

FORMS OF ADVOCACY IN SOCIAL WELFARE WORK WITH HOMELESS WOMEN

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Abstract

The article examines the practices of social welfare work with homeless women. The question asked is, what forms of advocacy can be identified in these practices, especially from the perspective of welfare rights. The research is conducted in a Support Point open to all homeless women, located in a large Finnish city. The data consists of a diary kept mainly by three practitioners between 21 August 2000 and 21 September 2001. The analysis, which focuses on 359 entries, shows that the diary contains elements of four different forms of advocacy: 1) best interest advocacy, 2) self-advocacy and consumer-controlled advocacy, 3) partnership advocacy and personal advocacy, 4) citizen advocacy. The conclusions from the research have relevance to work with the most vulnerable groups in general and are of three kinds. Firstly, all forms of advocacy are significant, for they complement each other and make up for the deficiencies in other forms. Secondly, the Support Point functions as a refuge for the homeless women, from which contacts with other service systems are organised and negotiated. Thirdly, this kind of advocacy is needed, because vulnerable groups have the greatest risk of being excluded or mistreated in different service systems.

Keywords: advocacy, social welfare work, service systems, welfare rights, homeless women

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Introduction

Acting as clients' advocate is generally recognised as one of the tasks of social welfare work, as well as a tool in the work. There are, however, many definitions as to what advocacy is (Atkinson, 1999; Bateman, 1995, pp. 1–23; Brandon & Brandon, 2001, pp. 19–44; Freddolino et al., 2004; Henderson & Pochin, 2001, pp. 2–12). In a nutshell, advocacy may be characterised as speaking up for oneself or others (Atkinson, 1999, p. 1; Forbat & Atkinson, 2005, p. 322). A slightly longer description is the following:: 'The purpose of advocacy within the profession is to improve the social status of individuals who may be considered vulnerable or oppressed, thereby enhancing their standing within a specific social system whether it is a community, organization, service system, societal institution, or society itself' (Freddolino et al., 2004, p. 119). Advocacy is considered necessary especially on behalf of citizens who are vulnerable in the sense of being threatened by social exclusion or being misunderstood or mistreated (Henderson & Pochin, 2001, p. 2).

All of the above characterisations of advocacy are appropriate as the starting point of this article. My aim is to study the forms of speaking up for oneself or others which come up in work with vulnerable citizens who often have a weak position in different service systems or society in general. The study concerns work with homeless women. Homeless women are vulnerable citizens who have been neglected and marginalised especially in housing policy and practice (see Edgar & Doherty, 2001). Homeless women also often suffer from substance abuse, health and mental health problems, which are not always properly treated in service systems (Kärkkäinen, 2001).

Advocacy, which attempts to strengthen the position of vulnerable citizens in service systems, is a form of welfare rights or human rights work (Ife, 2001; Payne, 1997, p. 276; Bateman, 1995, pp. 15–16). Ife (2001, p. 6) writes that ‘rights are constructed through human interaction and through an ongoing dialogue about what should constitute a common humanity’. Because rights are discursive, it is important to study the daily practices of social welfare work, in which rights are negotiated. Therefore in this text the gaze is directed to the practices of work with homeless women, and the question asked is, what forms of advocacy can be identified in these practices, especially from the perspective of welfare rights.

The study is linked to the research examining gaps in service provision and barriers for service access among homeless people, which proves the need of advocacy (e.g., Graham-Jones et al., 2004; Hatton, 2001; North et al., 2005; Wentzel, S. et al., 2001). The advocacy task is often taken on by the homeless service sector (FEANTSA Annual European Report, 2006, pp. 22–24). The article aims to explicate, through one case, how this is done in the practices of work.

Social welfare work under study

Advocacy in work with homeless women is here approached through the practices of a single organisation. I call this organisation the Support Point (SP) because of its declared principles of action. The philosophy of the SP is to offer support for homeless women who are not adequately supported by other services. A long-term working relationship with the clients is emphasised, as well as a respectful, client-centred and inclusive work orientation. The SP is run by a non-governmental organisation, but its services are purchased by the city for the homeless women.

The SP is located in a large Finnish city with a clearly higher number of homeless women than in other cities in the country. It is situated in the city centre with good traffic connections. The same building houses an accommodation unit with small flats meant for homeless women. The SP is open on weekdays and accessible to all homeless women. The women can drop in to take a rest, socialise, deal with their personal business, fetch donated clothing and do their laundry. In the period concerned in this study the number of permanent, full-time workers at the SP was three. They are all women with a long experience of work with homeless persons and have been working at the SP from the very beginning. Their background and education is in both social and health care work.

The research data consists of a diary kept by the workers. It was started in 2000, at the start of the SP activity. The idea was to document and reflect on the daily work. All the workers participated in the writing. The diary also contains some entries by occasional trainees or stand-in workers. The contents of the entries do not vary significantly with the writer. The similarity between the entries is much more striking. It can thus be argued that the diary reflects the shared local culture of the organisation (Gubrium, 1992), instead of the structures which individual workers see in their work.

The diary is free-form and written by hand. Its text is rich, and the reader receives a vivid picture of the daily life at the SP. This study focuses on the period between 21 August 2000 and 21 September 2001 (the two first, thick exercise books, size A5). This is the period when the new activity was started and began to find established forms and ways. During this period, there are diary entries for 258 days, or almost all weekdays. The entries relating to one day are mainly written by one worker, and their average length is half a page (of handwriting). During

the period, the diary mentions a total of 57 women by name. About half of them are mentioned repeatedly, which means that they are permanent service users. Using the European typology on homelessness and housing exclusion (2006), a smaller share of the homeless women visiting the SP may be classified as roofless, while a major share are houseless, i.e., have a temporary place for overnighting in institutions or shelters or a longer-term place in the accommodation unit situated in the same building.

Analysing the elements of advocacy in the practitioners' diary

The first stage of analysing the diary data was to identify entries where the practitioners write about the homeless women's relationship to different service systems. The entries were identified by marking all passages in the diary data where the workers mention one or more health or social service systems and describe concrete episodes concerning direct or indirect encounters between these systems and the homeless women. This criterion for identifying passages was selected because of the pre-definition of advocacy as welfare rights work which aims to strengthen the position of vulnerable citizens in service systems (see Introduction). The identifying process was conducted 'manually' by carefully reading through the transcribed diary (a Word file) and marking every entry compatible with the criterion. A total of 359 such entries were found.

The services most frequently mentioned in the entries are the health care services, including mental health services. The health services concerned are equally often institutional (hospitals) as non-institutional (health care centres, laboratories, mental health offices, etc.). The dominant role of the health services is not surprising, for many studies have reported on the poor state of health and high risk of illness of the homeless, and of homeless women in

particular (e.g., FEANTSA Annual European Report, 2006; Arangua et al., 2006; Muños et al., 2006). The next most frequent services are municipal social services related to living allowances and accommodation arrangements. They are followed by substance abuse services and the police. Authorities mentioned less frequently, but still several times, are various accommodation services and the district bailiffs.

The second and the core stage of analysis consisted of interpreting these entries through advocacy. The viewpoint was to see how advocacy is constructed in the diary and what forms it takes. Thus, the starting-point was not a strict conceptualisation of any kind. The predefinition was the one mentioned above, that is, to understand advocacy as welfare rights work with a particular significance in work with vulnerable citizens. The multiplicity of advocacy definitions in literature formed an interpretive resource for the analysis (Atkinson, 1999; Bateman, 1995; Brandon & Brandon, 2001; Forbat & Atkinson, 2005; Freddolino et al., 2004; Henderson & Pochin, 2001). This resource was used since the study relies on the idea that in describing and conducting their work, the practitioners use professional stocks of knowledge concerning advocacy presented and explicated in the literature (Peräkylä and Vehviläinen, 2003).

No form of advocacy identified in the data corresponds completely with the forms described in literature, so that there is only a certain degree of resemblance. This is why I have decided to resort here to the formulation "elements of X advocacy" in naming the forms of advocacy produced in the data. The 359 entries contain elements of four different forms of advocacy. They are: best interest advocacy (149 occurrences), self-advocacy and consumer-controlled advocacy (152), partnership advocacy and personal advocacy (165), citizen advocacy (40).

One entry may contain elements of several kinds of advocacy, so that the total number of occurrences (506) is greater than the number of entries (359).

In the following chapters I take a closer look at each form of advocacy. Every chapter begins by a definition of the form under consideration, proceeds to show how the practitioners construct it in the diary entries and ends with a discussion referring to relevant advocacy literature. The data extracts have been selected to represent each form of advocacy as well as possible and include entries by every worker. The extracts were transcribed from the handwritten diary. A few additions in square brackets were made by the researcher to facilitate the understanding of the entries.

The actual names of both the homeless women and the practitioners have been changed to fictitious ones in the extracts. All references to localities and services that might risk the anonymity of the persons involved have been removed. The ethical approval for using the data and conducting the study was received from the research committee of the main organization producing the social welfare services studied. For ethical reasons, it is important to stress that the diary primarily reflects the practitioners' way of understanding their work and relationships with the homeless women. The voice of the homeless women themselves is naturally not directly captured in the data.

Elements of best interest advocacy

The entries in the diary data where the practitioners describe alliances which they have formed with workers in other service systems in order to improve the homeless women's

situation, sort out their affairs or protect them are termed elements of best interest advocacy. In these entries the homeless women are not defined as active participants.

The practitioners write that they occasionally take care of the business of the homeless women with other practitioners and authorities. Together they talk about how to deal with women who are facing difficulties, and how their affairs could best be sorted out:

Talked with Anna Ekman at the mental health office about Lea and how we should deal with her support. Discuss with her her thoughts about suicide (if they become apparent), deal with the topic very thoroughly and make a pact with her that she should hang on until tomorrow, say, or over the weekend, etc. This is exactly what we've done, it's good to receive support in this from outside.

The situation described may be characterised as a consultation. The worker writes that she has contacted the mental health office to discuss Lea. This is a discussion on a mutual client. The worker receives confirmation for the manner in which they have treated Lea and encountered her. The consultation is based on the best of motives, i.e., the attempt to prevent a suicide.

The next extract is about Elli's money arrangements:

Satu [social worker] called about Elli's pension and said the intermediate account was in place. We'd just have to agree with Elli about how she is going to get her spending money, whether she'll fetch it from the social service office or will it be put into her account.

The worker writes that the municipal social worker in charge of living allowances has contacted the SP. In future, Elli's pension will be transmitted directly to the social services' intermediate account, from which all indispensable costs will be paid. Elli herself will have some spending money. On the basis of the narrative it is difficult to say how far Elli herself has taken part in planning this arrangement, but in any case progress in the matter is reported first to the SP worker instead of Elli herself. The intention is to arrange Elli's money matters on a stable basis in her best interests.

The following extract also deals with transmitting information:

Oona was sent to hospital by a taxi to have her ankle X-rayed. In the afternoon there was no sign of her and she didn't answer her phone either. I called patient information to see whether they'd taken her in. No trace of her there. We went to see if she was in her room [in the accommodation unit]. That's where she was sulking, knowing full well it was I that was phoning.

The worker writes that Oona was sent to the hospital for an X-ray. That is, she did not just go, she was sent, which produces an active role for the workers, and conversely, a more passive role for Oona. The workers knew when to expect her back, and at that point contacted the hospital, since they could not reach her by phone. The hospital checks the information and notes that Oona has not been taken in. The functions of the workers' actions include at least concern over Oona's health and over where she is and how she is. The same best interest functions also explain why the workers finally go to Oona's room and actually find her there.

Freddolino et al. (2004, pp. 212–222) characterise best interest advocacy as protecting the vulnerable, those with ‘poor’ personal and environmental resources. Vulnerable people are not seen as capable of looking after themselves, and they are often characterised as lacking the support of a close community. Because of all this, they are defined as benefiting from the advocacy of others on their behalf. In best interest advocacy the workers have a strong role: ‘the social worker identifies the needs of the recipient and advocates for their fulfilment independent of the recipient’ (Freddolino et al. 2004, 126). According to the diary data, the allied workers from different service systems act together as watchdogs in pursuing the best interest of the homeless women.

Elements of self-advocacy and consumer-controlled advocacy

The entries in the diary in which the workers emphasise the women’s personal agency and will to take care of personal matters within service systems are termed elements of self-advocacy and consumer-controlled advocacy.

The workers write in a favourable tone about how the women take things into their own hands, begin to look after their affairs and themselves:

After the morning meeting Essi wanted to have a word. She told me she wants to get into detox. Since then, we have been trying to sort it out all day.

Essi is reported to have a positive attitude towards substance abuse services. She is described as someone who takes the initiative. It was she who asked to have a word with the worker, because she wanted to get into detoxification. The worker immediately took her up on this.

Descriptions of the women's own agency also receive negative overtones in the diary:

Susan cancelled (postponed) her appointment at the hospital. She said she has too much to do and anyway she has no problems. I did tell her, anyway, that no one is requested to come to further examinations without cause. The new appointment is on 6 November.

Sara's positive attitude to going into detox was as if blown away. When I appeared at her door [in accommodation unit] she did invite me in, but she acted defiantly and told me bluntly that she won't go, and that she was amenable on Friday because she'd been pressed to go.

The women are described as having taken matters into their own hands by refusing to accept services provided by the systems which have already been agreed on and planned. Susan herself cancelled an appointment at the hospital. The worker also enters Susan's reasons for doing so: she is too busy and feels all right. Sara's agency is constructed in an episode where the workers have gone to fetch Sara to detoxification, as agreed. Sara is reported to have said that she did not really want to go into detoxification, but was the victim of pressure by the workers. It is possible to read in the entries that the workers do not consider the women's own decisions good or in their own interest.

Bateman (1995, p. 4) defines self-advocacy 'as a process in which an individual, or a group of people, speak or act on their own behalf in pursuit of their own needs and interests'. It is compatible with this definition that in the extracts analysed the homeless women are

described as individuals who speak for themselves and express their needs and interests related to the use or non-use of services. However, this is not the type of self-advocacy that is associated with strong peer support (Henderson & Pochin, 2001, pp. 6–7). Women’s self-advocacy is described as individual and independent of what others might need or want. The concept of consumer-controlled advocacy, according to Freddolino et al. (2004, pp. 126–127), refers to activity which emphasises the recipients’ control over service systems and their own situation. This definition fits the diary entries where women are described as striving after this type of control, by taking the situation into their own hands and by giving feedback on the services either constructively or destructively.

Elements of partnership advocacy and personal advocacy

The descriptions of situations where the workers join forces with the homeless women to take care of their affairs in regard to other service systems and where the women turn to the SP in difficult situations are categorised as elements of partnership advocacy and personal advocacy.

The ‘doing together’ is often of a very concrete nature. The diary contains many narratives of the workers escorting the women outside the SP, above all to run a variety of errands:

Acted as escort to Aija; took prescriptions to the health care centre, visited the optician to have them take a look at her eyeglasses which her gentleman friend had worked on, and the social services to withdraw money.

The worker notes down the errands she has run with Aija that day: they have taken in her prescriptions, had her eyeglasses repaired and also withdrawn some of her living allowance. The diary does not say why the workers participated in these activities. They may, however, be interpreted as making sure that things are properly looked after and that the woman receives the services or treatment she needs. Doing things together has other functions as well:

Escorted Sally, she wanted me to come with her to the doctor's appointment, because she wasn't sure that she'd find her way there. It's nice that she actually initiates contact more often, she even sat down at the support point (before we set out) to have a couple of cups of coffee.

In addition to the tangible running of errands, this extract emphasises other things. It notes that Sally herself had asked the worker to accompany her to make sure she would find the doctor's surgery. The worker interprets this request as a good sign. The entry seems to suggest that thanks to this shared trip it will be possible to have a closer relationship with Sally. Another important function of acting as escort is that the worker can support the client in the actual situation.

The workers report that the women seek support at the SP even when they are mainly considered patients or clients of some other unit:

Eva phoned from the hospital. She had fainted on Sunday and been taken there on an ambulance. She'd been told this was caused by her new medication. Or might it be an overdose??? "I've lost my teeth, I've got pneumonia in my right

lung, I'm not allowed to smoke and I feel fucked off". We talked about this and that and I promised that we (one of us) will go and visit her quite soon, if only we can make time.

This extract deals with Eva's phone call to the SP. She is currently in hospital. The phone call is described as reporting in. The woman reports where she is and how she is doing. What is significant is that Eva is interpreted as missing the contact with the SP while institutionalised. Conversation is started during the phone call and there are plans to continue it: the worker promises that one of the workers will visit Eva at the hospital.

Henderson and Pochin (2001, pp. 64–65) use the concept of partnership in describing an advocacy approach whose strengths include solidarity and holistic support to a person. In the above extracts an alliance with the women to manage their affairs reflects solidarity, and so does the proffering of conversational help and keeping in touch even when the women are principally clients of other service systems. An approach based on such solidarity enables a holistic support to the women. Because of all this, the advocacy present in the data extracts can also be termed personal advocacy (cf. Henderson & Pochin, 2001, pp. 74–75), which is characterised by time-consuming long-term support and thus continuity.

Elements of citizen advocacy

The diary entries which criticise the difficulty of finding a placement or getting proper help and the treatment meted out to homeless women by service systems deal with elements of citizen advocacy. The attention is focused on structural problems related to the overall entity of service systems and its functioning.

It is not always possible to find the women a place in the service systems, let alone society at large, that would guarantee a dignified life:

Paula blew into the Supporting Centre in the morning, quite cheerful. She talked about medication and then continued on her way. After a while, Eeva phoned in, angry, Paula still comes into the bar daily, makes a row and taunts them, “you can’t do anything about me”. Eeva yelled at me and demanded that we do something about it. I explained to her that because of patient confidentiality I cannot tell her about how we are trying to sort the thing out, but that we take it seriously and everything possible will be done, but that, surprisingly enough, it isn’t very easy. I advised her, once again, to call the police to get them to come (but in fact they are never there quickly enough.) An incredible situation... Shocking that no one is capable of setting the limits for a psychotic, rowdy, violent person. Paula herself seems to be begging for them like a child. It makes me angry and anxious, how is it that a person so gravely ill cannot receive treatment, and her environment cannot be left in peace!?

Paula is a regular visitor to the SP and known to the workers. The Eeva mentioned in the narrative is the owner of a nearby bar who had phoned in with an angry complaint about the disturbance Paula had caused in the bar. According to the worker, Eeva considered that the SP was responsible. The worker also records her reply to this challenge regarding responsibility. The reply describes the limited potential of the SP in this situation. It is not easy to intervene, and the reason is the poor functioning of the service systems. In a situation like this, not even the police can be relied on, for they do not operate quickly enough. The worker’s text contains

strong formulations which describe frustration and anger with the situation. There is something wrong with the systems, if a ‘ a psychotic, rowdy, violent person’ cannot be given treatment and limits so that others are not unduly inconvenienced. The extract strongly categorises Paula, but the main message is not criticism against her, but against treatment and helping systems which generate unfair situations.

Unfairness is also generated by attitudes related to homeless women, which they encounter when using various service systems:

Public health nurse Mirja Erkkilä phoned and said Asta had arrived for a doctor’s appointment, but had left before the appointment. Erkkilä’s style was forceful and aggressive and patronizing to others. She had only met Asta for a moment, but labelled her as someone so depressed that “it’s a marvel how she can go walkabout”, and reeled off know-all opinions without troubling to find out what we might think of the situation.

The worker analyses the public health nurse’s attitude to Asta. The nurse had phoned in a sort of complaint about Asta’s behaviour with regard to her doctor’s appointment; Asta had left before the matter had been seen to. The worker does not mince her words in criticising the nurse’s labelling talk about Asta and her patronising attitude to the SP workers’ opinions. The alliance here is clearly with Asta, instead of other authorities.

Henderson and Pochin (2001, p. 3) write that citizen advocacy philosophy includes the following assumption of society and service systems: ‘certain groups of people are at great risk of exclusion and ill-treatment, not only from society at large, but also from the very

service systems which are designed to care for them'. On the other hand, Atkinson (1999, p. 6) writes that the high ideals of citizen advocacy include support to citizens who are belittled and discriminated against. Both these starting points are present in the above extracts. However, using the concept of citizen advocacy in this context is somewhat bold because citizen advocates are generally defined as voluntary agents independent of the service systems (Atkinson, 1999, p. 6; Forbat & Atkinson, 2005, pp. 324–325). The SP workers are salaried practitioners, but they do work in an NGO which is partly independent of public systems. This makes it possible that in some situations they may distance themselves from the operation of what is called the welfare state and criticise it.

Forms of advocacy compared

An analysis of the workers' diary made visible four forms of advocacy in the social welfare work with homeless women. In the following I will discuss the pros and cons related to the forms and compare them with each other.

Best interest advocacy stresses the mutual alliance between workers from different service systems for the purpose of working for the homeless women. The women's affairs are managed on their behalf. This type of 'doing for' others has been criticised for generating passiveness and as disempowering. Rose and Black (1985), for example, consider that the main aims of advocacy are to reduce the powerlessness of the clients and to increase their self-conscious autonomy (see also Brandon & Brandon, 2001, pp. 20–24). Positive aims, the successful management of the homeless women's affairs and the improvement of their situation, are not necessarily enough if the women's own skills of speaking for themselves are not developed in the process of reaching the aims (Fook, 2002, pp. 150–151).

On the other hand, it has equally been stressed that 'all of us benefit from others' help at times' (Henderson & Pochin, 2001, p. 77). We do not always have the strength to be active or become active in our own behalf, and that is when we need others to speak and do for us. It may well be that the homeless women at the SP are sometimes in such a situation, which argues for best interest advocacy. One may then think of advocacy as linked with care, rather than empowerment. The ethics of care includes the aspect that neediness and dependency may not lead to the bypassing of individual autonomy, to repressive power (Tronto, 1994; Meagher & Parton, 2004; Orme 2002). Repressive power is used when the wishes and opinions of those cared for are bypassed in favour of the better knowledge of the practitioners. It is obvious that work with homeless women takes place in the grey area between the ethics of care and repressive power. On the basis of the diary entries it is difficult to say with absolute certainty which element is ultimately dominant in best interest advocacy. In actual situations, they are probably both present with varying intensity.

The elements of self-advocacy and consumer-controlled advocacy are the opposite to elements of best interest advocacy. They emphasise the autonomous agency and will of the homeless women. The practitioners construct a dual attitude to this form of advocacy in the diary (cf. Forbat & Atkinson, 2005, p. 324). For the first, their attitude towards the activity of the homeless women is positive and supportive. This is visible in the diary entries where the homeless women are described as autonomously managing their affairs with different service systems and voicing their wishes regarding what services they would like; where, in other words, they are defined as acting as motivated clients. In such situations one can detect the kind of empowerment potential that makes best interest advocacy unnecessary. For the second, the workers produce a doubtful and critical attitude when the women refuse to be

clients and patients in service systems, even though the practitioners interpret them to be needing services, care and treatment. In such situations the women's actions are defined as turning against themselves, or against their best interests. Despite these doubtful and critical attitudes, the practitioners report that they allow the women to have their way.

The elements of partnership and personal advocacy are, in a way, a response to the problems encountered within the forms of advocacy described so far. They consist of alliances between the homeless women and practitioners in dealing with their business and sorting out difficult situations, which excludes the problems of 'doing for' associated with best interest advocacy. When matters are sorted out and a better life built together, it is also possible to avoid the acts sometimes generated by self-advocacy and consumer-controlled advocacy which weaken the women's situation and position in the service systems. Advocacy based on partnership and long acquaintance may also serve as a means towards self-advocacy which opens opportunities and which may be regarded as the ultimate aim of all forms of advocacy (Atkinson, 1999, p. 6). As is said by Henderson and Pochin (2001, p. 62), 'To value someone who is otherwise devalued, to believe someone who is otherwise disbelieved, to stand by someone who is otherwise alone, may be a powerful means to help them 'find the world' again'. Partnership and personal advocacy is the form of advocacy that is most easily combined with empowerment, or skilling of the client.

It is one of the characteristics of partnership and personal advocacy that alliances may be constructed in several directions. An alliance between the homeless women and the practitioners at the SP does not exclude the possibility of also finding allies in other service systems. It is a matter of shared responsibility, in which both the homeless women and the practitioners in the different systems are entitled and obliged to construct better lives and

futures for the homeless. The sharing of responsibility and consequently a dismantling of oppositions enables something important for empowerment: that advocacy does not create an objectified advocate, but all those involved have the role of an advocate (Fook, 2001, pp. 150–151).

One must not, however, forget that services systems do contain problems related to the insufficiency of services and inappropriate treatment. These problems are particularly difficult when encountered by the most vulnerable citizens, such as homeless women. Alliances between the parties are therefore not always a sufficient strategy, but action is also needed to highlight shortcomings and demand a change. In the diary the elements of citizen advocacy form the seeds of this form of action. The practitioners record gaps in the service systems. They wonder at the difficulty of getting help and are angry at the bad treatment met by the homeless women in different service systems. In addition to wondering and criticising, the workers rarely report on concrete acts to deal with the inadequacies and injustices they have noticed. It is, however, worth remembering that the whole spectrum of the work at the SP cannot be read from the diary. Outside the diary, I personally know, for example, that the workers have actively participated in public events protesting against homelessness.

Conclusions

All the four forms of advocacy identified in the diary data can justifiably be present in welfare rights work with the homeless women, but none of them would be sufficient alone. The different forms of advocacy both complement each other and make up for the deficiencies in other forms. The practitioners describe how they flexibly resort to the four forms according to situation. Thus, the forms are not linked to any particular practitioner or any particular

homeless woman. The practitioners adopt the positions of several types of advocate, and at the same time they produce different positions for the homeless women. The relationship between a given practitioner and a given homeless woman may exhibit features of best interest advocacy today, and be based on partnership advocacy tomorrow. In the same way, a woman criticised for destructive self-advocacy may in some other context be described as the victim of an unjust service system and in need of citizen advocacy.

As part of the entity of service systems, the SP appears to function as a crossroads and a refuge for homeless women, from which relationships to other service systems are constructed, organised and negotiated. The actors in other service systems also recognise that the SP has this role. In this sense, the SP as a whole may be claimed to be an organisation based on welfare rights advocacy, without which the homeless women using it would have a weaker position within other service systems.

The study is conducted in a Nordic welfare state, where citizens have fairly comprehensive, legally guaranteed and universal rights related to health, adequate livelihood, social security and accommodation (Anttonen & Sipilä, 2000). Thus, it could be thought that the welfare rights advocacy by the SP is not needed. However, the operating environment of social welfare work in Finland was changed in the early 1990s by the economic crisis which interrupted the continuous development of the welfare state. Even though the economy began to look up from the mid-1990s onwards, the impact of the depression has left its traces in social policy (Kalela et al., 2001). The care networks of the welfare state have become weaker (see Lehtonen et al., 2001). One might assume the responsibility of the welfare state to be clear-cut as regards the most fundamental threats to well-being, but this is not the case. The most vulnerable people have the greatest risk of being excluded or mistreated in different

social service systems (e.g., Kaukonen, 2005; Kärkkäinen, 2005). This is why welfare rights advocacy is needed, not just with homeless women, but with all vulnerable groups.

The importance of welfare rights advocacy is recognised in discussions among social professionals, and organisations active in this work are supported, financially as well, by the Finnish government and municipalities. The dilemma here is that ‘extra’ advocacy work is needed, partly because of the gaps in public social services. Advocacy practices such as those studied in this paper are, however, closely connected with the welfare state. When engaged in advocacy, the practitioners negotiate, work side by side and argue with the social and health care workers in the public services. The relationship is based on partnership. Advocacy work with vulnerable groups probably includes different, more critical and demanding tones in countries where the welfare systems are not grounded in the idea of a strong and universal welfare state.

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