

## **Citizen Advocacy**

The Citizen Advocacy program model was conceptualized by Dr. Wolf Wolfensberger in the late 1960s to advocate on behalf of vulnerable people and to protect them from harm. A Citizen Advocacy program works at the local community level. Its exclusive mission is to foster freely-given one-to-one relationships between valued citizens—called citizen advocates—and individuals—called protégés—who have needs that could be effectively addressed by advocacy. It accomplishes this by recruiting, orienting, and matching protégés and advocates, and then providing ongoing support to their relationships. Citizen Advocacy programs usually have a small number of paid staff guided by a diverse voluntary board of local citizens.

As with all of Dr. Wolfensberger's work, Citizen Advocacy is consistent with Social Role Valorization theory and its foundational analysis of the social situations of people who are members of socially devalued classes. This analysis acknowledges the reality that mental and physical impairments, sickness, poverty, and many other stigmatized and socially devalued conditions generate common patterns of negative attitudes and actions from others. The analysis demonstrates, both at individual and collective levels, that devaluation leads to an increased prevalence of yet further wounding life experiences. In this context, the presence of a committed personal citizen advocate provides safeguarding against further wounding, a measure of healing from past wounds, and possibilities for more opportunity and richness in the life of a vulnerable protégé.

In this context, the Citizen Advocacy program's role is to initiate and support relationships that have the potential to be highly relevant and effective in addressing each individual protégé's most pressing concerns. Because the personal experiences, situations, identities, interests and needs of protégés vary widely, so do the roles that advocates are recruited and oriented to fill. In most advocate-protégé relationships, the advocate's primary role is to provide practical, instrumental support to assist their protégé in getting through the daily business of life. Some advocates assume formal roles as guardians, custodians of a protégé's funds, or making medical and other service-related decisions on behalf of the protégé. In addressing the common wound of segregation from the mainstream of community life, many advocates serve as mentors assisting their protégés to be more actively engaged in community life. In response to the common wounds of rejection and absence of freely-given relationships, all advocates, by the nature of their involvement without any financial or other compensation, address a fundamental need for relationships that are freely given between the relationship participants. To address the reality of devalued protégés' ongoing vulnerability as members of a devalued class of people, all advocates are oriented to

be conscious of their protégé's vulnerabilities. Many citizen advocates respond in inspiring ways when they are called upon to speak up to represent their protégé's interests in times of trouble.

Citizen Advocacy does not have the same kind of built in membership constituency from which other advocacy entities, such as associations of people with a devalued condition or of their family members, draw support. Therefore, the development and operation of a program requires the recruitment of program leadership and supporters. Community members come to support Citizen Advocacy when they are invited to consider involvement, and when that involvement resonates with their personal experience and/or with their beliefs about how people should respond to others in need. Community building, social justice, religious teachings, and the inherent enrichment that comes from a wide circle of relationships have all served as personal foundations for support of Citizen Advocacy programs.

Starting in 1969, Citizen Advocacy offices were established in numerous US states and Canadian provinces, and eventually in England, Australia, and New Zealand as well. However, many such programs did not last long because of several significant implementation challenges. Funding for the programs has been hard to come by, especially because it is important that a Citizen Advocacy office have funds that are as free of conflict of interest as possible. Service providers often discourage and sometimes actively deny Citizen Advocacy programs and advocates access to service recipients. Finding, developing, and supervising program staff who are effective in recruiting, orienting, and supporting advocates is challenging. Citizen Advocacy programs have therefore been fragile. Nevertheless, Citizen Advocacy programs are still operative in a number of states and provinces, and in Australasia, and some have been around for decades. Although the number of people they have been able to serve is relatively small, the individual unpaid advocates they recruit have protected and saved the lives of many impaired people; obtained for them housing, work, schooling; been by their side as they have endured family break-up, homelessness, and imprisonment; protected their rights; reunited them with estranged family; taken them into their own families--and in many other ways revealed the power of freely-given relationships to make a positive difference in the lives of vulnerable persons.

Dr. Wolfensberger, and others working with him when the first Citizen Advocacy programs began operation, developed a text book (Wolfensberger, W. & Zauha, H., 1973) and teaching materials to prepare others to implement and operate effective citizen advocacy programs. These early leaders in the Citizen Advocacy movement also believed that external evaluation increased the likelihood of effective service delivery. A number of rigorous external evaluations of early Citizen Advocacy programs

identified five operating principles, seven key activities of Citizen Advocacy program staff, and several considerations about program funding and governance that were key elements if a Citizen Advocacy program were to be effective in fulfilling its mission. These were codified in “*CAPE: Standards for Citizen Advocacy Program Evaluation*” (O’Brien & Wolfensberger, 1978), which has served as the primary resource for guiding Citizen Advocacy program evaluation, planning, and operation.

Citizen Advocacy programs do not address all of a socially devalued person’s relationship, belongingness, protection, and other needs. It is important to note Citizen Advocacy not only has significant, positive impact on protégés, but also on those who become their advocates, and on their wider communities. The possibility and the potential of freely-given, mutually beneficial relationship commitments demonstrates the importance of neighborly caring as an alternative to paid service provision. As Wolfensberger wrote:

“There are many people, especially wounded and handicapped people, who do not have viable, relatively unconditional one-to-one supportive relationships. If people are no longer willing to engage in those kinds of relationships, laws can be passed, unlimited funds can be allocated—and still nothing will work...if individual citizens, on a personal basis, do not bind the wounds of the sick, do not give bread to the hungry, do not console the broken-hearted and visit the imprisoned, do not liberate the captives of oppression, and do not bury the dead, then nothing will work.”

Tom Doody

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## References

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