed toward change after a service contract has been developed. Three intervention roles are discussed -- social broker, enabler, and advocate. In the social broker role the worker serves as a linkage between the client and community resources. Referral is a basic activity of the worker in the broker role.

The enabler role involves assisting the client to find the strengths to make changes. Here the change occurs because of efforts of the client with the worker as a facilitator. The worker gives information, encouragement, and an opportunity for client expression.

The advocacy role has been borrowed from the legal profession; the worker is a spokesman for the client. "The advocate will argue, debate, bargain, negotiate, and manipulate the environment on behalf of the client." The authors maintain that the worker should have a contract with the client before engaging in advocacy activities.

All workers should have the skills to assume all three of these roles which can be used in conjunction with one another.

Comment: This chapter is written for social work students and educators.

**Synopsis:** This article describes a seminar for advanced undergraduates focusing on child advocacy and children's needs and rights.

This seminar was designed to acquaint psychology students with how child advocacy integrates with developmental psychology. However, input on the subject of child advocacy comes from disciplines outside the field of psychology. The course began with an overview of how societies past and present have viewed and treated children. The largest part of the seminar dealt with situations in which the needs of children are not met. The students worked in teams to investigate various topics and present evidence of needs deficiencies, the magnitude of the problem, and the resources that are available to deal with the problem. The students began to appreciate the complexities of programs for children and their strengths and weaknesses in providing services to children.

The final part of the course discussed the concept of child advocacy using printed materials and local resources. The students did not actually perform as child advocates but did conduct interviews with local advocates to answer questions not in texts. The author concludes, "This seminar... is an attempt to integrate psychological theory with the realities of policies and programs our society has initiated to serve children."

**Comment:** This article, written by a university professor, is a description of an attempt to integrate theoretical learning with practice reality.

Synopsis: This article discusses the differences in the roles of lay and professional advocates and proposes a collaborative model of advocacy when working with educational systems.

Since the implementation of P.L. 94-142 in 1976, parents have had a rationale to advocate for educational responses to their children's needs. An adversarial relationship between parents and school personnel has grown because of increased awareness on the part of parents. Social workers have frequent contact with these families and have an opportunity to advocate with families. Social workers are often assigned the role of bridging different needs of the family and the school system. It is necessary that social workers become aware of the characteristics of families of handicapped children. A collaborative rather than adversarial relationship between families and social workers is essential.

There are certain characteristics shared by families with handicapped children. One is the mourning process which recurs at developmental stages in the child's life. Social workers can be aware of this process and can reassure parents that their feelings are normal. Workers also can perform an advocacy role by building supports for families within the educational system. A second characteristic is that the impact of the presence of a handicapped child on all family members cannot be minimized. Social workers must interpret and educate school personnel to the stress experienced by the family. A third characteristic is that these families experience "reality" differently from professionals. Parents experience despair, resignation or denial, and social workers need to be tuned in to and nonjudgmental about this. A fourth characteristic of families with a handicapped child is conflicting priorities. Different professionals recommending different courses of action can have a fragmenting effect on the family and its ability to feel confident making decisions. The social worker must become the advocate for the family in these situations. A last characteristic mentioned by the author relates to parental expertise. The social worker needs to tap this expertise rather than discredit it, and to encourage educational personnel to respect parental expertise.

In the arena of social exchange and cooperative advocacy, families and social workers bring different strengths. Since other players in the child's environment may change over time and families remain constant, it is important that social workers broaden the parent's advocacy skills. Workers should link families to other elements of the child's environment in such a way that parents are viewed as part of a collaborative partnership. Working together as advocates strengthens the advocacy effort and leads to maximum social change.

Comment: This very persuasive and far-sighted article is important reading for any social worker who is involved with handicapped children and their families. It is very applicable to Therapeutic Case Advocacy.

Synopsis: This article is a discussion of two models of intervention in working with families whose children have been identified as at-risk.

The Family Development Study of Children's Hospital Medical Center in Boston developed two models of intervention with families. Both deal primarily with the present. All families in the projects are under considerable stress. The primary goal of the projects is to ameliorate problems confronting the family. By working on specific problems, it is hoped that parents will gain control and become active agents rather than victims.

"The Parent Education Program" is aimed at helping parents use strengths to better meet their personal needs and those of other family members. Some of the activities offered include therapeutic teaching sessions regarding child development, information on ways to use services, setting goals apart from parenting, and management skills training. The program acknowledges that children can be stressful and parents need to develop a positive sense of self.

"Family Advocacy" provides services and a new mode of intervention in which the child's illness could be construed as symptomatic of a disturbance in family functioning. The project sensitizes hospital staff to needs and problems of high-risk families. Advocates are drawn from the community. They have no professional training but are given extensive supervision and job training. There is intensive contact with advocates who are involved with other service providers. Families are encouraged to use resources appropriately to reduce dependency on advocates. The goal is to help families develop and function at their best. The advocate is an integrator and facilitator who tailors an approach to a particular problem and seeks to maximize the family's access to and use of existing services. While advocacy is oriented toward securing goods and services for people, the ultimate goal is to provide the technical and psychological resources so parents can solve their own problems.

Comment: This article is intended for those working with families at risk, especially of abuse and neglect.
Case Advocacy - External


Synopsis: This article is a discussion of three citizen advocacy programs in Texas employing advocate-protege pairing with the mentally retarded.

Citizen advocacy attempts to structure the informal support role without professionalizing it. How should mentally retarded proteges and advocates be matched and what is the role of the advocate? The advocate-protege relationship is highly individualized depending on needs of clients. Three citizen advocacy projects in Texas were studied, all operated by local Associations for Retarded Citizens. Two types of matching occurred: 1) initiated by an advocate who had prior acquaintance or relationship with the client; or 2) initiated by advocacy project personnel.

In both types, advocate and protege were similar in respect to sex (gender) and age. The average time spent with proteges was 4.1 hours per week and did not vary according to level of retardation, but more time was spent with children and young adults than with older adults. Advocates and proteges did not agree on perception of protege problems. Often advocates engaged in activities relevant to a problem even though neither advocate nor protege considered it a problem.

Comment: This article is written for those wishing to start an advocacy program, especially with the mentally retarded.
Case Advocacy - External


Synopsis: This article describes a multiple strategy model of child advocacy as an alternative to large institutional juvenile justice programs (which the authors feel are ineffective).

There are two traditional theories on the causes of delinquency. The first is that the causes reside within the individual. The second is sociological and is related to unequal opportunity. The authors contrast these theories with their own which they call "environmental resources conception." This theory is based on pluralism -- that the unmet needs displayed by delinquents are not exclusively characteristic of law violators, and that delinquents should be viewed as are all other youth. The aim of advocacy is to fill any area of unmet need. The juvenile justice system should no longer accept the role of social control but must work to change conditions that produce delinquents.

The authors developed a 9-step problem solving model, divided into three phases. Phase I is Primary Assessment which consists of: 1) assessment of unmet needs; 2) identification of resources needed; 3) identification of who is in control of resources; and 4) assessment of vulnerability of resource's response to positive appeals and negative contingencies. Phase II is Selected Strategies consisting of: 5) defining alternative strategies -- a continuum from attempting to gain favor to neutrality or consultation, to aversive action while at the same time deciding the level from individual to administrative to policy; 6) alternative strategy selection and assessing the potential impact of each; and 7) strategy selection - deciding which strategy offers the highest probability of attaining necessary resources with the least negative consequences. Selection of multiple levels is recommended. Also the advocate must decide whether to act for a client or for a client to act as his own advocate. (In one sense, the entire advocacy movement can be viewed as preparation for self advocacy.) Phase III is Implementation which consists of: 8) action-reaction which is used for both accomplishment and information gathering and takes place throughout the process; and 9) termination. An evaluation of the efficacy of the model should be undertaken using an experimental format and monitoring of process.

Who is an advocate? Theoretically it is best to choose the advocate(s) after planning but this is practically unrealistic. Advocate groups must be formed and include several professional groups and youths themselves with additional allies as needed. The advocate group must have freedom so nothing will interfere with the commitment to the youth.

Comment: This technical article is applicable for juvenile correction personnel and for teams working with youth.

Synopsis: The author, a child psychiatrist, discusses ethical issues in treating mental health problems of children by comparing these issues to medical ones.

This article includes a lengthy discussion of the questions faced by physicians in treating patients: the right to treatment; the right to refuse treatment; prolonging life; quality of life following treatment, etc. The author then pursues similar issues in mental health, including a discussion of the ambiguity related to the correctness of various types of treatment. The mental health practitioner is obligated to act in the child's best interests within constraints of the child's family and society. Often what is needed for a child is clear, but the practitioner lacks the means to attain it (resource deficit). Because of the need to keep children within their families whenever possible, it is imperative to make services available to families.

The author urges mental health professionals to advocate for rights of children who have been abandoned (either literally or figuratively) to declare them eligible for adoption. The author states, "Inaction is action when it perpetuates uncertainty and alienation for infants and children." He insists that mental health professionals accept responsibility for what they don't do as well as for what they do. The article concludes with the plea, "No one will speak for children if we do not speak for them."

Comment: This insightful and philosophical article would be beneficial reading for those interested in developing arguments and rationales for child advocacy.

**Synopsis:** Because of a fragmented service delivery system for disabled children and their families, it was suggested that specialized social work intervention would improve service delivery. This article evaluates a demonstration project which attempted to do this.

The institutionalization of community-based services and lack of funding has led to fragmented services and lack of leadership in coordination of services. Parents had no one person to turn to for information and advice. The Resource Worker Project provided a social worker who was identified as a "key worker" as the first point of contact for any program. This ensured coordination of service delivery and support. The key worker maintained regular contact with the family for a two year period. One hundred and fifty families were in the project and 150 in a comparison group. All the families had a child with a severe disability; the age range of the children was from 2-15 years. Social workers had a caseload of 25 and were based in their own homes. The services offered were regular visiting and phone contact, information, advice, counseling, liaison, including improving communication between professionals and parents, coordination of services, and advocacy.

The project was not able to demonstrate that project families obtained more practical help, but a large majority of parents greatly appreciated the help and support given by resource workers. Considerable effort was put into helping parents learn how to get appropriate help and services in the future.

**Comment:** This article would be especially helpful for social workers who see their function as facilitators.

Synopsis: Intervention on behalf of clients, even though there are pitfalls, can be vital to clinical effectiveness.

Environmental problems are often inseparable from emotional or psychological ones. The worker needs to determine whether it would be therapeutically helpful to intervene or whether the client can handle a particular situation himself. In any event, intervention must be done with full consent of the client and with the client taking as much responsibility as possible. A client can be so overwhelmed by an environmental problem that he cannot attend to the problems that brought him to the agency in the first place. Advocacy may be a necessary first step which frees the client to concentrate on treatment. It may appear to be a digression, but it is really part of treatment. Advocacy in this context includes worker empathy and understanding, expression of feelings, and helping the client use abilities and strengths. Often this enriches and enhances the treatment process.

The pitfalls of advocacy are that the worker could underestimate the client's strengths and feed feelings of inadequacy and dependency which could lead to resentment. A worker could become overinvolved and let the treatment process slip away. A worker who is a successful advocate may become power hungry, which would supplant the helping process. A client may feel so beholden to a worker that he cannot express therapeutic anger toward the worker when necessary in the treatment process.

Advocacy interventions are not always successful, but a professional often is more successful than less powerful clients.

Comment: This article was written with the counselor/therapist in mind. It would also be helpful to any advocate.

**Synopsis:** Police should be involved in child advocacy groups because of their ability to prevent child abuse and neglect, what the author terms "proactive" child advocacy.

The author describes four child abuse indicators: 1) symptoms of potential abusers, which requires an ability to recognize traits such as seldom looking at or playing with a child, pride in discipline, or long periods of child confinement; 2) reports of suspected abuse; 3) observation of inadequate clothing and hygiene; and 4) observation of illness and injuries. The police are in a position to be able to recognize these indicators. Police and others need to be trained to be aware of the child abuse indicators.

The author urges that an information system be implemented which could record the observation of these indicators. Then a multidisciplinary child advocacy council should be established to plan action (or to recommend no action) on suspected child abuse and neglect cases, using the information on file. The author contends that when the police are involved in this type of model, child abuse can be prevented in a community.

**Comment:** This article, written by a veteran law enforcement officer, is a plea for police participation in child abuse prevention efforts.

**Synopsis:** Interprofessional collaboration and advocacy, when pursued jointly, can cause dilemmas which point to a need for clear guidelines.

The purpose of collaboration is to provide more effective service and to manage staff tensions. It is more than just team meeting and includes communication and coordination by means of consultation, unified record keeping, written feedback, informal sharing of information and ideas, formal staffings, grand rounds or other group or team meetings. Collaboration encourages consensus which may have drawbacks such as intellectual inbreeding, compromise, decisions with insufficient information, cohesion as a primary goal displacing service in the best interest of the client, pressure of the individual to fit in, and some members of a collaborative team having more power than others.

In collaborative situations social workers can encourage cooperation, be included in planning and execution of services, regularize contacts, and have access to appropriate clients. Often social workers initiate collaboration and feel rejected when others refuse. Once social workers gain entry into a collaborative network they are likely to be eager to consolidate their position. Because they are frequently less powerful than other group members, they may tend to adopt the group's values, even though these values may be different from those of the social work profession. For example, in social work, advocacy has been interpreted to be obligatory for all workers. Some workers are uncomfortable in the advocacy role as the concept is ambiguous and puts workers in jeopardy with their own agencies. When should a social worker challenge the spirit of cooperation of a collaborative group to take an independent position to advocate for a client? It may be necessary to pick issues on which to advocate carefully and politically. A social worker could choose to support the client's right to exercise choice, to set an important precedent, to point out service gaps, or to question a stereotype of the group. To advocate for everything could lead to a loss of respect and "tuning out." How to advocate requires a broad knowledge base and skills. Schools of social work often fail to teach these skills.

An ideal situation would be for collaborative groups to provide a forum for social workers to share their concern for clients, to represent those concerns in the political arena and to encourage the development of more effective advocacy approaches in each field of practice. To achieve this ideal, administrators need to provide appropriate advocacy leadership and modeling. Workers must consider their position in the group and become close enough to promote cooperation and mutual support but not so close as to let the group's norms become overwhelming.

**Comment:** This article is very appropriate for social workers in multidisciplinary group situations. Note: The article is relevant to the Therapeutic Case Advocacy model.

**Synopsis:** Unreserved advocacy adds breadth to the future of social work.

Many social workers fear that a commitment to advocacy will detract from their work. This author contends that advocacy adds breadth to the objectives of social work. The advocate is a "partisan in a social conflict," be it individual, family, community, or nation.

Change can be viewed from different vantage points. One can fear change -- in this case a greater emphasis on advocacy and a lesser emphasis on therapy -- because it is a venture into the unfamiliar and an abandonment of comfortable practice. However, change can also be viewed on a continuum with the old and new roles being complementary. Advocacy can retain its past strengths while developing innovations.

Advocacy is part of social action; it is political. Advocacy is also part of the helping process. If advocacy is not practiced, social work loses relevancy.

**Comment:** This article is written for social workers and social work educators, especially those who need a rationale to advocate.

**Synopsis:** This report of an exploratory study sponsored by the Children's Bureau describes research with social workers involved with case advocacy.

Case workers from eight social service agencies selected child advocacy cases with which they were involved. The data were analyzed in terms of the advocate, the client, the problem, the system targeted for advocacy, the advocacy objective, the available resources, the receptivity of the targeted system, the level of intervention, the intervention technique, and the outcome of each case. McGowan found that the resources used by the worker and the receptivity of the system targeted for advocacy were influential in case outcomes. The author discusses the implications of her data for case advocacy practice and theory. (ERIC abstract, edited.)

**Comment:** This research study of the practice of case advocacy adds a scientific dimension to child advocacy.

**Synopsis:** This article presents a practice model of advocacy in child welfare and analyzes and interrelates components of the process.

The child advocacy movement recognized a gap in service delivery to children and the need to monitor and strengthen institutions and services influencing them. There are three reasons for recognition of the need for advocacy: 1) professional interaction is not only with the family but also with schools, child care facilities, clinics, recreation programs (ecological approach); 2) society has obligations to children; and 3) children have a right to services which should be accountable to consumers.

McGowan proposes a model for case advocacy beginning with a definition of the problem by both advocates and clients. The advocate must decide whether to obtain a right or benefit to which a client is entitled, whether to enhance quality or quantity of existing service, or whether to develop a new resource. The selection of a strategy is based on an assessment of all the variables.

There are three major advocacy strategies: collaborative, mediatory, and adversarial. Generally, a successful advocate blends interventions starting at the lowest level with the most accessible members of a target system. An analysis of the advocacy process requires answering major questions such as source of problem, target system, objective, and sanction. Also advocacy requires sensitivity, flexibility, and imagination. Case advocacy should be an integral part of a worker's professional role.

**Comment:** This article is appropriate for child welfare workers, supervisors, and trainers and is very consistent with the Therapeutic Case Advocacy model.

Synopsis: This reprint in a book on social work processes describes roles in relation to major objectives of social work.

A task force of social work educators and practitioners and members of the Southern Regional Education Board developed a list of major objectives to which social work might be directed and the roles workers might play to meet the objectives. These are: 1) detection -- outreach worker; 2) linkage -- broker; 3) advocacy -- advocate; 4) evaluation -- evaluator; 5) mobilization -- mobilizer; 6) instruction -- teacher; 7) behavior change -- behavior changer; 8) consultation -- consultant; 9) community planning -- community planner; 10) information processing -- data manager; 11) administration -- administrator; and 12) continuing care -- caregiver.

In relation to advocacy, the authors state that "Advocacy aims at removing the obstacles or barriers that prevent people from exercising their rights or receiving the benefits and using the resources they need." The roles of "mobilizer," "broker," and "behavior changer" also encompass some advocacy functions.

Comment: This short reprint is written for social work students and educators to delineate the roles social workers play.

Synopsis: This chapter includes descriptions of active attempts to make institutions responsive to the needs of children. The emphasis is on the clinician's role in advocacy.

The author maintains that if child advocacy is to be effective, it needs to be more than just consciousness-raising. It needs careful planning and selection of strategies. The author quotes from Knitzer (1976) concerning the underlying assumptions of advocacy and the parameters which determine the form an advocacy program takes. One issue is internal versus external advocacy and the bind advocates are in when they have trouble getting services from the agency that employs them. Government-sponsored advocacy programs are generally more able to untangle administrative problems and deal with individual cases whereas privately-funded advocacy efforts challenge policies and are more adversarial. The author states, "Despite ethical imperatives, the reality is that demands of superiors and funding sources exert a powerful influence on workers' willingness to assume an advocacy role." Effective advocacy requires efforts on both case and class levels. A strategy issue is not whether to engage in both types of advocacy but when and how to move from one level to the other.

Advocacy is a necessary component in clinical services to children. It can be cost effective and can have pay-offs for other children. "... Through an advocacy stance while working with individual clients, help can be given to 'identified patients,' and at least small positive changes can be made in the social system." If done correctly, advocacy work can become part of therapy. Clients can learn to advocate on their own behalf. Clinicians can help professional child advocates by: 1) assessment of the child's situation; 2) applying knowledge of individual and group dynamics to the advocacy process; 3) providing perspective and management strategies; 4) providing a support system for advocates; and 5) avoiding "psychoanalyzing" advocate colleagues.

The problems of clinical advocacy are: 1) "politics" of advocacy are distasteful to clinicians; 2) clinicians lack skills to deal with bureaucracies; 3) clinicians use the 50 minute hour approach; 4) there is an overemphasis on "professional" decorum; 5) clinicians have an aversion to disagreement with other professionals even if services are very bad; 6) a belief that advocacy will distort the therapeutic process; and 7) advocacy is time consuming and "time is money."

Comment: This chapter is written mainly for mental health clinicians, but is appropriate for all child welfare workers. This is also very applicable to Therapeutic Case Advocacy.

Synopsis: The article is a report of a study of health care utilization in a rural community. The results have implications for social work advocacy.

The bulk of this article describes a health utilization and service accessibility study conducted in rural West Virginia. The authors report the results of the study as: 1) having a family doctor and use of medical services are related even when controlling for income, age, and number of dependents; 2) there is a relationship between having a family doctor and access to other medical services; and 3) physicians are not available to all regardless of income or class.

The implications of these findings for social workers serving rural areas are: 1) workers must reach out to connect people with health care facilities; 2) workers must be aggressive and confrontive; 3) workers must be willing to approach health care providers and advocate for services in individual cases; 4) workers need to mediate between clients and providers; 5) workers need to monitor diets, sanitary conditions, and health of clients; 6) workers need to support clients in seeking treatment; 7) workers need to advocate for preventive programs; 8) workers need to identify system failures and to call attention to health needs of community; 9) workers need to organize and coordinate volunteer services in a community; and 10) workers need to enlist support of civic organizations, churches, and medical personnel. "No resource can be left unturned when attempting to provide services essential to basic health of citizens."

Comment: This article is appropriate for social workers serving in rural communities.
Case Advocacy - External


Synopsis: Vocational rehabilitation counseling and client advocacy are inherently incongruent. Objectives of case advocacy lie outside rehabilitation practice. This article documents differences between advocacy and rehabilitation practice and recommends how professionals may legitimately serve as advocates.

In common usage of the term "advocacy," it is assumed that client interests should be held above other considerations and that the advocate possesses a degree of power and autonomy to pursue a client's interest. However, the rehabilitation system is designed to fit the disabled into "normal" society -- a system of social control to correct the "deviance" of the disabled. Rehabilitation agencies have various constituencies -- clients, politicians, professional groups and the community. In order to prosper, the system must meet the needs of these constituencies and, since clients are the least powerful, organizations can most afford to ignore their interests. Rehabilitation tends to look upon social problems, i.e., deviance, as an individual concern rather than as a collective (societal) one. Rehabilitation agencies are very concerned with prestige, success, and self preservation which lead to "discovering" new forms of deviance where none existed before, what Murphy calls "pervasive labeling."

Even though rehabilitation counselors appear to have the value orientation to assume an advocate role, the power of the rehabilitation bureaucracy and lack of autonomy preclude the counselor from practicing advocacy. Counselor-client interactions are structured and staff are controlled and constrained by the agency.

The author lists four dimensions of advocacy and points out differences in rehabilitation practice. 1) An advocate has an emotional commitment to further the interest of the client. In rehabilitation, the counselor is to be more impersonal and respond to the agency as well as client needs -- a warm but neutral stance. 2) Advocacy is diffuse whereas rehabilitation focuses primarily on vocational life and all other client functions are secondary. 3) Advocacy is specific versus collectively oriented. In rehabilitation bureaucracy clients need to "fit" into stereotypes and packages. There is a need to be expedient. 4) Advocacy is more for the benefit of the client than of the professional. Rehabilitation counselors must decide between the client and organizational interests which are not always allied.

However, rehabilitation professionals can serve as advocates outside the work setting, as citizen advocates, and in systems advocacy. They do have more than just an "institutional mentality."

Comment: This article is written for rehabilitation counselors and allied personnel. It is important reading for those in other fields who are interested in differences between vocational rehabilitation and other social service systems.

**Synopsis:** As social workers have leaned more toward the role of clinicians, often advocacy and other social functions of the profession have received less attention. These roles can be combined in family therapy.

Practitioners of family systems theory appear to be practicing social casework. However, they may be unknowingly replicating individualistic styles of clinicians -- using psychoanalytic and medical models which by their nature limit one's ability to be an advocate. The author presents a case of a "school phobic" 11-year-old referred to family therapy and shows how a therapist intervened with school and court to get the child assigned to a "regular" as opposed to "special" classroom.

Why do social workers practicing family therapy lose sight of the need for advocacy and other social functions? To negate these is to dismiss a basic tenet of social work practice. If advocacy is not practiced in family therapy, family therapy will be limited as a useful contribution to the profession.

**Comment:** This article is appropriate for family therapists; the author suggests the article is appropriate for social work educators.

Synopsis: This article describes the role of mental health workers (paraprofessionals) as client advocates in community mental health centers.

When the community mental health movement was instituted in 1963, mental health professionals began seeing a new type of client. These patients came to centers with problems not necessarily related to mental health -- housing, legal, or financial, for example. These client needs led staff to other agencies and institutions. It soon became clear that staff other than mental health professionals could be trained to help clients deal with social problems. It also became clear that the poor and minorities had life styles which were different from those of the middle class professionals. Local residents could deal with resulting problems of communication.

Mental health workers were hired and trained to carry out a variety of duties including case advocacy. These workers served as a link between the client and community resources, heard complaints from clients, and provided information to agency professionals about community resources and client needs. The goal was to help individual clients learn to take care of their own needs. This educational process can lead to the development of a group of consumers who can pressure for institutional change.

Comment: This article, written by National Institute of Mental Health (NIMH) staff, is intended to promote the use of indigenous workers as advocates for poor and minority mental health clients.

**Synopsis:** This article describes an evaluation of a method of teaching oral and written skills for case advocacy to graduate students in social work.

Even though case advocacy is a social work tradition, it has received little scientific attention. The authors maintain that when advocacy is taught at all, it is usually at the conceptual rather than operational level. An attempt to teach case advocacy at the operational level occurred with first year MSW students at a large university. Fifteen students enrolled in a practice course with an emphasis on advocacy. A group of 12 students were recruited to participate as a comparison group.

The course curriculum required students to select cases from their field placements and to describe the cases and the advocacy goals. The students were taught to write the goals very specifically with target audiences in mind. They formulated alternative goals and strategies in the event that the original plan failed. After learning how to write specifically, the students were taught oral communication and listening skills, including role play. The students combined their written and oral skills in homework assignments at their field placements.

Both the students in the class and those in the comparison group were given pretests and post-tests which asked them to state, compose, and defend case advocacy responses. There were no significant differences between the two groups on the pretest. However, post-test differences were statistically significant with students in the class having better organized, more feasible, and higher quality advocacy responses. In a follow up a year later, the students who participated in the course were more likely to report recent advocacy efforts than those in the comparison group.

**Comment:** This article, written by social work educators, demonstrates that case advocacy skills can be taught, learned, and applied. The authors encourage other educators to help students learn to advocate for clients.

**Synopsis:** The concept of social change agent confuses the role of rehabilitation counselor; rather the counselor should work under the concept of "advocate" with the goal for the client to become a self-advocate.

Adding the role of social change agent to the roles the rehabilitation counselor already performs adds to role confusion which currently exists. The term "social change agent" should be de-emphasized and the term "advocate" substituted. The term advocate encompasses functions such as psychological counselor, coordinator, etc. The author states, "Rehabilitation is the process of pleading the cause of the disabled..." Rehabilitation counselors have been involved in the process of attitudinal change since the movement began.

The state rehabilitation agency may be a beginning point of change. The delivery of the service model needs to move away from an office-based orientation. The counselor serves as a link to any system from which the client needs services and sees that the services are delivered. The counselor needs to be action-oriented and have the power to bring about change. Professional organizations can provide the power base from which to make changes. Disabled people need to become their own advocates and the counselor has the responsibility to facilitate this. The author states, "the concept of advocacy as a role function will not be readily accomplished."

**Comment:** This article is appropriate for those working in the field of vocational rehabilitation.

Synopsis: This article contains a discussion of the rehabilitation counselor role as change agent in work with the socially disadvantaged and problems this role will incur in the rehabilitation movement.

The author asks whether rehabilitation models traditionally applied to the physically and psychologically disabled can be transferred to social disabilities. The traditional model prevents counselors from functioning as change agents. Traditional rehabilitation counseling is one-to-one, learning oriented, somewhat authoritarian, and office-based. Socially disadvantaged clients often do not respond to this approach. Rehabilitation has been committed to helping individuals adjust to the system rather than attempting to induce system change. New models need to be developed that are acceptable both to socially disadvantaged populations and to the larger society.

The authors' proposed model includes: 1) an interpersonal level of caring, equal relationships with clients, and a neighborhood base; 2) an organizational support level with the physical location of the office in the community, with outreach activities, and linkages with other agencies; 3) a coordination level with counselor links with the client community and treatment resources, advocacy for both the client and the community, educating, lobbying and cajoling; and 4) a societal level with counselor and rehabilitation movement moving from reacting to combatting causes of poverty and inequality, using political action to attain goals. The author states, "If the (rehabilitation) movement does nothing about basic societal issues and seeks instead to adjust people to the system as it now stands, it is in effect endorsing the system which produces disadvantagement."

Comment: This article is appropriate for anyone in the rehabilitation field. The article is very relevant for Therapeutic Case Advocacy.

Synopsis: Parents are ordinarily advocates for their children; however, a professional’s responsibility goes beyond treatment to assuming responsibility for assuring appropriate services.

The author describes three types of advocacy: primary, secondary, and tertiary. Primary child advocacy occurs at the point of entry to professional services. The advocacy function is to reach out and be sensitive to children’s interests, their environment, their developmental needs, their natural emotions, causes of behavior, and their uniqueness. The advocate must be able to conduct a developmental review to learn the progress of the child’s development. The advocate needs to know how actions of the professional effect children and when advocacy is appropriate. If advocacy is indicated, the professional needs to find the point of entry to the child’s life, the key person, and convince this person that action is necessary. The goal is to obtain the cooperation of systems. Some strategies are 1) collaboration, eliciting the support of others; 2) mediation and negotiation; and 3) adversarial, using pressure or coercion. An important primary care skill is knowing how to use consultation and knowledge of resources. The advocacy aspect of referral is to assume responsibility for follow-up on service delivery. Both children and parents need to be oriented so services are used effectively.

Secondary care advocacy are services required to handle problems (health, mental health, education, corrections, child welfare). The advocate needs to focus on what the child requires rather than on what the agency ordinarily does. The advocate needs to coordinate and maintain continuity of services and to assure that information from the primary level reaches the secondary care level. The advocate needs to form a life plan with long-range interests. The advocate interprets recommended interventions and selects a case manager to continue advocacy (although team members may perform specific advocacy functions).

Tertiary care advocacy is comprehensive and interdisciplinary with teaching and training responsibilities. It includes altering the child’s environment (hospitalization or residential treatment). The advocacy function is to determine if this is in the child’s best interest. Overall, the advocacy goal is to stabilize the child’s life.

The author states, "The lack of coordination and continuity of care is the cause of our failure to help many children and is the most compelling reason for ensuring that advocacy skills are included in the training of all professionals who deal with them."

Comment: This chapter is a detailed description of the advocacy function in a systems of care approach to child mental health or child welfare.

Synopsis: The author states that the most important aspects of treatment for emotionally handicapped children are "coordination and long-term continuity of services."

The author presents a historical view of child mental health services and philosophies leading to information on the right to treatment and the right to refuse treatment. The right to refuse treatment actually concerns the issues of useless or harmful treatment. Issues of informed consent and confidentiality are discussed as well as the dangers of labeling, especially when labels are attached for purposes of funding services for a child.

The dangers of psychiatric treatment are: 1) medication without adequate diagnosis and follow-up; 2) behavioral therapies unless used in a comprehensive treatment program for certain children; 3) family therapy without knowledge of the child's development; and 4) institutionalization when inappropriate. Advocacy includes coordination and continuity of treatment and takes the realistic life situation of the child into account. "Advocacy is essential to the success of child psychiatric treatment which has as its goal strengthening parental advocacy for the child as well."

To ensure coordination, clinical responsibility for each child should be assigned to a specific case manager or advocate. Mental health services for children must include families and people not ordinarily regarded as mental health workers.

Comment: This chapter was written for those concerned with legal and children's rights issues.

**Synopsis:** Social work education has an obligation to teach advocacy techniques to students.

Schools of social work need to re-examine the relationship between theory and reality of social injustice in field settings. There are many types of dehumanization, including: 1) physical brutalization; 2) psychic humiliation; 3) sexual traumatization; 4) condoned use of feared indigenous leaders for behavior management; 5) chronic exposure to programless boredom; 6) "unclean" grouping (integrating patients inappropriately); 7) "symptom-squeezing" forms of punishment; 8) enforced work routines in the guise of vocational training; and 9) violations of privacy.

Schools of social work must back students who report dehumanizing acts and support the student's advocacy role. Schools should maintain an informal atmosphere whereby students can discuss their advocacy concerns with the faculty of their choice. Students should record the policy or practice which dehumanizes a client. No advocacy action should be undertaken without client consent when the client can in any way be identified.

**Comment:** This article was written for social work educators and field placement agencies.
CLASS ADVOCACY - INTERNAL

This section includes literature on advocacy for a class of persons where the advocacy action is directed toward the policies or regulations within an advocate's employing agency. An advocate confronted with this situation may want to know:

- How can professionals implement changes in policies and regulations of their agencies for the benefit of clients?
- What is the role of school administrators in advocacy?
- What types of programs designed to bring about internal change have been implemented?
- What are the steps an advocate must take to implement organizational change?
- What characteristics of a bureaucracy play a role in organizational change?
- What is administrative advocacy?
- What is the obligation of the educational system to function as advocates?

Synopsis: Social workers should intervene in the administrative regulatory process on behalf of clients as a group.

The justifications for advocacy are that 1) social workers can bridge the gap between agency decisions and the public affected by decisions; 2) "many of the best social work traditions, particularly in helping ensure individual fair treatment by government, are built around intervention in political processes;" and 3) advocacy counters some of the law's functional limitations.

Effective advocacy depends on the worker's ability to analyze regulations, organize written comments, and engage in pre- and post- "notice" activities. A comment period following notice of proposed or final rules is an ideal time for intervention. Social workers can also share information, build a constituency, and educate both before and after rules are published for comments.

Comment: This article is appropriate for all social workers.

Synopsis: The authors assert that advocacy is a recommitment on the part of social service agencies and administrators to the people they serve.

Although few would argue with the authors' definition of advocacy, little has been done to implement it. Their concept makes three assumptions: 1) that agencies are advocates for their clients; 2) that staff at all levels share the responsibility for advocacy; and 3) that agencies permit all staff to change policies and procedures which are not in the clients' interests. This article describes an advocacy effort initiated by the Michigan Department of Social Services, which dealt with these assumptions.

A committee was appointed by the director of the Department to establish guidelines for internal advocacy. The committee issued a report with the following recommendations: 1) the power to implement change would remain in the agency with specific steps and timelines; 2) the advocate desiring change would document the rationale and would tie it to specific cases; 3) the standards to determine whether an issue falls into the category of advocacy would be legitimate service needs, legal and constitutional client rights, and the Code of Ethics of the National Association of Social Workers; 4) persons outside the agency would not be involved except as consultants; 5) advocacy would be made a part of a worker's assigned tasks; 6) advocacy would be taken on behalf of a specific client or client group and not for hypothetical cases; 7) permission would be obtained when acting on behalf of a specific client but not necessarily for client groups; 8) advocacy by staff would not preclude a client from taking action on his own behalf; and 9) the advocate could go outside the agency if the internal advocacy system did not work. The Department adopted the majority of the committee recommendations and set up a formal procedure.

The authors felt there were a few unresolved problems: 1) an advocate cannot enter the system at a level higher than that described in the process, even if it would speed things up; 2) it is not clearly stated that the advocate can receive consultation from within the agency; 3) there is no central information exchange to avoid duplicate efforts; 4) there is still a lack of concreteness about the criteria for undertaking an advocacy action; and 5) the advocacy procedures do not address the issue of whether or not advocacy action can be directed against a fellow staff member.

Comment: This article details an exemplary internal advocacy program. The reader wonders how effective the procedures were in allowing staff to change an organization from within.

Synopsis: This book discusses the practitioner role in changing organizations.

In order to effect change in an organization, it is necessary for the practitioner to collect the data needed to support the change goals. One critical element of data collection is to determine inconsistencies between policy and practice. The practitioner needs to choose a change goal carefully through an analysis of what is possible. Generally, the more radical the goal, the more difficult it is to effect change. This holds true for complexity versus simplicity and broadness versus narrowness. After the goal is selected, the worker must identify the person or persons who have the authority to make the change and analyze the forces, both facilitative and restraining, which will act upon the change proposal.

After an analysis of the factors and the actors, the practitioner must choose intervention tactics. The authors describe three types of tactics: collaborative, campaign, and contest. Collaborative tactics involve open communication, information sharing, education, and mild persuasion. Campaign tactics include bargaining, negotiation, strong persuasion, and mild coercion. This type of tactic involves taking an advocacy position. Contest tactics include conflict and pressure and often move beyond the bounds of "proper" organizational behavior. In selecting tactics, the practitioner needs to consider the commonality or divergence in the goals of the worker and the person who has the authority to make the change, the resources for influence, and the relationship between the worker and the target person. The authors maintain there are covert activities that occur in relation to change. Two obvious ones are informal efforts to influence others and to improve personal relationships with superiors.

Since change innovations are client-related, clients should be partners in the change attempt if at all possible.

Comment: This book is intended to help practitioners initiate change in their clients' interest while surviving in an organization. There are case examples to illustrate how this can occur.

Synopsis: School administrators should advocate for youth in all arenas and put rights of children before "budgets, buildings and bargaining."

The authors state the following as reasons for school administrators to become advocates: 1) to become recommitted to a basic mission; 2) to improve public relations; and 3) to help children gain understanding and appreciation for schools. The key to advocacy is caring enough to take action. An essential ingredient is to know the system and the community and how to tap resources. It is important to teach students to be their own advocates.

What can administrators do? 1) They can know the children and youth of the community, their background, culture and values. 2) They can recall their own views as children and try to see world from a child's perspective. 3) They can treat children and youth as people. 4) They can provide the opportunity to develop individuality, uniqueness, and dignity. 5) They can treat children as citizens. 6) They can guard children's freedoms. 7) They can seek for children everything they need. 8) They can hold children accountable. 9) They can help children develop skills to cope with the environment and improve it if necessary. 10) They can help children become their own best advocates. 11) They can expect a lot of children.

The pamphlet includes examples of how school administrators can serve as advocates.

Comment: This pamphlet is written for school administrators.

**Synopsis:** This article is a transcript of an address to a convention of International Association of Pupil Personnel Workers. The author presents a theory of advocacy and practical steps for school counselors.

The author's definition of advocacy is a process of maintaining, defending, and advancing the proposal that every child has a basic right to public education which facilitates individual development to actualize potential in each child for full humanity and self-realization. The full burden of advocacy should not be placed with a counselor although he has a strategic and focal role. Advocacy should be shared with teachers, administrators, parents, and the public.

The article includes a list of 25 dimensions of counselor behavior that are central to the role of advocate. These include rights to actualization and education, and the duty to right societal wrongs and engage in social action, to work with other colleagues, to change physical environment of schools, to promote creativity and openness, to attempt to change rules and laws, to develop due process, to end symbols of social privilege, to stop labeling, to work with parents on how to deal with bureaucracy, and to refer children and families to appropriate agencies.

**Comment:** The article is written for school counselors and other education personnel.
Synopsis: This chapter on "The Social Worker, The Profession, and the Bureaucratic Structure," discusses the social worker role in a bureaucracy. There is often a conflict between what workers feel are the best interventions on behalf of clients and the potentials and parameters of the agencies in which they work. Some of the ensuing frustration can be alleviated and changes made if workers better understand the bureaucracy in which they work. The authors maintain that a person who accepts a position in an agency can function as a private practitioner. Workers who find policies and procedures unacceptable must either try to change them or must leave the agency. If workers choose to change policies, they must know the organization and the points of intervention. Workers act as brokers between the client and the bureaucracy; even though "paperwork" is a bad word, workers must have the ability to handle it efficiently to be effective advocates for clients. Often it is not the policies that limit access to services but workers' and supervisors' interpretations of those policies. If policy is truly standing in the way of service delivery, this needs to be documented.

To change an agency from within, some tactics are: 1) be clear about what needs to change; 2) determine what is keeping the problem active; 3) determine where in the organization the responsibility for the problem lies; 4) anticipate difficulties of the solution; 5) time the change effort carefully; 6) understand the process by which change takes place; and 7) consider the most effective advocacy strategy.

Comment: This chapter is written for social workers frustrated by bureaucratic constraints on delivering service to clients.

Synopsis: What occurs in the family ultimately impacts people in other systems. While no one urges bureaucratic intrusion on family life, much negative intervention occurs. This should be balanced with positive involvement.

The author describes the Army Child Advocacy program, proposes appropriate roles for health care personnel, and discusses primary prevention efforts related to child abuse and neglect. Two proactive objectives of the program are: 1) to develop community-based programs to coordinate and monitor all children's services, and 2) to strengthen, identify and use existing resources to enhance welfare of children. Post commanders have Child Advocacy Councils with representatives from human resource programs. The councils identify and develop programs in the areas of family life, child growth and child development.

Two reactive objectives of the Army Child Advocacy program are 1) to prevent and control child abuse and neglect by training personnel to recognize the causes and consequences, and 2) to identify, report and manage cases of child abuse and neglect among Army families. These objectives are the responsibility of the Medical Treatment Facility commander, who organizes teams to evaluate, diagnose, treat and make dispositions of abused or neglected children. The teams are multidisciplinary with pediatricians, social workers, nurses, a civilian community liaison, and others if needed.

A weakness of this program is that there is no mandate for staff performance. The author suggests several ways to make the program more effective: 1) increase the information flow between the Child Advocacy Council and the treatment team; 2) increase coordination between the Army program and state and local agencies; and 3) balance treatment efforts with prevention measures. The author feels that health care professionals should assume leadership roles in advocacy for children.

**Comment:** This article, written by an Army social worker, is appropriate for human resources personnel in the Armed Forces.

**Synopsis:** This short article describes an effort in South Carolina to unite areas of child advocacy in the state.

The authors enthusiastically endorse recent events in South Carolina on behalf of children. One accomplishment was the establishment of statewide kindergartens and a staff of early childhood specialists in the state Department of Education. The Office of Child Development of the Department of Social Services formed a South Carolina Child Development Council to bring together directors of all child and family related agencies in the state. An Office of Child Advocacy was established by the governor primarily to create policies for the Advisory Board for Review of Foster Care of Children.

A coalition called the Task Force on Dysfunctional Families and composed of members from the Department of Social Services, the Office of Child Development, the Office of Child Advocacy, Council on Child Abuse and Neglect, County Attorney's Office and University of South Carolina addresses issues of child abuse and treatment models. Still another advocacy council has been established to deal with nutritional issues. The authors see these recent developments in coalition-building leading to more coordinated and systematic service delivery to children.

**Comment:** This article is of interest to those who want to initiate a statewide child advocacy effort.

Synopsis: This chapter from a book on social work processes suggests ways of adapting bureaucracies to expand a worker's ability to deliver services to clients.

There are alternative ways to debureaucratize agencies. Some examples proposed by the author are: 1) to create a collegial organizational structure rather than a purely hierarchical one; 2) to legitimize casework judgment rather than agency rules; 3) to develop specialization based on skills and interest rather than on "slots;" and 4) to establish tenured positions for workers who have met explicit expectations of the agency. These suggestions serve to strengthen the exercise of professional judgment. However, the suggestions do not change the client's dependency on the worker. The author suggests that a type of voucher system, whereby clients can choose among agencies, may help debureaucratize agencies and make them more responsive to clients.

If commitment to clients is a paramount professional concern, both agencies and workers need to look beyond barriers to service delivery and maintenance of the status quo; they need to be open to changes in bureaucratic structure.

Comment: This chapter, written for bureaucrats and social workers, is a plea to rethink ways bureaucracies function and offers suggestions for change.

Synopsis: This article is a description of how one agency's board and staff attempted to lower psychological and institutional barriers which prevented high-level service to black families.

The Child Service and Family Counseling Center in Atlanta was involved in the National Experiment in Staff Development II (NEDII) project. NEDII was regarded as a commitment to change even though the major focus was service to black families. The group examined service delivery to black families; they also acquired knowledge about the black community as a social system -- life styles, systems theory, communication across racial and status lines, roles in the black family and child-rearing practices. The group found the content difficult to grasp and asked themselves why. They concluded that the reason was racism and decided to examine the concept of advocacy by documenting instances in which black families were dehumanized and failed to receive services. Instead of providing staff with a workable advocacy program, the effort led to preparation for change through internal advocacy.

Staff decided that stereotypical and negative thinking were common in their agency. The group planned a workshop on racism for all staff and the board of the agency. The workshop was designed to 1) increase the agency's understanding of the problem of institutional racism; 2) identify a model of a viable agency that is responsive to needs and desires of the total community; and 3) identify changes in the program and staff development necessary to effect the desired model. The workshop was considered a beginning. It did lead to hiring more black workers and board members. Some staff felt a need for a formal structure to continue the work of the group involved in the NEDII project after funding ended.

Comment: This article, written by the director of the agency involved, is appropriate for all concerned with internal change and advocacy.

Synopsis: This article summarizes a recent study of public policies affecting the delivery of mental health services to disturbed children and adolescents. Implications for policy making and for psychologists are discussed.

Beginning in 1980, the Children's Defense Fund conducted a two-year study of public policies affecting the delivery of children's mental health services. The study looked at: 1) the problems children and families face in searching for services; 2) how policies and practices of state departments affect troubled children; 3) the protections that ensure that these children are appropriately treated and placed; 4) types of innovative approaches at the state level; 5) the role of federal policies and funds in this area; and 6) the extent and effectiveness of advocacy on behalf of children who need mental health services.

Some basic information was obtained from the study. First, there are no available numbers about how many children receive services or about how many need services but do not get them. A conservative estimate is that two out of every three seriously disturbed children and adolescents do not get mental health services. Second, up to 40 percent of children who are hospitalized are there because alternatives were not available. Third, problems are identified early but services are not and the problem escalates. Fourth, for parents the search for services is frustrating and painful, and they are often still treated as if they caused the problem. Lastly, the most vulnerable are older adolescents with multiple problems, the seriously disturbed in state custody, and children from poor, disorganized, and troubled families.

Some programs do respond and help disturbed children. Typically, they work intensively with children in their own homes, involve parents in treatment, are age-sensitive, are sensitive to developmental strengths and weaknesses, help children move from one setting to another, and provide case advocacy as a basic treatment component. These successful programs only underscore the broader public policy failure.

There are problems in state mental health departments. They do not develop effective systems of care, planning is perfunctory, and monitoring is minimal. Many lack a clear statutory mandate to serve and protect the rights of disturbed children and few include a range of early intervention services. Few mechanisms have been developed to resolve funding disputes between all the agencies who deal with these children. In addition, there are few protections for institutionalized minors.

Non-mental health state agencies do not fare much better, even though in many states seriously handicapped children are their responsibility. In addition, these children have traditionally been a state-level responsibility rather than the beneficiaries of federal legislation or targeted funds. These children have not had the kind of focused advocacy attention that other special needs children have had.
Knitzer states that despite this bleak picture, there are three encouraging developments. The first is that the needs of these children are slowly becoming more visible. Second, advocacy efforts have stimulated some increased attention to policy. And third, the federal government has targeted money to encourage states to develop systems of care.

The author makes the following policy recommendations. 1) States must identify administrative leadership to target funds and begin planning efforts. 2) States must develop systems of care so children can have access to a range of services, linked together to maximize program and cost effectiveness. 3) Professional and citizen advocates must strengthen their vigilance to ensure that mental health services for children remain a priority and that initiatives are sustained. Psychologists need to join with other professional and citizen advocates to stimulate improvements. Psychologists who teach can train future practitioners about policy issues and program models.

Making systems accountable for troubled children and adolescents will not be easy; it is a challenge to all advocates and other professionals to see that recent clinical and policy knowledge is not wasted.

Comment: This article, by a leading advocate for seriously emotionally handicapped children, is a succinct update on the status of policies and services for these children. In addition to describing the failures of systems to meet needs, the article discusses some encouraging signs of change.
Synopsis: This chapter on Administrative Advocacy discusses the character of bureaucracies, the use of administrative remedies, and monitoring and changing bureaucracies.

The term "bureaucracy" has negative connotations. However, studies have shown that not all bureaucracies are alike. In fact the more stable the organization, the less it feels threatened and the more flexible it becomes. Bureaucracies are political. Therefore, consumers need to be involved in review and accountability, especially in politically vulnerable agencies. Advocates need to be educated with regard to the appeal structure and remedies available.

One way of increasing bureaucratic accountability is to create "watchdog" agencies using an ombudsman model. One effective way to ensure accountability is evaluation and research. There is a need for citizen involvement in administrative policymaking, including policies related to children.

Comment: This chapter is written for bureaucrats and others interested in the bureaucratic process.

Synopsis: Schools are among the many agencies involved in child mental health, yet there are some who would not include mental health issues in the school's concerns.

Schools have the responsibility to educate all children, regardless of handicapping conditions. The author states, "The pupil has a right to a school which is humane in its nature and actively cultivates humaneness." Debate continues concerning the limits of the school's responsibility. School mental health starts with concern for the well being of the total population. Problems associated with school mental health are: 1) confusion in terminology; 2) lack of agreement on goals for effective efforts; 3) degree of support for effective learning; 4) a need for the reexamination of the total educational program; and 5) confusion over the role of school in mental health which has been the domain of specialized professionals, largely clinicians.

Schools are advocates for children and are also pressured by child advocates. The author proposes a Bill of Rights for students which includes: 1) a school which is process conscious, where the way is as important as the what; 2) a school which cultivates a sense of identity, worth and independence by taking needs, attitudes, and ideas seriously; 3) a school experience that enhances self-esteem; 4) a school where it is possible to interact and relate to sensitive, trained adults and teachers who have gone this way before; 5) a school where cognitive-skill experiences will enable the student to cope with life's demands; 6) a milieu which is free from fear and is organized to provide for maximum social growth through work and play; 7) a school where students can mingle, cooperate, argue, organize, and relate to many of their age as well as cross-ages; 8) a school where one is guaranteed the right to systematic opportunities to study the quality of life and personal growth; 9) a school where one can be rescued, where someone will advocate for a student in times of stress and conflict; 10) a school where there is an explicit code of social expectations; and 11) a school which continues to be responsive to students' needs.

Components of a mental health program in schools could include: 1) primary prevention; 2) compensatory efforts to fill in for deficient life experiences, and 3) educational programming for those with serious difficulties. In relation to those with serious handicaps, it is most important to maintain all possible regular relationships to enhance morale. When there is a need to be removed from the mainstream, it should be to help the child, not as an administrative convenience. For those whose handicaps cannot be remediated, there is a need to find suitable long-term life patterns.

Comment: This chapter is written for school mental health personnel and is applicable for all educators.

Synopsis: This reprint from a book on social work process discusses three phases of intraorganizational change.

The authors maintain that social workers must place ethical and professional values above organizational loyalty. To effect this philosophy, practitioners need to change the organizations in which they work. First, the worker (change agent) needs to identify the problem and specify necessary changes. This involves not only knowing what should be done, but also what can reasonably be achieved. The agency's decision-making process, both formal and informal, needs to be analyzed. The change agent should estimate resistance, obstacles, and supports.

The authors maintain that "... one of the major obstacles confronting the change agent is his apparent lack of power." This complaint is based in part by failure to recognize the legitimation for change in one's professional commitment to client service independent of position in the agency and in part by the inability to assess resources within an organization that can be marshalled for change. Change agents need to assess their own strengths and enlist and mobilize their fellow workers. Some sources of power include co-workers with a similar commitment, those with informal leadership abilities, those with educational or experiential qualifications, and those with special information or knowledge.

Selecting and implementing a strategy are of central importance. Strategies can be collaborative or adversarial, or combinations of both. The degree to which one strategy is selected over another should be based on careful analysis of what will work and the severity of the problem. The authors state that, given the practices that do harm to clients and staff, doing nothing is perhaps the most unethical position.

Comment: This detailed and persuasive article was written to urge practitioners to initiate change within their organizations when policies are detrimental to clients.

Synopsis: This introductory chapter in a book on child advocacy describes the paradox of child serving systems becoming the problem.

As knowledge about needs of children increases, so does the knowledge about how systems fail to serve children. This knowledge of system failure points to the need for advocacy on behalf of vulnerable children. Child advocacy is difficult to define because of differing conceptions of children's rights and the difficulty of putting creeds and laws into practice. Child advocacy seeks to provide more integrated services and also to defend children against services which favor the interests of the system at the expense of children.

Professionals who function as advocates need to be able to communicate their limitations of skills related to the "best" way to deliver services. Child advocacy includes activities many have been performing but involves a different way of thinking about what is done to and for children. "Rather than acting as if the problem is somehow located totally within the child and thereby taking steps to isolate or extrude him from his community, we need to examine the child's environment to identify a means by which he may grow and develop in a positive way." Successful advocacy should alleviate the need for adversarial judicial procedures; however, at the present time, advocacy at all levels is necessary to change the system.

Comment: This chapter provides a sound philosophical rationale for the need for child advocacy at all levels.

Synopsis: This article explores how the public schools encourage and perpetuate sexist attitudes which hinder effective child advocacy.

The author states that school psychologists should be active child advocates. Schools encourage sexist attitudes by use of sex-role typing, sexist counseling, exclusionary policies, and sexist curricula and testing. A school psychologist, advocating for every child's right to learn both intellectually and emotionally, must be concerned with sexist attitudes and practices that affect children. Schreiber describes instances of sex-role typing in curriculum materials and tests, and legal decisions regarding exclusion of female students from schools and activities (athletics, pregnancy, etc.).

School psychologists can advocate for both female and male students by: 1) conducting in-service workshops dealing with the development of nonsexist curriculum materials; 2) encouraging school systems to stop purchasing sexist textbooks; 3) alerting parents to incidences of sex discrimination against their children; 4) instituting discussion groups for all school personnel to examine sexist attitudes and practices; 5) making nonsexist counseling techniques available to guidance counselors and teachers; 6) discouraging double standard moralizing in counseling or in sex education classes; and 7) advising students of their legal rights regarding curriculum exclusion.

Comment: This article, by a school psychologist, urges school psychologists to develop nonsexist strategies to advocate for children.

**Synopsis:** This article addresses the needs of minority students in formerly all white schools and the role of school social workers as advocates for these children.

Minority students attending formerly all-white schools often experience adjustment problems. The authors identify three areas of concern. The first issue relates to the minority student's relationship with teachers and fellow nonminority students. Classroom performance is reflected in teacher and peer attitudes, perceptions, and social awareness. The second area of concern focuses on students isolated from their racial environment. The third concern involves school social work practice in relation to isolated minority students.

When minority students are a small proportion of a school population, it is difficult for them to develop the relationships necessary for intellectual and emotional growth. If teachers expect achievement, it usually occurs; however, when they lower their expectations for minority students, the students become less motivated. Minority students are often negatively labeled as behavior problems and academic nonachievers. This stereotyping has a cyclical effect and affects the mental health of children.

The authors maintain that a new approach to school social work practice is needed where minority students are enrolled. First, school social workers should examine their own understanding and attitudes of racial and cultural differences. Second, the social worker's function should not be defined by the school administration but by the social work profession. The authors recommend that social workers: 1) initiate in-service training programs to sensitize school personnel to the impact they have on minority students; 2) develop strategies to help school personnel modify the environment in ways that will strengthen the image of minorities; 3) seek ways to become involved in policymaking; 4) become involved in busing programs from the very beginning to identify potential problem areas; and 5) hold nonminority teachers accountable for including minority content in the curriculum. These tasks involve a shift from a traditional casework role to an advocacy role.

**Comment:** This article, written by professors of social welfare, is directed toward school social workers.
CLASS ADVOCACY - EXTERNAL

This section includes abstracts of articles, books, and chapters about advocacy for a class of clients where the advocacy action is directed towards agencies outside the advocate's own. Some questions addressed in this section are:

- How can an advocate function in times of scarce funds and resources?
- What are advocacy functions in rural settings?
- What are some of the negative consequences of advocacy actions?
- What are the ethical obligations of professionals in relation to class advocacy?
- How can parents advocate effectively for improved services for children?
- What is the rationale for a national policy for children?
- What is the relationship between the advocacy role and political action?
- What are some of the tactics and strategies used to change policies toward children?
- How can professionals lobby for change?
- What are the effective ways to advocate against institutional abuses?
- What is the role of professional organizations in advocacy actions?
- What is the role of clients in advocacy?
- What are the components of an advocacy program?
- What is family advocacy?
- Where can individuals get information and statistics to be effective advocates

**Synopsis:** This article stresses that advocacy is not just for the few but is the responsibility of everyone who cares about social justice.

The recent budget cuts and policy decisions related to human service programs have paralyzed many concerned people who have given up trying to influence public policy. Amidei, an MSW, has developed a plan to get people reinvolved. The plan is a set of strategies which can be adapted to local situations. The author feels it is important to convince members of Congress that votes against certain issues could be detrimental to their political careers. The biggest obstacle to support of social programs is a misunderstanding of who benefits from services. Advocates are often on the defensive concerning welfare fraud and "giveaway" charges. There needs to be a concerted effort to set the record straight when misinformation appears. Amidei proposes forming local "truth squads," armed with accurate information, with individual members (advocates) assigned to each of the various media. If incorrect information is conveyed to the public, it is that advocate's responsibility to respond, or get someone else from the "squad" who is more knowledgeable to respond. She states, "Doing nothing is more damaging than most people realize. Misinformation that goes unchallenged becomes accepted; it often accounts for why elected officials vote as they do."

Amidei lists six ways to wield political power: 1) contribute money to political campaigns; 2) mobilize voters; 3) gain access to the media; 4) have public sympathy on your side; 5) cultivate a link with a credible "establishment"; and 6) develop the ability to embarrass. She also urges coalition building because the other suggestions cannot be accomplished by small groups. Broad-based groups can consolidate their resources for a greater impact.

The author responds to cynics who say this is not a good time for social issues advocacy by stating, "The action plan for advocates is one way to stop talking about how terrible things are -- and begin to act now to make them better."

**Comment:** This article, written by a director of the Food and Resource Action Center in Washington, D.C., is a lucid and practical response to discouraged advocates.

Synopsis: This article suggests an outreach advocacy model for service intervention in rural communities using a collaborative approach.

Rural areas face problems in social service delivery because of declining population, resistance to consolidation or regional planning, and lack of resources. The authors suggest that human service workers in rural areas view the community as their client. The worker must elicit intra-community cooperation, especially in relation to qualifying for federal funds.

Three characteristics of the life of the rural family are: 1) distance between neighbors is great; 2) resources are limited; and 3) communities are powerful in their ability to sanction family lifestyles, and community boundaries vary with family activity. Because of these characteristics and of the paternalistic structure of the family and the control parents have on their children's lives, child advocacy in rural areas has peculiar problems. The child advocate faces issues such as: locating children with problems; limited resources and lack of coordination among those which are available; and community acceptance of parental authority (except in cases of gross maltreatment).

The authors propose an outreach advocacy model for intervention. The model includes a clear definition of service gaps, a check of policy or law affecting service delivery, an identification of allies or opponents to intervention, formulation of an intervention strategy, and development of a prognosis for success. The rural advocate will be more successful using a collaborative approach rather than an adversarial one.

Comment: This article by social work educators is relevant to any human service worker in a rural community. It presents a nice overview of the differences between rural and urban families and advocacy issues.

Synopsis: The concept of child advocacy has become accepted but is often misapplied. This article looks at the programmatic effects of misused child advocacy.

The author discusses a project in Massachusetts designed to provide comprehensive community-based mental health services to children. The project included four neighborhood based advocacy councils which would include parents and consumers of services. The formation of these councils never took place largely because they were seen as threats to existing boards of mental health centers and because they were perceived as an added bureaucratic layer with sign-off power. The Massachusetts project was effective without the advocacy councils. The author feels that the service delivery system components were able to perform advocacy functions without a judgmental external advocacy system. He states that advocates are often nonprofessionals who tend to view mental health professionals as resistant to change, as too intellectual, as too analytical, and as too wedded to wealth. Therefore, advocacy tends to alienate the professionals rather than drawing them into the community. Belfer suggests that perhaps advocacy should not be a role for child psychiatrists because the resulting defensiveness siphons off energy which should be used to deliver services to children.

The term advocacy has become suspect in some areas because it is synonomyous with a new bureaucracy. Some who are advocates for altruistic reasons can be effective in rallying support to a cause, but the term "advocate" should not be applied to those moving toward an entrepreneurial role.

Comment: This article, written by a child psychiatrist, presents a critical view of organized child advocacy efforts.

Synopsis: This paper describes how advocates can make a case for funding programs.

The steps involved in advocating for increased funding for children's programs are: 1) developing a thorough knowledge of the needs of the children addressed; 2) identifying the resources available to meet the needs, establishing the processes by which needs are distributed, and identifying the principal people and systems controlling the resources; and 3) specifying intended remedies and strategies for implementation.

The Coalition on Block Grants and Human Needs intends to apply these steps to advocate for low income minority children to gain access to a greater share of Chapter 2 education funds. This approach involves five questions: 1) Are the benefits of the program actually reaching those for whom they are intended? 2) Are the results of the program measuring up to the goals set for it? 3) Are the proposed programs and activities appropriate for meeting the needs of the program participants? 4) Are those responsible for implementing the program easily accessible to the prospective participants and knowledgeable about and sensitive to their needs? and 5) Are program administrators doing what they said they would do for those served and is service delivery adequately documented through publicly available records?

The author also discusses 12 principles for effective use of information by advocates.

Comment: This paper is written for child advocates, especially advocates for minority children, who wish to increase funding levels of programs.

**Synopsis:** Every pediatrician is a child advocate at the case level. The author feels that pediatricians should and can approach advocacy in a broader systems context.

Berger refers to systems advocacy as "community child health." Settings from which pediatricians approach health issues are academia, government agencies and private practice. Those in academic settings have more time to advocate than those in private practice. Pediatricians in health departments are in a unique position to change conditions detrimental to children. Those in private practice can address issues at a local and state level through professional organizations.

There are obstacles to advocacy: 1) for the academic, time is taken from publication and research; 2) for the private practitioner, there is loss of income and time away from patients, and 3) for the physician in government, his/her job can be in jeopardy when dealing with political issues. Many pediatricians are reluctant to get involved in advocacy because of lack of expertise. The author suggests that this is not a justification for non-involvement. Pediatricians should use the advice and knowledge of other advocates and lobbyists.

Berger adds, "Unfortunately, major barriers to physicians' involvement in community child health activities are not cognitive, but attitudinal." The reasons are that pediatricians feel advocacy is not respectable, advocacy makes no difference, that they are already fulfilling their obligations through patient care, or they "blame the victim."

For those who choose to advocate, Berger offers the following advice: 1) have a definable and feasible goal; 2) be sure the issue is personally important; 3) gather facts before taking actions; 4) choose an action plan that is likely to succeed based on past experiences; 5) anticipate sources of opposition and build a strong base of support; and 6) evaluate the effort.

**Comment:** This article, by an assistant professor of pediatrics, is a plea for pediatrician involvement in child advocacy efforts. It is written for physicians.

Synopsis: This chapter describes a neighborhood advocacy model.

Operational advocacy is defined as "a system of providing services which deal effectively with the needs of the population of children and their parents in a defined geographic area." In Berlin's model the aim is to find resources to provide services rather than for the advocacy group to provide the services. A neighborhood child advocacy organization is composed of citizens and one or more professionals who examine needs and devise methods to meet them. Ideally the advocacy organization is empowered by law to coordinate with agencies in its area to develop methods of meeting needs. A prime function is to assess and plan with existing agencies on how needs can be better met. Advocacy agencies can be formed at different levels: 1) state, which is primarily a planning body and develops state plans, sets priorities and oversees dispersion of state and federal funds to local programs; and 2) federal, which includes legislation to mandate community and neighborhood autonomy.

Central issues for community child advocacy programs are 1) prevention, which includes family planning, health maintenance, decent housing, employment, and education; 2) education for living, which facilitates collaboration of agencies; 3) education for work, which facilitates training; 4) combating racism; 5) early intervention which coordinates forces to spot troubles early, including developmental diagnoses and vulnerable children; and 6) adolescent crisis.

Advocacy programs must involve themselves with treatment programs at the community level and promote agency collaboration, treatment specialization, treatment needs in a neighborhood, family involvement in planning, child advocates in planning and coordination, correlation of health and mental health programs, and multiple use of community health, education, and mental health facilities. Funding for advocacy must be primarily a federal responsibility.

Comment: This chapter is written for those interested in systems advocacy at a local level.

Synopsis: This manual describes how parents of children with disabilities (and their allies) can gain their rights and have their needs met.

The author states that this book is not objective, that it presents his point of view, that it reflects his values and biases. These values are: 1) that children who have disabilities must have equal access to community programs; 2) that children who have disabilities have a right to grow up in typical settings; 3) that institutions serve no positive end; 4) that decisions involving children with disabilities are political and moral and the entire society, and especially consumers, should make these decisions; 5) that all children have a right to equal treatment; and 6) that problems of serving disabled children involve our own prejudices and discrimination.

The author offers practical advice to parent advocates: 1) know yourself before you organize others; 2) learn how to create change; 3) discover your allies; 4) form alliances; 5) identify community need; 6) know those who resist change; 7) know how to respond to those who resist change; 8) learn to use power; and 9) choose an action (demonstration, demand, letter writing, public hearing, communication, symbolic act, negotiation, community education, lobbying, boycott, model program, legal action, organizing).

Comment: This manual, which includes many case examples, is written for parents and should be read by all professionals working with disabled children as well.

**Synopsis:** The author states that the question, "How will it affect children?" should be asked at all points in decision making.

Human service professionals should be advocates for children. They need to develop strong coalitions with parents through the child advocacy process. Our society constantly collects, monitors, and analyzes data and disseminates information on the environment, the economy, taxes, employment, the military, etc. This information is used to make decisions. This same process does not happen in relation to children and families and to decision making related to them. There are no "impact statements" (as in the environmental area) when decisions are made in ancillary areas that effect children.

The author states that there should be a commitment to all children at every governmental level. Professionals must communicate the need, cost and benefit of human services. America professes to be a child caring society, yet "school levies are defeated; property rights are more important than children's rights; simple targets are selected to vent frustration and rage about what is happening in America; only community institutions are blamed for inefficiency, ineffectiveness and waste on which all segments of society participate."

What is caring? First, one needs a commitment to mandatory special education for all handicapped children. State laws should be enacted to prohibit reference to legitimacy on children's records. All children must receive immunizations against disease. Communities need to mobilize voluntary efforts to develop intergenerational relationships between elderly and the young. The author ends the article by stating that society is strengthened when it cares for its children.

**Comment:** This short article, written by a psychiatrist, is a plea to all professionals to become active in child advocacy.

**Synopsis:** Community change involves the use of bargaining. This article explores bargaining and the roles of the social worker and the community in the bargaining transaction.

The advocate must learn skills in bargaining which is a process between two parties to reach accommodation regarding an issue in dispute. Bargaining requires compromise. Neither party will be completely satisfied, and the resulting bargain may be tenuous. A number of factors relate to the process of bargaining including: 1) the power resources of the bargainers; 2) the formulation of issues; and 3) skill in the use of strategy. Even though institutions have more power than community groups, groups have leverage points -- such as damage to public image, rules and regulations, and professional self-image -- they can use to equalize their position.

Demands should be specific and usually should not be extreme in order to enlist public support. The interest and strength of the community group influences whether or not solutions to problems should be included in their demands.

Bargaining strategies involve analyzing your opponents' goals and predicting his moves while protecting your own. Bargaining also involves a search for a convergence of goals. Threats should be used carefully and must be credible. There are advantages and disadvantages to both reasonableness and obstinancy. Some ways to overcome the disadvantages of either approach are to be "polite but firm," to have different members of the team assume different roles (good guy-bad guy), to imply (rather than state) a threat; and to help the opponent save face.

The authors state that there are a number of positions a professional can take when working as an advocate with a community group: leader, teacher, catalyst, or consultant. The group should do as much of the work as possible.

**Comment:** This article was written to acquaint social workers with the concept and techniques of bargaining for institutional change.

**Synopsis:** There are implications of assuming the role of social worker as advocate, especially when political behavior is involved. Advocacy requires political behavior which includes manipulation.

There are three general professional approaches to advocacy. The first is **Process Orientation** which facilitates and guides interactions. Goals are set by participants and ideally the worker is neutral. This approach assumes that communication itself solves problems. The author feels that, in using this approach, the worker is less effective. Second is a **Clinical Orientation** which is treatment related. The worker attempts to influence others and is likely to manipulate. The third approach is **Social Reform**, or influencing change in organizations and institutions. In this approach it is necessary for the worker to be political and manipulative. The worker uses tactics, strategies and strength. It is necessary for guidelines to be imposed on the use of political methods.

Brager proposes some broad standards for advocacy. 1) Who benefits and who loses? Advocacy should clearly be in the best interest of client(s), not in the professional's self interest. Clients need to be made aware of risks of the advocacy action. 2) What is the object of the political behavior? The more divergent the goals of the client system from the target system, the more manipulation is justified. 3) What is the image that will be presented? It is necessary to balance guileful acts in a moral way. This approach is better used in adversarial than in ongoing relationships.

**Comment:** This article is appropriate for social workers and others interested in advocacy.

Synopsis: The United States has not accepted responsibility for children's needs partly because children are powerless and need others to advocate on their behalf.

Edelman states, "Americans are not a child-oriented people. Many of us love our own children... but we have not been able to translate this individual selfish love into a broader love of the nation's children as a whole." Part of the explanation for this phenomenon is that we feel families have the responsibility for the care of children. This notion does not take into account all the families who are "different" -- single parents, poor, ill, those with handicapped children. Parents' rights are very strong, but what of children's rights? While we praise the concept of the family, we make it difficult or impossible for some to survive as families. Another explanation for our failure to provide for all children's needs is the mistaken assumption that equal opportunity is a reality. Out of humanitarian motives, institutions were established to care for children who for whatever reasons could not be cared for by their families. These institutions now have a life of their own with pervasive negligence and nonresponsiveness.

Children are politically powerless and have little legal status. The Children's Defense Fund was established in 1973 to speed up the achievement of rights and services for children. Their program is based on several advocacy assumptions: 1) good advocacy is specialized; 2) good advocacy should explore a number of routes of reform at all levels as well as a range of techniques; 3) good advocacy requires thorough homework, persistence, and the capacity to follow-up; and 4) good advocacy requires policy research, responsible data collection, and better understanding of the needs of children.

Some barriers to change on behalf of children are entrenched professionalism, misclassification of children, generalized guilt, lack of respect for parental involvement, and feelings that the problems are overwhelming and beyond anyone's control.

Advocacy is not romantic or simple. It involves hard work and rising above "divide and conquer" games. It will be a long fight.

Comment: This article, written by the director of the Children's Defense Fund, urges all child advocates to remain committed to all children and to be prepared for a lengthy fight to achieve their goals.

Synopsis: Psychologists need to play a major role in facilitating delivery of services to emotionally handicapped children and their families and influence ways children and families are "helped."

The author discusses some realities about the current state of children in America. For example, 17% are poor, 1 in 71 infants dies each year, 7 out of 10 mothers under 15 years receive no prenatal care in the first 3 months of pregnancy, millions are growing up in poor health, 1/6 of the poorest children get the services of the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), commitment to preschool children is precarious, families are more likely to have a handicapped child than 2 school-age children with a mother at home, 1/2 million live in out-of-home care and will grow up there, seriously emotionally disturbed receive little if any attention, 1/2 million receive mental health services, but there are few resources, and there are serious budgetary and programmatic constraints to provision of community-based care.

Edelman states there are common myths faced by children's advocates: 1) only other people's children have problems; 2) families are self-sufficient and should take care of their own; 3) no one should take responsibility for children except their parents; 4) helping children whose families cannot fully provide for them condones and rewards failure and erodes American family values; 5) child advocates want the government to take control over families' and children's lives; 6) meeting children's needs and protecting their rights will divide families and pit parents and children against each other; 7) children's issues should be above the political process; and 8) providing needed services is too expensive.

Child advocacy needs the help of psychologists. Psychologists need to know what works and what does not work; they need good evaluations of programs; they need to help make P.L. 94-142 work; they need to help design family support programs that are sensitive to a range of families; they need research and involvement in policy change efforts about what children need to develop into competent psychologically healthy adults.

The author suggests some steps to take: 1) take children's interests into our own hands and not wait for someone else to do it; 2) be specific and break down needs into manageable pieces for action; 3) stay away from rhetoric and labels; 4) do homework and corral constituencies; 5) become hard-nosed and tough; 6) gain greater technical knowledge; 7) coalesce around a few key issues; and 8) persist.

Comment: This article by the Executive Director of the Children's Defense Fund, is appropriate for psychologists and those interested in a clear and lucid rationale for becoming involved in advocacy for children.

Synopsis: This article is about tactics to change public policy as it affects children. Even though it discusses a citizen advocacy effort at the local level, it generalizes about the validity and pitfalls of various tactics of advocacy.

To advocate, one needs humility along with a willingness to take risks. Someone needs to take leadership; the problem must be small enough so efforts at a solution do not become all-encompassing. The problem must be manageable and packageable and have specific remedies. Advocacy efforts need a dedicated professional staff to deal with issues on a day-to-day basis. One should not expect to start big and people need to work for no (or little) money. Follow-up is important; just publishing a report is of limited use if someone is not committed to implementation. An advocate must be prepared for change (flexibility and adaptability).

Effective tactics vary depending on the facts and politics of a situation at a given time. Use of media is a key element in an advocacy effort. Litigation or its threat can force policy change, but it also can make matters difficult for others. Legislation is another element. If an advocate cannot lobby directly, he can provide facts and technical assistance to those who can.

Another element of advocacy is administrative negotiation, which is an area that is often overlooked but ultimately is most effective. Essential to administrative advocacy is reliability, non-hostility, responsiveness to requests, solid facts, well written and researched reports, and specificity. Advocates need to develop bureaucratic contacts.

Comment: This article is relevant to anyone wishing to start a citizen advocacy effort on behalf of children.
Synopsis: This article reports results of a survey of 1020 National Association of Social Workers (NASW) members in New York regarding attitudes toward social action strategies.

A survey was administered in February 1966, which included two batteries of questions concerning 1) housing reform, and 2) public welfare. A typology of social action strategies was developed into four cells. This typology is presented with examples of strategies: Institutionalized/Consensus, which could include a study of needs and bringing interested groups together; Institutionalized/Conflict, which could include explaining rights to clients and urging them to file complaints or openly campaigning for political candidates; Noninstitutionalized/Consensus which could include communication with public officials and providing direct service to demonstrate the benefit of ameliorating a problem; and Noninstitutionalized/Conflict, which could include offering support in organizing strikes and protests, and actively organizing demonstrations.

Respondents were asked to approve or disapprove (on a 7-point scale) these strategies. Most workers approved of both forms of consensus and to a lesser degree some institutionalized conflict. Workers did not approve of noninstitutionalized conflict. Respondents were asked to choose the most effective strategy for social workers, the middle-income civic minded, and low-income acting on their own behalf. Workers saw themselves as most effective in consensus strategies, the middle income most effective in political campaigning and communication with public officials, and low income in conflict strategies. There were some differences between the issues of housing and welfare reform; workers became more conservative in welfare reform. "The greater the institutional involvement of social workers in a problem area, the more conservative will be their perceptions of effective social action strategies for social workers as well as for other politically active groups."

Comment: This article might be of interest to those wanting to know social worker attitudes toward advocacy strategies. It is interesting that social workers perceive themselves as most effective in a traditional non-confrontive role and low-income people as least effective in this role, which tends to preserve professional monopoly on the leadership role.

**Synopsis:** This article addresses itself to the issues of the connection between psychiatry and political action and the psychiatrist's qualifications to perform as a political activist.

The author feels that those in the field of community psychiatry must immerse themselves in the political life of their community in order to improve the service delivery system. Because of the training a psychiatrist receives and the medical code of impartiality, this involvement is often difficult for a psychiatrist. If involved in oppositional situations, the psychiatrist must cease to be impartial to be successful.

Some have suggested that one way out of this dilemma is to delegate the responsibility of political action. Freed feels this is undesirable because no one except a mental health professional can represent a mental health program to policy makers with sufficient understanding and conviction to make the action successful. He states, "This is an important responsibility and respect for the community dictates that it should not be delegated."

**Comment:** This article, written by a psychiatrist working in communities, presents a partisan view of encouraging political action as a role of community psychiatrists.

**Synopsis:** The author suggests combining community organization and child advocacy approaches to bring about systemic social change.

There is great and growing dissatisfaction with public schools. Local efforts by parents to change the schools generally have been unsuccessful. First, there is a sense of powerlessness. Secondly, groups with like goals do not communicate well, especially neighborhood to neighborhood. Third, myths are perpetuated by bureaucrats which cloud issues for the powerless. Fourth, change cannot occur unless advocates know the right people in power. Fifth, when change occurs, bureaucrats co-opt the ideas (which is positive growth).

Strategies of intervention depend on the organization to be changed. Both agreement and conflict have validity. Conflict is less familiar to educators.

The author describes a Neighborhood Learning Center (a social change project) which began in North Carolina in 1968. The project began with university students infusing themselves in neighborhoods, first through children and then through parents. In the beginning, students played with children, then introduced learning games. Some parents were asked to be informal teacher aides. Gradually a coalition of university students, children, and parents emerged. Members of the neighborhood coalitions began to attend school board meetings. The university students linked the various coalitions together to become a powerful block of advocates, and changes in the schools occurred. In this project, child advocacy was linked with social community organization and social change.

**Comment:** This article is written for those concerned with educational change and community organization.

Synopsis: This article is a description of the preparatory steps in designing a child advocacy system and factors in implementation.

The authors describe a child advocacy project in Prince George County, Maryland. The purpose of the project was to identify needs and pursue solutions. Key features of the program were: 1) problem analysis; 2) statements of specific goals; 3) consideration of alternative strategies; 4) selection of strategies; 5) strategy implementation; and 6) evaluation and feedback. The project began with a federal grant and included a salaried staff. Also included were an advisory board composed of citizens and agency representatives. The staff gathered data about needs, strategies, and constraints to present to the board for its consideration. This systems approach to advocacy is described in the article using a child care example.

Based on the experience of this advocacy system, the authors conclude that planning should be based on a needs assessment, assumptions about needs should not be made without clarification, there should be agreement on objectives before selection of strategies, sharing responsibilities between agencies and parents is essential, all possible solutions should be considered, and an evaluation of how well needs are met should be built into the design of an advocacy system.

Comment: This article, describing a systems approach to designing an advocacy effort, is written for those interested in designing and implementing a local child advocacy project.

**Synopsis:** This article is a discussion of the Report of the Joint Commission on Mental Health of Children related to establishment of a national advocacy system to push for socialization and care network changes. Knitzer also presents a critical assessment of the effectiveness of the proposed advocacy system.

The Joint Commission addressed the needs of both "target population children" and "all children" victimized by inadequate services. An advocacy system was proposed. Knitzer states that the advocacy approach is a legitimate one but questions whether it will be effective both for all children and for certain categories of children simultaneously.

The proposed advocacy system has four levels: 1) national with a council of advisors; 2) state with Child Development Commissions (advisory); 3) municipal which includes a Child Authority (made up of professionals); and 4) local Child Development Councils which are 60 percent professionals and 40 percent community members. Knitzer feels that advocates should not come primarily from professional ranks because this is neither politically nor practically realistic. Also the flow of control is downward from the national to the local level. Local branches have no power. The whole proposed system is bureaucratic rather than innovative and is not funded appropriately. Ambiguity exists in the advocate function which includes system change, system monitoring, and ombudsmanship.

Jerome Cohen responds to Knitzer's article by suggesting that Knitzer advocates for an "institutional change-oriented advocacy system" supported financially by the system which is the target of change. Cohen terms this "social policy." He feels one should not attack the local service providers with system monitoring and ombudsmanship but rather should bring about reform in national priorities and demand a strong, sound national social policy.

**Comment:** Knitzer's article and Cohen's response are geared toward social planners and policy makers.

Synopsis: This article presents a status report on the child advocacy movement. Is there a need for it? Which issues are predominant? Where has it succeeded? Where has it failed? Who is opposed to it?

There is a need for child advocacy, not only for disadvantaged or disabled, but for all children. Why? Children have no political power; they are economically disadvantaged; their legal status is passive; and they are subject to victimization. The author differentiates between "old" and "new" child advocacy. The "old" advocates built a social service system to supplement the family. The "new" advocates focus on the system developed by the "old" advocates. The leading edge of current child advocacy efforts are children's rights (laws); juvenile court system ("best interest," status offenses, and juveniles in adult jails); deinstitutionalization (normalization, permanency planning); child abuse and neglect (prevention, family assistance, and early detection); special education (right to services, right to mainstreaming, and labeling); commercial exploitation (toys, violence); and others (day care, immunizations, school records, psychoactive drugs). Issues which may gain more attention in the future are school "push-outs" and jailing juveniles with adults.

There are four respects in which child advocacy has had initial success: child abuse and neglect, although this success may not be "real"; special education; court cases; and awareness of children's needs. Some child advocacy failures (temporary setbacks) are: children are not regarded as a class or a special interest group in their own right; there is no coherent reference system but it is generally wedded to adult interests; no effort has been made to find out what children themselves want; advocacy on behalf of young children (under 10 years) is undeveloped; and multiply victimized children have received very little attention.

The child advocacy movement faces two kinds of opposition. The first is economic, institutional, and community interests which include television, advertisers, manufacturers of children's products, the child service establishment (the disincentives, especially economic, outweigh incentives), and those opposed to deinstitutionalization in local communities. The second oppositional force is a conservative sentiment which is against any movement construed as interfering with the family or parental authority. "Citizens of a more conservative persuasion often blame social programs and movements for causing the very disruptions that caused the programs to be created in the first place."

Comment: This comprehensive and insightful article is appropriate to all child advocates.

**Synopsis:** Influencing social policy takes great effort and is hard to teach.

It is difficult to know who makes policy in agencies or government. Also there are many intervening variables that go into making a policy. Policymaking is unwieldy even for participants in the process. Values that social workers espouse may not be the same as those in policy, and the same thing may occur with the policymaker -- he may not espouse values of policy he forms. Therefore, the social worker trying to influence these policymakers does very poorly.

The author discusses categories of values including: 1) authentic -- what the policymaker genuinely prefers to believe; 2) adaptive -- what the policymaker chooses to believe in the interest of immediate gratification; 3) aspirational -- what the policymaker opportunistically calculates merits his preference in the interest of long-range ambition. Usually all three types operate together and the chances that a social worker can change them are small. Even though it is not easy, it is necessary to try, especially when attempting to mobilize the capacity of affected groups to guide their own destiny.

**Comment:** The article was written to encourage social workers to try to effect social change even though the obstacles to doing so are great.

Synopsis: This article proposes a plan (model) for a neighborhood-based system of service delivery to all children. The recommendation for a child advocacy system of Joint Commission on the Mental Health of Children needs to be tested in small demonstration projects before it can be expanded.

While admitting that no social institution is ideally suited to coordinating and planning functions of child advocacy, the author suggests schools come closest and could monitor and coordinate an advocacy program. Three stages of development would need to occur: 1) crisis intervention which utilizes existing resources; 2) outreach or identification and prevention; and 3) child advocacy or intervention into social systems, modification of existing systems, and development of new resources.

There is a need for a common frame of reference for all professions, what the author terms an "ecosystem." For an individual child, this is defined by where and with whom he spends his time. "Discordance" (too much or little of a type of behavior) is analyzed and becomes the target for intervention.

The crisis intervention stage would identify children already in trouble; would coordinate and follow-up on services; would provide additional services not available on a limited and temporary basis and evaluate effectiveness of current services; and would establish a child advocacy board. This stage would use four major systems -- education, mental health, juvenile justice, and child welfare.

Community outreach would expand to institutions dealing with "normal" child development to identify high risk children or behaviors and design prevention programs. The objectives would be: 1) to develop "early warning" techniques; 2) to initiate programs for identified children; 3) to initiate treatment programs identified as missing; and 4) to monitor and evaluate effectiveness of services.

The child advocacy system would examine social systems serving children and ask how they can be modified, enlarged and improved to reduce need for treatment services. The objectives would be 1) identify system characteristics that contribute to deviant behavior; 2) initiate change; and 3) evaluate the effects of change on children's behavior.

Comment: This article is intended to stimulate communities to develop a child advocacy system. The audience would be all systems involved with children.

Synopsis: This chapter is a description of operational advocacy, why it is needed, and the difficulties in its implementation.

Operational advocacy is a system of delivering human services focusing on ease of access at local, neighborhood levels. It is not designed as a substitute for social planning, but as a support and advocate for planning. Without operational advocacy, other forms of advocacy become futile. The present service delivery system contains duplication, overlapping, fragmentation, and confusion. Specialized services must be coordinated and be more family oriented. Long-term approaches to solutions are necessary.

Operational advocacy "... seeks to find ways to integrate and coordinate planning and services by interdisciplinary, intergroup, intersystem communication." If fully realized, operational advocacy would require restructuring and coalescing of resources, forces, and systems. A key issue is responsibility. Who is willing to put aside territorial perogatives? Operational advocacy should proceed at all levels, but especially at the governmental level. Voluntary and public sectors must collaborate.

Obstacles to operational advocacy are laws, priorities, and lack of funds.

Comment: This chapter was written for those interested in interdisciplinary child advocacy. It is very applicable to Therapeutic Case Advocacy.

**Synopsis:** This article describes the functions of a social worker/lobbyist and includes responsibilities of the worker's employer.

Social workers seek to expand services for those who are powerless, handicapped, deprived, and discriminated against. Many workers believe that systems change will lead to better services. Systems theory is helpful but is static and fails to analyze power, conflict, and values which influence systems. Social workers should know how to use the political system for the benefit of their clientele. The social worker/lobbyist should gain the cooperation of allies, learn when to compromise, appreciate step-by-step progress, and use power wisely.

Some barriers to effective social worker-politician relationships are the workers' limited knowledge of the political system, the workers' disdain of the political process, worker impatience, worker naivete about politicians, and politicians' attitudes toward social workers.

Some needed skills of a lobbyist are flexibility, articulateness, negotiation skills, knowledge of the political system, and awareness of the views of individual politicians. The social worker/lobbyist offers expertise of the social work profession to legislators, keeps track of legislation, pays attention to committee votes, develops contacts with other lobbyists, serves as a liaison between his organization and the legislature, and assists client organizations to train members to use their political power.

The author concludes this article with a hypothetical lobbyist action with time lines and decision points. She also maintains that it is often more effective to employ a social worker to lobby for social work's interests than to educate a professional lobbyist on social work goals.

**Comment:** This article was written by a professor of social work to urge those in the social work profession to train more social worker/lobbyists.

**Synopsis:** This article explores the potential of changing institutions to help people and society.

Three levels interact to bring about abuse and delinquency -- the individual (and his family), institutions, and society. Most attention has been focused on changing the individual's behavior, which is not wrong but is not enough. To change society is too monumental a task. It is possible, however, to change organized institutions including schools, the courts, correctional and residential care facilities, protective agencies, placement and adoption agencies, mental health clinics, and recreational facilities. These institutions were presumably set up to help children. Two conditions prevent these institutions from providing children an atmosphere where they can attain their best potential. The first is hostility, both conscious and unconscious, against children, and the second is the regulations and bureaucracy which make communications within and between institutions nearly impossible. The author feels the second condition is the most damaging.

The author states, "Office and clinical treatment of children is not child advocacy no matter with what skill it is done." Advocacy means taking the part of children against institutional abuse and neglect. Maurer states that the most regressive institutional assault on children is corporal punishment, used either as punishment or as aversive conditioning. She states that instead of lobbying for their own welfare, psychologists should lobby for an end to corporal punishment of children as a first priority. This is child advocacy.

**Comment:** This article, written by a psychologist and a member of the Committee to End Violence Against the Next Generation, is a plea for psychologists to advocate against physical punishment of children in institutions.

**Synopsis:** This article discusses a case of legislative advocacy initiated by adoptive parents including issues of skill development, commitment, organization, and stress of citizen action.

Adoptive parent groups have advanced public awareness of special needs children and have advocated for services and funds for those awaiting adoption. Some parent groups have received advocacy training from the North American Council on Adoptable Children. The author presents a case example with purposes of: 1) demystifying the lobbying process; 2) showing how professionals and parent groups can work together; and 3) showing that legislative advocacy is an appropriate tactic. The advocacy effort took place in Kentucky.

A two-day training session was held regarding different types of child advocacy, identifying barriers, and establishing priorities for change. The strategies were: 1) to compile a list of state legislators; 2) to get a list of Appropriations and Revenue Committee members; 3) to prepare a sample letter; 4) to prepare an informational hand-out; 5) to contact and educate other child advocates and citizens; 6) to branch out to friends and others; 7) to set up a liaison with legislative staff; and 8) to personally contact legislators. Everyone involved in the advocacy effort was sent progress reports. The written messages were kept simple and practical.

The organizational issues were to maintain positive collaborative relationships with state social service agencies; to keep costs minimal, including whether or not to use the media; and to maintain statewide coordination. On a personal level, advocacy involved taking risks and stress to individuals. Professionals who could not advocate directly, but were concerned about special needs children waiting adoption, could work effectively through parent groups with information and documentation.

**Comment:** This article was written for those interested in citizen legislative advocacy.

Synopsis: This manual was developed to train members of Developmental Disabilities Councils in how to set goals, to function as a group, and to work more effectively with administrative staff.

The Developmental Disabilities Councils were established by law to act as advocates. This manual discusses three roles for Councils -- advisor, negotiator, and capacity builder. The manual is divided into sections concerned with: 1) needs assessment and training; 2) history of the developmental disabilities advocacy and services movement; 3) values of the Council in relation to people with developmental disabilities; 4) mandate of the Council and other components of the Developmental Disabilities Program; 5) systems advocacy and theories of change; and 6) planning. Each section of the manual contains a discussion of the issue, offers training suggestions, and has handouts, worksheets, and training exercises.

The section on systems change defines the Council's advocacy mission: "... to plan for, coordinate, monitor, evaluate and generally work toward a better system, promoting change in policies, laws, programs, attitudes and other aspects of the system." This section discusses theories of change, characteristics of successful change advocates, examples of strategies, and Council action in systems change.

Comment: This training manual is designed to train members of Developmental Disabilities Councils; however, the section on systems change would be of interest to anyone wishing to conduct training in this area.

Synopsis: This short article rebuts the position of Robinson that the American Psychological Association should not advocate publicly for social issues.

Robinson maintains that the American Psychological Association (APA) should remain silent on issues which do not have hard scientific evidence supporting them. Munoz presents the argument that psychologists are influential because of their humanity as well as their intellect. He also maintains that he too has misgivings of public advocacy positions, but that the existence of the profession is dependent on public funds dispersed to advance one position or another. Psychology is not a strictly empirical science; practitioners need to question, to explore alternative ways to deal with human concerns, and to risk failure in pursuit of answers to human suffering.

Munoz states that those who favor advocacy by the APA do not do so with moral authority but with a concern for freedom of all people to develop to their full potential without being judged or unfairly impeded.

Reply to Munoz by Robinson: Robinson states his objection again to public advocacy because it creates the impression that ethical problems can be solved by groups. With regard to the concept of "freedom," Robinson states that "freedom" is ethically neutral until it is supplied with content," and the advocacy by the APA of "freedom" would be "eccentric or impertinent."

Comment: This article promotes the position of openness and involvement of professional organizations in current social issues.

**Synopsis:** This report contains guidelines and case studies of model programs to encourage youth participation in policy decisions which affect them.

This report is divided into three sections. The first discusses why youth should be involved and what they gain from participation in an advocacy program. The second part provides guidelines for implementing a youth advocacy program. The third section consists of case studies of advocacy activities that youth have handled successfully using local resources.

Some activities were publications, radio shows, negotiations with public officials and model legislation. The report was written to assist organizations funded by the Office of Juvenile Justice and Delinquency Prevention. The advocacy activities are intended to impact primarily the juvenile justice, educational, and social service systems. (From an ERIC abstract)

**Comment:** This report is written for youth interested in implementing an advocacy program in their local community.

Synopsis: A most important role for volunteer organizations is independent advocacy in public matters.

The author discusses four stages of volunteerism in the United States ending with what he terms a participatory democracy - "power to the people." There are three levels of volunteerism: 1) providing service; 2) representing clients; and 3) empowering or transferring power to groups in need of service.

There are impediments to advocacy and empowerment. First, there is a preference and preoccupation with the direct service role. A solution to this problem is to make a commitment to devote a certain percentage of time to social action and stick to it. Secondly, there is a sense of timidity and naivete in exercising influence on public policy. Workers should have a cause, a genuine concern, and focus attention on this concern. Thirdly, because of the increased use of government funds to underwrite services, voluntary agencies lose independence and become quasi-governmental. Workers should accept this but encourage totally independent voluntary efforts.

Comment: This article is appropriate for social workers who work with volunteers and with volunteer advocacy groups.

Synopsis: This chapter concerns decisions made in the development of an advocacy program.

Three questions need to be answered in the development of an advocacy program: 1) What are the needs to be addressed? 2) What is your political base of support? and 3) What are your priorities? The needs assessment is a way of involving the community and setting the tone of an advocacy program. Political support for an advocacy program is essential. However, advocacy should not become another political system or bureaucracy. In establishing priorities, it is necessary to have the community involved.

In developing an advocacy program, crucial decisions must be made. These include deciding to whom the advocates are accountable, who needs to be involved, how will it be determined whether or not the program is on track, what is your real power base, what are the minimum standards for continuing the program, what type of information network is necessary, how will consumers be involved, what is the policy on use of public media, and what are the boundaries between advocacy and service delivery.

The author discusses each of these decisions and offers suggestions on the types of decisions that are most effective. He feels these decisions need to be made at the beginning stages of advocacy program development.

Comment: This chapter offers helpful advice about decision making for those planning an advocacy program.

Synopsis: Clients can become their own change agents with a professional functioning as group process facilitator. The article includes case examples.

The authors developed a client-centered advocacy practice as part of the United Charities of Chicago's Family Service Bureau (FSB). The advocacy practice moved away from a focus of how an individual family or client might best cope with environmental stress toward alleviating stress itself. The client advocacy group provides an alternative approach to dealing with problems associated with dysfunctional systems or institutional practices. The advocacy practitioner is a catalyst "respecting, recognizing, defining, supporting, utilizing, and preserving participant initiative and group autonomy." The advocacy practitioner is a "broker with dual allegiance."

Advocacy practice is a disciplined process. Clients learn that they need to engage in advocacy in a disciplined way, and that design and strategies must relate to goals. Planning involves making the goals specific, deciding who will participate, and selecting strategies. Conflict strategies are not used to obtain noncontroversial goals. Practitioners must establish credibility and trust quickly. What an individual learns about his ability to effect change in his own life may be of greater significance than the change itself.

The advocacy groups in Chicago were formed around issues of mutual concern such as handicapped children or neighborhood beautification. The model was a Family Life Education group discussion with some variations. The advocacy groups should be an integral consideration and an available option in family service programs. They can't solve all of society's problems but they can build a positive self image and a sense of competence and power.

Comment: This article is for family service agency personnel and clients.

Synopsis: This chapter describes the purposes, goals and design of the federally-funded Child Advocacy System Project.

The Child Advocacy System Project (CASP) had nine goals: 1) to monitor child and environmental fits to maximize child potential and environmental integrity; 2) to increase community awareness of the need to create environmental alternatives for children; 3) to create alternative child-relevant environments; 4) to create alliances among families, schools and other community interests which have a primary interest in maximizing child environments and thus child potential; 5) to catalyze existing programs; 6) to increase sensitivity to the process of stigma and exclusion as it is now occurring in the community; 7) to reduce the exclusion rates in communities; 8) to develop re-entry mechanisms in order that excluded children can be returned successfully to community living arrangements; and 9) to mobilize informal neighborhood and community advocacy resources for children.

In order to accomplish these goals three mechanisms were established: 1) a neighborhood child advocacy council; 2) a child advocacy team; and 3) an advisory body. The team consisted of four advocates -- one each in the home, in the neighborhood, in the school, and in the community. The team's function was to collect information concerning the interactions of the children with these environments. This information would be provided to the neighborhood councils to set advocacy actions in motion.

The CASP group observed how children interrelated with their environments to determine what naturally-occurring advocacy activities took place and for what types of children. An elementary school was selected as the entry point into a neighborhood. The observations of individual children resulted in the identification of needs and advocacy issues. The individual case needs were dealt with in the child advocacy team by use of case advocacy interventions. Because federal funding was cut back, the formation of the neighborhood advocacy council did not occur.

Comment: This chapter contains a very detailed description of the planning, designing, and early implementation of a neighborhood child advocacy system.

Synopsis: This chapter in a book on child advocacy describes a model local community-based child advocacy system.

Although a total advocacy system should operate at all levels, this chapter concentrates on a model system at the local level. The goal or mission of a child advocacy system is long term, to facilitate the attainment of the full potential for every child. A local child advocacy system should be: 1) neighborhood-based with consumer involvement; 2) adaptive to changing needs, priorities, and values; 3) capable of being implemented in communities with few or extensive fiscal resources; and 4) capable of both case and systems advocacy. Some functions of the system are monitoring, assessment, data collection, evaluation of advocacy efforts, and intervention activities.

The author provides a graphic system design which includes several subsystems and their functions. These include the community/neighborhood involving the system (inter-system), the management subsystem (intra-system), the monitoring/assessing subsystem, and the action subsystem.

Comment: This chapter is written for those interested in developing and implementing a community-based child advocacy system. The model described is very detailed.

Synopsis: The author responds to issues raised in the 1970 Joint Commission on Mental Health for Children report, and proposes a model to deliver services.

In response to the Commission report, Ramey believes that: 1) the American Psychological Association's (APA) involvement should be limited to areas in which it has professional expertise; 2) the APA should conduct a cost analysis of programs within its professional domain in order for members to become more effective and knowledgeable advocates; 3) the APA should set priorities without making derogatory comparisons with non-mental health programs; and 4) the APA should make resources available to legislative advocates.

In establishing child advocacy programs, consumers of services (in this case, parents) must be included. The author urges psychologists to advocate for preschool programs and for increased support for research. He feels three research areas warrant increased attention: 1) epidemiological studies on how children are thwarted in the realization of their full developmental potential; 2) adequate assessment, evaluation and dissemination of outcomes of action-oriented social programs; and 3) multi-disciplinary research on the causative factors of unrealized potential of children.

The proposed system for the delivery of health (including mental health) services to children is school-based. The schools were selected because they are neighborhood-based, the facilities are in place and under-utilized, and they are accessible to consumers. Each school program would have a local advisory council and a team of professionals to provide routine screening and minor treatment. Problems requiring further treatment or diagnosis would be referred to a second-level professional group. The system would have a national coordinating agency (perhaps the Social Security Administration) which would maintain and disseminate information. This agency would keep records on every child, and transfer them when the child moves. The author believes this system would help eliminate fragmentation of services, would be comprehensive, and would reach all children.

Comment: This article, written by a psychologist, is intended to define a role for psychologists in implementation of a national program for children.

**Synopsis:** Contrary to what Americans have repeatedly said, there is no national commitment to the welfare of children.

Throughout the years there have been eloquent statements about adequate care for emotionally disturbed children. However, the amount of resources allocated to this population has been extremely small compared to any other priority. Information about numbers of children who are disturbed and the types of facilities and professionals working with them is lacking. Different institutions use different nomenclatures and there is no coordination of services between systems (juvenile justice, child welfare, mental health, education). Community mental health centers were conceptualized to provide comprehensive services for all people in a geographic area, yet very few have any programs for children.

The author presents some possible explanations for these ambivalences about children, which she admits are psychoanalytic because of her own professional background. These explanations range from adult envy of the child to the doctrine of "inherent evil", to denial that children can be emotionally ill, to a reluctance to share resources. Rexford speaks of the "collective ego" of the adult population and the guilt it fosters. Adults want to support children, but something interferes with these intentions. This "something" needs to be identified and dealt with.

She feels psychiatrists can play a role to leverage the remorse which would energize people to act on behalf of children. Parents should be encouraged to speak up for their children and professionals must join them to give them power. Rexford also urges professionals not to overlook the "reformer" as an ally.

**Comment:** This very readable and provocative article is written for child psychiatrists and is intended to elicit a response, either through action or proposals.

**Synopsis:** This article attempts to set forth the professional and ethical aspects of advocacy and proposes criteria to be satisfied to make public advocacy ethically sound.

The author sets forth both sides of the question related to the role of the American Psychological Association (APA) as advocate for social policies. First, those who do not wish the APA to assume an advocacy role feel the issues are beyond the competence of psychologists and are subject to taste or opinion. The counter-argument (or the pro-advocacy position) is that all social issues fall within the arena of psychology and psychologists have as much standing as anyone else in areas of competence and judgment. Secondly, many issues are controversial within the membership and therefore for the Association to take an advocacy stand presents problems of misrepresentation. The counter-argument is that the Council of the Association is elected by the membership to represent them and the members have the right to change the Council's composition. Thirdly, it is misfeasance for the Association to go beyond the goal of advancing psychology as a science and profession. The pro-advocacy argument is that the question of what is in the best interests of science and the profession is answered by the Council, elected by the members. Lastly, public advocacy is a political act with political consequences and is therefore imprudent and sometimes dangerous. Alternatively, the argument against this position is that to see wrong and remain silent is an act of cowardice and selfishness.

The author maintains that claims related to advocacy within the APA on both sides of the issue lack an ethical base. He states, "What is unsound in the APA's policy of advocacy is the apparent conviction that the moral categories of right and wrong are simply brought into being by a show of hands." The only justification of advocacy by the APA is when it will enhance the science and practice of psychology.

**Comment:** This article, written by an APA member, states the position that the organization should not advocate for or against public issues. See Munoz and Smith for rebuttals of this stance and a reply to these rebuttals by Robinson.

Synopsis: This article discusses the concept of family advocacy and describes innovative family advocacy programs around the country.

Family advocacy includes taking up the cause of clients and changing conditions through changing public policy. One innovative family advocacy program in New York defines family advocacy as "... a social work intervention which engages the cooperative efforts of client, staff, volunteers, and board members in the identification and assessment of those social conditions which adversely affect families and in the implementation of appropriate actions to help correct them." A program can generate advocacy when it is realized that the client needs more than the agency provides. In turn, advocacy can generate new programs to meet these needs.

The first advocacy department in a family service agency was established in 1969. Soon the Family Service Association of America began distributing materials about this program to other agencies. Today an agency must have an advocacy program to be a member of this organization. For the most part, advocates focus on a given issue identified as important in a given community. This focused nature of the effort tends to make a greater impact for a particular group of clients. It is important to organize advocacy forces on a community-wide level.

The innovative advocacy programs described in the article used various strategies to achieve their goals. Common themes throughout the programs are coalition building and lobbying, as well as the dedication and convictions of the advocates themselves.

Comment: This article offers the hope that advocacy can produce results, even in times of fiscal austerity.

Synopsis: Political intervention by social workers is called advocacy which is distinguishable from legal advocacy and the ombudsman role.

Because the client groups with whom social workers deal have little power, political action becomes an avenue toward achieving goals. It is necessary to mobilize individuals both within an agency and externally, or outside an agency. The issues need to be selected, focused, and effectively presented. Issues need to be acceptable to members of the coalition and must be achievable. It is important that advocates develop a broad network of allies and that they become experts on the selected issue. When advocates feel competent in their knowledge about an issue, they need to analyze the target system and design a strategy.

There are skills which an advocate should acquire including linking skills and interfacing skills. Advocates need not possess all the specific skills themselves, but should have the skill to build a coalition of individuals who do possess the skills. The authors suggest that this model spreads responsibility and engages larger numbers in the process.

Comment: This article is written for social workers wishing to become involved in social action. The article is detailed and draws upon a variety of political intervention philosophies.

**Synopsis:** This handbook is designed to help child advocates gather information necessary for effective advocacy efforts.

The authors present step-by-step advice for child advocates wishing to gather information. Some hints for beginners include: 1) try not to work alone; 2) take advantage of the Freedom of Information Act; 3) expect to work with more than one source at a time; 4) look behind the document or information you have been given to see what else you will find; and 5) do not believe everything you read. The handbook includes a chapter on census data, how to use it, its limitations, and where to go for further census information.

There is also a chapter on federal programs, about how federal money reaches the local communities, and about state plans. The handbook then discusses how to get information in special areas such as education, employment, income assistance and social services, juvenile justice, and child abuse and neglect. There is a chapter on where else to look for information including the U.S. Government Printing Office which has subject bibliographies, the National Telephone Directory, state annual summaries, and local commission reports.

The Handbook includes appendices with data on where to write for information, names of government programs, names, addresses, and phone numbers of Federal Depository Libraries, state data centers, a list of guides of federal statistics, Office of Civil Rights Regional Offices, and a selected list of directories.

**Comment:** This how to manual, written for child advocates, includes sources of information in an accessible and attractive format.

Synopsis: This short article is a rebuttal of Robinson's position that the American Psychological Association should not, as an organization, advocate for social change.

Robinson proposed an American Psychological Association (APA) bylaw revision which states that lobbying activities and the public position of the organization be "... confined to the scientific and professional objectives of the Association." Smith feels this is a regressive position and that ethical concern with justice demands a more flexible approach. According to Smith, Robinson does not object to APA involvement in public policy that focuses on "self-serving interests of the professional and scientific wings of the APA..." However, Robinson does not like the APA involvement in issues of human rights and justice.

Smith feels that if certain criteria are followed, the APA should continue to be involved in these issues as this is a socially responsible action. The criteria Smith advocates include: 1) the importance of the issues to psychology or to society as a whole; 2) the relevance of psychologists to the issue or of the issue to psychologists; 3) the amount and nature of the psychological data relevant to the issue; 4) the likelihood of the APA having a constructive impact on public opinion or policy; and 5) the degree of consensus within the APA membership on the issue. Smith feels psychology has the potential to contribute to human welfare.

Reply to Smith by Robinson: Robinson feels Smith ignores the basic question of whether "it is ever right to give ethics a corporate voice...".

Comment: This article promotes the argument that the American Psychological Association should be involved in public issues, within certain criteria, as a social responsibility.

**Synopsis:** This article is a discussion of tactics used to achieve change, the relationship among them, and how to select a tactic. It includes a special discussion of disruption.

The author makes a distinction between strategy (an overall plan of action) and tactics (specific actions). Collaboration is used when there is consensus and what is needed is a rearrangement of resources. Persuasion or bargaining are best used when dealing with issue differences and redistribution of resources. When one uses these tactics, he is an advocate. In cases of dissensus or competition for power, disruption occurs and the disruptor is a partisan or organizer. The major objective of a change agent is to create a strategy of reconciliation, to move from insurrection to collaboration.

After this discussion of different strategies and tactics, the author concentrates on "disruptive tactics." These include 1) clash of position (debate, legal dispute, speeches); 2) violation of normative behavior (marches, boycotts, protests); and 3) violation of legal norms (civil disobedience, sit-ins, refusal to pay taxes). Disruption must be used with some strategy for change and not for the sake of disruption.

**Comment:** This fairly radical article is written for those interested in social change and the various methods available to effect change.

Synopsis: Children’s needs are not adequately met; this article examines problems in the way American society deals with children’s needs and some possible explanations for these problems.

The authors ask, "Why is it that an area of expressed concern (children’s needs) for so many people results in so little substantive improvements in the condition of children in our society?" Their response is that there are problems with the methods and actions employed by child advocates. There is talk but no action. Discussions of solutions are general and idealistic and when no action results, people are disillusioned or cynical. There is no consensus on action. There are ideological differences between groups which give policy makers conflicting solutions. Generally, there has not been much compromise. Action is often limited in focus; the legislation that has been approved has a limited target and relies on a "vogue" mentality -- there is no sustained commitment. Advocacy has been indirect. For example, action is directed toward adults and is supposed to filter down to children which may not be the best way to help children because it is diffuse and unpredictable. Programs that combine service to children with adult-oriented service are usually the most effective.

The authors present some reasons for lack of policy and direction in services for children. 1) There is a fear that social action might disrupt the parent-child bond or infringe on family rights. Family-centered cultural values may explain why only groups with "deficits" are appropriate for public policy. 2) Children have a low economic priority. Lack of implementation, limitation to a circumscribed group and indirect versus direct assistance are all related to cost concerns. Implicit in this cost argument is the belief that the welfare of adults is preferred to that of children. 3) There is a "crisis mentality" in public policymaking. Once a problem is identified and some action is taken, attention is quickly redirected to a "new" problem. Policymakers are impatient with sustained efforts and want a "quick fix." Fast solutions are rare in children’s problems. 4) Advocates are politically inexperienced and naive. They often believe that identifying the problem and suggesting solutions will produce results. Also some advocates believe that politics and dealing with political reality contaminate the cause. In reality, children’s lives are deeply affected by political decisions.

Comment: This article is appropriate for child advocates and policymakers.

Synopsis: This article is a description of a group called Children's Lobby, organized to advocate for better children's programs through legislatures and administrative bodies.

America purports to be a child loving nation but children's programs do not come close to meeting their needs and are not adequately funded. The author contends that the reason this occurs is that there is no ongoing political constituency for children. Lobbying for children has been mostly by organizations and professionals providing services. Authorization of funds is not what is actually appropriated.

The Children's Lobby was created in New York in 1970 with the following guidelines: 1) deal with the full range of problems; 2) emphasize the appropriation process; 3) have state and local lobbies as well as a national one; 4) be open to all interested citizens, not just organizations; 5) include all economic levels and political persuasions; 6) extend concern to families and youth as well as children; 7) do not seek tax exempt status in order to lobby forcefully and openly; and 8) complement rather than duplicate work of other organizations. The Children's Lobby ran into problems of interorganizational suspicions and special interests.

Comment: This article was written for citizen advocates.

Synopsis: Although there has been advocacy for children in this country for nearly a century, progress has been slow and efforts to improve mental health of children have been "deplorable."

Service delivery systems have not been adequate to meet the mental health and emotional needs of children and youth. The system is also fragmented at every level. Advocacy projects on a community level are one way to make service delivery systems more accountable.

One model proposed by the National Institute of Mental Health would require linkages between systems, and have an advisory board representing interests and needs of a specific community. The advocacy effort should include a longitudinal evaluation and an assessment of existing components of the need for change and of the impact on children.

Comment: This article, written by a consultant to NIMH, is intended for mental health professionals and others involved in child advocacy systems.

**Synopsis:** This article includes a discussion of a demonstration project in a family service center.

This article describes a program in the Family Service Association of Nassau County, Hempstead, New York. This mental health center conducted a survey of the needs of women from early pregnancy through the first weeks of their infants' lives. The reason for the survey was that women often felt they did not meet the standards of their internalized ideal of mothering; this led to depression, child abuse, flight, or withdrawal from the mothering role. Staff at the center felt that by relieving stresses and tensions, "better" mothering would occur.

Fifty women were divided into five groups, each with two trained volunteer facilitators. The questions covered the three trimesters of pregnancy, labor, delivery, hospital stay, return home, and initial adjustment. The questions were administered in a group setting.

Another group meeting was held to encourage women to consider what changes they would like to see in their lives. This meeting led to the establishment of a mother's center, a meeting place for peer and professional exchange. The purpose of the mother's center was social action, establishment of a speaker's bureau, materials development for nursing and health classes, and advocacy for mothers' rights in hospitals.

**Comment:** This article was written for those interested in setting up advocacy groups in child abuse and neglect prevention programs.

Synopsis: This pamphlet is a guide for becoming an advocate for children's mental health services.

The word "advocacy" is derived from the Latin phrase *ad vocare*, which means to speak for, to plead the cause of another. The most ignored mental health problems of children and youth are: 1) those with serious or multiple problems; 2) those in out-of-home care; 3) those from poor or disorganized families; and 4) those with parents who are mentally ill, alcoholic, or substance abusers. The goals of advocacy are: 1) to increase the range of services; 2) to develop comprehensive systems of care; 3) to ensure rights are well-defined and protected; and 4) to provide a strong well-defined policy focus. To be an advocate one must have stamina, a clear focus, knowledge of how systems work, accurate information, and skill in developing strategies, planning actions, and building coalitions. The ultimate goal is to increase families' skills so they can be their own advocates.

To be effective, advocates need knowledge about policies and programs. This knowledge can be obtained by contacting treatment programs and mental health advocacy agencies, talking to parents, and visiting programs and schools. Advocates need to map the decision-making systems and discover who the decisionmakers are, what the issues are, who influences decisionmakers, how budget priorities are determined, who the change agents are, what allies and groups are working on similar problems, what the existing rights for children are, and what the major barriers to change are. Advocates need to develop a plan of action with problems identified, desired outcomes, a list of strategies and activities, and a basis for determining the impact of activities. Plans can be flexible and should accommodate unanticipated developments. The pamphlet contains a list of selected activities with a check-off chart.

Comment: This pamphlet is very appropriate for any child mental health advocate.

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**Synopsis:** This article includes a discussion of how a system of child advocacy should be organized and who takes responsibility for what.

The author proposes a system of child advocacy composed of six components, each of which requires carefully planned and coordinated research. The first component calls for processes for accurately defining needs of children in the community. It involves community-level surveys and tabulations. The second component concerns methods to develop and support family and community responsibility for insuring children's services. This includes the establishment of a community council to study methods of choosing council members and ways to make optimum use of trained staff and expert resources. Third, there needs to be a determination of the tasks of child advocates in the community. The fourth component is determining the most effective methods of providing care for children. This involves pulling together findings on previously tried and studied methods and making the data available. Fifth, there should be a determination of the responsibilities for provision of defined services by each institution -- family, school, welfare, courts, etc. -- and the means whereby these institutions can cooperate. This involves developing a system whereby institutions can communicate. The last component involves a determination of the most effective system of advocacy councils, at local, state and federal levels to support the community in its efforts. This involves empowerment to reduce a local sense of helplessness.

Family and community responsibility is a central concept of this model. Expectations must be made clear. Some central organization must be responsible for evaluating pilot efforts and providing information to local communities. One cannot expect to effect lasting change without a serious, coordinated, systematic research and development effort.

**Comment:** This article was written by a psychiatrist to espouse a model system of child advocacy at a local level; it was written for those needing guidance in setting up a child advocacy system.

**Synopsis:** This article suggests a process for the National Association for the Education of Young Children to analyze public policy goals and formulate strategies to meet them.

Action on behalf of children need not arise only because of external events. Policy can be long-term and goals can be pursued in a longer time frame. It is important to identify resources to help meet goals. It is possible to endorse the efforts of others rather than duplicate efforts.

Effective strategies to meet immediate goals are 1) lobbying, sharing knowledge and experience, and encouraging others to do the same, and 2) coalition building. For goals with a longer time frame, some effective strategies are: 1) building networks; 2) selecting decisionmakers through voting, contributing time and money, and voter education; and 3) promoting the needs of children and families through a documentation of needs, collation of statistical data and anecdotal information, making information known, and gearing arguments to specific audiences.

**Comment:** This article relates to systems advocacy and would be of interest to those beginning an advocacy effort.
BOTH CASE AND CLASS ADVOCACY

This section includes literature related to both case and class advocacy, either internal or external. An advocate may wish to know:

- What do advocates do and how do they feel about advocacy?
- What are the elements of an advocacy program?
- What skills are needed to be an advocate?
- What is the role of parents as advocates?
- What are the objectives of client advocates?
- What types of child advocacy programs are being implemented?
- Why are many advocacy efforts unsuccessful?
- How can social work students be trained to be effective advocates?
- What are the limitations of internal advocacy?
- What are some of the strategies used to be an effective advocate?
- What is the relationship between case and class advocacy?
Both Case and Class Advocacy


Synopsis: This article describes an empirical study involving the proportion of social workers who practice advocacy and how they feel about it.

The sample for this study of advocacy was 105 social workers in Michigan who considered advocacy a major part of their work. This was a purposive sample and students designed and conducted the open-ended interview. Therefore, the author cautions the reader about generalizing the results.

Some findings from the study were: 1) almost half the respondents were less than 30 years old and 3/4 were under 40; 2) 42 percent had at least a master's degree; 3) 81 percent were motivated to become advocates from specific experiences; 4) 37 percent performed case advocacy only, 5 percent class advocacy only, and 58 percent both; 5) 67 percent spent half time or more of their work hours on advocacy and 63 percent spent some time each week off the job as advocates; 6) class advocates were more active than case advocates; 7) 78 percent preferred to advocate for particular types of clients; 8) the highest proportion worked in psychiatric agencies and the lowest proportion in public assistance agencies; 9) the largest client populations represented were psychologically and physically handicapped and the smallest were children and women; 10) 64 percent were line-level workers; 11) the higher the position in an agency, the more likely respondents were to practice class advocacy; and 12) over 60 percent had been at their current job two years or less.

The majority of the respondents perceived advocacy as an attempt to transfer skills to the client, and social action was not emphasized. In regard to skills useful to advocates, 69 percent referred to a knowledge base, 70 percent to communication skills, and 70 percent to personality traits. Advocacy steps reported included giving advice (97 percent), acquiring information (96 percent), developing strategies (71 percent), evaluation and follow-up (60 percent), assessing client's skills and strengths (42 percent), and setting goals (19 percent). Concerning obstacles to advocacy, 68 percent reported obstacles in their own agency and 90 percent reported obstacles external to their agency. Workers had an easier time reacting to external obstacles in a proactive manner. Regarding success, 77 percent said they were successful at least half the time. Over 40 percent said that burnout was a moderate or great problem, which was correlated to a high perception of internal obstacles.

Some implications are: 1) those who have had personal experiences with a problem are likely to be most devoted advocates; 2) training should include both case and class advocacy; 3) client specialization has beneficial effects; 4) changes are more likely to serve middle-class interests; and 5) internal obstacles relate to burnout and stress.

Comment: This article is a needed and rare look at advocacy from the advocates' point of view. It should be of interest to advocates and those who train them.
Both Case and Class Advocacy


**Synopsis:** This book explores the background of and rationale for child advocacy, the characteristics of an advocate, the skills needed to be an advocate, the roles of staff and parents as advocates, and the future of child advocacy.

Child advocacy usually requires moving bureaucracies. This can be accomplished directly by a child advocate or by training families to be their own advocates. A child advocate usually begins with a specific case, but the ultimate aim is to change the system for all children. Case advocacy is used to document places where children's needs are poorly met. A child advocate is not a child saver; rather than do something for the child, the advocate does something on behalf of the child.

Child's rights are the basis of child advocacy and make it possible for the advocate to assert (rather than beg) for services. Child advocates can work in the following ways in relation to rights: 1) establish rights through courts or legislation; 2) guarantee implementation; 3) monitor systems to insure enforcement; and 4) assist parents and children in exercising rights by providing advocacy services and by educating staff, parents and youth.

Characteristics of an advocate include caring, knowing and acting. Advocates should assess their own values and commitment. In order to make caring effective, advocates need to know systems, facts, rights, how to document, and resources. Skills related to effective child advocacy include finding the facts, planning strategies, developing groups, and negotiating with officials.

The author discusses various advocacy strategies and their purposes: public hearings and fact-finding forums; letter writing; community education; model programs; symbolic acts; demonstrations; communications; lobbying; boycotts; legal action; and negotiation.

Professionals who work with children are in key positions to be advocates. Some organizations limit the amount of advocacy a professional can do because of administrative practices. Job security and status can be in jeopardy in some advocacy situations. Parents are natural advocates for their children, but to advocate effectively, they need legal rights they can understand and organizations to provide support and advice.

The child advocacy movement is in its beginning stages. In order to develop, it needs to form alliances with other power groups, develop a political base, develop a sense of identity, develop a sound financial base, and set clear goals.

**Comment:** This handbook, written by a Philadelphia child advocate, is appropriate for all those interested in children and their rights.
Both Case and Class Advocacy


Synopsis: It is possible for social work advocates to undermine their professional ethics as well as the interests of their clients.

As advocacy re-emerged as a function of social work practice and gained popularity as an idea, it came to mean all things to all workers. As operational directives of advocacy emerged, some harmful notions about how social workers should behave in advocacy situations surfaced. The authors examine some directives they feel take away from the client's right to self-determination.

The Ad Hoc Committee on Advocacy established by the National Association of Social Workers, defines an advocate as, above all, the client's supporter. This definition does not vary from that of social work's Code of Ethics. Some problems arise when the Ad Hoc Committee described guidelines regarding competing client claims. The advocate is advised to "weigh the relative claims before deciding to support his client's interests." The authors claim that this advice would immobilize advocacy efforts because it is prohibitive in terms of time and cost, and it relies on individual worker judgment. Agencies have developed criteria and policies to help make decisions regarding competing claims for scarce services. Although not perfect, these policies should not be superceded with individual worker judgment in the name of advocacy.

Another guideline of the Ad Hoc Committee relates to situations in which case advocacy is incompatible with class advocacy. The guideline indicates that in some situations clients may suffer discomfort if the advocate deems it necessary to reap long-term benefits. The authors raise questions about who makes these decisions, how "long" is the long run, and who decides whether a sacrifice will be made. They maintain that the client, not the professional, must make these decisions, and that the worker should do no harm. Champions of advocacy should not forget that the client has the right to make decisions. The advocate should facilitate client self-determination with knowledge about alternatives and opportunities.

Comment: This article is a charge to the social work profession to clarify its position in relation to advocacy and client self-determination.
Both Case and Class Advocacy


**Synopsis:** This article defines the objectives of child advocates and discusses necessary elements of a national child advocacy system.

The author defines an advocate as "one who speaks for, counsels or supports." There are three prime objectives of an advocate: 1) to guarantee every child and family every service needed to assure maximum developmental potential; 2) to coordinate fragmented services; and 3) to catalyze the development of services that do not exist but are needed.

The functions of an advocate are: 1) the identification of needs, including service gaps; 2) the articulation of identified needs in appropriate forums; 3) generation of corrective action to meet needs; 4) maintenance of contact with those served to assure correction of problems; and 5) evaluation of results of intervention. Those being served should be included in the advocacy process.

There are two spheres of advocacy activities. The first is the individual or family seeking service, and the second is the collective interests of children and their families. The latter form of advocacy is what would occur in a national child advocacy system. A national system should include information gathering, dissemination and model program development.

**Comment:** This article would be appropriate for those who want to promote the development of a national child advocacy system.
Both Case and Class Advocacy


Synopsis: This book describes findings of a federally-funded national baseline study to identify what was occurring under the label of child advocacy and the development of some conceptual order to the results.

The national baseline study findings are based on data from questionnaires, case studies, interviews, and professional literature. It became clear that the definitions of child advocacy covered a broad range which presented a confusing picture of what the phenomenon was. Child advocacy programs involved in the study were conducting activities ranging from information and referral to legal representation, were clustered at the state or community level, were primarily publicly funded, performed both direct service and social action, served both children and families, and were about equally divided between serving all children or a special group of children. Advocates did not have a clearly defined role; they were board members, administrators, staffs, clients, and volunteers. The most common characteristic among programs was their concern with service delivery systems.

The authors suggest that there are two ways to delineate the domain of child advocacy. The first is to allow the term to become synonymous with the term child welfare or the field of services to children. The second, which the authors recommend, is that child advocacy is "a core of organized or organizable activity that is unique and continuous with the advocacy identified elsewhere in social welfare." This second view defines child advocacy as "intervention on behalf of children in relation to those services and institutions that impinge on their lives." The authors expand on their position that child advocacy is more than child welfare, that advocacy is interdisciplinary, that it involves professionals, paraprofessionals, and clients, and that it defines children as an interest group with rights that society is obligated to meet adequately.

Advocacy is a continuum from specific case issues to class issues. Class advocacy can focus on policy, administrative procedures, specific personnel, budgets, laws, or political action. There was some opposition to advocacy expressed which included: 1) advocacy efforts take money from other resources; 2) advocacy is a diversion which steers proponents away from social policy; 3) advocacy causes tension and suspicion in a field which should be collaborative; and 4) advocacy undermines the authority and potency of institutions. The authors feel that opposition should not be ignored, but that the concerns are overshadowed by the need for change.

Advocacy action can begin because of specific case issues, because of a survey of a problem or need, because of results of monitoring of services, or because of self-help initiatives. There are both legal and nonlegal advocacy actions. Some targets for intervention are a specific case, a local service agency, an administrative or executive agency, the legislature, or the courts.

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The authors offer some tentative suggestions about the variables that comprise an effective advocacy program. These include specific goals organized around specific issues, a focus on a few services rather than a range of services, methods and techniques of intervention tailored to specific goals, effective leadership skills, and advocates who have expertise of and social proximity to the groups they serve.

In conclusion the authors offer some recommendations for the future of child advocacy: 1) create a children's advocate agency within the federal government; 2) conduct a biennial "state-of-the-child" inventory to challenge all units responsible for planning and setting priorities; 3) establish a children's rights litigation support unit in the Office of the Secretary of HEW (HHS); 4) support programs that test hypotheses about structures, methods, and processes of child advocacy; 5) encourage research, analysis, and thought on advocacy goals and sanctions; 6) promote more rigorous studies on the structural variables that affect advocacy; 7) conduct more rigorous studies on advocacy methods and processes; 8) conduct experiments with devices for internal program monitoring in the social services, particularly in children's institutions; 9) encourage regional and federal monitoring of children's programs; 10) carry out sophisticated administrative "case" studies of categorical advocacy programs; 11) reconsider the timing and methodology for evaluating child advocacy programs; 12) conduct experiments with a variety of approaches that modify and expand current programs, structures, and staff roles; and 13) toward the development of local programs, take time to think about the interplay among goals, processes, and structures.

Comment: This study is a seminal work related to child advocacy. It is appropriate for all those who work with children.
Both Case and Class Advocacy


Synopsis: The processes of child development are affected not only by those in the child's immediate world, but also by social and political forces. Families are not affected equally, but no family can avoid these ecological forces.

In today's society families and children must develop skills to cope with social and political realities. Professionals who "help children" need to reconsider what "help" means, to develop appropriate helping strategies, and to re-evaluate their ethical responsibilities. Professionals must decide what response they should give to the child advocacy movement.

It is increasingly rare that one professional is involved with delivering services to children. Theoretically, the multiple agencies and professionals involved with a child should enrich the quality and quantity of services. However, this is usually not the case; agencies and professionals tend to protect their own interests rather than those of the child. Who should have the responsibility of mobilizing resources for a particular child? Knitzer states that professionals must know the resources in their community, the policies and procedures of the resources, and must see that the family gets help -- if not from their own agency, then with another. A professional must learn the difference between help that is a form of social control and help that enables people to assume control over their own lives.

Child advocacy involves changing forces that are barriers to children's growth and development. Advocates try to fill the gap when professionals, politicians and administrators fail to take responsibility. There are various approaches advocates can take including persuasion, negotiation, coercion, indirect pressure, legislative lobbying, and litigation. Child advocacy poses demands and dilemmas for professionals whose response is often ambivalent. Some professional objections to advocacy are that it: 1) questions their professional judgment; 2) siphons off time and resources needed for direct service; and 3) is fine as long as someone else does it. These objections are not realistic for professionals; they deny that multiple forces are involved in children's services. Professionals should learn about advocacy, should understand its strengths, and should develop ways to work with advocates to improve services and eliminate barriers to services. If a professional chooses not to take an advocacy stance, there is a clear ethical obligation to see that someone does fulfill that role for the child.

Comment: This article encourages professionals to perceive advocacy not as a threat but as an opportunity to work with others for a more equitable allocation of resources and services for children.

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Synopsis: This article discusses the assumptions underlying child advocacy, types of child advocacy programs, and types of strategies.

The author describes the recent history of child advocacy and its roots in the "War on Poverty" movement. She also discusses the confusion following reports from the 1969 Joint Commission on Mental Health of Children and 1970 White House Conference on Children, which recommended national child advocacy systems.

Knitzer makes certain assumptions: 1) advocacy assumes people have, or ought to have, certain basic rights; 2) advocacy assumes rights are enforceable by statutory, administrative, or judicial procedures; 3) advocacy efforts are focused on institutional failures that produce or aggravate individual problems; 4) advocacy is inherently political; 5) advocacy is most effective when it is focused on specific issues; and 6) advocacy is different from the provision of direct services.

Some fundamentals of child advocacy are: 1) fact-finding; 2) assessment of political situations; 3) development of strategies and remedies; and 4) follow-through. Some advocacy strategies are: 1) case advocacy, which includes citizen advocacy (volunteer match) and ombudsmen; 2) class action litigation; 3) monitoring or watch-over, which can also be used in follow-up; 4) legislative advocacy, which includes lobbying; and 5) administrative advocacy which involves negotiation, persuasion and development of alternatives.

As important as sanction is to advocacy, equally important are the energy, commitment and political savvy of the advocate. There are limits to advocacy and a danger of overkill. Advocacy can be hazardous and must be undertaken with humility. Advocacy can only deal with a limited set of problems and is not a substitute for good family social policy. Advocacy alone cannot bring about the kind of policy changes needed.

Comment: This article is directed mainly toward policy makers and administrators. Knitzer does not disregard case advocacy but is more concerned with system change.
Both Case and Class Advocacy


Synopsis: Child advocacy is a widely used term, but the concept is carried out poorly.

Advocating for children is a complex task. Every action taken on behalf of a client is an advocacy action. Compassion has outpaced ability to cope with social change. The truth is that America may say children are our most valuable resource, but we have not committed resources to them. Powerless people need to be helped to have equal power.

In the area of case advocacy, there is concern about dependency versus having clients advocate for themselves. The author feels that clients should have a say in the total service process including advocacy.

A major use of advocacy is through the law or legal advocacy. Although changes in social policy through legal channels are promising and helpful, adequate resources can be achieved only through legislation and administrative decisions. However, even if all needed resources were available, needs would still be unmet without corrections in the service delivery system. These corrections can be achieved through operational advocacy.

Comment: This theoretical discussion of child advocacy is written for anyone interested in the topic.

Synopsis: This article is a general discussion of advocacy, especially in relation to the Joint Commission on the Mental Health of Children recommendations.

The authors describe three types of advocacy. The first is social action and political advocacy which embrace a cause, defend the powerless, and seek equal opportunity. The second is advocacy for the individual or clinical advocacy involving intervention on behalf of a client. Some professionals contend that too much advocacy encourages dependency and therefore discourages self-determination of consumers. The third type is advocacy and the law -- the use of law to achieve social purposes and correct wrongs.

The authors contend that isolated advocacy rarely works; it is best to have cooperative or collaborative advocacy. Rhetoric needs to be translated into action. Operational advocacy is defined as ensuring that needs are met and that service delivery arrangements are reordered.

Comment: The article is appropriate for mental health system staffs and therapists.
Both Case and Class Advocacy


Synopsis: The social work role in discharge planning must include an advocacy function. This article discusses political advocacy, resource development advocacy, and case advocacy.

Political advocacy includes building coalitions of citizen groups and/or local agencies to gain influence in directing the course of government services, especially local ones. Political advocacy groups can create liaison committees with legislators. Resource development advocacy needs innovative program approaches designed by social workers who are aware of client needs. Case advocacy develops linkages through which patients and their families can gain access to services. Case advocacy includes making knowledge of appropriate programs available. Case advocates assume a consultant role with agencies to help them modify barriers to service delivery.

To implement an advocacy program requires accurate identification of the problem, mobilization of resources, management of methodology and skills, and constant monitoring. It also requires an understanding of compromise, mediation, arbitration, and negotiation, and psychological factors of resistance.

Comment: This article is appropriate for medical social workers including those working in mental health settings.

**Synopsis:** This article describes a project to train social work students in the knowledge and skills of child advocacy in a field setting.

This article describes the Child Advocacy in Community Mental Health Field Education Unit at the University of Wisconsin-Madison School of Social Work. Students were placed at a state-run children's treatment center with both in- and out-patient services and at a comprehensive community mental health center. The project included 12 graduate students, a full-time clinical field instructor, a part-time liaison or community relations specialist, and clinical staff affiliated with the two participating agencies. The objectives of the program were to obtain knowledge of child advocacy and the disadvantaged, to obtain clinical skills for treatment of severely disturbed children, and to develop knowledge of community mental health theory and practice. Philosophically, the project promoted the belief that children have fundamental rights that need to be promoted and protected. Professionals need to intervene whenever necessary to promote healthy growth and development of the child. The field unit was instituted to bring needed mental health services to children who ordinarily do not receive them. The unit was involved in both case and systems advocacy.

A model was adapted to include four stages: 1) training in the treatment of children; 2) crisis intervention; 3) outreach; and 4) organization of a child advocacy board. In training, students were taught to work with primary persons in the child's environment with the goal of maintaining children in their homes. During times of crisis, the unit responded in intensive innovative ways to coordinate services. Outreach included elements of social action and community participation. It was during outreach that the community liaison was most involved. To set up a child advocacy system, students were involved in gathering information and forming a steering committee.

**Comment:** This article, written by a social work educator, is appropriate for school of social work faculty and field instructors in community agencies.

Synopsis: Social workers must be willing to learn and use principles of advocacy when they encounter dehumanizing conditions or abusive treatment within service agencies.

The author's definition of advocacy is "an act or process of defending or promoting a cause and the subsequent pleading of that cause." An advocate is a partisan in a social conflict and uses expertise to meet client interest. In family advocacy, the advocate fights the client or family's cause with the end goal of showing them how to fight their own. In community advocacy, the entire agency advocates for a cause. This requires analysis, planning, strategies, and thorough consideration of the effects of action.

For many social workers, the combative stance required to be an effective advocate is not natural; therefore they lack the skills and orientation to be effective advocates. The author urges schools of social work to train students in techniques of advocacy and to be committed to the principles of advocacy during field instruction. Students should be knowledgeable regarding laws, institutional change, using influence, power systems, and intervention.

Some intervention techniques are: 1) studies and surveys; 2) expert testimony; 3) case conferences with other agencies; 4) interagency committees; 5) education; 6) position taking; 7) administrative redress; 8) demonstration projects; 9) direct contacts with officials and legislators; 10) coalition groups; 11) client groups; 12) petitions; 13) persistent demands; and 14) demonstrations and protests. The author states "...all practitioners should make a commitment to social justice and avoid any move toward social control."

Comment: This article is appropriate for schools of social work, advocates, and any social worker.

**Synopsis:** Internal advocacy is examined. What are its impediments? What conditions are necessary to initiate and sustain organizational intervention?

Direct service providers have not been visible in their effort to change conditions in their own agencies. This limits the effectiveness of the services offered. The author defines internal advocacy as "activity, engaged in by social work practitioners in their roles as professional employees, which is undertaken for the purpose of changing the formal policies, programs, or procedures of the agencies that employ them, in the interest of increasing the effectiveness of the services provided or removing organizational conditions or practices that are deleterious to the client populations served." Internal advocacy includes both case and class advocacy; it can be initiated by an individual, committee or subunit, usually from the bottom up hierarchically. Internal advocates are not formally legitimized as change agents; advocacy is usually not part of their defined role. In one sense, internal advocacy is seen as a violation of the employer-employee contract. It is internally stressful. To reduce the stress, the advocate seeks legitimacy and the most obvious source of legitimacy is ethical commitment to clients.

Impediments to internal advocacy are: 1) fear of dismissal; 2) loss of chance for advancement; and 3) lack of knowledge or skill in how to be an effective internal advocate. Many try participatory management, but this tends to be limited in its influence because of external pressures, selective involvement, co-optation, and size and complexity of the agency. Without institutionalized efforts in schools of social work and in professional associations, advocacy will be more honored in rhetoric than in practice.

If a practitioner makes the decision to be an advocate, three conditions are important: 1) organizational legitimacy -- the argument that change is necessary to supplement organizational communication or political power; 2) professional credibility -- vulnerability to administrative reprisals is decreased if an advocate is an integral part of agency; and 3) colleague support.

**Comment:** This article is important for anyone encountering problems or ethical concerns about internal advocacy.
Both Case and Class Advocacy


**Synopsis:** This article addresses selecting strategies to advocate for children with institutions that affect their lives.

Advocacy is practiced in cooperation with parents to enlist the support of those who can improve a situation. There are two major types of advocacy -- case and class. The process of selecting a strategy for change is the same for both types. First, there needs to be documentation that a situation is harmful. Second, the history of the situation must be known and understood. The author believes that the first approach is to engage the institutional persons responsible for a situation in finding better ways of providing their service.

Advocacy is a rational process as well as an art. Consequences of an approach should be anticipated and selection of strategies should be made on the basis of predicted effectiveness. Some commonly employed strategies are: 1) consultation and negotiation; 2) calling outside attention to a situation; 3) mounting a broad public awareness education campaign; or 4) promoting involvement in the legislative process.

The guide to selecting a strategy is to find one which promotes mutual respect and cooperation, even though the process may be time consuming and frustrating.

**Comment:** This article, written by an employee of the Children's Bureau, offers practical guidelines for child advocates to employ in selecting advocacy strategies.
Both Case and Class Advocacy


**Synopsis:** Family advocacy is directed toward changing systems and altering conditions for people generally, rather than only individuals.

In family advocacy, the purpose is to assure that systems and institutions bearing on families work for families rather than against them. The Family Service Association of America launched a family advocacy program in 1969. Because many family agencies thought promoting advocacy took away from "case work," the principle of case to cause and back to case was emphasized. For example, if a barrier is encountered, get it removed (changed for all), then all casework will be improved. "Power must be used, used judiciously, and not thrown around; to let it lie fallow in the face of the needs of those with less power would be a betrayal of our basic purposes."

Another principle of advocacy is to help the system see how its own purposes are being thwarted by its own policies and practices and then supporting the system in developing alternatives that will enhance goals. Another principle is that when there is a difference in the perception of where the problem is and where advocacy should focus as compared with the consumer group's perception, go with the consumer group. It is necessary to learn to live with the nervousness that advocacy evokes. Catalog the risks and learn everything there is to know about them. Take steps to minimize the risks without sacrificing the cause and be aware of what the danger is in not making an attempt at change.

There are problems with advocacy. It can be painful and threatening. To retreat after a rebuff is irresponsible and misguided. It is necessary to put words and commitments into action or risk becoming an advocacy target. Internal advocacy has its own risks. Agency structures and procedures often meet organizational rather than client needs. But reorganization has its rewards and makes the agency more vital. Also, compared to internal advocacy, external advocacy is easy.

The author states, "It has been alleged that social workers, while masquerading as friends and benefactors of our clientele, have been part and parcel of oppressive systems." Some recognize enough of themselves in this indictment to listen, to understand and to learn.

**Comment:** This convincing and readable article should be required reading for anyone willing to undertake an advocacy role.
Both Case and Class Advocacy


Synopsis: The authors recommend that professional educators be immersed in the human and legal rights arena, and that the philosophy, principles and practices of advocacy be part of teacher certification requirements.

After a discussion of the historical basis of advocacy for the handicapped and a discussion of the need for advocacy to give dignity to lives of all people, including the handicapped, the authors propose six advocacy categories especially related to education. 1) Surrogate parents: P.L. 94-142 mandates the right of parents to fully participate in their children’s educational process. When the parents are unknown or unavailable, a surrogate can be appointed by a state or local education agency or the court. 2) Teacher advocates: These advocates must possess a workable level of knowledge about current legislation and need preparation in advocacy for certification. 3) Administrator advocates: Administrators are vulnerable because they are financial managers. If conflict with the employer arises, then administrators should refer clients to another advocate. 4) Citizen advocate: Volunteers are matched with the handicapped and perform an informal mentor role. 5) Ethical review board: This grew out of a need for a protective mechanism against inhumane treatment of individuals in residential facilities. The board functions as a safeguard and communication link. 6) Intracommunity Action Network: This network integrates community resources with the specific goal of developing a model of continual action, service, and accountability.

It is imperative for educators to participate in the total advocacy process. They can become surrogate parents, serve on ethical review boards, and practice advocacy with students and families.

Comment: This article is written for educators.
Both Case and Class Advocacy


Synopsis: This article presents 14 forms of intervention for a family advocacy program. The author has defined "family advocacy" as a basic function of workers and an obligation (not option) of workers for social action, involving the client in the process.

Interviewing for advocacy includes more than the standard practice of dealing with dysfunction and pathology. Skills are needed to develop trust, to determine what others are really saying, and to reconcile differing points of view. Also, workers often get stuck on pathology which can affect perception and evaluation of injustice the client is undergoing. Sometimes value judgments affect workers' perceptions as well as internal stresses and fear of authority. In advocacy workers need to know not only specifics of the client, the problem, and the situation, but also institutions involved and legal implications. A good working method is to see every problem a client has as a problem of the social institution as well. The worker also has to be available after the issue is settled. Institutions should be viewed as "adversaries" (not the enemies), rather than cooperating agencies.

The author lists 14 forms of advocacy including studies and surveys, expert testimony, case conferences with other agencies, interagency committees, educational methods, position taking, administrative redress, demonstration projects, direct contacts with officials and legislators, coalition groups, client groups, petitions, persistent demands, and demonstrations and protests.

The method of intervention selected depends on the nature of the issue, the organization, the client need and desire. Commitment of the agency to advocacy is very important but the advocate also needs structure and a commitment of time. There are different patterns for staff advocacy depending on size, funding, staff interests, etc. Four examples are 1) a full-time staff position of Family Advocate; 2) a part-time position or "indigenous" worker; 3) a present staff member assigned to advocacy function; or 4) a staff committee to keep advocacy related to casework.

Comment: This article is appropriate to anyone working with families.
Both Case and Class Advocacy


Synopsis: This handbook discusses elements and structures of advocacy programs, advocacy issues, planning and intervention techniques, and advocacy related to politics and government.

The key elements of advocacy are: 1) a method that is part of social work related to purposive change; 2) a core function of an agency; 3) promotion of ways to support and enhance human life; 4) engagement of people in organized efforts; 5) a potentially adversarial stance on issues; and 6) involvement in local, state, and national advocacy issues.

Selection of advocacy issues concerns not only consideration of data but also the values of the agency, of the local community, and of the nation. Some criteria for issue selection are the number of people affected by the problem, the severity of effects of the problem, the capability of the agency to tackle the problem, the extent to which other groups are involved in working on the problem, the probability of making an impact, the length of time needed to have an impact, the constraints involved, the extent of outside support needed, and the timeliness of the issue in the community. Sunley recommends that agencies generally should be involved in local issues because the scale is smaller, clients can be involved, there is access to decision makers, media are more accessible, and data collection is simplified.

Sunley, the originator of the phrase case-to-cause, feels that case advocacy is something that should be ongoing in an agency. Case advocacy deals with physical characteristics of an institution, responsiveness to clients, attitudes of staff toward clients, and abuses of clients. Case advocacy also encompasses dealing with administrative barriers, enforcement of rules and laws, and identification of service gaps. These issues on the case level can lead to systems advocacy actions.

Sunley sees advocacy as having four major divisions: study, planning, intervention, and evaluation. This book discusses each of these divisions in detail. The study phase involves selecting and defining the problem, identifying the target organization or system, identifying supporting groups, and defining the desired change. Planning includes setting realistic goals, selecting strategies, setting a time frame and sequence of action, and deciding the appropriateness of the action. Intervention includes use of mass media, meetings, group formation, and direct contact with decision makers. Evaluation should be built into the advocacy process from the beginning and includes feedback, descriptions, and statistical analyses. The book also discusses political advocacy in detail.

Comment: This book, written by a pioneer in the area of family advocacy, offers practical step-by-step suggestions to anyone wishing to implement an advocacy program within a human service agency.

Synopsis: If social work is to become more relevant to humanistic endeavors, it must become radicalized.

The radical is committed to social change to benefit the disadvantaged, to modify institutions to serve needs, and to create new resources where necessary. The radical’s primary efforts are to expand the public decisionmaking system to include those who bear the brunt of public action. Social work advocacy is to "become a partisan in social conflict whose expertise is available exclusively to serve his clients' interests." The advocate plays essentially a disruptive role to remedy problems.

Broker advocacy is case-based and includes direct intervention on behalf of a client. Invariably tensions develop between the advocate and his agency. Broker advocacy has limited results because there is no carryover effect.

Group advocacy is more significant and is based on neighborhood organization. The advocate can act as a spokesperson for the community, as a technical advisor to local action groups, as an advisor concerning methods of action, and as a contingency planner. Radicals as social workers must remain somewhat free agents, to return periodically to radical ventures. They must act as a thorn and not be trapped by the necessities of the establishment.

Comment: This article, written in 1967, reflects the feelings of that time. It is written for social workers.
CHILDREN'S RIGHTS

This section contains literature on children's legal and moral rights and the advocate's obligation to protect those rights. An advocate may want to know:

- What are the rights of the state, the parents, and the child, and how do these various rights conflict?
- What are the rights of American Indian children related to the Indian Child Welfare Act?
- How does the right of family privacy relate to child advocacy?
- How do advocacy issues conflict with the right to treatment issues?
- How does the delivery of services to families relate to services to children?
- How does an advocate's political philosophy relate to advocacy attitudes?
- What has been the history of children's rights and child advocacy?
- How can professionals improve the rights of children?
- How involved should children be in making decisions about themselves?
- What rights do institutionalized children have?
- What are the philosophical justifications for children's rights?
Synopsis: Parents and the state exert inordinate control over children, and those who seek to advance the status and rights of children are child advocates.

Even though there are child advocates, their role is limited to advancing the right of children to be protected from the choices and initiatives of others. Little has been done to enhance children's rights to make choices for themselves. Parents, the state, and advocates are all acting "in behalf of" children, which does not require consultation with the ones they represent. This is different than acting "on behalf of" which connotes acting as the child might act. If one is genuinely advocating for children, such advocacy must include the child's participation in decision-making processes. The author feels that tailoring children's rights to developmental stages, although an arduous task, is warranted. Another approach is to assume that children have the competency to participate in decision making unless there is convincing evidence that they are not capable.

It is recognized that to increase the rights of one class of persons is often to deny some rights to other classes, in this instance parents and the state. There is concern that this could disrupt family life and increase administrative chaos. However, there is no evidence that this has occurred with the current expansion of children's rights, e.g., voting, confidential drug treatment, or family planning.

Child advocates have been successful in securing recognition of children's special needs. The next step is to advocate for children's rights to make choices and experience the consequences of those choices.

Comment: This article, written by a lawyer, is relevant to child advocates who wish to go beyond the "best interest" doctrine of advocacy.
Children's Rights


Synopsis: The authors attempt to clarify some misunderstandings concerning Fischler's interpretation of the Indian Child Welfare Act.

This article is in two parts. The first addresses the American Indian child in tribal society and implications for social workers. The second part covers a legal interpretation of the Indian Child Welfare Act. American Indian children are born to both their biological parents and to the tribal community. Children grow and learn in a system where the individual and the community are the same, and where respect and interdependence prevail. The authors question many statements of Fischler, including his belief that little is known about American Indian parenting. Blanchard and Barsh claim that American Indians have this knowledge which does not require studies sifted through a non-Indian perspective. The authors are especially critical of Fischler's concerns related to child abuse and neglect by American Indian parents. They assert that strengths of American Indian families are not explored, that children are placed in homes too far from their parents, that parents are intimidated, and resources are not available for parents to defend themselves. Blanchard and Barsh are concerned because Fischler does not seem to respect the ability of American Indians to resolve their own difficulties.

In discussing the Indian Child Welfare Act, the authors maintain that Fischler misunderstands the legal effects of the Act. Fishler maintains that the standard of proof of abuse and neglect are so high as to deny children's rights. Blanchard and Barsh contend that the Act only requires that documentation of suspected abuse and neglect be more thorough and careful than in the past. Fishler is concerned that the Act tends to regard American Indian children as property of their parents. Blanchard and Barsh state that this is misleading and that parental control is not as Fishler describes, but that tribal parents cannot force a case into tribal court without the approval of a state juvenile court judge. The authors express concern about Fishler's persistent use of the phrase "rights of the child" without defining what this means. What is best for children has always been decided by adults in all cultures. For tribal children, tribal adults and professionals have made the choice that these children should grow up in their cultural environment. It is not for non-Indians to say this choice is false.

Comment: This article, written by American Indian professionals -- a social worker and a lawyer -- should be read in conjunction with Fishler's article about child advocacy issues and the Indian Child Welfare Act. Together these articles offer a provocative discussion of the Act and its implications for American Indian children.

**Synopsis:** This article addresses issues of privacy related to child-rearing practices and urges more openness and communication.

Family privacy is valued and invasion of this privacy should be circumspect and should leave privacy boundaries intact to protect family intimacy, communication, and autonomy. The authors are suggesting public status for those issues that relate to training of the child on the basis of the rights and welfare of the child. The rationale for this suggestion lies in studies of the effects of corporal and severe psychological punishment of the child. The authors state, "... we think it a reasonable proposition that professionals involved with children's welfare, ... be given the right to ask parents what strategies of discipline are customarily used in interactions with his or her child. And equally reasonable is the expectation of a parental response to such an inquiry."

The authors anticipate objections to their suggestion based on the functional significance of family privacy and the division of responsibility between the family and society for the socialization and welfare of children. The state does have a significant interest in the child's rights and welfare, and without knowledge of child rearing practices, the state cannot exercise its legitimate interest. The authors maintain that society's interest can be met by social rather than legal actions. The issue is the extent to which such a program deprives the family of the functions privacy serves. Privacy is essential in the attainment of self-identity and autonomy. The authors feel that communication about child-rearing practices would not affect the identity of the family but could affect the autonomy. This can be alleviated by broadening the choice of communication outlets which would include anonymous services. Professionals would need to vigilantly maintain ethical standards regarding confidentiality and misuse of information.

The authors maintain that more open communication related to child rearing concerns can help alleviate anxieties, anger, guilt, feelings of isolation, and frustration. The purpose of the advocacy for greater openness is neither to compel or tell parents how to raise their children. Rather, it is to offer a forum in which information can be disseminated and discussed. The community must provide support and resources to parents while acting as an advocate for children. A major focus of such a community effort is parent (and prospective parent) education. If parents are supported, they may be more willing to disclose their child rearing practices. The authors conclude that a limited restriction in parental freedom is justified by society's interest in children's welfare.

**Comment:** This article presents a rationale for public involvement in family privacy which includes the obligation of a community to advocate for children.
Children's Rights


Synopsis: The author discusses the Indian Child Welfare Act in relation to child advocacy and discusses its probable effects on American Indian children.

The Indian Child Welfare Act, passed by Congress in 1978, was seen as a major victory for American Indian children and families. However, the philosophy of the Act subordinates children's rights to the rights of parents and tribes. The Association on American Indian Affairs (AAIA), instrumental in getting the Act passed, eloquently documented the discrimination which occurred against Indian families. This organization conducted research which indicated that from 25 to 35 percent of all American Indian children were separated from their families, and the reason for these high placement rates, in 99 percent of the cases, was neglect. The dominant cultural standards were in conflict with American Indian practices, i.e., leaving children with extended family, and permissiveness.

The author discusses the child protection movement and its relationship to the improved techniques of identification, reporting, and treatment in cases of child abuse and neglect. It is thought that child abuse is rare among American Indian populations, although data are difficult to obtain. Two recent studies indicate that the ratio of neglect to abuse was 6:1, in line with the national average, but that hospitalizations and foster care placements were unusually high. The reason is hypothesized to be the lack of preventive and family support services. There was a high relationship between alcohol abuse and child abuse and neglect. The author states, "On the basis of these studies it is clear that child abuse and neglect are as significant in the American Indian community as elsewhere."

Historically, American Indian extended families have effectively protected children. Because of the erosion of the family, this protection does not always occur and children feel unloved, unwanted, insecure, and rejected. One reason for maltreatment may be that many American Indian children were separated from their families early in life (boarding schools) and did not have parental models. Further research is needed into the relationship between myths and folklore and maltreatment.

The author discusses the Act's sections related to custody and placement and concludes that the standards pose problems in failure to recognize children's rights and needs as paramount. The Act "makes it difficult to adequately protect children in peril." "The Indian Child Welfare Act, in regarding children as the property of adults, places American Indian Children ten to twenty years behind other American children."

The Act formally recognizes tribal courts as having competent jurisdiction in custody matters of Indian children on or off the reservation. Some tribal courts were unprepared for this responsibility and foster care and family services are lacking in many areas. Advocates should be available to assist tribes to assure that children are not harmed during this transition period.
Children's Rights

The Act calls for the development of child and family programs, but they are grossly underfunded, and there is a lack of emphasis on child protective services.

The author suggests that the timing of the Act was poorly planned. Programs and services to protect children and strengthen families should have been funded first, before implementation of regulatory features of the Act. Advocates for the rights of children and American Indians should push for ample funds and support. There is a need for more trained Indian child welfare workers and for research into effective interventions. The author concludes, "It is unfortunate that the means of greater sovereignty for American Indian adults places American Indian children in jeopardy." There are problems that tribes need to deal with and correct.

Comment: This provocative article is of interest to all child welfare professionals, both American Indian and non-Indian. It should be read in conjunction with the article in this section by Blanchard and Barsh.

**Synopsis:** The juvenile court system has undergone major evolutions which have resulted in a process similar to that in adult courts. This process at times works against a child's chances of receiving the most appropriate services.

The Gault decision in 1967 guaranteed that if a juvenile court proceeding could result in incarceration, the child has rights in a due process system that had previously been reserved for adults. This decision resulted in an adversary process.

Those involved -- judge, attorney, prosecutor, psychologist or psychiatrist, probation officer -- are often more concerned with procedural issues than child welfare and rehabilitative ones. Judges formerly could call all parties together to work out a solution for individual cases and children. This is no longer easy. The author suggests that more flexible interactions be developed without jeopardizing legal protections.

**Comment:** This article is appropriate for those participating in juvenile court proceedings.

Synopsis: Abuse and neglect of children and families can occur as a result of actions by the state and other institutions.

There is a delicate balance between society's conviction that the state should not intrude in the lives of families and the obligation of the state to protect children from harm. When the state does intervene, there are three parties involved: the child, the parents and the state. Traditionally the state and the parents have been the primary parties with the assumption that the interests of the child are merged with those of the state or with the family (the parents). The authors suggest that the child be elevated to primary-party status and have an advocate to advance his or her interests.

The authors propose these guidelines for state intervention in the lives of children and families: 1) subcultural standards of child-rearing should be considered in evaluating abuse and neglect reports; 2) if the state intervenes, the family should be notified that a report was made, who made it, the reasons for it, and the right to challenge it; 3) a procedure for challenging reports should be established with rights to counsel for parent and child; 4) provisions should be made for expungement if a report is not substantiated; 5) if a report is substantiated, all parties should have a right to suggest alternative plans for alleviating the situation; 6) a contract should be drawn up outlining responsibilities of all parties, including a right to services provision and periodic review of progress; and 7) if parties do not agree on a plan or if one party believes another is not complying with provisions of the plan, any party should have a right to appeal to the courts to resolve the conflict. Judges should have special training and experience in child abuse and neglect issues.

Comment: This chapter from a book on children's rights is written for policy makers to clarify rights issues in relation to parent's rights and child abuse and neglect.

**Synopsis:** Children’s rights are best met when services to children are inseparable from delivery of supportive services to families. The author analyzes issues to provide a conceptual framework for service delivery.

Until children’s needs and interests are recognized as rights, there can be no legal enforcement to ensure needs are met. Since the family is recognized as the best system to meet a child’s needs, society must support families in fulfilling child-rearing responsibilities. Vigorous child advocacy is occurring at the same time as the federal government is relinquishing ties to services back to states which results in unevenness in service delivery. Also, service delivery becomes related to economic, political and social issues. Helping the family may be the most effective way to help children. The environment and social context can restrict choices families can make as many critical problems are beyond individual control. "This perspective emphasizes the futility of focusing on an individual child without simultaneously recognizing the social and economic context in which a family lives." One quote from the author is significant: "A coordinated comprehensive program of services to children and their parents should be preventive in orientation and provide services on a continuous, not solely an emergency basis." Services need to move from a deficit model to become more collaborative and holistic, which has led to a recommendation of cross-system councils or commissions to ascertain needs of children.

Since more responsibility has been transferred to states, and they play a critical role in how federal policy is implemented, there is a need for an interdisciplinary unit above the level of operating departments to advocate, monitor and plan children’s services.

The article includes five major themes: 1) impact of environmental factors on child development; 2) society assumption of responsibility for its influence on family life; 3) children’s rights to supportive services rather than basing services on need; 4) rights only being accomplished through political process; and 5) recognition of the family as the primary unit for delivering services and the role of society in supporting this relationship. This framework goes beyond the concept of parental involvement to strengthening family capability to take care of children’s needs.

**Comment:** This article is directed toward the policy making and administrative level of children’s service delivery system.

**Synopsis:** The author has concerns related to issues of children’s rights and the rights movement.

Gould maintains that choosing rights of children over those of adults is shielding children which is an ineffective approach to a social problem. Since social and legal rights for adults have not been achieved, there is little hope that these rights can be obtained for children. The author also maintains that although the child advocacy movement professes to be for all children, it is, in fact, directed to the poor and the powerless. He also maintains that standards of when intervention is appropriate are vague and, therefore, "open the door for the child advocate to oppress the rights of parents--especially poor parents."

Gould’s concerns with the children’s rights movement symbolize his concerns of American liberalism--"the incredible ability to retain a vision of social change while designing strategies that support the status quo." He concludes, "Only if the structure changes can children's rights emerge as an issue with any real promise of solution."

**Comment:** This article is provocative but does not offer alternatives. It is intended as a critique of the children’s rights and advocacy movement and is written for child advocates.
Children's Rights


Synopsis: This article is a preliminary report of a project to define and measure child advocacy while dealing with issues of political philosophy.

The authors determined that child advocates tend to be involved in ten areas related to children's rights: 1) use of tests; 2) general human rights; 3) rights of the handicapped; 4) legal rights; 5) education; 6) confidentiality; 7) democracy; 8) discipline and corporal punishment; 9) juvenile delinquency; and 10) child abuse and neglect. A 287 item instrument was developed. Four persons were asked to rate these items on a 5-point scale from strongly disagree to strongly agree. All four raters were professionally involved with children and were considered child advocates. Three of the raters ranged from extremely to moderately liberal politically and the fourth was a self-professed conservative.

The items were on index cards; the raters sorted the 287 cards into the five categories of the scale and were then interviewed. The authors plan to use these preliminary data to construct a pool of items to administer to large groups for extensive analysis.

The results in the ten previously mentioned content areas are as follows. 1) Tests. There was nearly unanimous agreement that test scores alone have limited value. 2) Human Rights. There was general agreement on about 3/4 of the items toward a humanistic and legal philosophy. 3) Rights of the Handicapped. There was essential agreement that the handicapped should be provided with equal opportunities. There was a hint that the politically conservative rater evidenced more sympathy than empathy for the handicapped. 4) Legal Rights. The raters were aware of the changing emphasis in the treatment of minors in the judicial system. 5) Education. There was some inconsistency on items related to educational procedures and practices, especially in relation to a teacher's role as director of learning or as facilitator. 6) Confidentiality. All raters agreed to the right of children and parents to privacy of school records. 7) Democracy. On these items there was liberal-conservative differentiation in the amount of child participation in decision making. 8) Discipline and Corporal Punishment. On 50 percent of the items in this category there was agreement; the conservative, while not favoring fear and physical punishment, found them appropriate in some situations. 9) Juvenile Delinquency. The raters agreed that children who commit crimes need to be viewed flexibly and individually. 10) Abuse and Neglect. All agreed that actions should be taken on behalf of children when abuse or neglect were suspected.

The authors maintain that this preliminary work points out that child advocacy involved with issues of children's rights is intertwined with philosophical beliefs and values. Certain areas were contaminated by social and political orientations. A proper attitude scale must not be tainted by extreme liberalism but must recognize differences in values of the respondents.

Comment: This article describes the first steps in developing an attitude scale for child advocates and should be of interest to researchers and policymakers.

**Synopsis:** This article presents an historical analysis of child advocacy and offers suggestions for future advocates.

Despite the fact that laws have been passed to protect children and that there are institutions dedicated to the welfare of children, these do not seem to work over a long period of time. It appears that when systems are officially sanctioned and publically funded, they begin to deteriorate. These bureaucracies develop lives of their own, separate from the needs of children.

The author presents a chronology of child advocacy movements in America beginning with the founding of the New York Society for the Prevention of Cruelty to Children in 1874. The chronology continues through the condemnation of child labor, to the establishment of the first juvenile court, the establishment of the U.S. Children's Bureau, the passage of the Sheppard-Townes Act to provide infant and maternal hygiene and welfare reforms, the founding of the American Academy of Pediatrics, the provision of funds for child-oriented efforts through the Social Security Act, the Supreme Court Brown decision related to school desegregation, passage of child abuse laws, establishment of Project Head Start, the Supreme Court Gault decision requiring due process for juveniles, the Tinker decision which held that students are citizens under the law, and the recommendations of the 1970 White House Conference on Children of a national center for child advocacy.

The author presents various definitions of child advocacy and describes studies conducted to measure advocacy attitudes. Child advocacy has become institutionalized. However, it is not professional societies or state institutions who have been in the forefront of the movement; rather it has been parents, journalists, and consumer groups. The essence of the movement is change and taking risks. If advocacy is to succeed, it needs new theories and strategies so that the movement can be sustained.

The author maintains that the hardest task is to convince politicians that children's rights should not become political issues. Success will be achieved when there is no need for child advocacy.

**Comment:** This article, written by a school psychologist, is an often caustic, yet humorous, review of the past, present, and future of the child advocacy movement.

**Synopsis:** This article examines recent legal activities on behalf of children focusing on rights of children and parents, and on efforts to enforce the obligations of social institutions.

Four sets of legal questions involving children in a familial context have recently been litigated: 1) Under what conditions should children have access to legal representation? 2) What should be the legal grounds for termination of parental rights and permanent placement? 3) Under what circumstances should there be court oversight of parental decisions about children? and 4) In what circumstances should minors be permitted to make decisions independently of their parents? There are criticisms of the use of the court in resolving these complex issues. First, expansion of children's rights challenges the notion of family autonomy. Second, a "due process" legal model is inappropriately applied to family matters. The third criticism is that legal action may be more harmful than helpful. Knitzer feels these concerns have some validity, but that the debate over these issues may lead to clearer guidelines concerning when legal intervention is warranted and helpful.

Knitzer points out that the legal expansion of children's rights is often beneficial in equalizing parental power against the state. Litigation has also pointed out the paucity of appropriate resources for children, especially the emotionally handicapped.

The so-called parent vs. children aspect of children's rights has obscured other legal efforts on behalf of children. These legal efforts include issues of due process protections, protection against system abuses, appropriate care, and enforcement of existing mandates. Although there are fewer criticisms of these class action suits directed toward public responses to children, there are ones concerned with the time taken from direct service and the "overlegalization" of the decision making process. In general, litigation has resulted in serious examination of the quality of services to children and of the public responsibility to them. However, court decisions are only a first step; implementation of these decisions takes time and resource reallocation.

Although there has been little systematic review or research on the impact of legal advocacy on children, Knitzer offers some conclusions. The children's rights movement has raised the consciousness of service providers to age appropriate care and treatment. It has led to dilemmas for professionals regarding the limits of their role and the potential harm their decisions may have on children. Litigation has resulted in a positive interaction between lawyers, service providers, and social scientists. In some areas (education and child welfare), litigation has reshaped national policy, and along with some nonlegal advocacy efforts, has stimulated discussion around long-standing problems such as institutional abuse and public neglect of children.

**Comment:** This article is a thorough review of recent legal advocacy efforts for children, and is of interest to all persons involved in this form of advocacy.

Synopsis: Although many people espouse the virtues of child advocacy, the benefits to children in the real world are minimal. Koocher focuses on specific ways mental health professionals can improve the rights of children.

The author defines three levels of children's rights: statuatory rights, which include powers, privileges or guarantees granted to children under the law; human rights, which include social policy and the nature of the human condition; and enabling rights, which include attainment of full potential and full development. It is important to be aware of the level on which one is advocating.

Mental health professionals need to be able to recognize children's rights issues and to decide when it is necessary and appropriate to intervene. Mental health professionals face two issues. The first concerns feelings of responsibility to act on behalf of a child. The second concerns acting responsibly. Professionals need to be both humanistic and pragmatic in advocacy and to consider the impact of their actions on children.

Comment: This chapter is written for mental health professionals, especially those who do not consider advocacy as part of their professional role.

Synopsis: The assumption that children and parents' interests are the same is sometimes erroneous. Children's participation in decisions concerning themselves is ethical and legal. Children's ideas on their own rights are explored.

Historically, except in cases of gross abuse and neglect, the law has not separated children's rights from those of the parents because of the assumption that the family protects the child. The author argues that this assumption is often untrue and that advocates should listen to children's views out of respect for children as persons and for the psychological benefits from experience of participation which outweigh potential costs of "bad" decisions by immature minors.

The law is ambiguous; it recognizes constitutional and statutory rights of minors but application is discretionary and unclear. In terms of class advocacy, asking children about their opinions with various systems might help practitioners design more responsive services. In terms of individual issues, in order for a child to participate in routine planning and decisionmaking, practitioners need to learn how much the child knows about his or her rights and situation.

Comment: This article is written from a philosophical point of view asking for research into the area of children's participation in their own advocacy.
Children's Rights


Synopsis: This article addresses for adolescents' rights and related treatment issues in residential treatment settings.

Historically there were two ways for adolescents to enter residential treatment facilities -- by parents or by the juvenile court. New rules being offered stipulate that courts must follow adult standards except in delinquency cases. Adolescents can be ordered into residential treatment only if they are judged to be dangerous to themselves or others. The authors maintain that certain aspects of adolescent psychology and development must be considered in the decision to place a child in a treatment facility.

When adult standards are used, the parent-child relationship may become adversarial, which often leads to unsatisfactory results. The result of proposed legal changes could lead to a lack of treatment for some adolescents, especially those who deny that they need help. A balance should occur between parental discretion and a child's personal liberty. The child should have the implicit opportunity to leave a residential setting unless he is a danger to himself or others.

Comment: This article was written by a psychiatrist and a law professor and is intended for juvenile court personnel as well as for those involved in legal reform.

Synopsis: This chapter discusses the professional’s dilemmas in working with children in relation to children's rights, parents' rights, and society's rights.

There are no certainties in the field of mental health. Expectations for results are high and people demand instant success. Social change takes time. Professionals react to change in different ways -- some have great difficulty and seek satisfactions outside their careers and some grab any new approach without knowledge or skill in its implementation. There is the question of how much failure for change lies with the individual professional and how much lies with the system. There are moral dilemmas involved when institutions restrain professionals. Being an ethical professional in a quasi-ethical agency is difficult. Those who cannot deal well with the resultant stress should reassess their professional placement.

The author feels that the skill required of an effective advocate is not well understood. Professionals need to be creative when their sense of what is right is being violated. Training programs for professionals should include education on the ethics of the profession and should not be doctrinaire. Students should be aware of social advocacy functions through professional groups and advocacy organizations.

Despite the stress and despite the dilemmas, application of ethical values has great ramifications on the well-being of children.

Comment: This chapter presents more questions than answers. However, the author urges all professionals working with children not to forsake their ethical values.

Synopsis: The author discusses the rights of children and the role of the citizen advocate in guaranteeing these rights.

Since children are virtually powerless in claiming their rights, they need the assistance and intervention of adults with power. In the United States, these adults are members of special interest groups. Most of these advocates are volunteers. This type of advocacy does not occur worldwide nor is it as widely accepted in the U.S. as it should be.

The author describes the Mental Health Association’s advocacy efforts on behalf of children and mental health. Because of the experience of this organization, the author offers some principles in building a strong voluntary advocacy association. Citizen action requires stamina, focus, an understanding of how government and systems are organized and how they can be changed, accurate data, a sense of strategy development, and collaboration between professionals and volunteers.

The article includes lists of children’s rights by the Joint Commission on the Mental Health of Children, the U.N. Declaration of the Rights of the Child, the National Mental Health Association, and the 1970 White House Conference on Children.

Comment: This article, written by a long-time volunteer advocate with the National Mental Health Association, is appropriate for those interested in citizen advocacy for children and mental health.

Synopsis: This chapter is a discussion of recent progress in efforts to define and achieve children's rights.

The author first discusses children's rights and the family. There are two problems related to state intervention in the family. The first is that the state has abused its power especially against the powerless. The second is that often intervention is necessary but does not occur because of reluctance to interrupt family life. These issues will not be adequately resolved until this country has a family policy.

The next issue discussed is rights of children without families. The questions related to children's rights and this population are what to do when minimal necessities are provided but the child's needs are not met, and even if courts order certain services, there is no guarantee that resources to provide services (or funds) are available.

The author next approaches the subject of children's rights in institutions, in this case juvenile courts and education. Children have been granted many of the same rights as adults when threatened with incarceration. However, rights of children in relation to the educational system are unclear because of attempts to strike a balance between a child's rights and the administrative needs of institutions.

The author explains that the major problem is one of enforcing the rights that do exist and those that may be created. Children are dependent on adults to represent them in claiming their rights. Professionals, and especially lawyers, need to become better child advocates.

Comment: This chapter, authored by a lawyer, is, in the main, written for lawyers. It is a succinct discussion and critique of children's legal rights and of the need for effective and coordinated advocacy efforts.

Synopsis: Psychologists and psychological knowledge are finally becoming relevant to a slowly emerging national policy on children.

Shore lists five reasons for this country does not have adequate mental health services for children and youth. They are: 1) resistance to the theory and practice that children are separate and autonomous individuals; 2) children are politically powerless; 3) preoccupation with family privacy; 4) a strong belief in parental control over children; and 5) suspiciousness of the role of government. However, change is taking place and the role of psychologists in influencing policy is increasing.

Psychologists have shown an interest in defining children's rights and in clearing up some ambiguities that still exist in this area. Psychologists have also promoted a strong national policy on children and a system of advocacy based on child development knowledge. Despite the recommendation of experts, advocacy efforts are fragmented and, for the most part, ineffective.

The author has two suggestions about how to get a national policy on children implemented. First, the President should deliver an annual report to Congress on the state of children and families and on the progress of specific programs. Secondly, all legislation should systematically be reviewed for the impact on children and families. There is also a need to monitor legislation to ensure that it does not inadvertently cancel out or conflict with previous legislation.

The author concludes that until a sound national program for children is in place, the rhetoric of caring for children will not become a reality.

Comment: This article is written to urge policy makers to take advantage of psychology’s knowledge base in formulating a comprehensive national program for children.

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**Synopsis:** This article is a historical discussion of contributions of psychology on children's rights.

In the last 300 years, children have moved from a position of having no special or separate status to being targets of social reform. Some have argued that this emergence of childhood as a separate state has limited children's rights. The argument is that reforms were really social controls and an imposition of middle-class values on "deviant" youth. Orientation of helping professions moved from social action to professional specialization.

Children are just now being recognized as persons in their own right. There is a need to understand the world as children see it, which can lead to creating a framework of children's rights that includes both society's and children's needs. Scientific activity (research) is again becoming integrated with advocacy and social action.

**Comment:** This article is directed toward social historians.
Children's Rights


Synopsis: This article is a historical view of children's rights and suggests a more adequate framework for approaching this issue.

Historically children have been treated paternalistically because they needed to be protected from themselves and others. Problems arise because of the assumption that adults have an adequate conception of children's interests and are willing to act on that conception. The author maintains that although some paternalism is unavoidable, this should not commit us to a system in which children have no rights. The author discusses the paternal philosophies of Hobbes (right to life and death over child), Locke (benevolent subjugation), and Mill (protective subservience). None of these philosophies accorded children any rights.

Some solutions to the lack of rights have failed because the assumption is made that fundamental rights of children and adults are the same. Necessary features of children's rights are: 1) practicable -- they must make sense within the reasonable conception of society; 2) universal -- applicable to all children everywhere; and 3) paramount importance -- when fair treatment is a right, it must override all other considerations.

The author advocates for John Rawls' theory of justice which permits each individual to act on his own conception of his best interest but not at the expense of others. When discussing children, Rawls uses the term "age of reason" so that, as competencies develop, participation (rights) increases. Adults can influence and children can make decisions based on how adult perceptions facilitate or prevent achievement of children's goals. "Children have a right to make just claims and adults must be responsive to these claims."

Comment: This very academic discussion of children's rights is written for those interested in exploring philosophical bases for advocacy.
GENERAL ADVOCACY

This section contains literature on all types of advocacy -- those articles, chapters, and books which do not fit into any of the other classifications. Some issues discussed are:

- Is society ambivalent toward children and if so, why?
- What are social scientists' responsibilities as advocates?
- What are the ethical responsibilities of people working with children and families?
- How can a line-level staff member assess the climate of resistance to organizational change?
- What are the gratifying and frustrating characteristics of the advocate role?
- What role should professionals play in the resolution of social issues related to children?
- How can child advocates adjust to current financial and social realities and still be effective advocates?
- What are some effective methods of social work advocacy?
General Advocacy


**Synopsis:** Mental health services to children are inadequate and there is a societal ambivalence toward children. The authors examine these issues within the context of child advocacy.

The authors discuss the problems of the inadequacies of child mental health services by exploring socio-political variables. One is that supply is inadequate and more trained professionals are needed. A second problem is that the supply of trained professionals is unevenly distributed. Finally, there is the possibility that the wrong type of supply is used to meet needs. Whichever explanation is espoused, in reality no combination of resources has been developed to meet the mental health needs of children. To further complicate the problem, differing philosophies and disciplines compete for funding and sanction. Child advocacy may be one method of converting concern into practical application.

Advocacy efforts take many forms. Models of an advocacy system at neighborhood, local, state and national levels have been proposed. The authors assert that these models have positive and negative aspects. On the positive side, this type of advocacy system may assure better linkages between all levels. On the other hand, the child advocacy concept could become another slogan with little action.

The authors feel that a cooperative effort between professionals and consumers is essential for advocacy to function well. A valuable contribution of advocacy efforts may be that it can provide a link between direct service and social action.

**Comment:** This article, written by professors of psychiatry, is intended for social psychiatrists to explain child advocacy's role in improvement of mental health services to children.

Synopsis: This article discusses the relationship between social science and advocacy using examples, both from the past and present, drawn from the area of mental retardation.

The author states that, "The primary question in considering the social scientist as advocate is whether or not it is the business of the scientist to engage in advocacy." He admits that both social conscience and public pressure to lend expertise lead most social scientists to perform advocacy roles. To illustrate the social scientists' role in advocating solutions to social problems, the author discusses the history of advocacy activities on behalf of the mentally retarded. This historical review reveals advocacy efforts for and against sterilization, institutionalization, and segregated special education programs in schools.

What the author calls the "new advocacy" includes parental involvement, court decisions, and professional advocacy activities through expert testimony.

Doris makes clear that the value system of the social scientist has as much to do with the effort as facts and theories. Ethically, the social scientist advocate should distinguish between values and facts. The success or failure of advocacy efforts depends to a significant degree on the social climate of the time in which they occur.

Science can influence advocacy and social action programs may shape science. If an advocacy effort fails, advocates will examine the facts and theories or their value systems. If the effort is successful, social scientists may develop overconfidence in the soundness of their facts and of the acceptance of their values. For the advocate, there is a risk of confounding truth and values.

Comment: This article, written by a university professor, presents a complex and thought-provoking look at the relationship between social science and advocacy.

**Synopsis:** Mental health professionals have not filled their responsibility as protectors of children's rights; they should take a strong ethical position.

The author states, "The children's rights movement has challenged us to examine the origins of our beliefs concerning a child's best interest." There is a need to mesh professional principles, personal values, social change, and conservative societal pressures, all with differing views on the child's best interests. The children's rights movement has brought to light the complexity of protecting children. It is necessary to consider all the options and examine professional practice in relation to economically disadvantaged children and their families. This means professionals don't always do what they are familiar and comfortable with. The children's rights movement has exposed the autocratic use of professional power to control quantity and quality of services, control written reports, and control the amount of knowledge they share with parents.

Some professionals resent mandates and involvement of parents. The role of consultant rather than clinician is still not a comfortable one for professionals in working with parents. Professionals need to become partners with parents, to take consent requirements more seriously, and to understand different value systems and family styles. The children's rights movement has heightened awareness of service gaps and discrepancies between the way children should be served and the way they are actually served. Social problems can surface and be dealt with on a policy as well as an individual level.

Professionals need to generate creative plans to use existing resources more effectively. Interdisciplinary cooperation and knowing other areas of expertise are important. The children's rights movement has pointed to the necessity of going beyond professional guidelines to take personal risks to serve children's best interests. Professionals are responsible for what they do and what they fail to do. Active advocacy is part of a professional's ethical responsibility.

Education and training should be interdisciplinary, philosophically reoriented, and should include skills in analyzing needs and adapting to meet the needs or finding someone else who can. Professionals need to learn how to contribute to broader social policies, to learn problem-solving techniques, and to relinquish passive and judgmental stances.

**Comment:** This article is directed to mental health professionals, but is appropriate for any professional involved with children. It is relevant for social work educators.
General Advocacy


Synopsis: This chapter examines the ethical responsibilities of professionals working with families and makes recommendations concerning how professionals can advocate effectively.

Mearig discusses the concerns and conclusions of the authors who contributed to this book. First, "the power dimension of a professional's functioning has to be brought into consciousness and examined." Professionals exert considerable control over their clients' lives, and recent trends to make professionals accountable for their actions, although frustrating, are positive. Second, "individual professionals have an obligation to ensure that the children with whom they come in contact actually receive the services they need." Even though this seems an impossible and time consuming task, it is the professional's responsibility if for no other reason than that there is no one else to do it.

Third, "System, institution, or agency barriers can hinder the individual professional in securing services for children." However, the professional is not powerless and should not use these obstacles as a rationale for inaction. Professionals need to learn how to shape the bureaucracies in which they work. Fourth, "An individual professional can initiate change in a larger system, but there are certain steps he should follow if he wants to have any hope of success." The professional needs facts, the ability to analyze a problem, to know the desired outcome, and the ability to choose strategies that will be successful.

Fifth, "Risks must be taken by the professional at times, but it should be remembered that the child or other client is most at risk." Risks are often not as great as they are imagined, and to avoid taking any risks is professional irresponsibility. Sixth, "Professionals must be extremely sensitive to the countless ethical and moral aspects of classification, diagnosis, prognosis, and treatment choice." Children must be dealt with individually, and professionals should avoid getting locked into one therapeutic model.

Seventh, "Professionals need a more effective interdisciplinary approach to helping children." Professionals must learn to work in partnership with others and not be trapped by territorial boundaries. The professional should support whatever helps the child. Eighth, "Professionals have a special responsibility to change society's feelings and attitudes toward severely impaired children." Professionals need to examine their own values related to handicapped children before they can become effective advocates for them.

Ninth, "The parent-professional relationship is slowly changing." Professionals need to learn to share power with parents. Tenth, "More attention must be devoted to ethical and moral issues and dilemmas in professional programs."
General Advocacy

Students should be trained in ethical standards and advocacy methods to better prepare them for the realities of practice. Lastly, "An exception to professional or ethical guidelines is just that and needs to be carefully justified, planned, and explained. However, it should not be avoided if it is required to help the child. The individual professional must ultimately make this decision himself."

Comment: This chapter presents a broad overview of the ethical and advocacy issues confronting professionals working with children, and offers pro-advocacy solutions to these dilemmas.

Synopsis: This article presents a framework for assessing elements of resistance to organizational change initiated by low-power practitioners.

An assessment of resistance is necessary in making a choice of change objectives and intervention strategies. Change proposals have two dimensions: generality and depth. Regarding generality there are three levels: component (small group); subsystem (unit or class); and 3) system. Depth also has three levels: 1) procedural (facilitating the work flow); 2) programmatic (modifying operating policies); and 3) basic (changing core objectives). Together a ninefold classification emerges and, as the complexity increases, so does the resistance. The assumption is that decisionmakers resist change from below. A more useful perspective is that supervisors vary in their receptivity to change. It is necessary to analyze decisionmakers' values.

The assumption is that a decisionmaker chooses the course of action for the organization which is likely to maximize the goals he holds most important. Some values are power, money, prestige, convenience, security, professional competence, client service, and ideological commitment. The literature suggests these values cluster into three types. The first is the conserver where security and convenience are important and change is anathema. The conserver is fearful, cautious, cynical, usually has been in the organization a long time, is older, and has fewer promotinal opportunities. The conserver has a consolidation orientation; he fails to look for problems and issues and only when demand for change is overwhelming does he move, and then modestly. The second type is the climber who values power, prestige, and position. He is opportunistic, his allegiance is to the regime in power, he avoids dissenting from organization policies, he values action and efficiency. The climber is ambitious, energetic and hard-working, and it is hard to anticipate his decisionmaking style. The climber approaches decisions opportunistically and cannot afford an extremist image. The third type is the professional advocate, committed to the organization as an instrument of service. The advocate doesn't preclude other values but identifies with goals and policies because they are close to his personal ideals. He is seldom satisfied with what the organization is accomplishing but is not cynical. He searches for new approaches, additional funds, etc. He is critical, ambitious, sometimes imperialistic and often in conflict with staff, other agencies and his own board. The advocate is oriented toward innovation and likes informal input. He can tolerate tensions that change produce if it improves the capacity to attain organizational goals.

Another element important in analysis of internal change is organizational distance -- the greater the distance between the change agent and the decisionmaker, the greater the resistance. In the same vein, as the proposal travels up levels of command, information is lost, condensed or simplified. It is important to consider costs. How much does the organization have invested in the present system? The more that is invested, the more resistance is encountered.
Assessing potential resistance to change does not necessarily predict the fate of a proposal, but enables the change agent to mobilize resources that will decrease or neutralize the opposition. After the assessment, the change agent can analyze the implications of pursuing the proposed change. Are resources for mobilization sufficient to overcome possible assessed resistance or do goals need to be redefined? Where should intervention be focused? Which strategies will be most effective?

The four areas to be assessed (nature of change proposal, decisionmaker, organizational distance and costs) are not inclusive but are focal points. Another area which requires attention is the nature of an organization's external environment, including legitimation and funding, stage of development, and technology.

Comment: This article is technical but is of benefit to those wishing to effect internal change.

Synopsis: This chapter in a book on child advocacy describes an ecological perspective of advocacy.

Ecological theory is one of interaction, in this case interaction between children and the environment. When the fit between the child and the environment is poor, most often the child is removed from it. The advocate's challenge is to design arrangements that maximize the potential of the child within the environment.

The author states that when developing a perspective on deviance, one should ask what makes us similar. When behavior is unacceptably different, stigma results. Stigma is the means by which groups protect themselves. Class advocacy is issue oriented, and an individual is represented only by the particular needs he or she shares with the group. Individual advocacy deals with individuals and their unique circumstances and needs. Whenever possible a person should speak for himself and when speaking for others, this fact should be clearly specified.

Comment: This chapter is written for child advocates, urging them to rethink the way children interact with their environment.
General Advocacy


Synopsis: This chapter focuses on understanding the nature of advocates' tasks and the demands these tasks place on them.

A basic issue concerning advocacy is defining the boundaries of the advocate's role. There are no rules which clearly define the advocate's limits, and often how far to go and how much to risk are personal decisions of the advocate. The advocate relies on information about the child and his situation, as well as on his own resources to determine how to best relate to a situation. The absence of clear boundaries makes the advocate increasingly accountable. The advocate really has no authority, but does have some power, gained through credible work with both consumers and professionals.

Advocates deal in personal relationships and are often exploited. They must make time for themselves to avoid resentment, withdrawal, and depression. They need the support of their families and others important in their personal lives. Advocates find themselves in defensive positions because they confront bureaucracies and individuals trying to protect their interests. Often those who work with people consider themselves "advocates" and question what makes "true advocates" different. At times the advocate's training and experience are questioned. Advocates need to take care not to become defensive.

Advocates must speak for themselves and establish credibility with the community or risk becoming ineffective. On the other hand, the advocate's relationship with a child is easier and more rewarding. Advocates need to remember that a child's improved situation is the reward and not the relationship with the child.

Some issues that affect the morale of an advocate are ambiguity, conflict of interest, and the temptation to become cynical. Situations are not always black and white; it is important to enlist allies but it is more important to remember that the needs of the child are paramount, and the advocate must remember that cynicism is contagious.

Advocacy style is important and generally advocates should not be perceived as adversarial. They should not overidentify with or against public bureaucracies. Choices about when to support a bureaucracy or when to oppose it need to be honest and well communicated. Credibility with the community is essential. Advocates must be open, must have integrity, and must earn confidence. Advocates should avoid becoming bureaucratic themselves. Bureaucratic pitfalls to avoid include becoming too large, instituting a lot of red tape, perpetuating jargon, staying behind a desk, and ritualistic behavior.

Comment: This chapter is unique in that it focuses on personal attributes of advocates themselves and on the gratifying and frustrating aspects of the role.

**Synopsis:** This article includes a discussion of responsibility for delivery and denial of services to children, children's rights, and the role and obligation of professionals in resolution of social issues.

Fragmentation occurs when individual professionals have the authority to make decisions on who receives or is denied services. There is also a lack of standards and absence of monitoring in most service delivery systems. The concept of privacy of records can be a contributing factor that prevents clients and others from knowing what decisions are based upon. Juvenile court judges are also guilty because some advocate for fixed penalties for offenses and some want to streamline procedures so they are not looked upon as "lower" judges concerned only with social issues.

Agencies have policies which preclude accepting some children for services; they have specialized to the extreme of "creaming" only those who will be a success. This narrows access to those most in need. The author calls this "endless paths and dead-end referrals." Professionals have become cool and remote. Children's rights issues which are settled in courts raise questions of what professionals were doing that caused these cases to go to court. Professionals who work with children and are aware of lack of services and misuse of authority have an obligation to seek an end to these abuses. They should join together to challenge societal abuses.

**Comment:** This strong and forceful article would appeal to child advocates and others who prefer an advocacy stance in working with children.
General Advocacy


Synopsis: Child advocates face opposition from those against the so-called welfare state; they also are divided about goals and objectives of advocacy.

One major roadblock to child advocacy is the strong American tradition of individualism and belief in the sanctity of the rights of parents. This tradition influences policy in that the government is reluctant to develop a comprehensive program for children. Those who oppose a "welfare state" also oppose child advocacy because advocacy demands more services for children and families. Some child advocates are overly impressed with opposition slogans such as "throwing money at people does no good," "people feel government spending on social programs is a right," and "poverty programs have failed." The author states, "Certainly, lasting benefits for children can be built on programs that assure entitlements to basic necessities as a matter of right under law."

Some gains have been made: some local citizen advocacy groups have been effective; professionals are beginning to include consumers in decision making; and more facts and statistics are available through studies by the Children's Defense Fund and other advocacy groups.

There are increasing conflicts within the child advocacy movement. These conflicts arise because of differences of opinion about: what are the best interests of the child; when do parental rights outweigh children's rights; which goals achieve success; how much governmental intervention is acceptable and under which conditions; and what is right for individual children and families in a changing society. Devisive issues are parental custody vs. permanence, child neglect related to out-of-home placement (which is worse?), status offenders and juvenile court involvement, delinquency and rehabilitation, and medical and correction models of treatment.

The author urges that the push for universal policies and philosophies is unrealistic. A more rational approach is to look at each child and family situation as unique. Advocates need humility, they need to accept the complexity of dealing with the needs of children, and they need to be flexible and willing to examine theories and practices.

Comment: This provocative article, written by a former family court judge, urges child advocates in all fields to adapt to current reality and to continue to fight for the rights of children.
General Advocacy


Synopsis: This article describes the views of two social worker/advocates who believe that encouraging clients to advocate on their own behalf is central to the concept of advocacy.

Advocacy works on two levels; the first is the professional working for clients and the other is working with clients to try to change the system. Often social workers will refer clients to appropriate agencies to access services but will not refer them to citizen advocacy organizations. They often feel this is unprofessional or not part of their job. One social worker and advocate maintains that encouraging clients to help themselves makes the job of the social worker easier. Advocacy both for and with clients is not a new idea, but is one that has been forgotten with the emphasis on treatment.

A second social worker/advocate believes that advocacy is taking new forms and directions. One example is emergency services, especially in relation to the homeless. Also, many advocacy efforts are not as accountable to those they serve as they were in the 60's and 70's. Advocates should work with the consumers they serve on a partnership level with mutual respect. Advocates should not lose their belief that things can be better.

Comment: This article looks at advocacy efforts with concern for clients and consumers and urges professionals to include them in every phase of advocacy.
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