Current thinking in health and social care policy in the United Kingdom tends to centre on ‘personalization’, emphasizing users’ choice about, for example, service providers, the types of services one can access, and the location of service provision. The influence of the ‘personalization’ agenda is illustrated by the introduction over the past few years of social care direct payments and personal budgets and, more recently, the piloting of personal budgets in health care. Within this policy context, a book dealing with how to ensure that the voices of service users in these sectors are heard seems timely.

Donnison’s book focuses on the advocacy movement as both a means of bringing the service user to the centre of any decisions about care provision and of illustrating the importance of ‘user’ perspectives in determining how services are administered. However, its account of the advocacy movement’s emergence and evolution is rather brief, and although its summary of the development of advocacy services in Scotland is relevant for those with an interest in policy formulation, it is lacking for readers interested in cultural perspectives. Its unimaginative and formulaic description of how (voluntary) organizations should administer advocacy and its predictable forecast for the future direction of the advocacy movement in Scotland do little to sell this book. The redeeming content consists of the sometimes poignant examples of where, how, and why advocacy has been used (‘successfully’), although these examples are too few and in no way robust enough to enable the reader to concur with the author’s apparent position: that advocacy is, without question, a public good.

The focus on the Scottish system is understandable, it being the one country in the UK that legislates for advocacy (at least for people with mental health problems and learning difficulties). However, the ways in which processes and structures in Scotland could be translated and transferred to the rest of the UK is largely absent, as is engagement with the current policy agendas in other parts of the UK or on the wider international scene.

There are points in the book where the reader is able to glimpse some of the wider issues that may affect advocacy, both in policy and practice, but the author fails to engage with them. An engagement with the wider debates around, for instance, the individualization of a collectively provided system, conceptions of democracy in current public policy, and citizenship and human rights issues surrounding participation could have elevated this book to a different level and made it of interest to a much wider audience. This lack of engagement with wider practice, policy and theoretical debates ‘vacuum-packs’ advocacy, protecting it from challenges but also erecting a barrier to it being drawn into wider debates. Donnison’s presentation of advocacy, therefore, effectively serves as an articulation of its present form, ties it to its current position and setting, and limits it within its current boundaries rather than promoting it as a possible means of
enhancing ‘democratic’ policy development, service commissioning, or service provision and weakens any movement to incorporate advocacy approaches, if not advocacy per se, into mainstream service provision, where it may be of benefit to more people. Nor is consideration given to other ways in which individuals’ voices are heard within the public sector, such as via the direct funding strategies mentioned earlier or through the collective views expressed by, for example, condition-specific voluntary organizations that advocate for groups rather than just for individuals. Furthermore, the contribution made to people’s lives by those public sector professionals working in health and social care who act as advocates is overlooked. While this may not offer the same degree of independence or the same type of advocacy as Donnison claims is provided by the independent sector (although this is funded through the public sector), Donnison’s omission of it from his discussion nonetheless highlights, at best, an unintentional failure to recognize the impact of the work of these professionals and, at worst, a disregard for it.

The redeeming feature of the book is its examples of where advocacy has really helped people say what they need/want to say, access services, or have them provided in a way that is acceptable to the recipient. However, I was disappointed that some of the examples simply peter out without providing definitive evidence that advocacy made a long-term difference for those using the advocacy services described. The benefits of advocacy may have been better illustrated had there been fewer examples from those advocating and more from those being advocated for.

The author claims that the text is aimed at those already working in or those entering the advocacy movement, people who may make use of it, and those interested in the broader development of health and social services. But who will actually find it useful? It might have been worthwhile on Donnison’s part to indicate where health and social care professionals might adjust their approach so as to ensure that clients’ perspectives are heard and how this may assist clients on their way to regaining independence. It is neither a textbook for advocacy practitioners, as it rarely clarifies how to ‘do’ advocacy, nor is it an academic text – it has little, if any, critical engagement with the concept of advocacy or participation, the structures in which advocacy may be needed or is thought to be needed, or the policy that promotes or inhibits it. As something of interest to public policy-makers, analysts or students, therefore, this book falls short of the mark.

Fiona Aspinal

University of York